THE NIEPER REGIMEN: *A Biological Approach To The Control Of Cancer*

This is the regimen approved by Dr. Nieper.

HANS NIEPER, M.D., was born in Hanover, Germany, where he now resides as a physician of the Medical Dept., Silbersee Clinic.
Dr. Nieper is Secretary, German Soc. for Medical Tumor Therapy; Fellow, Int'l. Academy of Preventive Medicine (& Board); Medical Committee French Assn. for the Medical Treatment of Tumors, Paris; etc. and Biblographee of the World Who's Who in Science.

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By Hans Nieper, M.D.

I am very pleased to have your invitation to speak before so many people. I understand in this country there is some controversy between the medical profession and the lay people who want to know more about treatments of all kinds. This is to my regret because in Germany this situation is much less. The medical profession has the right to give directives to what the guidance in treatment should be, but on the other hand everyone has a right to know what is going on in research and also what one can do to preserve his health.

I started cancer research about 20 years ago and became an assistant doctor with the German Research Council in 1955. At that time we were mostly concerned in developing nitrogen mustard derivitives for the potential treatment of malignancies. This research led eventually to the development of Cyclophosphamide (Cytoxan) in 1955/56. However, we discovered that this most advanced cytoxic drug in certain instances did more harm to the host than it did to the malignancy in animal experiments as well as clinical studies.

So we had to think over if it would not be advisable to find devices of a non-toxic concept to treat cancer. A non-toxic drug, which could be given for an unlimited time and would be for a long time prospective in this therapeutic concept.

Now, one approach, is Immunotherapy in malignancies. Another approach, obviously, is the Nitrilosides or Amygdalin, which is so widely discussed in this country. Also there are a few more, which I will explain to you.

In the year 1966 I went to the Cancer Congress of the International Union Against Cancer in Tokyo. At that time a patient of mine from Germany told me about Laetrile, which was being discussed. Just by chance I heard the lecture, which was given by Dr. Maisin from Louvain University in Belgium. When I returned to Germany I asked the University of Louvain to give me a few samples of Amygdalin, which I injected into one of my patients who had a bronchiogenic tumor on the side of the neck. Astonishing enough the pain and tumor regressed for about 6 weeks. This was interesting as we now had a substance, which had no toxicity and therefore a long time prospective for treatment. So we continued treating cancer patients with Amygdalin. However, the results we achieved were quite poor especially in gastric cancer and a few advanced forms of cancer. Most of these patients were too far gone to prove the efficacy of Laetrile.

About two years later, it was published that B-glucosidase, an enzyme which is widely found, would decompose Amygdalin more easily and convert it more rapidly into an active form. So we ran a series of studies in animals and patients injecting B-glucosidase and Amygdalin at the same time. We found a few regressions, about 15% of the patients with lung tumors and metasticized breast tumors. However, the B-glucosidase I.V. injections presented certain difficulties so we had to discontinue it.

We treated about 120 patients with Amygdalin and in combination with B-glucosidase and the results were not very important. There were only about 10-12% regressions, however, once a regression developed the patient stayed healthy for a very long time. Now, in the meantime, we had to learn more about Amygdalin and its application. Fortunately, different Hospitals and Research Institute Publications came out and were published mainly by Reitnauer and Ardenne in the very important and prominent Pharmacological Journal Drug Research in Germany.

Now I will show you a few of these experimental results achieved with Amygdalin, which may give us a look into improvements, which we can achieve with the application of this drug as we learn more and more about its mechanism of action.

An experimental Ehrlich Ascites carcinoma in mice develops a little bit slower under the treatment with bitter almonds than the controlled. So the

applications of bitter almond material, which contains Amygdalin leads to the slow down in the development of this relatively fast growing tumor. It is an experimental proof.

Interesting results were achieved in the Pasteur Institute in Paris on the Metianu tumor. The Metianu tumor is a transplanted Adeno Carcinoma into rats, which is highly resistant against conventional chemotherapy such as 5-FU and Cytoxan. Life expectancy increase with these two drugs is only about 50%, but with the Amygdalin the increase was about 84%. However, at a concentration of 500 milligram per kilogram the effect dropped to zero. In other words, the effect of Amygdalin on the tumor cell lost its therapeutic effect. There is a self inhibiting effect and we are at the moment very interested in separating this curative and self inhibiting effect of Amygdalin, since there are other nitrilosides imaginable than Amygdalin. Amygdalin is only the first important finding in the nitrilosides field. There is Mandelonitrile, which is connected to sugars — in the case of Amygdalin it's two sugars and in the case of Prunassin it's one sugar. As a matter of fact the Pasteur Institute scientists have also show that Prunasin, which is very similar to Amygdalin has the same effect. Less of it is needed, but it also has a self limiting phenomenon.

Now, these papers were published two or three years ago in East Germany and they show a most interesting phenomenon. We observed that therapy with Amygdalin and Cobalt 60 radiation at the same time obviously enhanced the effect of Amygdalin, especially with bronchiogenic carcinoma. Moreover, we observed in the same patient upon the application of Amygdalin very small tumors regressed whereas bigger ones did not respond. The conclusion is that obviously the respiration rate of the tumor cell plays a certain role in decomposing Amygdalin into an active form.

It was found in the Ardenne Institute that another condition such as higher oxygen pressure on tumor cells activates Amygdalin so that its effect is more powerful.

Again we see a very interesting phenomenon observed from East Germany. We know of certain substances, which may go into tumor cells and generate oxygen and increase the respiration rate of the tumor cells. One of these means is radiation to release OH radicals into the tumor cells.

Another possibility is the application of Arbutin. Arbutin is a Hydroquinone, which is connected to two sugar molecules. These two sugar molecules are cut down by the tumor tissue and the Hydroquinone generates oxygen and leads to a higher respiration rate. It was found in East Germany Arbutin enhances the effect of Amygdalin inside a tumor cell. That's why for a certain time I applied both Arbutin and Amygdalin for the treatment of cancer patients. We were able to about double the effect of Amygdalin by this activation factor. This was about three years ago.

About four weeks ago Amygdalin appeared officially as a drug in Germany for the treatment of malignancies. However, only in its activated form with certain factors, which enhance the respiration rate of the tumor cells and therefore make Amygdalin more powerful. Everyone in our Country will be able to obtain it even for Social Insurance. This activated Amygdalin, in my opinion, means a certain step forward in our ability to control malignant disease.

I said two days ago here on a TV show that we are so far unable to satisfactorily control malignant disease. The fact that we will be able to cure about one-third of all cancer patients is not as satisfying and I would say no one doubts that surgery, radiation and toxic chemotherapy deforms what it performs and we very often combine it with our regimen. However, in my opinion, all of these devices so far known do not satisfy us for the control of cancer. The most important approach in control will be early detection and profiting from early detection. A non-toxic protective treatment has then to be started and continued for an unlimited time.

Another approach for a non-toxic malignancy therapy is the so-called mineral carriers. The mineral carriers are compounds containing magnesium, potassium, calcium and zinc which go to the different sites of the cells and especially the tumor cells.

Potassium and magnesium aspartate, which are the aspartic salt of potassium or magnesium results in activation of energy rich phosphates. These energy rich phosphates actually are the donor of energy, which is necessary to insure the utmost in host defense against the disease. There are iron and magnesium compounds in the form of a mineral carrier, which are available as food supplements in Germany. Especially interesting is iron orotate, which

is very easily used by cancer patients and helps to reinforce the defense.

Now here we have the effects of potassium and magnesium aspartate on the formation of energy rich phosphates to give you an explanation an organism runs like a Diesel in an electric way. The energy is first extracted from the food you eat and from there transposed to a kind of a battery system, which is a phosphate system, AMP, ADP and ATP (Adenosine-triphosphate). Now this battery always has to be charged and minerals like potassium and magnesium released out of the aspartate activate the phosphates to become more powerful and to offer more energy to the host to fight the malignant disease.

Two years ago a study came out in Austria showing that the application of magnesium and potassium aspartate alone resulted in almost a doubling of the survival time of operated gastric carcinomas.

Now we are also able, by means of either the aspartates or another carrier called 2-Amino-Ethyl-Phosphate to shield capillary membranes against the permeability of certain substances, which are not desirable such as viruses.

More recently, the orotic acid carrier molecule led us to the development of a substance called Lithium Orotate, which goes into cells, especially into liver mesenchym and there releases a lithium ion at the membrane of the lysosomes. Lysosomes are little suicide bags, which contain enzymes in dormant form. These lysosomes were discovered in the late 50's by DeDuve in Belgium

In Chronic Hepatitis or Liver Cirrhosis, these lysomonal membranes become labilized and then release transaminase into the tissue, which will result in a tissue damage such as Liver Cirrhosis or Chronic Hepatitis, both dangerous diseases. Now the release of a lithium ion in these membranes displaces sodium and dehydrates these membranes and thereafter there is much less release of aggressive transaminases into the tissue. By these means we are able to block Liver Cirrhosis and Chronic Hepatitis. This is a very important step forward in Hepatology.

I made a little detour because this phenomenon is very important in connection with cancer. Why not instead of blocking the release of lysosomes, which is an important reason in the mechanism for the development of the diseases mentioned, why not activate such enzymes in order to destroy a tumor cell and just do the opposite. We had quite a few observations, which led us to a very important development. This extensive study was carried out by Dr. Rilling, who is the President of the German Society for Medical Tumor Therapy.

Dr. Rilling did more than 10,000 whole blood analyses and this is the essence of about 6,000 tests of whole blood analysis. In cases of malignancy there is a very specific drop of zinc content in whole blood analysis, except Hodgkins Disease. As a matter of fact zinc drops very rapidly only in malignancies. In autoimmune diseases it may also drop, but much less so. Zinc stays relatively stable for other diseases or healthy patients.

Zinc plays a very important role in the organism because of the very important enzymes connected with lymphocytes called desaminases. They need zinc ion to work as a spark plug, otherwise they would not work. These enzymes are the tools the lymphocytes have to destroy tumor cells. For unknown reasons once these lymphocytic enzymes are stressed the zinc is very rapidly turned over and excreted despite the fact it is desperately needed. It is precipitated into crystalline form mostly into histiocytes, hair, skin, feces and so forth.

We had a patient who had an early bladder carcinoma, and from the outside this patient looked entirely normal with no complaints. His blood count was also normal. However, he did have a drop in zinc, potassium and iron and an activation of calcium in whole blood analysis. We know from our observation that as soon as the zinc level drops to less than 6 parts per million (normal is 8) the immune system, which fights the cancer will develop a paralysis. Also in these patients a lack in phosphorus develops very early. Phosphorus is the carrier for energy and a decrease in phosphate will automatically result in decrease in energy output by the host.

Another patient had a myeloma. Zinc had dropped to much less than 6 parts per million. Also iron was deficient and copper was high, which was a result of an active immune reaction.

With a brochiogenic carcinoma again we have an important drop of zinc. Also a very important drop in magnesium. Magnesium is absolutely essential as is iron for the control of life needed enzymes, especially at the entry of the Citric Cycle.

Whole blood analysis is absolutely essential to have an inlook into the behavior of the host reaction in a cancer patient. We also compare these results with the results from serum analysis and by comparing these results we can sometimes show certain balances and trends.

Now another patient, a pediatrician M.D., who was sent to me by the University of Saur Department of Neuro Surgery, because she had an early brochiogenic carcinoma with a tumor metastasis at the base of her brain and a big liver metastasis. This patient came to us in very bad shape. She had a very important drop in her phosphate, zinc and iron, which did not parallel anemia. After receiving complex therapy eight weeks later she was making up her mind to assume office hours again.

All of these minerals have to be normalized or at

least one has to try to normalize these values to insure the utmost of a mineral supply, which is essential for the normal work of the host defense against malignancy.

I mentioned to you that zinc plays a very important role in activating enzymes, which have to do with cell-bound immunity and which finally destroy cancer cells. Enzymes need zinc as a spark plug. Zinc is also needed in Insulin, for instance, and also in different pathways of the carbohydrate metabolism. Now if we give Zinc Orotate in the form of a carrier, which carries zinc across cell membranes we will be able to improve diabetes. The normalization of the carbohydrate metabolism expressed in terms of an improvement of diabetes is also a very important step in the control of the host against malignancies.

About two years ago Heinitz in Germany gave Zinc Aspartate to patients who had received insulin. This resulted in an improvement of carbohydrate metabolism, which has to be normal as possible in cancer patients too.

Our auspices so far as zinc is concerned will also concern the behavior of lymphocytes. The more lymphocytes, expecially T-lymphocytes, which act against cancer cells, the more safety we have against cancer growth. Zinc orotate greatly activates the development of T-lymphocytes and increases their number, especially when a large amount of Vitamin A is given at the same time. Both Vitamin A and zinc are essential ingredients the thymus gland needs to inform lymphocytes to fight cancer cells.

This was so far the ideas we had about zinc until about a year ago I read this summary, which came from South Africa. In the University of Witwatersrand it was found that glandular tumors induced by DMBA behaved regressively and some even entirely regressed when the zinc content in drinking water was increased. So up to a content of 200 parts per million of zinc in drinking water, these tumors regressed more and more, while the authors concluded they were unable to explain this phenomenon. (This kind of tumor is almost untreatable by most kinds of chemotherapy.) I found that this phenomenon had little to do with the formation of more lymphocytes in accordance with the ideas I have exposed so far. There was an infiltration of a tremendous amount of lymphocytes into this tumor tissue, but the dose relation didn't work at all.

I came to the conclusion that possibly the activation of the lysosomal enzymes may play a role. We know that all cancer cells, are relatively rich in lysosomes or suicide bags, which contain enzymes, which upon their release and activation will self digest the cell. These enzymes become activated as the PH drops or the acidity increases inside of a cell. For instance, after clinical death these enzymes become activated and start to digest the tissue. They will be activated in the cardiac muscle and are one of the most important reasons to cause cardiac necrosis or heart attack. Now, a part of these enzymes, such as deaminases and di-petidases are known to be dependent upon zinc ions (in tumor cells not in the heart muscle).

The conclusion is that if this would be so then a direct transport of zinc ions in higher concentration by means of an active carrier, which would take them there and would release them at the site of the lysosomal membrane would be of interest. This would possibly result in the release or activation of lysosomal enzymes, which then would start to self digest the tumors from the inside. As I expected the application of both Zinc Aspartate, which releases zinc ions at the inner site of the outer cell membrane and Zinc Orotate, which releases zinc ions at the site of the lysosomal membrane inside of the tumor cells resulted in a tremendous activation of lysosomal enzymes.

If an intravenous application of Zinc Aspartate of about 50 to 60 milligrams will be given, this will result in a chain reaction. In other words, the release of lysosomal enzymes will destroy other lysosomes and a tremendous amount of these enzymes will be liberated. One of these enzymes is B-glucoronidase. We collected urine and blood samples from patients who had just gone through such a chain reaction and there we found a tremendous increase of lysosomal enzymes in the blood serum, as much as 150,000 Fishman-Units whereas 8,000 would be normal. There was a certain discussion recently when I reported these observations in Burlington, Vermont, that also the lymphocytes once they will be informed to attack cancer cells are rich in lysosomes so that possibly both lymphocytic lysomal enzymes will be released and lysosomal enzymes inside of a tumor cell.

The observation which we made so far with patients leads us to the assumption that lysosomal enzymes inside of tumor cells will be deliberated because there is a relation between the amount of tumor tissue and the release of lysosomal enzymes. This is true for all types of cancer.

The observation we have so far, shows us that we really made an important step forward because Zinc Aspartate is non-toxic as it has no side effects at all and can be given for an unlimited time. Toxicity may only result from an overloading of debris such as deliberated and digested material out of the tumor. We also found that this regimen can easily be controlled so if you give a smaller amount of 30 milligrams Zinc Orotate and 50 milligrams of Zinc Aspartate per day for a longer time there will be no chain reaction. The regression of the tumor is very obvious and there is an instant relief of pain.

A publication which comes from the Ardenne Institute, East Germany, points out the activation of

the lysosomal enzymes in the form of a chain reaction out of experimental tumor systems.

This development was so important that these substances were immediately offered to the doctors in Germany. Zinc Aspartate is available as a drug in Germany in the form of 30 milligram vials for intravenous injections and 50 milligram pills and Zinc Orotate as 40 milligram pills. It will also come under the name of B17 Orotate, where activated Amygdalin will automatically be combined with the Zinc Orotate to make it as simple as possible for this long time, non-toxic treatment and control for malignant disease. It is already officially released in Germany.

A patient had a breast removed about nine years ago and about one year later recurrence developed in the scar again. This was operated on and then she was given radiation. She was fine for about seven years and then she developed pain and we found that metastasis had developed in the dorsal and thoracic spine. I was unable to control this pain by any of the orthodox chemotherapies including hormone therapies. Also activated Amygdalin did not help. Then I gave 50 milligrams of Zinc Aspartate to this patient and thereafter she showed a slight improvement. After the application of 60 milligrams intravenously, forty hours later she developed a chain reaction and all pain stopped. We also observed that recalcification developed and the tumor regressed.

For the oral treatment, the Zinc Orotate is much more powerful than the Zinc Aspartate. On the other hand Zinc Orotate is not soluble in water and intravenous injection can only be made out of Zinc Aspartate.

The following are a few patients who had bone metastasis and lesions in the bone and who underwent treatment with active calcium therapy and Amygdalin or activated Amygdalin after conventional methods had failed. One patient had a large lesion in his left hip and he couldn't move anymore. After eight weeks of the treatment the patient developed recalcification and he could move without suffering any pain. Another terminal patient came with thousands and thousands of metastasis in the bone and she had extensive pain. She had very high values of calcium in her blood serum so we started Amygdalin treatment including recalcification treatment. Ten weeks later most of the lesions were recalcified and there were no more complaints. The patient is still living. This does not work on all patients having bone lesions for different reasons, but it is an important way to treat these lesions.

Another important finding was first published by Gerard in Paris. The application of Bromelain enzymes extracted out of the pineapple stem would lead to a better recognition of the antigenicity of the tumor cell and therefore reinforce the host defense against cancer. This "deshielding" therapy was found to need both the proteolytic and glycolytic enzymes to decompose these layers. In my opinion this is the most simple and efficacious therapy in the frame of Immune Therapy. This compound is available in the U.S. as Ananase, which has both proteolytic and glycolytic enzymes. However, in patients with bone lesions one should be cautious because the resorbed enzyme may inhibit the formation of new bone.

Another aspect you will read about in the near future are the Chalones. Dr. Haugk from the Children's Hospital in Washington, D.C. reported on this recently. Chalones are substances, which may suppress the division of cells. They are highly specific for the tumor and not for the host.

Long time therapy of malignant disease will also include proper nutrition, which means no meat from animals, which were injected by hormones; no carbohydrates, which will peak your sugar level; no shell fish because they are too rich in nucleic acids; and if possible a carbohydrate food, which keeps an even level of blood sugar such as millet, buckwheat or oats. This is important for better therapeutic effects. Nutrition is part of the maintenance therapy.

Now this is the program. It is clear enough to be understood by both the doctor and the patient so all can work together for the benefit of the ailing people.

Betty Morales: Dr. Nieper I would like to present this plaque to you so that our guests will also know our sentiments. It reads —

CANCER CONTROL SOCIETY
to
Dr. Hans Nieper
Physician, Scientist and Humanitarian.
In recognition of his efforts and dedication in the global fight to end cancer in our time; for his courage and perseverance in the spirit of Galen, Hippocrates, Beard and Krebs and Krebs, to achieve this end and therby to free all man kind from its most dread disease.
Presented this First Day of September, 1974
2nd Annual Cancer Convention
Ambassador Hotel
Los Angeles, California

Dr. Nieper: Thank you very much. In my opinion there may be many difficulties, but one thing for sure, the

name Cancer Control Society exactly hits the point and this is a name, which will carry you through all difficulties.

Dr. Nieper: We have a beautiful lady here who speaks better English and has more charm than I do. I think you will enjoy her very much. Mary Henderson —

Mary Henderson: Thank you Dr. Nieper. In this life we are sometimes lucky. Lucky to come in contact with brilliant dedicated people who work miracles for those around them. Dr. Hans Nieper is such a miracle man. Through his dedicated care and the drug Laetrile I won a gruelling battle with death and overcame one of man's worst enemies, cancer.

Cancer of the tongue struck long before I knew I had it. It began when I swallowed and I got a terrible cramp in the side of my neck. This went on for about six months before I decided to see my doctor in Colorado. He felt that it was cancer and a biopsy confirmed the fact. When I stared death in the face, a lot went through my mind. I didn't want to die. To Los Angeles and St. Johns Hospital for out patient treatments for cobalt, after nine such treatments, 3,000 Rads, I became so ill I lost my senses. After that it was decided the M.D. Anderson Cancer Clinic in Houston, Texas would be the best for me. Within two and one-half months I was subjected to 6,000 more Rads, which made 9,000 Rads altogether. This I am told was enough for a full grown man of 200 pounds.

My mouth and throat had been burned dry of saliva. Later radiation sores started appearing on the outer skin of my tongue. Doctors assured me that my saliva would return within six months. Today it has been almost three years and I still have no saliva. Despite the amount of radiation that was given to me the treatments were unsuccessful. Another biopsy still showed a persistant growing cancer. Operating was the only chance left and that was only a 30% chance. The operation would have removed my tongue and part of my face and nose as no woman with even half her senses would do in a situation like this.

I told my husband to just let me die. However, he never gave up trying and had hope. He took me back to Los Angeles and to St. Johns Hospital again. Due to soreness in my throat I was unable to eat or swallow anything, so a tube had to be placed directly into my stomach for feeding. My chances for survival were zero and I was finally sent home with terminal stamped on my case.

My husband never left a stone unturned. Through a nutrition stressed research foundation he belonged to, he heard of a so-called miracle drug called Laetrile. He also found that it was against the law in America and that one of the few places that it could be administered was Germany. So I was flown there immediately, accompanied by my husband and Dr. and Mrs. Sorenson. It was there that I first met Dr. Nieper and it was there that I first met Laetrile. Who would ever believe that a simple little God created pit of an apricot could arrest and destroy one of the most dreaded diseases of mankind.

My first experience with Laetrile was not a pleasant one. Doses of it were injected into the base of my tongue. Not long after, thank goodness, I graduated to the Laetrile pill. It wasn't long before the medicine began working and soon after I felt my strength and senses coming back. One of the wonderful things that happened was that I no longer needed to take Percadine to ease the terrible pain.

In the six weeks I spent in Germany, Laetrile became as much a part of me as eating and Dr. Nieper became as much a part of my heart, as beating. Thanks to him, my husband, and the miracle of Laetrile, I am alive and strong. My cancer has been controlled. Since I am still very susceptible to cancer, it is necessary for me to continue to take Laetrile everyday, a small sacrifice for life. I still suffer from many of the effects from over-exposure to radiation, so I have not regained my saliva. I am unable to taste most foods and though my nerves are sensitive due to being burned intensely I still have faith that someday I will recover completely.

Betty Morales: Jerry Henderson, will you and Mary stand up just a minute together. I want everybody here to see the other half of the Henderson family. And Mary Henderson doesn't have that peaches and cream complexion by accident, she and her husband are the originators of Avon Calling, Avon Cosmetics. I think they deserve a little plug.

Last year you saw another beautiful woman on this platform and she's here again with us this year. Alicia Buttons will you just stand up and let everybody see you. Alicia is another miracle of Dr. Hans Nieper. As many of you know she was given up as a terminal cancer patient. Alicia is the other half of the Red Buttons comedian team. She and Red never refuse to support us, and when we have wonderful people like this on our team we are never going to give up until total victory. But we need everyone of you to become members and participate in this great fight. Thank you.