Natural Cancer Remedies that work

Morton Walker, D.P.M.
Natural Cancer Remedies that Work

By Morton Walker, D.P.M.

Published by Finn Communications

The author believes that information presented in this Special Report is accurate but its accuracy cannot be guaranteed. The information is not intended to replace the attention or advice of physicians or other health care professionals. Every reader who wishes to embark on any dietary, drug, exercise or other lifestyle change intended to prevent or treat a specific disease or condition should first consult with and seek clearance from a qualified health care professional.

Because there is always some risk involved, the author and publisher are not responsible for any adverse effects or consequences resulting from the use of any of the suggestions, preparations or procedures described in this Special Report. Please do not use this report if you are unwilling to assume the risk.

The author reports here the results of a vast array of experiments and research as well as the personal, anecdotal experiences of patients, healthcare professionals and caregivers. In most cases the author was not present at firsthand to witness the experiments and other events described but is reporting to you the accounts of those who were.

ISBN 1-59975-186-0

Copyright © 2005 by Morton Walker

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the copyright owner.

Printed in the United States of America
CONTENTS

Chapter One
Whole Body Hyperthermia ................................................................. Page 1
  Nearly a century-and-a-half of clinical experience shows that a high body fever kills cancer cells.

Chapter Two
Rare Carolina Plant “Eats” Cancer Cells: Carnivora® ........................ Page 5
  A German doctor achieves remission for 98 percent of patients who come to him with early malignancies—before they undergo radiation therapy or chemotherapy.

Chapter Three
Animal Peptides: Polyerga® ................................................................. Page 10
  Compared to a control group who received conventional treatment, four times as many stomach cancer patients lived five years or longer when they took this natural and nontoxic anticancer remedy.

Chapter Four
Shock Cancer Cells to Death: Galvanotherapy ................................ Page 15
  A nine volt battery and a doctor who knows what he's doing may be all you need to treat cancer.

Chapter Five
A Fruit that’s Fatal to Cancer Cells: Noni Therapy ............................. Page 17
  How a top exec's prostate cancer totally disappeared in 120 days.

Chapter Six
The Miracle Mushroom: Coriolus versicolor ...................................... Page 20
  A Texas man shrank his liver tumor by 90 percent—after his doctor gave up on him.

Chapter Seven
Is Cancer Really a Disease? Induced Remission Therapy® ............... Page 24
  Nine out of ten patients invariably reverse cancer IF they manage to access this hard-to-get treatment.

Chapter Eight
New Supplement Fixes Damaged DNA: Poly-MVA ............................ Page 28
  Why so many alternative physicians recommend this cancer breakthrough to their own family members who are in danger.

Chapter Nine
A Native American Cancer Remedy: Essiac ..................................... Page 31
  A Canadian nurse successfully treated thousands of cancer victims with this Ojibway Indian herbal blend.

Chapter Ten
Diet and Detoxification: The Gerson Therapy ................................. Page 34
  85 years of experience shows that what you eat DOES matter.

Chapter Eleven
Early Detection and Monitoring: Cancer Marker Tests ...................... Page 38
  Early detection vastly increases your chances of beating cancer. Here are some cancer marker tests that few North American doctors use.
**About the Author**

Morton Walker, D.P.M., successfully practiced podiatric medicine for 17 years. In 1969, he left his practice to become a full-time, professional medical journalist in the fields of alternative, holistic and complementary health. Since then, Dr. Walker has won 23 medical journalism awards and published 74 books as well as thousands of magazine, newspaper and clinical journal articles. His best-selling book titles include *The Chelation Way, Toxic Metal Syndrome, German Cancer Therapies* and *Hyperbaric Oxygen Therapy*. As a highly sought-after speaker, Dr. Walker frequently appears on TV and radio programs throughout the United States and Canada.
Chapter One

The Fever Therapy

Whole Body Hyperthermia

Nearly a century-and-a-half of clinical experience shows that a high body fever kills cancer cells.

In 1883, a New York City surgeon, William B. Coley, M.D., came across a medical report published in 1868 by a family physician named Peter Busch. Dr. Busch wrote of a 43-year-old woman suffering from sarcoma of the face who experienced a “spontaneous” cancer cure.\(^1\)

The cancer cleared up shortly after she recovered from a strep infection that gave her a fever of about 105 degrees Fahrenheit.

Dr. Coley quickly recognized that a high temperature is the body’s way of coping with microbial infections. He was so intrigued he spent almost twenty years experimenting with lab animals that had been given various types of cancer. He developed bacterial strains known today as Coley’s toxins. Then he went on to successfully infect and cure human patients suffering from advanced cancers.

Dr. Coley published his amazing results in 1906. And that’s where matters largely rested for the next 80 years. One of the reasons is that some patients suffered complications from the induced infections.\(^2\)

Still, Dr. Coley did establish the value of full body fever for the treatment of certain cancers. The late Dr. Robert C. Atkins treated his cancer patients with Coley’s toxins, in conjunction with other natural therapies.

There’s a lot more evidence. In 1957 three American oncologists reviewed 450 cases of so-called spontaneous cancer remissions. They found that at least 150 of them—about one-third—followed acute infections involving high body fevers. Although published in the journal *Cancer Research*, their findings went almost unnoticed in North America.\(^3\)

One exception to the indifference was George Crile, Jr., M.D., of the Cleveland Clinic. Famous for his work on breast cancer, Dr. Crile was well aware that conventional cancer treatments had a poor track record. The 1957 study got his attention and he decided to investigate for himself.

**Deadly to cancer, safe for healthy tissue**

Dr. Crile’s animal studies, published in two journal articles, show that a temperature of 107.6 degrees Fahrenheit damages the cells of at least one line of cancer, while normal tissue can tolerate temperatures three degrees higher. In other words, there is a temperature “window” where malignant tissues die while healthy tissue is unharmed.\(^4,5\)

Other investigators confirmed Dr. Crile’s findings in animals and also showed that high body temperature could be used successfully along with radiation and chemotherapy. Others studies show that, in humans, lower doses of radiation can be used to kill human cancers when the temperature of the cancerous area is raised during or after the treatment. The higher the temperature of the cancerous organ, the less radiation is needed to kill the cancer cells.\(^6,7,8\)

But many patients can reap the benefits of the “heat treatment,” called hyperthermia, without resorting to conventional therapies like chemotherapy and radiation. These conventional cytotoxic or “cell-killing” therapies are among the most dreaded consequences of a cancer diagnosis. As far as most of us are concerned, these “cures” are almost worse than the disease.

**You can escape the dreaded “cancer industry”**

I believe that you can use hyperthermia and the other therapies revealed in this Special Report to reduce or completely eliminate any need for the poisons, surgery and radiation of conventional oncology—the multibillion dollar North American “cancer industry”.

In a 1976 article published in *Cancer Research*,
scientists at New York’s Albert Einstein College of Medicine found that cancer regressed and disappeared in mice treated with hyperthermia alone. The mice received no radiation or chemical therapies. In a control group of mice that did not receive the heat treatment, the cancers grew rapidly and all died within four weeks.$^9$

Another American, Harry Leveen, M.D., of South Carolina, pioneered the development of machines to raise body temperature as a safer alternative to infecting patients with bacteria. Dr. Leveen’s hyperthermia devices never won approval from the U.S. Food and Drug Administration (FDA). The FDA banned them and Dr. Leveen was forced to ship them to the United Kingdom where they were labeled “British hyperthermia machines.”

Thanks in part to Dr. Leveen’s work, most clinics that employ hyperthermia today do so with machines, not with bacterial infections.

**Banned in America, celebrated in Europe**

Despite the groundbreaking work performed in the United States, it is now hard for cancer patients to obtain this therapy here. Not so in Europe, where physicians interested in alternatives to surgery, radiation and chemotherapy have taken a keen interest. Hyperthermia is a well-established tool for fighting cancer in nearly every industrialized nation in Western Europe.

In fact, the application of heat for the treatment of human malignancies is now receiving intense study throughout the world, especially in Germany, Austria, France, Holland, Italy and Mexico.

I interviewed Vera de Winter, Ph.D., administrator of the Veramedica Institute of Munich Germany. She was one of the European researchers who ignored the FDA’s opinion and sought out Harry Leveen. In fact, she traveled to the UK to acquire one of the last of his hyperthermia machines and ship it back to Germany. There she engaged Dr. Friedrich Douwes, a highly qualified oncology-trained M.D., and founded her own clinic.

Dr. Douwes told me he was recording a 90 percent success rate in reversing prostate cancer in his patients. His variant of hyperthermia also reduces benign prostate enlargement (BPH). In fact, hyperthermia holds great promise as a drug-free treatment for enlarged prostate and frequent nighttime urination.

Knowing that I was recording his remarks for publication, Murray “Buz” Susser, M.D., of Santa Monica, California told me that he had traveled to Munich to receive BPH treatment from Dr. Douwes. The therapy shrank the size of his prostate gland by a third and reduced his need to urinate from three times per night to one or none.

**Highest remission rate known**

Dr. de Winter told me, “The St. Georg Klinik of Bad Aibling, Germany, has more than seven years of clinical experience with the use of systemic whole body hyperthermia and has treated over two thousand patients. From application of such elevated heat, the average remission rate for patients with advanced stages of cancer is 80 percent. There is no other treatment modality known with such a high remission rate.”

Dr. de Winter went on to say that hyperthermia was being used successfully together with low-dose chemotherapy to treat advanced tumors of the liver, lung, pancreas, bone, colon, stomach, kidneys, prostate, peritoneum, large intestine and other sites.

She stated, “Whole body hyperthermia has shown itself to be safe and well tolerated, even by debilitated patients. Such systemic hyperthermia has provided successful results for advanced tumors, and it has an impact on distant metastases as well.”

**International conference hails hyperthermia**

Just about every Western country except the United States and Canada was represented by a speaker at the Twentieth Annual Congress on Hyperthermia, held in Baden-Baden, Germany as part of Medicine Week. There was so much information that a follow-up conference was held a year later in Italy.

All the exciting research and clinical experience have produced several findings you should know about: Hyperthermia can be used on the whole body or on just the part of the body containing the malignancy. The latter method is called regional hyperthermia. There’s
no longer any need to use bacterial infections to induce a fever. A variety of heating devices can do the job.

For example, in localized hyperthermia the heat is administered by an antenna at the end of a probe injected into the tumor itself.

Experienced clinicians now know the safe, effective temperature range that kills or damages cancer cells while leaving healthy cells unharmed. Doctors have the technology to keep your body temperature in this safe range. And the treatment is over in an hour or two.

I spoke with Dr. Jozef Mendecki, one of the researchers who conducted the mice experiments nearly thirty years ago at the Albert Einstein College of Medicine. He’s now an associate professor there and was extremely helpful to me in preparing this report. Working at this prestigious medical school, Dr. Mendecki has not only treated cancer with a combination of hyperthermia and radiation, but also reports success in treating BPH and AIDS.

I also interviewed a Mexico City M.D. named Carlos Fink Serralde. He described one of the modern pioneering techniques for giving cancer patients a “fever” safely and without resort to infection.

Dr. Serralde sedates the patient and circulates his or her blood through a “heat exchanger” that is actually outside the body. By means of tubes the blood passes out of the body, through the exchanger, and then returns safely to the patient’s arteries. The whole set-up is a “closed loop” similar to those commonly used in conventional surgery to circulate blood outside the body.

The heat exchanger brings the body’s temperature up to an ideal cancer-fighting 107.6 degrees F. The patient’s temperature is carefully monitored at all times via thermometers placed on the body in several places. Dr. Serralde keeps the body at approximately 108 degrees for one hour to one hour and a quarter.

The patient may follow up the hyperthermia with radiation treatment if appropriate. But Dr. Serralde told me he never uses chemotherapy in tandem with hyperthermia and often uses hyperthermia by itself without conventional therapies.

Bask under a heat lamp, cure cancer

In contrast to Dr. Serralde’s approach to whole body hyperthermia, Dr. Douwes in Germany warms the patient with infrared light.

While Dr. Serralde heats the patient’s blood extracorporeally—outside the body—the Douwes approach directs an external heat source—infrared light—at the patient’s skin to heat the blood in the capillaries just below the skin’s surface. This generally gentle technique can gradually raise the patient’s whole body up to any desired temperature.

As described to me by Dr. de Winter, Dr. Douwes asks the patient to lie down in a fabric enclosure that looks something like a rectangular tent. Before turning on the heat source, the doctor administers an immune-stimulating injection of interferon and other substances that induce a slight fever, but not high enough by itself to kill cancer cells. In addition, the doctor injects a glucose (sugar) solution to induce a carefully monitored episode of hyperglycemia.

The fever reaction and the hyperglycemia together bring about “a massive stimulating effect on the patient’s immune system,” according to Dr. de Winter.

Following this there’s a targeted introduction of deep-penetrating heat provided by an infrared A light. This produces a slow, controlled rise in the patient’s body temperature, closely monitored by the physician until it reaches the desired level -- generally up to about 42 degrees centigrade (107.6 degrees F.). In certain cases the patient may be anesthetized if the doctor decides a temperature higher than 42 degrees C.—”extreme hyperthermia” -- is needed.

A famous actress literally sings the praises of hyperthermia

In his own words, this is how Dr. Douwes described a successful case history. . .

The patient was “a very famous German actress and singer, who had suffered from ovarian cancer with metastases to the liver and lungs. My patient was then fifty-three years old and much admired for her acting
on the stage, in films, and in soap operas during day-
time television. She has gone public with her cancer
erperience and has described it on many talk shows
broadcast throughout the German-speaking world. You
can tell her story to the world.

“The first manifestation of her ovarian cancer was
in 1991 when my patient underwent cytotoxic drug
treatment at Munich University. She relapsed for the
first time in 1993 and again was administered
chemotherapy. Next, a relapse occurred for her in June
1996, but she did not react positively to additional
chemotherapy given then. Months of progressive ill-
ness followed,” Dr. Douwes said.

In our interview, Dr. Douwes told me this famous
patient was approaching death. Then her friends, col-
leagues and family persuaded her to try whole body
hyperthermia under his supervision.

“Her admirers appealed to me to help this woman.
They said, ‘She is so much loved, so talented, and so
famous. We want to have her alive. Please, can’t you
do something for her?’ I saw her at the St. Georg
Klinik for the first time in January 1997. …She was
troubled by a liver infiltrated with cancer, and her left
lung had shut down from the cancer’s metastases. She
had severe hoarseness of the voice, hardly able to
speak both from shortness of breath and from paralysis
of the vocal cords.

She experiences complete remission

“Then she was treated here with whole body hyper-
thermia. My patient went into complete remission of
her ovarian cancer. She has no more ascites and no
liver infiltration. Her lung is completely open, vocal
cords working well, and she is back on stage for sever-
al years now. Today she sings beautifully.

“Just before Christmas 1997, the actress visited me
for a physical checkup, and I was able to report to her
that all organs in her body are functioning properly and
her laboratory readings are normal. The ovarian can-
cer, including its metastases, are gone.”

The actress was so grateful, she provided her care-
givers with a delightful present. She performed a one-
woman musical for Dr. Douwes, the clinic staff, and all
the patients. The two-hour performance took place in
the clinic auditorium with newspaper reporters, tele-
vision crews, and radio commentators in attendance.

Dr. Douwes told me, “I was interviewed on televi-
sion and radio over and over. The press asked me,
‘What did you do? It’s a miracle!’ But I replied that
this is no miracle; it’s just correct medical application
of whole body hyperthermia.”

Dr. Douwes added, “I have no doubt, as this type
of heat treatment gets known, more and more patients
will become healed of their cancers. The death sen-
tence given by doctors to cancer patients that ‘you have
only so many days or weeks to live’ will no longer
exist.”

Resources

You may reach Dr. Friedrich Douwes, M.D., at St.
Georg Hospital, Hyperthermia Centre, Adalbert-Stifter
Strasse 4, 83043 Bad Aibling, Germany; telephone
internationally 011-49-8061-498-0; fax 011-49-8061-
498-455; email: info@klinik-st-georg.de; website:
www.klinik-st-georg.de.

Or contact Vera de Winter, Ph.D., N.D., Veramed-
ica Institute, Braunstrasse 7, 81545 Munich, Germany;
telephone 011-49-8964-7692; fax 011-49-8964-2285-
9; mobile telephone 011-49-17-1270-0797; email:
veramedica@aol.com.
Chapter Two

Rare Carolina Plant “Eats” Cancer Cells

Carnivora®

A German doctor achieved remission for 98 percent of patients who came to him with early malignancies—before they underwent radiation therapy or chemotherapy.

One advantage to practicing alternative medicine is that you know what to do when you get the dreaded news we all hope we never get: “You’ve got cancer.”

A nutritional therapist from Westport, Connecticut put her professional experience to use when she learned she had a fairly large, malignant breast tumor. The news was surprising to the 41-year-old. Two breast exams just weeks apart had given her a clean bill of health only a few months before. A tumor’s sudden appearance meant it was growing fast.

The nutritionist underwent a lumpectomy—meaning removal of the tumor, not the whole breast—but turned down the follow-up radiation her surgeon recommended. Instead, she went to a German clinic headed by Dr. Helmut G. Keller (now retired).

“Inasmuch as I’m well informed about German alternative cancer treatments—having referred American patients to that country’s clinics frequently—I was particularly impressed with results achieved by Dr. Keller,” she told me in an exclusive interview. The lady prefers to remain anonymous because she’s planning to share her cancer remission experience in a personal write-up.

“I was treated for four weeks with intravenous (IV) Carnivora® in addition to other holistic cancer treatments, she said. Then she returned home and continued to take Carnivora®.

“This procedure has kept me in permanent breast cancer remission for over seven and a half years,” she declares. She continues to monitor her health with sophisticated cancer tests, many of them little-known in North America. “All cancer markers have been turning up normal for me. My immune system is fine. . .I’m doing well.”

What is Carnivora®?

Carnivora® is a patented extract of the Venus’ flytrap plant. To be a bit more precise, it’s the standardized, purified juice taken from that rare North American plant by an exclusive, patented process. The Venus’ flytrap contains no less than seventeen compounds that affect various mechanisms of action in the human body.

The digestive juice of Venus’ flytrap is a phytonutrient (i.e. a natural nutrient found in a plant) that attacks and destroys every type of malignant cell. It is especially effective on primitive cancer tumor tissues. For more than thirty years, Dr. Keller investigated this substance and gained clinical experience with some 15,000 cancer patients, often with startling success.

That’s why the nutritional therapist had heard of him and felt no hesitation in entrusting herself to his care. But let me tell you how it all began...

One doctor’s journey from Establishment to alternative medicine

Back in 1973, Dr. Keller had just wrapped up a one-year medical internship in a German hospital. He had barely started his professional career but he was already losing faith in the medical establishment’s approach to cancer.

“I had become totally disappointed with the horribly poisonous side effects of chemotherapy and was disillusioned with the oncology specialty I was electing to make my life’s work,” he told me in an exclusive interview.

As he drove alone from Boston to Maine to join his family for a vacation, Dr. Keller was actually thinking of dropping out of oncology. By pure chance he stopped at a flower shop to purchase a gift for his wife.
“There I saw a number of the Venus’ flytrap plants off in a corner. . . and observed how they were catching and digesting bugs. . . I was fascinated with their feeding actions and remained in that flower shop watching for at least an hour.”

Afterwards, meditating on what he’d seen, Dr. Keller had a hunch that whatever it was that enabled this plant to recognize and digest animal (insect) protein would also identify and digest primitive cells such as cancerous tumor cells or infectious germs.

“My instinct told me that here was a possible treatment for overcoming malignant growths in humans. For me, it became worthwhile to invest study, money, and time in such a research project. I became determined to do that. Little did I understand then that applying the therapeutics of juice from the Venus’ flytrap would become my life’s work.”

A plant with a super immune system

“In 1973. . . I discovered why the juice of the Venus’ flytrap is such an effective dietary supplement for the immune system,” Dr. Keller went on. “As you know, this plant is expert at trapping its own meals through a sensitive biological response process. When a fly or other small insect touches the delicate hairs of the plant’s ‘mouth,’ it causes the mouth to close quickly, trapping the insect inside the plant.

The delicacy and complexity of this plant is one of nature’s wonders. The plant’s ‘mouth’ closes only if the prey, walking across its leaf, touches two of the six trigger hairs or touches one hair twice. A single touch will not stimulate the mouth to close. Wind, raindrops or dust particles don’t activate the reflex.

What’s more, the mouth does not close tightly at first. Instead, its bristles fold loosely like the interlaced fingers of two clasped hands. This permits a small insect to escape between the bristles—because the flytrap prefers a bigger meal!

Although its unusual behavior has made it world famous, the Venus’ flytrap is in fact a rare plant, native only to a tiny, swamppy area in the vicinity of Wilmington, North Carolina. It’s now grown commercially for its medicinal uses and as a curiosity for plant fanciers.

“Juicy liquids inside the plant’s mouth are capable of digesting animal and vegetable materials,” Dr. Keller relates. “Interestingly, they do not digest the plant itself. From this observation, I have concluded that the Venus’ flytrap must possess an advanced type of immune system capable of distinguishing between harmful intruder organisms and its own materials.”

In other words, Dr. Keller figured out that the Venus’ flytrap could somehow tell the difference between itself and something that was not itself. And then it could devour the organism that was “not itself.”

That’s exactly what the human immune system does! He had a hunch that this ability—highly unusual in the plant world—could provide a plant food-based remedy—a phyttonutrient—that could be priceless to humans suffering from cancer tumors and even microbial infections.

Experiments confirm hunch

During the year following his “eureka” encounter in the flower shop, Dr. Keller was employed as a lab technician at Boston University. There he performed his first experiments with Venus’ flytrap. He quickly discovered that a juice extracted from the plant destroyed cancer cells in a test tube or petri dish.

Then he found that the Venus’ flytrap juice eliminated cancer in hamsters. By this point, Dr. Keller was getting really excited about the prospects for this natural therapy. He applied to test the plant extract on fully-informed, volunteer human cancer patients who were willing to take a chance on an experimental treatment.

If you know anything about the FDA, you won’t be surprised to learn they turned him down flat. Disappointed beyond words, Dr. Keller then returned to Germany with his wife and children. He established an experimental cancer treatment clinic in Bad Steben, a health spa famous for its hot underground springs (bad means “bath”). Since then Dr. Keller has closed his clinic.

Dr. Keller’s clinic focused on alternative cancer treatments, especially those that work by destroying pathogenic cells directly and by affecting the immune
system in multiple ways. His approach was the opposite of therapies that destroy the immune system as chemotherapy and radiation do. In this free and more supportive atmosphere he perfected the application of Venus’ flytrap extract, which was named Carnivora®—a reference to the plant’s animal-eating habit.

After more than three decades of laboratory analysis, clinical testing, and the treatment of about 15,000 patients, Dr. Keller discovered a great deal about how Carnivora® works. He found it to be a powerful modulator of the immune system that fortifies the body’s own defense agents and supports a stronger immune reaction.

One refinement he discovered is that the juice of the Venus’ flytrap digests only the “primitive,” undeveloped, undifferentiated cells of its prey. These “primitive” cells are the same kinds of cells that invade the human body as harmful bacteria or fungi or which the body produces in response to pollution or poor diet. What’s more, these are exactly the cells the human immune system is programmed to attack.

What that means, according to Dr. Keller, is that the Venus’ flytrap extract known as Carnivora® fortifies the human body’s own defense mechanisms—the immune system.

He found this non-toxic agent works directly against a pathogen by blocking the synthesis of protein as well as by reducing the core energy level of ATP—a vital source of energy for the pathogen cell. And during the whole process not a single normal cell would come under attack.

**It not only cures but also prevents**

In a moment, I’m going to tell you more about how the plant extract is applied in a clinical setting. But meanwhile you may be excited to learn that Carnivora® extract can be an effective food supplement to strengthen your immune system even if you’re perfectly healthy! Dr. Keller developed *Carnivora Immune Modulator/Enhancer*, a lower-dose capsule form of the extract for safe daily supplementation.

Daily supplementation will not only reduce your risk of tumors but also protect you against a gamut of infectious diseases such as flu, hepatitis and herpes.

“I assure you that Carnivora® can be safely ingested and at low concentrations will produce the immune system supportive response noted by researchers and immune system monitors,” he told me. He’s been conducting such research since the early years following his 1973 discovery of the plant’s benefits.

At the end of this chapter, in the “Resources” section, I’ll tell you how to obtain a personal supply of Carnivora® capsules. For prevention, Dr. Keller recommends one 125-microgram capsule three times daily. Where a life-threatening illness is already present, he recommends up to nine capsules daily—three in the morning, three in the afternoon and three in the evening, preferably taken without food.

**What the cancer patient can expect**

The nutritional therapist in the story I told at the beginning of this chapter received Carnivora® by means of injection outside of U.S. jurisdiction, since the FDA does not permit Carnivora® by injection or infusion.

In most countries including the U.S., Carnivora® is now utilized in the form of capsules and pure drops (no excipients, fillers or other toxic substances). In countries outside the U.S. that permit it, Carnivora may be administered intravenously (IV) or by inhalation via a nebulizer. Since Carnivora is more effective when a consistent level is maintained in the bloodstream, health practitioners use various protocols to meet this requirement.

One such protocol is an IV infusion daily over a three to four hour time period. You should also know that Dr. Keller used Carnivora® as one of a battery of alternative, nontoxic, anti-pathogenic treatments. The nutritional therapist’s breast cancer was treated with whole body hyperthermia, interferon injections, and hydrazine sulfate in addition to Carnivora®.

Based on his prolonged experience, Dr. Keller considers many cancers reversible and curable, including leukemia. After about three to six months of initial treatment, tumors usually stop growing and become smaller. Patients who then enter into the maintenance phase of the program will usually require reduced
doses of liquid drops and/or capsules taken orally on an empty stomach for up to two years to prevent recurrence.

Carnivora® can be used in conjunction with all known nontoxic cancer treatments. The late Dr. Robert C. Atkins used Carnivora® as part of his general cancer treatment program. “The reason these results are impressive is that they show that the treatment ‘works’ and is suitable to act as an effective partner to other nontoxic treatments that also work,” Dr. Atkins said.¹

**Purity is essential**

It’s a simple fact that the Venus’ flytrap captures and digests flies, worms, mosquitoes, roaches and other bugs with all their impurities. What I’ve written here comes with the warning that the carnivorous plant’s pressed juice must be purified to the highest degree.

The manufacturer of the patented product Carnivora® states that it contains no toxic excipients or fillers such as alcohol, glycerin, or propylene glycol. It is a pure compound that is completely free of harmful pyrogens and endotoxins.

I also want to add that the Venus’ fly trap is an endangered species and that Carnivora® is manufactured in full compliance with regulatory measures designed to protect the plant.

So having told you all the wonderful things about Carnivora®, I want to add that you should avoid imitations and patronize only the trade-name-registered Carnivora® product developed by Dr. Keller himself—manufactured and distributed solely by Carnivora Research, Inc., International. I say this having absolutely no financial interest in your decision (nor do the editors and publishers of this Special Report.)

But I’ve investigated Carnivora® as a journalist over a sixteen-year period, my own wife used it to prevent recurrence of her breast cancer, and I’ve personally interviewed hundreds of Carnivora® users. I’m confident the product meets the highest standards of purity. I can’t similarly vouch for other Venus’ flytrap products you may encounter.

Carnivora Research’s strict refining process insures the product is standardized, pure and safe. While their process is protected by patent, the Venus’ flytrap plant itself cannot be patented and there is nothing to prevent any enterprising company from selling some extract of that plant. Carnivora Research, Inc., International has in fact instituted legal proceedings against some imitators, alleging fraud, illegal use of its Carnivora trademark, and misuse of clinical data.

Dr. Keller obtains his own supply of Carnivora® from the Carnivora Research, Inc. manufacturing facility right here in the United States. You will find information in the Resources section at the end of this chapter.

**How to reap the most benefits from Carnivora®**

Dr. Keller tells me the only problem he faces is that very few people seek out natural, alternative therapies first, before they try highly toxic chemotherapy or radiation therapy.

“For patients with early malignancies who come to me for treatment before undergoing any noxious therapies, cancer remission can be achieved for almost 98 percent of them,” Dr. Keller said in a personal interview. Unfortunately, too many patients try alternative medicine only in the later phases of their illness.

“After immune abilities have been ruined by chemotherapy or radiation, is when cancer patients find their way to nontoxic therapies as a last resort...Holistic oncologists fighting to save lives this way are being presented with impossible odds!”

“Nontoxic cancer therapies alternative to the present poisonous and inadequate treatment methods utilize a patient’s immunological self-defense system. Nontoxic cancer therapies regenerate immunity and readily kill off millions of tumor cells. This happens not out of neglect or abuse of one’s immune system but by its being nurtured, bolstered, and reinforced,” according to Dr. Keller.

It is important to recall that Carnivora® not only affects the immune system but also works as an antipathogenic agent in its own right, depleting the pathogen’s core ATP levels and blocking protein syn-
thesis in invading cells.

**My observations confirm Dr. Keller’s beliefs**

I am able to confirm Dr. Keller’s beliefs with my personal observations as a medical journalist. Most of those patients do well who receive Carnivora® but who have undergone no chemotherapy or radiation. Those who have received either or both of these toxic treatments first before trying the natural remedy do not do as well.

That’s not to say that Dr. Keller’s remedy is useless for advanced cancer. Far from it! It can help at any stage. *But early detection hugely improves your odds.*

Later in this Special Report I’m going to tell you about some remarkable tests your doctor probably doesn’t use or may not even know about—tests that can indicate the presence of cancers as much as 19 months before the diagnostic tools most North American doctors and hospitals use.

Armed with that important knowledge, you may have a close-to-100% chance of overcoming cancer with the natural, plant-based therapy Dr. Keller discovered and pioneered. What’s more, Carnivora®—the patented and trademarked form of this herbal remedy—is available by mail order in the United States and in 21 countries around the world, and you can safely take it at home to prevent cancer.

**Government labs confirm its safety**

Certified state laboratories in Germany have substantiated the safety of Carnivora®. It contains no toxic substances of any kind. It is one of the safest natural therapeutic products ever discovered for the treatment of cancer.

What’s more, there’s now a wealth of hands-on experience to support Dr. Keller’s claim—and that of many other physicians around the world—that the pressed, purified juice of the Venus’ flytrap (*Dionaea muscipula*) wipes out nearly all microbial infections and roughly 98% of microsized cancer malignancies (those between one million and ten billion cells).

In years of clinical use on thousands of patients, Carnivora® eliminates these small cancers when used together with other specific natural, nontoxic remedies and when the patient has avoided chemotherapy and radiation therapy.

If I may add a personal note, my beloved wife successfully used Carnivora® to hold off a recurrence of her breast cancer for 12 years. What’s more, I’ve spoken personally with at least 300 people who ingest Venus’ flytrap juice, I’ve evaluated patient records furnished by physicians who use this therapy, and I’ve conducted numerous personal interviews and exchanged reams of letters with the product’s discoverer, Dr. Keller.

I’m convinced that this natural plant extract is a safe, effective treatment for cancer as well as for other illnesses that are not life-threatening.

**You get 17 immune-supporting nutrients**

Carnivora® is perhaps the best of the numerous nutritional agents nature has provided us to support and enhance our immune systems and to act directly against pathogens. It attacks “poorly differentiated cells,” and mimics the body’s own defense agents, resulting in a stronger immune response in healthy people as well as persons suffering from poor health.

Lab analysis reveals at least 17 immune-supporting/anti-pathogenic nutrients in Carnivora®, including a phytochemical called plumbagin and a related compound, hydroplumbagin. Biochemists at three European research institutes have confirmed the tumor-fighting power of plumbagin. A researcher at the Chemical Pharmaceutical Research Institute in Sofia, Bulgaria found it’s also active against a whole range of microbes and parasites ranging from flu viruses to malaria.

In a series of seven unpublished studies at the National Oncological Center of Bulgaria, Professor Dieter Kurt Todorov, M.D., Ph.D., proved that cancer cells subjected to long-term exposure to Carnivora® are either vastly reduced in number or totally obliterated.

Dr. Todorov’s studies, some in animals and others in vitro, greatly advanced our understanding of this important discovery. In a study of rats with ovarian cancer, the number of cancer cells fell by more than
two-thirds in 48 hours! Human leukemia cells on a petri dish declined by 40% in three days. And so on in a series of seven groundbreaking investigations.

Carnivora® has been used successfully to treat most forms of cancer, hepatitis A, B and C, neurodermatitis, Lyme, Epstein-Baarr virus, ulcerative colitis, Crohn’s disease, MS, all types of herpes infections, some types of arthritis, and almost any immune system deficiency. It’s been called “the gold standard” for treating viral infections.

In fact, health practitioners and researchers are finding new uses for Carnivora® all the time, including treatment of candidiasis (yeast infections) and other symptoms related to chronic fatigue syndrome. According to the manufacturer, Carnivora® is now known to be antiviral, anti-parasitic, antibacterial, antimicrobial, antifungal and anti-inflammatory. That’s quite a list!

The laboratory division of the Institute for Molecular Medicine and Tumor Biology in Frieburg, Germany confirmed that the patented Venus’ flytraps extract blocks nearly all the protein enzymes of cancer cells, thus depriving a tumor of its ability to make the protein it needs to stay alive.

What’s more, cancer patients report pain relief, beginning two to three weeks after commencing the treatment and continuing as long as Carnivora® is administered.

Try alternative and integrative therapies first

“The current treatment procedure for malignancies should be turned on its head, with cancer patients trying harmless therapies first,” Dr. Keller believes. “Only if nonhurtful care fails them might the patient accept the risk of cytotoxins because they may offer some small chance to stay alive for awhile.

The toxins used in chemotherapy annihilate the immune-competent cells. They all have one thing in common: they are poisonous.

“Cancer is curable but not with chemotherapy or radiation. Toxic cancer therapies do much more patient harm than good and should be avoided, if possible. Conventional oncological practices that employ cytotoxic agents are killing off the most important organ of an ill person, the immune system.”

In cases where patients are either compromised by toxic therapy or considered “terminal” by conventional standards, Dr. Keller advises the use of both the Carnivora® protocol and other nonconventional therapies that have proven success.

Resources

Carnivora® may be acquired for cancer prevention, maintenance, and/or treatment as self-administered capsules and/or extract in the form of liquid drops by purchase from the manufacturer/distributor.

To order capsules or liquid extract, contact Richard Ostrow, the owner, president, and chief executive officer of Carnivora Research, Inc., International. You may telephone the company toll-free within the United States and Canada, 866-836-8735 (866-VENUS FLY). From outside the U.S. and Canada, call 001-203-532-0957.

You may email Richard Ostrow at Richard@carnivora.com. Inquiries may be directed to Dr. Keller at drkeller@carnivora.com. However, Dr. Keller is retired and a personal response cannot be guaranteed.

The processed and purified Carnivora® pressed juice in the form of oral drops is approved by the German Health Authority for dispensing to patients and doctors. Carnivora® in its intravenous, intramuscular, and subcutaneous injectable forms are available by prescription where pertinent regulatory agencies permit the use of the product in such forms.

Carnivora awaits approval from various health authorities around the world for intravenous use. However, it is available as a dietary supplement in the U.S. in the form of oral capsules and pure liquid extract drops.
In 1993, an eighty-one-year-old retired high school principal, Franz L., began to experience ulcer-like symptoms including nausea, heartburn and indigestion. Antacids didn’t help, and as time went on he was almost unable to eat. He began to lose weight.

A visit to the man’s attending physician revealed the worst: cancer of the stomach (gastric carcinoma). Exploratory surgery uncovered an inoperable tumor the size of a walnut. His doctor urged chemotherapy, but Franz L. preferred to try complementary/alternative/integrative medicine, abbreviated CAIM by those health professionals who administer holistic health care.

The CAIM treatment selected was twice-daily injections of a substance called Polyerga®. Within four weeks, his cancer marker tests were normal. The patient continued to administer the injections himself every other day for twenty days, then twice a week for a year. By the second year Franz L. was down to one injection per week. Throughout his treatment he also supplemented with Polyerga® tablets.

Franz L. never underwent chemotherapy. He lived eight more years, to age 89, at which time he died of complications resulting from a fall off his horse while out riding with his great-grandchildren.

Eighty-year-old survives rectal cancer, gets married!

Oncologist Klaus Maar, M.D., published a report in Complementary Oncology Forum & Immunobiology Forum, a German medical journal devoted to CAIM cancer therapies. His story provides tremendous hope for treating colorectal cancers, the number two cause of cancer deaths in developed countries like the United States and Germany.

Dr. Maar treated an eighty-year-old retired merchant seaman, Hans K., who suffered from recurrent Stage II rectal cancer. Herr K.’s symptoms included rectal bleeding, abdominal pain, vomiting, weight loss and weakness.

He had undergone surgery three years before, but refused another operation despite Dr. Maar’s recommendation. Having little choice, the doctor commenced three types of alternative, nontoxic therapy including Polyerga® injections.

“In the middle of May 1996 [a few weeks after beginning treatment], I carried out a control rectoscopy and found that the tumor, which had been bigger than a plum, could not now be detected,” wrote Dr. Maar.

Further examinations in the fall of 1996 showed no detectable cancer. What’s more, the patient felt well. A year later, at age 82, Hans K. felt so fit and youthful he got married again!

Four times as many patients live five years or longer—without additional risk!

In a double-blind, placebo controlled study of forty patients with stomach cancer, 44 percent of those receiving Polyerga® lived at least five years compared to only 11 percent of control patients. That’s four times as many survivors—an astounding result.2

In a similar double-blind, placebo-controlled study of forty patients suffering from metastasized colon cancer, the Polyerga® group likewise showed a significant improvement in survival rates.

Remember, patients in both studies were in the advanced stages of cancer. What’s more, they did not know whether they were receiving Polyerga® or the placebo.

Throat cancer patient gains thirty more years!

A woman living in Bremen, Germany provides powerful evidence for Polyerga®. She was still alive and vigorous when I visited her in her home more than thirty years after she had been diagnosed with throat...
In fact, she served me tea and homemade cookies—and talked about living into her nineties. She believed that alternative therapies saved her life after conventional cancer treatments had let her down. It certainly looks to me like that’s true.

In 1967, Irmgard M. had been a smoker for twenty years when she began to experience hoarseness and difficulty breathing. She promptly quit and never smoked again, but the damage was done. A series of medical tests including a biopsy confirmed the 48-year-old bank teller had a Stage I tumor on her glottis.

Using conventional treatment, patients with this diagnosis generally have a five-year survival rate of 75 percent—meaning they have three chances out of four of living five more years. Irmgard took her oncologist’s advice and had part of her right vocal cord removed, followed by chemotherapy. The surgeon didn’t find any metastasis to surrounding tissues, but she still had to endure the discomfort of a year of chemical treatment.

As she hoped, Frau M. did survive five more years, and her doctors advised her that a “cure” had been achieved. Unfortunately, they were wrong. In 1973 her hoarseness and breathing problems returned—and so did her cancer, as a medical exam soon revealed.

According to the biopsy report, her lentil-sized tumor consisted of undifferentiated carcinoma cells, i.e. the malignant tissue did not particularly look like the surrounding normal tissue. This was bad news. Such undifferentiated or “primitive” tumor cells tend to be more aggressive. They grow faster and have a worse prognosis than do well-differentiated tumors.

A surgeon recommended removal of her entire larynx, which would have resulted in the loss of her ability to speak. Irmgard M. refused. When I interviewed her, she told me, “The surgeon attempted to persuade me to have the operation. He warned me that steady enlargement of the tumor mass in my throat would block breathing and interfere with my capacity to inhale air. Thus, he said, I must eventually die from asphyxiation or heart attack. Even so, I still refused the operation. I did not want to live the rest of my life without the ability to speak.”

Irmgard M. found a better way

“Upon explaining to my family doctor about this death sentence the surgeon pronounced on me, my doctor told me of possible treatment by another doctor, the renowned oncology researcher Professor Walter Kuhlmey, M.D., Ph.D.” she continued.

When she consulted with Dr. Kuhlmey, his prognosis was much different from the conventional surgeon’s: “If you do what I direct you to do, I will get you through this malignancy.”

Dr. Kuhlmey treated Irmgard M. with a peptide or protein extract from pig spleen, a treatment he had accidentally discovered following World War II when looking for an alternative source of insulin.

At the time, insulin was normally extracted from pig pancreas, but due to a pressing shortage of animal organs Dr. Kuhlmey had hoped he could extract insulin from the spleen as well. It turned out the spleen extract was somewhat useful as a source of insulin, but it also had much more exciting therapeutic effects.

Dr. Kuhlmey found the pig spleen peptides (which he first tested on himself) offered pain relief, a sense of well-being, more energy and less fatigue. That was it, or so he thought. But that was nothing compared to what was to come.

In 1951, a German cancer surgeon sent Dr. Kuhlmey a “hopeless” case—a woman with advanced, inoperable cancer of the pancreas. The tumor was larger than a hen’s egg, and death was expected within days.

The surgeon’s idea was that the pig spleen extract might relieve the woman’s pain and make her feel better. It turns out the injections did a great deal more. The patient lived three more years and died of another cause altogether. An autopsy revealed that her pancreas was totally cancer free!

This accidental discovery opened Dr. Kuhlmey’s eyes to the pig spleen extract as a possible cancer therapy.

Dr. Walter Kuhlmey has since passed away, but his family still manufactures the extract under the trademark Polyerga®, and it was this treatment that Irmgard M. received for her throat tumor, first through daily injections and tablets taken orally.

Her family doctor was amazed

“Continuing such treatment for six weeks,” she told me, “I felt much better and spoke with less roughness in my voice. I was happy with my progress and decided to show my family doctor how I was coming along.
When he looked down my throat with his lighted instrument he was amazed to see that the redness was gone and the tumor had shrunk. Later I learned that my doctor was so impressed by what he saw in me that he began prescribing the same kind of Polyerga® Plus tablets for his other patients who were suffering with various forms of cancer:"

Meanwhile, the patient consulted another surgeon who pressed surgery on her. He didn’t realize the tumor he was looking at was already greatly reduced thanks to the Polyerga® therapy. Frau M. refused again. “I was pleased with how Polyerga® had been shrinking the tumor and preferred to stay with this pig spleen extract as my only form of medicine that I’ve taken as a preventive measure against cancer for the past thirty years.”

Irmgard M. never again required surgery, chemotherapy, or radiation therapy from the moment she began taking Polyerga®. Her elevated cancer markers fell to normal at the beginning of the pig spleen treatment and remained that way.

When I spoke with her she was continuing a weekly Polyerga® injection, which she administered herself, and was taking the tablets. Her hoarseness was gone, her breathing was easy, and her quality of life was high.

**What is Polyerga®?**

Polyerga® consists of peptide growth factors extracted from pig spleens. Peptides are the molecular chains of amino acids that make up every animal organ. They are the tiny constituents of protein molecules. Peptides come together as polypeptides, larger in size than a peptide but still smaller than a protein.

Certain peptides present in porcine (pork) spleen possess beneficial characteristics for the treatment of cancer and other degenerative diseases in humans. The simplest general term for these peptides is “growth factors” although they may also be called interleukins, lymphokines, cytokines, or colony-stimulating factors.

All of these many molecules perform many functions and it’s not easy to find one name to cover them all. “Growth factor” is generally accepted in the scientific and medical literature.

Nearly all growth factors are panregulins, that is, they act as universal regulators of the particular organ where they are found. Polyerga® is one such panregulatin, manufactured in Oldenburg, Germany by the Kuhlme family under a patented process.

Peptide growth factors provide an essential means for each cell to communicate with its immediate environment. Since a cell must adjust itself to changes in its environment, the cell needs a mechanism to provide this adaptation. The tissue cells use sets of peptide growth factors as signaling molecules to communicate with each other and to alter their own behavior as needed to respond to their environment.

These peptides possess a unique ability to convey information from one cell to another or from one organ to the next, including the brain and central nervous system. They weave together a person’s organ actions even in the presence of a degenerative disease such as cancer.

**Controlled cancer studies show Polyerga® benefits**

Numerous clinical studies and laboratory experiments confirm that Polyerga® is useful. German drug regulatory authorities have approved it for use in that country.

Three oncologists conducted a controlled trial of Polyerga® at a clinic in Marburg, Germany.3 The participants were 158 women with advanced breast cancer. The physicians divided them into two groups. Polyerga® injections were the only anticancer or immune medication administered to the women in Group A. The women in Group B received injections of vitamins and minerals.

The patients treated with Polyerga® improved far more than did the controls. All of the women in the Polyerga® group regained lost weight and showed improved immune system function as measured by objective lab tests. Subjectively, they also reported that they felt better.

There’s more. A double-blind, placebo-controlled study was conducted with forty patients suffering from head and neck cancer and undergoing chemotherapy. Those receiving Polyerga® stabilized while those receiving the placebo deteriorated further. And, again, the Polyerga® patients reported greater subjective well-being. Remember, none of these patients knew whether they were receiving Polyerga® or the placebo.4

Clinical oncologists have definitely observed that Polyerga® peptides:

- Act as suppressors of tumor cell growth
• Stimulate immune system response
• Elevate immune status for patients pretreated with chemotherapy
• Reduce melanoma and lung cancer metastases.

**Dramatic results in animal study**

Researchers at a medical institute in Zagreb, Croatia found that lung cancer metastases in untreated mice were four times the level of those treated with Polyerga®. All the mice in the control group—treated with chemotherapy alone—died within 42 days. Half the mice in the group treated with both Polyerga® AND chemotherapy were still alive at 42 days. After conducting studies of both animals and humans, the researchers declared, “With Polyerga®, a pronounced stimulation of the host’s immune reactivity on the one hand and a significant tumor mass reduction on the other were determined repeatedly.”

Polyerga® has been broadly effective in treating many conditions besides cancer. A Bulgarian study of ten patients with chronic hepatitis B virus found the virus became undetectable in three of them after 24 weeks of treatment with Polyerga®. What’s more, the researchers found no side effects.

In a study published in *Research and Experimental Medicine*, eight Spanish oncology researchers said, “Treatment with Polyerga® can increase appetite, body weight, performance status, and subjective well-being of cancer patients. An improvement of immunoreactivity of cancer patients during Polyerga® treatment also occurs.”

**Don’t kill your immune system, make it stronger**

Conventional chemotherapy and radiation therapy devastate a patient’s immune system. In contrast, the cutting edge research in complementary/alternative/integrative medicine aims to bolster the immune system with biologic response modifiers (BRMs) such as peptide growth factors.

BRMs activate the immune system so it works more effectively. Interferon and interleukin-2 are perhaps the best known of the protein peptides, but there are dozens of similar immune system enhancement agents.

American oncologist Douglas Brodie, M.D. of Reno, Nevada makes use of vast numbers of BRMs to strengthen the body’s natural immune defenses against cancer. Dr. Brodie says, “My main objective over the past two decades has been to find those natural substances that most effectively enhance the immune system in its battle against cancer. When these substances are part of a comprehensive cancer treatment plan...the chances of beating cancer are markedly improved.”

All types of immunotherapy depend on the patient’s immune cells’ ability to recognize malignant cells. The only way they can do this is by spotting certain antigens on the surface of cancer cells, which is a somewhat difficult task. A standard term used in oncology, cell modulation, means that cancer cells are subtly modified so as to give the patient’s immune system cells a cleaner target to aim for.

In my nearly four decades as a freelance medical journalist I’ve come across more than five dozen immune system enhancement agents derived from both plant and animal sources and in use today. Polyerga® and some of the other treatments discussed in this Special Report are among the first BRMs I would turn to if I were faced with a cancer diagnosis.

**Use Polyerga® with confidence**

Is Polyerga® safe? Doctors who practice strictly conventional medicine often act as though you’re taking crazy risks to try an alternative treatment. I’m happy to report Polyerga® is completely harmless.

German lab studies of Polyerga® indicate it is perfectly safe at levels up to fifty times those typically used in treating cancer patients. These toxicity studies are conducted on rats and basically try to find out how much of the chemical it takes to kill the animal. The results are then adjusted for the much higher body weight of humans.

For instance, if a human weighs 200 times more than a rat it’s assumed it would take 200 times as much to kill the human. The Polyerga® doses used in human cancer therapy are a tiny fraction of those believed to be dangerous, based on the animal studies.

And further reassurance is provided by a Montreal investigation of 25 terminal cancer patients. These were unfortunate people for whom no other treatment had proved effective. While the researchers concluded that Polyerga® was little help for these very advanced cases, at least they observed no adverse side effects. The researchers concluded, “Polyerga® is safe...”
Combine Polyerga® with hyperthermia for even better results

I spoke with Holger Wehner, M.D., the medical director of a renowned German alternative cancer clinic in Wilhelmshaven. With my tape recorder running, he described great success in combining Polyerga® with whole body hyperthermia, the “body fever” therapy described in Chapter One of this Special Report.

Dr. Wehner told me that he has never encountered any treatment side effects or contraindications during his ten years of using these two therapies together.

“Among cancer patients taking treatment here at the Gisunt Klinik, 99 percent do experience some improvement in their symptoms,” the doctor said. “It’s rare that any individual might report not feeling or functioning better. . . . This porcine spleen extract by itself brings about a five-year survival with incomplete cancer remission overall for 60 percent of my patients. . . .

“Using Polyerga® not as the sole treatment but as adjunctive therapy with hyperthermia, I invariably find that the patient’s result is improved markedly. Again, at this clinic, using the combined therapy, 80 percent of our patients undergo five-year survival from experiencing cancer remission. . . .

“Unlike conventional cancer chemotherapy which directly attacks cancer cells, holistic type oncologists in Germany work to elevate the action of the patient’s immune system. My belief is that most important for any cancer patient is to receive treatment that boosts the body’s immunity. Polyerga® and whole body hyperthermia in combination achieve such a boost very well,” Dr. Wehner concluded.

Resources

Polyerga® is distributed throughout North America under a licensure agreement that comes from the product’s German manufacturer, HorFerVit Pharma GmbH, located at Heinrich-Brockmann Strasse 81, or Post Office Box (Postfach) 2329; D-26131 Oldenburg, Germany; telephone 011-49-441-350-330 or 011-49-441-503036; fax 011-49-441-506610 or 011-49-441-350-3333; email horfervit-pharma@t-online.de; website: www.horfervit.de.

The porcine spleen injectables of Polyerga®, however, are not approved for North American distribution by either the Canadian Health Protection Branch or the U.S. Food and Drug Administration.

The exclusive licensee granted distribution rights for HorFerVit Pharma GmbH in the United States for Polyerga® Plus tablets and capsules is European Lifestyle Products, LLC, P.O. Box 1345, Gibsonia, Pennsylvania 15044; telephone 724-934-3068; fax 724-934-9181; email elp@zoominternet.net; website www.europeanlifestyleproducts.com.

Oncologist Holger Wehner, M.D. speaks some English but requires his daughter to interpret. He may be reached at the Gisunt Klinik fuer Complementare Medizin (The Gisunt Clinic for Complementary Medicine), Muehlenweg 144, D-26384 Wilhelmshaven, Germany; telephone 011(49)4421-75566-0; fax 011(49)4421-75566-10; website addresses are www.gisunt.de or www.comedverlag.de.
German, Austrian, Dutch, Italian, French and Chinese physicians have been able to destroy solid malignant tumors by applying electric current to the body area invaded by cancer. European oncologists call the procedure galvanotherapy.

Dozens of doctors, a series of international conferences and the clinical experience of more than 65,000 patients demonstrate that a mild electric current literally dissolves cancer tissue. Yet American and Canadian regulators continue to deny cancer patients this harmless alternative.

I contend they are making a terrible mistake. Galvanotherapy permanently gets rid of malignant growths more effectively than any conventional mainstream cancer treatment.

The overall, three-year survival rate exceeds 70% for all the thousands of patients worldwide who have undergone the treatment. (European medical authorities tend to reference three-year survival rates rather than the five-year time frame used in the United States.)

But you probably want to know, “Is it safe? And does it hurt?”

The answers, respectively, are “Yes” and “Sometimes.”

The patient who receives the mild electric current is not exposed to any toxic strain and is never at any time in any danger. The voltage is usually no more than 9.5 volts and is always less than 10 volts—about the strength of a small flashlight battery.

As for pain, when the current is administered without anesthesia it may hurt in the form of stinging, but the physician usually can control the sensation with common local anesthetics such as lidocaine. Done properly, the procedure is painless and inflicts absolutely no harm. Be aware, however, that the skill of a galvanotherapy administrator determines whether or not it hurts.

The treatment is an inexpensive out-patient procedure that requires no surgery, leaves no scar, risks nothing like the dreadful side effects of chemotherapy and radiation therapy—and by all evidence is much more effective than those toxic treatments favored by the North American cancer industry.

How galvanotherapy works

Put simply, a mild electric current works two ways: It actually destroys some cancer tissue, which is then devoured by your body’s immune cells and carried away as waste matter. A portion of the cancer cells deteriorate and disappear almost at once, others more gradually. Eventually the tissue becomes lighter as seen on an X-ray film. There is no damage to healthy tissue.

The second way electric current works is to cause some cancer cells to “invert and revert.” That is, some cancer cells are actually modified and re-integrate the cancerous area back into the patient’s natural organ or tissue or body part undergoing the treatment.

An Austrian physician, Rudolf Pekar, M.D., first began to treat tumors with electrical current in 1969 and began to publish his results in 1988. It was he who coined the term galvanotherapy, although he now prefers the term percutaneous bio-electrotherapy or PBE.

Dr. Pekar was 91 years old when I first got to know him in 1999, and he was eager to leave behind a legacy of healing. He therefore gave me permission to quote freely from a book he published in 1997, and I have done so here.

Dr. Pekar’s current method establishes an electric field with electrodes clipped to needles inserted within the skin under local anesthesia. The treatment is confined to the region that’s actually cancerous. Cancer cells caught between the positive and negative poles depolarize, so they become permeable and accept various substances that are poisonous to them. These therapeutic agents are administered intravenously while the cancer site is under the influence of the electric current. In due course the tumor tissue can no longer remain stable.
The electrical field produces a kind of “melting” effect in the cancer cells. Solid tumors tend to implode into themselves and the dead cancer tissue becomes reabsorbed into the body’s fluids as waste product. Over time, the body eliminates the waste tissue.

Which cancer patients can benefit

A long list of cancers respond well to galvanotherapy (as I’m going to call it here to keep things simple). Breast, mouth, throat, lung, liver, skin, rectal and vaginal cancers have all been successfully treated, and that list is by no means complete.

Five other oncologists—from Denmark, Germany, Italy and China -- have joined with Dr. Pekar to gather statistics on galvanotherapy as a cancer treatment. We’ve already met two of them in previous chapters, Dr. Helmut Keller and Dr. Friedrich Douwes.

Based on his own experience, Dr. Pekar says that galvanotherapy has achieved a 73 percent rate of remission for not less than three years when applied to any and all types of cancer. He does qualify that statement by adding, “It should be noted, though, that in my practice I have only been able to treat mild and moderate tumors.”

Patients most likely to benefit are those with small primary tumors of less than 5 cm diameter; those with solitary metastases, especially in the skin and lymph nodes; those with recurrences in the region of an operation such as a mastectomy scar; and those afflicted with external but inoperable tumors.

Hundreds of Chinese hospitals employ galvanotherapy

By 1993, 818 hospitals throughout China were performing galvanotherapy, having been introduced to the treatment in 1988 by a now-deceased Nobel laureate, Professor Bjorn E.W. Nordenstrom, M.D., Ph.D., of Stockholm, Sweden.

The Chinese took to galvanotherapy with enthusiasm and have conducted some of the largest and most persuasive studies. Chinese physicians have recognized the importance of Dr. Pekar’s concept far in advance of North American physicians practicing conventional medicine.

In fact, the First International Conference of Bio-Electrotherapy (BET) for Cancer was held in Beijing in 1992. At that meeting, Chinese researchers unveiled a statistical breakdown of the results achieved in 2,500 cancer patients. In treating a wide variety of malignant tumors, the Chinese found complete remission in more than 35 percent of them. An additional 43 percent experienced partial remission. 15 percent report no change and a mere seven percent got worse.

In short, 78 percent of cancer patients treated achieved a partial or complete cancer cure.

The Chinese results are extraordinary and can’t be ignored. There is absolutely no reason to continue to deny North American patients access to this life-saving modality.

Second international conference reveals even more startling results

The next International Conference on Bio-Electrotherapy for Cancer took place the following year, this time in Stockholm, Sweden. There Chinese oncologists reported a total partial and complete remission rate in excess of 80 percent in the course of treating 4,000 cancer patients.

The three-year survival rate for Chinese cancer patients undergoing galvanotherapy is well above 70 percent. And worldwide, the estimated three-year remission rate is about 72 percent for most types of cancers treated with this therapy. These remission rates are far better than any other reported therapy for malignancies.

The poisonous, destructive radiation and chemotherapies preferred in North America by conventionally practicing oncologists are laughably inferior to galvanotherapy. The American Cancer Society admits that only five percent of cancer patients respond well to chemotherapy. Yet the ACS labels galvanotherapy “experimental. . .investigational. . .unconventional.”

Although it’s likely one would need to travel to Europe (Austria or Germany) to receive it, I strongly recommend this harmless and highly promising therapy to patients confronted with a cancer diagnosis.

Resources

The book, Percutaneous Bio-Electrotherapy of Cancerous Tumours, by Rudolf Pekar, M.D., is available in English and German from its editor, Gerhard Grois at Wilhelm Maudrich KG, medical publishers, A-1096 Wien, Spitalgasse 21a, Vienna, Austria; telephone 011-43-1408-5891; fax 011-43-1408-5080; or may be ordered from the publisher’s website, www.maudrich.com.
Chapter Five

A fruit that’s fatal to cancer cells

Noni Therapy

How a top exec’s prostate cancer totally disappeared in 120 days.

Using natural remedies, the chief financial officer of a Fortune 500 company became totally free of prostate cancer in only 120 days. Here are the details as related to me by his health care professional, Harvey Kaltsas, D.O.M., D. Ac., a Sarasota, Florida doctor of oriental medicine:

The executive had already been diagnosed with prostate cancer when he consulted Dr. Kaltsas. After carefully analyzing the case, Dr. Kaltsas put him on a combination of five alternative products including the extract of a tropical fruit called noni.

Ecomer® Shark Liver Oil, alkyglycerols and a Tibetan herbal remedy brandnamed Badmaev 269™ were among the additional ingredients.

After consuming the combination of nutrients for 60 days, the patient’s symptoms disappeared. And in 120 days, his urologist told the executive that a biopsy he underwent indicated the cancer was totally gone. “The man then had this biopsy report confirmed with a sonogram of his prostate, and no cancer showed,” Dr. Kaltsas advised me.

“I do a lot of nutritional consultation for cancer patients,” he said, “and taking noni is my usual recommendation for such persons. Noni is highly beneficial for immune system stimulation, especially when it’s employed synergistically with other herbs. . .

“For instance, I’ve seen a number of prostate cancer patients, a couple of lung cancer patients, a liver cancer patient, a peritoneal cancer patient, and a sarcoma patient all respond well to the ingestion of noni. . .I believe that noni is one of the most essential botanicals to be used to bring about recovery from cancer,” says Dr. Kaltsas.

Breast cancer patient was given five months to live, but amazed her doctor instead!

A physician in Oregon, John D. Flaxel, M.D., wrote to Dr. Friedrich Douwes, the German oncologist we met in Chapter One. The American had a dear friend, Mary Anne L., who had suffered three recurrences of breast cancer in ten years. Chemotherapy was no longer working, and conventional oncologists gave her perhaps only five months to live.

Persuaded by her Oregon friend, Ms. L. made the journey to Germany, where Dr. Douwes treated her with hyperthermia and other cancer therapies including noni. Dr. Douwes uses a battery of anticancer remedies and he’s developed a technique to forecast in advance which ones are most likely to help a particular patient.

“My routine practice is to perform a series of blood tests before and after giving a cancer patient one of my immune-boosting remedies,” Dr. Douwes told me in Bad Aibling, Germany during our one-on-one interview. “I call this type of product testing for the patient an ‘immune check.’ It offers me an important indication as to whether taking [a particular] anticancer remedy is going to be advantageous for the patient.

“I also do a lysis test of the patient’s cancer cells using certain computer measurements, following the ingestion of an oral or injectable remedy.

“If the remedy is going to bring my patient improvement, the computer shows that existing malignant cells go into the lysis state. They seem to fall apart or explode. Noni is one of those natural and nontoxic substances that cause cancer cell lysis.”

An MRI showed liver tumors disappeared

At Dr. Douwes’s German clinic, Mary Anne L. received whole body hyperthermia and other oncological remedies including noni therapy.

I received a follow-up note from Dr. Flaxel in Oregon about how Mary Anne L., then residing in Paris, was responding. He knew that I was including her case history in this special report on effective anticancer remedies from nature. Dr. Flaxel wrote: “She has undergone basic care with detoxification and nutriceuticals [including noni therapy], so that her liver metastases have gone away. The liver tumors’ disappearance was indicated by MRI. . .Our friend’s tumor markers are
now normal. Her neck mass has almost disappeared, too, and blood tests show themselves to have returned to normal. This woman looks and feels the best that she has in years. I hear from the family that the patient’s French doctor can’t believe it. I hold a recent medical report documenting her improvement, and it verifies her medical progress toward complete healing.”

Dr. Flaxel even had urged her Parisian doctors to put Mary Anne on a higher dosage of noni.

A week later he mailed me another note from Oregon saying, “My friend’s upward leap in improvement has been remarkable for those physicians who know her case. Noni is now part of a total program of treatment for this person, and you can use this case history to illustrate some of the adaptogenic healing offered by noni therapy.”

What is noni?

Noni (Morinda citrifolia) is well known in Hawaii, Fiji, Tahiti, and other islands on the Pacific Rim as coming from the “painkiller tree” or the “headache bush” with its anti-inflammatory properties. This fruit tree is not, in fact, native to Hawaii although the plant grows especially well in the islands’ volcanic soil. Noni was carried there and indeed all over the Pacific Rim thousands of years ago by migrating Polynesians who prized its medicinal properties.

Traditional Polynesian healers for over two thousand years and to this day administer noni botanical remedies for a variety of health problems including arthritis, sinusitis, digestive disorders, colds, flu, headaches, microbial infections, menstrual problems, and more. These healers also recommend noni as a daily supplement.

With the surge of interest in natural medicine over the last twenty years, noni has received quite a bit of attention. My report in this chapter is based on the hard evidence I’ve been able to gather by going beyond supplement marketing hype and speaking with health caregivers who have clinical experience with noni. I have no connection to any noni manufacturers or marketers and I do not stand to profit if you decide to try it.

All noni is NOT alike, doctors say

The doctors I interviewed were consistent in stressing that all noni is NOT the same and it’s important you purchase a reliable brand. While all parts of the plant—leaf, flowers, root, and bark—contain potentially healthful nutrients, it’s the fruit that’s used most frequently and provides nearly all the evidence for noni’s therapeutic value.

Noni fruit ranges in color from a deep forest green when the pod is new and hard, to a light green as the still-hard fruit ripens, to a gold color at the peak of ripeness, and finally to a milky white as the fruit ferments. The ripe fruit is notorious for its distinct odor, and the smell becomes downright foul when the fruit goes soft and begins to rot, as it does quickly, within a day or two of reaching its peak.

Doctors I interviewed recommend the noni capsules and noni juice of two American resources cited at the end of this chapter. These manufacturers/distributors selectively harvest the fruit in its golden color which offers the peak of enzymatic activity. The golden yellow fruit is superior to the whitish colored, fermenting noni. At this later stage, the fruit goes soft and a harvester’s finger goes right through its skin or outer wall. Noni becomes mushy and unusable with age. The two suppliers I recommend will not accept the fermenting fruit.

But you should be cautioned that some noni juicing companies do accept such overripe fruit. What’s more, the traditional drying process used by certain manufacturers—allowing the picked fruit to lie in the sun for a month—can allow bacterial levels to soar. The makers may then use deadly chemicals or irradiation to kill the bacteria.

In my view, the two sources I provide employ cleaner and safer technology to process noni. They use the whole fruit at the peak of ripeness. They crush the fruit for faster juicing or drying into powder for encapsulation and for lesser bacterial contamination.

The capsules work as does the fruit’s liquid

The two cited producers prepare and sell noni juice as well as noni powder from which water is the only substance that has been removed. They further certify that the product is free from herbicides, pesticides, irradiation, fumigation and fruit fermentation according to FDA standards.

The end product has never been heated to high temperatures that may destroy valuable nutrients, and it contains no binders or additives. It’s clean, 100 percent fruit—minus the water in the form of powder or capsules.

Giving their patients this safe, clean noni product, health practitioners like Dr. Douwes have achieved some remarkable results.
Victim of leukemia and lymphoma improves within weeks

Daniel Dugi, M.D., of Cuero, Texas, says he dispenses noni and other herbals extensively in his family practice, “but noni is the most essential ingredient that I use for alternative health care. It has become a routine part of my therapies for almost everyone. I employ it for the treatment of hypertension, cancer, inflammatory arthritis, systemic lupus erythematosus, and most other connective tissue diseases...

“A good example is the 56-year-old woman I will identify as Mrs. Gladys S. Gladys, whom I saw this morning, is the victim of both lymphoma and leukemia; I started her on noni therapy four weeks ago. Today, her swollen axillary lymph nodes which had been filled with malignant tissue are totally gone.

“Last week the oncologist who is taking care of Gladys telephoned me and asked, ‘Dan, what have you recommended to be taken by Mrs. S. as a nutritional supplement? Her lymph nodes are just melting away.’ Having observed this effect, the patient’s oncologist is just amazed and wants to know more from me. In fact, this was the third recurrence for Gladys, and her doctors were running out of treatment options for her...

“Previously, I had been offered no opportunity to dispense noni with its associated botanical products, Ecomer® and Badmaev 269™, to Gladys but now this combination is saving her life by increasing her immune systems’ response.

“*Morinda citrifolia* shows significant antitumor activity by means of a significant reaction from animal and human T-lymphocytes; it has a humoral response too, for I’ve seen immunoglobulins improve dramatically just by putting cancer patients on noni therapy. . .The noni acts as an adaptogen to rebalance malfunctioning systems and bring them back to normal. Also it affords an energy boost—modulating the body’s energy...

Dr. Dugi personally takes noni all the time.

“My father is a lung cancer survivor,” Dr. Dugi continued. “I made the diagnosis when his tumor was only four millimeters in diameter. . .He had the area resected, and from taking noni for the past ten years my father has done exceedingly well.

“For me, too, noni has done a good job. Arthritic inflammation in the joints of both my hands along with movement limitations in my back disappeared after I took noni capsules for a mere three weeks. When I discontinued taking the noni for eight days, my inflammation returned swiftly, but upon returning to noni the inflammation went away within two weeks. So now I personally stay on the capsules all the time.”

Dr. Kaltsas in Sarasota told me, “Noni in particular stimulates the production and activity of white blood cells and seems to aid in the leukocytes’ more effective targeting of cancer cells.” Speaking of his patients, he says, “These people are not supposed to get well from their cancers, but they do indeed by following the nutritional protocol that’s known to work. . .Noni together with the other formula elements does work well to eliminate many types of cancer.”

Steven Schechter, N.D., of Encinitas, California is the Dean of the Natural Healing Institute, a school approved by the State of California. He says, “I use noni to overcome several different conditions such as to reduce pain and cause it to be more manageable. . .I often combine noni juice capsules with other herbs such as feverfew for the treatment of headache. And noni offers endocrine-regulating effects for bringing down high blood pressure, correcting hypoglycemia, overcoming Type II (but not Type I) diabetes, and for creating a person’s sense of well-being. Freeze-dried noni juice capsules from Hawaii help in the treatment of almost all cancers. And I’ve had great success in using it in powder form for relieving patients suffering from fibromyalgia.”

Resources

Manufacturer and distributor of noni capsules made from noni grown in Hawaii is William “Bill” Curry, President of American Nutriceuticals, Inc., 205 North Orange Avenue, Suite 1N, Sarasota, FL 34236; telephone toll free 888-848-2548 or locally 941-365-5592; email amnutri@aol.com.

Another manufacturer and distributor of noni juice recommended by health practitioners I have interviewed is Pacific Island Imports, the importer into the United States of Tahitian Gold®, the Noni of Tahiti™, which comes out of the production forests of Pacific Natural Products, B.P. 231Maharepa, Moorea 98728 French Polynesia; telephone 689-77-63-71; telefax 689-56-46-56. Manuata C. Martin is the president of Pacific Island Imports which is located at 23883 Madison Street, Torrance, California 90505; telephone 310-465-0856; telefax 310-465-0857.
Allen G. of Tyler, Texas describes his oncologist as “the most negative man I ever met.” The doctor treated Mr. G. for liver cancer for six years, then gave him up as untreatable.

“After the chemo failed, he threw up his hands, shrugged his shoulders, wished me good luck, and said there was nothing else he could do,” according to Mr. G. “And surgery couldn’t be performed either, because the consulting surgeon saw that the tumor was wrapped around my vena cava blood vessel.”

Allen G. told his oncologist, “I totally reject what you are telling me. I do not accept that nothing can be done to affect the outcome of this disease.”

The doctor said, “Well, I know what I’m talking about when it comes to cancer. I’m a scientist.”

Allen G. shot back, “Yes, but you’re not God!”

Four years later the patient was healthy again after using the type of therapies known as CAIM (complementary/alternative/integrative medicine), especially including capsules containing the powdered extract of a mushroom, *Coriolus versicolor*. Allen G. learned about the remedy on the Internet and he can tell you all about it, having downloaded nearly 400 studies.

Amazingly, Mr. G.’s liver cancer reduced to less than ten percent of its original size. His CEA (carcinoembryonic antigen) cancer marker fell more than two-thirds from 296 to 97.9.

**What is Coriolus Versicolor?**

Like all mushrooms, *Coriolus versicolor* is a fungus, one of more than a half million varieties worldwide. Many of them have been known for thousands of years to have medicinal properties.

And as you may know, gourmets the world over prize both wild and commercially grown mushrooms. Some European cookbooks even call them “flowers of the fall.” Whatever you call them, certain mushrooms are a perfect food for staying trim and healthy. They have little or no fat and some species, like *Coriolus versicolor*, boast valuable therapeutic and nutritional benefits. But a few fungi are poisonous and we do not recommend that nonexperts attempt to harvest their own.

*Coriolus versicolor* goes by a number of botanical names, including *Trametes versicolor* and *Boletus versicolor*. “Versicolor” refers to the mushroom’s various colors. In North America, the common name is “turkey tail,” while in Japan it is called by a name meaning “mushroom by the river bank” and in China its name indicates it’s a cloud fungus that grows best in the rain.

Over 400 clinical studies have shown that a purified extract derived from the mushroom *Coriolus versicolor* offers strong benefits for the immune system. Clinical studies indicate the extract’s ingredients are especially effective against stomach, uterine, colon and lung cancer. Anecdotal evidence and clinical experience suggest it also works well against prostate, breast, liver and colorectal cancer. Studies of rats and mice show that this mushroom is effective against many experimental animal cancers such as sarcoma and hepatoma.

**German doctors are world leaders in clinical use of mushrooms**

Helmut Keller, the M.D. we met in Chapter Two, makes the mushroom an integral part of his anticancer protocol, along with his own discovery, Carnivora®, the Venus’ flytrap extract. Dr. Keller and the other German holistic-oriented oncologists I met are perhaps the world’s most knowledgeable experts on mushroom therapy—especially for the treatment of their disease specialty, cancer.

Dr. Friedrich Douwes, whom we’ve already met several times, buys *Coriolus versicolor* capsules in volume for his German clinic. He showed me his well-stocked dispensary at the St. Georg Hospital, where this medicinal mushroom is a main component of his anticancer therapies.

Dr. Keller, and Dr. Douwes buy the VPS® brand of
Coriolus versicolor extract from an American supplier—JHS Natural Products Company in Eugene, Oregon. JHS offers the mushroom in the form of a concentrated and dehydrated extract, a brownish powder distributed in capsules and used in most of the studies and clinics discussed in this chapter.

Taken either alone or with conventional chemotherapy or radiotherapy for cancer, three or more grams per day of this brown-powdered extract, taken orally, result in antitumor activity.

**A record of safety**

“Of all medicinal plants, *Coriolus versicolor* is one of the safest and most effective agents any doctor can use against chronic diseases. This mushroom places no metabolic demand on the liver or extenuating stress on the kidneys,” says the American naturopathic doctor Steven Bailey of Portland, Oregon.

“So when one looks at treatment risks for all of the recognized phytochemical products, the *Coriolus versicolor* mushroom exhibits one of the lowest treatment imperilments [risks] for viral infection, malignant tumors, or immune system depression.”

For more than 20 years, Dr. Bailey has taught courses in nutrition and other subjects at the National College of Naturopathic Medicine in Portland. He’s been using *Coriolus versicolor* for years, not only to treat cancer but also hepatitis B and C, AIDS, herpes and general immune system problems. He doesn’t view PSK [the active ingredient of *Coriolus versicolor*] as a “magic bullet” but as a valuable part of his broader nutritional protocol.

“I see the *Coriolus versicolor* as having a very high degree of reliability for boosting human and animal immune system function,” says Dr. Bailey. “The JHS brand-named mushroom product, VPS®, does this in ways that are beneficial not only for the body’s surveillance or destruction of tumors but also as a protector against secondary infection.”

Dr. Bailey finds that the mushroom extract negates or decreases side effects connected with chemotherapy, surgery, and radiotherapy, as well as correcting immune system imbalances including autoimmune diseases.

**Martha I.’s lung cancers disappear**

“Of course,” says Dr. Bailey, “some cancer patients take *Coriolus versicolor* even while they engage in radiation treatment or chemotherapy. Or the patients don’t submit to chemotherapy or radiotherapy at all but rely, instead, exclusively on nutritional therapies with the medicinal mushroom as the main treatment ingredient.

“For example, one of my patients, Martha I., a 34-year-old woman working in the health field, consulted me with a cancer spreading at two sites in her lungs. Orthodox treatment had been tried but no longer was effective. She discontinued her smoking of two cigarette packs a day and embarked on nutritional therapies. The nutrients included Martha’s completing six months of taking Coriolus versicolor. After this half-year, radiological examination showed that all of her lung tumors had disappeared. Seeing her current progress, orthodox medicine probably would declare this patient to be cured.”

**Blood tests show how the mushroom boosts immunity**

I spoke with a doctor who measures natural killer cell (NK) counts and considers them a valuable cancer marker.

Kenneth Bock, M.D., is the medical director of two holistic medical clinics, one in Rhinebeck, New York and the other in Albany. “Because it increases natural killer (NK) cell activity, I think of using *Coriolus versicolor* mainly when I’m confronted with a patient suffering from cancer or a viral infection,” he says.

“This mushroom is one of the main medicinal compounds I use to boost a diminished blood reading which records NK activity. The mushroom’s active biological response modifier produces a marked improvement in NK cell function and number, something I monitor by blood testing. If the blood reading is low, my patient takes greater amounts of PSK capsules. And, although it’s an expensive and sophisticated assay, I repeat my NK cell testing inside of a month or two. In a number of patients, I’ve seen some nice blood test improvement.”

Dr. Bock finds that a few patients with advanced metastatic cancer see their NK counts jump from 2 or 3 to a normal 20 to 50.

**Patient’s immune system recovers**

“I can illustrate what I’m saying by providing a before-and-after case history plus the literature that
backs my claim,” Dr. Bock states.9,10,11

His patient was a white, married computer consultant named Marty E., sixty years old and suffering from high blood pressure and arteriosclerosis when he was also found to have polyps on his larynx. These were removed, with radiation therapy as a follow-up. But then Marty E. was also found to have prostate cancer.

“His blood test showed diminished natural killer cell activity at the level of 6 m/u,” Dr. Bock states. “Still, Marty wanted no conventional therapy for prostate cancer. So I started him on alternative medical therapies for prostate cancer and to improve his deficient NK cell activity. *Coriolus versicolor* was a definite part of his treatment regimen.

“Within two months, the patient’s NK cell activity elevated to 18 m/u. And two months after that his NK cell activity increased to a normal 31 m/u. Now the man is doing well physically, and he tells me he feels great! I would say this type of response to the VPS® brand of PSK therapy is usual; the patient’s quality of life does improve dramatically and he or she feels a sense of well-being,” according to Dr. Bock.

A naturpathic doctor named Tori Hudson told of her clinical experience using PSK for breast cancer patients during and after chemotherapy. “My impression is that patients taking *Coriolus versicolor* are experiencing less side effects from chemotherapy such as diminished fatigue, less nausea (but not less hair loss), and more stable white blood cell counts. I have not measured natural killer cell counts,” she states.

**Animal studies confirm what patients see for themselves**

Animal studies show PSK is effective against a long list of cancers including melanoma, sarcoma, mammary cancer, colon cancer and lung cancer.12 Studies also show it inhibits metastasis to other sites.13 The studies indicate PSK enhances the immune system and battles cancer cells. It’s been shown to prolong the survival time and stimulate the production of cancer antibodies in mice with cancer.1,4-15

PSK is also a potent antiviral remedy that may hold new hope for HIV-AIDS. It even lowers cholesterol in animals and speeds up recovery from burns in rabbits when used in combination with the herb *Astragalus membranaceus*.16,17,18,19

**Can be used in combination with conventional treatments**

Human patients who have decided to stick with conventional chemotherapy and radiation therapy need to know that PSK renders these toxic treatments much more effective, as shown by a number of clinical studies.

A Japanese study looked at the effectiveness of 200 phytochemicals (plant substances) when used in combination with chemotherapy and radiation. *Coriolus versicolor* was found to be the best of the bunch.

The researchers suggest that this medicinal mushroom seems to protect the immune system from being suppressed by prolonged use of chemotherapy drugs and by the cancer itself.

Further investigations indicate a marked improvement in the survival rates of chemo and radiation patients taking the mushroom therapy when compared with those who did not. For patients with Stage I lung cancer observed over ten years, the tumor shrinkage and survival rate was 39 percent for those taking PSK compared to only 16 percent for patients receiving the toxic therapies without the mushroom extract. That’s a huge difference—more than twice as many survived and/or improved with the help of PSK.

Those lung cancer patients with more serious Stage II cancer experienced a 22 percent tumor shrinkage and survival rate over ten years when they took *Coriolus versicolor* orally while being treated with chemo or radiation. Among the people who didn’t take the herbal remedy the figure was a mere five percent.20,21

From this study of 185 lung cancer patients it appears the mushroom extract can make the toxic therapies anywhere from two to four times more effective.

A Japanese study of 262 gastric cancer patients tested the mushroom’s efficacy following surgery. During a follow-up period ranging from five to seven years, the half who received the mushroom extract survived at substantially higher rates. The researchers concluded that PSK was a useful adjunctive therapy to surgery and chemo.22

A Japanese study of breast cancer patients found similar results: Those who received PSK along with chemotherapy had better outcomes than those who did not.23 And a study of 28 patients suffering from acute leukemia—all on chemotherapy—showed an average
survival time of 21 months for those who took the mushroom extract and 12 months for those who did not.\textsuperscript{24}

**Resources**

The VPS\textsuperscript{®} brand of *Coriolus versicolor* (or PSK) is furnished without prescription by JHS Natural Products, P.O. Box 50398, Eugene, Oregon 97405; telephone toll-free 888-330-4691 or 541-344-1396; fax 541-344-3107; email: jhsinfo@jhsnp.com; website: www.jhsnp.com.
Chapter Seven

Is Cancer Really a Disease?

Induced Remission Therapy®

Nine out of ten patients invariably reverse cancer IF they manage to access this revolutionary but hard-to-get treatment.

An expatriate Australian physician noticed something unusual about people who suffer from autoimmune diseases like rheumatoid arthritis, Crohn’s disease, systemic lupus erythematosus and others: They hardly ever get cancer.

The unnoticed oddity in their immune systems could hold the key to a cancer cure for the rest of us. It could be there is some benefit to suffering from these serious health problems.

As I’ve said elsewhere in this Special Report, the human immune system does not easily recognize cancer cells, and that’s why the disease is so virulent and incurable. One therapeutic approach is to change the appearance of cancer cells so the body’s own immune system can destroy them and cure itself.

That’s what Induced Remission Therapy® or IRT tries and usually succeeds in doing: It makes a malignancy look like something that is easy for the body to destroy.

To put a complicated subject as simply as I can, IRT takes a cancer cell that the body ordinarily cannot see and tags it with certain proteins that alter the cancer to look like mumps, measles or flu. The body is able to attack and fight these common infections. If a person’s immune system identifies cancer as resembling one of the more common forms of illness, it will quickly attack and reject the deadly disease.

Four cancer patients who responded to IRT

Janet I.’s breast tumor doubled in size within a matter of weeks and her life was in danger as she began to show symptoms of lymph and lung cancer. Her condition began to improve after she started Induced Remission Therapy® and six years later she was still alive with no lung cancer and with her breast cancer under control.

Rose C. suffered from a brain tumor that had failed to respond to both radiation therapy and chemotherapy. Her doctors thought she had very little time left, yet she was alive, happy and productive seven years later after embarking on Induced Remission Therapy®.

Althea M. was diagnosed with breast cancer and melanoma. She became wheelchair bound as a result of leg and back involvement with the disease. A year after her diagnosis, Ms. M. decided to try IRT, responded immediately to the treatment, and was disease-free five years later.

Doris M., a lung cancer patient with metastases to the liver, responded well to IRT. When she lost access to the therapy her cancer returned.

The therapeutic approach is based on a previously unknown immune response identified in people who are resistant to cancer—specifically people with those autoimmune diseases I mentioned earlier. Using this insight, researchers have been able to change the appearance of cancer cells. The body develops an altered immune response that goes into the cancer cell and genetically corrects the disease.

IRT effectively makes the cancer look like something that the body’s immunity will attack and then provides that very same immune response to fight the disease.

It started as a race to save his father

IRT was discovered and developed by an Australian-born, Jewish medical genius of Egyptian ancestry, named Samir Chachoua. He received his medical degrees in Australia and he’s licensed to practice as a medical doctor there as well as in China, England, Mexico, India, Guatemala and those British Commonwealth nations that reciprocally recognize one another’s medical licenses.

Dr. Sam’s medical breakthrough originated from research he started as a teenager in a desperate (and unsuccessful) effort to save the life of his father, a physician himself, who was dying of bone cancer. Dr.
Sam graduated from medical school at age 18 and presented his cancer therapy findings to a prestigious medical forum when he was only 19.

Although they didn’t arrive in time to save his father, Dr. Sam’s numerous medical discoveries are now reversing cancer in better than nine out of ten patients who manage to gain access to the treatment.

Dr. Helmut Keller states that IRT is equal in importance to his own discovery, Carnivora® (see Chapter Two). When he can he acquires a supply of the IRT vaccine from its developer and uses it as part of his treatment protocol for people with almost any kind of malignancy. Other alternative-friendly anticancer doctors also use IRT.

**Is cancer a healthy immune system response?**

Dr. Samir Chachoua has spent many years and more than $12 million of his own funds to uncover an enormous amount of information about how the human immune system responds to foreign invaders.

One of his more curious insights is that cancer may not be a disease at all but rather a response of our immune system. While conventional researchers believe cancer results from a random mutation, Dr. Sam describes cancer as a stimulating agent for a weakened immune system.

He has tried to draw the medical community’s attention to an odd fact: As the cancer rate has tripled among the world’s populations from one person in three hundred to one person in a hundred, there has also been a huge increase in life expectancy. Much of this is thanks to a decline in infectious diseases. As fewer and fewer people die of infections, more and more die of cancer.

In short, cancer cells may serve nature’s purpose. They enable the human body to develop a sustained, long-term immune response that inhibits and destroys infectious “bugs” and allows people, especially those in the most developed countries, to live longer.

Dr. Sam states convincingly that cancer is not a disease. **It is a preprogrammed cellular response to the onset of disease.** Every one of the 80 trillion cells in the human body contains this programming from its birth. He’s observed a lot of evidence. Each cancer behaves in the same way from one person to the next. Particular cancers strike the same kind of people repeatedly according to race, class, geographic area, or environmental factors. And when one type of cancer is eliminated, another kind often arises in its place.

It’s not random. It’s in response to a genetic plan.

**Cancer “cures” tetanus in animals**

Dr. Sam believes that preprogramming in the cancer cells, rather than random mutation, goes a long way toward explaining these and similar observations. He’s conducted rat experiments in which he showed cancer actually cured tetanus in animals given both diseases at the same time!

In a “healthy” cancer, the disease arises only for a short time to contain an invading organism until the body can put up an appropriate immune system response. Then the cancer cells “commit suicide” and leave the body as waste products.

Looking back to a period 200 years ago, Dr. Sam observed that patients undergoing spontaneous remission for cancer did so in response to an acute infection. In contrast, a chronic or long-term infection can actually cause cancer. That’s because an acute infection stimulates the appropriate “good” immune response in cancer cells so that they commit preprogrammed suicide and melt away after they’ve done their job.

Because the immune system fails to recognize a cancer cell as dangerous, it can remain hidden from any immune response. Dr. Sam’s technique is to tag the cancer cell with a common infection such as measles, mumps or the flu so that antigens are expressed on the cancer cell’s surface for up to three weeks. This gives the immune system a “window of opportunity” to rush in and attack the tagged cancer. If, however, the cancer cell manages to defeat the common infection, the immune system becomes blind to the cancer once again.

IRT seeks to make optimum use of the immune system “time window” to correct the disease at the genetic blueprint level, target the cause of the disease, and then correct cell damage at the same gene level. Diseased tissue is removed as waste, and in due course the body returns to normal without surgery or toxic chemotherapy and radiation. The cancer goes into remission.

**How patients can access IRT**

Dr. Samir Chachoua does not generally treat patients nor does he sell vaccine. Instead, he creates a vaccine
appropriate for a particular person and dispenses it to
the person’s attending physician for use as treatment.
Toward this end Dr. Sam trains practicing physicians in
his treatment technology. He accepts no fees for such
training or for supplying vaccine.

IRT is available in most Latin American countries,
especially Mexico, Guatemala and Argentina, as well
as in some Caribbean countries and the Bahamas. Where
the law allows, Dr. Chachoua also makes it available
under the Health Freedoms Act to physicians in the United
States and Canada who accept training and responsibility
in producing and administering the vaccine.

For basic IRT, which entails producing vaccine by
use of the measles or mumps virus or an animal virus,
the cost is just a few hundred dollars. More sophisti-
cated forms of the vaccine designed to genetically
affect cancer cells for a longer-lasting response may
cost thousands. And the most complicated form can
cost hundreds of thousands, although this may be cov-
ered by health insurance.

The Save-a-Life Foundation in Boulder, Colorado
may, under certain circumstances, assist patients who
cannot afford the more sophisticated IRT, but the foun-
dation’s main purpose is to fund further medical
research on IRT.

Legal dispute slows down
Dr. Chachoua’s work

Unfortunately, Dr. Sam’s work was interrupted in the
1990s by a bitter falling out with the famous Los Ange-
les-based Cedars-Sinai Medical Center, University of
California, Los Angeles School of Medicine, and Eric
S. Daar, M.D., the director of the Cedars-Sinai AIDS
and Immune Disorder Center. Dr. Chachoua had been
doing research under their auspices.

Dr. Chachoua brought a lawsuit, alleging the institu-
tion breached its contract with him and failed to return
proprietary anticancer and anti-AIDS vaccine cultures.
Cedars-Sinai adapted Dr. Chachoua’s research and has
now patented its own version of the IRT program.

In an article published in a journal, AIDS Research
and Human Retroviruses, Dr. Daar and four colleagues
appeared to take credit for the discovery that autoim-
une disease stimulates antibodies that cross-react
with HIV infections.

Working in Mexico, Dr. Chachoua has slowly been
able to reconstruct the work product he lost in the dis-
pute. It’s not my intention to go into the merits of the
lawsuit, but to let you know some of the fascinating tes-
timony that patients gave under oath at the trial in 2000.
Witnesses spoke at some length on the usefulness of IRT
in eliminating AIDS, chronic fatigue syndrome,
fibromyalgia, and heart disease as well as cancer.

Michael P. of Denver, Colorado tested positive for
HIV and had to leave his job because of chronic
fatigue. He entered Dr. Sam’s IRT program at Cedars-
Sinai and testified at the trial, “Now I feel great, and
blood tests I took at Cedars-Sinai Medical Center show
results consistent with my good feelings. . I have been
taking Dr. Chachoua’s vaccines and my health has
improved dramatically.”

Another AIDS patient, Terry D. of Atlanta, Georgia,
testified, “Through my Atlanta physician, Dr. Richard-
son, since 1996 I have been receiving Dr. Chachoua’s
vaccines that come from Mexico. Within one week of
taking Dr. Chachoua’s vaccines my T-helper cell count
rose from 168 to 962 and my PCR [marker that when
elevated indicates HIV infection] dropped from 74,000
to 12,200. . Dr. Chachoua’s vaccines put me into
remission.”

A computer technician, George N. from Wixom,
Michigan, testified, “I was receiving treatment for
chronic fatigue syndrome, immune dysfunction, and
fibromyalgia. . Before taking IRT I was very sick,
bedridden. But then the vaccines made me very well.”

Arthur M., owner of United Technologies Interna-
tional, described on the stand how his heart disease
responded to Induced Remission Therapy®: “I had been
huffing and puffing and had to be carried up and down
stairs. So it was suggested to me by my electrical
engineering colleague, Walter, that I go and get some
of Dr. Sam Chachoua’s vaccines. So I flew out to see
him [in Baja California, Mexico] and had a heart attack
on the plane. I was in really bad shape. I was very
skeptical when I was carried into his office, and I felt
like leaving.

“But I stayed, thank God, and Dr. Chachoua started
working with me at 2:30 in the morning by giving me a
shot. . and there he gave me six shots over six days.
My whole life changed on that third day—I felt bet-
ter—a big change. By the sixth day I felt an unusual
amount of strength. I had blockage in five arteries,
three of them were blocked by 87%, 62% and 31%.
But now [after IRT] I can do all kinds of things I could never do before. I do landscaping now but before I couldn’t even lift a rake. Today I do it all. I just finished laying out 750 bags of fertilizer. I had gone to see Dr. Chachoua about my cardiovascular condition. I took an electrocardiogram six months later, and it showed total reversals of my heart and artery conditions.”

Resources

It is difficult to obtain further information about Induced Remission Therapy® or to speak with Dr. Samir Chachoua directly. Dr. Chachoua fears for his life. Three attempts have been made to kill him, very likely by agents of the commercial cancer industry who don’t want any true cure for cancer to become readily available.

Before she became intimidated away from him, Dr. Samir Chachoua’s Los Angeles-based part-time secretary had been Carol A. Barber, 4318 Glenroe Ave., Apt. 2, Marina Del Rey, CA 90292; telephone 310-373-1000; fax 310-306-1177.

Patients seeking to learn more about IRT or to enter a Mexican or Guatemalan hospital to receive IRT, as well as physicians who wish to take oncological/immunological training from Dr. Chachoua or to acquire a supply of Dr. Chachoua’s cancer-reversing vaccine are urged to try the following:

Dr. Chachoua’s sponsoring medical foundation is International Health News (IHN), 1320 Point Street, Victoria, British Columbia, Canada V8K 1A5; telephone 250-384-2524; website: www.yourhealthbase.com; email: .health.pinc.com. International Health News is a newsletter published by Hans R. Larsen. A compilation of its abstracts and research reports is published annually.

Biotechnologies International is a research organization that investigates the efficacy and/or legitimacy of Dr. Samir Chachoua’s Induced Remission Therapy®. Its address is Biotechnologies North America, 3001 North Rocky Point Drive, Suite 200, Tampa, Florida 33607; telephone 813-281-5460; fax 813-289-7748; website: www.biotechnologiesinternational.com.

Dr. Chachoua’s single-line phone/fax at his part-time residence in Baja California, Mexico is 011-526-630-8507.

Dr. Chachoua has two volunteers, American support persons who get messages to him while he keeps himself safe in Mexico. One of the volunteers is Gilbert Burciaga, whose voicemail is 310-229-5275 and who may also be reached at two email addresses, phbal@msn.com or dynamic10140@webtv.net. The other loyal Chachoua therapy volunteer is a very kind woman, Lucy Lasher, 8371 Blackburn Avenue, #9, Los Angeles, CA 90048; telephone 323-655-0271.

You may leave a voicemail message at Dr. Sam’s Southern California business office by phoning 310-229-5275 but seldom is there a call-back. Or you might possibly obtain a response from Dr. Chachoua through his California attorney’s email address: Nglaw@hotmail.com. His attorney’s name is Henry Ng.
Chapter Eight

New Supplement Fixes Damaged DNA

Poly-MVA™

Why so many alternative physicians recommend this cancer breakthrough for their own family members who are in danger.

“The cancer is ravaging your bone marrow—you have less than three months to live unless you undergo chemotherapy,” the oncologist told Kenneth Walker, a 67-year-old clergyman. Twenty months later the “dead man” was scuba diving in Aruba.

“Today, this same oncologist advises me that if I was visiting him for the first time, he would not suspect cancer had ever been present,” says Mr. Walker. “The treatment I researched on my own saved me.”

But things didn’t look so hopeful at the start:

“I had this terrible bone pain in my head, spine, ribs, and all over. Then the doctor told me he had discovered holes in my skull the size of nickels and dimes. I felt just terrible pain and needed to sleep all the time to escape it. I took pain pills and assorted sleeping pills,” he confides.

The cancer that struck Kenneth Walker was multiple myeloma, a disease that infiltrates bone and spreads to the entire skeleton. The medical profession considers it incurable. The standard treatment is chemotherapy. According to a respected reference source, 52% of patients die within three months of diagnosis and nine out of ten die within two years.¹

Ken Walker beat those odds with one of the newest concepts in nutritional supplements, an organic “metallovitamin” and amino acid produced under three patents first issued by the U.S. government in October, 1995 to the inventor -- Merrill Garnett, Ph.D., D.D.S. of Islip, New York.

Denver woman says “no” to the cancer industry

Sarah J. Jones of Denver, Colorado has a story much like Ken Walker’s. In March 2002, she detected a lump in her left breast, and an ultrasound test confirmed her worst fears—the lump was potentially cancerous.

“The radiologist browbeat me to have a biopsy, which I refused because of what I had learned from my reading about the spread of cancer from biopsies,” says Sarah Jones.

“Not then or now did I receive physician-administered cancer treatment. The physician who is supervising my Doppler-ultrasound evaluations, Ob-Gyn specialist Asela C. Russell, MD, keeps insisting that I must undergo biopsy, chemotherapy, and radiation . . .”

Fortunately for her, Sarah is married to cancer researcher Bob Jones, the renowned inventor of a diagnostic sonogram device for alternative, holistic dentists. “I have never undergone biopsy. Near the end of May 2002, after speaking on the phone about my breast cancer to Emmy McAllister, the director of Health Solutions Now!, Bob learned from her about the same anticancer substance containing minerals vitamins, and amino acids used successfully by Reverend Ken Walker. Then my husband did his own literature search on the substance, Poly-MVA™. Consequently, I added this liquid amino acid metallovitamin to my nutritional supplementation, two teaspoonfuls four times a day taken in purified water. . .”

Sarah continues, “After she performed an examination of me on November 8, 2002, Dr. Russell wrote on her prescription pad: ‘Sarah Jones’ left breast mass is significantly smaller.”

Within six months of beginning her program of nutritional supplementation with Poly-MVA™, the ultrasound measurement showed her malignant breast tumor had shrunk by two-thirds from the original measurement in March, 2002.

What is Poly-MVA™?

Poly-MVA™ represents a new principle in the nutritional treatment of cancer. It is an enzymatic complex of polynucleotide reductase that actually helps fix malfunctioning bits of DNA.²,³

To keep this as simple as I can, let me explain that a
nucleotide is a single building block in the complicated “spiral staircase” of DNA. Nucleotides are the basic structures that control cell division and replication. The reductase enzyme that is part of the Poly-MVA molecule affects these individual building blocks in a way that helps the DNA molecule repair and restore itself.

Most of the time our DNA molecules are able to repair themselves when damaged by free radicals, pollutants, toxins or any number of other factors. It is believed that cancer follows when for some reason cells lose this ability to repair themselves. The newly-discovered lipoic acid palladium complex helps repair the abnormally altered gene that sets potential cancer mechanisms in motion.

The Poly-MVA™ molecule accomplishes this DNA-repair feat in several ways. The genius of Dr. Garnett’s discovery was to bind palladium to alpha lipoic acid—a common food supplement that aids in energy transfer within cells.

Alpha lipoic acid is able to travel anywhere in the human body, even though the blood-brain barrier—and take the palladium molecule with it. And palladium has a number of useful therapeutic effects, as Dr. Garnett explains in his highly technical but interesting book, First Pulse: A Personal Journey in Cancer Research.4

As reported in An Alternative Medicine Definitive Guide to Cancer, “Poly-MVA™ induces energy-dependent changes in the shape of DNA or RNA as a result of the new reduced state it induces in the nucleotides.”5

The Poly-MVA™ formulation includes other amino acids besides alpha lipoic acid, and in fact the term “poly” means “many, much, more than one”; the “M” in the name indicates “minerals,” the “V” signifies “vitamins,” and the “A” stands for “amino acids.”6

Poly-MVA™ is manufactured as a liquid for oral ingestion, although some physicians administer it intravenously. For therapy, a new and updated Poly-MVA™ protocol is recommended by the Advanced Medicine and Research Center of Chula Vista, California. The Center’s President, Albert Sanchez, Sr., Ph.D., Ed.S. wrote the protocol.7

Doctor recommends it for his own son

While the science may be tough for the layperson, “the theoretical explanation of how it works makes sense,” says Stanley R. Olsztyn, M.D., a holistic and homeopathic doctor in Phoenix, Arizona.

Dr. Olsztyn has reason to know. He recommended Poly-MVA™ to his own son Mark.

In 1993, Mark, then living in Boston, had a tumor the size of a walnut removed from the frontal lobe of his brain. Things seemed okay for five years, until a second tumor was found in the same location, and surgery revealed it was much more serious than the first one.

“The tumor showed as unencapsulated, highly malignant, growing rapidly, and infiltrating extensive-ly,” says his father. “In Boston, he took a full course of radiation therapy and then started on chemotherapy. Realizing that he was not going to live very long, Mark decided to return home to Phoenix expecting to die with his loved ones around him.”

Instead, a sort of alternative medical miracle ensued. Dr. Olsztyn put Mark on a nutritional program including Poly-MVA™. He invited Dr. Garnett, the inventor, and Dr. Sanchez to lecture about it in Phoenix.

As time went by, Mark decided to stop chemotherapy because of the side effects and continue the Poly-MVA™ and nutritional program. “From mid-1998, the only contact Mark has had with conventional oncological medicine is for diagnostic MRIs. Poly-MVA™ is the only treatment he has taken, and for nearly five years there remains no visible evidence of tumor regrowth,” said Dr. Olsztyn when I spoke with him in 2003. “My son is asymptomatic and semiannual MRI examinations are negative for brain cancer.”

“I have recommended Poly-MVA™ to many people because of my extremely favorable impression of the Garnett concept from several viewpoints...the product is completely safe and definitely effective for healthy tissue...”

“Patients I’ve observed taking Poly-MVA™ have thrived,” says Dr. Olsztyn. “Numbers of them are following its protocol now. In my opinion Dr. Garnett and Dr. Sanchez are providing a really well thought out, safe treatment for all types of malignancies. They should be commended.”

Nevada doctor recommends it to his father-in-law

A Nevada doctor recommended Poly-MVA™ to his father-in-law, who was diagnosed at age 69 with blad-
nder cancer. “Hospitalized in a critical care unit for ten days with acute respiratory distress syndrome from his adverse reaction to chemotherapy, my father-in-law was no longer a candidate for cytotoxic therapy,” says Robert D. Milne, MD, Medical Director of the Milne Medical Center in Las Vegas.

With chemotherapy out, the patient started on a course of 500 mg. daily of Poly-MVA™ plus coenzyme Q10 and pancreatic enzymes. The treatment was a success. A six-month follow-up to his original tumor biopsy showed there was no cancer. A CAT scan revealed “No evidence of the tumor in this patient’s bladder.”

“I believe the Poly-MVA™ adjunct for this patient was exceedingly helpful,” Dr. Milne enthuses, “and the work of Dr. Merrill Garnett is truly remarkable. It’s different from any other therapy that has ever been done against cancer. Based on my father-in-law’s excellent result and the results experienced by many others, I truly believe that Poly-MVA™ is worth trying by any person who has cancer or wants to prevent its onset.”

Good for prevention

The late Rudy Falk, an M.D. in Barrie, Ontario, Canada, was one of the first practicing doctors to take up Dr. Garnett’s discovery. After years of research, Dr. Falk firmly believed that ingesting 1/2 tsp. daily of Poly-MVA™ would prevent cancer. “The greatest use of Poly-MVA™ is as a cancer prophylactic,” he said. Today there is a 20-year Practitioner’s Study of Poly-MVA™ in progress to find out if Dr. Falk’s hunch was right. (See Resources section at end of chapter.)

Dr. Ahmad Nasri, MD, arrived from the Dominican Republic to take over Dr. Falk’s Ontario practice when Dr. Falk died. In addition to hyaluronic acid, low-dose chemotherapy, high-dose vitamins, hydrogen peroxide, minerals and vaccines, Poly-MVA™ is a vital element in the anticancer protocol.

“With Dr. Falk working in Canada and me having administered Poly-MVA in the Dominican Republic, we achieved excellent results against most cancers,” says Dr. Nasri. “We observed tumor shrinkage, cancer down staging from Stage 4 to Stage 2, pain reduction, and additional therapeutic effects. Cancer patients we had started on this protocol even eight years ago remain in good health. . .Today I can definitely offer at least six cancer case histories of patients who stay in good shape from their taking Poly-MVA™.”

Resources

Further information about Dr. Merrill Garnett and his work may be found at his website, www.electroge-netics.com.

There is an informative Poly-MVA™ product website at www.polymva.com.

To acquire a contact list of cancer survivors who have benefited from Poly-MVA™ and for a second list of over 150 health professionals who provide patients with the therapeutic cancer product, visit www.polymvasurvivors.com.

Health professionals and others who wish to participate in the Practitioners’ Study on Poly-MVA™ may acquire a complimentary information packet, a copy of Dr. Garnett’s book, First Pulse, plus more general material by writing or calling Emmy McAllister at Health Solutions Now!, P.O. Box 1177, Snohomish, WA 98291; 425-334-9644; fax 425-334-9834; email: HealthSolutionsNow@earthlink.net.

Ms. McAllister is also the information agent for the charitable organization that supports Dr. Merrill Garnett’s metallochemical research, the Advanced Medicine and Research Center (AMARC), Albert Sanchez, Ph.D., Ed.S. President, 539 Telegraph Canyon Road, #281, Chula Vista, California 91910; 619-628-4751 or 619-628-4745; email: answers2cancer@hotmail.com.

Persons wishing to acquire a supply of oral Poly-MVA™ may contact the primary commercial source in North America, AMARC Enterprises, Inc., Albert Sanchez, Jr., President; 866-poly-MVA i.e. 866-765-9682; email: info@polymva.com.
Chapter Nine

A Native American Cancer Remedy

Essiac

A Canadian nurse successfully treated thousands of cancer victims with this Ojibway Indian herbal blend.

In 1922, an elderly patient at a hospital in Ontario, Canada gave Rene Caisse, the head nurse, the formula for a tea brewed from eight herbs. The woman told the nurse that she’d been cured of breast cancer some 30 years before by drinking the brew. The formula had been given to her by an Ojibway Indian medicine man who showed her how to turn the herbs into a healing beverage.

Not long after, one of Rene Caisse’s aunts, Mireza Potvin, was diagnosed with stomach and liver cancers. After undergoing exploratory surgery, she was told she had six months to live. Seeing no real alternative, the attending doctor gave Nurse Caisse permission to administer the herbal tea to her aunt.

A year later, the patient was fully recovered and declared cancer free. She lived another 21 years.¹

That simple incident launched a Canadian legend. Rene Caisse spent the next five decades in selfless devotion to cancer victims, refusing payment for her services and instead accepting voluntary contributions such as farm-fresh eggs and vegetables or hand-knit sweaters. She became beloved all over Ontario for her acts of charity, her dedication to spreading the word about the herbal remedy, and her refusal to profit from its sale.

Her efforts brought partial or full remission to hundreds of cancer patients, many of them abandoned as “hopeless” or “terminal” by conventional medicine. Among those who did not achieve a cure, many found pain relief and prolonged life.

Prostate patient cured

Rene Caisse died of a heart condition in 1978, at the age of 90, but she arranged for her work to go on. One beneficiary was Ian Coopersworth, a grocer from Calgary, Alberta who was told in 1992 that his cancerous prostate would have to come out.

This 66-year-old man refused and started looking instead for alternative therapies. He had the help of his son-in-law, a family practice specialist in the Toronto area who dabbled in wholistic medicine. One of the remedies the son-in-law recommended was the mixture of herbs called Essiac (“Caisse” spelled backwards)—Rene Caisse’s herbal formula.

Ian Coopersworth began brewing and drinking two ounces of the tea, twice daily, mixed with purified water. He found that his PSA test—the common marker for prostate cancer—dropped from an extremely high 68.4 down to 24.5. (A reading of less than four is considered healthy.)

Seeing that he was getting somewhere, Ian upped his dosage of Essiac tea to three ounces, three times a day. Four weeks later, he was shocked to find soft, dark, gel-like flakes in his urine. There was no blood, just urine and black flakes. He told his wife, who had the presence of mind to scoop up the strange discharge and have it sent to a lab.

The pathology laboratory advised Ian that the material in his urine was necrotic (dead) human canceroid prostate tissue. Following this incident, the patient’s PSA reading dropped to less than 0.1—for all practical purposes to zero. Further medical examination showed no evidence at all of cancer in his prostate.

This is just one example of many cures that were probably due to Essiac.

A missed chance for medical acceptance

Were it not for Rene Caisse herself, the medical establishment today might accept Essiac as a legitimate cancer treatment. In 1935 thousands of citizens petitioned the Minister of Health for the Province of Ontario to accept the herbal formula as a mainstream medical treatment.

That petition was followed a year later by a second one signed by nine practicing medical doctors, urging the Health Minister to “take immediate action to make
this treatment available for all cancer sufferers, and keep it a Canadian discovery.” And in fact some Ontario physicians had submitted a similar petition a decade before, in 1926. The local doctors, in trying to cope with patients’ needs, had witnessed the medical success of Essiac as a cancer treatment.

The Health Minister did take action. He enlisted the help of Sir Frederick G. Banting, M.D., the co-discoverer of insulin and one of the most distinguished physicians in the world at that time.

As it happens, Dr. Banting had had some experience with Essiac. Ten years before, he had consulted with another M.D., J.A. McInnis, regarding the case of a diabetic woman with advanced cancer. Dr. McInnis permitted Rene Caisse to treat the patient with Essiac injections, and during the Essiac therapy insulin injections were stopped at Ms. Caisse’s request.

Dr. McInnis later told Dr. Banting that the woman had completely recovered from the cancer—and no longer required insulin for diabetes, to boot!

Both of her health problems were gone! In repeated consultations with Dr. McInnis and Ms. Caisse, and from examining the patient X-rays and other evidence, Dr. Banting concluded that “Essiac must actuate the pancreatic gland into normal functioning.”

So when the Health Minister asked his advice nearly a decade later, Dr. Banting was receptive to working with Rene Caisse toward the goal of making Essiac an accepted, mainstream therapy. He assured her, “Miss Caisse, I will not say you have a cure for cancer, but you have more evidence of a beneficial treatment for cancer than anyone in the world.”

But all her life, Rene Caisse had marched to a different drummer, and this time was no exception. Dr. Banting requested that she work under his supervision at his research facility, the Banting Institute, lodged in a building at the University of Toronto. They would begin with animal experiments and in the meantime use of Essiac on humans was to stop.

Rene Caisse objected that she had conducted her own extensive tests on lab animals, with good results, and was already saving human lives with her treatment. By moving to Toronto she would be abandoning 600 patients who were visiting her clinic every week. It was her decision to decline Dr. Banting’s offered, although he replied kindly to her refusal and left the door open if she should change her mind.

That was 1936. Until the 1970s, Rene Caisse was the only person to administer her Essiac injections and herbal drink to patients—sometimes observed or supervised by physicians, sometimes not. When she died in 1978, it’s reported she felt she had made a mistake in not seeking acceptance by the medical establishment. She continued to feel a warm regard for Dr. Banting and considered his supportive comments one of the highlights of her life.

What is Essiac?

Working with R.O. Fisher, M.D., a Toronto physician, Rene Caisse reduced Essiac from its original eight ingredients to four actual therapeutic components. These four herbs are sheep sorrel herb (Rumex acetosella), burdock root (Arctium lappa), slippery elm inner bark (Ulmus fulva), and Turkey rhubarb root (Rheum palmatum). All are common and easy to find, and each is loaded with an array of healing phytochemicals. One of the components, burdock root, is found in the Hoxsey herbal remedy, another popular treatment.

Shortly before she died, Rene Caisse sold her Essiac formula for one dollar Canadian to the Resperin Corporation. So her lifesaving work continued, but with significant strings attached. In Canada, a willing doctor can obtain the product and administer it by prescription to a specific patient only after receiving written permission from a government health agency. In the United States, the treatment simply isn’t recognized by the FDA or mainstream medicine.

No matter. You can purchase Essiac over the counter, without a prescription, in the United States and Canada.

Dosage and safety issues

There are no serious adverse side effects from the herbal drink, although it’s not recommended for pregnant or lactating women. Taking too much of the remedy may result in temporary dizziness, headache, and/or nausea.

For cancer patients, the recommended dose is usually two ounces, twice a day, combined with an equal amount of purified hot water. Sip the tea slowly—taking at least four minutes -- on an empty stomach. An hour before breakfast and again in the evening two hours
after the last meal of the day would be good times.

A patient suffering from severe cancer may want to add a third two-ounce dose for a twelve-week period. If the patient is seeing good results, he or she may wish to continue the higher dose—it’s a judgment call, and the consequences of higher doses over a longer period are not known.

People do take Essiac for prevention—anywhere from one ounce per day to one ounce per week—but no one knows whether this is effective. Rene Caisse never perfected a prevention program using Essiac.

**JFK’s personal physician cured himself with Essiac**

While the medical establishment has never accepted Essiac, it is less controversial than it was thirty or forty years ago. President John F. Kennedy’s personal physician and trusted friend, Charles Brusch, M.D. (now deceased) provided Essiac at his Massachusetts clinic.

In 1990, Dr. Brusch signed an affidavit describing his experiences in administering Essiac: “Clinically, on patients suffering from pathologically proven cancer, it reduced pain and caused a recession in the growth. Patients gained weight and showed a great improvement in their general health. Their bowel elimination improved considerably and their appetite improved. Remarkably beneficial results were obtained even on those cases at the ‘end of the road’ where it proved to prolong life and the ‘quality’ of life.

“I endorse this therapy even today for I have in fact cured my own cancer, the original site of which was the lower bowel, through Essiac alone. My last complete examination, where I was examined throughout the intestinal tract while hospitalized (August, 1989) for a hernia problem, no sign of malignancy was found. Medical documents validate this,” concluded Dr. Brusch. “I have taken Essiac every day since my diagnosis (1984) and my recent examination has given me a clean bill of health.”

Elsewhere, Dr. Brusch affirmed, “The results we obtained with patients of various races, genders, and age with all types of cancer definitely proves Essiac to be a cure for cancer.”

The late Robert C. Atkins, M.D., of weight-loss fame, said, “Essiac is a therapeutic tea that all cancer patients can benefit from. Such benefits may be mild in advanced-stage cancer therapy, but they can also contribute to feelings of well-being which in turn influence the patient’s quality of life and potential for recovery.”

Victor A. Marcial-Vega, M.D., of Coconut Grove, Florida, believes the success of a cancer treatment program, and perhaps of a prevention program, depends on the health of the immune system. He uses a multi-faceted nutritional and herbal supplement program that includes Essiac. For cancer therapy, Dr. Marcial-Vega recommends taking three ounces of Essiac three times per day on an empty stomach.

Dr. Marcial-Vega has observed that Essiac tea placed on top of cancer cells on the skin will dissolve the cells.

Julian Whitaker, M.D., editor of the popular Health & Healing newsletter, writes, “Rene Caisse never claimed that Essiac was a cancer cure, nor that it would help everyone. But neither should we dismiss it as just another old folk remedy—its history is too solid to ignore. The individual herbs in Essiac tea have all been shown in recent years to have anticancer activity, and thousands of cancer patients in the past 70 years have claimed to have been helped by Essiac tea.”

**Acknowledgement**

I am indebted for much of the information in this chapter to freelance writer Sheila Snow, author of the book *The Essence of Essiac*. Sheila Snow performed extensive research including meetings with Rene Caisse and the nurse’s close associate, Mary Martha McPherson.

**Resources**

Those who wish to acquire more information or to purchase a supply of essiac should contact any health food store. Essiac—the herbal combination of sheep sorrel herb, burdock root, slippery elm bark, and Turkey rhubarb root—is a commonly available nutritional supplement. It is also purchasable as an herbal extract and as gelatin capsules filled with the ground and powdered herbs.
Chapter Ten

Diet and Detoxification

The Gerson Therapy

85 years of experience show that what you eat DOES matter.

I’m going to reveal what may be one of the cheapest and most effective cancer remedies on earth, but you have to promise not to giggle. And you need not take it with cream and sugar.

The therapy is regular coffee enemas, administered several times a day—perhaps as often as every four hours, day and night, at the beginning of treatment.

This strange-sounding concept was pioneered by a German physician named Max Gerson, M.D., who began his work in 1919, emigrated to the United States in the 1930s, and continued to expound on the benefits until his death in 1959. As you’ll learn in this chapter, coffee enemas are anything but wacky and may be one of the most effective things you can do.

But coffee enemas aren’t the whole story. The Gerson approach is divided into two primary components: (1) An intensive program of nourishment with organically grown foods, and, (2) the detoxification of wastes and metabolic poisons that interfere with healing and normal metabolism.

The most complete presentation of the Gerson Therapy program can be found in two published books. One of them was written by Dr. Gerson himself, and the second is selling actively in bookstores everywhere, coauthored by myself and Dr. Gerson’s daughter, Charlotte. The title of Dr. Gerson’s book is A Cancer Therapy: Results of Fifty Cases. The title of my coauthored book is The Gerson Therapy: The Amazing Nutritional Program for Cancer and Other Illnesses.

I’ll tell you more about the diet and the detox specifics in a moment, but first let’s consider some evidence.

Full recovery from “untreatable” melanoma

Gerald F. Fullerton (a pseudonym) was 54 years of age in 1982 when his doctor told him he had a malignant melanoma—the most serious type of skin cancer—on his right temple. “Within ten days of the biopsy,” he says, “the site of excision turned black under the skin. Twenty to thirty red spots appeared on my chest and back and another mole similar in appearance to the one removed from my temple appeared on the lower left chest.”

Mr. Fullerton consulted with several doctors. One doctor told him that surgery is useless after melanoma has spread to secondary sites. The patient believed him and declined further surgery. Instead, he started the Gerson Therapy at home. Then, after a few months, he decided to receive concentrated Gerson treatment for two weeks at a clinic in Tijuana, Mexico. He returned home and stayed on the full program for several more months and a modified program for one year.

At the end of the first year he experienced some rectal bleeding and returned to the full program for the second year. Thereafter he had no significant health problems.

Fourteen years after his diagnosis he was still alive with no sign of a return of the melanoma. He said he felt well and credited the Gerson program with saving his life.

88 percent of “spontaneous” cancer remissions happened to vegetarians

The notion that good nutrition can cure cancer just won’t go away, in spite of being trashed and attacked decade after decade by the medical establishment. If you do much reading in the field of alternative cancer treatments, you will come across many stories of people who recovered after improving on the way they eat.

Millions of people continue to believe, with good reason, that the things we eat are killing us and that we’d eliminate a lot of our problems with proper nutrition. And right alongside that belief is the sound idea that we need to rid ourselves of the toxins we’ve accumulated from years of bad habits and environmental pollution.

In 1988, a Canadian M.D. named Harold Foster analyzed the cases of 200 cancer patients who had experi-
enced so-called “spontaneous” remissions. Each had utilized some type of alternative therapy.  

Dr. Foster found that fully half the “cured” patients had used some form of detoxification such as coffee enemas, castor oil enemas, high colonic irrigation, saunas or fasting.

And a whopping 88% of the patients had incorporated vegetarianism into their diet programs. 65% took supplements.

Dr. Foster wrote that “spontaneous” regressions “tended to occur most frequently in vegetarian non-smokers, who did not use table salt, white flour, or sugar and who avoided canned, smoked, or frozen foods. . . Many took vitamin and mineral supplements together with various herbs. The time spent by patients eating such special diets varied from one month to 15 years, the median time period being forty-one months [meaning half the patients spent more than 41 months on a special diet].”

If Dr. Gerson had lived to see the study, he wouldn’t have been surprised. He repeatedly stated that cancer regression does not happen spontaneously but that some specific improvement in the patient’s physiology causes the cancer to react. Dr. Foster agreed: “There is really no such process as spontaneous regression.”

**The Gerson Diet in Brief**

Dr. Gerson’s diet is a low-fat, salt-free program that supplies the body with easily assimilated nutrients that strengthen its natural immune defenses. It may be the ideal way to eat if you want to prevent almost any degenerative disease. In spite of the medical establishment’s relentless attacks, the Gerson approach is not that different from the “heart healthy” diet of the American Heart Association.

Organically grown fruits and vegetables and 13 glasses of freshly squeezed juices per day, taken hourly, make up the core of the Gerson diet. The doctor said to always prepare fresh juices and don’t attempt to prepare the whole day’s supply in the morning.

This menu provides vast amounts of familiar antioxidants like vitamin A and C, plus a whole battery of additional phytochemicals and bioflavonoids (plant nutrients).

It seems hardly a day goes by without scientists identifying some new plant nutrient such as rutin or lycopene. Decades before anyone identified or named them, these less-well-known phytochemicals were abundantly present in Dr. Gerson’s diet.

Patients who follow the diet may also eat salt-free whole wheat or rye bread, preferably from flour refined as little as possible. Potatoes are allowed, preferably baked. Berries, pineapple, nuts, avocados and cucumbers are NOT permitted, but most other fruits and vegetables are included.

Gerson Therapy patients also receive supplements such as thyroid extract, potassium iodide, liver extract, pancreatic enzyme and niacin. No meat is allowed, no salt, nothing frozen, nothing out of a can, but—some good news—brown sugar, honey and maple sugar are okay. All animal protein is omitted for the first six to twelve weeks, then kept to a minimum.

The diet is largely fat-free but includes some nonfat yogurt, nonfat and unsalted pot cheese, cottage cheese, and churned buttermilk. After two years on the strict diet, cream and ice cream are allowed a few times a year. Dr. Gerson also recommended flaxseed oil. Research published by Johanna Budwig, Ph.D., shows that omega-3 fatty acids in flax kill human cancer cells in tissue cultures without damaging normal cells.

**The importance of avoiding salt**

One of Dr. Gerson’s key concepts was that increasing potassium and reducing sodium in the diet helps prevent tumor formation. He conducted research on the subject at the University of Munich before emigrating to the United States.

Freeman Cope, M.D., writing in *Physiological Chemistry and Physics*, said, “The high potassium, low sodium diet of the Gerson Therapy has been observed experimentally to cure many cases of advanced cancer in man, but the reason was not clear. Recent studies [this was in 1978] from the laboratory of Ling indicate that high potassium, low sodium environments can partially return damaged cell proteins to their normal undamaged configuration. Therefore, the damage in other tissues, induced by toxins and breakdown products from the cancer, is probably partly repaired by the Gerson Therapy through this mechanism.”

**Want to prevent cancer? The diet becomes a little easier.**

Dr. Gerson was realistic about the temptations of modern life. So people following his diet for *prevention,*
not cure, can eat foods of their own choice up to one-fourth of their total food intake. The healthy should keep coffee, tea and alcoholic beverages to a minimum, but patients being treated for cancer should avoid them altogether.

This ambitious diet aims to rebalance a patient’s entire physiology and reverse the conditions that nurture cancer cells, but Dr. Gerson never promised miracles. He claimed a 30% remission rate among terminal cancer patients. Other doctors using the method have claimed higher success rates. The Gerson Therapy works best against lymphoma and melanoma and seems to be less useful for leukemia and other blood cancers.

Among the 200 “spontaneous” remissions in his study, Dr. Foster found persons who followed the Gerson protocol and recovered from brain tumors, lymphosarcoma, basal cell carcinoma, kidney sarcoma, spreading melanosarcoma, breast cancer, spinal cord tumor, metastasized testicular cancer, and pituitary gland cancer. Dr. Foster said Gerson followers were heavily represented among those cancer patients “who exceeded their anticipated lengths of survival by at least a factor of ten.”

Now, about those coffee enemas

Detoxification is the second pillar of the Gerson program, and coffee enemas are central. The treatment had its origin in Germany during World War I, when military hospitals experienced a desperate shortage of morphine because of the Allied blockade. Often there was just enough anesthetic to get a soldier through surgery and none at all for post-surgical pain.

As far as can be determined, what happened is that some German nurses tried putting coffee into the wounded soldiers’ enemas in the desperate hope it would have some therapeutic effect.

Surprisingly, the soldiers reported pain relief.

Following the war, German scientists during the 1920s conducted animal experiments and found that caffeinated enemas caused the animals’ bile ducts to open. Max Gerson, then a young doctor, tried the technique in his practice and found that actual coffee was more effective than pure caffeine dissolved in water.

Enemas made from drip-ground boiled coffee have since proved useful as a means of restoring a dysfunctional liver. “This treatment should be followed strict-ly, both in the clinic and later at home, for at least two years. . .The liver is the main organ for the regeneration of the body’s metabolism for the transformation of food from intake to output,” wrote Dr. Gerson.

According to Dr. Gerson’s observations, caffeine taken rectally stimulates the action of the liver, increases bile flow, and opens the bile ducts so that the liver can excrete the toxic products of tumor breakdown more easily. As a further aid to detoxification, Dr. Gerson suggested the use of orally and rectally administered castor oil every other day.

How does it work?

Enzyme systems in the liver and small bowel are responsible for conversion and neutralization of the four most common toxins: polyamines, ammonia, toxic-bound nitrogen, and free radicals, all of which can cause cell and membrane damage. Coffee enemas massively increase the protective liver and gut systems.

While the coffee enema is being retained in the bowel for a period of twelve to fifteen minutes, all of the body’s blood passes through the liver several times. The resulting physiological changes are more complicated than most laypersons will probably want to know, but the end result was summed up in an article published in a scientific journal, *Physiological Chemistry and Physics*: “Caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products from blood across the colonic wall.”

At a Senate Select Subcommittee hearing on cancer research in 1946, “five independent medical doctors who had had personal experience with patients treated by Dr. Gerson, submitted letters indicating that they had been surprised and encouraged by the results they had seen, and urged a widespread trial of the method [taking coffee enemas].” One of these doctors claimed that “relief of severe pain was achieved in about 90% of cases.”

The enema stimulates as much as a seven-fold increase in the bowel of an enzyme called glutathione-S-transferase (GST). The enzyme blocks and detoxifies carcinogens and helps neutralize and eliminate free radicals. Writing in 1984, an Austrian surgeon named Peter Lechner stated, “Coffee enemas have a definite effect on the colon which can be observed with an endoscope.” Dr. Lechner was highly enthusiastic about
the huge increase in GST levels brought about by the enemas and their beneficial effect in ridding the body of toxins.\textsuperscript{17}

Research conducted during the 1970s by a biochemist, Lee W. Wattenberg, Ph.D., identified two substances present in coffee that act as potent intensifiers of GST and turn the enzyme into an important mechanism for cleaning away any existing cancer cells.\textsuperscript{18,19,20}

This detoxifying of cancer cells has been proven many times by experiments on laboratory mice where detoxification of the liver increases by 600\% and the small bowel detoxifies by 700\% when coffee beans are added to the animals’ diet.\textsuperscript{21,22,23}

In short, and to keep things simple, the coffee enema has a very specific purpose in the treatment of degenerative diseases. As stated by Dr. Peter Lechner, it lowers the quantity of blood serum toxins, literally cleaning poisons out of fluids that nourish normal cells.

\textbf{Will drinking coffee have the same effect?}

You may wonder whether you can reap the benefits by just drinking coffee. Alas, no! Drinking coffee virtually insures that toxic bile is reabsorbed. It’s a physiological fact that bile is normally reabsorbed up to ten times by the body before working its way out of the intestines in feces. While there are many agents besides coffee that stimulate bile flow, unfortunately most don’t contribute to its elimination. The enzyme-intensifying ability of the coffee enema is unique among bile-stimulating agents. It does not allow reabsorption of toxic bile through the gut wall and back into the liver. That makes it an effective way to detoxify the blood through the natural enzyme systems that already exist in your body.

The coffee enema should be classified in the medical literature as the only non-reabsorbed, effective, repeatable agent to stimulate bile flow. Clinical practice has shown doctors that patients tolerate the enemas well as often as every four hours.

\textbf{Another “terminal” cancer patient lives on}

One more story may help you overcome any lingering doubts. Kent Gardner was a taxidermist, age 46 and living in Phoenix, Arizona, when his doctor told him he had only eight chances in a hundred of living another five years. The reason was a malignant throat tumor the size of a golf ball.

“I bought the original Gerson Therapy book authored long ago by Max Gerson, M.D., read it two times in less than 20 days, and asked myself, what do I have to lose? I knew I was dying. The coffee enemas included in this nutritional program were a mental hurdle I had to overcome, but once I experienced one of them, I could feel a difference in the boosting of my health and realized their importance,” Kent Gardner wrote for the \textit{Gerson Healing Newsletter}...

“After about one-and-a-half months, my throat swelling was way down, and the tumor was dead,” he continues. “Reducing in size weekly, it was rotting in my throat. . .”

The decay of the tumor was not pleasant, but things got even worse when it suddenly came loose and Mr. Gardner swallowed it. As he later realized, he should have induced vomiting to get rid of it, but he was in a public place at the time and felt embarrassed. As a result he became very sick. “I took three coffee enemas a day; my wife helped me, doing all that was necessary. The tumor’s toxic effects were manifold—headaches, vomiting, bad abdominal cramps. . .and many other troubles. I was in an awful state!”

“But on the sixth day I felt better and was able to walk around. Because of that experience, I have done my homework and am experientially educated far beyond my IQ concerning the human body and nutrition,” he writes. “You can’t trash and pollute your body and expect to have perfect health. What all of us need are daily coffee enemas, something I do on a regular basis—cancer or not.”

\textbf{Resources}

For more information about the Gerson Therapy, contact The Gerson Institute, 3130 Bonito Road, Suite 207, Chula Vista, CA 91910. Mail address: P.O. Box 430, Bonita, CA 91908; phone: 619-585-7600; 619-585-7610; email: gersoninst@aol.com or infor@gerson.org.

Dr. Gerson’s 1958 book, \textit{A Cancer Therapy: Results of Fifty Cases}, may be purchased from the Gerson Institute. The 2001 book by Charlotte Gerson and Dr. Morton Walker, issued by the Kensington Publishing Corporation, \textit{The Gerson Therapy: The Amazing Nutritional Program for Cancer and Other Illnesses}, may be purchased from The Gerson Institute, any book store, and many health food stores.
Early detection vastly increases your chances of beating cancer. Here are some cancer marker tests that few North American doctors use.

Whether you choose conventional or alternative therapies, there is no question that early detection is half the battle in defeating cancer. The earlier you discover cancer and begin treatment the better your chances of survival.

This chapter will describe some biomarker tests that are little-known in North America. They can be used by themselves or in conjunction with each other, or along with additional cancer detection examinations such as biopsy, X-rays, endoscopy, cytology, ultrasound, computerized tomography, and more.

First and most important, I want to introduce you to the anti-malignin antibody in serum (AMAS) cancer marking test that is popular among holistic oncologists and enlightened preventive medicine physicians. The AMAS test is an extremely valuable diagnostic tool because it can recognize cancer years earlier than do the more common lab tests—and long before cancer’s ravages become apparent in your body.

The North American medical establishment at present does not believe cancer can be predicted. Instead, a patient must wait until a malignant disease can be measured as a morphological phenomenon—that is, when it’s readily apparent. Only then will insurance companies pay for treatment. But by that time the cancer may be well advanced.

A test that spots almost any cancer, early

In contrast to this too-little-too-late approach to cancer monitoring and treatment, the AMAS test looks for an antibody your immune system uses to fight almost any kind of malignant cells as soon as they appear. Malignin is a polypeptide that often becomes part of the malignant cell’s mutagenic process. Your body attempts to fight it by forming the anti-malignin antibody—the “AMA” in the AMAS test.

If your immune system is battling cancer cells, this anti-malignin antibody will become elevated in the blood serum. What’s more, AMA becomes elevated for a wide range of malignancies regardless of where the cancer is located or what type it is.

The anti-malignin antibody is not specific to one particular type of cancer. A rise in AMA levels can show up early in the patient’s disease—as early as 19 months before clinical detection. If the test is properly administered the false negative and false positive rates are less than one percent. The test is an excellent way to predict whether cancer is coming on. And early detection hugely increases your ability to fight back and win by strengthening your immune system.

You have to test for more than cancer cells

The AMAS test doesn’t directly detect cancer but instead detects the immune system’s response to it. It’s a good example of the core philosophy of most alternative oncologists. They go beyond merely identifying evidence of cancer cells or tumors. They emphasize the body’s own immune system as the best means of repelling cancer, and for this reason they monitor a wide range of markers that signal the health of the immune system.

The human body contains an average of 1.5 kilograms (3.3 pounds) of immune-competent cells, including white blood cells (T-lymphocytes and B-lymphocytes) which are natural killer cells, and plasma cells.

What’s more, the immune system has a mechanism—T-suppressor cells—to keep the killer and scavenger cells from destroying your normal, healthy tissues and organs. Suppressor cells have the power to increase the body’s ability to kill disease organisms, and they work in conjunction with T-helper cells to balance the immune system responses.

The ratio between the suppressor and helper cells determines how powerful the body’s self-defense system is at any given time.

According to holistic oncologist Helmut Keller,
M.D., “The suppressor-helper cell ratio acts as an indicator of the body’s self-defense capacity and can be used to evaluate and monitor the immune system’s health.”

All human beings inherit these regulating mechanisms as part of our genetic makeup. But immune defenses can be diminished in persons with a history of health problems. Even in healthy persons, the immune system can be compromised by environmental factors, smoking, stress and poor diet.

In contrast to cancer diagnostic practices in the United States, German oncologists such as Dr. Keller, Dr. Holger Wehner, Dr. Friedrich Douwes and others rely on a wide variety of cancer marker tests to not only identify malignancy but also to find a patient’s physiological flaws and identify what is needed to reverse the underlying reason the tumor grew in the first place.

A menu of alternative cancer tests

The following medical tests—some considered experimental—are used by Dr. Keller to monitor the immune status of his patients under treatment for cancer and other diseases as well.

**AFP (alpha-fetoprotein).** An enzyme immunoassay that measures a protein associated with fetal tissue and malignancy. It is elevated in primary tumors of the liver and in certain testicular germ cell tumors.

**B2M (beta-2-microglobulin).** A radioimmunoassay detecting the light chain of surface antigens on nucleated cells. B2M is the best single prognostic indicator of patient survival in multiple myeloma. The marker is useful in monitoring leukemia and lymphoma.

**CA 15-3 (breast antigens 115D8/DF3).** An immunoradiometric assay using monoclonal antibodies to breast cancer cell line MCF-7. Preliminary data indicate a sensitivity of 57% in primary breast tumors before surgery and 79% in metastatic breast cancer.

**CA 19-9 (carbohydrate antigen 19-9).** An immunoradiometric assay using a monoclonal antibody against a blood group substance useful in pancreatic, gastric, hepatic, and recurrent colorectal cancers.

**CA 125 (cancer antigen 125).** An immunoradiometric assay using a monoclonal antibody with 88% sensitivity in detecting certain epithelial ovarian carcinoma and 60% sensitivity in detecting cancer of the uterus.

**CEA (carcinoembryonic antigen).** An enzyme immunoassay using a monoclonal antibody against glycoprotein produced by immature and/or malignant cells in the gut. Elevated values are associated with carcinomas of the rectum, colon, lung, and breast.

**Ferritin.** A radioimmunoassay measuring an iron-storage protein containing sialic acid. In head and neck cancers, falling ferritin levels indicate therapy is working. In neuroblastoma, ferritin levels are used to monitor the course of the disease.

**HCG (human chorionic gonadotropin, beta sub-unit).** An enzyme immunoassay measuring hormone ordinarily made by the placenta during pregnancy. HCG is also produced by tumors of germ cell origin, such as testicular and ovarian as well as some lung cancers.

**IAP (immunosuppressive acidic protein).** A radial immunodiffusion assay that measures a type of acidic protein. Sensitivities of 84% or greater are found in adenocarcinoma of the lung, pancreas, and ovary as well as leukemia and lymphoma.

**IL-2R (interleukin-2 receptor).** An enzyme immunoassay for detecting soluble IL-2 receptors derived largely from activated malignant cells of certain blood disorders including hairy cell leukemia.

**LASA-P test (lipid-associated sialic acid in plasma).** A biomarker, useful in a wide range of malignancies, that reflects alteration in the surface membrane of malignant cells.

Resources

For information about the AMAS test, contact the test’s developer, Samuel Bogoch, M.D., Ph.D., chairman of the board of Oncolab, Inc., 36 The Fenway, Boston, MA 02215; telephone 800-9CA-TEST or 800-922-8378 or 617-536-0850. The AMAS test must be performed within twenty-four hours of blood drawing, and to further this, Oncolab, Inc., provides the collection tubes plus the container for serum delivery.
Notes

Chapter One


Chapter Two


Chapter Three


10. Hartleb, M.; and Leuschner, J. “Toxological profile of a low molecular weight spleen peptide formula-


Chapter Four


Chapter Six


Chapter Eight


Chapter Nine


2. Caisse, R.M. I was “Canada’s Cancer Nurse” (New Action Products: Buffalo, New York, 1996)


Chapter Ten


13. Ibid., p. 247.

Chapter Eleven

3. For further information about the AMAS test, see the published article by Dr. Morton Walker on pages 462-464 of the June 1992 Townsend Letter for Doctors and Patients, “The anti-malignin antibody in serum assay.”