CANCER 1984

ORWELLIAN OR EUTOPIAN?

THIS ULTIMATE GUIDE TO YOUR PRO-LIFE FREEDOM OF CHOICE:
GIVES YOU ALL THE MAJOR ALTERNATIVES IN CANCER TREATMENT,
ALLOWS YOU TO MAKE THE MOST SUCCESSFUL TREATMENT DECISIONS,
ENABLES YOU TO TAKE RESPONSIBILITY FOR YOUR OWN HEALING.

by

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PART 2

FROM HIGH pH THERAPY FOR CANCER TO THE LIFE SCIENCE UNIVERSAL COMPREHENSIVE EUMETABOLIC APPROACH TO CANCER

XIX. INTRODUCTION TO HIGH pH THERAPY

Mass spectrographic and isotope studies have shown that potassium, rubidium, and, especially cesium are most efficiently taken up by cancer cells. This uptake was enhanced by vitamins A and C as well as by salts of zinc and selenium. The quantity of cesium taken up was sufficient to raise the internal pH of the cell to the 8 range, where cell mitosis ceased and the life of the cell was short. Tests on mice fed salts of cesium and rubidium showed marked shrinkage in the tumor masses within 2 weeks. The mice showed no side effects from the treatment or cancer. In addition, tests have been carried out on humans. In each case the tumor masses showed shrinkage and have disappeared. The food intake in areas where the incidences of cancer are very low meet the requirements of high pH therapy.

High pH therapy for cancer was developed from an extensive series of physical experiments. These involved the isotope effect across membranes of many types, viz., normal plant and animal, embryonic, cancer, and synthetic membranes. It also involved mass spectrographic analyses of membranes and cells, as well as fluorescence and phosphorescence decay studies of many types of cells and their parts. The results obtained shed a direct light upon the mechanism of carcinogensis, and also indicate a therapy. Tests on both mice and humans substantiate this theoretical approach.

MATERIALS AND METHODS

The isotope effect illuminates the mechanism of carcinogenesis. In this study it was shown that the $^{39}K/^{41}K$ ratio in ocean water down to 6000 ft. was 14.20000. (4) In normal mature cells, both plant and animal, the ratio varied from 14.25 to 14.21. Embryonic and cancer cells all gave a ratio of 14.35. In the case of all synthetic cells across which there was a potential gradient, the ratio was 14.35. These values indicate that in normal living cells essentially as many isotopes enter as leave the cell.

The observed isotope ratio in the case of potassium for embryonic and cancer cells, as well as synthetic type cells with all types of membranes, even including liquid mercury films, was given by equation 1.

$$[1] \qquad (^{39}K/^{41}K)_o = (^{39}1/^{41}K)_n (41+m/39+m)^{\frac{1}{2}}$$

where n refers to the normal ratio, o to the observed ratio, and m is the associated mass for the ions.
Cell cations in solution are associated. The attached mass for Cs^+ is 3 molecules of water, for Rb^+ it is 5 molecules, and for K^+ it is

7 molecules. For cations below potassium in the Electromotive Series (EMS) all ions are highly associated. This is to be expected from their position in the Hofmeister Series. In the case of Ca^{++} the association is 30 molecules, while Na^{+} is 16. Equation [1] holds for all cations tested from H^{+} to U^{++}. However, the value of m will vary when polar molecules are present in the solution. For example, K^{+} can also attach glucose. In contrast Ca^{++} can attach a wide variety of molecules; this cation transports oxygen and peroxides into the cell, as well as metabolic products out of the cell.

The results given in equation [1] are most significant in that they show that transport is dependent entirely upon the frequency with which the ions strike the membrane surface. It is not a matter of capillary action, but one on which the ion and its associated mass pass directly through the bonding space between the molecules which comprise the membrane. That the associated molecules are not lost in this transport is due to the fact that the attraction between the molecules and the ion is far greater than their attraction by the material of the membrane.

In the case of potassium an exact similarity exists between embryonic and cancer cells. The isotope ratio indicated that the K^{+} ions are taken up by the most efficient process possible. The same holds for both Cs^{+} and Rb^{+}.

In contrast to the above, a vast difference exists for cations below potassium in the EMS. In the case of embryonic cells all cations tested obeyed equation [1]. In the case of cancer cells, cations below potassium were taken up sparingly, if at all. For example, the amount of calcium in cancer cells is only about 1% of that in normal cells (5).

The above isotope effect for potassium which transports glucose into the cell, and for calcium which transports oxygen are most significant with respect to cancer (6). They mean that glucose can readily enter cancer cells, but that oxygen cannot enter. This accounts for the anaerobic state of cancer cells pointed out nearly 60 years ago by Warburg (7). The mechanism responsible for the similarity in the isotope effect for potassium, cesium and rubidium in cancer and embryonic cells and for their marked difference in the case of calcium was investigated in some detail using mass spectrographic analyses, and also fluorescence and phosphorescence decay patters.

The phosphorescence decay patterns were found to be peculiar to, and specific for, all cell types or parts of cells (8,9,10). It should be mentioned that the decay spectra are due entirely to the light emitted from the energized double bonds. All double bonds are capable of being raised to the energized state. While the fluorescence spectra and the phosphorescence decay patters are both specific for each double bond, they can be influenced by adjacent strong polar radicals. Again both can be completely depressed by molecules absorbed over the surface; thus morphine as well as any

other attached polycyclic type molecules will completely depress the excitation of the P = O (phosphorus double bond oxygen) radicals which characterize all cell membrane surfaces.

It will be observed that all the cell membranes tested gave a phosphorescence decay pattern due almost entirely to the P = O radicals. These radicals are specifically oriented over each type of membrane. This is most significant from the point of view of membrane action because the P = O radicals are moderately strong electron donors in the ground state and strong to powerful donors in the energized state. This is due to the fact that the ionization potentials, first to fifth, are appreciably higher for the oxygen than the phoshorus atom. The phosphorus atom is, therefore, positive in nature, relative to the oxygen atom.

The above results are most important with respect to membrane action. They show that the strong electron acceptors Cs^{+}, Rb^{+}, and K^{+} can be attracted into the membrane so that they will enter the negative potential gradient which exists across all living membranes. In contrast to these cations the highly associated cations farther down in the EMS are not sufficiently strong electron acceptors to be drawn into this gradient except when the P = O radicals are in the energized state. This means that K^{+} cations which transport glucose into the cell can readily enter cancer cells, but that Ca^{++} ions which transport oxygen into the cell cannot enter cancers cells. In the normal cell the glucose upon entering the cell reacts with the oxygen in the cell and is burned to carbon dioxide and water with the liberation of heat. This heat, in turn, is absorbed by the membrane surface and raises the P = O radicals to an energized state which permits them to attach more Ca^{++} ions. Thus it will be seen that the amount of oxygen entering the cell is determined by oxidation within the cell, primarily that of glucose. This action is responsible for the pH control mechanism of the cell which maintains a value near 7.35.

The reactivity of the double bond has been studied in some detail using both light absorption and electron impact. It was found that energy states of the order of those produced by metabolic processes were not reactive. In contrast, high energy states such as those that are induced by radioactivity are very reactive. Intermediate energy states in the ultraviolet range were not reactive by electron impact but slightly with light quanta. Here, however, the reactivity increased with a high power of the energy intensity per unit area (11). This suggests that the reactivity may be due to the multiple absorption of light quanta thereby raising the energy of the bond to the sum of the quanta absorbed.

XX. THE MECHANISM OF CARCINOGENESIS

The experimental information presented in the previous section involving the isotope effect, mass spectrographic analyses, and fluorescence and phosphorescence decay patterns, combined with pH data supplied by M. von Ardenne of Dresden Germany, suggest a possible mechanism involved in carcinogensis. This mechanism is very different from the accepted one of carcinogens entering the cell and becoming attached to the DNA. The latter mechanism will not explain any of the experimental data outlined briefly herein.

The proposed mechanism can be outlined in four steps:

Step 1 involves the attachment of carcinogenic-type molecules to the membrane surface. This involves two factors: first, the presence of carcinogenic-type molecules primarily of the polycyclic type, and second, an energized state of the membrane which may result from prolonged irritation. When these molecules are attached to the membrane, glucose can still enter the cell but oxygen cannot. The cell thus becomes anaerobic.

Another way of disturbing the cell membrane surface is by means of radiation (x-rays, alpha-beta-, or gamma-rays, UV and other). This disturbance interferes with the excitability of P = O and prevents oxygen from entering the cell, though glucose, K, Rb and Cs may still enter the cell. Through lack of oxygen any metabolism in the cell has to proceed anaerobically.

During step 2, in the absence of oxygen, glucose undergoes fermentation to lactic acid. The cell pH then drops to 7 and finally down to 6.5; in later stages of cancer and in metastases the pH drops to 6.0 and even 5.7.

In step 3, DNA and RNA in an acidic medium lose positive and negative radical sequencing. In addition, the nucleic acids and amino acids entering, and those within the cell, are altered.

Finally, during step 4 in an acidic medium, the various cell enzymes are changed in structure and function. As a consequence enzymic processes become ineffective, the cell completely loses its control mechanisms, and chromosomal aberrations may occur.

Von Ardenne, unpublished data, has shown that lysosomal enzymes are changed into very toxic compounds. These toxins kill the cells in the main body of the tumor mass. A tumor therefore consists of a thin layer of rapidly growing cells surrounding the dead mass.

XXI. HIGH AND LOW pH THERAPY

A. General

The low pH therapy was devised by von Ardenne (12) and the high pH therapy by Brewer, 1977 (Figure 2, p. 38). Both have been shown to be effective therapeutic measures for the treatment of cancer in laboratory animals and humans.

B. Low pH Therapy

In this therapy, glucose is injected into the blood stream. As a consequence the cancer cell pH drops to the 4.5 to 5.5 range. The patient is then placed in a cubicle heated to 43° (106° F) for 1 to 6 hours (12). Diathermy is also applied over the tumor area which, in the absence of a blood supply, will cause the temperature of the mass to rise to over 45°c (109° F.). At these high temperatures the life of cancer cells is observed to be very short. An apparent drawback to the therapy is that a case of severe toxemia may result from the leakage of acidic and toxic material from the tumor masses (12).

C. High pH Therapy

The rapid uptake of cesium and rubidium observed for cancer cells is the theoretical approach of high pH therapy, (Brewer, 1977). This therapy has been tested using CsCl or Cs_2CO_3 in conjunction with the administration of ascorbic and retinoic acids and zinc and selenium salts. The weak acids when absorbed by the tumor cells have been shown to enhance the negative potential gradient across the membrane. Zinc and selenium salts when absorbed on the membrane surface act as broad and moderately strong electron donors. These acids and salts have been shown in mice to drastically enhance the uptake of cesium and rubidium ions. For treatment of cancer patients the administration of 6 to 9 gms of Cs Cl or Cs_2Co_3 for several days is believed to be tolerable and sufficient to raise the pH in the tumor cells to the 8+ range where the life of each cell is short. In addition, the presence of cesium and rubidium salts in the body fluids are expected to neutralize the acidic and toxic material leaking from the tumor mass.

XXII. TESTS OF HIGH pH THERAPY ON MICE AND HUMANS

A. American University, Washington, D.C.: Mice

High pH therapy was first tested on mice at American university in Washington, D.C., U.S.A. In these tests 2 mm cubes of mammary tumors were implanted in the abdomsen of mice and allowed to grow for 8 days. The mice were then divided into two groups. In addition to a normal diet, the test group was given by mouth 1.11 mg. of rubidium carbonate in an aqueous solution. After 13 additional days all mice were sacrificed and the tumors removed and weighted. The tumors in the test animals weighed only 9% of those in the controls. In addition the test animals showed none of the adverse effects associated with the treatment or cancer (2).

B. University of Wisconsin, Platteville, Wisconsin: Mice

Results similar to those mentioned, were obtained at the University of Wisconsin-Platteville, Platteville, Wisconsin, U.S.A. This institution has studied the effects of intraperitoneal injection of cesium carbonate, vitamin A, and zinc gluconate on mice with subcutaneous implants of colon carcinoma. A 97% repression of tumor growth was observed (unpublished data).

C. Texas Tech University, Lubbock, Texas: Mice

Tests using intraperitoneal injections of cesium chloride were carried out by the Texas Tech University, School of Medicine, Lubbock, Texas, U.S.A., (13). The results were most successful and showed a significant shrinkage in the tumor masses.

D. Tests in Humans

Many tests on cancer patients have been carried out by Dr. Hans Nieper in Germany, as well as by a number of physicians in the U.S. Generally, the results have been very satisfactory. It was observed that the pain associated with cancer frequently disappeared within 2 days. In addition, the tumor masses underwent a rapid shrinkage in size.

In most cases 2 to 3 gms of CsCl were administered orally three times per day after mealtime. Supportive compounds consisting of approximately 5 to 50 gms of vitamin C, 100,000 to 300,000 units of vitamin A 50, to 100 mgs of zinc and 200 to 600 mcgs of selenium were also administered.

Two side effects have been observed in some of these patients. These effects were nausea and diarrhea. Nieper has reported that the nausea can be relieved by administering the cesium in a sorbitol solution.

E. Cesium Chloride and Cancer, Studies in Humans, the First 50 Cases, H.E. Sartori, M.D., Washington, D.C.

Studies in humans performed at Life Science Universal (LSU) Clinics in Rockville, Maryland and Washington, D.C. over the past three years have largely confirmed biophysical concepts and data from animal experiments with A. Keith Brewer's high pH therapy for cancer using cesium chloride. There was a prompt reduction in the tumor cell mass in all patients treated, often evident within only a few days after the treatment started. One of the most striking effects was the disappearance of any cancer-related pain in all patients within one to three days.

From April 1981 to February 1984, 50 cancer patients have been treated, all of them terminal with generalized metastatic disease. 47 of the 50 patients had received maximum surgery, radiation, and chemotherapy before our metabolic regime was started. 3 patients were comatose. 14 patients were moribund from previous treatment attempts and their cancer complications. Each patient showed a reduction in the tumor mass even after only forty-eight hours. Of the 17 comatose and moribund patients, 12 died from complications of their cancers but especially the consequences of chemotherapy and radiation. One comatose breast cancer patient recovered so rapidly that after five days she attempted to leave her bed. When stepping out of her bed, she fell and broke a cervical vertebra which led to her demise within another eight days (a metastasis had destroyed her femur and caused her fall).

For maximum effectiveness and lasting success of any metabolic or nutritional cancer therapy it is absolutely necessary to effect significant changes in diet, lifestyle and habitat of the patient.

The experiences of the LSU-Cancer center with this type of therapy improved by diet and life-style changes show that this combined method is virtually as effective as the patient compliance with, diet, supplementation and life style changes, and willingness and ability to make the necessary psychological adjustment, and if necessary, change living quarters and working place.

Of a series of the first 50 patients with a variety of terminal cancers, as of July 1, 1984 the survival time of the 25 survivors, all of them expected to die not later than 2 weeks to 3 months after the treatement was started, is at least 8 months and up to 3 years and 3 months.

It is most important to clearly state that with this treatment method it is not so much a problem of getting rid of cancer, but of having the patient take responsibility for his or her health, to continue to follow the instructions from the health practitioner, and to maintain the changes in diet and lifestyle for the rest of their lives. Otherwise almost inexorably another degenerative disease, if not cancer, will come up and shorten the life span.

SYNOPSIS OF THE LSU-CANCER PATIENTS

Location	No in Study	Died within 14 days	Died within 12 mos.	Living as of July 1, 1984
Breast	10	3*+	2	5
Unknown Primary	8	2*	2	4
Colon	9	2	2	5
Prostate	6	1*	2	5
Pancreas	4	1	1	2
Lung	5	1*	1	3
Liver	3	1	1	1
Lymphoma	3	1*	-	2
Ewing Sarcoma Pelvis	1	-	1	-
Adeno-Ca of Gallbladder	1	1	-	-
	50	13	12	25

*An autopsy performed on one patient of each of these three groups did not show any cancer. The cause of death was overwhelming infection.

+One case of breast cancer died from a traumatic fracture of the neck.

In view of these results, we feel that the high pH therapy is a most important contribution to the non-toxic cancer management.

The following daily amounts usually divided into 3 doses were used:

Cesium chloride: 6 to 9 grams

Vitamin A-Emulsion: 100,000 to 300,000 U

Vitamin C: 4 to 30 grams

Zinc: 80 to 100 mg.

Selenium: 600 to 1200 mcg.

Amygdalin: 1500 mg.

Plus several other supplementations according to the specific needs of the patient.

The diet consisted mainly of whole grains, locally grown vegetables, linolenic acid rich oils (linseed, walnut, soy, wheat germ) and a few supplemental foods.

To increase the efficiency of the treatment and improve the circulation and oxygenation, the patients received IV's with EDTA, DMSO, and a combination of vitamins, potassium, and magnesium.

All the details of the LSU metabolic high pH therapy are available through our office in a periodically updated manual for any interested practitioner. U.S. Postal regulations preclude the use of their services to disseminate this information.

At this point, I would like to stress that besides the above mentioned treatment methods there are at least 2 more most important considerations in every cancer patient to help maximize a permanent treatment success.

1. The CANCER PERSONALITY: Lawrence LeShan, Ph.D. reports that 96% of cancer patients can be diagnosed by a questionnaire, as having a cancer personality. Only if this personality can be modified by appropriate psychological counseling can, in conjunction with diet and lifestyle changes, a permanent success be expected.

2. GEOPATHOGENIC ZONES: Already in the 1930s the world famous German surgeon Prof. Dr. med. Ferdinand Sauerbruch told all his cancer patients NEVER to return to their beds. For centuries it is known that certain houses have a much higher incidence of cancer, arthritis, multiple sclerosis and other degenerative diseases.

   Only in the early 1970s finally the scientific explanation of this phenomenon was formed: The increased incidence of degenerative disease is caused by geopathogenic zones, which usually are caused by a conversion of gravity field energy from radioactive radiation, electromagnetic phenomena in the neighborhood of subterranean streams or eventually high power lines and even color TV's. These geopathogenic zones can be diagnosed by a dowser with his divining rod. For more information call the local chapter of the American Dowsing Society or Christopher Bird in Washington, D.C.

   In Germany it is considered medical malpractice if the cancer patient is not advised to have a Dowser evaluate his house and workplace, since about 93% of cancers victims seem to sleep in a geopathogenic zone.

   Only if the patient is removed from this zone, does he have a maximum chance of permanent recovery in conjunction with diet, lifestyle and psychological modifications.

XXIII. LOW INCIDENCE CANCER AREAS:

There are a number of areas of the world where the incidence of cancer is very low. Unfortunately the food composition of these areas has never been completely analyzed. At the 1978 Stockholm Conference on Food and Cancer, it was concluded that there is a definite connection between the two. The relationship is not understood and further investigation continues (14). The authors have been able to collect information on the chemical composition of food in these low incidence areas. In every case, the cesium and rubidium content has been found to be very high. In addition, the diet has been found to be high in the supportive compounds vitamin C, vitamin A, Zinc and Selenium (15). It seems apparent, therefore, that the composition of foods and the diet eaten in these areas are similar to the nutritive requirements for the high pH therapy.

XXIV. SUMMARY

The high pH therapy for cancer was determined theoretically from an extensive series of physical experiments carried out on cancer cells. Tests have also been carried out on both mice and humans and have shown the therapy to be effective. In these tests the presence of cesium and rubidium salts in the adjacent fluids were believed to raise the pH of the cancer cell to a high pH value where cell mitosis ceased and the life of the cell was short. In addition these salts could neutralize the acidic and toxic material normally formed in cancer cells.

The observation that the incidences of cancer are very low in areas where the cesium and rubidium content of the food intake are high has led to an investigation of the quantity of cesium that would be required to prevent cancer. This dosage seems to be equivalent to .5 to 1.0 grams per day of either cesium or rubidium chloride. The therapeutic dose of cesium chloride or rubidium chloride for human adults is betwen 6 and 9 grams or 100 to 150 mg/kg for children. A mild paresthesia (numbness) around the mouth indicates that this therapeutic dose has been reached.

The cancer cell is determined by showing an abnormally low pH level, the concentration of the H+ ions in the plasma of cancer cells is potentially too high. The relatively low pH results in the activation of enzymes - e.g. of oncogenic phosphatases - which assure a higher malignant potential and aggressiveness of the cancer cell. The concept to inactivate H^+ ions inside of the tumor cells is, therefore, an eloquent one.

The eminent American physicist, Keith Brewer, found that cesium and rubidium are taken up by tumor cells and then lead to an increase of the tumor cell pH. These elements inactivate ionic hydrogen.

The researchers Messiha and El Domeiri in the Texas Tech University Medical School at Lubbock have shown, that cesium is most effective in the supression and regression of Sarcoma-I in mice.

The German scientist Hans Nieper has in the meantime shown that CESIUM CHLORIDE is effective in the management of most problematic tumors, e.g. of advanced bronchogenic carcinoma with bone metastization. Indeed, for this kind of cancer, cesium seems to be the treatment of choice even with relatively minor changes in lifestyle.

The cesium therapy of cancer - and possibly the cancer prevention by cesium is a very pragmatic but a very intelligent one. It is inexpensive and nontoxic over unlimited time.

Furthermore, it is worthwhile to mention that the application of pure urea and of the sulfurpeptide, GLUTATHION for the treatment of cancer seems to have functional similarity to the cesium therapy.

Self-published by H.E. Sartori, MD in 1985:

E. Cesium Chloride and Cancer, Studies in Humans, the First 65 Cases, H.E. Sartori, M.D., Washington, D.C.

Studies in humans performed at Life Science Universal (LSU) Clinics in Rockville, Maryland and Washington, D.C. over the past five years have largely confirmed biophysical concepts and data from animal experiments with A. Keith Brewer's high pH therapy for cancer using cesium chloride. There was a prompt reduction in the tumor cell mass in all patients treated, often evident within only a few days after the treatment was started. One of the most striking effects was the disappearance of any cancer-related pain in all patients within one to three days.

From April 1981 to February 1985, 65 cancer patients have been treated, almost all of them terminal with generalized metastatic disease. 60 of the 65 patients had received maximum surgery, radiation, and chemotherapy before our metabolic regime was started. 5 patients were comatose. 18 patients were moribund from previous treatment attempts and their cancer complications. Each patient showed a reduction in the tumor mass even after only forty-eight hours. Of the 23 comatose and moribund patients, 15 died from complications of their cancers, but especially the consequences of chemotherapy and radiation. One comatose breast cancer patient recovered so rapidly that after five days she attempted to leave her bed. When stepping out of her bed, she fell and broke a cervical vertebra which led to her demise within another eight days (a metastasis had destroyed her femur and caused her fall). One dying patient with tremendous generalized lymphoma with extensive liver and spleen involvement and 12 skin tumors of up to 8 X 6 cm was treated for only 6 days. He died in his sleep probably from cardiovascular failure after taking, against our advice, a very hot bath for over 30 minutes the night before his demise. His smaller skin tumors were completely gone, the largest tumor had shrunk to 3 X 2 cm and the second largest to 2 X 1½ cm. Most remarkably, his agonizing pain for the last 4 months in spite of maximum pain medication disappeared after only 3 hours on our cancer I.V.. Also, initially so weak that he had to be moved around in a wheelchair, he was able to walk ¼ mile without assistance on the 6th day of treatment.

One comatose patient with an extensive parietal lobe brain tumor was able to speak sentences of 4 to 6 words after only 1 week on the treatment and to feed himself with a spoon. Unfortunately he had to be admitted for 2 weeks to a university hospital for dehydration. Thereafter, heroic efforts to restore his metabolic assimilatory competence failed, and he died from terminal irreversible cachexia. A CAT-Scan performed at the University Hospital showed a replacement of the tumor by edema after only 14 days of the LSU metabolic treatment. A similar result with replacement of the tumor by edema was seen in an other brain cancer patient who followed the treatment for only 2 days.

A dying patient was carried by her husband in our office on April 25, 1984. She had a huge primary liver cancer extending 2 cm below

the navel with an alpha fetoprotein (AFP) reading of 39.000 (normal up to 13). She was treated until May 10, 1984. By that time the tumor had shrunk to 5 cm above the navel, the AFP was down to 5000 and the patient able to walk unassisted over a mile. In spite of the fact that she never returned for a follow-up and/or further treatments, she is still alive and well.

An other dramatic example of the effectivenes of the LSU - eumetabolic cancer treatment is the case of a businessman who started treatment in November 1983. He had a primary lung tumor with extensive metastasis to the mediastinum. After one course of chemotherapy he was weakened to the point that he had to be assisted in his walking, i.e. virtually physically dragged into the office. After only 2 weeks on our treatment program his condition improved so much that he was able to fly from Washington, D.C. to a business meeting in Portland, Oregon. After a further week on the treatment he attended a 2 week business seminar to New Jersey and 2 months later he was sent for 1 month in Sri Lanka. A chest x-ray about 3 months after beginning the treatment showed a complete disappearance of the metastic tumor in the mediastinum and only a small remaining lesion at the site of the original tumor. When he returned from Sri Lanka he was in severe distress from a massive hepatitis B probably acquired at the hospital, where he received his chemotherapy. Unfortunately he discontinued treatment with our office about 2 weeks after his return from Sri Lanka.

In another case of bronchial cancer a chest X-ray 3 months after initiation of cesium chloride eumetabolic therapy showed only a scar in place of the tumor. Now over 1½ year later there is no sign of recurrence in spite of her quite sporadically following her treatment program.

One of the first cases treated with the combined cesium regimen was a man in his early 30s who started treatment in June 1981. At the time of his visit he was virtually dying and had to be semi-carried to the office by his wife. He presented in a state of terminal emaciation with a tremendous taut swelling of his abdomen in the shape of a huge hemisphere. During the next 3 months we found that the swelling had consisted of an estimated 40 KG = 95 lbs of ascites and about 35 KG = 85 lbs of huge tumor masses of spleen and liver, previously diagnosed as lymphoma. His original weight was 295 lbs = 134 KG. He lost 16 KG = 35 lbs in the first week on our intensive treatment program and his spleen that reached 12 cm below the interspinal line into the pelvis and his liver that reached down to the interspinal line could be palpated. After another 4 weeks the size of the liver was normalized and the spleen extended at that time to the level of the navel. The patient had lost another 35 KG = 77 lbs and weighed 83 KG = 182.5 lbs at the end of the 5th week of treatment. His original abdominal circumference of 176 cm = 69 inches had gone down to 122 cm = 48 inches, and he was finally able to button his shirt. The entire treatment was well tolerated and after only one week this patient was able to walk unassisted for ¼ mile, after 1 month he could walk 2 miles and started doing work around his house. At the end of the 3 months he weighted 72 KG

=158.5 lbs. at least 13 KG = 28.5 lbs of which where attributed to his increased muscle mass and a slight build-up of subcutaneous fat, his girth was now 103 cm = 40.5 inches. His spleen was about 4 cm enlarged below the left costal margin. He discontinued treatment at that time. Follow-up by telephone in July 1982, April 1983 and April 1984 found him still living and well. An attempt to reach him in January 1984 was unsuccessful, but he is still living. In June 1981 he was told to go home and to expect to die not later than within 2 weeks.

One of the most recent cases treated concerned a black female with malignant melanoma originally starting in the right groin area. This was excised several times unsuccessfully and she presented with numerous melanoma tumors on her right thigh as well as massive tumor infiltration of both lungs. After only 2 weeks of treatment all her tumors on her thigh had shrunk to a fraction of the original size and a fluoroscopy of the lungs on occasion of an upper G.I. X-ray did not show any significant tumor infiltration.

Another case of interest is the one of an 81 year old woman with a metastasizing colon cancer that had undergone extensive surgery with resection of most of her colon, several attempts to remove adhesions that blocked her small bowel after radiation therapy and several intestinal-vaginal fistulas with local tumor growth. She was treated essentially by her devoted son, and the instruction for her treatment were given mostly over the telephone over a period of 3 years. The oral treatment with cesium chloride, vitamin C, vitamin A, zinc, selenium and a whole grain and vegetable diet with small amounts of cold water fish was started in July 1981, in January 1984 she appeared for less than 2 weeks for treatment in our office but decided that she wanted to continue at home. There she contracted a urinary tract infection and pneumonia and finally died in August 1984 at the age of 84. One of the most remarkable features besides her longevity under the treatment was the fact that whenever she was willing to follow the whole grain and vegetable diet her otherwise intractable diarrhea, caused by her short bowel syndrome plus radiation damage, was almost completely under control and her stools were mostly of normal consistency. So good indeed was the success with a whole grain-vegetable diet that I propose this to be the standard treatment for short bowel syndrome. A small paper on this case describing her diet has been sent to several gastro-enterological and other medical journals but has unfortunately not yet found a publisher.

One of the most powerful demonstrations of the effectiveness of Dr. Keith Brewer's high pH therapy is the case of a dying breast cancer patient. The husband of this woman called me on a Sunday afternoon asking me to go with him to see his wife that had been admitted to a Washington area hospital. When I first saw her she was in a state of terminal exhaustion too weak to even lift her hand to her mouth. Her entire body was covered with edema. Within hours after initiation of therapy she seemed to regain strength and on the same evening was able to speak again and also to feed herself. By the end of the 2nd day her edema had dramatically improved and she was

able to sit up in bed on her own effort for a brief period. At the end of the third day she could sit in bed for any length of time without significant effort; most of the edema was gone and she was in excellent spirits making plans for her future. On Friday morning she had gained strength to the point that she attempted to get our of bed on her own. When she stepped on her foot her leg gave way, she hit her bed post, and unfortunately broke her 4th cervical vertebra. 5 days later she died from the injruy.

One patient came all the way from West Germany for the treatment of his prostate cancer. He presented with aa tumor of the left lobe of the prostate of 7 cm X 4 cm infiltrating into the adjacent rectum and pararectal tissues. On the 2nd day after starting the treatment his perineal pain was gone and the pressure of his urine stream had returned (it was just dribbling before the onset of our therapy). On the 5th day the tumor had shrunk to 3 X 2 cm and what felt like on half-empty bulla of the same size. On the 12th day the tumor was gone except for a thickened subcutaneous fold of 2.5 X .5 cm and his stream was reported to be enlarged from the former 1½ mm to about 3 mm. He returned the same day to West-Germany. One month later he reported on the telephone to feel good, to have anormal stream and no problems with sexual intercourse, all of which has not changed up to the present (8 months later).

For maximum effectiveness and lasting success of any metabolic or nutritional cancer therapy it is absolutely necessary to effect significant changes in diet, lifestyle and habitat of the patient.

The experiences of the LSU-Cancer center with this type of therapy, improved by diet and life-style changes, show that this combined method is virtually as effective as the patient compliance with diet, supplementation, and life style changes, and willingness and ability to make the necessary psychological adjustment, and if necessary, change living quarters and working place.

Of a series of the first 65 patients with a variety of terminal cancers, as of February 1, 1985 the survival time of the 36 survivors, all of them expected to die not later than 2 weeks to 3 months after the treatment was started, is at least 6 months and up to 3 years and 8 months.

It is most important to clearly state that with this treatment method it is not so much a problem of getting rid of cancer, but of having the patient take responsibility for his or her health, to continue to follow the instructions from the health practitioner, and to maintain the changes in diet and lifestyle for the rest of their lives. Otherwise almost inexorably another degenerative disease, if not cancer, will come up and shorten the lifespan.

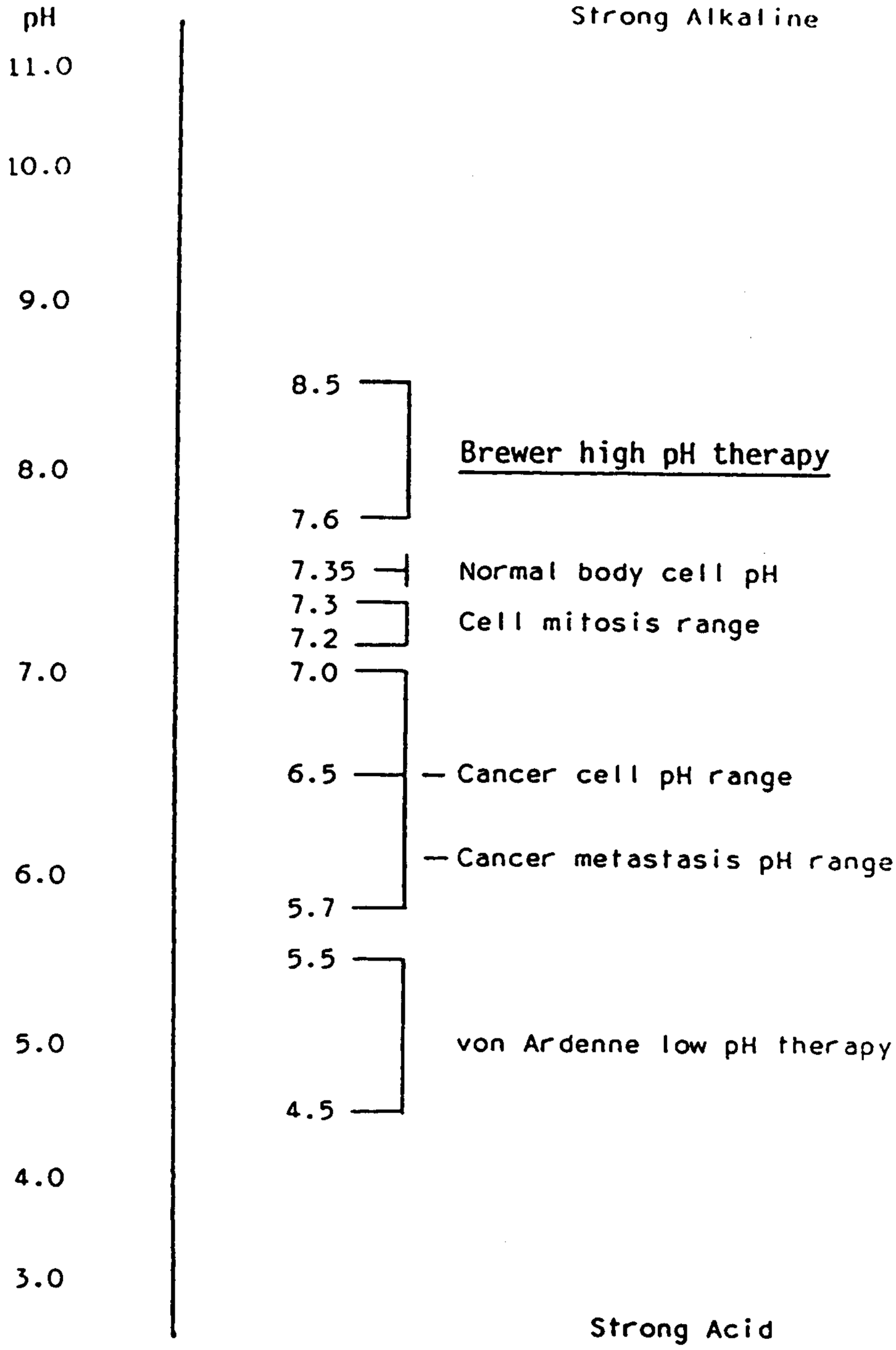

FIGURE 2: TABLE OF pH VALUES