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NOW THAT YOU HAVE LEARNED THAT YOU HAVE TERMINAL/INCURABLE CANCER

Cancer is perhaps the most feared disease on Earth since more and more people find out that the treatments offered for it in modern hospitals - surgery, radiation, and chemotherapy - seem to help only a small percentage of people who, in most cases, suffer from crippling mutilations and burns (from surgery and radiation), or severe, often life threatening, side effects from the poisonous chemicals used for chemotherapy.

Don't despair! There is still hope for you even if your doctor sends you home to die perhaps telling you "We have done everything we know, there is nothing else we have to offer to help you, except letting you die in peace". Did you ever wonder that before about 1900, cancer was a rare disease and that in some parts of the world there is **NO CANCER** at all? Research that goes back to Dr Otto von Warburg in the 1920s revealed the true nature of cancer and Dr A. Keith Brewer since the 1950, in part through investigation of **cancer-free populations**, formulated an effective treatment for cancer. This treatment was applied to many cancer patients and further enhanced by Dr Sartori since 1980. Almost all cancers in over 700 patients treated so far with this **enhanced high pH therapy**, responded within a few days and with I.V. application, daily shrinking of tumors between 1.0 and 2.0 cm can be expected. The only discomfort from this treatment comes from a "healing crisis" reaction that leaves you, after some initial discomfort, feeling better after a few hours or, at most, a day or two.

How does this all work? Dr von Warburg found that cancer cells, like plant cells, function without oxygen and thus are very sensitive to oxygen and very strong alkaline elements. Because of the lack of oxygen, cancer cells break down their fuel, glucose, to lactic acid. This causes cancer cells to become acidic (i.e., the pH in the cancer cell is lowered to 6.8, even 5.8) which, in turn, causes them to grow out of control. Alkaline elements, particularly cesium, but also rubidium and potassium can freely enter cancer cells (but not normal cells) causing them to become alkaline or raise the pH in the cancer cell. This raised pH slows down the cancer growth and at a pH of 8.0 all cancer cell growth stops and the cancer cells either die or are turned into normal cells. While we all depend on oxygen to survive, cancer cells die if exposed to oxygen and, particularly, its most powerful form, ozone.

People who live very long are free of cancer, is a fact that prompted Dr Brewer to investigate their nutrition and found that their diet contains the alkaline elements cesium (Cs), rubidium (Rb), and potassium (K), and other nutrients that were found to reduce the cancer incidence such as zinc (Zn), selenium (Se), molybdenum (Mo), vanadium (V), and the vitamins A, C and E, as well as amygdalins from apricot pits. After extensive studies of cancer cell cultures, Dr Brewer found the following: Zinc and selenium attach to the cancer cell membrane and make it easier for the cesium and rubidium to enter the cancer cells. Vitamins A and C are weak acids that attract these elements to the inside of cancer cells. Magnesium (Mg) and calcium (Ca) that normally transport the oxygen into cells are depleted in cancer cells. These and other findings were the basis for Dr Brewer to formulate the high pH therapy for cancer. His method was enhanced in the 1980s by adding I.V. ozone (which is the most active form of oxygen), herbal combinations, and other modalities, which made it even more effective.

Up to 98% of animals with cancers were cured by Dr Brewer's high pH therapy. Tests on mice fed cesium and rubidium showed marked shrinkage in the tumor masses of abdominal implants of **mammary tumors** ("breast cancers") within 2 weeks. In addition, the mice showed none of the side effects of cancer. Cesium chloride, zinc gluconate and vitamin A were used together to alter growth of **colon cancer** implants in mice and the use of these compounds was responsible for the disappearance of tumors in 98% of the animals. Sarcoma I implants in mice and Novikoff hepatoma in rats disappeared if the proper ratio between cesium and potassium was maintained. With Dr Brewer's complete protocol, using cesium (&/or rubidium), potassium & magnesium, vitamins A, C, & E, zinc, selenium, & amygdalin, there was a prompt reduction of all tumors treated by Dr Sartori including lymphomas in cats and dogs, skin cancers in dogs, cancers of the mammary glands, mouth, and esophagus in horses, and cancers of unknown primary in chickens. Like with all "nutritional" treatments, the principle of the weakest link of the chain holds true, and **if even one essential nutrient is lacking, the treatment may fail.**

In virtually all of over 700 patients with different types of cancer, the enhanced high pH therapy was effective in reducing the tumor mass. Over 90% of these patients were terminal with extensive metastasis and had received maximum conventional cancer treatments. Malignancies treated with this protocol included cancers of the lungs, liver (& gallbladder), pancreas, breast, prostate, colon & rectum, stomach, brain, cervix & uterus, ovaries, testicles, adrenals, kidneys & bladder, of unknown primary, rectovaginal, etc., as well as lymphomas & leukemias, melanomas, & sarcomas. The results with the LSU/ULS Cancer treatment in 100 cancers were as follows:

Summary of and Comments on the LSU (now ULS) Cancer Treatment Results

There are several factors that should be pointed out with regard to the data summarized in Table I

(a) Out of over 500 cancer patients treated from 1980 to 1987, only 97 fulfilled the criteria of having been followed up for at least 5 years or until their death. This might negatively bias the number of patients that have died by a factor of up to five since almost all of the over 500 patients were followed for at least 3 months.

(b) According to Arlin J. Brown (AJB), cancer survival statistics as published by the National Cancer Institute (NCI) are not point-to-point, but are determined from the number that can be located 5 years after being diagnosed with cancer (and not even the beginning their first treatment, e.g., at) at NIH/NCI. In cancers with high mortality such as small cell lung cancers (1.0% 5-year survival according to NCI) and pancreas cancers (3.0% 5-year survival according to NCI), AJB found point-to-point survival rates of less than 0.01% and less than 0.05% respectively (perhaps because >99% of the patients had died so long ago that they could not be located anymore).

(c) By far, the majority of the patients seem at LSU were using our therapy as their last resort after all other treatments (both conventional & alternative) had been unsuccessful and most patients were simply sent home to die.

(d) In view of the extremely unfavorable patient population as outlined under (a) through (c), we believe that the results of the LSU treatment are quite remarkable and by far the best offered anywhere in the world.

(e) For reasons beyond the control of the authors, only about 200 cancer patients were treated from 1988 through 2003. In all of these patients, **ozone and the minerals and vitamins** were applied **intravenously (I.V.)**. The I.V. application of minerals and vitamins proved to be a dramatic improvement in that (i) in virtually all cases, the size/diameter of all fast-growing tumors was reduced by 1.0 to 2.0 cm (0.4 to 0.8 inches) per day, i.e., a disappearance of a 5.0 cm (2 inch) tumor within four days and of a 10 cm (4 inch) tumor within eight days, and (ii) virtually none of the patients showed any of the "side effects" frequently encountered with oral vitamin/mineral application such as nausea, diarrhea, abdominal discomfort, possible aggravation of ulcer symptoms, and sometimes even vomiting. After several cancer patients were successfully treated at the Integrated Medical Center in Northern Virginia from April to July 1998, from mid-1998 until mid-2003, government agencies and "law enforcement" in the U.S.A. virtually completely suppressed the use of **the enhanced high-pH cancer therapy** by LSU/ULS, and this treatment **can now only be offered offshore** and far removed from these agencies.

TABLE I: RESULTS OF THE LSU (now ULS) CANCER TREATMENT OF 97 PATIENTS WITH 100 CANCERS TREATED FROM 1980 THROUGH 1987

Type of Cancer	Total # Patients	Survival Times					
		Up to 3 Weeks ⁵	Up to 3 Month ⁵	Up to 1 Years ⁵	Up to 3 Years	Up to 5 years ⁴	Over 5 Years
Lung ¹	18	2	1	1+1 ³	2+1 ³	2+2 ³	6 ¹
Lymphoma ¹	13	1	1	2+1 ³	1+1 ³	1	5 ¹
Liver	12	2	2	1	1	1 ³	5
Pancreas ²	11	2	1	1 ³	1	1	5 ²
Breast	9	1	1	1	1+1 ³		4
Prostate	8	1	1	1 ³	1		4
Colon	6		1	1 ³	1 ³		3
Uterine/Cervix	6	1	1		1	1 ³	2
Brain	4		1		1 ³	1 ³	1
Melanoma	3			1	1		1
Ovary	2						1
Stomach ²	2		1		1 ²		
Sarcomas	2	1			1		
Kidney	2					1	
Bladder	1			1			
Adrenal	1						1
Total	100^{1,2}	11	11	6+4³	9+5³	5+5³	38

¹ Two patients had both lung cancer and lymphoma. ² One patient had both stomach and pancreas cancer.

³ Patients who died from causes unrelated to cancer. ⁴ All patients in this column are NCI 5 year "cured".

⁵ These 3 columns virtually never appear in cancer statistics & the "adjusted cure rate" would be 63% (v.38%)

RESULTS WITH THE LSU/ULS TREATMENT PROGRAM FOR CANCER

(broken down into the most frequent types/locations of cancers treated)

1. Lung Cancers

Of the 18 lung cancers described in this study (of a total of >100), 14 were connected to active smoking, two to passive smoking, one to radon exposure in the home, and one to cadmium exposure at the workplace. Asbestos may have been a factor in one of the active smokers, radon in the home in one of the passive smokers.

Beta-carotene, vitamin A, selenium, and vitamin E from green and yellow vegetables are now recognized as clearly preventative of lung cancer. These vegetables were conspicuously absent from the diet of most of our lung cancer patients. Instead, most of them were eating a meat and potato diet before they started the LSU cancer treatment program.

Histologically, 4 patients had epidermoid cancers, 3 had adenocarcinomas, 8 had small cell carcinomas, 2 had large cell carcinomas, and in 2 patients the histologic type was unknown; two of the small cell carcinoma patients also had a lymphoma.

All patients had received the full course of orthodox treatment: 6 had surgical resections (3 of the epidermoid-, and one each of the adeno-, small cell-, and large cell carcinomas). All patients had received chemotherapy, and the 6 surgical patients also had received radiation.

At the beginning of the treatment, four of the patients were dying on a stretcher, four could walk only with assistance, six were given a prognosis of less than 6 months of survival, and in 4, the prognosis was unknown.

The 2 patients with unknown histology who came in dying on a stretcher nevertheless survived 13 and 20 days respectively. The third of the dying patients, with an epidermoid cancer, survived almost 3 months until he died from internal bleeding from an extremely low platelet count. The fourth of the dying patients survived over 5 years and was well in July 1992; he had a small cell carcinoma that generally has less than 1% chance of 5 year survival (less than 0.01% according to Arlin J. Brown).

One of the two small cell carcinoma patients who also had a lymphoma is alive and well without any sign of cancer over 10 years after he was barely able to walk into the office with assistance. He is now in excellent health and successfully runs a medical equipment company. The other unfortunately died in a hit-and-run car accident 10 months beyond his given life expectancy and without any sign of cancer at autopsy. One of the adenocarcinoma patients who came in, walking with assistance, responded well for about 2 weeks, then continuously deteriorated, and died after 4 months. The fourth walk-assist patient, with a large cell cancer was treated 4 times and died after 1 year and 8 months. Of the 6 patients who were given fewer than 6 months to live, one epidermoid cancer patient died from cardiac failure after 3 years and 4 months, one of the small cell cancer patients with terminal emphysema died from a combination of pulmonary failure and bronchopneumonia; one patient with adenocarcinoma received 6 treatment series and died from his cancer after 3 years and 8 months; one small cell cancer patient died after 2 years 5 months, one after 4 years 1 month, one epidermoid cancer patient died after 3 years 3 months. One of the factors in the deaths of these patients may have been that at the time of their treatments, the LSU mental reconditioning program (MRP) was far less developed. By using the full, presently available LSU MRP, perhaps at least two, maybe even four of these patients could have been helped. Of the lung cancer patients who survived over five years, four had a small cell cancer, one had a large cell, and one had an epidermoid cancer.

2. Lymphomas

Of the 13 lymphomas described in this study (of a total of >60), 9 were lymphocytic (3 males had AIDS, one male had severe rheumatoid arthritis, and one was a Klinefelter syndrome; 4 were females), one female had Hodgkin lymphoma, one male had a T-cell lymphoma, and in 2 males, the histology was not determined. Three patients were dying, 4 needed ambulatory assistance partially because of their enormous tumors, and 3 were given less than a year to live.

One of the dying patients with lymphoma of unknown histology died after 17 days from cardiac toxicity of chemotherapy. Another of them, an AIDS patient, died after 7 weeks from aplastic anemia from combined chemotherapies for infections and the lymphoma, given to the patient prior to his coming to LSU. No signs of lymphoma were detected at time of death. One 37 year old dying woman has survived over 10 years without any sign of recurrence after only one series of the LSU treatment.

Of the 4 patients who needed assistance with walking, one AIDS patient is alive and well for over 8 years, has turned HIV negative at the end of one treatment series and his T4 cell count rose from 124 with a T4/T8 ratio of 0.36 to between 1,100 and 1,300 with a T4/T8 ratio between 1.5 and 1.8 for the last 4 years. Within one month, his nodal lymphomas disappeared and none of his previous CNS involvement was detected anymore on a CAT scan.

One patient had a huge hemispheric protrusion of his abdomen, very similar to a patient described in *Pharmacol. Biochem. Behav.*, Vol. 21, Suppl. 1, pp. 11-13, 1984. His total tumor mass was estimated to be about 37 kg with about 40 liters of ascites. Within 3 weeks, both tumor and ascites were reduced to approximately

one half, within 2 months there was only a slight enlargement of the spleen of about 5 cm. The patient survived for over five years without any sign of tumor recurrence. The two patients who had both lymphoma and lung cancer were already discussed under 1.; one of them is alive and well, the other died 10 months after treatment in a hit-and-run accident. He had shown no signs of cancer at autopsy.

One of the 3 patients who were given less than a year to live, unexpectedly died from a heart attack 10 months after initial treatment. Another died after 3 years and 7 months and did not respond to treatments, except for the initial series. The third patient survived for over 5 years without sign of tumor recurrence.

The woman with Hodgkin lymphoma died from aplastic anemia, a complication of her previously received chemotherapy, 1 year and 2 months after treatment onset. The patient with the T-cell lymphoma had come all the way from Osaka, Japan and seemed to respond well to the first treatment series. He returned 5 months later, showed barely any response to the treatment, and died 11 months after the initial visit. Language problems may have been a contributing factor to his death, since we were not sure, whether he and his family had completely understood our instructions.

3. Liver Cancers

Primary hepatocellular carcinoma (HCC) or malignant hepatoma is one of the most common malignancies in the world and it is estimated to be responsible for up to 1,300,000 deaths every year. In portions of Africa and Asia, HCC is the most common malignant tumor. It occurs infrequently in the U.S., North and South America, and Europe where it accounts for about 2% of the malignancies. The incidence of HCC is especially high in China, Taiwan, Mozambique, and Singapore. Risk factors of HCC include chronic toxic hepatic injury (20 to 60% in N&S America), cirrhosis (60 to 90% worldwide), chronic hepatitis B infection (20 to 90% worldwide), aflatoxin (especially in Africa and Asia, e.g. from peanut oil), alcoholism, chronic hepatic outflow obstruction (CHOO; 20% in South Africa, 60+% in Japan), male gender (5:1 in high incidence areas, 2:1 in low incidence areas), Asian or Black ancestry (or rather dietary habits).

Of the 12 patients listed as having liver cancer (of a total of >50), 8 had primary HCC, 3 had extensive liver metastasis from an occult primary malignancy (OPM), and one patient had intrahepatic biliary cancer (IHBC). The 8 patients with HCC had elevated alpha fetoprotein (AFP) and reduction of AFP below 100 mg/mL was interpreted as an indication of tumor disappearance. Using a cutoff for serum levels of 10 ng/mL, AFP is sensitive for HCC in 70 to 90%. Patients with cirrhosis and chronic hepatitis tend to have elevated AFP levels of usually under 200 ng/mL. Levels of 400 to 1,000 ng/mL are diagnostic for HCC. AFP is also elevated in yolk sac tumors and in a high proportion of other germ cell tumors.

The patient with IHBC and the 3 patients with liver metastasis from OPM had elevated carcinoembryonic antigen (CEA) in the range of 55 to 185 ng/mL at their admission to the LSU cancer treatment program. No colorectal cancer or other primary malignancy was ever found. Elevated CEA levels are found in patients with gastrointestinal, pancreatic, breast, lung, thyroid medullary, and genitourinary carcinomas, as well as in benign disorders including inflammatory bowel disease, cirrhosis of the liver, pancreatitis, and pneumonia. Normal values for CEA are up to 2.5 ng/mL, in smokers up to 5.0 ng/mL. Benign disorders seldom elevate the CEA level above 10 ng/mL. Reduction of CEA levels below 5 ng/mL was interpreted as an indication of tumor disappearance.

Of the 12 liver cancer patients, 3 were dying, 3 needed assistance when walking, and 4 were given life expectancies of less than 6 months. 9 had undergone surgery, including the 3 OPM and the IHBC patients; 5 had suffered radiation treatment, and all 12 had been exposed no massive chemotherapy.

One female HCC patient, a 32-year-old fitness instructor, had been first seen in the office of a world famous diet doctor in New York City, where she almost died on the table from an imbalanced vitamin-mineral IV. Through almost a miracle she made it to Washington, D.C., lying on a stretcher in the station wagon driven by her husband. Within 2 weeks her massively enlarged liver that had extended over 14 cm below the normal in a scalloped curve that filled about two-thirds of her abdomen, had returned to normal. Her AFP test came down from 2,420 ng/L to 120 ng/mL within 24 weeks. She was well until about 4 years later when she died in a car crash. Unfortunately, the diet doctor never referred any other cancer patient to the LSU clinics.

Four more of the HCC patients, and one of the OPM patients, responded very well and survived over 8 years after their initial treatment without signs of recurrence, with AFP and CEA below the cutoff points of 100 ng/mL and 5.0 ng/mL respectively. One HCC patient died from the side effects of chemotherapy within 2 weeks, another within 2 months; one OPM patient shared the same fate after fewer than 3 months. The IHCP survived 2 years and 4 months, after responding moderately well to 3 courses of the LSU cancer treatment.

4. Pancreas Cancer

The tumor-associated carbohydrate antigen, CA 19-9, detects about 80% of all pancreatic cancers correctly, compared with 8% of patients with pancreatitis and 1% false positive normal patients. The pancreatic adenocarcinoma glycoprotein, DU-PAN-2, detects up to 55% of all pancreatic cancers, though in may also be elevated in patients with biliary cirrhosis, gastric cancer, and biliary cancer.

In all of our 11 pancreatic cancer patients (of a total of >50), either CA 19-9, DU-PAN-2, or both markers were elevated to a range of 850 to 950 U/mL for CA 19-9, and 300 to 1,200 U/mL for DU-PAN-2 at admission, and reductions of serum levels below 70 or 120 U/mL, respectively, were considered as evidence of disappearance of the tumor. CA 19-9 antigen (detectable by a murine IgG1 monoclonal antibody against a human colon carcinoma cell line) is elevated in 55 to 90% of stomach cancers, 80% of pancreatic cancers, and about 95% of colorectal cancers; in advanced pancreatic cancers it is elevated in 80-90%. In benign disorders including acute pancreatic, hepatobiliary disease, and inflammatory bowel disease, CA 19-9 usually does not exceed 100 U/mL. Normal values of CA 19-9 are up to 36 U/mL. DU-PAN-2 is a mucin-type glycoprotein antigen selected for reactivity against human pancreatic carcinoma cells (detectable by murine monoclonal antibodies). Increased levels occur in many diseases of the liver and hepatobiliary tree including primary biliary cirrhosis, sclerosing cholangitis, hepatitis, cirrhosis, and benign hepatomas, and usually do not exceed 200 U/mL. DU-PAN-2 may also be elevated in biliary and gastric cancer, and in primary hepatocellular carcinoma (HCC). Normal DU-PAN-2 values are up to 60 U/mL.

Histologically 10 of the 11 patients had an adenocarcinoma of the pancreas, one had an intrapancreatic bile duct carcinoma (IPDC) that was diagnosed intraoperatively. One patient had both stomach and pancreatic cancer. Eight of the patients had undergone resections and/or exploratory surgery, 10 had suffered from radiation, and all 11 had been given massive doses of chemotherapy. At the onset of the LSU treatment, one patient was dying, 3 needed walking assistance, and 6 were given fewer than 6 months to live.

Two patients died from the side effects of chemotherapy within less than 3 weeks including the patient with IPDC. One other succumbed from chemotherapy side effects after 10 weeks. One patient died after about 10 months from an internal bleeding probably not related to cancer. The patient with stomach and pancreatic cancer did not respond well to 3 treatment courses. Nevertheless, they prolonged his life from an expected less than one month to 1 year and 7 months. One patient died after 3 years and 2 months, another after 3 years and 11 months. Nevertheless, the treatment had extended their life expectancy of less than 6 months. Four of the 11 patients survived more than 5 years which compares favorably with a reported 5-year survival rate of pancreas cancer patients of 3% (or less than 0.01% according to Arlin J. Brown).

5. Breast Cancer

Six of the nine breast cancer patients (of a total of >40), who are discussed in this report were terminal with widespread metastatic disease, one of them dying, two of them needing walking assistance, and another three with a life expectancy of less than 6 months.

In all cases, any detectable primary tumors or metastatic skin tumors either disappeared within 2 weeks or turned from hard, knobby, scalloped, infiltrative cancerous growths into much smaller well-defined, round, and much softer benign cysts with a smooth surface.

Unfortunately, two months after treatment onset, one patient died of cardiac failure from doxorubicin toxicity, and one patient died from acute pericarditis-myocarditis from cyclophosphamide less than 3 weeks after treatment was started. One patient responded well to the first treatment course, but had a recurrence after 3 months, and died from pneumonitis. It is possible that an ill-advised treatment course with bleomycin may have contributed to her demise.

One patient, a former heavy smoker aged 57 when her treatment began, died after 2 years and 11 months from a myocardial infarction. 5-fluorouracil treatment may also have contributed to her premature death. Another patient who responded poorly to the treatment nevertheless survived 2 years and 2 months, more than 2 years longer than she expected before she started the LSU treatment. The remaining 4 patients survived over 5 years without any sign of recurrence.

6. Prostate Cancers

Six of the 8 prostate cancer patients in this study (of a total of >40), had extensive metastatic disease, one of them was dying, two needed assistance with walking, and 4 were given less than 6 months to live. All patients showed elevated levels of prostatic specific antigen (PSA) that ranged from 35 to 235 ng/mL at admission (Normal PSA < 4.0 ng/mL). In benign prostatic hypertrophy (BPH), PSA levels <25 ng/mL are seen. PSA is false negative in about 15% of the prostate cancers. The cutoff point for the disappearance of the cancer was set at 10 ng/mL.

Very similar to the results in breast cancer patients, all palpable infiltrating tumor masses in all patients either disappeared or turned into benign, well-defined, cystic tumors of much smaller size.

The dying patient succumbed to the side-effects of his chemotherapy 20 days after the beginning of his treatment. One of the severely debilitated patients died after 9 weeks also as a consequence of his chemotherapy. Two patients only partially responded to the treatment. One of these died in a horseback riding accident, the other died after 4 treatment courses 2 years and 5 months after he started the LSU cancer treatment. He had survived almost 2 years longer than was originally expected.

Four patients survived at least 5 years, two of them needed only one treatment course, one of them needed two, and the fourth needed four treatment courses. Their PSA levels were maintained below 10 ng/mL after their treatments were completed.

7. Colorectal Cancers

Of the 6 patients in this study with colorectal cancers (of a total of >50), all had elevated values of carcinoembryonic antigen (CEA) in the range of 80 to 280 ng/mL, indicative of widespread metastatic disease; all of them had undergone surgical resections, 4 with colostomy, and 2 without colostomy. All 6 had received a full course of chemotherapy with 5-fluorouracil (5-FU) and a variety of other chemotherapeutics. Two of the patients received radiation therapy.

The response of these patients to the LSU treatment program was not as impressive as for instance, in the case of liver cancer patients. Only the 2 patients without colostomy survived more than five years after 2 and 3 LSU treatment courses respectively. In both cases, the CEA was maintained below 5.0 ng/mL.

One of the colostomy patients died from a heart attack after a good initial response to the treatment in the 11th week of his treatment. 5-FU-induced myocardial ischemia may have been a contributing factor. Another of the colostomy patients apparently died from a barbiturate overdose, possibly a suicide attempt. It should be noted that over 35 of the colostomy patients were lost in the follow-up.

The two patients who had suffered abdominal radiation had severe problems with adhesions and fistulas. Both had severe diarrhea at admission that was controlled with diet within about 2 to 3 weeks. Though both had a life expectancy of less than 3 months at the time of admission, they survived for 2 years and 7 months, and 3 years and 3 months, respectively. Their CEA levels returned to below 5.0 ng/mL after 3 months and stayed there until their deaths.

8. Uterine Cervical Cancers

All 6 patients in this study (of a total of >30) had undergone radical hysterectomies and pelvic lymphadenectomies, multiple radiation treatments, and full courses of chemotherapy (4 patients received a combination of doxorubicin and methotrexate; 4 patients received mitomycin, vincristine, and bleomycin; one patient had been given both combinations).

One patient died after 2 years and 20 months after undergoing 4 courses of the LSU treatment. Originally she was given less than 3 months to live. One patient fell down a flight of stairs, fractured her neck and died within hours. She had survived 3 years and 5 months. Her original life expectancy was less than one year. Two patients survived 5 years and had no indication of tumor recurrence on CAT scans and NMR imaging.

For the normalization of abnormal Papanicolaou (PAP) smears [Group 2: Infections; Group 4: squamous cell CA; Group 5: adenocarcinoma; Group 6: nonepithelial malignancy] and even of Stage 0 (*Carcinoma in situ*) through Stage IA2 (strictly confined to cervix; depth: ≤ 5 mm, spread: ≤ 7 mm), cervical cancers, topical application of folic acid in conjunction with vaginal ozone application has been found virtually 100% effective in about 30 patients. Vaginal ozone applications are also an effective prevention of cervical cancers since it removes HPV and other pathogens that are causing chronic cervicitis that may turn malignant.

9. Brain Cancers

All 4 brain cancer patients (of a total of about 15) had highly malignant extensive glioblastomas. All 4 had undergone surgery and radiation, as well as glucocorticoid therapy. Two of the patients were unconscious at admission. The two conscious patients complained about headaches, especially in the morning, loss of appetite, nausea, loss of concentration, reduced mental capacity, and increased sleepiness. In both, personality changes were clearly evident.

After treatment onset both unconscious patients regained consciousness within 3 days and were able to say simple sentences within 5 and 8 days respectively. One of these patients suddenly deteriorated in the 4th week, possibly from malnutrition. His sister, who supervised his feeding, had failed to properly follow our instructions. When we found out that there was a problem, the patient was already beyond recovery. The other patient recovered well enough to return to his job as a real estate broker, and has survived 5 years without sign of recurrence.

Both of the two conscious patients had a lethal car accident; one about 2-1/2 years, the other about 3-1/2 years after their treatments. Both accidents may have been related to personality and psychomotor changes caused by their original tumors.

10. Melanomas

The three patients with melanoma in this study (of a total of about 12) all had widespread metastatic disease. They all responded well to the first course of treatment though less favorably to further treatment courses. One of the patients died after 11 months. She had originally been given less than one month to live. Another patient who had been given less than 6 months to live survived 2 years and 10 months. One of the patients, a black woman who had undergone 5 courses of treatment, survived 5 years without sign of malignancy.

11. Other Cancers

The number of the 10 remaining tumors in this study (of a total remaining of >80), two **ovarian cancers**, two **stomach cancers** (one of which was combined with a pancreatic cancer; see under 4.), one **osteosarcoma**, one **soft tissue sarcoma**, two **kidney cancers**, one **bladder cancer**, and one **adrenal cancer**, is too small to allow any clear judgment of the effectiveness of the LSU treatment in these specific cancers.

In all cases, a prompt response was seen in the first treatment course. One kidney cancer patient died after 20 days as a consequence of his chemotherapy. The other kidney cancer patient responded moderately well to the LSU treatment and died after 4 years and one month (well over 5 years after his original diagnosis & thus "cured" according to NCI statistics.). The stomach cancer patient who also had pancreas cancer is described above under 4. He died after 1 year and 3 months. The other-stomach cancer patient responded moderately well to consecutive LSU treatments and died after 4 years and 2 months (rather than after less than one year ; & would also be listed by NCI as "cured"). One ovarian cancer patient responded well and survived over 5 years. The other responded moderately well to consecutive LSU treatments and survived 3 years and 10 months. The bladder cancer patient did not respond well and died after 11-1/2 months (rather than after less than 1 month). The adrenal cancer did well, needed only one LSU treatment course, and survived over 5 years without sign of recurrence.

12. The 200 Plus Cancers Treated from 1987 through 2003

The following are only general remarks since on 2 May 1992, U.S Government Agents simultaneously broke into three locations where the originals and two copies of some 3000 patient records treated by LSU from 1980 through 1992, including about 650 cancer patients, about 180 AIDS patients, about 80 multiple sclerosis patients, and over 2000 patients with different conditions that were the data basis for the 2d ed. of the Ozone Book that for reasons beyond the control of the authors took until the year 2004 to be finally completed.

Again, we see a prevalence of **"incurable" cancers** (a) which have **0.0% success rate and thus should NOT be treated conventionally** at all, including, **small cell lung, pancreas, & esophagus cancers, acute adult leukemias, and all cancers with widespread metastasis**; (b) malignancies where **conventional treatment in almost all cases shortens the life span**, including, **stomach, brain, liver, & most ovarian cancers, multiple myeloma & chronic adult leukemias**, as well as large (>10 cm = >2") **fast growing cancers with lymph node metastasis**; (c) **cancers with the highest incidence** (in the USA & Western Europe), including, (female) breast, prostate, lungs[see (a)], & colon, where with early detection there is about 50% 5-year survival in breast, of 60% in prostate, & about 25% in colon cancers, that drops precipitously to some 10% if (b) & 1.0% if (a), *supra*, conditions are present; (d) other cancers including non-Hodgkin lymphomas, cancers of the urinary bladder & kidneys, rectum, (epi/naso)pharynx & oral cavity, endometrium & uterine cervix, & melanomas of the skin, rectovaginal cancer, larynx & thyroid cancer, Ewing sarcoma, etc. [which includes all 20 most frequent cancers in Thailand]. The **estimated overall 5-year survival rate of all of these cancer patients**, almost all of them **terminal with widespread metastasis** [see (a)] & [seeking our treatment only] **after all conventional treatments had been exhausted**, was **~40%**, which increased to **~50%** if they survived the first 3 weeks after treatment onset, & to **~60%** if they survived 3 months after treatment onset, even more, **~80%**, if they had a chance to have follow-up treatments at LSU, which was denied to virtually all patients after 17 July 1998 & until mid-2003, and many of which would be alive today; and while the **estimated 5 year survival of untreated** [with conventional methods: surgery &/or radiation &/or chemotherapy, etc.] **patients was about 95%** if they kept in touch with LSU/ULS, had a purpose to their lives with goals they absolutely needed to achieve, no matter what, meticulously maintained their alkalizing blood-type-specific supplementation/diet/lifestyle, & balanced mind/ body/spirit as practitioners of Taoist Energy Healing, Silva Mind Control, & Neurolinguistic Programming (NLP).

Why is it essential that you stay in touch with us after completion of your initial treatment?

Because we will use **EVERY METHOD AVAILABLE** to get & **keep you well**

These methods, **individually tailored to your specific needs**, may include but are not limited to the following:

1. **Herbal Electron Donors & Propagermanium** (both for treatment & maintenance): The most effective herbal electron donors that restore the body to an alkaline balance can be found in plants containing high amounts of **germanium** (Ge).

Medicinal plants that reputedly have anticancer activity and that contain high amounts of **Ge** include shelf fungus (*Trametes cinnabarina*; 800-2000 ppm), Ginseng (*Panax ginseng*; 250-350 Korean < 4000ppm), garlic (*Allium sativum*; 750 ppm), dāng-shēn/sansukon root (*Codonopsis pilosula*; 260 ppm), sushi (*Angelica pubescens*; 260 ppm), Bandai moss (260 ppm), Japanese waternut (*Trapa japonica*; 240 ppm), Comfrey (*Symphytum officinale*; 150 ppm), boxthorn seed (*Lycium chinense*; 125 ppm), wisteria knob/gall (*Wisteria floribunda*; 110 ppm), pearl barley (fructus coicis lacryma-jobi; 75 ppm), etc.

Based on this concept, Kazuhiko Asai synthesized numerous non-toxic Ge compounds, most notably, **propagermanium** or bis-carboxyethyl Ge sesquioxide [O₃(Ge.CH₂.CH₂.COOH)₂], which has been found effective in the prevention and treatment of numerous cancers and their metastases including cancers of the lungs, prostate, breast, liver, kidney, brain tumors, lymphomas and leukemias, and sarcomas such as chondro- and osteosarcomas. The recommended dosage for prevention is 100 to 200 mg/day and for treatment 1000 to 4000 mg/day for a 60 kg patient. Except for a Herxheimer-type "healing crisis" reaction, no other adverse effects have been observed with this compound. If no effect is seen, the treatment should be discontinued after 60 days.

2. **Other Proven Effective Herbal Combinations: Herbal treatments of cancer** which were used worldwide since time immemorial include: **Shark cartilage**, Resistocell[®], the **thymus** preparations Thymex L[®] and TFZ-Thymomodulin[®], **colostrum-derived transfer factor (TF)** according to **H. Hugh Fudenberg**, Dr. Nieper's **natural anticancer substances**, and **herbal cancer treatments** such as compounded Hoksey [*Trifolium pratense*, *Rhamnus cathartica*, *Berberis vulgaris*, *Arctium lappa*, *Stillingia sylvatica*, *Rhamnus purshiana* or *Cascara amarga* (*Sweetia panamensis*), *Glycyrrhiza glabra*, *Zanthoxylum clava-herculis*], compounded Echinacea [*Echinacea* spp, *Ceanothus americanus*, *Baptisia tinctoria*, *Thuja occidentalis*, *Stillingia sylvatica*, *Iris versicolor*, *Zanthoxylum clava-herculis*], *Folia Thujae occidentalis* (fresh), *Radix Astragali membranacei* (Huáng Qì), *Radix Rumicis crispi* (fresh), and Renée Caisse's Essiac compound [*Rumex acetosella*, *Arctium lappa* (fresh root), *Ulmus rubra*, *Rheum palmatum* (root), etc.], PDR Cancer Formula [*Larrea divaricata* (folia), *Sanguinaria canadensis* (radix), *Trifolium pratense* (flores), *Arctium lappa* (radix); *Echinacea purpurea* (radix), *Hydrastis canadensis* (radix); *Symphytum officinale* (folia), *Eleutherococcus senticosus* (radix; eventually folia, radix, and flores), *Chelidonium maius*, combined with *Artemisia absinthium*, *Yucca* spp, and *Commiphora molmol* (gum), *C. abyssinica* (myrrh), or *C. opobalsamum* (bdellium-oleoresin)], Laetrile[®] *et al.* mandelonitriles, immunostimulating mushroom extracts from *Grifola frondosa* (maitake), *Ganoderma lucidum* (reishi), and *Lentinus edodes* (shiitake), combined with herbs for specific cancers; e.g., herba *Hedyotis diffusa* (bái huā shé cǎo) combined with herba *Scutellariae barbatae* (bàn zhī lián) for stomach, esophageal, & colon cancers, & the latter alone for lung cancers, & tuber *Dioscoreae bulbiferae* (huáng yào zǐ) for thyroid cancer & endemic goiter, and, especially, **Haelan 851[®]** Platinum Formula and **Nature's Blessing**.

3. **WILL TO LIVE - MENTAL RECONDITIONING:** What **virtually all cancer survivors, particularly the ones that had been undergoing conventional therapies, have in common** is that **they had a purpose to their lives with goals they absolutely needed to achieve, no matter what**. If counseling is successful in restructuring an individual's outlook on life along those lines considerable life extensions beyond all expectations can be achieved after conventional therapies, while **with the enhanced high pH therapy, the success is virtually guaranteed**, provided that the patient has survived the first three months after the treatment started, and that they followed the programs outlined under 4. Conventional cancer treatment attempts, particularly surgery, that may in many cases frustrate all efforts to restore the will to live include colostomies, crippling lung resections, amputations of limbs, especially in children, cosmetically poor results after head, neck, & breast surgery &/or radiation. The same applies to paralysis after collapse of vertebrae from metastasis or from brain malignancies.

4. **DIET & LIFESTYLE: Meticulously maintaining their prescribed alkalinizing blood type specific diet, supplementation, exercise program, and lifestyle is as essential** as mental reconditioning [see 3.] and energy balancing [see 5.]. **Individualized supplementation** may include maintenance doses of cesium & rubidium, potassium & magnesium salts, Wobemugos, bromelain, papain, superoxide dismutase (SOD), & other enzymes, coenzyme Q10, vitamin A & beta-carotene, selenium & vitamin E, vitamin C, quercetin, & isoflavones, lycopene, N-acetyl cystein (NAC), pycnogenol, d-limonene, curcumin, alpha lipoic acid, inositol, methylsulfonylmethane (MSM), ellagic acid & graviola (*Annona muricata*), Primal Defense, Nature's Blessing, green tea, olive leaf extract, echinacea, garlic, parsley, Korean ginseng, apricot pits, wheat grass, chlorella, cod & shark liver oils, contortrostatin, carrot & cabbage juices, mogu (Kompucha) tea, regular escargots & soy bean products for blood type As & ABs, and over 20 other cancer fighting foods accordig to your blood type & individually tailored to specific needs. The blood type specific diet & exercise program follows largely the one outlined in Dr. Peter J. D'Adamo's book "Live Right Fo(u)r Your Type", modified & amplified based on our own research including avoidance of sugar & fructose (& all refined carbohydrates) by all types, particularly Os & Bs, avoidance of cow's milk, particularly Os & As, avoidance of the foods shown harmful for all types including pork, etc.