

**THE ULTIMATE GUIDE
TO
VITAMIN B-17
METABOLIC THERAPY**

Published by Worldwithoutcancer.org.uk

Editor

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First Edition June, 2001

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PREFACE

According to the American Cancer Society, this year 550,000 Americans will die from cancer. One out of every three will develop cancer in their lifetime. That is eighty-eight million people in the United States alone.

What you are about to read does not carry the approval of organised medicine. The Food and Drug Administration, the American Cancer Society, and the American Medical Association have labelled it "fraud" and "quackery". In fact, the FDA and other agencies of government have used every means at their disposal to prevent this story from being told. They have arrested citizens for holding public meetings to tell others of their convictions on this subject. They have confiscated films and books. They even have prosecuted doctors who apply these theories in the effort to save the lives of their own patients.

The purpose of this booklet is to show that this great human tragedy can be stopped now entirely on the basis of existing scientific knowledge. The information you are about to read marshals the evidence that cancer is a nutritional-deficiency disease, like scurvy or pellagra. It is not caused by a bacterium, virus or mysterious toxin, but by the absence of a substance that modern man has removed from his diet. That substance is Vitamin B-17, also known as Amygdalin or Laetrile. If that analysis is correct, then the treatment and prevention of cancer can be made simple. All that needs to be done is to restore that easily obtained and inexpensive food factor to our daily meals. An increasing number of doctors all over the world are now testing and proving in their own clinics that the vitamin concept of cancer is true.

As you shall see in the pages that follow, there is a great deal of evidence supporting the nutritional-deficiency concept of cancer -- more than enough to convince most people that the thesis is proven. This concept is not approved by orthodox medicine. Yet the evidence is clear that here, at last, is the final answer to the cancer riddle.

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Introduction

During 1950 after many years of research, a dedicated biochemist by the name of Dr. Ernest T. Krebs, Jr., isolated a new vitamin that he numbered B-17 and called 'Laetrile'. As the years rolled by, thousands became convinced that Krebs had finally found the complete control for all cancers, a conviction that even more people share today. Back in 1950 Ernest Krebs could have had little idea of the hornet's nest he was about to stir up. The pharmaceutical multinationals, unable to patent or claim exclusive rights to the vitamin, launched a propaganda attack of unprecedented viciousness against B-17, despite the fact that hard proof of its efficiency in controlling all forms of cancer surrounds us in overwhelming abundance. Why has orthodox medicine waged war against this non-drug approach? G. Edward Griffin, author of the book *World Without Cancer* contends that the answer is to be found not in science, but in politics, and is based upon the hidden economic and power agenda of those who dominate the medical establishment.

Each year, thousands of Americans travel to Mexico to receive vitamin B-17 (Laetrile) therapy. They do this because it has been suppressed in the United States. Most of these patients have been told that their cancer is terminal and that they have but a few months to live. Yet, an incredible percentage of them have recovered and they are living normal lives. However, the FDA, the AMA, the American Cancer Society, and the cancer research centres continue to pronounce that Laetrile is fraud and quackery. The recovered patients, they say, either had "spontaneous remissions" or never had cancer in the first place. If any of these people ultimately die after seeking Laetrile, spokesmen of orthodox medicine are quick to proclaim: "You see? Laetrile doesn't work!" Meanwhile, hundreds of thousands of patients die each year after undergoing surgery, radiation, or chemotherapy, but those treatments continue to be touted as "safe and effective".

In the U.S. the FDA has tried to use strict regulations, not law, to ban vitamin B-17 for over 18 years. Vitamin B-17, or Laetrile Therapy is only used by some hospitals in Mexico, which treat cancer with nutrition. These hospitals achieve nearly a 100% recovery rate with virgin cases (localised tumours/cancers that have not yet been burned up with radiation, poisoned with chemotherapy, or cut into with surgery). A majority of Laetrile-treated patients report positive responses, ranging from increase in the feeling of well-being and even brighter outlook of life, to such noticeable reactions as an increase in appetite, weight gain and, frequently, restoration of natural colour, reduction or elimination of cancer-connected pain and cancer-caused fetor. In thousands of cases, total regression of all cancer symptoms has been confirmed.

Vitamin B-17, commonly known as "Amygdalin", or "Laetrile", is a natural substance that can be found in a variety of species in the Vegetable kingdom. The greatest concentration is found in the seeds of the rosaceous fruits, such as apricot kernels and other bitter nuts. There are many seeds, cereals and vegetables that contain minimal quantities of vitamin B-17 and form part of our daily diet.

With great satisfaction we are proud to present this vegetable agent whose anti-cancer properties have been known empirically for many years, but in the last twenty years they have been scientifically proven, primarily through the clinical studies directed by Dr. Ernesto Contreras Rodriguez and carried out in the OASIS of Hope Hospital formerly known as the Centro Medico y Hospital Del Mar at Playas de Tijuana, B.C.N. Mexico. More than 100,000 patients have sought Contreras' care since 1963.

The information that follows will educate you on the benefits of metabolic therapy and prevention. All the food supplements mentioned in this booklet can be easily obtained by patients who are not able to go to Mexico because of financial reasons, patients who are too weak to travel, and by patients who have already been to these hospitals and need to remain on metabolic therapy. You will be taught how to benefit from metabolic therapy either in Mexico or at home at a fraction of the cost. You will find information on where to obtain metabolic products in the back section of this booklet.

This booklet is a summary of the information contained on our world-wide web-site at <http://www.worldwithoutcancer.org.uk>. By visiting our web-site you will find valuable information such as documents, research, and studies relevant to vitamin B-17, its monographic summary, clinical studies, the biological and chemical descriptions of the destruction of cancer cells by the components of B-

17, testimonials, case histories, biographies, bibliographies, photos, graphs, links, and much more. This guide was created to explain the different elements of metabolic therapy and act as a reference when needed during the course of your therapy. Should you have questions, please refer to the "Frequently Asked Questions" section on page 11.

IMPORTANT WARNING

Worldwithoutcancer.org.uk does not promote laetrile, nor any of the products mentioned herein, as a cure for cancer. All of the products we mention are regarded metabolic agents or vitamins used in nutritional therapy and prevention. Our information, as well as success stories, comes from journals and letters written by medical doctors and people who have used metabolic therapy and who wish to share their experiences with others. It is important to realise that one must exercise caution in evaluating them. We share them with you, not to suggest that you will have the same experiences as the authors, but because we feel you have a right to make your own evaluation.

Government agencies would rather we withhold these stories from the public because, allegedly, they constitute "unproven medical claims". However, as stated previously, the only claims we make are that this information is authentic and that the people who wrote them are real. Truth is not truth unless it is the "whole" truth, and these health success stories and scientific studies are just as much a part of the truth as any success story or scientific study experienced by orthodox medicine. Free men and women are entitled to have access to "all" the information available so they can make intelligent and informed choices in matters of their own health. Therefore, we are sharing these success stories as an exercise of our right to freedom-of-speech and your right to freedom-of-information.

The information contained in this booklet is intended for educational purposes only. All the products mentioned in this booklet are intended solely as food and dietary supplements to enhance general health and to reinforce the body's own defence mechanisms against disease. Please be informed that by providing you with this information we do not attempt to diagnose, treat, cure, or prevent any disease. You should not construe anything in this booklet to be medical advice regarding any specific disorder. Before applying any therapy or product to your health problem, you may want to seek the advice from a health care professional. Most of this information does not carry the approval of organised medicine. The Food and Drug Administration, the American Cancer Society, and the American Medical Association have labelled it "fraud" and "quackery".

Should you wish to seek the advice of a metabolic (nutritional) doctor from the OASIS of Hope Hospital feel free to contact us for assistance. Please see *Contacts* for information on how to contact us (page 38).

About Vitamin B-17

Genesis 1:29

Then God said, "I give you every seed-bearing plant on the face of the whole earth and every tree that has fruit with seed in it. They will be yours for food."

In spite of the great advances in the diagnosis and treatment of malignant tumours, cancer continues to be one of the main causes of death in the highly industrialised countries. It is calculated that one out of three persons will eventually die from some form of cancer. Although it is true that surgery and radiotherapy are capable of curing some patients with localised tumours and that chemotherapy has achieved cures in some ten types of malignant tumours, the general mortality rate from cancer has not improved substantially in the last 25 years. Nearly 60 percent of all cancer patients, upon being diagnosed, find that their disease is so widespread that the chemotherapy drugs currently being used cannot be given in dosages sufficient to destroy the large mass due to their high toxicity. Many cannot be exposed to chemotherapy, surgery or radiotherapy because of the undesirable effects. And there are several types of tumours for which there is no effective treatment yet known.

Worldwithoutcancer.org.uk, with great satisfaction, is able to present a vegetable agent whose anti-tumour action was known empirically for many years, but in the last thirty five years has been scientifically proven, primarily through the clinical studies directed by well respected metabolic physicians around the world. Among them are Dr. Ernesto Contreras Rodriguez, of the Oasis of Hope Hospital (Formerly Centro Medico y Hospital Del Mar at Playas de Tijuana, B.C.N. Mexico); Dr. Harold Manner of the Manner Clinic in Playas de Tijuana, Mexico; Dr. Hans Nieper, former director of the Department of Medicine at the Silbersee Hospital in Hanover; N. R. Bouziane, M.D., former Director of Research Laboratories at St. Jeanne d'Arc Hospital in Montreal; Manuel Navarro, M.D., former Professor of Medicine and Surgery at the University of Santo Tomas in Manila; Dr. Shigeaki Sakai, a prominent physician in Tokyo, Japan. In Italy there is Professor Ettore Guidetti, M.D., of the University of Turin Medical School; in Belgium there is Professor Joseph H. Maisin, Sr., M.D., of the University of Louvain where he was Director of the Institute of Cancer. And in the United States there are such respected names as Dr. Dean Burk, former head of the National Cancer Institute; Dr. John A. Morrone of the Jersey City Medical Center; Dr. Ernst T. Krebs, Jr., who developed Laetrile; Dr. John A. Richardson, the courageous San Francisco physician who challenged the government's right to prevent Laetrile from being used in the United States; Dr. Philip E. Binzel, Jr., a physician in Washington Court House, Ohio, who has used Laetrile for over twenty years with outstanding success; and many others from over twenty countries with equally impeccable credentials.

This anti-tumour agent is Vitamin B-17 (commonly known as Amygdalin or Laetrile). According to Dr. Ernest T. Krebs, Jr. its components make it vital for our survival without cancer. The greatest concentration is found in the seeds of the rosaceous fruits, such as the apricot pits and other bitter nuts. Various documents from the oldest civilisations such as Egypt at the time of the Pharaohs and from China 2,500 years before Christ mention the therapeutic use of derivatives of bitter almonds. Egyptian papyri from 5,000 years ago mention the use of "aqua amigdalorum" for the treatment of some tumours of the skin. But the systematised study of Vitamin B-17 really did not begin until the first half of the past century, when the chemist Bohn discovered in 1802 that during the distillation of the water from bitter almonds hydrocyanic acid was released. Soon many researchers became interested in analysing this extract and so Robiquet and Boutron isolated, for the first time, a white crystalline substance which they called AMYGDALIN (from amygdala = almond).

In the U.S. the Food and Drug Administration has used regulation, not law, to keep doctors in some states (not all) from using Laetrile therapy. There is no federal law against Laetrile, nor does Laetrile appear on an official list of proscribed items. The Food and Drug Administration has also used regulation, not law, to ban the interstate shipment and sale of Laetrile by alleging that it is either an "unlicensed new drug" or an "unsafe or adulterated food or food additive". It is neither. Amygdalin is an extract of apricot

kernels, which makes it a food supplement and nothing more. Vitamin B-17 was the subject of great controversy 18 years ago when some of the world's top scientists claimed that when consumed, its components make it 100% impossible to develop cancer and will kill existing cancer.

Pharmaceutical companies pounced on this claim immediately and demanded that FDA studies be conducted. Pharmaceutical companies conduct studies on patented chemicals they invent so that at the end of their study, if the drug gets approved, they have exclusive rights to its sale. They never conduct studies on foods that cannot be patented and that can be sold at any supermarket (e.g. vitamins).

Vitamin B-17 as Preventative

Vitamin B-17 is one of the main sources of food in cultures such as the Eskimos, the Hunzas, the Abkassians and many more. Did you know that within these tribes there has never been a reported case of cancer? According to Dr. Krebs, we need a minimum of 100 mg of vitamin B-17 (the equivalent of about seven apricots seeds) to nearly guarantee a cancer free life. Foods that contain vitamin B-17 are as follows:

- **KERNELS OR SEEDS OF FRUIT:** The highest concentration of vitamin B-17 to be found in nature, aside from bitter almonds. Apple, apricot, cherry, nectarine, peach, pear, plum, prune.
- **BEANS:** broad (Vicia faba), burma, chickpeas, lentils (sprouted), lima, mung (sprouted), Rangoon, scarlet runner.
- **NUTS:** Bitter almond, macadamia, cashew.
- **BERRIES:** Almost all wild berries. Blackberry, chokeberry, Christmas berry, cranberry, elderberry, raspberry, strawberry.
- **SEEDS:** Chia, flax, sesame.
- **GRASSES:** Acacia, alfalfa (sprouted), aquatic, Johnson, milkweed, Sudan, minus, wheat grass, white dover.
- **GRAINS:** oat groats, barley, brown rice, buckwheat groats, chia, flax, millet, rye, vetch, wheat berries.
- **MISCELLANEOUS:** bamboo shoots, fuschia plant, sorghum, wild hydrangea, yew tree (needles, fresh leaves).

Two rules of thumb: According to Dr. Krebs, the basic concept is that sufficient daily B-17 may be obtained by following either of two suggestions:

First, eating all the B-17-containing fruits whole (seeds included), but not eating more of the seeds by themselves than you would be eating if you ate them in the whole fruit. Example: if you eat three apples a day, the seeds in the three apples are sufficient B-17. You would not eat a pound of apple seeds.

Second, one peach or apricot kernel per 10 lbs of body weight is believed to be more than sufficient as a normal safeguard in cancer prevention, although precise numbers may vary from person to person in accordance with individual metabolism and dietary habits. A 170-lb man, for example, might consume 17 apricot or peach kernels per day and receive a biologically reasonable amount of Vitamin B-17.

And two important notes: Certainly, you can consume too much of anything. Too many kernels or seeds, for example, can be expected to produce unpleasant side effects. These natural foods should be consumed in biologically rational amounts (no more than 30 to 35 kernels per day).

High concentrations of B-17 are obtained by eating the natural foods in their raw or sprouting stage. This does not mean that moderate cooking and other tampering will destroy the B-17 content. Foods cooked at a temperature sufficient for a Chinese dinner, for example, will not lose their B-17 content.

Metabolic Therapy in Cancer

by Harold W. Manner, Ph.D.
Metabolic Research Foundation in collaboration with
Manner Memorial Hospital and Cyto Pharma de Mexico, S.A

Introduction

In Recent years a significant reassessment of the nature and causes of cancer has taken place. Cancer was formerly believed to be a localised disease, characterised by a lesion, usually in the form of a growth, which appeared at some specific part of the body. This Localised lesion was thought to be the result of activity produced by an invading virus, carcinogenic agent or some form of trauma such as a blow.

Today, there is a growing conviction among researchers and physicians that cancer is a complex disease that is the end result of a disturbed metabolism (body chemistry). It is an insidious disease that involves the entire body; the nervous system, digestive tract, pancreas, lungs, excretory organs, endocrine system, and the entire defence mechanisms. The frequent reoccurrence of a malignancy after treatment with the conventional methods of surgery, radiation and/or chemotherapy results because the basic underlying metabolic cause of the cancer is rarely considered and consequently remains uncorrected.

Cancer Aetiology

In the human body there are many thousands of cells that are arrested, during development, at an embryonic stage. These cells are called mesenchymal cells, fibroblasts, neoblasts, etc. Their primary function is repair. When a bone is broken, these cells are able to transform into bone cells. If blood is lost, these same cells are able to transform into blood cells. They are truly pluripotential and can react to any number of morphogenetic stimuli. These same cells, when subjected to carcinogens (cancer-causing chemicals) develop into cancer cells. Each day, in every human being, large numbers of these normal embryonic cells become cancerous. They rarely, however, become the diseases that we call cancer due to a remarkable system called the immune system. The function of this system is to destroy or neutralise all foreign material in the body. Once an embryonic cell becomes a cancer cell it is, from a biochemical view, foreign to the body. We, therefore, continue to remain healthy because the lymphocytes, macrophages, and other components of the immune system are able to neutralise or destroy these cells and prevent their spreading and multiplication. These cancer cells are normally destroyed by our body's defence mechanisms within a few hours.

If the immune system, however, is weakened from poor nutrition, excessive environmental pollutants or continuing debilitating stress, the cancer cells are uninhibited and will multiply rapidly forming the symptomatic "growth" of cancer. Our immune system generally weakens with advancing age. This increases the possibility of degenerative metabolic diseases occurring. One of the primary objectives of all metabolic therapy is to revitalise the body's immune system and to restore it to a fully functional condition. Accomplishment of this goal permits the immune system to eliminate or otherwise negate the cancer cells before they can begin an invasive growth.

Metabolic Physicians and researchers believe that we can remain healthy if we supply the individual cells of the body with the proper amounts of oxygen, nutrients, enzymes, minerals, amino acids, and other essential nutrients from both our diet and nutritional supplements. Of equal importance is the ability of the body to eliminate the waste products of cellular metabolism through proper bowel movements, efficient breathing, normal excretion, etc. Treatments must be provided which will help the body detoxify itself by eliminating harmful pollutants. This, in essence, is the heart of metabolic therapy. It is a multi-faceted program incorporating numerous related elements, each of which plays an important role in the success of the complete therapy.

The use of Amygdalin (Vitamin B-17) in Metabolic Cancer Therapy

Francisco Contreras, M.D.
Oasis of Hope Hospital

Amygdalin's Mode of Action

Metabolism is the total function of our body. In order for our body to function properly, all its attributes (physical, mental, and spiritual) must work in harmony. Total care is the goal of metabolic therapy. Metabolic therapy elements are utilised in order to provide our human organism the best environment to combat disease and regain health.

Metabolic therapy is a non-toxic cancer treatment based on the use of Vitamin B- 17, proteolytic pancreatic enzymes, immuno-stimulants, and vitamin and mineral supplements (see Phase I and II on page 28). Laetrile (B-17) is the chief anti-tumour agent. It is a natural chemotherapeutic agent found in over 1,200 plants, particularly in the seeds of common fruits such as apricots, peaches, plums, and apples. It is also a diglucoside with cyanide radical that is highly "bio-accessible." This means that it penetrates through the cellular membrane reaching high intra-cellular concentrations easily. This cyanide radical is what once made the vitamin controversial, but over the years, it has been proven that amygdalin is completely safe and non-toxic. The normal cells in our organism contain an enzyme called Rhodanese which "neutralises" the amygdalin. This enzyme does not allow the amygdalin to release the cyanide. In this way, amygdalin only serves as glucose to healthy cells providing energy. Malignant cells do not contain this enzyme. In the absence of Rhodanese, the amygdalin is activated liberating the cyanide radical inside the malignant cell causing its destruction. This is the way God creates things: Only cancer cells are destroyed but normal ones are not affected. As the amygdalin attacks unhealthy cells, it transforms into a silicate, which is much like aspirin. It contributes greatly to pain control. The hundreds of clinical studies conducted by many competent physicians around the world, including those directed by Dr. Ernesto Contreras Rodriguez at the Oasis of Hope Hospital hospital in Mexico, give us complete confidence that there is no danger.

Laetrile and the Life Saving Substance Called Cyanide

by Philip Binzel, Jr., M.D.

A doctor from the FDA once said that Laetrile contains "free" hydrogen cyanide and, thus, is toxic. I would like to correct that misconception:

There is no "free" hydrogen cyanide in Laetrile. When Laetrile comes in contact with the enzyme beta-glucosidase, the Laetrile is broken down to form two molecules of glucose, one molecule of benzaldehyde and one molecule of hydrogen cyanide (HCN). Within the body, the cancer cell—and only the cancer cell—contains that enzyme. The key word here is that the HCN must be FORMED. It is not floating around freely in the Laetrile and then released. It must be manufactured. The enzyme beta glucosidase, and only that enzyme, is capable of manufacturing the HCN from Laetrile. If there are no cancer cells in the body, there is no beta-glucosidase. If there is no beta-glucosidase, no HCN will be formed from the Laetrile (1).

Laetrile does contain the cyanide radical (CN). This same cyanide radical is contained in Vitamin B12, and in berries such as blackberries, blueberries and strawberries. You never hear of anyone getting cyanide poisoning from 12 or any of the above-mentioned berries, because they do not. The cyanide radical (CW) and hydrogen cyanide (HCN) are two completely different compounds, just as pure sodium (Na⁺) — one of the most toxic substances known to mankind — and sodium chloride (NaCl), which is table salt, are two completely different compounds.

If the above is true, how did the story ever get started that Laetrile contains "free" hydrogen cyanide? It was the Food and Drug Administration.

1. *For a more detailed analysis of the theoretical action of Laetrile against cancer cells, see G. Edward Griffin, World Without Cancer (Thousand Oaks, CA: American Media, 1974).*

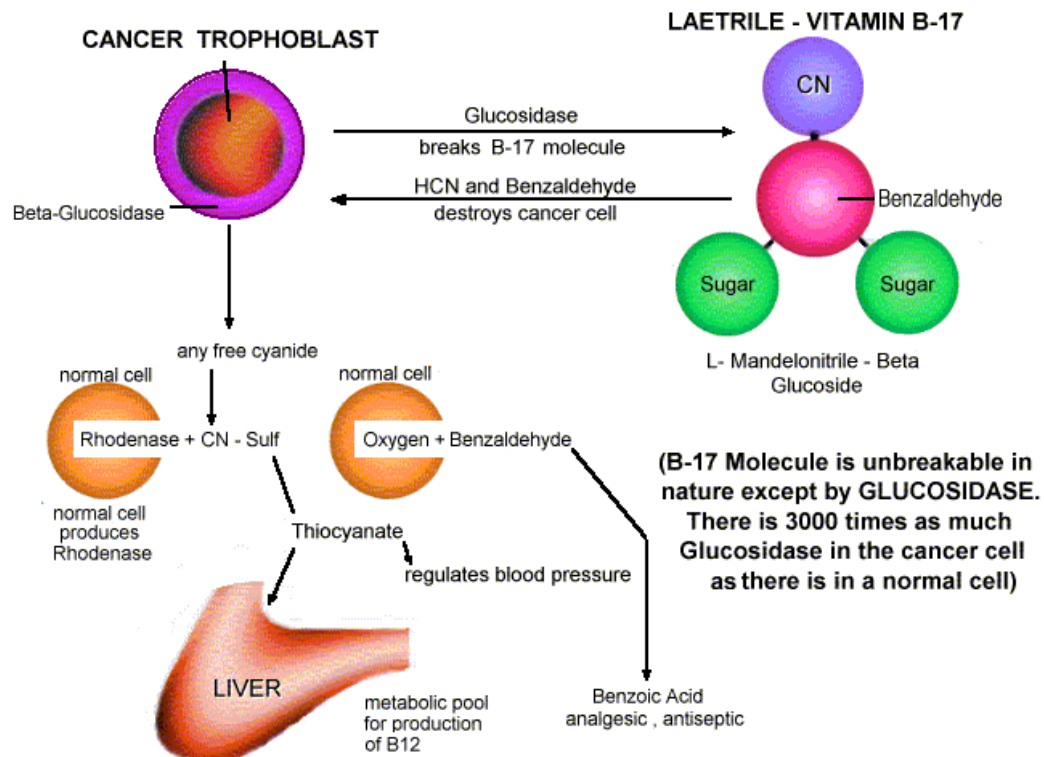
I remember reading in some newspaper back in the late 1960's or early 1970's a news release from the FDA. This release stated that there were some proponents of a substance known as "Laetrile" (I'd never heard of it before) who were saying that this substance was capable of forming hydrogen cyanide in the presence of the cancer cell. The release continued by saying that, if this were actually true, we had, indeed, found a substance, which was target-specific, and would be of great value to the cancer patient. But, the news release went on to say, the FDA had done extensive testing of this substance, "Laetrile," and found no evidence that it contained hydrogen cyanide or that any hydrogen cyanide was released in the presence of the cancer cell. Thus, they said, Laetrile was of no value.

When it was clearly established some time later that Laetrile did, indeed, release hydrogen cyanide in the presence of the cancer cell, how do you suppose the FDA reacted? Did they admit that they were wrong? Did they admit that they had done a very inadequate job in running their tests? No! They now proclaimed that Laetrile contained hydrogen cyanide and thus was toxic!

So, here is a bureau of the Federal Government which, a short time before, had said that the reason Laetrile did not work was because it did not release hydrogen cyanide in the presence of cancer cells. Now, when they find that it does, they say that it is toxic. When offered an opportunity to present evidence of Laetrile's toxicity in Federal Court, they admitted that they had none. (See Chapter One *Alive and Well* by Dr. Philip Binzel, available at: <http://www.realityzone.com> or see *Contacts*, page 38).

**Graphic on Action of Laetrile in Cancer
(A graphic representation of the chemistry of Nitrilosides in Cancer)**

The founder of I.G. Farbin, Co., Leibig, discovered amygdalin in 1822. I.G. Farbin is a huge cartel containing some 2000 other cartels. Krebs discovered L-Mandelonitrile-beta-glucoside in 1922 (extrinsic). Beard cited role of trophoblast in British medical magazine *Lancet* and in 1904 and discussed intrinsic factor chymotrypsin. It was Dr. Ernest T. Krebs, Jr. who discovered the role of Nitrilosides, the extrinsic factor, shown below:



Though it has limitations in certain cancers, vitamin B17 may be extremely effective in the most common tumours such as carcinoma of the lung, breast, prostate, colon, and lymphomas. A highly publicised clinical trial conducted by the National Cancer Institute in 1981 tried unsuccessfully to prove Laetrile ineffective and toxic. Today, Laetrile occupies a position on the "front lines" of alternative cancer therapy. "We have found Laetrile to be effective in people that have active cancer", says Dr. Contreras "but that is not its only function, for the prevention of cancer and the maintenance of remission there is nothing as effective as Laetrile. Its non-toxicity permits its use indefinitely in the prevention of relapses and the prevention of metastases. Surgery, radiation, and chemotherapy can only be administered for a limited time, afterward patients are left without any protection". This booklet will teach you how to begin and continue metabolic therapy at the comfort of your own home.

ALL THE POSSIBLE FREQUENTLY ASKED QUESTIONS

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1. What is Laetrile (vitamin B-17/Amygdalin)?
2. Where can I purchase vitamin B-17 (Laetrile)?
3. If Laetrile is "illegal" or "banned", how can some companies make it available in the U.S.?
4. What is the recommended daily dosage of vitamin B-17 for prevention?
5. What is the difference between the apricot seeds and the B-17 100 mg tablets when used for prevention? Is one better than the other? Do I need to take both?
6. I have been diagnosed with Cancer. Will vitamin B-17 work on any type of cancer?
7. I have been diagnosed with Cancer. What should be my dosage of vitamin B-17, what do I take it with, and how long do I take it for?
8. Is it necessary to have the seeds and the Vitamin together when undergoing metabolic therapy?
9. Are your apricot seeds in the pit or out of the pit? Do we have to break the pits open to extract the kernel?
10. What should I take along with Vitamin B17?
11. How can I get the injectable form of vitamin B-17 administered?
12. Are there any risks in getting the injectable form of vitamin B-17 administered? I am a qualified medical professional, what is the risk of administering it to a loved one?
13. Can I Take Vitamin B17 with chemotherapy or radiation, or if I am scheduled for surgery?
14. I have undergone chemotherapy, radiation, and surgery. Can vitamin B-17 still help me?
15. How long does it take to see results? How long will it take to rid my body of cancer?
16. I am a cancer survivor; what is the recommended maintenance dose of vitamin B-17?
17. What is the success rate with my specific type of cancer?
18. Why don't medical doctors use this?
19. The fact that cancer is a metabolic disease, what role does pollution have in that process?
20. Is Vitamin B17 helpful against the devastating effects of excessive quantities of environmental or medical radiation?
21. If we are supposed to eat seeds, why aren't we supplied with teeth for breaking through the pits?
22. How do you keep the seeds once they are out of the pit?
23. Would there be a problem with the other drugs I am taking for pre-existing conditions (Diabetes, high cholesterol, ulcer, high blood pressure, etc) I am currently taking: Lipitor, Glynase, Ranitidine, and occasionally Tylenol 3.
24. I wonder though, are there documented cases of this treatment failing? All I see are miraculous healings, but are there cases where B-17 isn't enough?
25. If vitamin B-17 kills cancer using cyanide, is it possible for the cyanide to kill normal cells?
26. What do you have to say about articles published on the Internet such as "The Rise and Fall of Laetrile", by Benjamin Wilson, M.D. and Stephen Barrett, M.D. (founder of Quackwatch)?

1) Q. What is Laetrile (vitamin B-17/Amygdalin)?

Laetrile, commonly known as Vitamin B-17 or Amygdalin, is a natural chemotherapeutic agent found in over 1,200 plants, particularly in the seeds of common fruits such as apricots, peaches, plums, and apples. It is a diglucoside with a cyanide radical that is highly "bio-accessible." This means that it penetrates through the cellular membrane reaching high intra-cellular concentrations easily. Cancer cells, no matter the type of cancer, are known as Trophoblasts (See Trophoblastic Thesis of Cancer at <http://www.worldwithoutcancer.org.uk>). These cells contain an enzyme called Beta-glucosidase, also known as the unlocking enzyme. When Laetrile comes in contact with the enzyme beta-glucosidase, the Laetrile is broken down to form two molecules of glucose, one molecule of benzaldehyde and one molecule of hydrogen cyanide (HCN). Within the body, the cancer cell—and only the cancer cell—contains that enzyme. The key word here is that the HCN must be FORMED. It is not floating around freely in the Laetrile and then released. It must be manufactured. The enzyme beta—glucosidase, and only that enzyme, is capable of manufacturing the HCN from Laetrile thereby affecting the cancer cell—and only the cancer cell. If there are no cancer cells in the body, there is no beta-glucosidase. If there is no beta-gllucosidase, no HCN will be formed from the Laetrile. The normal cells in our organism contain an enzyme called Rodhanese which "neutralises" the Amygdalin. This enzyme does not allow the Amygdalin to release the cyanide. In this way, Amygdalin only serves as glucose to healthy cells providing energy. Malignant cells do not contain this enzyme. In the absence of Rodhanese, the Amygdalin is activated liberating the cyanide radical inside the malignant cell causing its destruction. Detoxification of cyanide occurs, therefore, in normal mammalian tissue through the action of Rhodanese, which, in the presence of sulphur-bearing compounds, converts free cyanide to thiocyanate, a perfectly non-toxic compound. The thiocyanate is excreted in the urine. (See graphic on the action of Laetrile in Cancer on page 10).

2) Q. Where can I purchase vitamin B-17 (Laetrile)?

You may obtain vitamin B-17 (Laetrile) and most of the metabolic products mentioned in this booklet on the Internet. Please refer to the back of this book for sources of vitamin B17 in Mexico and the UK. If you live in the U.S., it will not be possible for you to obtain vitamin B17 due to recent FDA bans and customs restrictions.

3) Q. Why is Laetrile "illegal" or "banned" in the United States?

There is no federal law against Laetrile, nor does Laetrile appear on an official list of proscribed items. The State of California has specific laws against the use of Laetrile for human cancer, as long as cancer is defined as a "space-occupying new growth" or neoplasm. A number of other states make the use of Laetrile in cancer indirectly "illegal" by giving cancer advisory committees the power to regulate the use of any remedies, proven or unproven. The Food and Drug Administration has used regulations, not law, to ban the interstate shipment and sale of Laetrile by alleging that it is either an "unlicensed new "drug" or an "unsafe or adulterated food or food additive." It is neither. Possession of Laetrile and private use by patients of Laetrile is not, in and of themselves, illegal. The de facto (but certainly not de jure) "illegalization" of Laetrile springs from the FDA's regulatory ban, the specific California laws, and the pressure brought against physicians by state boards of medical examiners which control the licensing of such physicians. It is virtually as inappropriate to call Laetrile or vitamin B-17 illegal as it is to construe vitamin C, or niacin as illegal. In California, despite the specific laws, the right of doctors to use vitamin B-17 as metabolic therapy, and without making specific claims as to "curing cancer," was established by court decisions in a number of cases.

At the Mexican border, U.S. Customs has permitted the entry of amygdalin without benefit of even an affidavit for over a decade. Amygdalin is an extract of apricot kernels, which makes it a food supplement and nothing more. The FDA is well aware that their regulations are somewhat transparent, so they utilise a typical bureaucratic tactic, (i.e. changing definitions). Under FDA guidelines, any substance that is used to treat a disorder can be classified a drug! This absurd and overly broad interpretation would even include water since it is used to treat dehydration. The angle that the FDA takes is to label ANYTHING a "new drug" when a claim is made for that substance or even suggestions given as to how to take it.

4) Q. What is the recommended daily dosage of vitamin B-17 for prevention?

While exact amounts of B-17 for a "minimum daily requirement" in cancer surveillance have not been established, the basic concept is that sufficient daily B-17 may be obtained by following either of two suggestions:

One, according to Dr. Krebs, eating all the B-17-containing fruits whole (seeds included), but not eating more of the seeds by themselves than you would be eating if you ate them in the whole fruit. Example: if you eat three apples a day, the seeds in the three apples are sufficient B-17. You would not eat a pound of apple seeds.

Second, one peach or apricot kernel per 10 lbs. of body weight is believed to be more than sufficient as a normal safeguard in cancer prevention, although precise numbers may vary from person to person in accordance with individual metabolism and dietary habits. A 170-lb man, for example, might consume 17 apricot or peach kernels per day and receive a biologically reasonable amount of vitamin B-17. Two or three Vitamin B17 tablets (100 mg) is an acceptable supplemental dosage per day.

And two important notes: Certainly, you can consume too much of anything. Too many kernels or seeds, for example, can be expected to produce unpleasant side effects. These natural foods should be consumed in biologically rational amounts (no more than 30 to 35 kernels per day).

5) Q. What is the difference between the apricot seeds and the B-17 100 mg tablets when used for prevention? Is one better than the other? Do I need to take both?

Dr. Krebs always suggested that the raw form of vitamin B-17 (e.g. apricot kernels) is better than the purified form when used for prevention. This holds true for any other food: The raw form of vitamin C (e.g. grapefruits and oranges), for example, is also better than the pill. The difference between these two forms of vitamin B-17 is that the tablet is a more convenient method of administration; the seeds have a bitter taste to them and some people prefer the convenience of a tablet. Some people have dentures and simply find it difficult to chew on the seeds. Most people take both. It is completely safe to take both forms as many cancer patients take up to 4 times the amount of seeds recommended for a non-cancer sufferer, and up to 50 times more of the purified form (tablet form). It is not necessary to take both forms but, as stated above, you can get away with doing so while getting a reasonable amount of vitamin B-17.

IMPORTANT: Cancer, patients, however, may require higher, more purified forms of vitamin B-17. It would be impossible to get the amount of vitamin B-17 needed to control existing cancer from the seeds alone. One would have to eat way too many seeds and this may, of course, produce unpleasant side effects (See Phase I and II metabolic therapies on page 31).

6) Q. I have been diagnosed with Cancer. Will vitamin B-17 work on any type of cancer?

Dr. Krebs says "yes". Cancer cells all have the exact same characteristics. Cancer cells, no matter the type of cancer, are known as Trophoblasts (See Trophoblastic Thesis of Cancer at <http://www.worldwithoutcancer.org.uk>). These cells contain an enzyme called Beta-glucosidase, also known as the unlocking enzyme. When Laetrile comes in contact with the enzyme beta-glucosidase, the Laetrile is broken down to form two molecules of glucose, one molecule of benzaldehyde and one molecule of hydrogen cyanide (HCN). Within the body, the cancer cell—and only the cancer cell—contains that enzyme. The key word here is that the HCN must be FORMED. It is not floating around freely in the Laetrile and then released. It must be manufactured. The enzyme beta—glucosidase, and only that enzyme, is capable of manufacturing the HCN from Laetrile thereby affecting the cancer cell—and only the cancer cell. If there are no cancer cells in the body, there is no beta-glucosidase. If there is no beta-glucosidase, no HCN will be formed from the Laetrile (See Amygdalin's Mode of Action on page 9).

7) Q. I have been diagnosed with Cancer. What should be my dosage of vitamin B-17, what do I take it with, and how long do I take it for?

“If you have Cancer, the most important single consideration is to get the maximum amount of Vitamin B17 into your body in the shortest period of time. This is secondary to the medical skill involved in administering it, which is relatively minimal.” – Ernest T. Krebs, Jr.

Many people take vitamin B-17 and B-17 only, and many people order it as part a whole complete combined metabolic protocol. The ideal thing to do is to always make vitamin B-17 part of a multi-faceted program incorporating numerous related elements, each of which plays an important role in the success of the complete therapy (See Metabolic Therapies on page 31).

But for the purpose of answering the question the dosages recommended by Dr. Contreras of the Oasis of Hope Hospital should be as follows:

Initial Phase (Phase I): AMYGDALIN (Vitamin B17) 6 grams, intravenous (Most Effective Method), once a day, for 21 days. (2 vials directly into any vein or catheter) - See protocols on page 31.

Or: AMYGDALIN 3 grams (six 500mg tablets), orally, per day, for 21 days (See protocols on page 28). Along with Laetrile, the OASIS Hospital utilises pancreatic enzymes (proteolytic enzymes), Vitamin C, Pangamic Acid (B15), AHCC (active Hexose Correlated Compound), Shark Cartilage (100% pure), vitamin A (Emulsified), Barley Grass, antioxidants, and other nutrients. The idea is to help the body fight the cancer very aggressively, without doing any harm to the patient, while strengthening the immune system.

Subsequent Phase (Phase II):

AMYGDALIN (Vitamin B17) 2 grams (Four 500mg tablets), orally, per day, for the following three months, along with all the components of Phase II Metabolic Therapy (see protocols on page 31).

After Phase II: Phase III Metabolic Therapy consists of either a continuation of Phase II or maintenance program if the cancer is in remission (See Maintenance of Remission on page 33).

Vitamin B17 is water soluble and non-toxic. It is as safe as sugar or water and safer than aspirin. A small percentage of people feel nauseous when taking high doses of it at one time. This is also common when taking too much sugar, salt, or water at one time. If this is the case take less amounts of the vitamin B17 tablets more often throughout the day. If you presently have cancer, you can take between 6 to 10 of the 500 milligram tablets per day for the first 21 to 30 days. If you find that you are getting nauseous, cut the tablets in half and have one every waking hour. It might be a good idea to have some food in your stomach just before taking the vitamin. After the initial 21-30 days of this amount of vitamin B17 a subsequent dose of 4 to 6 tablets per day for the following three months is the proper protocol (See Phase I and II Metabolic Therapies, page 31).

8) Q. Is it necessary to have the seeds and the Vitamin together when undergoing metabolic therapy?

Dr. Contreras says “yes”. Certain components of the seeds are not included in the purified forms of amygdalin. The seeds are the raw form of vitamin B-17, containing many other nutrients that act synergistically with the purified form to help its active ingredients assimilate into the body. To start, it is recommended that along with the purified forms of B-17, either intravenous or oral, cancer patients eat one apricot seed for every 10 lbs of body weight. If this dosage is tolerated well, it may be increased to 30 to 35 kernels per day. **IMPORTANT:** For adults, more than 6 per hour or 30 per day is not recommended.

It is important to emphasise that it is a good idea to have some food in the stomach when taking high doses of B-17 (including the seeds). When eating the seeds, it is also important to eat considerable amount of Nitrilosidic fruits. Such fruits are those which carry these types of (e.g. Apricots, peaches, plums,

nectarines, apples, pears, cherries). There is something in the flesh of the fruit, which will neutralise the minute traces of beta-glucosidase present in saliva, stomach, and the intestines, which is what may cause some people to feel nauseous.

9) Q. Are apricot seeds made available in the pit or out of the pit? Do we have to break the pits open to extract the kernel?

Most companies make available bags of fresh whole apricot kernels out of the pit and ready to eat. See product information for more detailed information about our apricot kernels. To obtain apricot kernels see *Contacts* on page 34.

10) Q. What should I take along with Vitamin B-17?

If you have cancer it is recommended by Dr. Contreras (One of the Pioneers of B17 treatment and medical director at the OASIS of Hope Hospital) that you undergo a therapy that will equip your immune system to fight against cancer. Their special detoxification program will create what is necessary to get the best results. Along with Laetrile, the Contreras team uses pancreatic enzymes, Vitamin C, Shark Cartilage (100% pure), vitamin A (emulsified), pangamic acid (vitamin B-15), antioxidants, nitrilosidic foods (apricot kernels) and other nutrients (see Metabolic Therapies on page 31). Every one of these nutrients plays an important role in the success of the complete therapy. Pancreatic enzymes, for example, occur naturally in pineapple and papaya among other foods. They are also produced by our pancreas and aid in the digestion of animal protein. Their job is to help burn away the negative protein coating that surrounds and protects the cancer cell making it vulnerable to your immune system.

The purpose of metabolic therapy is mainly to restore wellness. Unfortunately, by the time most cancer patients seek alternative medicine their bodies have suffered extensive damage due to the effects of chemotherapy, radiation, surgery, or the cancer itself. Because of this, other nutrients should be considered to help significantly in restoring wellness. Joint Fuel, Bone Meal, and Bovine cartilage may help build up the bones again if you have had bone cancer. Maitake and Shittake mushrooms (the most scientifically studied mushrooms) have been found to have an antiviral substance called lentinan, which stimulates the body's immune system and deactivates viruses. Other nutrients which have been extensively researched for cancer therapy include the ESSIAC Formula, AHCC, coenzyme Q10, grape seed extract, cat's claw, IP-6, colloidal minerals, vitamin E, Ginger, Beta Carotene, Multivitamin/minerals, Antioxidants, Hydrazine sulphate, echinacea, milk thistle, melatonin, noni, and raw thymus, most of which are available through vitamin companies. It is common knowledge among scientists and holistic doctors that combinations of therapies are more effective than just one. You may customise your metabolic treatment based on your specific needs (See product information for specific information on metabolic products, page 21).

11) Q. How can I get the intravenous form of B-17 administered?

Any nurse or doctor can simply make a house visit and administer this form of B-17. It is completely safe and non-toxic and does not produce any side effects. You can simply ask a nurse or doctor friend or relative who is willing to give you the injections to do it. It is important that you find someone who agrees to give you the injections before you purchase this form of B-17. Some companies may not issue credits or refunds on injectable formulas or specially imported products. If you would like information on the OASIS of Hope Hospital in Playas de Tijuana, Mexico (10 minutes south of San Diego, CA, USA), you may visit them on the web at <http://www.oasisofhope.com> Phone UK 01702 480934 (see *Contacts*, page 38)

The best effects from Laetrile use seem to be when it is used as part of a basic nutritional or metabolic therapy which also involves the administration of other vitamins, certain enzymes, and a diet from which animal protein has been mostly removed (See OASIS Phase I and II Metabolic Therapies on page 31).

12) Q. Are there any risks in getting the injectable form of vitamin B-17 administered? I am a qualified medical professional, what is my risk in administering it to a loved one?

The question should be "what is the risk in not getting it administered?", or, "what is the risk of not giving it to my loved one?". This form of vitamin B-17 is not only safe and non-toxic. Sugar or water are more toxic. On the contrary, a majority of Laetrile-treated patients report positive responses, ranging from an increase in the feeling of well-being and even a brighter outlook on life, to such noticeable reactions as an increase in appetite, weight gain and, frequently, restoration of natural colour, reduction or elimination of cancer-connected pain and of cancer-caused fetor.

13) Q. Can I Take Vitamin B17 with chemotherapy or radiation, or if I am scheduled for surgery?

Metabolic physicians agree that under the above orthodox treatments metabolic therapy is not only recommended but also absolutely necessary. Orthodox doctors use chemotherapy, radiation, and surgery in an effort to get to the cancer while often times causing severe damage to the body's organs and defence mechanisms (see The 4 Optional Modes of Cancer Therapy at <http://www.worldwithoutcancer.org.uk>). Cancer, by definition, is a Chronic Metabolic disease and must be treated as such. The word "chronic" means that once it manifests, it will continue to remain uncontrolled and uncorrected if it does not get taken care of. "Metabolic" simply means that the only way to take care of it is with factors, water- and oil-soluble, normal to the diet. The problem with orthodox treatments is that they do not target the underlying cause of the problem but its symptom. Metabolic therapy, on the other hand, targets the nutritional deficiency factor that keeps the body from fighting the cancer while strengthening the immune system.

Ideally, you should ask your doctor what their success rate is with chemotherapy, radiation, and/or surgery for your specific type of cancer. Ask him to give you true statistics. You may even ask him to show you the description of the drugs you are about to become exposed to in a PDR (Physician's Desk Reference). It is important to know beforehand whether these treatments will actually help you or hurt you. In most cases, though, the treatment becomes worse than the disease itself. If you are about to have surgery, or even a biopsy, where the cancer cells are going to be disturbed, it is imperative that you take vitamin B-17 to kill the remaining free cells (see The Truth About Surgeries and Biopsies at <http://www.worldwithoutcancer.org.uk>). Vitamin B-17 can only help and will definitely not hurt.

**Clinical Oncology for Medical Students and Physicians, op. cit, pp.32 , 34*

**Spontaneous Regression of Cancer: The Metabolic Triumph of the Host!", op. cit.,pp. 136, 137.*

14) Q. I have undergone chemotherapy, radiation, and surgery. Can vitamin B-17 still help me?

Dr. Krebs says "yes", but remember this: Vitamin B-17 metabolic therapy will go into the body help your body fight the cancer very aggressively, without doing any harm to you while strengthening your immune system. What it may not do, is correct the irreparable damage sometimes caused by excessive chemotherapy or radiation, or by the cancer itself. Anyone at any stage is a candidate for metabolic treatment.

15) Q. How long does it take to see results? How long will it take to rid my body of cancer?

There are two kinds of results that are usually observed while undergoing Laetrile Metabolic Therapy. These can be classified as both subjective and objective:

Subjective results are usually seen immediately after beginning treatment: These include decrease of pain, indicated by a decrease in the amount or frequency of the use of narcotics or sedatives, increase in the sense of well-being, increased appetite, disappearance of fetor from lesions, increased energy or endurance, increase in weight, and increase in muscle strength.

Objective results include improvement in blood and urine chemistry, increased tissue repair, decrease of tumefaction, decrease in the output of presumptive chorionic gonadotrophin in the serum or urine, and total regression of all symptoms of the disease. Objective results can take between 3 weeks to 4 months to manifest. The time needed to develop the maximum response is four months to over a year.

Overall, the cancer cells become affected immediately. In certain cases, as with bone and brain cancer, it takes a little longer for the vitamin to absorb deep into the body (*see Notes on the Behaviour of Tumours Under Vitamin B17 Therapy*, page 36). According to Dr. Krebs skin cancers react the quickest: *“Within one week a noticeable difference is seen and in many cases complete regression of all symptoms is achieved in less than three weeks. Carcinomas can take a few months to shrink, and, in some cases, cervical cancer has been noted to completely regress in less than three weeks.”*

16) Q. I am a cancer survivor; what is the recommended maintenance dose of vitamin B-17?

According to Dr. Krebs, a severe cancer crisis brought under control may be maintained in a quiescent state by the oral administration of 1 gram (1000 mg) of Vitamin B-17 daily. However some patients claim to feel better or safer with a 1.5 to 2.0 grams of B-17 daily. Such dosage is determined by the patient's sense of well being, gain in strength, increased appetite, weight gain, and psychological improvement with reduction of anxiety and nervousness, with exhibition of a more nearly normal degree of optimism and interest in his environment.

Abnormal situations, stress or ill health of any kind have been known to be followed by a renewed outbreak or progression of the cancer process in some patients. Patients in whom the cancer is under control should be aware of these possibilities. When a cancer crisis has been successfully controlled for more than two years, with patient showing good objective responses in weight gain, increased strength, return to a more nearly normal state of activity and vigour, with negative CGH urine tests, and with an improvement in x-rays or other objective evidence, the maintenance dose may be reduced to dietary levels of nitriloside of at least 500 milligrams of Vitamin B-17 per day.

17) Q. What is the success rate with my specific type of cancer?

Success rates for specific types of cancer are determined based on the stage of the cancer and/or the possible damage caused by the effects of chemotherapy, radiation, surgery, or the cancer itself. Vitamin B-17 can only help you and not hurt you. If you have just been diagnosed the ideal thing to do is to start metabolic therapy immediately. Dr. Krebs claimed a 98% success rate with Virgin cases (Primary cancers, non metastatic, where the patient has not had chemotherapy, radiation, or surgery). In cases where the patient has been exposed to chemotherapy, radiation, and/or surgery, it depends on how far the cancer has spread and what damage has been caused to the body by these treatments. In either case it is imperative to start vitamin therapy in order to correct the nutritional deficiency factor that allowed the disease to take over.

In conclusion, if you are able to eat, hold food down, urinate and defecate properly, you are coherent, and your bodily functions are normal, you are a perfect candidate for metabolic therapy.

18) Q. Why don't medical doctors use vitamin B17?

The answer to this question goes far beyond what we could possibly answer in this small section. Mr. G Edward Griffin has dedicated the entire second part of his book to "The Politics of Cancer Therapy" which shows with great detail examples of dishonesty and corruption in the field of drug research; a close look at the first major study which declared Laetrile (vitamin B17) "of no value;" proof that the study was fraudulent; the FDA's ruling against the use of Laetrile because it had not been tested; and the refusal then to allow anyone (except its opponents) to test it.

He also makes available an audio cassette titled "The Politics of Cancer Therapy", a review of the science of cancer therapy; a summary of the politics of cancer therapy; the early history of the I.G. Farben chemical and pharmaceutical cartel; the cartel's early success in the United States; and its "marriage" with DuPont, Standard Oil, and Ford. The drug cartel's influence over the nation's medical schools; the drug-oriented training given to all medical students; and the use of philanthropic foundations to obtain control

over educational institutions. You may obtain this audiocassette from Mr. Griffin at <http://www.realityzone.com>

In conclusion, most doctors are obligated to use only those treatments that they're allowed to administer, even if they are not successful. Most doctors are not trained on how to prescribe "nutrition" as a way to treat disease. They only learn to treat the "symptom" while leaving the underlying cause of the problem uncontrolled and uncorrected. To fully educate yourself, start with Mr. Griffin's book "World Without Cancer". It can be bought on the Internet at <http://www.realityzone.com>. This book is one of a few that tell the true story of vitamin B17 and will guide you into further research that proves the simple answer to cancer 100%.

19) Q. The fact that cancer is a metabolic disease, what role does pollution have in that process?

Pollutants harm the liver and the liver is a great detoxifying organ of the body. If the liver is detoxifying an excess of estrogen, for example, and capacity of the liver is impaired by pollutants, the estrogen levels then may reach a concentration sufficient to induce cancer. When eating apples that have been sprayed with arsenic and we eat enough of these apples; the arsenic may produce hepatic cirrhosis, which may impair the capacity of the liver to detoxify certain carcinogens and thereby contribute to the development of cancer. If we are receiving a very high concentration of Vitamin B17 this will offset the possibility of developing cancer, but these pollutants still can kill us by producing cirrhosis of the liver and destroying other vital cells.

20) Q. Is Vitamin B17 helpful against the devastating effects of excessive quantities of environmental or medical radiation?

No, and the reason for it is common sense. Throughout history the presence of radiation in such high concentrations was never anticipated. The organism may be beset with such onslaught and there are no mechanisms including Vitamin B-17, which can reverse the deadly effects of such excess radiation. These are some of the most devastating assaults that living tissues can sustain because not only do they affect the individual of one generation, but they may cripple, if not extinguish the immortal germ plasma, on which the continuity of the species itself relies.

21) Q. If we are supposed to eat seeds, why aren't we supplied with teeth for breaking through the pits?

There are societies that have not become too corrupted by the sophistication of modern technology. These people are capable of biting through the pit. We have even seen dogs break the pit and eat the seeds. Squirrels, chipmunks, bears, and higher primates such as monkeys ordinarily do it. Curators of zoos tell us when monkeys and apes are thrown fresh apricots, peaches and plums, in time, if they are thrown enough of them, they cease eating the sweet sugary fruit and they begin hoarding the pits. They manage to break open those pits. Primates will take them in hand and hammer them against a piece of concrete. Eating these seeds is universal among the nomads and among the higher animals.

22) Q. How do you keep the seeds once they are out of the pit?

You may keep the seeds indefinitely if you keep them sealed and under refrigeration. If you don't keep them under refrigeration the Vitamin B17 won't deteriorate, but the unsaturated fatty acids will turn rancid spoiling the seeds after a few months.

23) Q. Would there be a problem with the other drugs I am taking for pre-existing conditions (Diabetes, high cholesterol, ulcer, high blood pressure, etc)? I am currently taking: Lipitor, Glynase, Ranitidine, and occasionally Tylenol 3.

Metabolic physicians agree that cancer is a local manifestation of a systemic or metabolic disease. This means that some of those pre-existing conditions may have contributed to the formation of your malignancy. Metabolic therapy is meant to treat the entire body, not just the cancer.

The answer to the question is yes, you can undergo metabolic therapy without it interfering with any of the drugs you are currently on. There is no substance yet known that can cause an adverse reaction with Laetrile. Remember, Laetrile is not a drug but a vitamin or food supplement.

The idea is to get metabolic therapy to make you well enough so that you do not have to depend on those medications for the rest of your life.

24) Q. I wonder though, are there documented cases of this treatment failing? All I see are miraculous healings, but are there cases where B-17 just isn't enough?

Yes. Unfortunately, by the time many patients seek alternative therapies, they have already gone through chemotherapy, radiation, surgery, and there is already extensive damage caused by these orthodox treatments and even the cancer itself. And by the time some people hear about the healing properties of vitamin B-17 it is already too late. B-17 is simply a natural metabolic agent that, under the right circumstances, will help the body get rid of cancer when used as part of a basic nutritional or metabolic therapy which also involves the administration of other vitamins, certain enzymes, and a diet from which animal protein has been mostly removed. It is not to be mistaken for a magic pill that will wipe out cancer and rebuild you a new body.

25) Q. If vitamin B-17 kills cancer-using cyanide, is it possible for the cyanide to kill normal cells?

Absolutely Not. Research shows that the normal cells in our organism contain an enzyme called Rodhanese which "neutralises" the Amygdalin. This enzyme does not allow the Amygdalin to release the cyanide. In this way, Amygdalin only serves as glucose to healthy cells providing energy. Malignant cells do not contain this enzyme. In the absence of Rodhanese, the Amygdalin is activated liberating the cyanide radical only inside the malignant cell causing its destruction (for more information see Laetrile and Cyanide on page 9).

26) Q. What do you have to say about articles published on the Internet such as "The Rise and Fall of Laetrile", by Benjamin Wilson, M.D. and Stephen Barrett, M.D. (founder of Quackwatch)?

Several articles have been posted on the Internet to discredit Laetrile making it obvious that one of the two parties involved here is wrong. We have dedicated two whole sections of our web-site to rebut all of these allegations allowing you to be the judge. We would like to invite you to visit our web-site at <http://www.worldwithoutcancer.org.uk> and see for yourself. For now, I would like to show you who Dr. Stephen Barrett really is:

In an interview conducted by Biography Magazine (Interview by Marjorie Rosen) he was asked: "If people have specific questions, can they contact Quackwatch?". His answer to this question was:

Barrett: Yes. We answer about 25 individual questions a day. People send e-mails. When I am logged in, about 80% of their questions get answered within ten minutes. It blows people's minds. I have an advisory board with more than 100 experts, and within a year people will be able to contact them directly, and get an answer if there's one available. It's amazingly powerful.

In an e-mail sent to Mr. Barrett on Fri, 30 Oct 1998 11:22:11 -0800, I asked him the following questions:

Dr. Barrett

(1) It seems you are very knowledgeable in the area of nutrition. Yet, I understand that doctors are not trained in nutrition while in Medical School and your curriculum vitae does not state where you obtained the training. Can you please fill me in on this?

(2) I understand you received a FDA Commissioner's Special Citation Award for Public Service in fighting nutrition quackery. Yet, in 1986, you were awarded honorary membership in the American Dietetic Association. My question is: Do you believe in nutritional therapy or not? And if you do, what type of nutritional therapy do you recommend to those who ask? Which therapy (nutritional) would not be categorised as "quackery"?

(3) Dr. Barrett, I read that according to the American Cancer Society over 550,000 people still die yearly of cancer. And according to researchers, it has been show statistically that a person with cancer is more likely to live longer and feel better if he does nothing at all, rather than submit to surgery, chemotherapy, and/or radiation. What are your feelings about this?

(4) Do you believe that vitamins, minerals, and supplements, or bettet yet "nutrition" helps the body in its ability to fight disease?

Thank you for your honest and prompt response in advance.

ANSWER BY MR. BARRETT ON Fri, 30 Oct 1998 15:14:03 -0500

Sorry, answering your "questions" would take me more time than I can afford to invest. If you would like to know what I believe, read "The Vitamin Pushers." Stephen Barrett, M.D.
Board Chairman, Quackwatch, Inc.
Email: sbinfo@quackwatch.com
Telephone: (610) 437-1795

On 11/23/99 I sent Dr. Barrett the following e-mail and below you will find his response:

WWC: Very informative web-site. I have a curious question, though. I read through your biography and credentials and they sound wonderful. But I want to ask you, out of curiosity: Are you a Christian? And this may sound somewhat personal but I would love if you could answer it: Do you believe in evolution or creation?

Subj.: Re: Dear Dr. Barrett
Date: 11/23/99 8:58:03 AM Pacific Standard Time
From: sbinfo@quackwatch.com (Stephen Barrett, M.D.)
To: admin@worldwithoutcancer.org.uk

I am not religious.
I consider evolution a fact.

Conclusion: Since Dr. Barrett obviously believes he evolved from bacteria and subsequently from an ape over a period of billions of years, and he does not believe that there is a God, then everything he says on his web site becomes questionable. Visit our web-site to see our answer to his article "the Rise and Fall of Laetrile" (<http://www.worldwithoutcancer.org.uk>). For the TRUTH of GOD's word, demonstrating the perfect harmony of the biblical record with factual science and history visit Dr. Kent Hovind's web-site at <http://www.drdino.com>

Metabolic Therapy Component Descriptions

Injectable (IV) B-17/Laetrile/Amygdalin

In Mexico, vitamin B-17 in metabolic therapy is administered through intravenous injection for the initial 21 days (phase I) of treatment and then orally afterwards (Phase II – See Pages 31-32). Some companies carry the injectable form in 3 gram ampoules (see *Contacts* at the end of this booklet). They may also supply customers with the syringes if it is legal in the latter's area. There are 10 vials per box. 6 to 9 grams per day are used for the first 21 days in the Oasis of Hope hospital. Dr. Harold Manner and Ernesto Contreras used this protocol. Injectable B-17 is also invariably administered along with the tissue penetrating agent dimethyl Sulfoxide (DMSO). (For information of how some doctors use DMSO see page 29).

Please Note: Clinical tests have repeatedly shown that vitamin B-17 is only truly effective when used in conjunction with pancreatic enzymes to break down the pericellular coating of the malignant cell. Vitamins A and E in their emulsified form, along with high doses of vitamin C, vitamin B-15, antioxidants, and other nutrients are then used in combination with B-17 to attack the cancer cell. Clinics administering Metabolic Therapy to their patients always use these supplements.

*Manner, HW, Michaelson, TL, and DiSanti, SJ. "Enzymatic Analysis of Normal and Malignant Tissues." Presented at the Illinois State Academy of Science, April 1978. Also, Manner, HW, Michaelson, TL, and DiSanti, SJ, "Amygdalin, Vitamin A and Enzymes Induced Regression of Murine Mammary Adenocarcinomas", *Journal of Manipulative and Physiological Therapeutics*, Vol 1, No. 4, December 1978. 200 East Roosevelt Road, Lombard, IL 60148 USA

B-17/Laetrile/Amygdalin Tablets

Oral administration of Vitamin B-17 is the most convenient and frequently used method. These tablets contain the active B-17 ingredient derived from the kernels of apricots. Usually available in 100 mg or 500 mg tablets. Some people are confused with the terms Laetrile and Amygdalin. These names essentially refer to the same compound – vitamin B-17 – and are, to all intents and purposes, interchangeable. These tablets are always taken in conjunction with the apricot seeds. Dr. Contreras recommends:

2-4 100 mg tablets as a nutritional supplement for prevention.

4-6 500 mg tablets per day as a nutritional supplement for clinical cancer sufferers, taken in conjunction with enzymes, antioxidants, and other supplements (See Phase I and II Metabolic Therapies on page 31).

Dr. Krebs says "*For some patients in whom gastric acidity is deficient, side reactions of weakness or headache following oral administration may be avoided by taking citrus juices or grape juice, or hydrochloric acid tablets such as betaine hydrochloride to prevent these unpleasant reactions*".

Megazyme Forté Enzyme Supplement

Pancreatic enzyme preparations containing trypsin and chymotrypsin are included as an essential part of vitamin B-17 therapy. Oral dosage of pancreatic enzyme preparations is usually three tablets three times daily two hours after each meal for a total of nine tablets each day. Bromelain is also included in the therapeutic regimen for its proteolytic effect, and for a possible synergistic effect suggested by Dr. Nieper as occurring with vitamin B-17. Dr. Ernest T. Krebs also states: "*The demasking effect of these enzymes against the pericellular layer of the malignant cell is something very concrete in the immunology of cancer. Now I prefer, rather than advising the use of bromelain or papaya tablets, that the individual seeking these enzymes get them directly from the fresh ripe pineapple and papaya fruit. As much as half a pineapple a day should be ingested*".

The enzyme preparations recommended by Dr. Krebs, Dr. Hans Nieper, and Dr. Philip Binzel should be pH-sensitive and enteric coated. Ideally, they also should contain the following ingredients:

Pancreatin.....	1250mg
Papain.....	150mg
Bromelain.....	150mg
Trypsin.....	125mg
Lipase.....	50mg
Amylase.....	50mg
a-chymotrypsin.....	45mg
Rutin.....	100mg
Raw calf thymus concentrate.....	55mg
Zinc gluconate.....	10mg
Super oxide dismutase.....	50mcg
Catalase.....	200 Units
L-Glutathione.....	10mg

Emulsified Vitamin A

In 1963 when Dr. Ernesto Contreras initiated his activities as a clinical oncologist, the use of Vitamin A as a useful agent in malignant neoplasm was considered illogical and absurd. Now, Vitamin-A is accepted as an agent of great use for the major epithelial cancers as well as for epidermis carcinomas, chronic leukaemia and transitional cells.

The first formal studies of the possible anti-tumour effects of Vitamin A were initiated in Germany, by investigators of Mucos Laboratories in Munich. It was a proven fact, that lung cancer in Norwegian sailors was less common than in other groups, even though they smoked since childhood. Logic indicated that it had to be the opposite. After studying the Phenomenon, it was discovered that they ate abundant quantities of raw fish liver, high in Vitamin A, since childhood. The logical conclusion was that high doses of such vitamin prevented the growth of lung cancer in heavy smokers. But it was also found that high doses of Vitamin A were toxic, and could cause adverse reactions.

The main focus was to find out how to administer enough Vitamin A to observe preventive or healing effects, without injuring the liver. The solution was found by one of the investigators, when he discovered that unprocessed milk had the vitamin, and children who were breast-fed never experienced toxic effects. Nature had the solution by including Vitamin A in milk in the form of Micro-Emulsification.

Mucos investigators proceeded to prepare a variety of emulsified concentrations, formulating their famous High Concentration A-Mulsin. One drop contains 15,000 units. They were able to administer over a million units per day in progressive doses, without producing hepatic toxicity. The explanation is that, in emulsified form, Vitamin A is absorbed directly into the lymphatic system without going through the liver in high quantities. Having solved the toxicity problem, it was possible to test the product in high doses. It was demonstrated that Vitamin A has the following effects:

1. In normal doses, it protects epithelium and vision.
2. In doses of 100,000 to 300,000 units per day, it works as a potent immune stimulant.
3. In doses of 500,000 to 1,000,000 units per day, it works as a potent anti-tumour agent, especially in epidermis and transitional carcinomas.

Shark Cartilage

It has been said that sharks are the healthiest beings on earth. Sharks are immune to practically every disease known to man. Many scientists believe that the shark's skeleton, composed entirely of cartilage, is what is responsible for its incredible immunity to disease.

According to Dr. Contreras, when administered to cancer patients, shark cartilage has been reported to inhibit the growth of blood vessels, thereby restricting the vitality of the cancerous tumour. In addition, shark cartilage stimulates the production of antibodies and boosts the immune system. Not only is this a non-toxic product recommended for the treatment of cancer, but also for the treatment of inflammatory diseases such as rheumatism and osteoarthritis. Tumours are reported frequently to experience significant reduction in size within one to three months of the initial treatment. It is also noted to enhance the efficacy of vitamin B-17/amygdalin. For in depth information about shark cartilage, *Jaws of Life* by Dr. Alex Duarte and *Sharks Don't Get Cancer* by Dr. William Lane provide the complete story. Shark cartilage may be contra-indicated with pregnant or lactating women. (also see article written by Dr. Contreras at: <http://www.worldwithoutcancer.org.uk>)

Apricot Seeds/Kernels

Apricot kernels are an inexpensive, rich and natural source of vitamin B-17. They also deliver the vitamins, minerals and enzymes not found in the pharmaceutical derivative of B-17.

- 10 seeds per day for life are recommended by Dr. Krebs as a nutritional supplement for those exercising cancer prevention.
- 30 to 35 seeds per day are recommended by Dr. Krebs as nutritional support for clinical cancer sufferers.

In a minority of cases, cancer sufferers may experience nausea when taking seeds. In this event, clinics recommend that dosage is reduced and gradually increased as tolerance is gained. Not all apricot kernels are effective. They must have the characteristic bitter taste indicating that the B-17 ingredient is present. Some apricot seeds for instance, sold in today's health supplement market under the name 'Hunza' do not appear to have this component. Not to be eaten whole. May be pulped, grated, or crushed.

Please note: Some cancer sufferers believe that apricot kernels alone are all that is required to fight cancer. Consultation with a qualified health practitioner familiar with Metabolic Therapy is advised for further information. Apricot kernels are usually part of the nutritional support for those exercising cancer prevention *for life* as well as cancer patients undergoing Phase I or Phase 2 Metabolic Therapy (see page 31).

Vitamin B15 (Pangamic Acid)

Like B17, it too was discovered by Dr. E.T. Krebs, Jr. while exploring the chemical properties of apricot kernels in 1952. It could be said that it was an unexpected bonus or by-product of the search for vitamin B17. "*The best way to understand the effect of vitamin B15 is to think of it as instant oxygen*" says Dr. Krebs. "*It increases the oxygen efficiency of the entire body and aids in the detoxification of waste products. Since cancer cells do not thrive in the presence of oxygen but depend rather on fermentation of glucose, it is probable that B15, indirectly, is an enemy of cancer*".

In 1965 the U.S.S.R. Academy of Sciences released a 205-page symposium of its findings up to that date. In 1968 the Scientific Advisory Committee of the Ministry of Health unanimously ratified all the original claims in the report and authorised the Soviet drug industry to begin mass-production of B15 for general use. It has been reported that the Russian athletes have been given heavy doses of B15 during their participation at the Olympics. If this is true, there is good reason for it. Experiments have shown that this substance, although just a natural food factor, greatly increases physical strength and stamina. When rats were put into tubs of water and forced to swim, those that had received vitamin B15 were all still

- AHCC (Active Hexose Correlated Compound): Two capsules with each meal.
- Daily Complete liquid multivitamin Nutrient: 1 oz (two tablespoons) once daily with a meal.
- Apricot kernels: One apricot kernel for every 10 lbs of body weight. No more than 6 per hour or 30-35 per day is recommended.

Not included is DMSO (dimethyl sulfoxide) for IV administration (some doctors use this compound to achieve fuller penetration of the B17, see page 29).

OR

PHASE I ORAL

Injectable/IV Amygdalin is replaced with 500mg Amygdalin tablets. Dr. Contreras recommends 2 of these tablets with each meal for a total of 6 per day. Otherwise the ORAL Phase 1 includes the same materials as above. It can be purchased for home use.

- Vitamin B17 500 mg tablets: 2 tablets three times daily with meals (6 daily). This is the most convenient and most frequently used method of Amygdalin administration. The tablet size is 500mg. If you have difficulty swallowing, the tablets may be broken up and added to soft food. If there is a gastric disturbance, then you should take one tablet six times daily. If you find that you are getting nauseous cut the tablets in half and have one every waking hour. It is a good idea to have some food in the stomach just before taking the vitamin.
- Vitamin B15 (pangamic acid): One capsule three times a daily at the end of each meal.
- Preven-ca capsules (contains powerful antioxidants and herbs): One capsule with each meal.
- Megazyme Forte enzyme tablets: Three tablets two hours after each meal (9 daily).
- Ester C (Vitamin C) tablets: One capsule with each meal.
- Vitamin A & E emulsion drops: 5 drops in juice or water three times per day.
- Just BarleyGreen Juice (nutritional supplement): One teaspoon in juice three times per day.
- Shark cartilage: 3 capsules with each meal (9 daily).
- Vitamin E: One gel with lunch and one with dinner.
- AHCC (Active Hexose Correlated Compound): Two capsules with each meal.
- Daily Complete liquid multivitamin Nutrient: 1 oz (two tablespoons) once daily with a meal.
- Apricot kernels: One apricot kernel for every 10 lbs of body weight. No more than 6 per hour or 30-35 per day is recommended.

Then, after the first 21 days....

PHASE 2 METABOLIC PACK for the next 3 months

Pack comprises B17 in 500mg tablet form with the same materials as Phase 1 except that the dosages for the vitamin B17 as well as the A&E Emulsion Drops change to the following:

- Vitamin B17 500 mg tablets: 1 tablet with each meal and one at bedtime.
- Vitamin A & E emulsion drops: **10** drops in juice or water **two** times per day.

Costs range from £490.00 to £650.00 for Phase I (1st 21 days) and £1,320.00 to £1,500.00 for Phase II (subsequent 3 months)

Most companies make these products available individually. Please be advised that most companies making these products available are not qualified to answer individual medical questions nor give specific information about the therapeutic use of any of their products. Their products are regarded only as food supplements for daily nutritional supplementation and prevention.

MAINTENANCE DOSAGE IN HUMANS

Obtained from *The Physician's Handbook of Vitamin B17 Therapy*

Krebs suggests that over a period of time a total dosage in excess of 300 grams is the average in controlling a moderate cancer crisis. The time needed to develop the maximum response is four months to over a year. If good response is obtained within the first three weeks, the dosage may be reduced or the clinical schedule changed to suit the convenience of the patient.

A severe cancer crisis brought under control may be maintained in a quiescent state by the oral administration of 1 gram of Vitamin B-17 daily. However some patients claim to feel "better" or "safer" with a 1.5 to 2.0 grams of 13-17 daily. Such dosage is determined by the patient's sense of well being, gain in strength, increased appetite, weight gain, and psychological improvement with reduction of anxiety and nervousness, with exhibition of a more nearly normal degree of optimism and interest in his environment.

Abnormal situations, stress or ill health of any kind have been known to be followed by a renewed outbreak or progression of the cancer process in some patients. The attending physician should be aware of these possibilities with patients in whom the cancer is under control. When a cancer crisis has been successfully controlled for more than two years, with patient showing good objective responses in weight gain, increased strength, return to a more nearly normal state of activity and vigour, with negative CGH urine tests, and with an improvement in x-rays or other objective evidence, the maintenance dose may be reduced to dietary levels of vitamin B17 of at least 500 milligrams per day.

ACCESSORY THERAPY ROUTINELY PRESCRIBED

Elimination

A history of chronic constipation may be a factor in the aetiology of some cancers. In any case constipation is to be avoided. Generally laxatives or cathartics should be avoided through increasing dietary roughage.

There are no contraindications to the use of Vitamin B-17 and/or the proteolytic enzymes along with surgery, radiation, and the cyto toxins.

Combined Modalities of Treatment

All forms of radiation can in one degree or another shrink benign as well as neoplastic tumours. Many of the cancer chemotherapeutic agents are similarly capable of shrinking tumours, malignant or benign. Unfortunately any shrinkage is gained at cost of destroying somatic cells, especially the primitive repair cells. Although many benign tumours are radio-sensitive, and while the trophoblastic growths of the chorionepitheliomas and similarly highly malignant undifferentiated cells are radio-resistant, the radiation may increase the proportion of neoplastic cells in the tumour, taking the index of tumefaction a misleading and unreliable criterion of anti-neoplastic therapeutic response.

However surgery is often live-saving in cancer by correcting blockages, repairing fistulas, correcting haemorrhage, reconstructing plastic damage, and the like.

If surgery can remove a tumour completely, as in early non-metastatic cancer of the uterus, it may conserve the health and life of the patient. The same applies to the use of surgery in pre-neoplastic hyperplasias, and polyps, papillomata, skin lesions, leukoplakia, senile keratoses, etc. Where rational surgery is used, B-17 and proteolytic enzyme therapy is not contra-indicated in any way, and is indicated even before surgery.

Since pulmonary neoplasms appear to be especially responsive to the use of Vitamin B-17 and proteolytic enzymes, such an approach is the preferred method of treatment.

Except for lesions in or close to the skin, radiation or the radiomimetic cytotoxins are to be avoided because of their highly immune suppressive and other destructive effects.

Light

Researches on the effect of various kinds and sources of light point to the use of artificial illumination as increasing the growth rate of tumours in animals, and the possible stimulation of existing cancer in humans. Patients should avoid constant artificial lighting except full spectrum fluorescent lights, and be out of doors in the sunlight several hours every day without glasses.

Life span of test animals with tumours, and apparently human cancer patients also seems to be increased significantly by utilising the full spectrum light source of sunlight not filtered by window glass, auto windshield glass, clear eyeglasses, tinted (dark) glasses, or contact lenses. (The ultraviolet range is especially beneficial but is filtered out by ordinary glass and plastics.)

Hygiene

- 1) Do not smoke or remain in a room with a smoker.
- 2) Do not drink alcoholic beverages or sugary beverages.
- 3) Avoid permanent wave lotions, toxic hair sprays, synthetic cosmetics, lipsticks made out of coal-tar dyes, anti-perspirants.
- 4) Television: as little as possible. Small doses of X-irradiation cause abnormal activity in plant and animal cells (and later, exhaustion as shown by markedly decreased activity). Repeated X-ray doses, no matter how small, should be avoided by cancer patients.
- 5) An adequate amount of sleep is recommended.
- 6) Increase the oxygen intake (see page 23, B-15) with exercise in the open air and sunlight away from traffic and other sources of air pollution. When out in the sunlight remove eyeglasses and do not wear dark glasses.
- 7) The bowels should be evacuated at least once a day.
- 8) A daily warm bath is recommended to stimulate the circulation.

Diet

The following dietary regime is usually strictly followed for the first three or four months of therapy, and may be gradually relaxed following improvement:

The diet should be based almost exclusively upon fresh fruits and vegetables and/or their fresh juices. Food from the animal kingdom should be limited to the frequent use of fresh fish, and the occasional use of poultry cooked without the addition of fat or salt. Be careful to obtain poultry that has not been treated with hormones and is free from viral and bacterial infection. The patient should memorise the following dietary formula:

PLANT FOODS: All edible fruits and plants are recommended. These are preferably eaten raw and as fresh as possible. Some may have to be cooked just enough to make them edible. Brief and judicious cooking for short periods and at low heat (as done in Chinese restaurants) will not appreciably destroy enzymes in foods. All plant food should be free of added chemicals of any kind, such as in sprays, preservatives and the like. Whole grains are to be preferred to refined flour. All sprouted grains are even more desirable as foods.

ANIMAL FOODS: Fish and poultry should be baked, boiled or broiled (never fried), and prepared without salt or animal fat. Any animal food of any kind that is not fish or poultry is to be avoided.

Tea and coffee without any sweeteners or honey or dairy products may be used moderately, although their avoidance is preferred.

Herbal teas may be used as substitute. Tobacco is strictly to be avoided. The average person eats his own weight in sugar every year. Sweeteners should never be added to any food. The avoidance of sugar and products containing sugar is essential.

Moderate vitamin and mineral supplementation is advised. The supplements used must include all vitamins and all nutritional minerals.

Though the fruit and vegetable diet should supply a substantial quantity of fibre or indigestible cellulose, it may be advisable in many cases to augment the fibre content of the diet by adding 2 to 4 tablespoonsful of 100% All Bran each day. This may be taken in fruit or vegetable juices or mixed with the food.

Specific foods to which the patient is sensitive are to be avoided, and the addition of bran is to be made with the consent of the physician or nutritional advisor.

Our biological common-sense impels us to the insistence upon fresh, raw and uncooked fruits and vegetables as well as their juices for all dietary purposes in general, but impellingly so for the cancer victim.

Summary

- Avoid any food that is frozen or canned.
- Stay away from foods that contain preservatives, additives, or food colouring.
- Do not eat products containing white flour, salt, or white sugar.
- Avoid all red meat if possible. (This is a tough one but you will feel great!). Stay away from dairy products, beef, mutton, pork, bacon, ham, etc.
- Eat lots of "living" foods, like fruits and vegetables, and drink freshly squeezed juices.
- Drink six to eight glasses of water daily (in addition to other liquids). Keep in mind that a pure source of drinking water is also important.
- Toxins of all kinds must be avoided including tobacco, alcohol. Discourage coffee, Tranquillisers, sedatives, analgesics. Rest is important while exercise should spare the affected area.
- *"Worship the Lord your God, and His blessing will be on your food and water. I will take away sickness from among you". Exodus 23:25*

THE ROLE OF POSITIVE THINKING

The Physical Aspect

The effect of a positive attitude in increasing the body's immunological response in overcoming disease can be observed in alterations in serum proteins, antibody production, and the total immune response of the organism. Patients should be advised that their bodies need the help and stimulation of positive attitudes and optimistic thoughts.

The patient's co-operative effort in taking responsibility for his diet and hygiene, for taking the Vitamin B-17 tablets and the enzymes, for follow-up diagnostic tests, and for acting positively on his own behalf is essential to the most complete controlling possible of his cancer. If the patient's attitude is uncooperative or negative with the continued use of tobacco, cigarettes, or exposure to known occupational carcinogenic

environment, the patient should be dealt with in a forthright manner. Negative attitudes should be thoroughly discouraged.

The negativism associated with the majority of cancer patients prior to Vitamin B-17 therapy is one of the corrections, which may be brought about in the course of this therapy. Persistent negative attitude and failure to improve may indicate that the dosage is too small or too infrequent.

The Psychological Aspect

"The mind, the emotions, and the attitude of a patient play a role in both the development of a disease, cancer included, and the response that a patient has to any form of treatment." (Air Force Major O. Carl Simonton, M.D.)

The onset of cancer may be correlated with major crises previously occurring at both social levels and deep personal levels of life experience, characteristically the loss of personal orientation or ego diminishment brought on by major disruptions such as occupational or social reversals, bereavement or deprivation, divorce. As such, cancer may appear in the self-defeating patient as "a form of socially acceptable suicide."

Self-defeating attitudes should be recognised by the physician, who may indicate to the patient that he is using his illness to further his personal psychological objectives, and this is why his thinking and behaviour remains negative in spite of objective gains of the therapy.

Patients (and their families) should also be encouraged to carry on or develop interests outside of their illness as indeed the majority of successful patients do, since with Vitamin B-17 therapy many are relieved of the continual reminder of cancer by the relief of pain and the reduction of other symptoms.

IMPLEMENTING CHANGES

Convert Your Bathroom

As many of the harmful ingredients we examined earlier can be found in the average bathroom, it would make sense to clear these out in one fell swoop. Neways' Convert Your Bathroom pack contains shampoo, conditioner, bath gel, shaving gel, deodorant, toothpaste and mouthwash that are not only free from damaging ingredients, but are of the highest quality. Whether you are undergoing B17 Metabolic Therapy or are simply interested in cancer prevention, the cumulative toxic onslaught your body receives at the hands of harmful consumer products has to stop. You may obtain some these and many other Neways products from companies that sell food supplements (see *Contacts*, page 38).

NOTES ON THE BEHAVIOR OF TUMORS UNDER VITAMIN B17 THERAPY

BONE METASTASES appearing on X-ray as thinned areas with blurred edges are observed to develop a slightly larger but clearly discrete outline within the first few months of combined Vitamin B-17 Therapy and adjunctive calcium (as calcium di-rotate). Increasing definition of the edges of the lesion is interpreted as re-calcification, which may be followed on X-ray as the defect gradually closes. Complete filling of the defect may take from five to eight months. (Nieper, Lanpar Conference, 5/73)

SILENT LESIONS IN THE LUNGS may become visible to diagnostic X-ray within the first eight weeks of Vitamin B-17 Therapy. Concurrent signs (see below) such as weight gain, and increased strength and well being are indications that the visibility of the infiltration is often actually the result of fibroplasia rather than new tumour extension and that successful corrections of the disease are taking place.

CRITERIA FOR EVALUATION OF CLINICAL PROGRESS

- 1) Decrease of pain, indicated by a decrease in the amount or frequency of the use of narcotics or sedatives.
- 2) Increase in the sense of well being.
- 3) Increased appetite.
- 4) Disappearance of fetor from lesions.
- 5) Increased energy or endurance.
- 6) Increase in weight.
- 7) Increase in muscle strength.
- 8) Improvement in blood and urine chemistry.
- 9) Increased tissue repair.
- 10) Decrease of tumefaction.
- 11) Decrease in the output of presumptive chorionic gonadotrophin in the serum or urine as measured by a blood test.
- 12) Return of symptoms following the use of placebos or interruption of treatment.
- 13) Remission of symptoms follows the reinstatement of therapy.

VITAMIN B-17 AND SICKLE CELL ANEMIA

The successful use of cyanates in the control of sickle cell crisis has been indicated clinically and experimentally. Thiocyanate, an intermediate product of the metabolism of Vitamin B-17 is thought to be the active component. The recommended daily supplementation of Vitamin B-17 is 50 to 100 mg for small children and 250 to 500 mg per day for the adult sickler.

FLUORIDATION-LINKED CANCER

Studies based upon the U.S. Vital Statistics for fluoridated versus non-fluoridated U.S. cities indicate a significant (greater than 99% confidence level) increase in cancer death rates occurring within the first two years of artificial fluoridation. The nine organ sites affected and their increase above the normal are:

Mouth, 15%; Oesophagus, 48%; Stomach, 22%; Large Intestine, 31%; Rectum, 51%; Kidney, 10%; Bladder and other urinary organs 22%; other organs specifically female: Breast 15%; Ovary and Fallopian Tube, 15%.

Patients having cancers of these organ sites should be advised that they should not continue to drink or cook with fluoridated city water but should substitute bottled spring water or distilled water.

CONTACTS

NEWAYS International:

Neways supplies a fabulous range of personal care and other household care items; free of suspected carcinogens and harmful compounds. These include extremely high quality cosmetics, shampoos, a complete bathroom conversion kit and many day to day products. Neways also fields a complete stable of excellent nutritional support products such as Maximol, (Cascading) Revenol, Purge, Hawaiian Noni and Cassie-Tea. These products go through extra cleaning processes to ensure their quality and purity. A full range of product details and comprehensive information is available through the contacts below.

<p>The Vitamin Service LTD United Kingdom Tel: 01702 470 923 Outside the UK: +(44) 1702 470 923 UK Fax: 01702 471 475 / Outside UK Fax: +(44) 1702 471 475</p>
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B17 Metabolic Therapy Products

The Vitamin Service LTD stocks vitamin B17 tablets, apricot kernels, enzymes, vitamin A & E Emulsion, Complete Phase I and II nutritional therapies for home use, and many other supplementary items. For a full product store and to obtain their metabolic products, contact:

The Vitamin Service, LTD
8 Madeira Avenue, Leigh-on-Sea, Essex, SS9 3EB, United Kingdom
Internet Ordering: <http://www.vitserve.com>
UK telephone orders: 01702 470 923
International telephone orders: +(44) 1702 470 923
UK Fax orders: 01702 471 475
International fax orders: +(44) 1702 471 475
E-mail: supplies@thevitaminservice.com

Vitamin B17 Metabolic Therapy Information Resources

American Media/Reality Zone stocks books, videos, audiocassettes, reports, and informational material on vitamin B17 metabolic therapy and prevention. American Media also has a doctor and clinic referral service:

American Media/ Reality Zone
PO Box 4646
Thousand Oaks, CA 91359 USA
Internet Ordering: <http://www.realityzone.com>
International telephone orders: (805) 498-2333
International fax orders: (805) 498-4868
E-mail: info@realityzone.com

For information on how to obtain additional copies of this booklet contact:

<p>Worldwithoutcancer.org.uk http://www.worldwithoutcancer.org.uk e-mail: info@worldwithoutcancer.org.uk Phone UK 01702 480934</p>

You may obtain copies of this book to give to all your friends and relatives by accessing our web-site at <http://www.worldwithoutcancer.org.uk>. You may print this exact booklet **free of charge** using Adobe Acrobat Reader or simply by clicking on the “print” button on your web browser. Make sure to click on the link titled “Print Brochure” or simply go to: <http://www.worldwithoutcancer.org.uk>

Hard copies of this booklet are also available for sale. All orders for this booklet will include a free audio titled *World Without Cancer, The Story of Vitamin B17*. This is an audio adaptation of a documentary filmstrip explaining the scientific rationale for Laetrile therapy. It presents evidence that cancer, like scurvy or pellagra, is a deficiency disease. It is not caused by some mysterious virus or x-factor, but by the lack of an essential food factor which, increasingly, is deleted from the diet of modern man. The native diet of those cultures where cancer is rare is examined and found to be 200 times richer in this substance than the diet of industrialised society. The missing food factor is called amygdalin or vitamin B-17, but in its concentrated and purified form, developed for cancer therapy, it is known as Laetrile. A theoretical model for the biological action of Laetrile is presented. Also included are dramatic case histories of terminal cancer patients who have recovered using Laetrile therapy. This audio is also available for free download on our web-site. One hour.

Recommended Clinics

Oasis of Hope Hospital
P.O. Box 439045
San Ysidro, California 92143 USA
President: Dr. Francisco Contreras
Director: Daniel Kennedy
Phone UK 01702 480934

Should you wish to have a medical doctor from the Oasis hospital contact you please contact <http://www.worldwithoutcancer.org.uk> Phone 01702 480934

IN GOD WE TRUST

“These are the things you are to do: Speak the truth to each other, and render true and sound judgement in your courts.” (Zechariah 8:16)

“Each of you must put off falsehood and speak truthfully to his neighbour, for we are all members of one body.” (Ephesians 4:25)

“Then you will know the truth, and the truth will set you free.” (John 8:32)

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ACKNOWLEDGMENTS

This book is the result of a compendium of more than 70 years experience with Vitamin B-17, culled from writings and communications of the following doctors and scientists:

Dr Ernest T. Krebs, jr. Ph.D., D.Sc.
 Dr Ernest T. Krebs, Sr. M.D.
 Dr N. R. Bouziane, M.D.
 Dr Dean Burk, Ph.D.
 Dr Ernesto Contreras, M.D.
 Dr Francisco Contreras, M.D.
 Dr. Harold Manner, M.D.
 Dr. Philip Binzel, M.D.
 Dr Christian Deckers, M.D.
 Dr Ettore Guidetti, M.D.
 Dr Charles Gurchot, Ph.D.
 Dr. D. Hamilton, M.D.
 Dr Maurice Kowan, M.D.
 Dr I. Maisin, jr. M.D.
 Dr I. Maisin, sr. M.D.
 Dr Leon Lewis, M.D.
 Dr John A. Morrone, M.D.
 Dr Manuel Navarro, M.D.
 Dr Hans A. Nieper, M.D.
 Edward Spicer, esq.
 Dr Emory Thurston, Ph.D., D.Sc.
 Dr Prof. Manfred Von Ardenne
 Dr. John A. Richardson, M.D.

And many other physicians and scientists whose contributions since the early 1920's laid the groundwork for the present state of the art of physiological management of the metabolic disease of cancer with Vitamin B-17.