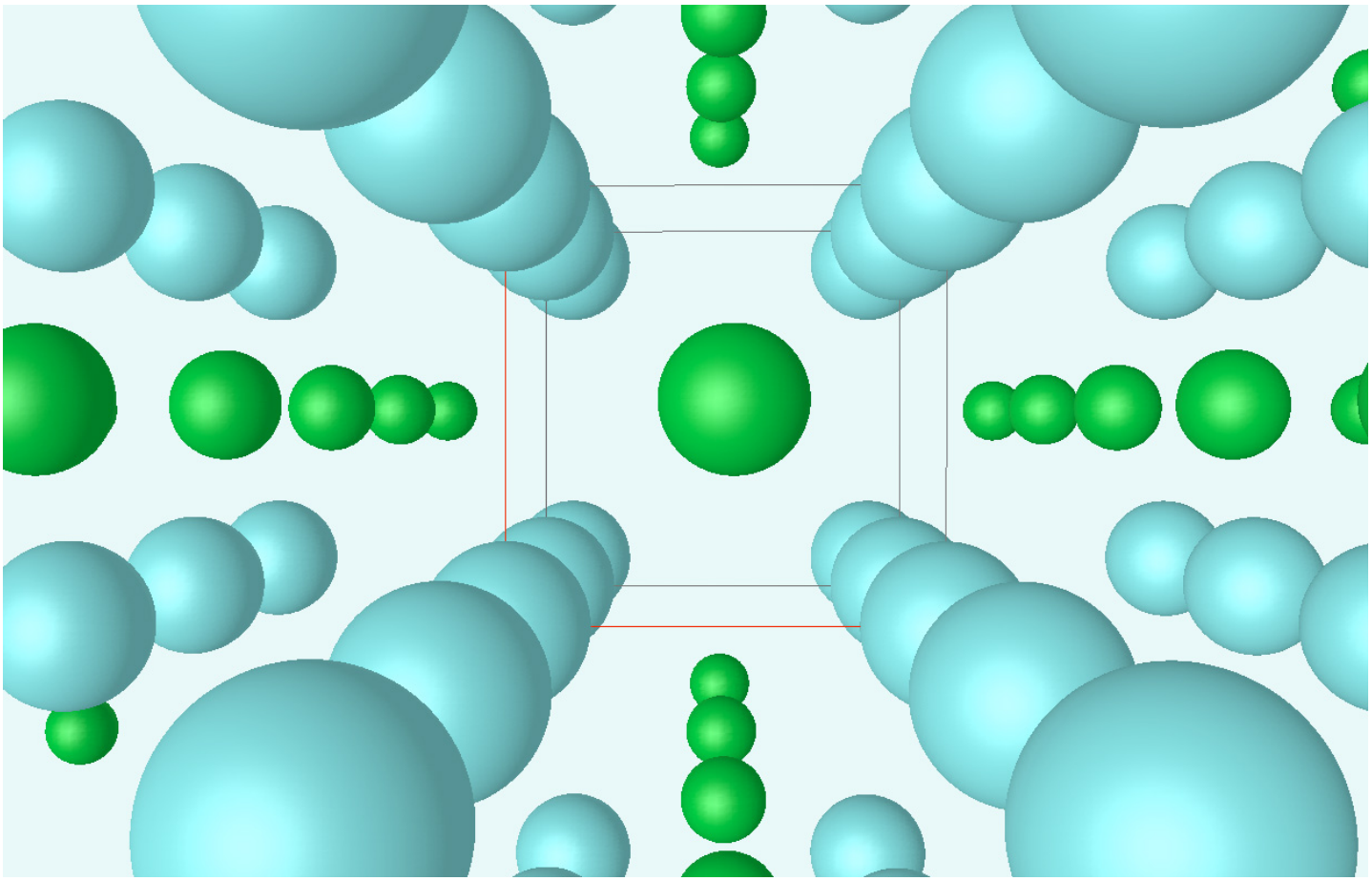
Pascas Care - Cesium Chloride Complementary Cancer Therapy



"Peace And Spirit Creating Alternative Solutions"

PASCAS FOUNDATION (Aust) Ltd **Em: info@pascasworldcare.com**
ABN 23 133 271 593 **Em: info@pascashealth.com**
Pascas Foundation is a not for profit organisation
Queensland, Australia **www.pascasworldcare.com www.pascashealth.com**

PASCAS INTRODUCTION:

Documents assembled by Pascas are provided for your individual assessment and exploration. The contents are sourced from a variety of avenues and publications. Every endeavour is made to determine that the contents are of the highest level of truth and veracity. At all times we ask that you go within yourself, to ascertain for yourself, how the contents resonate with you.

Pascas provides these notes and observations to assist us all in the development and growth of our own pathways and consciousness. Pascas does not hold these contents as dogma. Pascas is about looking within oneself. Much of what we are observing is new to us readers and thus, we consider that you will take on board that which resonates with you, investigate further those items of interest, and discard that which does not feel appropriate to you.

Kinesiological muscle testing, as developed by Dr David R Hawkins and quantified by his Map of Consciousness (MOC) table, has been used to ascertain the possible level of truth of documents. Such tested calibration levels appear within the document. We ask that you consider testing same for yourself. The technique and process is outlined within Pascas documents, such as Pascas Care – Energy Level of Food. From each persons perspective, results may vary somewhat. The calibration is offered as a guide only and just another tool to assist in considering the possibilities. As a contrast, consider using this technique to test the level of truth of your local daily newspaper.

Contents are not to be interpreted as an independent guide to self-healing. The information sourced herein is not from a doctor or doctors, and any information provided in this document should not be in lieu of consultation with your physician, doctor, or other health care professional. Pascas, nor anyone associated with this document, does not assume any responsibility whatsoever for the results of any application or use of any process, technique, compound or potion as described within this document.

The sources of contents are noted throughout the document. In doing so, we acknowledge the importance of these sources and encourage our readers to consider further these sources. Should we have infringed upon a copyright pertaining to content, graphics and or pictures, we apologise. In such cases, we will endeavour to make the appropriate notations within the documents that we have assembled as a service via our not for profit arm, to our interested community.

We offer all contents in love and with the fullness of grace, which is intended to flow to readers who join us upon this fascinating journey throughout this incredible changing era we are all experiencing.

Namaste

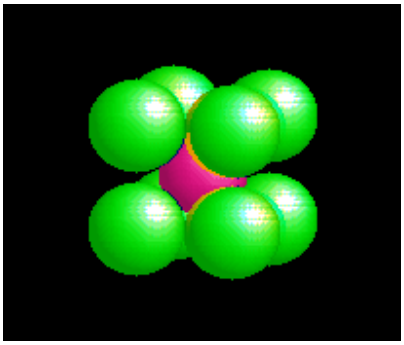
Cesium Chloride may be available to industrial chemists from: (SEEK expert assistance)
https://au.vwr.com/app/Home
VWR International Pty Ltd +61 7 3009 4100
1 / 31 Archimides Place, Murarrie (Brisbane, Queensland, Australia)
25 grams cesium chloride product code VWRC22960.131 AU$33.90
100 grams cesium chloride product code VWRC22960.180 AU$97.40
https://au.vwr.com/app/search/Search?searchId=1369629764972&pageStart=20&type=1

CESIUM CHLORIDE / DMSO PROTOCOL – INTRODUCTION:

http://www.cancertutor.com/Cancer/Alkaline.html

When it comes to treating advanced cancers, such as Stage IV cancers, fast growing cancers, cancers that have spread significantly, high fatality cancers, etc., if there were only one cancer treatment allowed to be used, this treatment would be the best choice. While there may be cases where the Cesium Chloride / DMSO Protocol is not the best choice, overall it is the most potent alternative cancer treatment that exists at the current time, especially when other items are combined with it to make a complete protocol.

However, as you might suspect, this kind of potent power comes with a price. **Before going on a Cesium Chloride Protocol, which must include DMSO, you need to *DO YOUR HOMEWORK!!*** If you casually jump into this treatment without studying the safety warnings about cesium chloride and DMSO, you are destined for problems. But if you do your homework, you will have a very safe and highly potent combination of products to fight your cancer.



Some people are reluctant to go on cesium chloride because of the warnings. Look at it this way: if you have advanced cancer your chance of survival with orthodox medicine is virtually ZERO percent. Yes, ZERO. Unless you already have a dead major organ, or one that simply cannot be repaired, cesium chloride and DMSO will give you a fighting chance of surviving your cancer. It is worth your time to study this treatment.

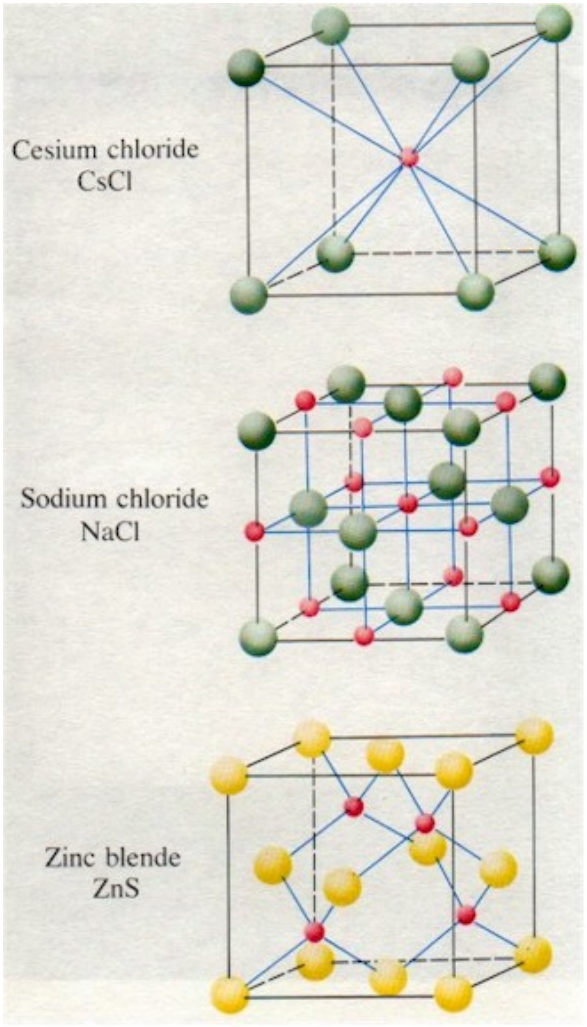
Understanding Cancer

For a variety of reasons, sufficient oxygen sometimes cannot get into normal cells. This may be because a microbe gets into the cells or something is preventing the oxygen from getting into the cells (such as trans-fatty acids sticking to the sides of normal cells). When the level of oxygen that gets into a normal cell becomes too low, the normal cell will convert to becoming anaerobic, meaning it ferments glucose (i.e. anaerobic) rather than burns glucose (i.e. aerobic).

A Nobel Prize was awarded for proving that cancer cells are anaerobic, meaning they do not burn glucose, but rather they ferment glucose in order to get their energy.

- *"Over seventy-five years ago Dr. Otto Warburg published a Nobel Prize winning paper describing the environment of the cancer cell. A normal cell undergoes an adverse change when it can no longer take up oxygen to convert glucose into energy by oxidation. In the absence of oxygen the cell reverts to a primitive nutritional program to sustain itself, converting glucose, by fermentation. The lactic acid produced by fermentation lowers the cell pH (acid/alkaline balance) and destroys the ability of DNA and RNA to control cell division… the cancer cells begin to multiply unchecked. The lactic acid simultaneously causes intense local pain and destroys cell enzymes. Therefore, cancer appears as a rapidly growing outer cell mass with a core of dead cells."*
  http://www.cancer-coverup.com/fighters/cesium-science.htm

In the absence of oxygen, glucose undergoes fermentation to create lactic acid. This causes the cell pH to drop from between 7.3 to 7.2 down to 7 and later to 6.5; in more advanced stages of cancer and in metastases the pH drops to 6.0 and even 5.7.



Dr. Warburg stated:

- *"But nobody today can say that one does not know what cancer and its prime cause be. On the contrary,* ***there is no disease whose prime cause is better known,*** *so that today ignorance is no longer an excuse that one cannot do more about prevention. That prevention of cancer will come there is no doubt, for man wishes to survive. But how long prevention will be avoided depends on how long the prophets of agnosticism will succeed in inhibiting the application of scientific knowledge in the cancer field.* ***In the meantime, millions of men must die of cancer unnecessarily.****"*
  Nobel Prize Winner Otto Warburg in a meeting of Nobel Laureates, June 30, 1966

See: http://www.alkalizeforhealth.net/Loxygen3.htm

The very cause and nature of cancer, acidity, is the very thing which cesium chloride and DMSO address!! In terms of pure theory, nothing is better at curing cancer than making the cancer cells alkaline.

The History of Cesium Used in Cancer Treatments

The theory behind the cesium treatment for cancer is largely the result of Dr. A. Keith Brewer, PhD. While Dr. Brewer himself probably did not treat any cancer patients, during his research it was common for those who were treating the cancer patients to give 6 grams of cesium a day. It should be noted that during this time a **powdered form** of cesium was being used, not a liquid ionic form.

The cesium used back then (probably cesium carbonate) was not as powerful, gram for gram, as today's more potent liquid ionic cesium chloride. Six grams of cesium carbonate is roughly equivalent to the 3 grams of ionic liquid cesium chloride this article recommends. However, such simple conversions do not really tell the complete story of the superiority of today's liquid ionic cesium chloride.

The key issue is how big the clusters of cesium atoms are. If the cluster is too big, as it frequently is with the powdered versions, virtually none of the cesium gets inside the cancer cells. Cesium simply doesn't work unless it does get inside the cancer cells.

Cesium has been proven to get into cancer cells, when other nutrients cannot. The cesium:

1) Makes the cancer cells alkaline (Note: the BLOOD is NOT made alkaline, only the inside of the cancer cells),
2) Limits the intake of glucose into the cell (thus starving the cell and making the cell "sick" from lack of food),
3) Neutralizes the lactic acid (which is actually what causes the cell to multiply uncontrollably), and
4) Stops the fermentation process, which is a second affect of limiting the glucose.

A practitioner of cesium chloride was Hans A. Nieper, M.D., (1928-1998), who practiced in Hannover, Germany. Many celebrities and executives from America went to Germany to be treated by Dr. Nieper, including one President of the United States.

Liquid ionic cesium chloride works by making cancer cells highly alkaline, typically 8.0 and above, thus killing the cancer cell or making them so "sick" the immunity system kills them. Cesium chloride not only kills cancer cells, directly or indirectly, it immediately stops the metastasis of the cancer, can start shrinking tumour masses within weeks, and almost always stops the pain of cancer within 24 to 48 **hours**, depending on what is causing the pain.

- *"Many tests on humans have been carried out by H. Nieper in Hannover, Germany and by H. Sartori in Washington, DC as well as by a number of other physicians. On the whole, the results have been very satisfactory. It has been observed that all pains associated with cancer disappear within 12 to 24 hr, except in a very few cases where there was a morphine withdrawal problem that required a few more hours.*
  http://www.cancer-coverup.com/brewer/printbrewerreport.htm

Note that it is the **CANCER CELLS,** not the blood serum, that rises to 8.0 or above. The body keeps the blood serum within a small range of pH, around 7.4.

The Cesium Chloride Protocol directly targets cancer cells. Normal cells do not injest the cesium chloride. DMSO allows cesium chloride to target the cancer cells in an even more dramatic way.

For more information, here is a good article. You will note in this article that the cesium treatment achieved a 50% cure rate on VERY advanced cancer patients, some already in a coma. You will also note that the doctors gave very high doses of cesium. The article states that "cesium chloride" was used in the study, however, the original study does not use the term "cesium chloride." In any case, 47 of the 50 patients were "hopeless," and some had only DAYS to live. Here is the article:
Excellent Article on Cesium Chloride Treatment

Here is a web page with references to the official Sartori studies:
Sartori References (2 of them)

The original article was: "Pharmacology, Biochemistry & Behavior. Vol. 21. Suppl. I, pp. 7 - 10. 1984." The original published article had been modified by the editor.

Here is perhaps the best and most accurate article on how cesium chloride works in the body:
Article by David W. Gregg, Ph.D.

Here are websites with more information about the ground-breaking research of Dr. Brewer. The first link is to an article which starts out highly technical, but does become readable later on:
http://www.cancer-coverup.com/brewer/printbrewerreport.htm
http://www.mwt.net/~drbrewer/brew_art.htm#cancer

The Importance of Potassium in the Blood (i.e. Serum or Plasma)

A quote from the University of Maryland:

- *"Hyperkalemia is an excess of **serum potassium.** Most potassium in the body (98%) is found within cells; only a small amount usually circulates in the bloodstream [i.e. the serum]. The **balance of potassium between the cells and the blood** is critical to the body. It affects the way the cell membranes work and governs the action of the heart and the pathways between the brain and the muscles. If you have excess potassium in the blood, it is usually excreted by the kidneys. However, the levels can get too high if your kidneys aren't working right, which is the most common cause of hyperkalemia. Another cause is damaged cells' releasing potassium into the bloodstream faster than even normal kidneys can clear it. Medications or diet may also affect the amount of potassium in the blood. Hyperkalemia is a serious condition that must be treated promptly.*
  http://www.umm.edu/altmed/ConsConditions/Hyperkalemiacc.html

Here is a quote on what cesium chloride does to potassium in the body of a cancer patient:

- *"Some patients on cesium develop evidence of potassium depletion so **serum potassium** needs to be monitored along with uric acid blood levels. Any alkali therapy changes the ph of the body toward a more alkalotic state. This causes movement of potassium **into cells** [i.e. which depletes serum potassium] which may result in low serum potassium values. This movement of potassium into cells means that a person can become seriously depleted of potassium even if there is no diarrhoea or vomiting.*
  http://www.newswithviews.com/Howenstine/james14.htm

In other words, cesium chloride does not drive potassium **out** of the cancer cells, rather it drives potassium **into** the cancer cells, thus reducing blood serum potassium levels. **Potassium must be supplemented to the cancer diet to increase the amount of serum potassium.** However, if the serum potassium get too high, then hyperkalemia can result. It is this delicate balance of serum potassium that forces a cancer patient to have their serum potassium level checked every couple of weeks. Kidney damage can result if serum potassium gets too high, but **drinking high levels of water generally takes care of this problem.**

Symptoms of **hypo**kalemia (too **LITTLE** serum potassium) include:

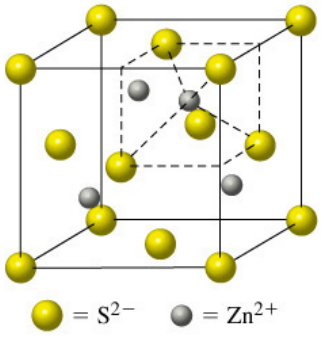
- *"... fatigue, muscle weakness and cramps, and intestinal paralysis, which may lead to bloating, constipation, and abdominal pain. Severe hypokalemia may result in muscular paralysis or abnormal heart rhythms (cardiac arrhythmias) that can be fatal."*
  http://lpi.oregonstate.edu/infocenter/minerals/potassium/index.html

Symptoms of **hyper**kalemia (too **MUCH** serum potassium) include:

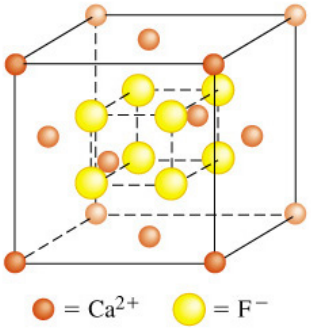
- *"... tingling of the hands and feet, muscular weakness, and temporary paralysis. The most serious complication of hyperkalemia is the development of an abnormal heart rhythm (cardiac arrhythmia), which can lead to cardiac arrest."*
  http://lpi.oregonstate.edu/infocenter/minerals/potassium/index.html

In other words, both **hypo**kalemia AND **hyper**kalemia can lead to muscular weakness and abnormal heart rhythm. While these are strong statements, getting your potassium level checked every 2 or 3 weeks should easily give you the ability to keep your potassium in a safe range (by making slight adjustments if your potassium levels get slightly above or slightly below the normal range).

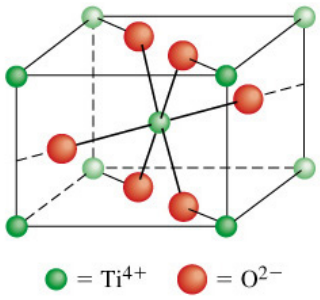
Warning:



(a) Unit cell of ZnS, the zinc blend structure



(b) Unit cell of CaF_2, the fluorite structure



(c) Unit cell of TiO_2, the rutile structure

You should have your blood uric acid, electrolytes, potassium, magnesium, calcium and sodium levels checked at least once every 2 or 3 weeks, even if you take the recommended dosage of potassium and Coral Calcium. The potassium may become too high or too low or the magnesium or calcium levels may become too low (you must take the Coral Calcium for the calcium and magnesium)!! Uric acid levels, which can damage the kidneys if they become too high, rise due to the amount of DNA released by the dead cancer cells. At 3 grams of ionic cesium chloride a day, it is unlikely the uric acid levels will rise very much, but if they do the drug Xyloprim can take care of the problem. Furthermore, hypokalemia (too LITTLE potassium in the blood serum) and hyperkalemia (too MUCH potassium in the blood serum), can lead to a dangerous irregular heartbeat! Contact your physician if increased fatigue, irregular heartbeat, or significant blood pressure changes occur during treatment.

It is also important to look for TRENDS in potassium levels. For example, suppose your first reading for potassium is 4.5, and 3 weeks later it is 4.3 and 3 weeks later it is 3.8 (these are actual numbers from a cancer patient). All of these are within acceptable ranges. However, if this TREND continues, the next reading will not be within acceptable ranges. If you see a trend like this, then you should immediately increase your dose of potassium or increase your consumption of foods that are high in potassium (see below)!! Of course, if the trend is going up, and is about to go off the chart, then you should reduce your dose of potassium (see below). Generally, however, if the dose does need to be changed, it needs to be increased.

The VENDOR with the MOST CESIUM CHLORIDE EXPERIENCE

While this article describes a "one-size-fits-all" Cesium Chloride Protocol, the fact of the matter is **there is no "one-size-fits-all" cesium chloride protocol that will work best for all cancer patients.** The treatment should vary by a person's weight, type of cancer, density of cancer, and many other issues. Cancer patients also need to know what to expect during the treatment.

The good news is that the vendor with the best quality cesium chloride and the most cesium chloride / DMSO experience is willing to work with cancer patients (or their representatives) over the telephone to help them with dosages, knowing what to expect, etc. He also sells the **ONLY** brand of hydrazine sulfate that is endorsed by this web site. Hydrazine sulfate is needed when the patient has lost their appetite.

The person is Larry of Essense of Life. He spends 8 hours a day, 5 days a week, on the telephone answering dosage questions about his products, which include most of the key products, such as enzymes, high density nutritional products, etc.

There is one **VERY** important thing to understand. If you do buy cesium chloride from Larry, it is **CRITICAL to talk to him over the phone before you buy anything. Larry sells a complete package, but he will customize it for different types of cancer, different situations, etc.**

In other words, do **not** just buy the product through Pay Pal. There is no extra charge for Larry to help you set the right dose.

A cesium chloride treatment requires the right diet, the right supplements, the right combination of minerals, the right form of the supplements, the right amounts, the right frame of mind, etc. That is why you actually need to talk to Larry **before** you buy from him.

Do not add anything to his customized package without letting him know, because the product may already be in the package under a different name.

He will return phone calls anywhere in the world and he will ship products anywhere in the world. Just call him or email him and leave your name and phone number.

Whether you email Larry, or call his answering machine, make sure you include your telephone number!!

Contact information for Larry can be found on his web site or on this email page: http://www.essense-of-life.com/info/cesium.htm [his U.S. phone number and email]
Email Page [his international phone number and other contact information]

Important Note for Brain Cancer Patients

Brain cancer presents a difficult problem for any cancer treatment, whether orthodox or alternative. The problem is dead and dying cancer cells in highly sensitive areas of the brain. When a cancer cell is dying, from whatever cause, it can create an inflammation in the brain. This inflammation can in turn cause a very dangerous seizure.

For brain cancer patients, it is especially important to work with Larry of Essense of Life. His package for brain cancer is different than his other package and the doses of cesium chloride he recommends for brain cancer are very different than his recommended doses for other types of cancer.

Important Note for Those Whose Cancer Has Spread to Their Bones

For those with bone cancer, it is very important to deal with Larry of Essense of Life, and **make sure you tell him you have cancer in your bones.** He will add the right dose of liquid ionic strontium chloride, a trace element, and two other minerals to your treatment to strengthen the bones. The right balance between these products, which will require some experimentation, will help avoid pain in the bones.

The bones of bone cancer patients frequently get so brittle they easily break, even during normal activities. When this happens the patient will frequently lose the desire to fight their cancer. It is critical to strengthen their bones during treatment.

Important Note For Cachexia (e.g. Rapid Weight Loss or Very Weak) Patients

The creation of lactic acid by fermentation in cancer cells does more than make the cancer cells acidic. It also starts a chain reaction that actually kills more cancer patients than any other cause: malnutrition and a "wasting away," which is generally the result of the "cachexia cycle."

As cancer cells are fermenting glucose (and thus creating lactic acid), enormous amount of energy are used (about 15 times more energy than a normal cell uses), which effectively steals enormous amounts of energy from non-cancerous cells. In the "cachexia cycle," the lactic acid created by cancer cells goes to the liver and the liver converts the lactic acid back to glucose. This action in the liver **also consumes enormous amounts of energy!!** Thus, the cancer cells convert glucose to lactic acid, the lactic acid travels to the liver, the liver converts the lactic acid back to glucose, which then travels back to the cancer cells.

This cycle consumes an enormous amount of energy and may cause the body to start "eating" its own muscles and bones in order to feed the cancer cells (i.e. feed the cachexia cycle). This creates a "wasting away" syndrome. If you think the cachexia cycle may apply to you, then **STUDY** the article on the cachexia cycle and then return to this page. Here is the article:
The Cachexia Cycle

The Dosages of Cesium Chloride and Potassium

Note: Cesium chloride and DMSO should NEVER be taken orally. Actually, cesium chloride is never needed to be taken orally because DMSO will carry the cesium chloride through the skin and get it into the bloodstream within minutes.

The liquid ionic cesium chloride should be mixed with the liquid DMSO and be applied to the skin, but NOT above any area of dense concentrations of cancer cells and not touching any surface cancer cells.

If you want to put something directly onto skin cancer, use Vitamin C or one of the other external skin cancer treatments. The way cesium chloride works, there is no benefit to putting it directly on cancer cells.

If a rash develops on the skin where you put the DMSO and cesium chloride, just spray some water on the rash. The rash is caused by the DMSO dehydrating the skin.

The liquid ionic cesium chloride should be taken one tablespoon (i.e. there are 1.5 grams or 1,500 mg in each tablespoon), **TWICE A DAY,** making 3 grams A DAY total (i.e. two tablespoons **A DAY**). As mentioned above, it should be mixed with DMSO and applied to the skin externally, but not near or above the cancer.

In addition to the liquid ionic cesium chloride, a person will have to take liquid ionic potassium. The dosage of liquid ionic potassium chloride is 1,200 mg per DAY, divided into two equal doses (600 mg per dose, twice a day).

To avoid any confusion, study these rules about the cesium chloride and potassium many times (doses for brain cancer are different):

Here is a summary of the rules for taking cesium chloride and potassium chloride:

Rule #1: Take 3 grams (i.e. 3,000 mg) of cesium chloride **a day,** divided into two equal doses of 1.5 grams each.

Rule #2: Take 1,200 mg of liquid ionic potassium chloride **a day,** divided into two equal doses. Note that the dose of potassium is less than half the cesium chloride dose, measured in milligrams (mg).

Rule #3: Take the potassium dose **at least one hour after** the cesium chloride. The reason for this is that if they are taken at the same time the potassium can block (i.e. compete with) the cesium chloride from getting into the cancer cells. The potassium should be taken orally.

Rule #4: Several of the foods you eat every day should be high in potassium. See the next section.

Rule #5: Drink lots of water with this treatment. It would be best to drink more than half a gallon of natural water, or filtered water, a day for adults over 125 pounds.

Rule #6: Have at least two people do the calculations for how many TEAspoons or TABLEspoons of cesium chloride and potassium you take for each dose. Many people do not do the calculations correctly and take the wrong doses. **Have a second pair of eyes read these instructions several times to make sure the doses are correct!!**

In addition, you should add liquid ionic calcium chloride and liquid ionic magnesium chloride (or magnesium citrate) to your treatment. The recommended vendor for magnesium citrate is: http://www.msm-msm.com/ [Click on Minerals / Magnesium]

Note: Some vendors of cesium chloride recommend 3,000 mg of liquid ionic potassium chloride per day and they do not mention having an hour gap between taking the cesium chloride and the potassium chloride. They may also have a person take the cesium chloride on a cycle of 5 days on, then 2 days off, or some other pattern. These instructions do not seem to be as effective as the above instructions.

Getting Potassium from Foods

It is best to get as much potassium from the foods you eat as from the liquid potassium chloride. When you get potassium from your foods, you are also getting nutrients and other minerals that help the body use the potassium. Here is an article that discusses which foods have potassium: Potassium in Foods

Using DMSO with Cesium Chloride

DMSO is always **required** whenever you take cesium chloride. It is important to understand how to take them together.

The recommended DMSO is 99.9% pure DMSO mixed: 70% DMSO and 30% distilled water or aloe.

First, **MIX** the DMSO and the cesium chloride together. The dosage of DMSO is one **TABLEspoon each time** you take the **TABLEspoon** of cesium chloride. DMSO is 100% natural and very non-toxic. It should be noted that the FDA requires vendors to sell and label DMSO as a "solvent."

AFTER they are mixed together, wait several minutes before you apply the mixture to the skin. Do **NOT** mix the potassium in with this mixture. As mentioned above the potassium should be given no less than one hour AFTER the cesium chloride.

You can use a spray bottle or eye dropper bottle to administer the liquid to the skin. SPREAD the mixture out over a wide area of the skin. Otherwise you could get a rash.

While DMSO is very non-toxic, it can be mildly dangerous to handle, so it is absolutely critical to read this article which covers the safety warnings about using DMSO (e.g. **it should NOT be used by pregnant women or women who might be pregnant**, it should not touch cloth or gloves, etc. - see the article):
DMSO Article - Safety Warnings - [MUST READ!!!]

A Word about Body Odour and DMSO

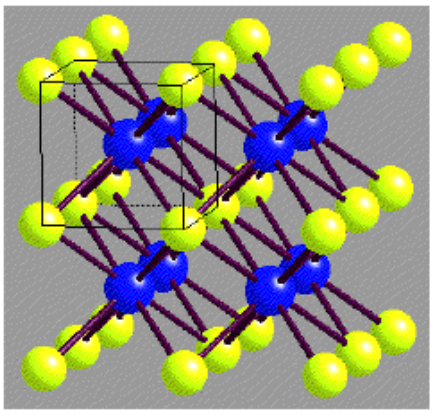
The 1 tablespoon of DMSO, twice a day (i.e. 2 tablespoons a day), may give you significant body odour. This body order has been described as an oyster smell or a garlic smell.

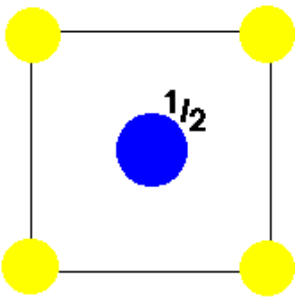
The bad breath and/or body odour is caused by the DMSO leaving your body after doing its job. Normally it leaves via the kidneys, but sometimes it leaves through the skin. You may find yourself taking a shower and changing clothes more than once a day. But DMSO is absolutely critical to your treatment because it grabs hold of the cesium chloride and drives it through the skin and into the cancer cells. For brain cancer patients, it blasts past the blood-brain barrier like it wasn't even there.

Some cancer patients would rather die than have that much body odour. For advanced patients, that may explain their options. If you are still working your company may have to make adjustments for your situation.

What NOT To Take With Cesium Chloride

The above doses are designed to maximize the safe number of cancer cells that can be killed when treating cancer at home. **NO** alternative cancer treatment should be used with the cesium chloride and DMSO treatment that kills cancer cells. Killing too many cancer cells by combining treatments may lead to too much debris (i.e. dead cancer cells) in the body.





What **CAN** be added to this treatment are treatments that build nutrition, build the immunity system, protect the kidneys and liver, etc.

The Pattern of Taking the Cesium Chloride and Potassium

The Cesium Chloride Protocol should be taken **EVERY DAY** until you reach your cesium limit (which will be discussed below).

It is important to note that with the cesium chloride treatment tumours may actually become enlarged **BEFORE** they start to shrink. The reason is generally inflammation, which will be discussed below. For certain types of cancers this inflammation may create a dangerous situation and the dosage of cesium chloride may need to be reduced for a short time. But generally, it should be taken every day.

Additional Warnings

Warning #1: When the cancer patient reaches their cesium limit (which will be discussed below) the patient **SHOULD CONTINUE TO TAKE POTASSIUM FOR ANOTHER 3 MONTHS!!** The reason for this is that the cesium will stay in your body (and continue to pull potassium into the cancer cells and out of the blood serum) for about 3 months after you stop taking it.

Warning #2: If you have cancer anywhere in your digestive tract, and if your digestive tract is obstructed, **do NOT take this treatment.** As mentioned above, inflammation may result temporarily from this treatment, and inflammation added to an obstructed digestive tract can be very dangerous.

The Side Effects and Symptoms of This Treatment

As mentioned above, the combination of cesium chloride and DMSO is very potent. There are many possible side-effects and symptoms of its use. Some of these side-effects are harmless and will probably go away. Others are potentially dangerous.

It is absolutely critical to become VERY familiar with all of these items.

Inflammation, Swelling and Pain Where Concentrations of Cancer Cells Are

Of all of the symptoms and side-effects of the Cesium Chloride Protocol, this is the most dangerous for certain types of cancer. When the cesium chloride gets into a cancer cell, the cancer cells starts getting "sick" from starvation. Up until this point the body's immunity system has largely ignored the cancer cells for a variety of reasons. However, when the cancer cells become sick, the immunity system, which probably doesn't know these are cancer cells, starts to take action. This action may cause serious inflammation and pain.

All Stage IV cancer patients will experience some inflammation, however, in many cases, depending mainly on the type of cancer, the inflammation will be severe and will result in pain. But it is not the enlarging of a tumour or the pain that is dangerous, it is the possibility that the temporarily enlarged tumour may block the flow of key fluids in the body. For example, in the brain or pancreas a temporarily enlarged tumour may block the flow of blood or bile, respectively. If you find yourself in this situation, you may need medical attention.

One thing that may help is taking DMSO both with cesium chloride (as usual or with smaller doses of cesium chloride) AND taking DMSO and/or MSM by themselves a few hours later. These products are known to help reduce inflammation and pain. High doses of key enzyme products, such as Vitalzym or 10Zymes, may also help reduce inflammation and pain.

Muscle Cramps

Muscle cramps are one of the symptoms that a patient is not getting enough potassium. For example, if you curl your toes and they do not go right back into a normal position, this is probably a sign you are low in potassium.

While pickle juice may quickly help ease the cramps, you may need to increase the amount of potassium, calcium and/or magnesium you are taking. It is best to increase your potassium levels using food, but if this is not possible, then increase the amount of liquid potassium chloride.

Remember that too much potassium can also be bad for you. A blood test is the most accurate way to determine where you are on the scale.

How to Tell When You Reach Your "Cesium Limit"

The cesium limit can be detected under either of the following conditions:

1) Your feet turn purple, they feel cold and/or they feel like you have frost bite, OR

2) Your finger tips feel like needles and pins, they hurt if you bump them against something, especially something cold.

When you have either of these symptoms, it is time to stop taking cesium chloride. **Remember to continue to take potassium for another 3 months until the cesium chloride works its way out of your body.**

A discussion of when, and if, to take a second round of cesium chloride is below (i.e. a "second" Cesium Chloride Protocol).

Do not confuse these symptoms with the far less severe "tingly and prickly" feelings to be discussed next.

A Tingly, Prickly Feeling, Particularly in Your Fingers, but Possibly in Your Lips or Face

This is a common side-effect and generally happens within the first week or two. It should NOT cause any alarm. Generally it will go away. Chemotherapy can also cause this side-effect.

Nausea and Vomiting

These are symptoms of taking cesium chloride orally or internally. As mentioned above, cesium chloride should always be mixed with DMSO and should **always** be taken externally on the skin.

Itchiness and/or Dry, Scaly Skin

This is a sign of dehydration. It happens when a person does not drink enough water during the day. You need to drink, drink, drink during this treatment. Half a gallon (2 litres) or more for a person who weighs 125 pounds (57 kilograms) or more - **EVERY DAY!!**

Frequently Get Up During the Night to Urinate or You Can't Sleep

The kidney does most of its work processing the dead cancer cells while you are sleeping. It will fill up your bladder quickly, in about 2 hours, which may lead to you getting up in the middle of the night several times. However, if you take BOTH of your doses of cesium chloride and DMSO BEFORE noon, it should help avoid many of the middle-of-the-night trips to the bathroom.

Another thing that may help this situation is to eat fruits. This situation will overrule the "cancer diet" article.

Also, if you are not sleeping well it may be because the cesium chloride has made you hyper. This is another reason some people may need to take both doses of their cesium chloride by noon.

Dark, Dried Blood in the Urine

This is a **GOOD** sign. It means the kidney is doing its job getting rid of dead tissue. This generally happens in the morning, and usually does not happen in the afternoon or evening.

However, fresh bright red blood is never a good sign. This is a sign of internal bleeding and may require medical help.

Cramping

One reason for separating the cesium chloride from the potassium is specifically to avoid cramping. If you still get cramping, and you have been separating the cesium chloride and the potassium by at least an hour, then separate them by more than an hour.

Also, drink pickle juice.

How to Tell If Your Treatment is Progressing

First, many people wonder when their tumours will shrink. There is another article specifically on this subject. The answer is not what you think, so make sure you read the article very carefully if this is one of your questions:
Article on Shrinking Tumours

To be specific, as mentioned above, the size of your tumour MIGHT INCREASE when you start your Cesium Chloride Protocol. This is because of the inflammation. Usually this small amount of inflammation is not a problem. But the size of your tumour should start to noticeably decrease within two months or less.

Second, many people wonder about "tumour markers." Tumour markers are generally specific types of proteins found in the blood. Alternative cancer treatments are not designed (and no one cares) about removing these proteins from your blood. Thus, an alternative cancer treatment may or may not affect your tumour markers. Even if they rise it may not be a bad thing.

Third, the best way on earth to determine you progress is a PET scan. However, a PET scan is a carcinogenic X-Ray. It **causes** cancer. Thus, you should not even consider having a PET scan until you are very certain you are in complete remission.

What To Do After Reaching Your "Cesium Limit" |CRITIAL INFORMATION!!|

Some people on the Cesium Chloride Protocol will reach their "cesium limit" **BEFORE** their cancer is completely cured. This means they are probably going to have their cancer "return." When this happens the Cesium Chloride Protocol has essentially knocked the cancer from Stage IV down to Stage I or Stage II, but has not completely finished-off the cancer.

While some people will take the Cesium Chloride Protocol a second time (see the section below), **whether a cancer patient takes the cesium chloride a second time or not, when they are done with the cesium chloride treatment, EVERY person who has been on the cesium chloride protocol needs to play it safe and go on a different, but less potent alternative cancer treatment.**

The good news is that there is an alternative cancer treatment that is simple to use, easy to go on, and very inexpensive, which is a perfect addendum to the Cesium Chloride Protocol.

That treatment is the Protocel treatment. Protocel is simple to use, easy to go on, and only costs about US$2 a day.

The only downside to Protocel is that the cancer patient must take the product every 6 hours, 24 hours a day. They usually accomplish this by getting up early in the morning, taking a dose, and going back to bed. **The Protocel treatment should be gone on for at least one year after finishing one or two cesium chloride treatments.**

There are some supplements which will interfere with the Protocel treatment. Before taking this protocol it is necessary to buy a US$10 online eBook called **Protocel and Cancer**, by Tanya Pierce to learn about this treatment. For more information on this treatment and the eBook, read:
The Protocel Treatment

Treatment (Clicking on any treatment in this column will transfer you to the top of the page for that treatment.)	Effectiveness	Studies	Quantity of papers	Conclusiveness of papers	Standalone Ability	Ease of Use	Side Effects	Compatibility	Monthly Cost	Year Available
714x*	3	5	3	5	8	1	8	8	$400	1950
Beta Glucan* (P)	7	9	9	8	5	8	9	9	$30	1975
Cantron* brand of Cancell	8	5	4	5	8	4	9	5	$50	1980
Cesium Chloride*	6	6	4	5	6	9	8	8	$70	1980
Emulsified Vitamin A* (P)	5	6	4	5	4	5	4	8	$50	1975
Ellagic Acid* (P)	6	6	8	7	4	8	8	8	$40	1990
Essiac Tea* (P)	8	7	4	5	8	8	8	7	$150	1920
Hydrazine Sulfate*	7	9	9	9	4	10	7	8	$30	1970
Laetrile B-17* (P)	7	6	6	8	5	4	5	8	$160	1970
MGN-3* (P)	6	6	5	5	4	8	8	8	$260	1996
Paw Paw* (P)	10	8	8	7	8	9	9	7	$35	2003
Protocel * brand of Cancell	8	5	4	5	8	4	9	5	$50	1980

Protocel is not the only easy to use option for a follow-up treatment to the Cesium Chloride Protocol. Another viable treatment is the Amazon Factor Protocol, which is more powerful than Protocel, but it is more expensive. The web pages for this treatment are linked to in the article in the next paragraph.

There are actually many "Strong Stage III" treatments that are viable at "finishing off" whatever cancer cells may remain after reaching the "cesium limit." See:
Strong Stage III Treatments

Because it is generally impossible to detect the small number of cancer cells remaining after reaching the "cesium limit," it is critical that a cancer patient go on one of the "Stong Stage III" cancer treatments, such as Protocel, after completing one or two Cesium Chloride Protocols!!

Should the Cesium Chloride Protocol be Repeated A Second Time?

There are many people who want to use 2 or 3 Cesium Chloride Protocols. However, if the symptoms of cancer are essentially gone, it would be wise to move to a less strenuous treatment, such as one of the "Stong Stage III" treatments mentioned above.

However, if you think the first Cesium Chloride Protocol worked for you, and if you think you still have a long way to go in treating your cancer, then do it again, but the second time you should use HALF the doses as the first time!! You again need to be very sensitive to the symptoms and side-effects of cesium chloride.

Also, you should wait **at least a month** before starting the second round. This will give your body some time to detoxify and, quite frankly, recover. Obviously, take potassium between treatments of cesium chloride.

Be aware that the cesium chloride takes about 3 months to completely leave your body and there may be some build up in the non-cancerous cells, so take potassium for at least 3 months after stopping the cesium treatment.

There is **ALWAYS** a possibility of reaching your cesium limit in less time than the first time, even with half the dose. This is both a caution about using a second protocol, and a warning to watch more closely for your cesium limit the second time you are on it.

A **third** protocol would probably not be necessary or helpful. Switch to something else, like Protocel.

Measuring Your pH

As mentioned above, it is the **CANCER CELL pH** that must be raised to 8.0 or above. The human blood cannot be raised to a level of 8.0 because you would die before that happened. Your body does an amazing number of things to keep your blood pH at a fairly constant level. Unfortunately, when a person has a highly acidic diet, some of these things the body does (to keep the blood pH level) lead to major health problems. That is how desperate the body is to maintain a constant overall pH.

So how do you know when your cancer cells have a pH of 8.0 or above? You can't. Some people talk about measuring the pH of the blood, lymph, saliva or urine to try to determine whether the pH of the cancer cells is high enough. **It won't work:**

- *"Another interesting book is; Alkalize or Die, by Dr. Theodore A. Baroody. In Chapter one, he describes the difficulty of getting an accurate pH reading of the body by measuring the pH of urine, saliva, or other body fluids.* ***He also describes how a healthy regimen can cause these pH measurements to indicate acid, as the healing process removes the acid causing materials from the body.***
  http://www.healthrecipes.com/ph_cancer.htm

This is one of the quotes in the Baroody book that supports that statement:

- *"At present no tests can accurately gauge how acid you are because current diagnostic methods reveal only that acid wastes are present in body fluids (blood, lymph, urine, mucous, and saliva). Such tests never give a reliable indicator of how much acid waste is actually in the system, because the fluids are always running through the tissues attempting to remove these excess tissue acid wastes. Therefore, although it is possible to measure body fluid as being alkaline or acid, it is*

> *impossible to evaluate the state of body tissues (skin, organs, glands, muscles, ligaments, arteries and vessels) based solely on blood, urine, or saliva tests.*
>
> *Unfortunately, waste acids that are not eliminated when they should be are reabsorbed from the colon into the liver and put back into general circulation. They then deposit in the tissues.* ***It is these tissue residues that determine sickness or health!***
> Alkalize or Die, by Dr. Theodore A. Baroody, N.D, D.C, Ph.D., page 15

He states that the only real way to tell if your tissue is acidic or alkaline is to analyse your diet.

In short, the best way to insure your pH obtains a level of 8.0 or above is to follow the protocol in this article and make sure you don't partake of too many acidic foods or drinks (such as soda pop), meaning follow the "cancer diet."

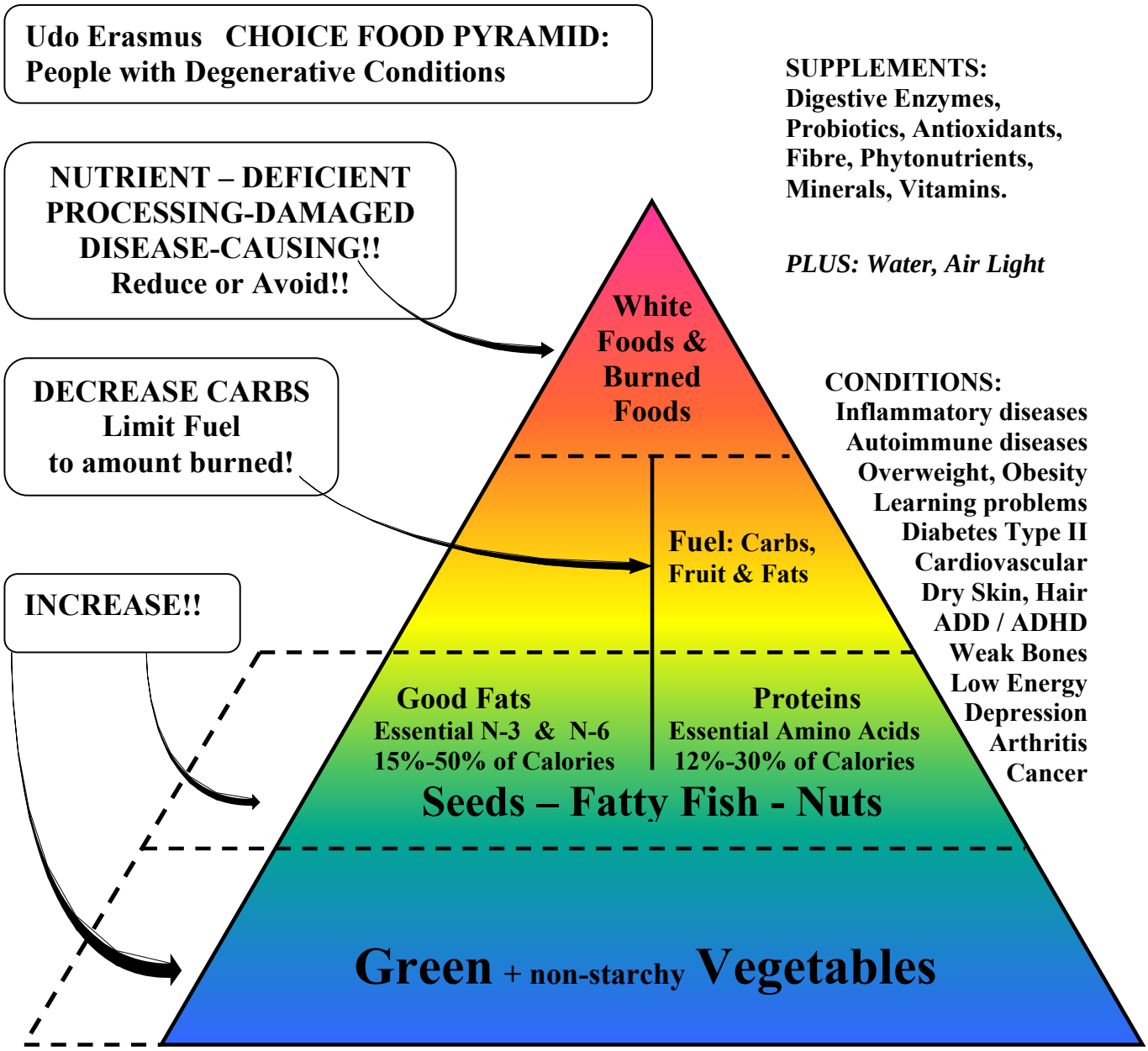
The "Cancer Diet" During This Treatment

Most of the people who work with Larry will use his diet. The main difference between Larry's diet and the "cancer diet" on this website is the use of fruits. Larry allows more fruits to be eaten because they are high in nutrients and the cesium blocks the glucose in the fruits from getting inside the cancer cells, so he has less concerns with a person eating fruits.

For such people it is highly recommended they use the most potent of the fruits, meaning:
1) Juiced red, black or purple grape juice (with seeds if possible),
2) Juiced blueberry juice,
3) Xango Mangosteen Juice,
4) Tahitian Noni Juice or
5) One of the wolfberry juices (or goji juices).

All of these juices provide highly dense concentrations of nutrients.

However, if the cancer patient is **very weak** from the cancer, there is a special section in the general "cancer diet" article that allows them to eat a completely different kind of diet. For example, cancer patients who are very weak should eat beef broth and go on the macrobiotic diet, plus the above fruit juices and concentrated vitamin and mineral supplements (such as Juice Plus+ or Larry's Essense or Larry's "Only One").
The "Cancer Diet" Article



Udo's Choice Food Pyramid for Sick People increases two food categories - Green Vegetables, and Good Fats.

Fuel Foods in typical diets include commercial carbohydrates (bread, baked goods, etc) and processed fats (margarines, shortenings, fried foods), which contribute to the majority of chronic disease conditions in our society. Therefore, the FUEL category should be reduced. Fruits should also be reduced because they contribute to overweight if not burned. Avoid "white foods" and foods rendered toxic by processing or overheating!

Table 1.
Nutritional risk factors for selected cancer – strength of evidence supporting relationship.

	Convincing	Probable	Possible	Insufficient
LUNG:	* Vegetables, particularly green vegetables and carrots, and fruits decrease risk.	* Carotenoids decrease risk.	* Physical activity, Vit C, vit E & Selenium decrease risk. * Retinol has no Relationship. * Total fat, saturated animal fat, cholesterol & alcohol increase risk.	
STOMACH:	*Vegetables & fruits Decrease risk. In Particular, raw vegies Allium vegies (garlic) & citrus fruits. * Refrigeration decreases risk by reducing the use of salt and risk of contamination.	* Vit C decreases risk. * Alcohol, coffee, black tea and nitrates (from Vegies) have no effect. * Salt and salting increases risk.	* Carotenoids, allium Compounds, wholegrain cereals & green tea decrease risk. * Sugar, vit E & retinol have no relationship. * Starch, grilled/charred/ bbq meat & fish increase risk.	* Fibre, selenium, sesame oil, onion, garlic decrease risk. * Cured/smoked meats, N-nitrosamines increase Risk. * Factors encouraging certain gastric microflora, Like *H. pylori*, which may Lead to atrophic gastritis.
BOWEL	* Physical activity Decreases the risk Of colon cancer. *Vegetables decrease risk (not fruits.)	* Non-starch polysaccharides (fibre) decrease risk. * Alcohol, as beer, increases risk. * Salicylates, asprin garlic & indoles decrease risk.	*Starch, fish, carotenoids, decrease risk. * High body mass increases risk of colon cancer. * Greater adult height, frequent eating, sugar, total fat, saturated/animal fat, processed meat, eggs & heavily cooked meat increases risk.	* Resistant starch, vit C, vit D, calcium, whey proteins from dairy products, Lactobacillus Bifidus in fermented foods, vit E, folate, omega-3 fatty acids, methionine, wholegrain cereals & coffee decrease risk. * Iron & Omega-6 linoleic acid increases risk.
PANCREAS			* Energy intake, dietary cholesterol, trypsin inhibition, larger build & high protein/fat diet may may increase risk.	
PROSTATE		* Total fat, saturated/ animal fat may increase risk. *Lycopene (eg tomatoes) soy/phytoestrogens, may decrease risk.	* Vegetables (green leafy & yellow), soy, decrease risk. * High body mass, alcohol vit C, coffee & tea have no relationship. * Meat, milk & dairy products increase risk.	*High energy intake, cadmium increases risk.
BREAST	* Coffee has no relationship. * Rapid growth & greater adult height increase risk.	* Vegetables (green), Legumes (soy), fruits decrease risk. * Dietary cholesterol has no relationship. High body mass (postmenopausal) adult weight gain increases risk. * Breastfeeding reduces risk with longer total duration. * Alcohol (>5g/day) Increases risk.	* Physical activity, non-starch polysaccharides/ fibre & carotenoids decrease risk. * Retinol, vit E, poultry & black tea have no relationship. * Mono-unsaturated fats may decrease risk & Omega-6 linoleic acid may increase risk. * Total fat, saturated/ animal fat, meat increase risk.	
CERVIX/ OVARIES			* Vegetables & fruits, carotenoids, vit C & vit E decrease risk. * Folate & retinol have no relationship. * Galactose (milk) may increase risk of ovarian cancer.	

A Brief Introduction to DMSO

The orthodox medical community claims to be looking for a "magic bullet" that helps chemotherapy target cancer cells. Why is finding a "magic bullet" so important?

Chemotherapy does not target cancer cells, and because of this, chemotherapy:
1) Kills far more normal cells than cancer cells, and
2) Damages and toxifies many of the normal cells that do survive.

Thus, if a substance could be found that helps chemotherapy **target** cancer cells, ***FAR LESS*** chemotherapy would be needed and the patient would have ***VIRTUALLY ZERO SIDE-EFFECTS*** from chemotherapy. **This is both because less chemotherapy would be needed and because only the cancer cells would be affected by the chemotherapy, meaning normal cells would not be damaged and killed by chemotherapy!!!!!**

In addition to all of this, if such a substance were found and used the "true cure rate" for orthodox medicine would rise from 3% to above 90%!! Most cancer patients die because of the complications of surgery, radiation and chemotherapy. Because of the way chemotherapy works, doctors cannot give enough chemotherapy to cure cancer because the patient would die from the side-effects **BEFORE** the cancer was cured. A "magic bullet" would solve all of these problems.

If such a "magic bullet" were used **FIRST** by orthodox medicine, meaning the cut/burn/slash treatments were avoided (except in rare cases where there is imminent danger from a tumour blocking fluids or pressing against something), a 90% true cure rate would be easy to achieve. In fact, with alternative medicine, for those people who know what they are doing, a 90% cure rate, **by those who avoid orthodox medicine,** is very easy to achieve. Orthodox medicine could do the same thing if they found and used a magic bullet.

But the fact of the matter is that the

leaders in the medical community have absolutely no interest in finding a "magic bullet." A "magic bullet" would cost the drug companies hundreds of billions of dollars, patients would have less hospitalization, less doctor visits, etc. The fact is, **no one** wants a "magic bullet" to be found. The evidence that this is true is that two "magic bullets" are already known to exist, but no one is using them except for a handful of doctors.

Insulin Potentiation Therapy

For example, in the 1940s it was discovered that cancer can be treated with insulin. Soon after, it was found out why. Insulin helps certain kinds of chemotherapy target the cancer cells by making it much easier for the chemotherapy to get inside of cancer cells!! This led to the development of Insulin Potentiation Therapy (IPT).

- *"Beyond these metabolic effects of insulin here, what is further considered to be operative is that at least some of the ten thousand fold increase in the cytotoxic effect of methotrexate [a chemotherapy drug] is due to an increased intracellular concentration of the drug due to insulin's physiological action in altering cell membrane permeability. It is thought that this effect exists on account of the insulin receptors on the cancer cell membranes, and that these facilitate the transmembrane transport of the chemotherapeutic drug into the intracellular compartment of these breast cancer cells."*
  http://weeksmd.com/articles/cancer/Insulin_potentiation_therapy.html

In the early days of IPT a person had to be put into an insulin coma in order for IPT to be effective. This is no longer the case, but the orthodox medical community still ignores this treatment. Article on IPT

DMSO

No later than 1968, it was discovered that there was another product that could target cancer cells, but this product **actually bound to the chemotherapy.** In this article (which will be linked to below):

"Haematoxylon [a dye] Dissolved in Dimethylsulfoxide [DMSO] Used in Recurrent Neoplasms [i.e. cancer cells or tumour cells]," by E. J. Tucker, M.D., F.A.C.S., and A. Carrizo, M.D. in International Surgery, June 1968, Vol 49, No. 6, page 516,

it was shown that DMSO bound to the dye (i.e. haematoxylon) and targeted cancer cells. **Some of the cancer patients were cured during this study, even though DMSO was only being combined with a dye!!**

Is it any wonder that the referee of the article stated:

- *"In spite of my criticisms, there are some parts of this study which do interest me very much. The fact that the Haematoxylon [a colour die, which allowed the researchers to see which cells absorbed the DMSO and haematoxylon] and D.M.S.O. solution* ***had a particular affinity for neoplasms*** *[i.e. cancerous cells], and* ***did not stain other tissues*** *in animals could be most significant."*

In other words, **these researchers had discovered something that could bind to chemotherapy and then target cancer cells. They had found a second "magic bullet"!!**

The "magic bullet" had been found, which this website calls "DMSO Potentiation Therapy (DPT)," but further research using DMSO and chemotherapy never happened.

Why don't you ask your oncologist why research on the magic bullet discovered in 1968 was not followed up on!! You might mention the scientific study disc used above.

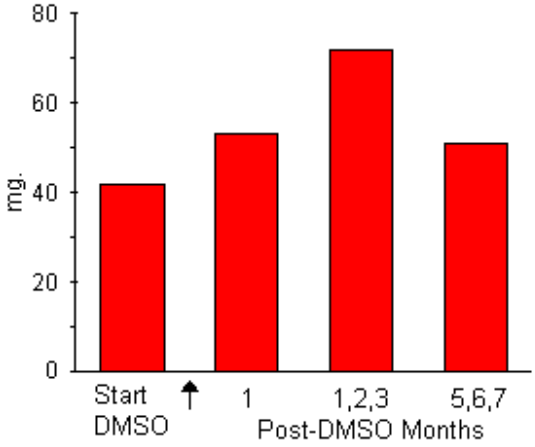
In later studies DMSO was found to be a superb potentiator of Adriamycin, Cisplatin, 5 Fluorouracil, and Methotrexate, and others. For more information about DMSO and chemotherapy see the excellent book (which talks about both IPT and DMSO being combined with chemotherapy):
Treating Cancer With Insulin Potentiation Therapy, by Ross A. Hauser, M.D. and Marion A. Hauser, M.S.

Absolutely nothing has been done about these discoveries for almost 40 years!! The complete article discussing DMSO and Haematoxylon can be found at:
The Original DMSO and Haematoxylon Journal Article

You might ask your oncologist why your chances of survival are only 3% (ignoring all of their statistical gibberish such as "5-year survival rates" and deceptive terms like "remission" and "response"), when your chance of survival would be over 90% if they used DMSO with **very small doses of chemotherapy.**

It would be better for medical doctors to treat cancer patients **with the right treatment** than to have patients treat themselves at home. Medical doctors can diagnose better, treat better, watch for developing problems better, etc. Unfortunately, doctors are using treatments that have been chosen solely on the basis of their profitability rather than their effectiveness.

DMSO is a highly non-toxic, 100% natural product that comes from the wood industry. But of course, like IPT, this discovery was buried. DMSO, being a natural product, cannot be patented and cannot be made profitable because it is produced **by the ton** in the wood industry. The only side-effect of using DMSO in humans is body odour (using doses above a certain level).



The FDA took note of the effectiveness of DMSO at treating pain and made it illegal for medical uses in order to protect the profits of the aspirin companies (in those days aspirin was used to treat arthritis). Thus, it must be sold today as a "solvent." Few people can grasp the concept that government agencies are organized for the sole purpose of being the "police force" of large, corrupt corporations.

While it is generally believed that orthodox medicine and modern corrupt politicians persecute alternative medicine, this is not technically correct. What they do is persecute **ANY** cure for cancer, it doesn't matter whether it is orthodox or alternative. The proof of this is IPT and DMSO, which can both be combined with chemotherapy. It appears that orthodox medicine persecutes alternative medicine only because there are far more alternative cancer treatments that can cure cancer than orthodox treatments.

Another substance that targets cancer cells is being researched at Purdue University and other places: folic acid. This too will be buried unless it can lead to **MORE PROFITABLE** cancer treatments.

But alternative medicine is not interested in combining DMSO with chemotherapy. DMSO will combine with virtually anything, grab it, and drag it into cancer cells or normal cells if there are no cancer cells. It will also blast through the blood-brain barrier like it wasn't even there.

DMSO has been combined successfully with hydrogen peroxide (e.g. see Donsbach), cesium chloride, MSM, and other products.

(**Note:** The issue has come up several times whether it would be a good idea to mix DMSO with full-strength chemotherapy. This question generally comes up when someone wants to take cesium chloride and DMSO with their chemotherapy. The theory would lean against such advice, however, in actual practice many patients on chemotherapy have also taken DMSO. It does not seem to cause a problem, but whether the DMSO binds to the chemotherapy would depend on which chemotherapy was being used. DMSO does not bind to every type of chemotherapy, only certain kinds (the exact kinds are not totally known because the FDA forced all research on DMSO to stop).

DMSO and MSM

DMSO and MSM (methylsulfonylmethane), when used together, have been shown to cause cancer cells *in vitro* to revert back to being normal cells. The only way this can happen is if they kill the microbe(s) inside of the cancer cell and/or completely reverse the anaerobic metabolism.

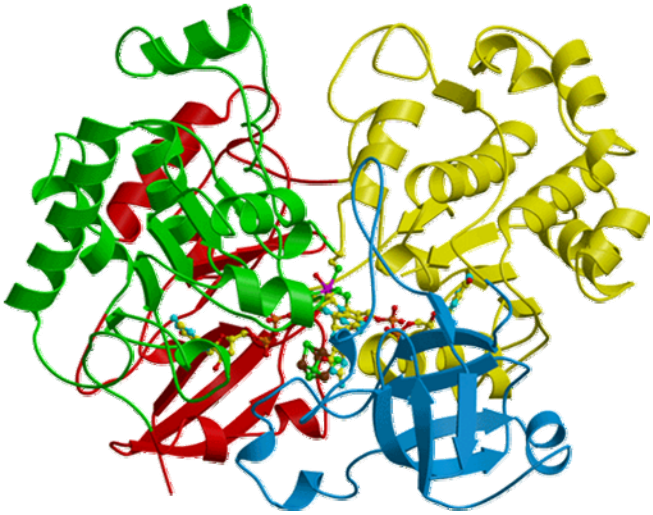
However, the only treatment designed to take advantage of this discovery is still an experimental treatment. It is not experimental due to toxicity, it is perfectly safe to use, it is only experimental in the sense that no one knows yet how to convert what was discovered in the lab into an actual cancer treatment.

It is also not known whether MSM (methylsulfonylmethane) actually helps the DMSO revert cancer cells into normal cells. DMSO, by itself, has been shown to revert many types of cancer cells into normal cells.

Cesium Chloride / DMSO Protocol

DMSO is generally used in alternative medicine with liquid ionic cesium chloride. See:
Cesium Chloride Protocol

DMSO helps cesium chloride get inside of cancer cells, though cesium chloride is perfectly capable of doing this by itself. What DMSO is really used for is to get the cesium chloride through the skin, into the blood stream. Neither cesium chloride nor DMSO should be taken orally, thus it is a perfect marriage to mix the two together and let the DMSO carry the cesium chloride through the skin.



DMSO is especially effective with brain cancer patients because of how quickly it gets past the blood-brain barrier, but it can be used productively with any type of cancer.

In a case study, one brain cancer patient had a tumour in his brain pressing against one of his optic nerves. When he **mixed** DMSO with the cesium chloride he could literally feel the cesium chloride and DMSO getting into his tumour within 15 minutes. He could feel it because his tumour was pressing against an optic nerve.

DMSO should be used only as a topical application to the skin, but **NOT** near where any dense concentrations of cancer cells are and **NOT** touching any surface cancer cells. DMSO will penetrate the skin and help get the cesium chloride, and many other alternative cancer treatments, into the cancer cells.

If you use DMSO you may get a rash. Just spray some water on the rash and it will go away. The rash is caused by the DMSO dehydrating the skin.

DMSO should not be taken orally unless it is mixed with at least 8 ounces (240 ml) (i.e. 1 cup) of water or some type of juice. Even seventy percent DMSO (actually it is 99.9% pure DMSO, mixed with 30% distilled water) could cause dehydration in the digestive tract unless it is mixed with enough water or juice! **DMSO should <u>never</u> be taken orally for more than a short time. Even when taken with enough liquids it will cause stomach problems!**

It is highly advised that the Cesium Chloride / DMSO Protocol be used under the direction of an expert, either by telephone or in a clinic setting. For all practical purposes, the FDA and AMA have shut down the use of cesium chloride and DMSO in a clinic setting inside the U.S. Thus, in the U.S. there is no choice but to use a vendor who is an expert in safely using the protocol. The Cesium Chloride / DMSO Protocol goes into this issue in more depth, but keep this critical issue in mind!

Note: Due to the FDA harassment of DMSO (and by the way, a lot of research on DMSO has been suppressed), vendors of DMSO cannot sell it for medical reasons. Thus, when you visit a web site that sells DMSO it will be sold as a "solvent." Do not be concerned, DMSO is an all natural product and is absolutely non-toxic at recommended dosages.

DMSO Protocol and Safety Warnings

DMSO is an amazing product. Unfortunately, there are some strong warnings that go with its use. **Do not be alarmed by these safety warnings, they are easy to implement.**

First, pregnant women, women who may be pregnant, women who may become pregnant, or women who are nursing, should not use DMSO - period! Even though there is no evidence that DMSO causes birth defects, the similarity between early foetal cells and cancer cells is so great that it is better to err on the side of caution.

Second, do **NOT** let it come into contact with your eyes. Again, there is no evidence this will cause problems, but it is better to err on the side of caution.

Third, do **NOT** use plastic, latex or rubber gloves, or any other kind of gloves, when handling DMSO. The DMSO may bind to the gloves and take the substance into your cells causing severe illness. A technician who was working with the scientists who originally discovered DMSO became very sick from handling the newly discovered DMSO with lab gloves. While some surgical gloves may be of such quality that they can be used to handle DMSO, if you use any type of gloves you do so at your own risk.

However, these rules create a problem. **It is highly advised to use gloves when administering DMSO on the skin or else the hands will become very wrinkled.** Fortunately, there are simple tests to see if the DMSO is binding to the gloves and creating a danger.

If the person rubbing the DMSO onto the skin of a cancer patient wants to use a plastic, latex or rubber glove, there are two simple ways to test if the DMSO is binding to the plastic, latex or rubber. First, you can soak one finger tip of the glove in DMSO for 24 hours. If there is no damage to the glove after the test it is OK to use. Or you can pour some DMSO into the **inside** finger tip of the glove for 24 hours. Then turn the glove inside-out and see if there is any damage where the DMSO was. If not, it is OK to use.

Fourth, do **NOT** let the DMSO come into contact with any type of clothing or anything else.

In short, it should go straight from the bottle, into a mixing glass (made of glass, wood, ceramic or metal) and then the mixed product should be put on the skin, but not above or touching any cancer cells.

The following substances are always safe to use with DMSO: GLASS, WOOD, CERAMIC or METAL containers.

Rigid plastic containers are generally safe to use as well, such as spray bottles. In fact, spray bottles, of glass, rigid plastic or metal, are the preferred way of administering DMSO. Of course, it will still need to be spread by hand.

Having said all of that DMSO is a superb product and very safe to use if you take reasonable precautions.

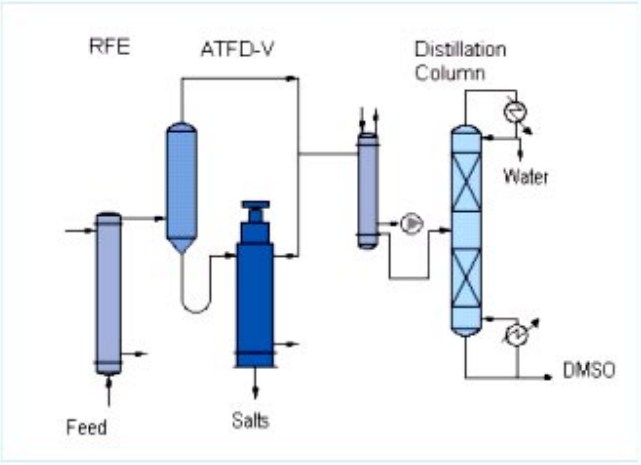
The DMSO can be purchased as a liquid, gel or cream. The rules are the same for each.

Important Notes about Purchasing DMSO

It is very important that the DMSO you purchase has not had anything added to it to make it unsuitable for human consumption. Most commercial vendors in the U.S. do sell "food grade" DMSO, meaning it is safe for human consumption. However, I should emphasize that DMSO vendors cannot advertise their product is for human consumption because the FDA, as part of their effort to destroy alternative medicine, has outlawed DMSO for human consumption. Vendors must sell DMSO as a "solvent." The way you can tell whether it is food grade, is this: if the vendor also sells DMSO cream/gel in a jar, and has safety warnings, then all of their DMSO is food grade unless otherwise stated.

This is a key issue especially for those outside of the U.S. Every country has different laws and different procedures for the manufacture of DMSO. Outside of the U.S. the DMSO vendors probably do not sell the DMSO cream in a jar, thus you will have to ask them, or look for documentation, that it is safe for human consumption.

Here is an important comment about DMSO:



- *"The first quality that struck Dr. Jacob about the drug was its ability to pass through membranes, an ability that has been verified by numerous subsequent researchers. DMSO's ability to do this varies proportionally with its strength--up to a 90 percent solution. From 70 percent to 90 percent has been found to be the most effective strength across the skin, and, oddly, performance drops with concentrations higher than 90 percent. Lower concentrations are sufficient to*

cross other membranes. Thus, 15 percent DMSO will easily penetrate the bladder.

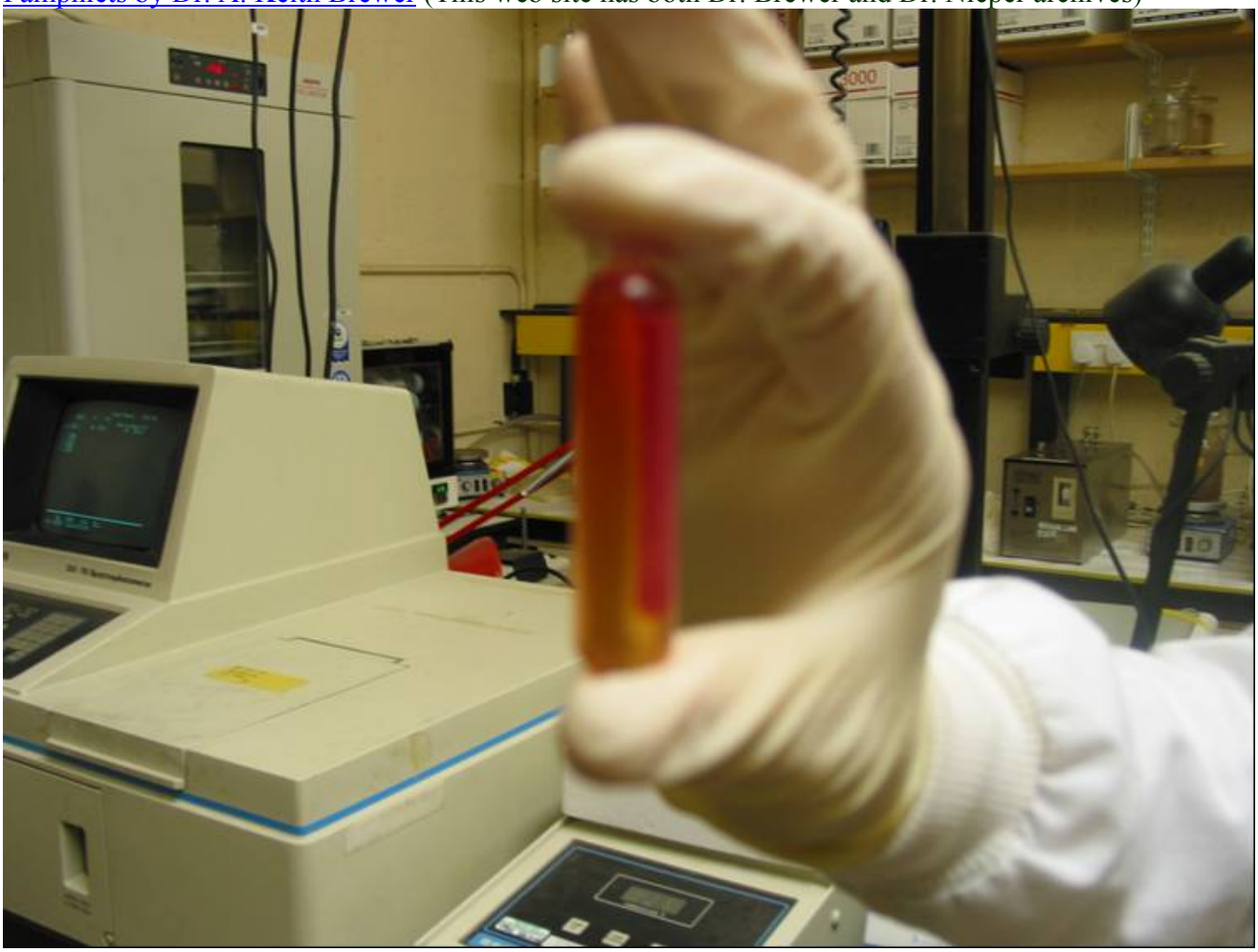
In addition, DMSO can carry other drugs with it across membranes. It is more successful ferrying some drugs, such as morphine sulfate, penicillin, steroids, and cortisone, than others, such as insulin. What it will carry depends on the molecular weight, shape, and electrochemistry of the molecules. This property would enable DMSO to act as a new drug delivery system that would lower the risk of infection occurring whenever skin is penetrated."

Here is a DMSO vendor of both liquid and cream (the liquid is 99.9% pure DMSO mixed with 30% distilled water, meaning it is 70% pure DMSO and 30% distilled water). The reason 70% is chosen is because it is less harsh on your skin and it is still a mixture that will be absorbed well by the skin.

FAQ - Is There Any Evidence For the Cesium Chloride Protocol on Stage IV Cancer Patients?

The original discoverer of the cesium chloride protocol was Dr. A. Keith Brewer (1893-1986). In his research he used cesium carbonate, an earlier version of the current cesium chloride (will talk about the differences later in this article). Among human patients he had a 100% cure rate on 30 patients, but I do not know how many of them would be considered Stage IV today. Here is an article on his research and his patients.
Article by Dr. A. Keith Brewer, Ph.D.

Dr. Brewer also wrote two pamphlets (one of which may be the same one just linked to), which can be purchased at:
Pamphlets by Dr. A. Keith Brewer (This web site has both Dr. Brewer and Dr. Nieper archives)



Another practitioner of cesium chloride was Hans A. Nieper, M.D., (1928-1998), who practiced in Hannover, Germany. I do not know his cure rate for Stage IV patients, but it was generally accepted that he had the highest cure rate for cancer patients in the world. Here is a partial list of his most famous patients:

- *"Dr. Nieper's patients included many world stars, royalty and politicians: Anthony Quinn, John Wayne, Yul Brynner, William Holden and Princess Caroline of Monaco. He advised the ailing ex-president Ronald Reagan [for his colon cancer]. But more importantly, he treated thousands of everyday people like you and me. Nancy Sinatra lavished praise on this great German physician: "He is a fabulous person, a recognized scientist, a marvellous doctor." His patients both loved and respected him."*

But perhaps the greatest compliment to Dr. Nieper's success with treating cancer patients with cesium chloride was the fact that many FDA executives, and many other orthodox cancer fighters sent their relatives and friends to Dr. Nieper to be treated for their cancer. Here is a quote by Dr. Nieper himself about this:

- *"You wouldn't believe how many FDA officials or relatives or acquaintances of FDA officials come to see me as patients in Hanover. You wouldn't believe this, or directors of the AMA, or ACA, or the presidents of orthodox cancer institutes. That's the fact."* Hans Nieper - http://www.whale.to/vaccine/quotes2.html (AMA Quotes - a page worth reading) Also at - http://www.whale.to/vaccine/fda2.html (FDA Quotes - a page worth reading)

In other words, while the pharmaceutical industry and their naves in the government and "charities" were persecuting alternative medicine, throwing practitioners in jail, claiming there was "no scientific evidence" for alternative cancer treatments, destroying equipment, medical records, etc., they were sending their own relatives and friends to Dr. Nieper to be treated for cancer.

Here is a bibliography of Dr. Nieper scientific articles:
Dr. Nieper Bibliography

Dr. Nieper is also famous for discovering many things about mineral cell salts. Here is an article on his discovery of lithium orotate (used for depression).
Article on Lithium Orotate

Another doctor, but one who is still alive and still practicing medicine (I believe he is in Costa Rica), [and there may be many others] is Dr. Howenstine (his email is at the bottom of his article). In this article written by Dr. Howenstine he mentions a study of 50 cancer patients, all of whom were Stage IV, and 47 of whom were "hopeless." Some were in a coma before the study began. The 1981 study achieved a 50% cure rate (they would have been using cesium carbonate back then):
Dr. James Howenstine Article

While this study achieved a 50% cure rate on very advanced cancer patients, I should mention that there are many superb supplements that have been developed since 1981. Examples would be:

1) Aloe Immune, which has the rare long-chain acemannan glyconutrient,

2) Lymph III and Quantum Kidney Plus, which protect the liver, lymph and kidneys,

3) Vibe, which produces a rush of nutrients to protect the non-cancerous cells,

4) Juice Plus+, which produces a rush of nutrients and detoxifies the body,

5) Several enzyme supplements, which cut apart the enzymes that protect cancer cells from the immunity system,

6) Numerous other immune building supplements (other than Aloe Immune) which supercharge the immunity system. Examples would be the polysaccharides (e.g. beta glucans), sterols and sterolins (e.g. ModuCare), Samento TOA-Free Cat's Claw and many, many more.

In addition to these things, there are also dozens of herbs and scores of phytonutrients that treat cancer!!

I mentioned the article about Dr. Sartori's study above. He is still practicing medicine and I have a web page which discusses some of his experiences. This page is at:
Dr. Sartori Clinic and Experiences

Here is my article on the Cesium Chloride Protocol:
Cesium Chloride Protocol Article

Here is a SUPERB web site that has a lot of information about alkaline therapy:
Alkalize For Health Website

Dr. Carl J. Reich, M.D. and Robert R. Barefoot

The Calcium Factor: The Scientific Secret of Health and Youth, is a book on the benefits of calcium, another alkalizing therapy. It was written by Dr. Carl J. Reich, M.D. and Robert R. Barefoot, two of the worlds foremost experts on the benefits of calcium.

Dr. Reich has literally treated thousands of patients with a Calcium and Vitamin D therapy (and other things). His medical practice was so popular, and cured so many people of cancer, that it was shut down by the AMA. Robert R. Barefoot has also seen many people cured of cancer with coral calcium and has also felt the wrath of orthodox medicine.

But what is interesting in this book is Chapter 17. In spite of the fact they push the Calcium Factor very hard throughout their book, here is an interesting quote from Chapter 17:

- *"A terminal cancer patient, for example, may be cured over a 6 month period by consuming the proper nutrients, but may only have 3 weeks to live. This situation requires a more potent nutrient treatment such as cesium chloride, for example. Cesium chloride is a natural salt, and where it is found, cancer does not exist. This is because cesium is the most caustic mineral that exists, and when it enters the body, it seeks out all of the acidic cancer hotspots, dousing the fire of cancer, thereby terminating the cancer within days. Also, when dimethyl sulfoxide (DMSO) is rubbed near a painful cancer, the pain is removed and the DMSO causes the cesium to penetrate the cancer tumour much faster, thereby terminating the cancer much faster..."*
  The Calcium Factor: The Scientific Secret of Health and Youth, page 144

On the next page Robert Barefoot provides a complete protocol for terminal cancer patients, headed by cesium chloride (3 grams a day), DMSO, and other items (including coral calcium). Then he makes this comment: *"The author has witnessed numerous people with terminal cancers who have employed the above program successfully."*

If such an endorsement from the world's biggest cheerleader for calcium says this about cesium chloride, I don't know what better endorsement I could show.

Cesium Carbonate versus Cesium Chloride

Even though there is a common conversion factor for using cesium carbonate (a powder) versus using cesium chloride (an ionic liquid), I do not recommend using cesium carbonate. This issue is one of absorption and availability by the cancer cells. But before talking about that I want to talk about the theory behind colloidal minerals in general.

Let us consider a solid cube which is 1 inch on each side, meaning it has a volume of 1 cubic inch. The surface area of this cube is 6 square inches. If you cut this cube up, into smaller and smaller pieces, you can cut this 1 cubic inch cube such that is has a surface area of 3 acres (0.012 square kilometres) or more!! In other words, the smaller the pieces you cut it up into, the larger the surface area of the solid cube. The volume is still 1 cubic inch, but the surface area can be 3 acres or more.

That is the theory behind colloidal liquids. Some metals, such as silver, owe their effect in the body to the electrical properties of the metal. The human body is totally electric (see the book: **The Body Electric,** by Dr. Robert O. Becker, M.D. and Gary Selden) and the value of the silver is in its conductivity. The more **surface area** of the silver, the more it can conduct electricity in the body. That is why you hear vendors of colloidal silver brag about how small their silver particles are.

By the way, this same theory applies to gasoline and "miles per gallon." It is insane that large automobiles only get 20 miles per gallon. Any scientist knows that if you break apart the gasoline droplets into smaller and smaller vapours that automobiles could get 10 or 20 times more miles per gallon. But just like Big Pharma suppresses alternative cancer treatments, Big Oil suppresses techniques that get significantly higher gasoline miles per gallon. The "energy crisis" is a crisis intentionally manufactured by Big Oil. Likewise, the "war on cancer" is a farce choreographed by Big Pharma and its minions in the media, among others.

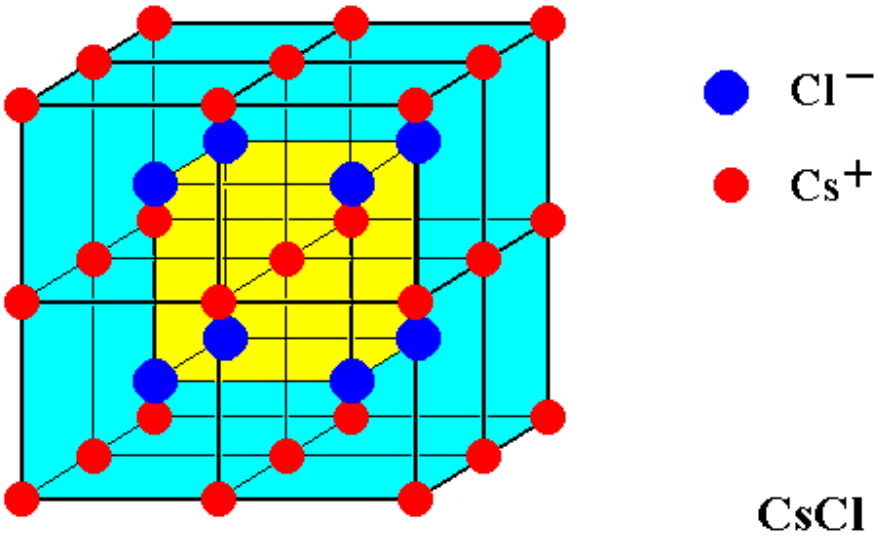
In fact, coal burning power plants crush the coal into a fine powder to get more energy (i.e. more surface area) out of the coal. Also, the German's were creating gasoline from coal BEFORE World War II. But I digress.

With cesium and cancer cells, the issue is one of surface area (which is an electrical issue called pH) AND getting it into the cancer cells. But there are two other issues that affect the effectiveness of the cesium. First, is the purity of the cesium and second is the presence of other atoms and molecules that are intentionally used in packaging the cesium.

While it is true that Dr. Brewer, and others, did use cesium carbonate, and while it is true that people generally use a 2:1 "rule of thumb" conversion factor (i.e. two grams of cesium carbonate is equal in

effectiveness to one gram of liquid ionic cesium chloride), it may be that the absorption of cesium using cesium carbonate (into and used by the cancer cells) is far less than 50%. One vendor of cesium chloride claims it is 10%.

I do not know how the vendors of Dr. Brewer prepared their cesium carbonate compared to how the vendors of today prepare theirs. Because of many unanswered questions I do not recommend cesium carbonate for Stage IV cancer patients.



FAQ - Is There Any Evidence Cesium Chloride Causes Heart Attacks?

I sometimes get asked the question of whether cesium chloride causes heart attacks or other heart problems. Here is my answer.

First, many hundreds of cancer patients have been treated by Dr. Sartori and Dr. Nieper with cesium chloride. Others have also used cesium chloride in treating cancer. Federal officials destroyed several hundred case studies of Dr. Sartori, along with 2 copies of each case study (that is why he no longer practices medicine in the United States), but enough records have otherwise accumulated to make it clear that cesium chloride does not cause heart problems.

If fact, many FDA officials themselves, their family members, and their friends went to Dr. Nieper in Germany before his death to be treated with cesium chloride. See:
Evidence of Cesium Chloride's Effectiveness

What can cause irregular heart beats, however, is having too much or too little potassium when you take the cesium chloride. Cesium chloride pushes potassium into the cancer cells, which depletes the potassium in the blood serum. My Cesium Chloride Protocol article gives very strong warnings about having a cancer patient's potassium levels checked every 2 or 3 weeks. Potassium should always taken with cesium chloride either as a supplement and/or in foods.

Another thing that needs to mentioned is this: The cure rate for orthodox medicine on cancer that has metastasized is ZERO percent. ZERO. Thus, do you think it would be worth it to take a very small chance, if any, of having heart problems, while at the same time giving yourself a significant chance of curing your cancer?? You can roll over and die or you can try to cure your cancer.

Also, generally, the cesium chloride protocol includes large doses of Vitamin C and other nutrients THAT PROTECT THE HEART. Two times Nobel Prize winner Linus Pauling spent much of his professional career proving that heart disease was caused by a lack of Vitamin C. Actually, heart disease is a type of scurvy and has nothing to do with cholesterol. Cholesterol is very highly profitable to pharmaceutical companies, but Vitamin C is not profitable at all. So which do you think they push for heart disease?

Also, cesium chloride molecules, especially when mixed with DMSO, TARGET cancer cells. Thus, normal cells, such as heart muscles, etc. do NOT ingest cesium chloride. But they will ingest the Vitamin C!!

The fact of the matter is that almost ALL cancer patients who take cesium chloride have ALREADY had massive amounts of orthodox treatments. I only endorse cesium chloride for advanced cancer patients, almost all of which have had extensive orthodox treatments. **Orthodox treatments are WELL KNOWN to cause heart attacks!!! Heart attacks are a common SIDE EFFECT of chemotherapy.**

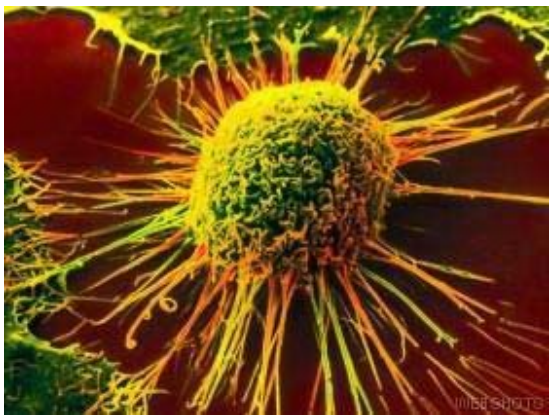
Let me explain it this way. Suppose a person takes radiation and chemotherapy for months. These treatments will severely damage his heart. Then he is sent home to die. That is when he starts looking into alternative medicine because he has "nothing to lose." If he does his homework he will start on the Cesium Chloride Protocol. **Suppose that AFTER starting the Cesium Chloride Protocol, the long-term effects of chemotherapy and radiation cause him to have a heart attack.** When orthodox

medicine analyses this case, what do you think they will blame the heart attack on? Obviously, the harmless cesium chloride and Vitamin C!!

Thus, the orthodox medical community loves to blame cancer deaths **THAT THEY CAUSED** on alternative medicine. Because many people who are sent home to die cannot be saved, not even by cesium chloride, the Cesium Chloride Protocol will always get blamed for deaths it had nothing to do with.

The orthodox medicine people are the masters of deceit. It is perfectly consistent with orthodox medicine propaganda to give blame to natural medicine for something THEY caused.

I strongly suggest your read this article for more information about the deceptive practices of orthodox medicine (read both parts):
Introduction to Alternative Cancer Treatments



FAQ - What is the Cesium Chloride Cure Rate?

Sometimes when a person hears that a cesium chloride clinic has a "cure rate" of 50% they become concerned that cesium chloride is dangerous or not effective. The answer to this concern is somewhat complex so don't skip anything in this article.

Cesium chloride is frequently combined with other treatments, such as DMSO, coral calcium, hydrogen peroxide (H2O2), ozone, etc. Cesium chloride is clearly the most popular alternative cancer treatment, among alternative cancer treatment experts, for cancer patients who have been sent home to die. And therein lies one of the secrets to understanding statistics.

First of all, understand that virtually 100% of cancer patients who are treated with orthodox treatments (e.g. surgery, chemotherapy, radiation, interferon, etc.) go to orthodox medicine **FIRST,** meaning their first cancer treatments are orthodox.

However, quite a different picture emerges for alternative medicine. The vast majority of people on alternative cancer treatments had been on orthodox treatments **BEFORE** they even started their alternative cancer treatment.

This puts alternative medicine at a severe disadvantage. First, the cancer patients who are sent home to die by orthodox medicine, and **THEN** start an alternative cancer treatment, have been severely damaged by orthodox medicine. It would literally take 50 pages to describe the different kinds of damage (called "side-effects") done by orthodox medicine to cancer patients. See the Dr. Lorraine Day, M.D. tape: "Cancer Doesn't Scare Me Anymore" for more details.

Second, very valuable time has been lost while the patient was on orthodox treatments. Months, and in many cases years, have been lost to the alternative cancer practitioners to treat the patient. The disadvantage that alternative cancer practitioners work under is absolutely incomprehensible.

Most people who use alternative cancer treatments have been sent home to die by orthodox medicine, then they decide to look into alternative cancer treatments, because they "have nothing to lose."

Because of this, and because the experts almost universally use cesium chloride on highly advanced cancer patients, there is a severe bias in the class of patients who use cesium chloride. In other words, cesium chloride is almost exclusively used on advanced cancer patients who have been through the complete range of orthodox treatments of surgery, chemotherapy and radiation, and perhaps others.

Another reason for saying cesium chloride is almost exclusively used on advanced cancer patients is that cesium chloride is a complex treatment because a cancer patient has to monitor their potassium, and perhaps deal with other things, such as inflammation or nausea.

For these reasons, for cancer patients who do not go to orthodox medicine first, but rather go to alternative medicine first, cesium chloride is generally not the first choice of practitioners. There are plenty of effective alternative cancer treatments for patients who have not been through surgery, chemotherapy and radiation which are easy to use and very effective.

When alternative cancer practitioners do not use cesium chloride for their advanced patients who have been through orthodox treatments, their cure rates are generally poor. But statistics can be tricky.

For example, Dr. Donald Kelley had a 93% overall cure rate for treating cancer patients. This is **NOT** the bogus "5-year cure rate" of orthodox medicine, but a true cure rate.

However, what many people fail to remember is that Kelley did not include in his statistics any advanced cancer patient who died within 18 months of starting his treatment. In other words, if Kelley started working on a cancer patient sent home to die by orthodox medicine, he did not count this patient in his statistics unless he or she lived for at least 18 months after starting the Dr. Kelley treatment.

A similar story can be told about laetrile. For example, Dr. Philip Binzel did not count advanced cancer patients in his statistics unless they lived for at least one year after beginning his laetrile treatment.

Thus, when looking at the statistics for treating advanced cancer patients a person must know exactly what statistical techniques are being used.

For example, Gerson had a 50% cure rate, however, he counted **EVERY** patient that came to him, even if they died within the first month. Over 90% of Gerson's patients were advanced and terminal. **It may be that the Gerson cure rate of 50% was actually more impressive than the 93% cure rate of Kelley, if you understand the way they did their statistics!!** The bad thing about the Gerson treatment is that is was administered by an M.D. and it was a very complex and rigid treatment.

Now let us talk about the Dr. Sartori cesium chloride (and I think he also used ozone) study in 1981. Let me quote from Dr. Howenstein's article:

- *"Dr. H. E. Sartori began his cesium cancer therapy program in April 1981 at Life Sciences Universal Medical Clinics in Rockville, Md. Fifty patients with widespread metastatic tumour deposits were treated. Forty-seven of these 50 patients had already completed maximal modalities of treatment, i.e. surgery, radiation, multiple courses of chemotherapy before cesium was tried. Their condition was hopeless.*

  ...

  Approximately 50 % of patients with breast, colon, prostate, pancreas and lung cancer survived. Three patients were comatose when the therapy was initiated. Thirteen patients died in the first 2 weeks of therapy. Autopsy results in each of these 13 disclosed reduction in tumour mass size caused by cesium therapy. Also pain disappeared in all patients within 1 to 3 days after initiation of cesium therapy. This may have reflected decreased production of lactic acid by dying cancer cells."

I did not quote the entire article, but note that 47 of 50 patients were "hopeless" and 3 of the 47 were in a coma **before the study was begun.** His 50% cure rate for certain types of cancer was astonishing!!

Given that cesium chloride is generally only used for the more advanced cancer patients, and given that some clinics include **ALL** of their patients in their statistics, a 50% cure rate for cesium chloride is actually amazing!!

Now let us suppose there was some magical cancer cure that removed EVERY cancer cell from the body of a cancer patient within 24 hours, even for the most advanced cancer patients.

What some people don't realize is that even if such a magical treatment existed it would probably only have a 60% to 65% cure rate of advanced, terminal cancer patients. Why? Because many people released by orthodox medicine cannot be saved because they have a vital organ that has been damaged beyond repair, they have so much damage to non-cancerous cells that they cannot be saved (even if all of their cancer cells were removed), they have such a severe case of cachexia (i.e. malnutrition), and so on.

In other words, many of the cancer patients released by orthodox medicine are going to die, even if you could safely remove every cancer cell in their body within 24 hours of being released.

In summary, the 50% cure rate of using cesium chloride on advanced, terminal cancer patients is the best reliable cure rate I have ever heard of for advanced, terminal patients, where all of the patients are included in the study statistics, for **ANY** alternative or orthodox cancer treatment.

Remember, the cure rate of these patients by orthodox medicine is close to **ZERO** percent. Remember also that alternative medicine is dealing with a severely damaged patient and alternative medicine has lost months or years of treatment time to orthodox medicine.

On the other hand, orthodox medicine started with a new patient and did not lose any time to alternative treatments. The success of cesium chloride treatments by the top clinics is actually quite amazing.

http://www.krysalis.net/cancer4.htm

37. (8/03) Cesium Treatment of Cancer, an Exceptionally Promising Approach:

This discussion presents an approach for treating cancer that is a total deviation from the one discussed above. It presents a special chemotherapy approach where the focus is to kill the cancer cells directly with a toxin. Upon analyzing it I felt it was sufficiently unusual and promising to warrant a presentation here.

There are numerous articles on the internet addressing the use of cesium for treating cancer. A friend brought them to my attention being convinced that there was unusual merit in this approach and requested my opinion concerning it. I thus decided to study, analyse and evaluate it with the hope that my background and way of thinking would make a positive contribution. My analysis and conclusions are presented below taking every effort to keep it as brief as possible to make it more readable and understandable, starting with the conclusions.

Conclusions:

Cesium treatment of cancer has demonstrated considerable merit and has even greater potential.

It acts as a toxin, with its cancer selectivity depending on cancer's anaerobic metabolism. Thus, it should be effective for all forms of cancer.

Unlike other chemotherapy drugs, it should cross the blood-brain barrier and thus be equally effective for brain tumours as for other cancers.

The proposed biochemical mechanism presented in the literature is not correct to the point of inhibiting the optimization of a treatment protocol.

In this write-up, I have identified what I believe to be the correct mechanism, which is critical for optimization of a treatment protocol, and lending scientific credibility to the approach.

General Background:

Readers can do their own search on the Internet to discover and read the many publications addressing this cesium-cancer treatment approach. I will not attempt to deal with them all here. However, it is important to reference the primary paper on the internet: "The High pH Therapy for Cancer Tests on Mice and Humans" by A. Keith Brewer, Ph.D. http://www.mwt.net/~drbrewer/highpH.htm

In this paper Dr. Brewer discusses his results using cesium chloride to treat cancer. His results are truly profound and I now believe they are credible. However, I believe his explanation as to the mechanism by which it operates is not correct. Also, all the other papers seem to accept his mechanism without question, leading to some less than optimum protocols. He claims that the treatment with cesium chloride causes the pH of the cancer cells to increase (become more alkaline) to the point of killing them. This does not make sense to me for the following reasons:

Cesium is an alkaline metal and its salt, cesium chloride is fully ionized when dissolved in an aqueous solvent. Upon being dissolved, it does not change the pH of the solution. It behaves the same as other alkaline metal chlorides such as sodium and potassium chloride, which also become fully ionized when dissolved in an aqueous solvent without altering the pH. I cannot identify any credible reason why cesium chloride would alter the pH of body fluids and certainly no reason why it would do it selectively in cancer cells.

The kidneys and lungs rigorously control the overall pH of the body fluids. The kidneys control the H+ ion concentration in the blood and the lungs help regulate carbon dioxide concentration. Carbon dioxide produced in the cells by aerobic metabolism creates an acid solution in the blood and when expelled in the lungs the solution (blood) becomes more alkaline again. The combination regulates the pH of the body fluids. Individual cells do not have the capacity to alter it significantly, with the exception of macrophages, which can alter it to help oxidize pathogens, but by lowering the pH, not by raising it.

My Proposed Mechanism for Cesium Killing Cancer Cells:

Technical Background:

Every cell depends on "Sodium-Potassium (Na-K) Pumps" embedded in the cell wall to maintain the required ionic balance / distribution across the cell wall. They pump potassium ions into the cell and sodium ions out, creating a condition where the concentration of potassium is high in the cell and low outside and the reverse is true of sodium, which is kept low in the cell and is high outside.

A disruption of this delicate ionic balance across the cell wall will kill the cell. As one example, some bacteria kill cells by drilling holes in the membrane and inserting a tube that allows free diffusion of ions in both directions. This disrupts the sodium-potassium concentration separation to the point of killing the cell.

The Na-K pumps transport three sodium ions out of the cell while transporting two potassium ions in. This imbalance is required for another vital function, the transport of glucose into the cell. Glucose is a vital fuel for most normal cells and a required fuel for cancer cells. It is transported into the cell by a system of sodium-glucose co-transport using highly specialized molecules embedded in the cell walls where the co-transport of sodium ions energizes the transport of the glucose. The transport energy is provided by two mechanisms: A large sodium concentration gradient (high outside and low inside) as well as an assisting potential gradient maintained across the cell wall. (Negative on the inside attracting the positively charged sodium ions.)

The re-entry of sodium into the cell by the sodium-glucose co-transport process exactly balances the

imbalance created by the Na-K pumps. I will go further to say that the activity of the Na-K pumps is greatly dictated by the cell's requirement for glucose. This requires that a sodium imbalance be created by the Na-K pumps that then allow the co-transport of sodium and glucose into the cell to be energized.

This system requires yet another mechanism, one that allows the potassium that got pumped into the cell to diffuse back out of the cell. Otherwise potassium would accumulate in the cell and stop the process, killing the cell. This must be accomplished while maintaining the proper required high potassium concentration in the cell. It must be high, but not too high. In other words, the potassium concentration must be regulated. How is this accomplished?

To start with, the cell membrane is oil based and thus greatly obstructs the diffusion of all water-soluble ions, including potassium and sodium. If this was not the case, the sodium gradient that energizes the sodium-glucose co-transport system could not be maintained. Thus, to handle the diffusion of potassium out of the cell there is a specialized molecule (many of them) in the cell membrane that specifically attaches to potassium ions and allows them to be transported / diffuse across the membrane. This transport is not energized by ATP (like the Na-K pump) but rather is driven by diffusion, with the large potassium concentration gradient, inside to outside, being the driving force. The transport molecule in the cell wall must be highly selective to potassium and reject sodium, otherwise it would allow sodium to diffuse in and destroy the vital sodium gradient.

In such a diffusion process, the large potassium concentration inside the cell would be dissipated if there was not a mechanism to prevent it.

There are two possible mechanisms:

This might be accomplished by the cell regulating the concentration or activity of the potassium transport molecules in the membrane walls. This would require some form of active control that keeps the rate diffusing out to be exactly equal to the rate pumped in by the Na-K pump, which will be constantly changing as cell glucose requirements change.

The second mechanism, the one I prefer, operates more automatically: It is controlled by the tightly regulated potential gradient across the cell wall. The transport potential created by the concentration gradient of potassium ions across the cell wall promoting diffusion outward, is exactly balanced by the potential gradient across the cell wall promoting inward transport. This potential gradient is precisely maintained by other mechanisms, and thus would precisely regulate the high potassium concentration in the cell at the right level. It would automatically adjust to changes in the activity of thee Na-K pump.

I also propose that this potassium diffusion / concentration requirement is the controlling factor that dictates the required potential gradient across the cell wall that exists in all cells.

Introduce Cesium into the Process:

Cesium, like sodium and potassium, is a Group 1 element as listed in the periodic table. Such groups are organized according to common characteristics that cause them to have similar chemical properties. One such property is that Group 1 elements all have a single electron in their outer shell dictating that they all can have only a single positive charge in solution. The group, in order of atomic weight (AW)) is:

Hydrogen (AW=1), Lithium (AW=3), Sodium (AW=11), Potassium (AW=19), Rubidium (AW=37), and Cesium (AW=55). This sequence in atomic weight plays an important role. It shows that cesium is closer to potassium than it is to sodium in characteristics, and thus is more likely to substitute for potassium than sodium in biochemical processes.

The cesium killing mechanism:

The paper by Brewer referenced above states that cesium enters the cells quickly. This would not be true if it did not have a transport mechanism. It could not diffuse across the cell membrane at a significant rate without one. Thus, it is reasonable to presume that cesium is used interchangeably with potassium (but not sodium) by the Na-K pump. It appears that the high degree of selectivity between sodium and potassium essential for the Na-K pump consists of a size barrier that does not select out Group 1 elements that are larger than potassium from substituting for potassium. This is supported by the reports that rubidium has similar effects to cesium in treating cancer. However, its selection process prevents such elements from substituting for sodium.

Once the cesium is transported into the cell, it is trapped there. The mechanisms that allow potassium to diffuse back out are not effective for cesium. The cesium ion concentration continually increases, due to continued operation of the Na-K pump. As the concentration increases it not only disrupts the delicate ionic balance, but the simple increase of total number of ions in the cell changes its osmotic pressure, causing water to diffuse in. This causes the cell to swell, eventually to its bursting point, killing it.

Update 1/04: A clearer insight into the killing mechanism:

As the cesium ions accumulate in the cell they cancel the potential gradient across the cell wall that is required to energize the sodium-glucose co-transport into the cell. This could happen quite quickly requiring only a modest concentration of cesium in the cell. Thus the cell is very quickly starved of glucose. The first thing that happens is the cell stops growing. Since the cesium exits the cell only very slowly, this effect lasts long after the cesium treatment has ceased. In time, the starved cancer cells then die off. This die off is most likely gradual, slowly releasing dead material to the body. This slow die off minimizes the chance of the toxic effects of a rapid die off, characteristic of some other cancer treatments.

This rapid arresting of the cancer growth is consistent with the common reports that once cesium treatment is initiated, the first thing that happens is all the pain goes away.

If this is all true, it would seem that treatment of cancer with cesium, to quickly arrest growth and then gradually kill the cells, is an almost perfect approach. It would be consistent with some of the amazing reports of late stage cancer being arrested in a matter of days.

Cesium Trapping Mechanisms: There are two possible mechanisms that could be responsible for the trapping of cesium:

One mechanism is the molecule that provides for the diffusion of potassium across the cell's membrane is so selective that it does not accommodate cesium. Thus there is no way for cesium to get out. Simple diffusion across the oil-based would be far too slow.

The other mechanism is based on a concentration argument alone. If we assume that the transport molecule in the cell membrane can handle potassium and cesium equally well, the cesium ion concentration still has to rise to approximately the same concentration as the potassium ion concentration in order to have the same diffusion rate out, against the potential barrier opposing such diffusion. This would double the ion concentration in the cell. This barrier would not be so absolute as the first one mentioned above, but appears to be sufficient to kill the cell.

The preferential killing of cancer cells by cesium:

Cancer cells are anaerobic in metabolism. This has two very significant consequences for our purposes:

1) Cancer cells can obtain energy only from glucose by the process called glycolosis. They cannot obtain energy from proteins or fats, which normal cells can.

2) Cancer cells can obtain only 2 ATP's (the currency of energy in cells) per glucose molecule via the glycolosis process. In contrast, normal cells cannot only obtain energy from proteins and fats, but also when metabolizing glucose aerobically they obtain 36 ATP's per glucose molecule.

Thus, in order for a cancer cell to obtain the same energy as a normal cell it must metabolize at least 20 times more glucose. As was discussed above, the activity of the Na-K pump is greatly determined by the sodium-glucose co-transport system, which is driven by the cell's requirement for glucose. Thus, the Na-K pump in cancer cells will operate at a rate at least 20 times greater than normal cells. In turn, it means the cancer cells will pump in cesium at 20 times the rate of normal cells. Thus, the cesium treatment should kill cancer cells 20 times faster than normal cells.

Since it is believed that essentially all cancers are anaerobic in their metabolism, this cesium treatment approach should work for all cancers. This is truly profound.

This kill mechanism has some additional important properties:

It should take effect quite rapidly. In contrast to some other chemotherapy drugs, it does not rely on waiting for cell division to implement its kill mechanism. This is consistent with the results reported by Brewer.

In contrast with other chemotherapy agents focused on killing the cancer cells, it should cross the blood-brain barrier making it equally effective for brain tumours as for other forms of cancer.

However, if continued in a prolonged, continuous treatment protocol, the cesium concentration in the normal cells will eventually catch up with the cancer cells and kill them also.

Published Toxicity Data:

At this point I thought it would be appropriate to introduce what quantitative information is known about the toxicity of cesium chloride. I decided to also include potassium chloride and rubidium chloride for comparison. To do this I went to the book that is well known as the most credible reference in the field: **"Sax's Dangerous Properties of Industrial Materials"**. The results are summarized below.

Considerably more information is presented in the book and I would recommend that anyone interested in more detail read the proper sections in the book.

Sax classifies the health hazard of all three compounds, cesium chloride, potassium chloride and rubidium chloride as "Acute Toxicity"

There are two toxic classifications reported quantitatively: 1) the Lowest Published Lethal Dose (LDLo). (The lowest dose that has killed an animal.) and 2) the dose that is lethal for 50% of those receiving it (LD50). It should be noted that LDLo will always be lower than LD50. All the numbers presented are for test animals with human numbers available only for potassium chloride. They are given in weight of compound/kg of body weight. The route of introduction into the animal is also given.

Cesium Chloride: Rabbit: LDLo = 1000 mg/kg (Intravenous); **Rat:** LD50 = 1075 (Intravenous) to 2004 mg/kg (Oral); **Mouse:** LD50 = 910 mg/kg (Intravenous) to 2306 mg/kg (oral); **Cat:** LD50 = 640 mg/kg (Intravenous).

Potassium Chloride: Woman: LDLo=60 mg/kg (Oral); **Man:** LDLo = 20 mg/kg (Oral); **Guinea Pig**: LD50= 77 mg/kg (intravenous) to 2500 mg/kg (Oral); **Rat:** LD50=142 mg/kg (intravenous) to 2600 mg/kg (Oral); **Mouse:** LD50= 117 mg/kg (Intravenous) to 1500 mg/kg (oral).

Rubidium Chloride: Rabbit: LDLo - 100 mg/kg (Intravenous); **Rat:** LD50 = 4440 (Oral); **Mouse:** LD50 = 233 mg/kg (Intravenous) to 3800 mg/kg (Oral).

It is not clear how to quantitatively extrapolate these numbers to humans. However they can be used as the best available guide. They vary widely especially as related to the route of introduction. However, it would appear that all three compounds are very similar in their toxicity.

The only human numbers are for the LDLo for potassium chloride.

Cesium Chloride Treatment:

If we take the approach of using the lowest animal LD50 number for cesium chloride, 640 mg/kg for a cat, assume a 170-pound person (77 kg), then the LD50 for that person would be 50 grams. However, if we take the only human results, which are for potassium chloride, which are available only for LDLo, the initial onset of lethality in a fraction of the people, 20 mg/kg, this corresponds to a human LDLo of 1.5 grams. If we now assume that potassium chloride and cesium chloride have a similar LDLo's in humans, then a dose of 1.5 grams of cesium chloride would correspond to the initial onset of lethality in the most sensitive humans.

The Biological Half-Life of Cesium =110 days (3.5 months):

How long does cesium stay in the body? This is measured as the time it takes one half of the dose to be excreted from the body, called the Biological Half-Life. The average value for the Biological Half-life of Cesium, from the International Committee on Radiation Protection (ICRP) Publication 30, is 110 days. This is not fast. It means that a series of doses taken over a month would accumulate, being additive,

continually approaching closer to the LD50. It also means that in order for the dose to be reduced to 1% of the initial value, it would take 5.5 Half-Life's or a little over 19 months.

I was unable to find the biological half-life for potassium or rubidium, but it is known that the body eliminates potassium fairly quickly. That is why there is a need to continually replace it in our diet. I would suspect its biological half-life would be far less than that of cesium. Thus recovery from an overdose of potassium would happen far faster than an overdose of cesium.

Brewer's Paper:

Brewer's paper referenced above states "The toxic dose of cesium chloride is 135g. The administration of 6 grams/day therefore has no toxic effects." He does not explain how he arrived at his toxic dose or how it might relate to a LD50, the standard way of quantifying toxicity. My conservative analysis presented above is reasonably consistent with Brewers number for the "toxic dose" - 50g LD50 vs. 135g. However, his statement that 6g/day would have no toxic effects is inconsistent for two reasons.

1) My analysis predicts that the LDLo could start as low as 1.5g total. However, this would be for only the most sensitive people, which Brewer may not have experienced.

2) He appears to be unaware that the biological half-life of cesium in the body is approximately 110 days. This would predict that daily doses would accumulate. At 6g/day, in 9 days the person would have exceeded the above projected 50g LD50 and in 23 days it would exceed Brewer's toxic dose of 135g.

Brewer gives one case history where a lady with two hard rumour masses, 8 to 10 cm in diameter, one on her thyroid and one on her chest was given 3 to 6 months to live. She had tried chemotherapy, which was discontinued. She was taking laetrile on her own. She was given a 50g bottle of cesium chloride, was advised to take 4g/day but instead, took all of it in one week. Her tumours became soft, so she got another 50g bottle and took it the second week. By the end of that time she could not find the tumours. Two years later there was no sign of the cancer. (I assume she discontinued taking it after the second bottle but this is not stated.) This is in the Brewer paper referenced above.

Her surviving a total dose of 100g is not inconsistent with the above lethality analysis. (It is less than Brewer's stated 135g lethal dose.) If we assumed that the actual human LD50 was 100g, then 50%of the people would still live after such a dose. This may have been a lady that was particularly resistant to the toxic effects of cesium and thus could take a dose large enough to quickly kill her cancer cells without killing her. I found it interesting that the speed with which it appeared to kill the cancer cells is consistent with the theory I have presented. However, if the toxic projections were correct, I would expect a significant fraction of people taking such a dose would find it to be fatal.

Studies by H.E. Sartori: http://www.cancer-therapy.net/cesiumstudy.htm

In another paper I found on the internet by H.E. Sartori he describes a number of his studies. I would like to briefly summarize some of his conclusions presented in his Discussion:

1. The total of 50 cancer cases studied showed an impressive 50% survival rate.

2. It confirms the work of Messiha showing that the higher the dose the more effective it seems to be.

3. It should be noted, however, that cesium chloride dose regimes should not exceed 20 to 40 grams due to side effects, mainly nausea, and diarrhoea.

4. The usual dose used in the clinic ganged from 2 to 3 grams given by mouth 3 times daily. At a later time, at which time there is no indication of cancer presence, the cesium chloride dosage was reduced to a preventative dose between 0.5 and 1 gram a day.

I was personally pleased to see him give an upper limit to the dose (20-40g), which is consistent with the lethality analysis presented above. Thus, at his dose rates, 6-9g/day, I would conclude the cesium chloride treatments lasted no more than 2-7 days, at which time there would be no detectable cancer. I would expect a rapid response but this seems a bit more rapid than even I would expect. I suspect this is not quite accurate.

His approach of giving incremental doses and watching for early negative side effects would allow him to identify those who could not tolerate larger doses before the dose level became fatal.

He also introduces the concept of a preventive dose (0.5-1.0g/day). I don't know how he arrived at this or if it has any technical merit. The only supporting evidence may be estimated doses obtained from the environment in areas reported to have high soil cesium levels and low cancer rates.

Dead Cancer Cells:

It is common for cancer treatments to kill large amounts of cancer cells all at once. This can create a new toxic problem. The body can have considerable difficulty eliminating large amounts of dead tissue. This can be quite toxic even lethally toxic. It is a problem to watch for since the cesium therapy appears to kill cancer cells very rapidly. The cancer treatment field is well aware of this and takes precautions to avoid and deal with it.

Conclusion:

Upon completing this analysis I came to the conclusion that cesium chloride treatment of cancer has great promise and should be the subject of well-funded, intensive study to establish an optimum protocol. In particular, there is some indication that combining with a nutritional support therapy may reduce its lethality and allow more people to tolerate the dose they need to kill their cancers. I would hope that this would be included in such a study. It will always entail a significant risk. However, I am convinced that if done properly, a protocol can be developed that will save the lives of many people.

When comparing this treatment approach to the one presented at the beginning of this web page (converting cancer cells from anaerobic to aerobic metabolism) I consider the first to be far less hazardous in terms of possible negative side effects. It is nutritional in nature while the treatment with cesium is toxic in nature, definitely vulnerable to negative side effects. If the first, nutritive approach is effective, great. However, it might fail along with the conventional cancer treatments. At this point, cesium treatment might be considered. It looks like it could be profoundly effective, at any cancer stage for those who can tolerate it. I would consider it to be a backup treatment possibility that I would want to keep

available. In time, as more experience is achieved, it might shift from being a treatment of last resort to the one employed first. Only time and experience will tell.

Update 1/25/04: A communication with Rich VanKonynenburg Ph.D.:

A close and exceptionally competent friend, Dr. Rich VanKonynenburg, decided, at my request, to take a close / critical look at my Cesium theory and conclusions. A few days later he phoned me with his conclusions. Much to his surprise, he concluded that the basic thread was correct, but it could use some significant refinements/additions.

1) Cesium ions do easily substitute for potassium ions in the sodium-potassium pump, easily entering the cell. In doing so they seem to stimulate the pump to be even more active.

2) The diffusion of potassium ions out of the cell is not facilitated by a protein in the cell wall that transports it, as in some bacteria. Instead, it is facilitated by a protein in the cell wall that provides a pore, called a potassium channel, which is highly selective to potassium allowing the potassium to freely diffuse out.

He also discovered that there was data that showed that this potassium channel not only blocked the exit of cesium ions, but the cesium also blocked the channel to potassium ions. Cesium is a potassium channel blocker! This is truly an extremely fortuitous situation. I asked him to email me the abstracts of some of the publications that support this (found on Medline), and he did. He sent just a few of many such abstracts and I will leave it to the readers to perform their own search to satisfy themselves. This means that once enough cesium ions are present, both cesium and potassium ions will be trapped and accumulate in the cell. Thus, far less cesium will be needed to result in the accumulation of sufficient ions in the cell to arrest the sodium-glucose co-transport system. It also explains why some of the reports on the Internet claim that it was discovered that adding potassium at the same time enhanced the cesium treatment.

My Response to Rich's email:

Rich, Thank you so much for your critical review, discoveries and abstracts. I will read them. As you might expect I am in danger of entering an irrationally excited state, making some characteristically extreme statements. Your enhancement of the theory is truly profound. It not only verifies the expected accumulated of cesium ions in the cell, but also potassium ions at the same time. Some evidence that supports this is several reports on the Internet claim that it has been discovered that adding potassium to the cesium treatment enhances its performance. This was discovered, but not explained. Now it is explained, which not only provides important understanding, but also supports the correctness of the theory. We now have placed this cancer treatment theory on a sound technical / scientific footing. It has some critically important, fortuitous features that could not have been designed by any drug company.

1) Cancer cells need to operate the sodium-potassium pump approximately 20 times faster than normal cells.

2) Cesium readily substitutes for potassium in the sodium-potassium pump and cannot substitute for potassium in the potassium channel, preventing its exit from the cell.

3) If this wasn't enough, it also blocks the potassium channel so the potassium ions cannot exit either.

4) The inevitable accumulation of cesium and potassium ions in the cell will cancel the potential gradient across the cell wall. In doing so, it will prevent the sodium-glucose co-transport from operating, starving the cell, with cancer cells starving far quicker than normal cells.

5) This also explains why cesium has such a long biological half-life in the body, 110 days. Once it gets into a cell it plugs the exit and can only diffuse out very slowly. Thus, once it is in the cancer cells, it will stay for an extended period, long after the treatment has ceased, another fortuitous characteristic.

6) The accumulation of the ions in the cells could also cause the cells to swell due to increased osmotic pressure and possibly burst, introducing another kill mechanism. This is truly a miraculous discovery. We can only credit another power for thinking of it first.

Upon discussing this with another friend, Dr. Frank Gojny, he pointed out that adding potassium was not only helpful for the cancer control mechanism; it was also necessary for health. Cesium treatments are known to deplete potassium levels in the blood. At that point, the light went on again. Of course! Since the cesium is blocking potassium release from the cells, it will accumulate in the cells, depleting the blood levels, even to dangerous levels. Thus, it is essential to combine potassium with cesium with sufficient potassium to maintain healthy blood levels. Again, the potassium depletion measurements validate the theory presented while giving guidance for treatment. Dr. Gojny also told me he performed an analysis that suggested that the optimum treatment time would be to spread the cesium / potassium intake over a period of approximately two weeks.

Summary

Two proposed approaches to preventing, treating and curing all forms of cancer, even in its most advanced stages, have been presented in this web page. One involves a "nutritional" approach, causing the cancer cells to revert back to normal cells. The other involves arresting and killing the cancer cells using a toxin. They are quite different in approach, each invoking different biochemical logic. This theoretical understanding is crucial not only to convince others of their credibility, but it provides an essential scientific foundation that will allow others to proceed in an orderly manner to perfect them further. I have little doubt that considerable work is still needed to identify optimum protocols for each. I hope that work will take place. However, even without further perfection, there are reports that they can be significantly effective right now for some with what is presently known and resources that are readily available. The two approaches should be mutually supportive. In the early stages of cancer taking the nutritional approach would be the safest and may be all that is needed. If it fails, then the toxin (cesium) approach can be considered. There are reports of it being effective for some even in the latest stages of cancer. I would suspect that the approaches would remain interactive in that once the cesium approach has done its job, one would still want to return to the nutritional approach for cleaning up remaining cancer cells and preventing the occurrence of new ones. Will these approaches be enough? Only time will tell.

An active clinic for cesium treatment of cancer as of 2/20/04: I have just had conversations with the *Wolf Clinic in Canada (Ph: 1-800-592-9653*) that has had considerable experience with addressing cancer with cesium. They sell cesium chloride and have a proposed protocol, which they will give to anyone who purchases cesium chloride from them. They told me they found it to be successful for many, but not

all of those taking it. They are hesitant to claim a specific success rate, and they certainly have to be careful to avoid claiming it is a cure for cancer. Thus, it is my impression that it is not as perfect as the theory might predict. However, the patients seeking cesium therapy are generally those who have already exhausted all that current medicine has to offer and have been told there was nothing else that could be done for them. In this context, a 50% recovery rate could be viewed as quite positive. However, at this stage of experience, it is certainly not a treatment that one would choose before exploring what current medicine has to offer.

Another active cesium cancer treatment web site emailed to me 5/11/04: I received an email from "Larry" who stated that he has been working with cancer clients (using cesium chloride) for the past 2 years with "great" results. I present this as another resource for interested people to evaluate. He is located in the US.

Email: "Larry"<larry@essense-of-life.com>
Phone: 417-546-5075
He sent his two web page addresses presenting extensive information:
http://www.essense-of-life.com/info/cesium.htm
http://www.essense-of-life.com/info/petphtherapy.htm

I phoned him and he stated that he is not a MD and does not treat anyone. He gets feedback from "clients" and provides products. He is also quite willing to discuss details by phone. He told me that he has had approximately 1,500 clients so far. They have included not only people, but also pets. He said that over time he has gradually improved his suggested protocol. His web pages, like all others, also assume that the cesium is causing a pH change, which kills the cancer. As presented above, I do not agree with this. However, he does appear to have extensive experience dealing with people who have chosen to treat themselves or their pets. I was particularly attracted to his conclusion that cesium chloride must not only be taken with an excess of potassium chloride, but also must be taken with food and additional supplements. Some feedback I have received has indicated that the cesium chloride taken orally could cause severe gastrointestinal problems. Blending / diluting with food should help to mitigate this. He could be another valuable resource for someone considering treating cancer with cesium chloride.

Three additional web sites addressing cesium referred to me by email:
http://www.advancedhealthplan.com/2cesiumchlorideforcancer2.html
http://www.ithyroid.com/cesium.htm
www.cancer-coverup.com/story/dosage.html

A commercial source of cesium chloride for research:
www.cesium-chloride.com

Potassium chloride available at grocery stores:
Potassium chloride is commonly available in the salt section at grocery stores for people sensitive to sodium chloride (table salt). It is sold under labels such as "Salt Substitute", "No Salt", etc. It is 100% potassium chloride approved for human consumption. There is no better form. If you want it in a liquid form, just add it to water. (If you want the cesium chloride in liquid form, just add it to water.)

The HIGH PH THERAPY for CANCER
Tests on Mice and Humans http://members.iimetro.com.au/~hubbca/cesium,.htm
A. KEITH BREWER, Ph.D.

A. Keith Brewer Science Library,
325 N. Central Ave., Richland Center, WI 53581
http://www.mwt.net/~drbrewer/highpH.htm

BREWER, A. K. *The high pH therapy for cancer tests on mice and humans.* PHARMACOL BIOCHEM BEHAV **21**: Suppl. 1, 1-5. 1984.---Mass spectrographic and isotope studies have shown that potassium, rubidium, and especially cesium are most efficiently taken up by cancer cells. This uptake was enhanced by Vitamins A and C as well as salts of zinc and selenium. The quantity of cesium taken up was sufficient to raise the cell to the 8 pH range. Where cell mitosis ceases and the life of the cell is short.

Tests on mice fed cesium and rubidium showed marked shrinkage in the tumour masses within 2 weeks. In addition, the mice showed none of the side effects of cancer. Tests have been carried out on over 30 humans. In each case the tumour masses disappeared. Also all pains and effects associated with cancer disappeared within 12 to 36 hr; the more chemotherapy and morphine the patient had taken, the longer the withdrawal period. Studies of the food intake in areas where the incidences of cancer are very low showed that it met the requirements for the high pH therapy.

Cancer therapy....Cesium....High pH....Pain....Potassium....Rubidium....Tumour....Vitamins

THE High pH Therapy for cancer was arrived at from an extensive series of physical experiments. These involved the isotope effect across membranes of many types, normal plant and animal, embryonic, cancer, and synthetic. It also involved mass spectrographic analyses of membranes and cells, as well as fluorescence and phosphorescence decay studies of many types of cells and parts thereof. It is the thesis of this paper that the results obtained throw a direct light upon the mechanism of carcinogenesis, and also indicate a therapy. Tests on both mice and humans substantiate this theoretical approach [1-8].
BACKGROUND

The isotope effect throws a very direct light on the mechanism of carcinogenesis. In this study it was shown that the $^{39}K/41_K$ ratio in ocean water down to 6000 ft was 14,20000 [9-11]. In normal matured cells, both plant and animal, the ratio varied from 14.25 to 14.21. Embryonic and cancer cells all gave a ratio of 14.35. In the case of all synthetic cells across which there was a potential gradient, the ratio was 14.35. From these values it will be seen that the ratio in normal living cells indicates that as many isotopes leave the cell as enter.

In the case of potassium for embryonic and cancer cells as well as synthetic type cells with all types of membranes even including liquid mercury films the observed isotope ratio was given by equation 1.
$$(^{39}K/41_K)\ o = (^{39}K/41_K)\ n\ (41 + m / 39 + m)^{1}/_{2} \quad (1)$$

where ***n*** refers to the normal ratio, ***o*** to the observed ratio, and ***m*** is the associated mass for the ions.

All cations in solution are associated. The attached mass for Cs^+ is 3 molecules of water, for Rb^+ it is 5 molecules, for K^+ is 7 molecules. For cations below potassium in the Electromotive Series all ions are highly associated. This is to be expected from their position in the Hoffmeister Series. In the case of Ca^{++} the association is 30 molecules, while Na^+ is 16. Equation (1) holds for all cations tested from $H^+$to U^+. The value of *m* however will vary when polar molecules are present in the solution. For example, K^+ can also attach glucose. In contrast, Ca^{++} can attach a wide variety of molecules; it is this cation that transports peroxides into the cell, as well as metabolic products out of the cell.

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

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

In contrast to the above, a vast difference exists for cations below potassium in the EMS. In the case of embryonic cells all cations tested obeyed equation (1). In the case of cancer cells cations below potassium were taken up sparingly, if at all. For example the amount of calcium in cancer cells is only about one percent of that in normal cells [18].

The above isotope effect for potassium which transports glucose into the cell, and for calcium which transports oxygen are most significant with respect to cancer. They mean that glucose can readily enter cancer cells but that oxygen cannot enter. This accounts for the anaerobic state of cancer cells pointed out by Warburg as early as 1925 [26].

The mechanism responsible for the similarity in the isotope effect for potassium and rubidium in cancer and embryonic cells and for their marked difference in case of calcium was investigated in some detail using mass spectrographic analyses, and also fluorescence and phosphorescence decay patterns.

The phosphorescence decay patterns were found to be peculiar to and specific for all cell types or parts thereof [12-15]. It should be mentioned that the decay spectra is due entirely to the light emitted from the energized double bonds. All double bonds are capable of being raised to the energized state. While the fluorescence spectra and the phosphorescence decay patterns are both specific for each double bond they can be influenced by adjacent strong polar radicals. Again, both can be completely depressed by molecules absorbed over the surface; thus morphine, as well as attached polycyclic type molecules, will completely depress the excitation of the P=O radicals which characterize all cell membrane surfaces.

It was observed that the membranes tested gave a phosphorescence decay pattern due almost entirely to the P=O radicals which are composed of phospholipids. These radicals are specifically oriented over each type of membrane. This is most significant from the point of view of membrane action, since the P=O

radicals are moderately strong electron donors in the ground state and strong to powerful donors in the energized state. This is due to the fact that the ionization potentials, 1st to 5th, are appreciably higher for the 0 than the P atom. This means that the 4 bonding electron orbitals will be displaced nearer the 0 atom thus surrounding this atom with a pronounced negative field. The P atom is thus positive in nature.

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

TABLE 1

THE RELATIONSHIP BETWEEN REACTIVITY, DOUBLE BOND REACTIVITY, INTERMEDIATE ENERGY STATES, WAVE LENGTH AND RADIATION

Volts Ve=h $\times 1.235 \times 10^X$	Wave Length Å	Radiation	Reactivity
10^{-4}	1 cm	Rotation Spectra	Zero
10^{-3}	10^7 Å	Infra Red	
10^{-2}	10^6 Å		
10^{-1}	10^5 Å	Solar	Zero
1	10^4 Å	Ultra Violet	
10	10^3 Å		Low
10^2	10^2 Å	X-Rays	High
10^3	10 Å		High
10^4	1 Å	Gamma	
10^5	0.1 Å		
10^6	0.01 Å		

The reactivity of the double bond has been studied in some detail using both light absorption and electron impact. It was found that energy states of the order of those produced by metabolic processes were not reactive. In contrast, high energy states such as those that are induced by radioactivity are very reactive. Intermediate energy states in the ultra violet range were not reactive. Intermediate energy states in the ultra violet range were not reactive by electron impact, but slightly with light quanta. Here however the reactivity increased with a high power of the energy intensity per unit area [16]. This suggests that the reactivity may be due to the multiple absorption of light quanta, thus raising the energy of the bond to the sum of the quanta absorbed (see Table 1).

THE MECHANISM OF CARCINOGENESIS

The experimental information presented in the previous section involving the isotope effect, mass spectrographic analyses, and fluorescence and phosphorescence decay, combined with the pH data supplied by Von Ardenne [23-25], makes it possible to define the mechanism involved in carcinogenesis. This mechanism is very different from the accepted one of carcinogens entering the cell and becoming attached to the DNA. This mechanism will not explain any of the experimental data outlined briefly herein.

The proposed mechanism can be outlined in four steps.

Step 1

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

Step 2

In the absence of oxygen, the glucose undergoes fermentation to lactic acid. The cell pH then drops to 7 and finally down to 6.5.

Step 3

In the acid medium the DNA loses its positive and negative radical sequence. In addition, the amino acids entering the cell are changed. As a consequence, the RNA is changed and the cell completely loses its control mechanism. Chromosomal aberrations may occur.

Step 4

In the acid medium the various cell enzymes are completely changed. Von Ardenne has shown that lysosomal enzymes are changed into very toxic compounds. These toxins kill the cells in the main body of the tumour mass. A tumour therefore consists of a thin layer of rapidly growing cells surrounding the dead mass [3]. The acid toxins leak out from the tumour mass and poison the host. They thus give rise to the pains generally associated with cancer. They can also act as carcinogens.

HIGH AND LOW pH THERAPIES

Only two therapies will be mentioned here. Both are apparently effective. These are the Low pH therapy devised by Von Ardenne *et al*. [23-25] and the High pH therapy developed by the writer.

The Low pH Therapy

In this therapy devised by Von Ardenne, glucose is injected into the blood stream. As a consequence, the cancer cell pH will drop eventually to the 5.5 range. The patient is then placed in a furnace heated to 104 degrees Fahrenheit for a matter of hr [23-25]. The older the patient, the fewer the number of hours. The patient is allowed to breathe cold air. Diathermy is also applied over the tumour area which, in the absence of a blood supply, will cause the temperature of the mass to rise to something over 106 degrees Fahrenheit. At these high temperatures and in the acid medium, the life of cancer cells is very short. The only drawback to the therapy is that a case of severe toxaemia may result from the out-leakage of the acid toxins within the tumour masses [23-25].

The High pH Therapy

The ready uptake of cesium and rubidium by the cancer cells lead the writer to the High pH therapy. This consists of feeding the patient close to 6 g of CsCl or RbCl per day in conjunction with the administration of ascorbic and retionic acids, Vitamins C and A, which being weak acids, upon absorption by the tumour cells will enhance the negative potential gradient across the membrane, and also zinc and selenium salts which, when absorbed on the membrane surface, will act as broad and moderately strong electron donors. Both types of compounds have been shown in mice to drastically enhance the pickup for cesium and rubidium ions.

The toxic dose for CsCl is 135 g. The administration of 6 g per day therefore has no toxic effects. It is sufficient however to give rise to the pH in the cancer cells, bringing them up in a few days to the 8 or above where the life of the cell is short. In addition, the presence of Cs and Rb salts in the body fluids neutralizes the acid toxins leaking out of the tumour mass and renders them nontoxic.

TESTS OF THE HIGH pH THERAPY ON MICE AND HUMANS

The therapy has been tested and the results will be discussed briefly below.

Tests on Mice

The High pH therapy was first tested at American University in Washington, DC using mice. In these tests, 2 mm cubes of mammary tumours were implanted in the abdomens of mice and allowed to grow for 8 days. The mice were then divided into two groups. Both groups were continued on mouse chow, but the test group was given 1.11 g of rubidium carbonate by mouth per day in aqueous solution. After 13 more days the controls were starting to die so all mice were sacrificed and the tumours removed and weighed. The tumours in the test animals weighed only one eleventh of those in the controls. In addition, the test animals were showing none of the adverse effects of having cancer [3].

Results similar to those mentioned above were obtained at Platteville, WI using CsCl. More recently, Platteville has studied intraperitoneal injection of cesium carbonate for mice with abdominal tumour implants with 97% curative effect.

Tests using intraperitoneal injections of CsCl were carried out by Messiha *et al*. [21]. The results were most successful and showed a drastic shrinkage in the tumour masses.

Tests on Man

Many tests on humans have been carried out by H. Nieper in Hannover, Germany and by H. Sartori in Washington, DC as well as by a number of other physicians. On the whole, the results have been very satisfactory. It has been observed that all pains associated with cancer disappear within 12 to 24 hr, except in a very few cases where there was a morphine withdrawal problem that required a few more hours. In these tests 2 g doses of CsCl were administered three times per day after eating. In most cases 5 to 10 g of Vitamin C and 100,000 units of Vitamin A, along with 50 to 100 mg of zinc, were also administered. Both Nieper and Sartori were also administering nitrilosides in the form of laetrile. There are good reasons to believe that the laetrile may be more effective than the vitamins in enhancing the pickup of cesium by the cells.

In addition to the loss of pains, the physical results are a rapid shrinkage of the tumour masses. The material comprising the tumours is secreted as uric acid in the urine; the uric acid content of the urine increases many fold. About 50% of the patients were pronounced terminal, and were not able to work. Of these, a majority have gone back to work.

Two side effects have been observed in some of the patients. These are first nausea, and the second diarrhoea. Both depend upon the general condition of the digestive tract. Nieper feels that nausea can be prevented by administering the cesium in a solution of sorbitol. The diarrhoea may, to some extent, be affected by the Vitamin C.

Only one case history will be presented here. A woman with 2 hard tumour masses 8 to 10 cm in diameter, one on her thyroid and one on her chest, was given 3 to 6 months to live. She had been subjected to chemotherapy, but was discontinued because it weakened her. She was taking laetrile on her own. She was given a 50 g bottle of CsCl and was told to take 4 g per day. She reported her case a year later. Being very frightened she took the entire 50 g in one week. At the end of that time the tumour masses were very soft, so she obtained another 50 g of CsCl and took it in another week. By the end of that time she could not find the tumours, and two years later there was no sign of their return.

LOW INCIDENCE CANCER AREAS

There are a number of areas where the incidences of cancer are very low. Unfortunately, the food composition in these areas has never been analysed. At the 1978 Stockholm Conference on Food and Cancer it was concluded that there is definitely a connection between the two, but since the relationship was not understood, no conclusions could be drawn [22]. The food intake has been studied by the author as far as possible from the high pH point of view. The results found will be discussed for a number of low incidence areas.

The Hopi Indians of Arizona

The incidence of cancer among the Hopi Indians is 1 in 1,000 as compared to 1 in 4 for the USA as a whole. Fortunately their food has been analysed from the standpoint of nutritional values [17]. In this study it was shown that the Hopi food runs higher in all the essential minerals than conventional foods. It is very high in potassium and exceptionally high in rubidium. Since the soil is volcanic it must also be

very rich in cesium. These Indians live primarily on desert grown calico corn products. Instead of using baking soda they use the ash of chamisa leaves, a desert grown plant. The analyses of this ash showed it to be very rich in rubidium. The Indians also eat many fruits, especially apricots, per day. They always eat the kernels. The results indicate clearly that the Hopi food meets the requirements for the High pH therapy.

The Pueblo Indians of Arizona

Some 20 years ago the incidence of cancer among the Pueblo Indians was the same as that for the Hopi Indians, since their food was essentially the same. But unlike the Hopi, these Indians have accrued certain items from outside their environment, hence supermarkets were installed in the area. Today the incidence of cancer among the Pueblos is 1 in 4, the same as the U.S. It is reported that there is a regular epidemic of cancer among them. It must be emphasized here that the high incidence of cancer is not due to what is in the supermarket foods, hut rather to what is not in it. It is essentially lacking rubidium and cesium and low in potassium.

The Hunza of North Pakistan

Cancer is essentially unknown among the Hunza, but unfortunately their food has never been analysed. Talks with Hunza themselves and with Hindu professors who have spent some time in the area, have thrown sufficient light upon the food intake to show that it meets the requirements of the High pH therapy. They are essentially vegetarians, and are great fruit eaters, eating ordinarily 40 apricots per day; they always eat the kernels, either directly or as a meal. They drink at least 4 litres of mineral spring waters which abound in the area. Fortunately this water has been analysed and found to be very rich in cesium. Since the soil is volcanic in nature, it must be concluded that it will be rich in Cs and Rb, as well as K.

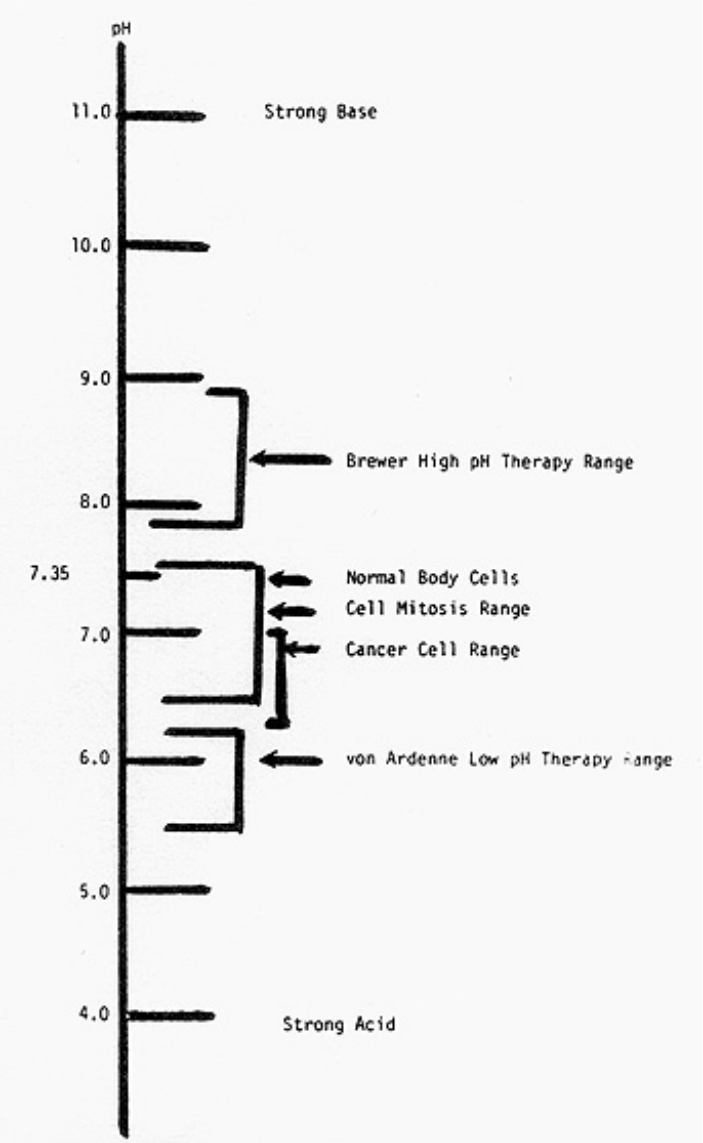


FIG. 1. The relationship between pH of cancer cells and cancer progression: the high and low pH therapies.

Central and South America

The Indians who live in Central America and on the highland of Peru and Ecuador have very low incidences of cancer. The soil in these areas is volcanic. Fruit from the areas has been obtained and analysed for rubidium and cesium and found to run very high in both elements. Cases have been reliably reported where people with advance inoperable cancer have gone to live with these Indians, and found that all tumour masses disappear within a very few months. Clearly the food there meets the high pH requirements.

In conclusion, the High pH therapy, as has been pointed out, was arrived at from physical experiments carried out on cancer and normal cells. It has been tested and found effective on cancers in both mice and humans. There can be no question that Cs and Rb salts, when present in the adjacent fluids, the pH of cancer cells will rise to the point where the life of the cell is short, and that they will also neutralize the acid toxins formed in the tumour mass and render them non-toxic.

Cesium Dosage and Side Effects

Several problems have arisen in the therapy which require further study. One of these is to determine the minimal dosage of CsCl that will kill cancer cells. Would cesium carbonate be better? Related to this are the effectiveness of intravenous injections, and, in certain cases, intraperitoneal injections. Both have been found to be effective in mice, but they have not yet been tested on humans.

The minimal dosage for curative action has not been determined. It has been observed by several physicians that the administration of 0.5 g per day of CsCl will actually enhance the rate of tumour growth. This is to be expected, since this low amount is sufficient only to raise the cell pH into the high mitosis range (see Chart 1). The data so far reveal that any quantity of 3.0 g or above will be effective.

A side effect which occurs in some cases, especially those who have had stomach ulcers, is nausea. This is far smaller for 3.0 g per day than for 6 to 10 g. The nausea can be minimized by administering cesium salt in a sorbitol solution as mentioned earlier. Further studies are necessary.

A limited number of patients have experienced diarrhoea. Since cesium is a nerve stimulant [19], this can be expected. The effect is enhanced by taking large doses of Vitamin C, but it apparently is lowered by laetrile.

A further study is being made to determine the amount of cesium, rubidium or possible potassium in the diet that is sufficient to prevent cancer. Some data is available on the food composition in areas of the world where cancer is very low, but it is difficult to quantify, since the amount eaten varies greatly between individuals.

The effectiveness of potassium salts is yet to be determined. Tests to date have not been made on leukaemia patients.

CESIUM BIOLOGICAL USES

In addition to the cancer therapy outlined in this paper, a [19] U.S. Patent has been issued on the use of cesium chloride as a nerve stimulant. **Cesium salts are very effective in regulating heart arrhythmia.**

In areas of the world where cesium in the food intake is high, it has been noted that longevity of well over 100 years is not at all uncommon. Based on experimental data available [21] Cs salts may be useful in the treatment of manic-depressives.

ADDENDA

In later writing, Dr. Brewer wrote: "The goal of the high pH therapy is the transport of large quantities of Cs^+ Rb^+ and glucose-free K^+ across the membranes of cancer cells. During high pH therapy, Dr. H. Nieper, M.D., observed a loss of potassium which should be replaced." Two booklets discussing Dr. Brewer's final theories about cesium are available from the Brewer Science Library: "High pH Cancer Therapy with Cesium," and "Cancer Its Nature and a Proposed Treatment," both by A. Keith Brewer, Ph.D.

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It seems you have to take potassium with it though.

http://www.royalrife.com/cesium.html

CESIUM AS A CANCER SUPPLEMENT Over the last century, a number of successful cancer treatments have been discovered. Dr. Royal R. Rife discovered that carcinoma and sarcoma are viral diseases. He learned how to kill the viruses with frequency devices, and had a very high success rate with 16 consecutive recoveries of late-stage patients using frequencies above 11,000,000 Hz. Dr. William Donald Kelley said that cancer was a lack of protein digesting enzymes. One of his former patients once told me that Kelley had her take "handfuls" of a certain enzyme formula as part of the treatment. (The name of the formula has been removed for legal reasons.) Kelley's program worked very well with a reported 80% success rate with late-stage patients. Dr. Hulda Clark states that toxins and parasites are the primary issues. Good reports are coming from some who use her program too.

Dr. A. Keith Brewer also put together an explanation of the cause of carcinoma and sarcoma along with a successful program. Brewer did extensive research in the area of cell membranes and their ability to pass nutrients. According to Dr. Brewer, cancer develops when:

1. Carcinogenic materials attach to the outer surface of the cell membrane. (Possibly Rife's viruses also are part of this, as well as Clark's parasite toxins.) The membrane is altered and can no longer pass certain materials.

2. The cell membrane can no longer pass magnesium, calcium, or sodium. As oxygen transport depends on calcium and magnesium, the cell becomes very oxygen deficient. The membrane can still pass potassium, rubidium and cesium, however. As glucose transport depends on potassium, the cell is well supplied with glucose. In the absence of oxygen, the glucose is fermented into lactic acid. The fluids in the cell cannot maintain a normal pH of 7.35 or so, and drift down toward 7.0 and even 6.5. (This should not be confused with urine or saliva pH which are a different matter.)

3. In the acid environment, DNA, RNA, and amino acids are altered and the cancer cell's control mechanisms fail.

4. In the acid environment, normal cellular enzymes are changed into strong toxins which leak out and poison the patient causing many of the typical cancer symptoms. These toxins also act as carcinogens.

CONCLUSION: A high pH therapy of cesium salts can be used to force the cancer cell to go a pH of 8.0 or higher. Cesium is the most alkaline nutritional mineral. Other nutrients are also used to help the cells absorb more cesium. (See below.)

CLUE: A study of mice who were fed rubidium salts found that rubidium reduced tumours to 1/11th the size of tumours in untreated mice. Cesium has produced similar results.

CLUE: In areas where local people eat a diet and drink water high in rubidium and cesium, cancer is very rare. Examples are the Hopi who still eat their traditional diet, and the Hunza. Both groups also eat apricots with the kernels which contain nitriles that aid in the absorption of cesium.

TWO WEEK EXPERIMENTAL RESEARCH PROGRAM: (In addition to enzymes, killing the virus, desired medical treatment, etc.) 2 grams (2000 mg) of cesium chloride or cesium carbonate in water twice a day WITH MEALS. 100-200 mg of potassium should be taken with the cesium. Also use high potassium foods such as potatoes, bananas, orange juice, fresh carrot juice etc. Extra potassium may be needed. Monitor potassium levels with blood tests. 2 grams (2,000 mg) of ascorbic acid three times a day with meals. 25,000 units of Vitamin A twice a day with meals. 50 mg of zinc as gluconate or chloride twice a day. 200 mcg of selenium per day. Eat 5 apricot kernels three times a day. Use MSM if tolerated. If possible, monitor the chemistry with Nutri-Spec testing. It is necessary to monitor potassium levels with blood tests. Uric acid levels may also rise if tumours are being reabsorbed by the body. RESULTS: Dr. Hellfried Santori (who now resides at Virginia's Buckingham Correctional Center) treated 50 terminal patients with a program like this with very good results. Also, a researcher who I will not name is currently reporting that an experimental program like this is producing good results with solid tumours such as carcinoma and sarcoma.

CAUTION: Cesium chloride is not toxic in these amounts but it can cause stomach upset. Take with meals! Patients who chose to try this program must be under a physician's care and potassium levels must be monitored! Cesium will compete with potassium and large doses of potassium may be needed. Patients may experience temporary numbness of the lips and tip of nose. People with high blood pressure

or other heart conditions must be under a physician's supervision to use cesium. Extra magnesium may also be needed. It takes months for the body to eliminate these high amounts of cesium. Contact your physician if increased fatigue, irregular heartbeat, muscle cramps, or blood pressure changes occur. This program is not FDA approved and this material is presented to encourage further research not to replace medical care. Those who believe they have cancer are urged to consult with a physician. Hey that was pretty easy to figure out with just a little info. So much for the ADA, FDA, and government, helping us all. With friends like these...

"Never can one man do more for another man than by making it known of the availability of Divine Love." JD