

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

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**Editor**

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## PREFACE

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

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

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

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

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## Introduction

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

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

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

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

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

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

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

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

## **IMPORTANT WARNING**

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

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

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

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

## About Vitamin B-17

### Genesis 1:29

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

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

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

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

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

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

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

### **Vitamin B-17 as Preventative**

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

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

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

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

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

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

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

## **Metabolic Therapy in Cancer**

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

### **Introduction**

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

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

### **Cancer Aetiology**

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

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

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















































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

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

**OR**

## **PHASE I ORAL**

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

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

## **Then, after the first 21 days....**

### **PHASE 2 METABOLIC PACK** for the next 3 months

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

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

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

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

## **MAINTENANCE DOSAGE IN HUMANS**

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

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

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

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

## **ACCESSORY THERAPY ROUTINELY PRESCRIBED**

### **Elimination**

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

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

### **Combined Modalities of Treatment**

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

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

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

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

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

## **Light**

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

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

## **Hygiene**

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

## **Diet**

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

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

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

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

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

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

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

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

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

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

## Summary

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

## THE ROLE OF POSITIVE THINKING

### The Physical Aspect

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

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

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

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

### **The Psychological Aspect**

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

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

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

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

## **IMPLEMENTING CHANGES**

### **Convert Your Bathroom**

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

## **NOTES ON THE BEHAVIOR OF TUMORS UNDER VITAMIN B17 THERAPY**

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

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

## **CRITERIA FOR EVALUATION OF CLINICAL PROGRESS**

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

## **VITAMIN B-17 AND SICKLE CELL ANEMIA**

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

## **FLUORIDATION-LINKED CANCER**

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

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

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

## CONTACTS

### **NEWAYS International:**

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

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

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

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

### **Vitamin B17 Metabolic Therapy Information Resources**

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

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

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

<p>Worldwithoutcancer.org.uk <a href="http://www.worldwithoutcancer.org.uk">http://www.worldwithoutcancer.org.uk</a> e-mail: <a href="mailto:info@worldwithoutcancer.org.uk">info@worldwithoutcancer.org.uk</a> Phone UK 01702 480934</p>
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You may obtain copies of this book to give to all your friends and relatives by accessing our web-site at <http://www.worldwithoutcancer.org.uk>. You may print this exact booklet **free of charge** using Adobe Acrobat Reader or simply by clicking on the “print” button on your web browser. Make sure to click on the link titled “Print Brochure” or simply go to: <http://www.worldwithoutcancer.org.uk>

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

### **Recommended Clinics**

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

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

### **IN GOD WE TRUST**

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

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

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

## REFERENCES

- Clinical Oncology for Medical Students and Physicians, op. cit, pp.32 , 34
- Spontaneous Regression of Cancer: "The Metabolic Triumph of the Host!", op. cit.,pp. 136, 137.
- Manner, HW, Michaelson, TL, and DiSanti, SJ. "Enzymatic Analysis of Normal and Malignant Tissues." Presented at the Illinois State Academy of Science, April 1978. Also, Manner, HW, Michaelson, TL, and DiSanti, SJ, "Amygdalin, Vitamin A and Enzymes Induced Regression of Murine Mammary Adenocarcinomas", *Journal of Manipulative and Physiological Therapeutics*, Vol 1, No. 4, December 1978. 200 East Roosevelt Road, Lombard, IL 60148 USA
- Vitamin B15 (Pangamic Acid); Properties, Functions, and Use. (Moscow: Science Publishing House, 1965), translated and reprinted by McNaughton Foundation, Sausalito, Calif. (to see a copy go to <http://www.vitaminb15.com>)
- Catalona, et al. Medical World News, 6/23/72, pg 82M California cancer Advisory council, 1963, pg 10
- Weilerstein, R. W., ACS Volunteer, 19, #1, 1973
- Burger, Hospital Practice, July, 1973, 55-62
- Currie & Bagshawe, Lancet, 1, (7492), 708, 1967
- Abercrombie, Ca. Res. 22, 525, 1962
- Cormack, Ca. Res. 30, (5), 1459, 1970
- catalona, et al. Medical World News, 6/23/72, pg 82M
- Jose, Nut. Today, March, 1973, pgs 4-9
- Burk & Winzler, VITAMINS AND HORMONES, vol. II, 1944
- Adcock et al, Science, 181, 8/31/73, 845-47
- Dr. Dean Burk formerly chief of cytochemistry, The National cancer institute, and Dr. John Yiamouyiannis, Science Director of The National Health Federation, Formerly an editor of chemical Abstracts.
- Fairley, Brit. Med. J. 2,1969, 467-473
- Burk, McNaughton, Von Ardenne, PanMinerva Med. 13, #12, Dec. 1971
- Lea, et al. ca. Res. 35, 2321 -2326, Sept. 1975
- The McNaughton Foundation, I.N.D. 6734, April 6, 1970
- Nieper, Krebsgeschehen, 4,1972
- J.A.M.A. 225, 4, July, 1973, pg 424
- Shamberger et al, Proc. Nat. Acad. Sci. May, 1973
- Shute & Shute, ALPHA TOCOPHEROL IN CARDIOVASCULAR DISEASE, Ryerson Press, Toronto, Canada, 1954
- Ransberger, 10th Int. Cancer Congress, 1970
- Wolf & Ransberger, ENZYME THERAPY, Vantage Pr. 1972
- Summa; Dipl. Ing. (chem) Landstuhl, 1972
- Reitnauer, Arzneim. Forsch. 22, 1347-61, 1972
- Folkman, Ann. Surg. 175, (3), 409-1 6, 1972
- Penn, 7th Annual Cancer Conf. 1973
- The MEDICAL LETTER, vol. 15, #3 (issue #367) 2/2/73
- Kreuger, ADVANCES IN PHARM. & CHEMOTHERAPY, vol x, 1973
- Prejean & Griswold, NCI Progress Rep. (So. Res. Inst.) 9/72
- Annals New York Academy of Science: 164, 2, 1969
- Sorbo, Acta Chem. Scand. 5, 1951, (724-34); 1953 (1129-1136); 1953 (1137-1145)
- Clemedson et al, Acta Physiol. Scand. 32, 1954, 245
- Engel, Med. Klink. 20, 1790, 1930
- DeFermo, Arch. Ital. de Chir. 33: 801, 1933
- Saphir,~Endocrinol. 18, 191, 1934
- Velasquez & Engel, Endocrinol. 27, 523, 1940
- Li, Med. Clin N. Am. 45, 661 -666, May, 1961
- Roffo, Bol. Inst. de Med. 21, 41 9-586, 1944
- Friedman, Ann. N.Y. Acad. Sci. 80-1 61, 1959 (and refs)
- Krebs & Gurchot, Science, 104, 302, 1946
- Braunstein, et al, Annals Int. Med. 78:39-45, 1973
- Naughton et al, Ca. Res. 35, 1887-1 890, July, 1975
- Wide & Gemzell, Acta Endocrinol. 35-261, 1960
- Navarro, 9th International Cancer Congress, Toyko, Oct. 1966
- reported in HEALTH AND LIGHT, by John Ott, D.Sc., Devin Adair, 1973
- Nieper, Agressologie 12, 6,1971, 401-8
- Livingston, CANCER: A NEW BREAKTHROUGH, Nash Publishing, Los Angeles, 1972
- Benno C. Schmidt, chairman of the Memorial Sloan-Kettering Cancer Center, New York City, chairman of The President's Cancer Panel; address to the A.C.S., California Division, Oct. 12, 1973 (Los Angeles Times)
- Yudkin, SWEET AND DANGEROUS, Bantam Books, 1972
- Seminars on Healing, The Academy of Parapsychology and Medicine, June 1973
- Torrance & Schnabel, Ann. Intern. Med. 6, 732, 1932
- Leivy & Schnabel, Am. I. Med. Sd. 183, 381, 1932
- Gillette, et al, I. Clin. Invest. 51, 36a, 1972
- Gillette, et al, New Eng. J. Med. 290, 654, 1974

- Cerami & Manning, *Prac. Natl. Acad. Sci.* 68, 1180, 1971
- Gillette et al, *ibid*, 68, 2791, 1971
- Cerami, et al, *Fed. Proc.* 32, 1668, 1973
- Manning, et al, *Adv. Exp. Med. Biol.* 28, 253, 1972
- Houston, *Am. Laboratory*, 7, #10, October, 1975 (and editorial)
- DeLange & Ermans, *Am. J. Clin. Nut.* 24, 1354, 1971
- Barnes, Broda, M.D., HEART ATTACK RARENESS IN THYROID-TREATED PATIENTS, C.C. Thomas, 1972
- Barnes and Galton, HYPOTHYROIDISM, THE UNSUSPECTED ILLNESS, Thomas Y. Crowell, N.Y., Feb. 1976
- Smith, J. C. *Medical Counterpoint*, Nov. 1973
- Oberleas, *Intntl. Trace Elements Symp. Modern Med.*, Sept. 16, 1974
- *New Scientist*, 5/2/74
- Korant, B.D., *Nature*, 4/12/74
- Klenner, FR., *I. So. Med. & Surg.* 111, 209, 1949
- Staepoole, P.W., *Med. Hyp.*, March-April, 1975

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