

## Coenzyme Q-10 / High pH Therapy

### Coenzyme Q-10 Japan

An activator of cellular life-energy at its core - Mitochondria chow! Body production of Q-10 declines with age. For longevity, youthfulness, immune energy, strong heart, healthy gums, complexion, lessens damaging effects of chemotherapy, and other toxins, sharpens and clears eye sight, increases sexual energy. Antioxidant and supports cancer fighting immune system especially in breast cancer. Reduces age spots and helps clear toxic debris out of cells.

99.97% COQ-10

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COQ-10, also known as Ubiquinone, is a vitamin-like substance that resembles Vitamin E but is an even more powerful anti-oxidant. There are 10 common Coenzyme Q's, but COQ-10 is the only one found in human tissue. As we age, COQ-10 tissue levels decrease until at age 40 we have only 64% of the COQ-10 that we had at 20, while when we reach age 80, we measure only 36% of our age 20 tissue COQ-10 count. COQ-10 is the cellular component (quinone) which is a cyclic compound found in every cell of the body.

Eating foods cooked or processed destroys the COQ-10 and/or the substrates which our body would convert into replacing depleted COQ-10 tissue stores. (Pure COQ-10 is a bright yellow in its active form, but once it is exposed to light or 115 degrees heat it is rendered inactive.) Eating foods rich in COQ-10 (sardines, green vegetables, cereals, and raw nuts) will spare COQ-10 tissue losses.

Modern research supports the benefits to both performance and health by oral supplementation of COQ-10. The New England Institute reports that COQ-10 alone is effective in reducing mortality in experimental animals suffering from tumors and leukemia.

Other research projects have substantiated further health benefits from COQ-10 supplementation against allergies, asthma, respiratory disease, schizophrenia, Alzheimer's disease, obesity, candidiasis, multiple sclerosis, periodontal disease, diabetes, cancer, and most recently AIDS. Studies have shown that reduced levels of COQ-10 contribute directly to the aging process, while increasing COQ-10 intake will actually retard and slow down the effects of "Father Time" on all of us. Similar studies have noted conclusively that COQ-10 supplementation reduces the risk of heart attack, increases respiration efficiency in the heart muscle, lowers blood pressure, and enhances immune system functions. Testimonies abound of Exsula Iridesca's effectiveness with many of these conditions. We recommend it highly in our LEC anti-aging programs.

## **Specific Studies On COQ-10... Irrefutable Proof.**

In blood and tissue samples taken from patients suffering from cardiomyopathy, COQ-10 was found to be deficient in two separate independent studies. Clinical observation of COQ-10 supplementation appears to give symptomatic relief to chronic fatigue syndrome in patients studied in two separate and independent research projects. Oral ingestion of COQ-10 was found to activate macrophages, hence enhancing immune system function significantly. In double blind studies and in individual case reports, neuromuscular neurogenic atrophies of both skeletal and cardiac muscle were shown to improve functionally after oral ingestion of COQ-10.

Obesity treated with 100 mg. COQ-10 doses orally contributed to increased weight loss rates in two separate and independent studies of obese individuals on restricted calorie intake. Obese people, like the cardiomyopathic patients listed above, tend to be deficient in COQ-10 tissue and blood level sampling. Results from rat studies suggest that oral ingestion of COQ-10 will raise blood and tissue levels of this important health nutrient. The rats with the highest tissue levels were exercised long enough to induce injury, but performed extreme endurance exercise without injury, while the control group of non-supplemented rats received exercise-induced injuries. This strongly suggests that COQ-10 supplements may provide a protective-preventative effect from exercise-induced endurance injury.

We support the understanding that Synergy is invaluable when considering nutritional alternatives to healthy immune system support. Isolates, (isolated concentrated vitamins and ingredients) lack the cohesiveness of blended Superfoods that contain a wide range of essential phytonutrients in live-form high concentrated enzyme-rich "Exsula" products.

There are many liquid soft gel products ranging from about \$15-\$40 for sixty 50mg gels. It is important that the product is carefully tested for potency. Most of the bargain(??) basement offerings are little more than rice powder with yellow dye.

Compare the cost of CoQ-10 in isolate form with the Synergistic approach in Exsula Iridesca, and you'll see, you can't lose when you invest in the best.

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Without Q-10 in your cells, you can not produce energy. You are dependent upon your diet and your liver to provide you with optimum amounts.

Very early after age 20, your liver output of Q-10 begins to decline. By age 40 the decline is substantial and its shortage begins first to show up in an increased fat level, lowered physical ambition, a shrinking of your effective work day, less frequent and less vigorous sexual activity, and eventually, very often as gum disease. Your heart is perhaps the most vital Q-10 consuming community of cells, however, your immune system isn't far behind.

Your liver itself requires Q-10 for energy to produce Q-10 and other enzymes. Without sufficient Q-10, your production of all enzymes enters the downward spiral characteristic of aging, and all the signs from poor health to reduced physical mobility and slow-mindedness begin to set in.

Because your brain cells are the very same original brain cells you had in your mother's womb, they are ancient compared to blood cells or intestinal lining cells, which are replaced weekly or even more often. You either protect your brain cells or they go off-line for good. They aren't replaced. You get no second chance to treat them better next time. Anyone who has seen senile dementia or Alzheimer's understands how precious are the basic brain functions that some people neglect and take for granted.

Q-10 is the precious fountain-of-youth in this category as it is essential to provide the spark of life to keep these irreplaceable cells alive and healthy - *and* - Q-10 is the one antioxidant uniquely poised right within the mitochondria (energy producing structures of the cells) to degrade the metabolic byproducts of life-energy production before they can damage the sub-microscopic machinery of the mitochondria - or before these toxins can escape to attack the surrounding equipment and genetic blueprint required for maintaining healthy chemistry of your brain cells.

Each daily supply of Iridesca provides 60mg of Q-10, double the 30mg amount of typical Q-10-specific supplements.

Q: If so many other nutrients are so vital, then what is the point of the RDA?

A: You might look at it this way. The RDA is an old-ideology-based system which is OK for a quick identification of a few of the basic nutrients, which when lacking result in fairly rapid disease conditions - like Vitamin C for scurvy, Folic Acid to prevent birth defects, or B-12 and Iron for anemia. But even the term RDA (Recommended Daily Allowance) is being modified to Reference Daily Intake - no longer "recommended" but merely a "reference."

Many of the non-RDA nutrients are equally vital for healthy functioning of your cells, organs and systems, but because your body is able to hold-up under deprivation of these nutrients for longer periods of time before obvious disease sets in, no RDA was ever established. A perfect example of this would be how a slight shortage of Lecithin may take decades to manifest as cholesterol-clogged arteries. The body can work around this eventual killer for many years before it becomes obvious and inescapable.

Also, the RDA system originated out of an era riddled with commercial bias and incomplete scientific information. For example, there is an RDA for Vitamin A but not for Carotene - even though Carotene is a safer, more widely functioning source of Vitamin A.

The pre-formed "animal-form" of A is cheaper and less bulky, so it got picked while the "plant-form," Carotene, got put off. Then once Carotene did begin to gain recognition as a superior,

more widely beneficial form of Vitamin A, only one member of the diversely capable Carotenoid family got selected - Beta-carotene (the easiest to synthesize). Beta got all of the attention to the neglect of the other naturally-occurring Carotenes - Lutein (for eyesight) Alpha Carotene ("Canthaxanthin" - for a healthy tan) Xanthophylls, Lycopene, Cryptoxanthin, Echinenone, Euglenanone and Zeaxanthin (for synergistic support of your immune system).

Two other examples - even though Q-10 and Lecithin are indisputably vital for proper cellular functioning and for your health, these precious nutrients won't get elected to RDA status because of a goofy technicality - your liver can make them from other nutrients in your diet. Well, it can do this while you are young anyway - while your liver is perfectly healthy - and assuming you are getting a complete diet otherwise.

However, once you begin to age, the efficiency of your liver begins to taper-off and your production of these nutrients drops along with it. This decline is accompanied by all of the "normal" signs of aging - lessened physical, sexual, mental and immune performance - the look of aging (wrinkles, joint and circulatory problems, fat-gain and muscle-loss and sag).

Not all of us consider these traits as normal, nor do we desire to experience them 20 or 30 years prematurely. The Life Enthusiast's response to these "minor" challenges is not centered around worshipping the god of ink and paper called the RDA, but rather embraces all of the beneficial nutrients provided by our Creator throughout living creation in the form of nutrient-accumulating plants - the form your Designer and Maker provided and specified.

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## USE OF CoQ10 TO TREAT MALIGNANCIES

By Dr. James Howenstine, MD.

Biochemist, Dr. Karl Folkers, Ph.D, was employed by Merck where he discovered vitamin B12 and learned how to make a synthetic version of it that sold all over the world ending pernicious anemia. He was considered for a Nobel Prize but did not win this honor.

He had become very interested in CoQ10 which Merck could not pursue because it was not patentable as a natural substance. Dr. Folkers had learned that CoQ10 was able to slow the progression of muscular dystrophy. After leaving Merck he took a position as professor at the University of Texas in about 1965.

CoQ10 is found in every cell in the body. Animal species have exhibited a direct correlation between CoQ10 levels and longevity.[1] The use of statin drugs produces significant falls in CoQ blood levels which may be the reason for the rising incidence of heart failure as statin drugs are widely used in the U.S. to lower cholesterol. Administration of CoQ10 improves energy output by the mitochondria of the cell. This improved energy output from CoQ10 therapy has proven to be quite valuable in treating neurologic disorders[2] such as Parkinson's disease, multiple

sclerosis, amyotrophic lateral sclerosis, post-polio syndrome, Alzheimer's Disease, and strokes. While at the U. of Texas Dr. Folkers encouraged a cardiologist, Dr. Peter Langsjoen, to use CoQ10 to treat congestive heart failure with wonderful results. Dr. Langsjoen stated " The clinical experience with CoQ10 is nothing short of dramatic. It is reasonable to believe that the entire field of medicine should be reevaluated in light of this growing knowledge". Some patients at the U. of Texas with heart failure received CoQ10 but this therapy did not become adopted as a standard approach by conventional physicians.

Dr. Folkers followed the course of 6 patients, who had cancer, who were taking CoQ10 for congestive heart failure until 1993. Four of them had lung cancer and 2 had breast cancer. All 6 experienced remissions of cancer thought to be due to CoQ10 therapy. Dr. Folkers recommended the use of 500 mg. of CoQ daily in patients with malignancies.

Dr. Folkers began to raise money to pursue his dream of using CoQ10 to treat malignancies. Folkers persuaded one of his financial backers, who had developed small cell carcinoma of the lung with widespread metastasis, to try CoQ10 by pointing out that CoQ10 would do no harm and it might help. His oncologist had advised him he had less than a year to live. He began to feel better and had no sign of metastases one year later. Fifteen years after the cancer diagnosis he remained well and free of metastases. The only therapy he received was CoQ10.

In 1980 Dr. Folkers funded a trial of CoQ10 for breast cancer conducted by Dr. Kund Lockwood in Denmark. Dr. Lockwood treated 2 patients with breast cancer one with 300 mg. of CoQ 10 daily and the other with 360 mg. daily. Both recovered.

Dr. William Judy of Bradenton, Fl. received funding from Dr. Folkers to treat prostate cancer with CoQ10. Cancer of the prostate is typically hormone dependent at it's onset and is effectively treated then by hormone inhibition. However, after two to five years it often becomes independent of hormone therapy and no amount of hormone inhibition at that stage is beneficial.

Dr. Judy found 30 patients with hormone independent prostate cancer and treated them with 500 mg. of Coenzyme Q10 daily. Fourteen of the 15 who had no metastases to bone or lung proceeded to have their PSA values return to normal. Of the 15 patients who did have metastases to bone and lung when they started CoQ10 8 saw their PSA results return to normal suggesting improvement. Dr. Judy then treated 6 patients with prostate cancer and elevated PSA values with CoQ10 and all 6 had their elevated PSA values return to normal after 120 days of CoQ 10 therapy (500 mg.) daily. Political problems prevented him from publishing these results and Dr. Folkers death in 1998 has terminated all interest in CoQ10 as a therapy for cancer which is unfortunate.

Dr. Judy suggests a way to improve the absorption of CoQ10 capsules into the blood stream. Put the capsules of CoQ10 in hot tea which

melts them. CoQ10 needs fat to get improved absorption. Add a teaspoon of coconut oil preferably but butter will also work. Drink the tea warm or hot.

The lack of interest in CoQ10 by the pharmaceutical companies as a cancer therapy is caused by their inability to patent it. This should have no effect on patients looking for a safe cancer therapy that seems to work quite well. I am deeply grateful to biochemist Wayne Martin for providing me with this information about CoQ 10 and cancer. Mr. Martin was a good friend of Dr. Folkers for many years.

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## **The High pH Therapy for Cancer Tests on Mice and Humans**

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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 tumor 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. [Please note: these tests were not conducted by Dr. Brewer.] In each case the tumor 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.

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  $^{39}\text{K}/41_{\text{K}}$  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.

$$(^{39}\text{K}/41_{\text{K}})_{\text{o}} = (^{39}\text{K}/41_{\text{K}})_{\text{n}} (41 + m / 39 + m)^{1/2} \quad (1)$$

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  $\text{Cs}^+$  is 3 molecules of water, for  $\text{Rb}^+$  it is 5 molecules, for  $\text{K}^+$  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  $\text{Ca}^{++}$  the association is 30 molecules, while  $\text{Na}^+$  is 16. Equation (1) holds for all cations tested from  $\text{H}^+$  to  $\text{U}^+$ . The value of  $m$  however will vary when polar molecules are present in the solution. For example,  $\text{K}^+$  can also attach glucose. In contrast,  $\text{Ca}^{++}$  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 O than the P atom. This means that the 4 bonding electron orbitals will be displaced nearer the O 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.

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).

**TABLE 1**  
**THE RELATIONSHIP BETWEEN REACTIVITY, DOUBLE BOND**  
**REACTIVITY, INTERMEDIATE ENERGY STATES, WAVE LENGTH**  
**AND RADIATION**

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

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### 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 tumor mass. A tumor therefore consists of a thin layer of rapidly growing cells surrounding the dead mass [3]. The acid toxins leak out from the tumor 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 tumor 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 toxemia may result from the out-leakage of the acid toxins within the tumor 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 tumor 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 tumor 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 tumors 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 tumors removed and weighed. The tumors 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 tumor 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 tumor 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 tumor masses. The material comprising the tumors 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 diarrhea. 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 diarrhea may, to some extent, be affected by the Vitamin C.

Only one case history will be presented here. A woman with 2 hard tumor 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 tumor 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 tumors, 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 analyzed. 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 1000 as compared to 1 in 4 for the USA as a whole. Fortunately their food has been analyzed 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, but 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 analyzed. 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 liters of mineral spring waters which abound in the area. Fortunately this water has been analyzed 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.

### *Central and South America*

The Indians who live in Central America and on the highland of Peru and Equador have very low incidences of cancer. The soil in these areas is volcanic. Fruit from the areas has been obtained and analyzed 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 tumor 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 tumor mass and render them nontoxic.

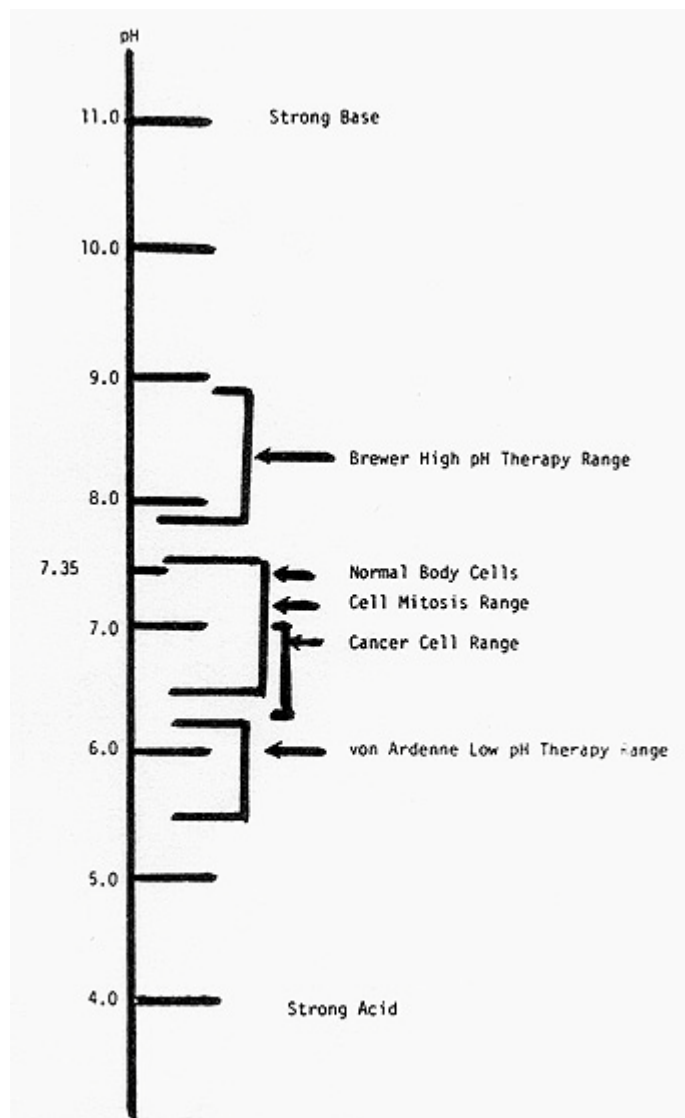


FIG.1. The relationship between pH of cancer cells and cancer progression: the high and low pH therapies.

[Click for larger version](#)

### *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 tumor 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 diarrhea. 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 leukemia 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.

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#### ADDENDA

In later writing, Dr. Brewer wrote: "The goal of the high pH therapy is the transport of large quantities of  $\text{Cs}^+$   $\text{Rb}^+$  and glucose-free  $\text{K}^+$  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.

DISCLAIMER: The information contained on this website has not been evaluated by the Food & Drug Administration. It is not meant to diagnose, treat, cure or prevent any disease. Individuals

suffering from any disease or illness should consult with a physician or health care professional. The Brewer Science Library offers Dr. Brewer's writings for information purposes only and will assume no responsibility or liability for the use of any of the information we offer whether written by Dr. Brewer or others.

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Dr Sartori's Cancer Treatment available again

Jason, this might be a good one for your dad.... Will put it on a post soon. Chris Gupta

Hello, Dr. Sartori has been involved in successful cancer treatment using cesium chloride. The Brewer Library at <http://www.mwt.net/~drbrewer/>

was where I first heard about this. I have known people who were successfully recovering from cancer using this method. Dr. Sartori tells me that he is free (literally) again to make this program available. For contact details, see his message below. Richard Loyd

<http://www.royalrife.com>

----- Original Message -----

From: Abdul Haqq Sartori

To: Richard Loyd, Ph.D.

Sent: Saturday, May 08, 2004 5:43 PM

Subject: Dr Sartori's Cancer Treatment available again

Dear Dr Loyd:

May I ask you how, as a Rifer, one can place an email to all other Rifers? One of the reasons is that this way I could introduce all of them at the same time to the by far most effective cancer treatment available today, no matter what type or stage, and even after maximum orthodox therapy. All I know is my medicine & I'am the worst with computers. If, after going through my materials, you deem it worth your while pleasedisseminate it to whoever you see fit. Best regards, Dr Sartori

A MEDICAL BREAKTHROUGH:

By World Renowned

Professor of Alternative Medicines A.H. Sartori, M.D.

There IS an Alternative to Conventional Cancer Treatment! Save Your Life and Regenerate Your Immune System since using

1) High pH Therapy to Restore Your Alkaline Balance 2) Ozone-Therapy the most Powerful Reversal of All Disease Causes 3) Enhanced Diet & Exercise Program for Specific Blood Types for Lasting Physical Health 4) Comprehensive Mental-Emotional-Spiritual Energy Rebalancing to Restore Your Inner Harmony AND 5) Natural Defense Supplements to Maintain Your Regained Wellness IS

THE ANSWER! Your life can be SAVED, with proven methodologies practiced since time immemorial. Our ONLY Goal is Your PERMANENT WELLNESS

We will use EVERY AVAILABLE METHOD to get & keep you there Longevity

can be accomplished through simple adjustments of your personal lifestyle. A commitment to change is all that is needed. Homeopathic Cleansing can make the difference between Life and Death. More information is readily available from [ultralifescience@yahoo.com](mailto:ultralifescience@yahoo.com)

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NOW THAT YOU HAVE LEARNED THAT YOU HAVE TERMINAL/INCURABLE CANCER. Cancer is perhaps the most feared disease on Earth since more and more people find out that the treatments offered for it in modern hospitals - surgery, radiation, and chemotherapy - seem to help only a small percentage of people who, in most cases, suffer from crippling mutilations and burns (from surgery and radiation), or severe, often life threatening, side effects from the poisonous chemicals used for chemotherapy. Don't despair! There is still hope for you even if your doctor sends you home to die perhaps telling you "We have done everything we know, there is nothing else we have to offer to help you, except letting you die in peace". Did you ever wonder that before about 1900, cancer was a rare disease and that in some parts of the world there is NO CANCER at all? Research that goes back to Dr Otto von Warburg in the 1920s revealed the true nature of cancer and Dr A. Keith Brewer since the 1950, in part through investigation of cancer-free populations, formulated an effective treatment for cancer. This treatment was applied to many cancer patients and further enhanced by Dr Sartori since 1980. Almost all cancers in over 700 patients treated so far with this enhanced high pH therapy, responded within a few days and with I.V. application, daily shrinking of tumors between 1.0 and 2.0 cm can be expected. The only discomfort from this treatment comes from a "healing crisis" reaction that leaves you, after some initial discomfort, feeling better after a few hours or, at most, a day or two.

How does this all work?

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

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

Up to 98% of animals with cancers were cured by Dr Brewer's high pH therapy.

Tests on mice fed cesium and rubidium showed marked shrinkage in the tumor masses of abdominal implants of mammary tumors ("breast cancers") within 2 weeks. In addition, the mice showed none of the side effects of cancer. Cesium chloride, zinc gluconate and vitamin A were used together to alter growth of

colon cancer implants in mice and the use of these compounds was responsible for the disappearance of tumors in 98% of the animals. Sarcoma I implants in mice and Novikoff hepatoma in rats disappeared if the proper ratio between cesium and potassium was maintained. With Dr Brewer's complete protocol, using cesium (&/or rubidium), potassium & magnesium, vitamins A, C, & E, zinc, selenium, & amygdalin, there was a prompt reduction of all tumors treated by Dr Sartori including lymphomas in cats and dogs, skin cancers in dogs, cancers of the mammary glands, mouth, and esophagus in horses, and cancers of unknown primary in chickens. Like with all "nutritional" treatments, the principle of the weakest link of the chain holds true, and if even one essential nutrient is lacking, the treatment may fail.

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

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

There are several factors that should be pointed out with regard to the data summarized in Table I (a) Out of over 500 cancer patients treated from 1980 to 1987, only 97 fulfilled the criteria of having been followed up for at least 5 years or until their death. This might negatively bias the number of patients that have died by a factor of up to five since almost all of the over 500 patients were followed for at least 3 months. (b) According to Arlin J. Brown (AJB), cancer survival statistics as published by the National Cancer Institute (NCI) are not point-to-point, but are determined from the number that can be located 5 years after being diagnosed with cancer (and not even the beginning their first treatment, e.g., at) at NIH/NCI. In cancers with high

mortality such as small cell lung cancers (1.0% 5-year survival according to NCI) and pancreas cancers (3.0% 5-year survival according to NCI), AJB found point-to-point survival rates of less than 0.01% and less than 0.05% respectively (perhaps because >99% of the patients had died so long ago that they could not be located anymore). (c) By far, the majority of the patients seem at LSU were using our therapy as their last resort after all other treatments (both conventional & alternative) had been unsuccessful and most patients were simply sent home to die. (d) In view of the extremely unfavorable patient population as outlined under (a) through (c), we believe that the results of the LSU treatment are quite remarkable and by far the best offered anywhere in the world. (e) For reasons beyond the control of the authors, only about 200 cancer patients were treated from 1988 through 2003. In all of these patients , ozone and the minerals and vitamins were applied intravenously (I.V.).

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

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

Survival Times	Type of Cancer	Total # Patients	Up to 3 Weeks
		5	
		Up to 3 Month	
		5	
		Up to 1 Year	
		5	
		Up to 3 Years	Up to 5 years
		4	
	Over 5 Years Lung		
		1	
		18	
		2	
		1	
		1+1	
		3	
		2+1	
		3	
		2+2	
		3	

6

1

Lymphoma

1

13

1

1

2+1

3

1+1

3

1

5

1

Liver

12

2

2

1

1

1

3

5

Pancreas

2

11

2

1

1

3

1

1

5

2

Breast

9

1

1

1

1+1

3

4

Prostate

8

1  
Colon  
3  
1  
3  
3  
Uterine/Cervix  
6  
1  
1  
1  
1  
3  
2  
Brain  
4  
1  
1  
3  
1  
3  
1  
Melanoma  
3  
1  
1  
1  
Ovary  
2  
1  
Stomach  
2  
2  
1  
1  
2  
Sarcomas  
2  
1  
1  
Kidney  
2  
1  
Bladder

1  
1  
Adrenal  
1  
1  
Total 100  
1,  
2  
11  
11  
6+4  
3  
9+5  
3  
5+5  
3  
38

1. Two patients had both lung cancer and lymphoma.
2. One patient had both stomach and pancreas cancer.
3. Patients who died from causes unrelated to cancer.
4. All patients in this column are NCI 5 year "cured".
5. These 3 columns virtually never appear in cancer statistics & the "adjusted cure rate" would be 63% (v.38%)