

# LAETRILE VS CANCER

## AN AUSTRALIAN STORY

***The success of alternative cancer treatments utilising amygdalin, vitamin B17 or Laetrile has been denied by the medical establishment and government authorities because it threatens the stranglehold of "the cancer industry" over our health care choices.***

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*This article is not intended to give medical advice. I am not a medical doctor. The intention is to raise questions as to the vested interests of research results and testing methods. It is also a retelling of a personal account that should raise ethical concerns which demand answers. This article only reports and retells facts, research and statements from others who have been involved in cancer research. The purpose of this article is not to claim a cure for cancer; rather, it is an act of responsible freedom of speech that should raise questions that need addressing about the study of treatments for cancer. — SD'M*

My father and his business partner were the first people to introduce Laetrile into Australia, 35 years ago. After my father did this, people suffering from various forms of cancer chose to use it and successfully treated themselves. However, testing was refused despite its apparent amazing results in thousands of cases, with many willing to give written accounts of their personal experiences. Since 1963, there have been over 100,000 cancer patients treated successfully with Laetrile and other alternative methods at the Contreras Hospital, now the Oasis of Hope Hospital, in Mexico alone. The late Dr Ernesto Contreras, Sr, was a vocal supporter of Laetrile treatment. This hospital is his legacy.

I, too, have been handed a legacy. As a twelve-year-old, I witnessed individuals identifying themselves as being from "Therapeutic Goods" approach my father with threats of financial ruin to try to dissuade him from importing and distributing this substance before any Australian legislation had been passed against it. More on this later.

When Laetrile was finally officially tested in Queensland, it was shown to be effective (see Queensland Health Circular No. 02/2003; replaced by Circular No. 01/2006). However, despite the testing and approval of Laetrile eight years ago, sufferers are still not being made aware of it as a possible effective alternative treatment, thereby curtailing their ability to make informed choices for their own health care. This is far from acceptable.

Before I proceed with telling my father's story in more detail, I should explain what Laetrile is and why it works.

### What is Laetrile?

Laetrile is a name for vitamin B17, also known as amygdaline. Vitamin B17 occurs naturally in many foods including strawberries, cashews, cassava, apple seeds, and peach and apricot kernels, and can be consumed harmlessly from these sources. Many alternative practitioners claim that regular consumption of B17 can keep cancer at bay and is an effective treatment for many organ and skin cancers.

For 3,000 years, traditional Chinese medicine has used peach kernels, also known as bitter almonds, which contain significant quantities of amygdaline, in the treatment of tumours. Its effectiveness was so legendary that peaches are associated with immortality in Chinese culture.

Zhang Guo Lao, one of the Eight Immortals associated with health and healing, is depicted carrying a Peach of Immortality. Since 1843, various forms of this substance have been used in western medicine in the treatment of human cancer. Yet, in the 1970s, administrative bodies began actively opposing vitamin B17, amygdalin or Laetrile treatments as "potentially toxic" and heavily promoted undeniably toxic chemotherapy in their place, even though some studies show chemotherapy to be less than two per cent effective (Morgan *et al.*, 2004; Barton *et al.*, 1996).

Those who say that vitamin B17 is not a cure for cancer are technically correct. It is only the human body that cures cancer. In the same way it is the human body, not the taking of supplements of vitamin B1, which are given by injection or taken by mouth, that cures beriberi. Yet, the human body cannot cure itself of beriberi without vitamin B1 supplements. As I understand it, cancer cells are omnipresent in the human body and are only life-threatening when these get out of control. Vitamin B17 appears to be the switch to control these cells and keep them friendly. Deficiency in B17 may be a significant contributing factor to cancer cells becoming aggressive. The more we understand B17, the more it makes cancer look like it is a nutritional deficiency disease. Cancer is increasingly appearing to occur if we do not consume foods that are rich in nitrilosides/vitamin B17.

### Hydrogen Cyanide and Enzymes

The studies of American biochemist Ernst T. Krebs, Jr, DSc, from the late 1940s, and many others through to the present who have duplicated his findings, show that vitamin B17 is in the cyanide family, but it is good cyanide. It is two parts glucose, one part hydrogen cyanide and one part benzaldehyde (an analgesic). Hydrogen cyanide is non-toxic when taken as a food or

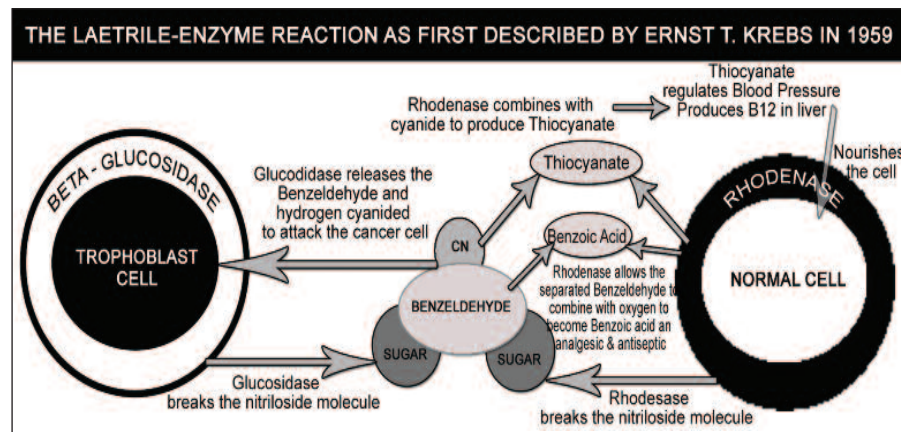
in controlled doses as a refined pharmaceutical. Commonly consumed substances such as salt and sugar can be up to 20 times more toxic.

Krebs claimed that the body breaks down B17 using the enzyme rhodanese, which changes it into thiocyanate and benzoic acid. These are beneficial, working with B12 to nourish the body. Excesses of these by-products are expelled from the body via urine. Krebs's work demonstrated that rhodanese has an inverse relationship to cancer cells: it is found everywhere in a normal healthy body, but not where cancer cells exist. However, the enzyme beta-glucosidase has a direct relationship to cancer cells and is found in very large quantities around them. If there is

no cancer in the body, there is no beta-glucosidase enzyme. However, when B17 comes into contact with beta-glucosidase that is present in large quantities around colonies of cancer cells, a chemical reaction occurs and the hydrogen cyanide and benzaldehyde combine to produce a poison which destroys only cancer cells. This process is known as *selective toxicity*. (See diagram.)

Why does one substance, Laetrile, appear to be selectively toxic against most cancers when there are hundreds of different kinds? Ernst T. Krebs, Jr, an honorary Doctor of Science, found that the only constant, the malignant or neoplastic component in all exhibitions of cancer, is susceptible to the Laetrile reaction's specific toxicity. This is the *trophoblast*. Trophoblast cells are primitive cells that have a fierce antithesis to all other cell types, including their somatic or hostal cells. Krebs (1993) wrote: "Cancer is trophoblast in spatial and temporal anomaly, hybridised with and vascularized by hostal or somatic cells and in irreversible and fiercely malignant antithesis to such." So, we are looking at any specialist cell that mutates into a typical, less evolved and more aggressive form. B17/Laetrile is thus a typical treatment for a typical cell type.

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### False Testing and Vested Interests

In 1972, the US Food and Drug Administration (FDA) commissioned its top doctor to conduct a study to provide evidence that Laetrile did not have an effect on cancer. The results proved the opposite. The study found that Laetrile inhibited the growth of tumours, stopped the spreading (metastasising) of cancer in mice, relieved pain, acted as a cancer preventative and improved general

health. At the time, Dr Kanematsu Sugiura was the senior laboratory researcher at the Memorial Sloan–Kettering Cancer Center. He reported in his experiments with mice that Laetrile was more effective in the control of cancer than any substance he had ever tested. This was not acceptable to his superiors. Instead of being pleased at the possibility of a breakthrough, they brought in other researchers to duplicate Sugiura's experiments to try to prove that they were faulty. Instead, the follow-up studies confirmed Sugiura's findings. Undaunted, his superiors called for new experiments, but following procedures which were designed to make the tests fail. Eventually they did, and it was only this failure that was announced to the world.

Ralph Moss, PhD, was a science writer and then the assistant director of public affairs at Sloan–Kettering at the time of the Laetrile tests. When he was ordered by his superiors to release false information about the results of those tests, he held a press conference in November 1977 in protest and was subsequently fired for "failing to carry out [his] most basic job responsibility" (Moss, 1994). Dr Moss later wrote a book, *The Cancer Syndrome*, about this scandalous situation, but it hardly raised an eyebrow in the medical world.

### Follow the Money Trail

To make sense of something that seems bureaucratic and nonsensical, follow the money. The money says this: when a person is diagnosed as having cancer, as many as seven people are directly employed in their treatment. With hundreds of thousands of people being diagnosed with cancer each year, this ensures that seven times as many jobs are secured. Billions of dollars are poured into the fundraising process for cancer research, which is itself a huge industry employing thousands. A small percentage of those funds not used up in the fundraising process filter through to a self-perpetuating research process. How is it possible, under these circumstances, to remove a vested interest in *not* finding a cure from this huge, convoluted bureaucratic process?

Add to this that the drug companies have stockpiles of current treatments that are very toxic, are limited in their results and are fetching very good prices. This means that it would not be sensible to declare an easy, cheap, non-toxic and readily available solution, which requires little or no specialist training in its administration, as obtainable on the market any time soon. It could be seen as being contrary to certain

vested interests or justified as "not good for the stockholders". This untenable situation could be defended on the grounds of economic rationalism, i.e., "Let a few of them die for the greater good". Yet the reality is that one part of society is surviving on the suffering and death of the other.

Many people might believe that a serious, fraudulent, mass-life-threatening situation could never happen in modern times, yet I was an eyewitness to open statements that such shocking economic rationalism is a driving force behind the cancer industry.

### A Family History

This story begins some 35 years ago when my father

Geoffrey was the first person to import Laetrile into Australia. Dad was a partner in a new health foods company, and they were also the first in the world to sell flavoured mineral water. The market was wide open and my father had positioned himself well. At the time, Laetrile was not prohibited so it seemed like a good investment to add to his stable, but my father soon became aware of the overwhelming human need behind it. It was more than a mere product. Dad could see that it was really helping people. However, my father was soon to realise that he was an idealistic man in a far from idealistic world.

Dad ran the business from home. Our large double garage had become our stock room. He had two drivers and was responsible for the distribution. It was common for people to come to the home in order to conduct business with Dad. He would often do business deals

standing in the garage, sweaty from lugging boxes of stock. I was only twelve years old, yet I clearly remember some men in black suits with posh accents arguing with my father in the front yard of our house. I went outside to investigate the commotion. Dad was finishing a very intense, in-depth conversation with these men in black. They looked at each other and rolled their eyes. I clearly remember hearing them say, "You don't understand; we simply cannot allow you to import something that might *damage the cancer industry* if people begin self-prescribing" (my emphasis). My father rarely raised his voice or got upset, yet he swore at these men, told me to go inside and told them to leave. As I was going inside, I heard one of the men say to my father that if he refused to co-operate, they would ruin him and all of his businesses.

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"Who was that?" I asked my father when he came inside.

"Representatives from Therapeutic Goods," he replied.

"What do they mean by 'the cancer industry'?" I queried.

"Cancer appears to be making a lot of people a lot of money," he stated. "Whenever obviously stupid decisions are made by men in power, the reason can be found by following the money."

I was so angry. I understood what they had meant before my father explained it, but I just couldn't believe it. These were people who were supposed to be altruistically looking out for our best interests; however, they revealed on our front lawn that they were serving the best interests of big business. It had vague *déjà vu* realism. At twelve, it was like someone telling me that my worst nightmares were real: that the bogeyman was real, was out to get everyone and made money out of letting people die. I don't think this anger has ever left me; it only grew as I observed what happened to my father, a truly altruistic man trying to help others.

Within a few weeks, these men in black began to make good on their threats. Legislation was swiftly passed that saw Laetrile busted down to a "Pet Food Only" licence. Yet people still bought it. When it became obvious that the health food stores were happy to keep stocking it in the pets section, Dad found that his service station licences were not renewed and that he was unable to buy bottles for his mineral water. Apparently there had been mass purchases by a subsidiary of Coca-Cola. Being the first person in the world to flavour mineral water, my father should have been a millionaire several times over, yet his ethics prevented him from selling out. Dad had to let this part of his business fall by the wayside.

Somehow Dad kept going. He kept supplying and distributing Laetrile. The demand for the product was overwhelming. The testimonies were flooding in for this much-needed substance, but they were disregarded by the authorities as merely anecdotal.

By the end of that year, 1976, B17 was completely banned in Australia. Yet banning a product does not stop people who have used it and had successful results with it from trying to procure it. People were turning up on our doorstep at all hours of the day and night, from as far away as Tasmania and New Zealand, begging for any stocks we might have left. It was heart wrenching.

Dad tried to appeal the ban and have B17 scientifically and clinically tested so that Therapeutic Goods would have no other choice but to approve it. Testing was refused on the grounds that there was no funding to proceed with tests. Ironically, billions of dollars are thrown at "the cancer industry" every year, yet Therapeutic Goods could not find the resources to investigate the successful results that people had achieved with B17/Laetrile.

It is curious that with all of the money and time given to cancer research, no solutions have been forthcoming. Shouldn't we be demanding to know *why*, after all of this time, these researchers still can't even tell us the most basic things about cancer, like how and why cancer begins? Yet, as shown here, Krebs's theory behind why Laetrile works purports that an answer to this question has been known since 1950—as has, additionally, a cancer solution.

Since then, other doctors and researchers have conducted studies and have had papers published that conclude in favour of Laetrile; these include Dr John Morrone, Dr Manuel Navarro, Burton Goldberg, Dr Robert Atkins, Dr Ernesto Contreras, Dr Michael Schachter, Dr Douglas Brodie and Dr Philip E. Binzel, Jr. The body of evidence for Laetrile's effectiveness and safety far outweighs the evidence against.

### Legal Recognition of Laetrile

There has been some progress in Australia since the mid-1970s ban, yet information about Laetrile's benefits has not been getting through to the general public, let alone to most medical practitioners who treat cancer.

If you wish to obtain a legal permit to obtain and use Laetrile in Australia, you must proceed with caution as the regulations and permits contain ambiguous

language used to protect the departments involved.

It is possible to obtain Laetrile/B17/amygdalin in Australia legally, whether from local or foreign sources, by applying to the Therapeutic Goods Special Access Scheme in Canberra. (Download "Category A Form Special Access Scheme" from <http://www.tga.gov.au/docs/pdf/unapproved/sascata.pdf>, complete it with your medical practitioner and fax it to [02] 6232 8112. Check <http://www.tga.gov.au> for additional details.)

However, at least in Queensland, having a TGA import permit for Laetrile does not allow you or your doctor to possess or use it: the legislation stipulates that you must obtain specific approval from Queensland Health.

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Back in 2003, Queensland Health confirmed that it had issued a small number of approvals to doctors to treat their patients with amygdalin/B17/Laetrile under strict guidelines. This was one step in the right direction. However, in 2006 it tightened the regulations, deciding not to issue approval for treatment with oral amygdalin but only for intravenous or intramuscular treatment (see Queensland Health, Circular No. 01/2006).

Patients to be treated with amygdalin have to be informed of the following (and agree to it in writing): that the process by which the amygdalin is manufactured may not be subject to quality control; that there is potential cyanide toxicity associated with amygdalin; and that there is a lack of scientific evidence relating to the efficacy of amygdalin. As we have seen, the second and third of these issues have been repeatedly addressed by respected members of the scientific/medical community. One reason given in the 2006 Queensland Health circular to warrant all of this over-stringent control: a possible side effect of a high temperature! It's two steps forward, one step back!

In Queensland, the patient must obtain a form, titled "Drugs and Poisons: Application for Approval to Obtain, Possess and Use Amygdalin – Informed Consent", from Queensland Health (see <http://www.health.qld.gov.au>). The patient must then complete the form and sign it with their oncologist, who must then fill out and submit a form titled "Application by a Medical Practitioner for Approval to Obtain, Possess and Use Amygdalin". Check the website for further guidelines.

If you are not in Australia, strive to make yourself aware of the legislation surrounding the use of amygdalin/B17/Laetrile in your own country. You may be surprised. I believe that it is legal to use amygdalin in the treatment of cancer in Mexico, Canada and some European countries. I also understand that the traditional practice of using the stone fruit kernels has never stopped in many Asian countries and has remained the standard form of first-line anti-cancer therapy. I would be very interested if any readers could send me the current legislation from their respective countries.

To take this forward, we need to organise and sign petitions and email government health departments and authorities, demanding our right to self-determination on access to Laetrile, in all its forms, given the many studies confirming its safety and effectiveness. Remember, no matter what law any authority makes, your health is *your* responsibility. You have the right to make informed choices in matters

concerning your body and your health. The authorities exert Draconian control over our health freedoms, and we must let them know that we are very unhappy with this situation.

If enough people demand that amygdalin/B17/Laetrile be more freely available, the more likely that the onerous, ridiculous restrictions will be lifted on the use of Laetrile.

The powers-that-be will finally have to loosen their stranglehold on "the cancer industry". ∞

### About the Author:

Reverend Dr Shé D'Montford is a teacher, healer, author, promoter and activist as well as a former Queensland business woman of the year. She is a member of the Australian Association of accredited Alternative & Natural Therapists (AAANT) and runs the Australian Shambhalla

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