"cancer dynamics"

Michael Cleary

Introduction

This brief essay is just a canter through the solution proffered to extricate cancer cells and from our pets too. Most readers will be conversant with the terror of cancer and side effects. The experience is variable so it may be slow for some but it has been shown by hundreds of people that progress is positive and hopeful with phytology. The testimonials are legion; (request). Good cardio health too.

For most readers, ***The ResQ Club*** Members and their guests, the subject of cancer phytotherapy is now familiar based on the quarterly newsletters they have received over the years.

The Stilserene Project was initiated from public concern over the alarming mortality rate, at over 160,000 people a year in UK alone. The work was carried out at Aberdeen and De Montfort Universities (Cancer Drug Discovery Group). It commenced with Professors Bill Greenlee and Bob Sutter at MIT who discovered the protein cytochrome P450-**CYP1B1** in 1997.
The Aberdeen University team, led by Professor Dan Burke discovered that this CYP1B1 only exists in 98% cancer cells. The team at De Montfort University Cancer Drug Discovery Group led by Professor Gerry Potter found a "sparring partner - a fruit complex" by employing the numerous **phytoalexins** and **stilbenes** in organic produce. These are the colouring molecules that protect fruit from pathogenic invasion and decay. Gerry called this fruit complex **salvestrols**. (Over 120 exist !)

When eaten on a daily basis for ever, 65p, a strict routine, ***P&S*** feature in every cell as a nutritious-addition effectively useful well beyond antioxidants. It seems ironic that when the abnormal or normal cell becomes cancerous upon the arrival of CYP1B1 the phytoalexins and stilbenes are "waiting". So let battle begin. This why any metastatic cell on the move in the arterial and lymphatic systems meets its measure. If the phytoalexins haven't yet arrived they will soon be when the daily dietary routine catches up and chases. Read more about this in our other articles.

Early results were published in the ***British Cancer Journal*** in 2002, Issue 86 pages 774-8.
It is not a medicinal base but merely a pure nutritional foodstuff.
Fortunately this avoids the formal protocols regulating medicines, drugs and herbs.
Safety is not an issue as we are only relying upon superb and valuable nutrition.

CYP1B1 is the common denominator in nearly 210 types of organ cancer + 120 in the brain.

The distress brought about by failed chemo, radio, brachy and immunotherapy, IMR therapy** also stereotactic surgery and even proton beam radiology with the inevitable metastases destroying and decreasing remission periods, inspired the team to act fast. These therapies are only "like first aid". The widely reported side effects too, from damaged adjacent normal cells, bring about even more distress, e.g. hair loss, exhaustion, depression, nausea. We knew that something had to be done !

Dysplasia

It is impossible to be aware when any abnormal dysplastic cell become cancerous, as a result much early-diagnosis is missed. We know that one in three of us will be affected by uncontrollable pre-cancer cells so the worst scenario is upon us. You can well appreciate that cell mutation occurs long before any diagnosis. Carcinogenic dysplasia invading long ago in mid-life inevitably remains

undetected; just waiting. I must add that not all dysplastic cells become cancerous. Chemotherapy, (expensive), targets specific cancers and destroys surrounding normal cells which lead to the aforementioned side effects. It cannot cope with metastases so remissions are inevitable. Oncologists are happy to declare a patient is "all clear" for the specific organ if five or so years have elapsed. With phytotherapy recognising that CYP1B1 exists in 98% of cancer cells. (It is found in glaucoma cells too), it has the ability to track down metastases and proceed to dismantle the cancer cell. That is why phytotherapy is synergistic with all the so-called medicinal therapies and surgical procedures. I regard it essential that every patient be allowed to follow up and use phytotherapy.

This medically-supportive route chosen via organic fruit using protective ***P&S*** is prophylactic. It appears to be more effective and safer than the recent approach and current research relying upon Caspase Independent Cell Death which will compromise the apoptotic pathways anyway.

Also the expected and future employment of nanomedibots which have been demonstrated drilling into cancer cells with their atomic motors spinning at three million times a second can only be cancer type specific. These one-way strings of atoms activated with UV light are claimed to destroy the cell membrane or be programmed to deliver chemopeutic drugs. As mentioned in the Introduction, the phytoalexins and stilbenes are "one up" as they are ubique *(everywhere).* Perhaps phytoalexins can be described in this context as nanobiobots scurrying through the cell wall porins, (molecular tunnels). The dynamics rely upon the ionic gradients – electrical potentials.

The biochemical analogue is: Stilserene (DMU-135) April 2002 De Montfort University CDDGp
3,4 -methylenedioxy-3',4', 5'- trimethoxy chalcone DMU-135 previously DMU-212
US Patent holder - Johnson & Johnson Inc. ref 00288262
Claim: "Therapeutic against solid tumours of the lung, colon, breast, ovaries, prostate, pancreas, brain and skin." - (this was published fifteen years ago ! I suggest you access the testimonials, apply.)
"75 times more effective than Tamoxifen, 80 times more so than methotrexate,(oestrogen blockers)
"1200 times more effective than Doxrubin (adriamycin)". Trials are ongoing, costing $M's

Quoting Professor Gerry Potter, 12th March 2002, " This is the first time that a molecular mechanism has -"joined the circle" - between cancer prevention and cancer therapy". Gerry is the inventor of Arbiraterone, *the NICE approved drug for all stages of prostate cancer.* He told me that harnessing the phytoalexins and stilbenes has been the most rewarding chapter of his career as a medicinal biochemist. He was awarded the Medicinal Chemist of Year in 2012.

Trypsin, a protein catalysing enzyme
As we approach senescence or even earlier for many there is not enough trypsin. It is required to metabolise proteins - originating in the pancreas as a protease trypsinsogen and which is changed to trypsin by the enzyme enterokinase mainly in the duodenum and also in the small intestine.

During our younger years the enzyme **trypsin** protects us by stripping the glycoprotein cancer cell walls which are 13 times thicker than normal cells. These thick cell walls inhibit the diffusion of oxygen into the cell and the export of carbon dioxide ... that is why cancer cells are "breweries" demanding sugar to make lactic acid. The mitochondria just give up their normal production role. Cancer cells defy the normal stately cell death process as and when required after ceasing to function; this is called apoptosis. Cancer cells divide rapidly forming intrusive masses disrupting organs, neuro systems and microtubules, merely ignoring apoptosis that normal cells undergo after about 20 cycles of renewal called mitosis. High speed unwanted mitosis by cancer cells can be seen as inevitable death brought about by clogged up organs. Cancer cells develop their own capillaries.

The Trojan Horse (CYP1B1) and its role in cancer development
It has to be stated at this point that there is no cure for cancer because

it is a naturally occurring condition.
Continuously the body responds to environmental and genetic causes which allow dysplastic cell mutations to advance reaching a critical stage before becoming cancerous. This is the stage in which CYPB1 is signalled up and enters the cell. This is a complex signalling sequence.

Adding to the section entitled "Trypsin"; with CYP1B1 in charge it orders a reconstruction process. First, thickening the cell walls inhibiting diffused oxygen into the cell. At the onset of mutation induced by cancer stem cells the abnormal and healthy are stressed. The routine apoptosis activity is interrupted. As said above this is the controlled-disposal of worn cells after about 20 renewal cycles.

The cells become slightly acidic (a brewery) and this regular mitosis is disrupted. New cancer cells divide rapidly every 30 minutes or so; this is unwanted mitosis. The mitochondria are compromised thus cease to function. Their work was to produce hormones and energy. As said above the cell just requires sugar to form lactic acid upon which to survive, wantonly divide and cause indefinite chaos. Normal apoptosis doesn't happen any more. The cancer cells divide rapidly and accumulate. The situation deteriorates. The cancer cells by now are well established and begin forming new blood capillaries for importing sugar this is angiogenesis. Cancer cells don't do apoptosis !!

CYP1B1 + Phytoalexins and **Stilbenes - Action stations!**

The fruit colouring particles aided by bio-available agents such as biotin, niacin and Co-enzyme-Q10 through methylation enable access via the now longer porin tunnels. The CYP1B1 catalyses the fruit into an array of **cytotoxins** (poisons) that enables immediate apoptosis. Job done…..!!

P&E is eaten with a meal but avoiding grapefruit, flax seeds and apricot kernels
because any trace of cyanide salts is deleterious to the catalytic action of P&E and CYP1P1.

Summary

CYP1B1 is present in nearly all cancer cells so it is called the unwitting Trojan Horse .
Phytotherapy endeavours to bring about prophylaxis with an efficient demolition regime
using the cancer enzyme CYP1B1 against itself by catalysing the phytoalexins into ***cytotoxins****.*

Control+click and view Professor Danny Burke *http://www.youtube.com/watch?v=XzuHbmhTYWQ*

These two videos are essential viewing in my opinion. The first is about the phytoalexins which he identifies as salvestrols from the many colourful organic fruits protective molecules in the skins. The second is a lively illustrated trip into biology and genetics. "Lock, key and the Trojan Horse".

Cancer Phytotherapy is complimentary to and supports all *NHS* adopted therapies with strict adherence to the *Cancer Act 1939* and subsequent Regulations. Being just pure organic fruit and not a medicine this phytology is not subject to the approval strictures applied to drug analogues. Proof is not scientifically essential as the results "speak for themselves". Safe and digestible!

KLOTHO
Here's the next trick; add in ***Vitamin D3*** (25 mcg max), biotin, niacin and Co-enzyme Q10 ; not only is bio-availability assured but KLOTHO is formed which staves off **chronic inflammation**; another trigger for cancer in senescence. KLOTHO is manufactured in the kidney micro tubules and in the brain that is in the chorus plexus. Ask for the article on KLOTHO and scientific refs.

Much more fascinating detail is given too in the essay, ***"The Isterol Programme"***. Apply for your copy or request pdf. Ask for the testimonials as well.

The Phytotherapy Service

Phytotherapeutic counselling is now available with a FREE session following the GP-referral.

Newly diagnosed patients or those folk who just wish to link into the **prophylaxis** safeguarding-approach will include a three-month's supply of proprietary phytoalexins and stilbenes plus the 67 page wirebound A4 book ***"Delivery from Cancer"*** and pdf ***"The Isterol Programme"***.

We have endeavoured for the past seventeen years to bring the latest science to bear and unravel the best routes realising that most cancer drugs have been years in evaluation pre-NICE. These are exorbitantly expensive thus are severely "rationed" by NICE, DoH and the Cancer Drugs Fund. Regretfully narrowly objective too and **devoid** of metastasis-protection. Usually a poor prognosis.

The Royal College of General Practitioners have expressed an interest in getting the knowledge out.

Patients may choose following consultation with their GP who perhaps will be able to confirm the supporting role of phytotherapy. Regrettably this science does not feature in the medical curriculum. However it is good to know that more doctors are taking the time to learn from us, via the useful texts …. ***"Delivery from Cancer"*** and ***"The Isterol Programme"***. The *NHS* have declared this prophylaxis route of interest too and recognise its potential value. Starting early is the secret. 13th August 2015 correspondence available; from the National Medical Director, England. Apply for.

The Phytotherapy Service until now has been funded entirely by Sylvia McMahon and Michael Cleary, a retired teacher and civil engineer along with loan support from the Bank of America LLC . Members and friends are invited to join in and help with knowledge-distribution especially to GP's.

25 case histories are available by kind permissions. This work was gathered and assessed by Professor Gerry Potter and Dr Brian Schaefer. Bear in mind that everyone is different so the results and experiences are varied. We need not say any more except to report that but we are well into the hundreds now. The work has given us "great job-satisfaction" and we are very proud.

Repeat: we must avoid grapefruit (naringenin), Laetrile (Vitamin B17), flax seed (flaxseed oil is OK) and fruit kernels as cyanide is deleterious.
More information on Phytoalexins and Stilbenes upon application.

Institutions involved:

Harvard and Boston Hospital Medical Schools
Aberdeen University
*University of North Carolina
De Montfort University
(Cancer Drug Discovery Group)
University of Texas, Dallas
MIT
University of Oregon

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Founded July 2000

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We are always being asked why we started out on this journey, so…..

*A special note of thanks to Mr Nigel Hawkes, who wrote an article in "The Times" newspaper * on 1st July 2000 which kick-started the work which has consumed us ever since…..*

A mystery: Fractures, sprains and torn tendons, post-operative sites and wounds **heal rapidly**. Physiotherapy has been shown to be more effective. Thus shorter sessions required. Conditions arising from chronic inflammation are relieved and are less intrusive.

Professor Gerry Potter has determined that the phytoalexins + stilbenes cross the blood/brain barrier

As you have gathered there is a still a great deal scientific knowledge awaiting to be revealed.

I hope that this article has aroused everyone's fascination and all are now keen to take part.

The game keeps the heart young too !

There are further articles:

Alzheimer's, Parkinson's	Professor Amy Berger
Renal impairment	Professor Carmela Abrahams
Diabetes Type 2	
Longevity, senescence	
Calorie restriction with sirtuins	Professor David Sinclair
Chronic Inflammation	

Technical notes on: ***KLOTHO with full references !!***

Booklets: A4 wirebound 64 pages for educational use and copying ***"Delivery from Cancer"***
pdf 11 pages ***"The Isterol Programme"***

Phytotherapy has certainly shown it's pace and effectiveness over the past seventeen years.

****** intensity-modulated radiation therapy. The trials are sponsored by Cancer Research UK

A last thought: "No one cares what you know,
Except to know that you care" *Theodore Roosevelt US President in 1885*

Kind regards,

Michael Cleary PGCert Ed. CEng. MICE *(awarded in1968) now retired*

Hon Sec ***"The ResQ Club"***

END 2400 words