CAN CANCER BE AVOIDED OR CURED WITH VITAMIN B-17?

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Biochemist Ernst T. Krebs Jr. proposed that cancer was caused by a deficiency of Vitamin B 17 (Laetrile, Amygdaline). No person eating a high nitriloside (Vitamin B 17) diet (Hunzas, Eskimos, Hopi Indians) or voluntarily taking a high intake of nitriloside containing foods has ever developed cancer.[1] Diseases caused by deficiency of Vitamins scurvy (Vitamin C) and pellagra (Vitamin B3 Niacin) have been great mysteries to conventional medicine long after the cure for the disease was well documented. Cancer appears to be a similar mystery.

With the shift in consumption of food in the United States many foods high in nitrilosides (laetrile) are no longer eaten (millet was replaced by wheat) and other foods not containing laetrile have become widely consumed (packaged foods). The food with the highest quantity of Vitamin B-17 (laetrile) is in the pit of apricots. Apricot trees are prized by the Hunzas who eat plentiful amounts of the pit substance. Hunzas are known for their vitality, good health and longevity. Many live to be 100 years old and are able to perform hard physical labor all their lives. They never develop cancer until they leave their homeland and start eating new food. Eskimos obtain large amounts of laetrile from caribou meat and salmon berries. Laetrile can be obtained from almonds, macadamia, buckwheat and millet.

There are more than 1200 plants that contain laetrile (Vitamin B 17). Many seeds contain laetrile (grapes, peaches, apples, pears, plums, nectarines, strawberries, raspberries etc). The seed is responsible for providing the nutrients needed to generate the whole plant or tree so it is not surprising that seeds are a concentrated source of nutrition full of vitamins that encourage growth. The apricot pit has the highest content of laetrile of any plant and it’s hard outer shell protects the central portion of the pit from becoming dehydrated. When the pit is cracked there is a soft central portion that contains laetrile which has a bitter taste. Stevia can improve the taste of apricot pits. Nitrilosides contribute flavor to food.
Other foods that supply Vitamin B 17 include sorghum, maize, grasses, linseed, millet and bitter almonds. Sugar cane has largely replaced sorghum and wheat has replaced millet in North American eating patterns.

Pets can often be observed eating high nitriloside grasses when they become ill. Bears eat the viscera and rumen of their prey along with salmon berries all of which are high in nitrilosides. Five bears in the San Diego zoo have died of cancer. These bears are fed western food not containing laetrile. Healthy animals shot by hunters are never found to have cancer.

**How Does Laetrile Work?**

More than 100 years ago, brilliant biologist Dr. James Beard of Scotland proposed that pancreatic enzymes had an important role in preventing cancer. Careful microscopic review of tissue slides revealed to him that *stem cells, which have the capability to become cells of any tissue in the body, were identical to the trophoblast cells that invade the uterus in the initial stage of a pregnancy*. Wherever damage to body tissues from chemicals, infection, stress or injury occurs there is prompt release of estrogen at the injury site. This estrogen immediately promotes rapid growth of cells to speed healing.

This invasion of the uterus to establish the placenta and umbilical cord is initiated by the contact between estrogen and stem cells. This converts stem cells into trophoblastic cells. The appearance and behavior of the trophoblast cells entering uterine muscle can not be distinguished from the appearance of cancer cells invading tissues. *When the pancreas secretes trypsin at 8 weeks of the embryo’s life there is prompt disappearance of all trophoblastic tissue.*

White blood cells are responsible for killing infectious organisms and tumor cells. Prior to secretion of trypsin into the small intestine at 8 weeks white blood cells are prevented from attacking the trophoblastic tissue by the fact that the trophoblast has a layer of tissue surrounding it with a negative charge. The white blood cell also has a negative charge so these two tissues (white blood cell and trophoblast) repel each other. When trypsin appears in the small intestine at 8 weeks of pregnancy via the pancreatic duct the substance covering the trophoblast becomes dissolved by blood born trypsin and the trophoblast no longer has a negative charge. It is immediately dissolved and digested by white blood cells. In a brief period of time there is complete disappearance of trophoblast tissue from the uterus brought about by the appearance of trypsin in the blood. Cancer of the duodenum is quite rare probably reflecting this protective effect of trypsin in duodenal secretions. High doses of potent enzymes have enabled patients with pancreatic cancer and other malignancies to recover.

When trypsin begins to be absorbed into the blood it passes throughout the body. From this moment on trypsin can rid the body of abnormal cells and damaged stem cells. The stem cell (trophoblast) produces chorionic gonadotropin which appears in the urine. Of considerable importance to Beard’s theory about carcinogenesis it has now been documented that at least 80% of cancers[2] have chorionic gonadotropin in their urine.
which originates in rapidly growing trophoblastic tissue (malignant stem cells). Damage to the pancreas from aging, toxic metal exposure (mercury, cadmium, arsenic, uranium, iron, lead etc.), lack of essential omega 3 fatty acids, excessive consumption of sugar, alcoholism, diabetes, Co Q 10 deficiency, and acidosis with hypoxia in tissues due to arteriosclerosis could all contribute to relative pancreatic failure with decreased enzyme output that allows stem cells (trophoblasts) to proliferate in an abnormal way (cancer).

Recent research provides some interesting insight into the stem cells that were studied by Dr. Beard. Stem cells seem to have a tendency to become malignant. Cancer stem cells have now been identified in blood malignancies, brain tumors and breast tumors. Dr. Michael Clarke and Dr. Mohammed Al-Haji at the University of Michigan have demonstrated that not all tumor cells are equally capable of causing spread of cancer (metastatic cancer). In experimental cancers, it was learned that less than 1% of tumor cells were able to cause metastatic cancer. The highly malignant 1% of cells have been identified as stem cells.

In 2005, Jean Marie Houghton MD, PhD of the University of Massachusetts, Worcester showed that in certain stomach cancers, the cells that initiate the malignancy did not originate in the stomach. These were shown to be stem cells that had migrated to the stomach from the bone marrow in response to a low grade stomach infection with Helicobacter pylori organisms. The bone marrow derived cells (BMDC) are sent to the stomach to fight the infection as the body tries to heal itself. After arriving in the stomach the BMDC assume the physical characteristics of stomach cells, but when influenced by hormonal signals from inflammatory tissue, they undergo malignant change. This sheds light on how stem cells are involved in the origin and progression of cancer. It seems possible that marginal success with current drugs for myeloid leukemia (white cell derived) might relate to their lack of affect on the malignant stem cells that appear to be causing the cancer.

Amygdaline (laetrile) contains 2 molecules of sugar, one molecule of benzaldehyde and a cyanide radical.. This is quite stable in normal cells but can be broken apart in cancer cells which are the only site of the enzyme beta-glucosidase. The quantity of beta-glucosidase in cancer cells is 3000 times the quantity found in normal cells. When laetrile is lysed by beta-glucosidase HCN (hydrogen cyanide) forms in the cancer cell and promptly destroys the cell. This limited method of release of HCN ensures that laetrile therapy is completely safe.

The quantity of the enzyme rhodanese is high in normal cells and absent in cancer cells. This enzyme is able to prevent the release of cyanide in healthy cells. Because rhodanese is absent in cancer cells there is nothing to stop the release of cyanide from amygdaline and the cancer cell is immediately destroyed. In this remarkable way the Creator of the Universe was able to design a mechanism to destroy cancer cells while protecting healthy cells from the cyanide radical found in Vitamin B-17.

In treating patients with laetrile it is vital that patients receive zinc, Vitamin C, Vitamin B, Vitamin E, pancreatic enzymes and antioxidants. Zinc is the transport mechanism for both laetrile and nitrilosides. Thus absence of zinc will prevent either laetrile or
nitrilosides from entering the body. Zinc is a key part of enzymatic reactions that becomes disabled by the presence of toxic metals in the body. These toxic metals cause a slowdown or shutdown of the chemical reactions dependent on enzymes that contain zinc. For this reason the removal of toxic metals is an important part of the therapy in patients with cancer.

Standard pharmacology textbooks for more than a 100 years have always given laetrile a perfect safety approval. Reputable scientist Dr. Dean Burk, head of the Cytochemistry Department at the National Cancer Institute reported that when laetrile was added to a culture of cancer cells[4] “The cancer cells died like flies until none were left.”

What Are the Results In Treating Cancer With Laetrile?

More than 25 papers about laetrile have been published. Reputable scientists like Dr. Hans Nieper of Hanover, Germany and Dr. Francisco Contreras of Oasis of Hope Hospital in Tijuana, Mexico have reported good results in cancer patients using laetrile.

White rats taking 70 times the equivalent human dose of laetrile remained well but did have better appetites, better health and weight gain which would be expected from a vitamin therapy.

Humans with cancer taking laetrile have shown lower blood pressure and disappearance of both anemia and pain. The release of benzaldehyde, which is known to effectively treat pain affords a possible explanation for the disappearance of pain. The unfavorable reports about laetrile and cancer are because of usage of tiny doses of laetrile which could not be expected to work or fabrication and denial of favorable results.

Case Reports

#1 David Edmonds in June 1971 developed colon cancer that had penetrated into the bladder. This was treated with a colostomy. Six months after the initiation of laetrile therapy the bladder cancer had disappeared and his colostomy was returned to a normal bowel connection.

#2 In 1967 Joan Wilkinson presented with a large thigh malignancy. She was initially treated with chemotherapy but the mass reappeared along with tumor spread into lungs, bladder and pelvis. Amputation was suggested but she took laetrile with disappearance of the mass and tumor from lungs, bladder and pelvis.

#3 A podiatrist, Dr. Dale Danner of Santa Paula, Ca., in 1972 developed lung cancer in both lungs with a painful right thigh mass where tumor had spread from his lung. He placed a 10 day supply of laetrile into an artery in one massive dose. He awoke 36 hours later with resolution of his cough, thigh mass and pain. He began conventional doses of laetrile and returned to work several months later.
Alicia Buttons (Red’s wife) She had “hopeless” advanced throat cancer. She went to Dr. Hans Nieper in Hanover, Germany who treated her with laetrile. She was alive and well 23 years later.

Carol Vencious This 20 year old student nurse developed a swelling in the occipital area associated with tumors in the right acetabulum (hip) and cervical spine. Biopsy showed a malignant tumor thought to possibly be an amelanotic melanoma. Chemotherapy made her very sick. She went to the Richardson Cancer Clinic where she was treated with a metabolic program including laetrile. She made a complete recovery and later delivered a healthy daughter.

In advanced cancers that have metastasized to many sites about 15% recover with laetrile therapy. Conventional therapy with chemotherapy and radiation fails to cure this form of cancer. Patients who have never been injured by chemotherapy or radiation have significantly better recovery rates than patients who have received chemotherapy and radiation. Eighty percent of early cancers are cured with laetrile. Conventional cancer therapy cures about 15% of similar cases. No person taking laetrile has ever developed cancer. Cancer patients who have responded favorably to laetrile do not relapse when they are maintained on laetrile therapy.

Laetrile can be given intravenously, intramuscularly and orally. A large intravenous or intramuscular dosage would be 2 or 3 grams given daily or several times weekly. Orally several apricot pits daily can be combined with amygdaline (there is no need to take more pits than you would eat of apricot fruit). This is suggested possibly because there may be an ingredient of value in the natural substance not necessarily found in the capsules. Patients with advanced cancers should receive at least two 500 mg amygdaline capsules three times daily along with several apricot pits daily. If there is no sign of improvement large doses should be given intramuscularly or intravenously as some patients may need large doses to recover. The center of the pit contains a soft bitter substance (laetrile) which will need flavoring with stevia to become palatable.

Fresh apricot pits are probably more valuable as therapy than dried pits. For this reason try to plant apricot trees on your land if you live in a suitable climate. Governmental regulations refuse to permit the sale of raw apricot pits.

Improvement in cancer may begin to be noticed after 30 or 40 grams of laetrile have been taken. Before abandoning laetrile large doses, which are quite safe, should be given. If a patient recovers from a malignancy with laetrile it is imperative that maintenance doses of laetrile be continued for a lifetime as relapse is common when laetrile is stopped.

There appears to be better results in persons who have never received chemotherapy or radiation which damages the immune system. For this reason I recommend trying
laetrile before using chemotherapy or radiation. Remember most oncologists would refuse to take themselves or allow family members to receive these two dangerous therapies. This may be simplistic but why would you want to be made sick so you might get well. Doesn't it make better sense to strengthen the immune system and detoxify rather than creating sickness with toxic therapies?

Apricot pits and amygdaline capsules 100 and 500 mg can be obtained from Apricot Products 866-468-7487, Apricot Power 1-866-4687487 and Medicina Alternativa 1-888-281-6663

Footnotes:

1, Griffin, G.Edward. World Without Cancer (audiotape) American Media, Box 4646, Westlake village, Ca. 91359 www.realityzone.com 800-595-6506
2, Link between trophoblasts and cancer corroborated
3, Moss, Ralph W. Feverfew and Cancer Townsend Letter for Doctors & Patients #264 July 2005 pg 20
4, Griffin G. Edward ibid
5, Griffin, Edward World Without Cancer Audiotape (800) 595-6596
www.realityzone.com

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