

## **“CANCER BUSH” – LAUROSE EXTRACT – OPC PLUS**



**“Cancer Bush”** is what the local natives call this Laurose flowering tree which has reportedly had over 500 compounds identified thus far, many of which are noted for their cancer fighting as well as immune boosting and other health promoting qualities.

The Laurose extract was first used to treat the HIV-AIDS epidemic. Approximately 350 HIV/AIDS patients have used it on a regular basis.

The results have been nothing less than astounding with a reported 98% success on HIV and a very high success rate with cancer. Dr. H. Zima Ozel, who re-discovered an age old remedy, reported success rates of over 70% in the 40 plus years that he has used concentrated Laurose extract in Turkey. Other practitioners are reporting over 90% success when used in conjunction with an initial totally body detox, parasite cleanse and improved nutrition.<sup>1, 2</sup>

Dr. Swanepoel reported: "Everything still ok here and cancer patients as well as HIV patients on the Laurose mix are doing well. The medical doctor in Cape Town who is using the mix for all his cancer patients has continued to have good results. The oncologist where he sends his patients to was so impressed with the results that she is now using it herself for prevention. Of the cancer patients, 5 arrived when they had about a week to 10 days to live and they were too weak to keep the mix down. They died without really being able to try the extract. All the others are still alive, some now for nearly three years. One breast cancer patient who was given a few months to live eventually became the patient of the oncologist who is now also using the extract. She was declared free of cancer by the oncologist approximately 1 year ago and is still doing well. Others used it for a few months until their cancers were gone. One patient with a festering hole of 1cm diameter on his nose (about half a cm deep) have been using it for three months after doctors were unable to cure the tumor with radiation. The hole is now half the size and not festering anymore. It should be healed in about 3 - 6 months. The doctor in Cape Town whose own wife had metastasized cancer to the bones, is now cancer free. It also seems to help for asthma, male impotence and diabetes. One advanced MS patient has now used it for 2 months and is reporting that it seems to help for the pain in her legs."

To paraphrase a department head at noted cancer research facility M. D. Anderson (famous cancer treatment hospital in Houston, Texas): *"We don't know yet exactly how it works, we just*

*know that it does work, attacking and killing bad cells - and only bad cells - and stopping their multiplication."*

Laurose extract has shown remarkable success against a very broad range of cancers, including lung, liver, leukemia, breast, brain, prostate, stomach, pancreatic and more. Laurose has been found to either eliminate or greatly alleviate the side effects of chemo when used in conjunction with chemo. However unlike chemo, Laurose does not cause lethargy but instead usually boosts a person's energy level

Studies seem to provide yet another important piece of evidence in understanding why Laurose has proven to be successful against a great many forms of cancer. In previous studies, Laurose extracts have been shown to:

- 1) **Inhibits angiogenesis**, the process where cancer produces blood vessels and spreads
- 2) **Inhibits the NF-kB factor** in cancer cells, which is the process that cells use to protect themselves when they come under attack
- 3) **Induces apoptosis, or normal cell death**, in cancer cells
- 4) **Greatly stimulate immune activity** and **crosses the blood-brain-barrier** in cases of brain cancer

Laurose extract has had success against a broad spectrum of cancers since Doctor H. Ziya Ozel began working with Laurose extracts in 1966 in Turkey. Dr. Ozel subsequently went on to successfully treat thousands of patients, many of whom were in advanced stages and who mainstream chemo and radiation treatments had failed to help. The *Salud Integral Clinic* in Honduras has continued that success for the past several years and also reports successes against a wide variety of cancers and other cell proliferative diseases and immune disorders. <sup>3</sup>

Pancreatic cancer, which is normally fatal within only a few months of diagnoses, yet Mr. Knocke reports that they have pancreatic cancer patients who are still alive years later, and are healthy and doing well. He also reported speaking with two of the newer pancreatic cancer patients recently and said that both of whom were alive and doing well five months after their diagnosis. One patient's cancer had stopped growing and was stabilized and another had no signs of tumors or cancer at all now.

Evidence suggests that Laurose extract have antiviral activity. As a result of the clinical trial and continued successes, the supplement is now made by a pharmaceutical manufacturing company in South Africa and over 10,000 bottles of the supplement are distributed monthly, including distribution at about 900 pharmacies in South Africa.<sup>4</sup>

For skin cancers (basal cell carcinoma and squamous cell carcinoma), patients are instructed to open the Laurose capsule and mix the powder with DMSO in gel form and a neutral cream, along with a drop of lavender essential oil and apply to the affected

## **Clinical Studies, FDA Study and Testimonials from People with Cancer, HIV/AIDS, Hepatitis-C, and many common diseases**

Following are unsolicited testimonials in chronological order which have been collected by Naturopathic PhD Marc Swanepoel since June, 2008

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By the way, the first shipment seems to be working great. I have more energy and feel like my entire physical being is a few notches higher. I have improved strength on my mountain bike climbs and better bowel health . Thanks again for all the work you do R G  
Costa Mesa, California

June 2008

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I have been having problems with post nasal drip and I took a teaspoon last night, the drip stopped in like 10 minutes.  
S L – 29 July 08

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My mom has been using a number of supplements since December and has started with S/OPC two months ago. She has Non-Hodgkins lymphoma. She is also still taking chlorambucil (not sure about the spelling) every 14 days (i cannot convince her not to take the chemo). She has been doing and looking very well.

I would also like to mention that i noticed that the S/OPC does assist with the side effects of the chemo. Previously i used to get her whey protein for that purpose, but she did not need it this past two weeks.  
M H – 18 Aug 08

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I am just about done with my third bottle and the edema in my ankles have improved by about half, which is great.  
B H – 18 Aug 08

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Just to let you know that my husband got a really good report on tests last week. Scans showed no new growth and no new tumors. Some of the existing tumors had grown just a little so now we need to see if we can get them to shrink. We'll just keep doing what we have been doing. Thanks.

B A – 18 Aug 08

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a friend of the family had just been diagnosed with Testicular cancer and has only been on the supplementation for 2 weeks. His ~3 to 4 cm tumor shrunk by 1.6 cm in just 2 weeks. He is working with an Oncologist to have an occasional pet scan but not doing any traditional/conventional therapy in terms of treatment; just taking the OPC as well as IP-6; very encouraging thus far for him.

R K – 28 Aug 08

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what I like about this supplement is the extra energy it brings. I have much energy already and I still notice more stamina.

T B – 5 Sept 08

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The CS & S/OPC has helped my dog Weaver too immensely. His liver enzymes were way up for two years, last week got the results, he is completely normal now, yippee! He is almost 13, unheard of for pooches to get better with age.

T B – 12 Sept 08

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Today I had feedback from a guy who has been using the S/OPC for a few months that confirms my Laurose Extract /hairgrowth theory. He did not know about my own experience but told me he used to cut his hair once every two months. Then he found he had to cut it every six weeks and now he has to cut it every four weeks. All this happened since he started taking the S/OPC about 6 months ago. He also noticed that he has to cut his finger- and toenails more often than before. He takes 4 capsules per day. From C C – 12 Sept 08

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Weaver has been on both the CS & CG. Both have helped with the arthritis. Also, I noticed today all his fatty tumors are melting away. I'm truly thrilled, he has had some of them for many years. I have increased his dosage on the S/OPC too which could be contributing as well with his all around improvements. He has dropped some weight and is shedding less too. No kidding his appearance and health are changing/improving more each day. I'm so sold on S/OPC, CS & CG. I'm telling anyone will listen. My poor doggie was a mess, not anymore!

T B – 21 Sept 08

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hey man, just an update on the Laurose Extract..

before i took it, I had pain in the stomach if i ate before going to bed...

the last 2 weeks no more pain.....and also i noticed the stools were kinda yukky at the beginning and then i noticed mucus coming outwith some weird stuff (looking like gelly stuff)...and now it looks all good.....

This thing really does something lol  
N S – 18 Oct 08

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We have been enjoying the changes from taking your wonderful product.

T M – 6 Nov 08

My stepdad was diagnosed with a cancerous tumor blocking his bile duct which they said had spread to his pancreas and liver and this was last Thanksgiving. He was given a couple of months and had lost over 50 lbs in two months. Well here we are a year later and he has put on weight and is golfing on a regular basis. He is 80 years old and living life to the fullest! He used the OPC along with the anti-cancer protocol suggested

T R – 11 Nov 08

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I started using OPC (plus IP-6) on July 25, 2008. I added the Budwig FOCC Protocol on September 17, 2008, and have now followed it daily for the past nine weeks.

I have been in email conversation with Marc Swanepoel and have learned MUCH from him. I believe that OPC is a major factor in the improvement of my numbers these past four months. Here are the results of my blood tests for a blood draw on 11.11.08 at Alta Bates Cancer Center (Berkeley). I am encouraged with my numbers, which indicate significant progress in the relatively brief period of time that I have been using OPC.

| Date     | PSA  | % fPSA | PSADT | Tst  | DHT   | E2   | T/E2 | T/DHT |
|----------|------|--------|-------|------|-------|------|------|-------|
| Range    | <4.0 | >20%   | >2.51 | >500 | 30-80 | <70  | >55  | >10   |
| 01/24/08 | 26.2 | 10.0   | 2.32  | 0709 | 102   | 24.0 | 29.5 | 07.0  |
| 07/22/08 | 31.3 | 07.9   | 2.28  | 1550 | 238   | 25.0 | 62.0 | 06.5  |
| 09/23/08 | 25.0 | 09.5   | 2.66  | 0916 | 163   | 26.0 | 35.2 | 05.6  |
| 11/11/08 | 22.9 | 10.3   | 2.87  | 0573 | ~95   | 18.0 | 31.8 | 06.0? |

My PSA dropped from 31.3 (7/22/08) to 25.0 (9/23/08) and then to 22.9 (11/11/08) and my % Free PSA went up from 7.9% to 10.3% in this time period. The movement of both of these numbers is positive.

My PSA doubling time (PSADT) at the time of my diagnosis of PCA in June 2006 was 2.51 years. At the time of my diagnosis on 6/26/06 my PSA was 14.9 and that was 29 months ago.

You will note the question mark in the matter of my serum DHT number. LabCorp did not do the test as requested by my oncologist, so that number is a guess on my part, based in part on my saliva DHT

results with a number of >125 [ref. range = 39-89] for a specimen submitted to Diagnos-Techs on Nov. 3, 2008.

D C – 20 Nov 2008

Dx 6/06 @ 68, bPSA 14.9, bPSADT 2.51 yrs, T2c GI 3+3 {reread 4+3 @ Johns Hopkins} || ADT (5 mns) & chemo (2 mns) -- aborted 11.16.06 || Protocol 19 mns (11.1.06 – 6.13.08) || Laetrile (1.11.08 – 5.16.08); Essiac Tea, IP-6, Flax Hull Lignans (6/08); Sutherlandia OPC (7.25.08); Budwig FOCC + citrus pectin (9.17.08) & Ayurstate (10.2.08).

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Hi Marc,

I am fine - My last CT was clear and the docs all seem happy - going to the gym 3 times a week. have got to take calcium as I have issues with mal absorption due to my stoma etc.

My bilirubin is 42 was 179 when I started OPC so coming down.

G T – 17 Dec 2008

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Hi there Marc.

I seem to be getting better from my colon cancer, by the way. I have been taking both the Laurose capsules and chemotherapy (mainly celloda). Bleeding is gone, pain too, but I remain weak and am having problems to regain the weight lost during the past two years (over 70 pounds!).

May you have a Happy New Year...!

R N M, Panama City, Panama.

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My stepdad is doing great, he is in Guadalajara, Mexico right now visiting some family. He actually gave his two last bottles of OPC away to people/relatives over there that are suffering from cancer. So he called me and asked me to order more. He kept just enough to hold him over, plus he takes the homemade Laurose too. He has given the people in Mexico the link to order the OPC, so I hope they will be doing that soon. And my Lab is doing much better too, I have the Artemisinin & 50% DMSO that you suggested for the cyst on his eye on order.

Thanks again so much for your personalized attention, you are awesome!

God Bless,

T R – 31 Dec 08

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I don't have any really good news but do have some fairly good news: we had our last visit with the Doctors just before Xmas, they had asked hub to go back on to ARVs in September and he refused. The nurse then decided not to do his marker blood work without telling us (because we refused treatment), we found out when we went for the Nov visit and got upset (in particular me), there was an animated discussion, tears etc. The Doctor said it was a mistake. The outcome was, we would redo bloodwork before Xmas and if hub's markers (T4 cells and viral load) had worsened they would put him latest ARVs for patients failing on other ARVs. They obviously predicted his T4s cells would worsen significantly. As they were already low this would be dramatic

Well the December results show most markers (HIV and HEPC) stable BUT there was a slight improvement in the CD4 count (Sept was 190 whereas Dec was 234). So it looks as if we are finally seeing a slight improvement. It is not a great improvement but it is a start. The doctors admitted that this result is the same as we were getting with the ARVs before they interrupted treatment in May due to the condition of his liver. However they are now advising for hub to start these new ARVs with the aim of getting the viral load from 35k to undetectable. However hub says that if at end of Jan he sees a further improvement he is going to refuse the new treatment they are offering. I am pro natural remedy but he is more sceptical so that is another breakthrough.

Hope to be back with more positive news in early Feb.

N C – 6 Jan 09

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Just to let you know that my husband has chronic Hep C (and HIV) and initial stage cirrhosis and since taking OPC and Essiac plus other supplements recommended by Tony and Marc and sourced ourselves including milk thistle which is considered super important for the liver, his sleeping has much improved as has appetite and energy. Another improvement which I haven-t mentioned before on site which however I am sure is a sign of being healthier is his libido being back to normal too.

Good luck

Nelly – 10 Jan 09

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Dear Marc,

Thanks for your email 15/1/09 re NAC and the importance of Megan taking same.

The latest biopsy report Cancer has dropped from level 3 to level 2. Requires 4 Radiotherapy treatments plus 2 Laser treatments. But no chemotherapy which was very definitely on the cards at the beginning of treatment. Things are looking much brighter, Specialist stated "whatever you are doing, keep it up". Megan is also having Vit. C. injections. Still not out of the woods, but the sun is starting to shine through the trees. She is feeling nauseous most of the time. But with your recommendation, will purchase NAC today.

M B – 21 Jan 09

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You are truly brilliant!! I cant tell you enough how much our lives have been impacted by getting to know you. We feel so blessed to say that we have met an ANGEL. I truly believe you are heaven sent! You sir are living proof that humanity will prevail over hatred and greed. You are honest, informative, caring, gracious and a SAINT. I pray every night that my friend will be healthy and prevail from this disease...and I thank God for you and pray that he continues to give you good health and the knowledge to continue the priceless work that you have done for human kind. Emailing you and not knowing truly who you are or never even seeing a picture of you, has me picturing you in my own mind. I picture a great and mighty ANGEL of GOD.

Thank you so much!!!!

D B – 19 Feb 09

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My Stepdad has been taking the OPC for a tumor for about a 15 months and he is doing awesome . . . I'm not sure if his tumor has shrunk, but he is living a productive life which we didn't think he would make it 2-3 weeks when first diagnosed about 15 months ago. His color was bad and he was not a good candidate for the Whipple Surgery after they did more tests.

He had a tumor blocking his bile duct, and they put a stint through it and that is all they did and then he changed his diet and started taking the OPC and now all his blood tests (liver) is fine.

He is 81 and his energy and color are great, so this is what I go by. And the doctors just tell him to keep doing what he is doing..... – 18 Feb 09

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I wanted to give you an update on a customer of mine who has ALS. After taking 4 bottles, he is doing really really good. He told me that all of his 'numbers' are up and his doctor (Baylor) is going to look into s-opc.

T L – 22 Feb 09

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I just wanted to thank you for your support. My last tumor has just vanished in the last 3 days or so. For how long should I continue taking the OPC Plus? I want to order some more for me and more for my sister who has Hep C.

P R – 23 Feb 09

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Finally got my MRI results back – the 3 main things were

1) only a slight enlargement/enhancing of 2.3x1.8.1.4cm area in upper left breast with greater enhancement – however, in same area “isolated foci demonstrating mild washout were also observed”. It goes on to say the entire area is indeterminant. Also that considerations of the area include changes of ductal carcinoma versus nodular fibrocystic change. This area also originally 3 years ago had tons of microcalcifications which disappeared in 2007 and are gone. No indication of invasion and no lymph node involvement.

2) Deep in middle of breast 1.5 years ago had 5x1cm enhancement new area suspicious for breast neoplasm/ductal carcinoma is NOW being described as 9.9x5.0mm mild washout area quite possibly a fibrocystic change.

3) (this is what we’re excited about as it’s the paget’s area that in the past was increasing and appeared to be growing back into the breast – it was originally biopsied in 2006 as high nuclear grade cribriform type with focal comedo necrosis). Is a retroareolar enhancement that increased and was worse from 2007 to 2008 is NOW being described as “nodular parenchymal enhancement with a benign appearing steadily increasing dynamic pattern of contrast enhancement, suggestive of underlying fibrocystic changes. Retroareolar enhancement now appears less prominent compared to 2008.

So, I’m not out of the woods yet but definitely improving! ☺

C K -5 March 09

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Hi Marc –

I just picked up copies of all my MRI scans/reports from the hospital from 2007-2009. The biggest significance in reversal has been from 2008-2009. In addition to the 3x2 cm area right behind the nipple that is not nearly as enhanced now, there was an area described as “4.5 cm band of parenchymal enhancement in the midportion of the left breast suspicious for breast neoplasm, probably DCIS, similar to that of MRI 2007.” THIS AREA IS NO WHERE TO BE FOUND. ☺ ! Neither is the 2x1 cm that was “new” in 2008 – that is also gone.

So.....it’s better than I previously thought!!!!!!!!!!!!!!

I know I'm doing a lot of things on the physical, emotional and energy levels, but I truly believe on the physical level, for me, it's been change of diet and the OPC that have given me the speediest results.

C K - 8 March 09

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We are seeing great success with the OPC. One of our cancer horses was checked Friday by the vet and the tumors are going down or are totally gone.

K M – Horse Protection Society – 10 March 09

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My friend had told me about OPC and he seemed pretty confident with the product so I decided to give it a try. Before I was getting cortisol injections and I knew I couldn't do that forever so that's when I decided to start OPC. After a few weeks of taking it my hair stopped falling out as much and I noticed that my smaller bald spots had gone away. It has really helped my hair growth as well as my immunity from getting sick.

N E – 19 March 09

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Just a quick update. I have had 3 cycles of chemo - The 4th tomorrow. I have responded well to the chemo and the supplements and am feeling very well. I am tired, but gaining weight etc. I am taking the OPC which is fine... My liver function has improved since the selenium, alpha lipoic acid, milk thistle supplements and S/OPC were taken from April 2008 and my bilirubin is now 33 (normal is 0-19) but it was at 179 and I was yellow - it may be normal soon!. My general liver function is improving it is still a way of perfect but better.

G T – 23 March 09

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I just wanted to let you know that I received product and began taking it March 19, 2009 as per protocol. I am now taking 2- 2 times per day. No side effects so far. I have noticed that my nipple has improved. Ever since immediately after the first mammogram, I've had a hard yellow crusting covering entire nipple (no real discharge). Over this past weekend I noticed it has just two small areas with discoloration and it looks like it's healing. The mass hasn't shrunk in any way that I can notice, but it's only been 12 days.

T P – 30 March 09

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My Mom was diagnosed with stg 4 ovarian cancer last Aug. She had chemo twice, two weeks apart. It almost killed her and she did not do the remaining 6 scheduled doses. She started on Budwig and later added (OPC pills). After about 3-4 months when she was feeling really good, she started chemo again. A different combo that was milder than the first. She just finished with that. In the beginning her CA-125 was 5300. It has gone down to 87. At first, they couldn't operate saying that the tumor was spread out all over her abdomen with do defined parameters. Now they are saying that it has shrunk and is operable.

R G – 4 April 09

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It has been about a month since Audrey started taking the OPC Plus capsules and program for her breast cancer. I am happy to report she is doing very well so far. She is now up to four per day, she built up to that over a period of about two weeks. She takes the capsules on an empty stomach, as a forum member recommended (thank you) to avoid an initial digestive problem.

The best thing that is happening now is that her hemoglobin level is finally coming up for the first time since last September. She is regaining a little strength every day, and it is truly wonderful to see.

A & A S – 14 April 09

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Just wanted to let you know I have been taking the S/OPC for about a year now for breast cancer. I started at 2 caps a day and then after awhile went to 4 caps a day, now I'm back to 2 caps a day. One thing I can say is I have never had a cold since even being around really sick people, my hubby included, and have been cancer-free for 3 years exactly now. Good choice to get started, it is a proactive thing to do among other things.

T B – 1 May 09

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I just wanted to give you a quick update on Katie (dog).

I am giving her IP6 and OPC Capsules every other day. Everyday she is getting 4 oz of colloidal silver. She had a huge growth on her leg that completely disappeared. I bought the Silver Gel and put it directly on the growth. I am going to take her in for Xrays on her lungs to see if the tumors have shrunk or stayed the same. Some days she runs around like a puppy, but she mostly likes to sleep. She is 14 years old, but doing great! In December the Vet said she would be dead by March. The Vet said that she would start coughing and deteriorate quickly. Thanks to you that hasn't happened. :)

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My wife has breast cancer metastasized to her bones. She was taking cesium until 2-26-09, and started taking Laurose extract and most of the rest of the protocol on 3-10-09. We have been very happy with the results. Her alk/phos spiked at 574 on her blood tests of 3-17-09, which could have either been from the cesium or the OPC ,and a month later,4-21-09, had decreased to 240.

All of her CBC numbers have been steadily improving, and she feels a little better every day. She now can take walks when she wants to, and has been working some in the garden. Such great improvements from last Nov,Dec, when she was in hospice care!

We are both very glad she never took chemo or radiation, although we had some scary times.

A S – 7 May 09

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I am happy to tell you that having now followed the Budwig protocol fairly well plus OPC, my PSA, which I have checked every 2 months, continues to decrease. It has come down from 11.87 when I started the protocol in August to 6.72 today. I had discounted any mainstream treatments and I am happy I did. I am now fully convinced that alternatives can work. May this be an encouragement to others who may be hesitating to ignore conventional options.

R J – 26 May 09

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My wife is doing insulin potentiation therapy along with DMSO potentiation therapy. Her blood sugar levels are dropped to around 30 and then after the therapy she eats some watermelon, vegetable juice, etc. to get her blood sugar back up to the normal range of 70-99. Today for the first time we had the brainstorm of adding some S/OPC to her Vegetable juice (15mL) since she does this after her meals anyway. Well her blood sugars would not go over 55 for a long while which never happened before. So I was wondering if you had heard of Laurose doing this to other individuals? As I mentioned if it could control blood sugar levels on top of everything else it did it would be wonderful for many type of problems.

D F – 26 May 09

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I have been adding things gradually to the protocol.

Today, I finally "manned up" and took my first dose of OPC.

I have been hesitant because I have in the past been extremely sensitive to any substance that accelerates the heart and etc.

I did feel a slight tingling, very slight on my lips and throat. That passed quickly as well. I also experienced fatigue, but that could have happened anyway I am just so busy.

But here's the thing, after a bit of time, I experienced a sense of well-being (think about that word, my being feels well) that I haven't had for a long time, like something got righted that was wrong. In the whole area where I felt a growth, the pain and sensation have diminished a lot. I feel it somewhat now, but for most of the afternoon and night it has been much better than usual. But so far the side effects are pretty good.

I noticed this morning that where I have had a hardness across the area above my diaphragm, with pain radiating through to the back under my left shoulder blade, which had been getting to where if I took a deep breath I felt pain all across the area over my diaphragm---well, that whole hardness has disappeared. So weird!

What is going on here?!?

How can ONE DOSE of the OPC do so much? Is the OPC? Does OPC relieve pain? Or is the pain better because the OPC has done something else that relieved a source of pain?

J – 5 June 09

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Hello everyone! Just a little update on Molly (10 yr old cocker spaniel with lymphoma). The oncologist and our vet both gave her 4-6wks (8 at the most) without chemo. That was 9 1/2 wks ago! We did decide to use prednisone since her lymph nodes are quite large and interfering with her breathing. Other than that, she's on a raw diet (Nature's Variety-- I can't make it on my own right now) and LOVING it! She is also on 3cc of OPC three times a day, and 2 different herbal preparations from an Australian herbalist specializing in natural dog care and treatment (one is Marine Pine Bark for her immune system and the other is an herbal lymphoma support). She is also on air-dried garlic from Springtime (same as I use and give our chickens), 1cc fermented plain cod liver oil from Greenpastures twice a day (same as I and my children take-- top quality!), and on the "Longevity" formula for dogs from Springtime. Last but not least, she is on Transfer Factor Plus (the top human grade type) from 4life. She does seem to be doing very well at this point-- some bad days here and there, but way more good days! Her coat is so much softer than it has ever been-- really a testament to how to feed a dog naturally.

L M – 12 June 09

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I know that OPC has all the wonderful properties, like will help hair loss while on chemo etc. When Reid finished his radiation we were told that his hair would probably not grow back on the sides of his head. We have been using the OPC for around 2 weeks and we are noticing that reids bald spots are starting to fill in with fuzzy stuff. Is this the OPC working? Wouldn't it be too soon for it to work like that? He was completely smooth bald in those spots. We are very excited regardless of why it happened but I was just wondering!

R E – 26 June 09

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Today we went to see the doctor. Dad had a CT 2 days ago so we went to hear the result. The doctor ordered the CT because two months have passed without treatment.

I think we have some good news. the report said comparing with the CT done two months ago, several nodes resolved including a 7 mm one, although the biggest one, 3.4cm x 2cm, didn't change. Another good sign is the fluid in his chest. Dad had the fluid drained 5 weeks ago (his second time). It was 5 weeks after his first drain. Now another 5 weeks passed, the fluid level is less than half of the level right before his second drain. That means the fluid is coming back much slower.

I am hopeful. Praise the Lord! The S/OPC might be working. Dad has been on S/OPC for 2 months, 4 a day for the last 1.5 months. He has also been on Collect the last 1.5 months at 4-5 scoops a day. He also takes curcumin, grape seed extract, milk thistle and Agaricus Brazil Mushroom. The curcumin lowered his blood pressure so much he stopped 2 blood pressure medication 1.5 months ago.

J H – 27 June 09

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Just received my S/OPC extract yesterday - had a painful gastric thing happening since my PET Scan last Thursday (could be "coincidental" but I'm guessing it's not :) and within 2 doses, all the stomach pain and gastro nasties were gone.

I am SO excited to have such a unique and effective weapon to annihilate my ILC breast cancer. (taking Tamoxifen just to "appease" everyone else.)

JvG – 3 July 09

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I'm a 20 year survivor of "incurable" Stage IV fNHL. I have faced several relapses and numerous challenges over that period. None of these cancer related challenges seemed more pervasive than a serious chemotherapy induced anemia that continued to get worse year after year.

Earlier this past winter I woke up with an emergency involving our 13 year old toy poodle. She had gone from being active and happy to lethargic and near death in a matter of 36 - 48 hours. I tried all the tricks I had learned over the past 20 years of dealing with my own health challenge all to no avail.

Our little girl had been suffering from chronic lymphoma for many years (common in toy poodles) and we had kept her relatively healthy and happy by sharing my own cancer protocols with her on a daily basis.

With her critical illness I went to the Internet to find an effective cancer treatment for leukemia and lymphomas. Anviral™ (Laurose Extract, developed by DR. H. Ziya Ozel, came up on my radar as a viable candidate. Anviral's™ track record in studies and reports was amazing.

I found I could not purchase Anvirzel™ even with a veterinarians' prescription so I looked for alternatives and found OPC was available without prescription in South Africa. I immediately ordered a supply and prayed it would arrive in time to be of use.

When we did the blood work on our poodle the results were scary. The poor little girl had RBC/HCT/HGB below 10%. For practical purposes she was near death. The veterenarian transfused her and we took her home for the night with intentions of returning to the clinic in the morning to continue transfusion, try and get some electrolytes in her, etc.....

It turned out our little girl had Immune-mediated Hemalytic Anemia, a disease where her own immune system attacks her red blood cells. AIHA is difficult to diagnose and the chances of saving her were slim. The following day's blood work showed her immune system had destroyed all the red blood cells of the recent transfusion in less than 18 hours. There was no choice but to have her put down.

The rest of the story is the Laurose extract would have been of little use had it arrived prior to her death.

However, the OPC did arrive in a few days and something told me to try it on myself. This is where the spiritual, supernatural or magical part comes in. I had no reason to think OPC would have any effect on my own personal challenge but it was in hand and something told me not to throw it away, instead to use it myself.

I worked up to 3 tablespoons a day and continued that dosage for several weeks. In the meantime I noticed by heart rate on my daily runs was dropping. It had hit highs in the 180's just recently and now it was rapidly trending downward while my running pace was actually increasing.

I sensed something pretty important was going on. At my next scheduled anemia blood screening I got the most pleasant surprise of a long time. Virtually all my blood count numbers were in the normal range. This was the first time my blood counts had been normal in more than 3 years.

In fairness I have to say at the time I was also taking a Traditional Chinese Medicine called "Marrow Plus", which is widely used by oriental doctors (and some veterinarians) for blood anemia problems.

P. D. – 14 Aug 09

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My son who has cancer has improved dramatically in the last two weeks and I do not want to run out so if you could send this ASAP I would really appreciate it. Thanks

S.M – 13 Aug 09

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Our son who has testicular cancer-choriocarcinoma has improved -his tumour markers have dropped - 220,000 to 19,000 -if you could send off ASAP as we don't want to run out.

S. M. – 20 Sept 09

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I attribute OPC, together with colloidal silver for getting rid of my fibromyalgia. Back in 2005, I was in such pain that it took great effort to go up the two steps leading to my front door. I was lethargic, slept during the day, insomnia at night, and had depression issues. I have been completely free of any symptoms for three years now. And..... I can plop down on the floor, sit cross-legged and spring up again with absolutely no pain.

L. M. – 20 Sept 09

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(I read about the plight of this lady in Botswana who had decided to go off Antiretrovirals due to the bad side effects and sent her some S/OPC to try)

I am very grateful for the 2 mths supply of OPC gift. I am now reading the information that came with it and I will begin the supplement tomorrow morning for consistency. I will take as prescribed. I will however keep you posted of the positive developments in my health. I look forward to a new me.

I truly feel sad. The number of people dying from Toxic drugs outweigh those who just die from no intervention of toxic drugs and worse of all the death is a long agonizing painful one, that I nearly got myself. I am working with some media practitioners editor of the Mmegi news paper, I have asked them to get informed 1st before they make any reports. They must be in a position to defend their reporting. They are shocked why they should hear such things from me yet there are people doing research daily, since 1984.

I told him, as long as there is funding from pharmaceutical companies involved, there can never be public information that says anything contrary to ARVs.

I am working slowly but accurately to get the word out. It is pleasing to know that in Africa we have someone who is making something to combat HIV and AIDS IN A HUMAN FASHION. Doing it for the patient to heal. Be Blessed always.

Pass my regards to your family. I have written stories that my interest you for Harpers at this link just two for now

<http://www.thetruthbarrier.com/essays/72-onnie-mary-phuthe/144-radio-free-africa>

O.M.P – Botswana – 19 Sept 09

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I am very excited to tell you I feel great, I notice I sleep more now which could be the cleansing of the filthy system that was stuffed with drugs for the past 8 years.

I made a comment of how OPC is helping me and people freaked out. I know for fact than if something has no impact no one care about it but when it has impact and positive one people feel threatened.



O.M.P – 7 Oct 09

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I used OPC 4 weeks after leaving ARV therapy that I changed four times. If I did not stop I would be on number five now.

The clinic followed me home to come back on ARV. I left as that was between living and dying.

OPC has quieted complaints that I had from 2001 to 19/09/2009 , I even marked the bottle with a date. I kept the empty dated bottles, why. I want to always remember the day I starting realizing my self worth.

I was programmed to know that my HIV status needed ARV and with out ARV I would wither and die like a flower that is not in water. I tried everything they had on the market, did all the tests and got no hope. Stopping ARV and taking OPC 500ml and capsules has added a smile on my face, given my strength. These two months on it has made me better than any other time I have been on ARV. Walking, was the last thing I could do, but from the 7th of dec 09 to 13 jan 2010 I was doing a research which involved walking house to house, in different villages in Botswana. Think of all the things you want to do, and find out what is obstructing you and eliminate the obstruction, so you can venture on life is great

I am still amazed I did that. The ARV drugs were pulling me down, as if their intention is to have an unproductive society. I still try to find the reason why a health department is involved in this and not some gangsters. Who will intervene if the health is the one pulling people down?

Truth versus lies. HIV and AIDS and ARV are a profitability business which have no health in mind. It was my choice to leave ARV. Doctors told me the scariest but still I had to, I wanted to hear all the excitement of people welcoming 2010. And thank you God and OPC I have.

The governments can never be in authority on my body more than I am in authority, so exercise your authority and act on behalf of your body, no one will do it for you.

O.M.P – 14 Jan 2010

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I seem to be doing OK. My PSA readings have gone down. I am still on Chemo, it seems to little or no side effects on me, at least none that I can notice.

J. D. – 16 Oct 09

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My son is continuing to improve- I have been giving him 10mls 3 times daily now so I am running out quicker so if you could post this off quickly please. Many thanks

S. M. – 23 Oct 09

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Last posting I commented that J's Cancer in the esophagus has shrunk 80%. (Stage IV2B). He was diagnosed 6/4/09. At present, we are taking Oleander (5 teaspoons per day) and following Budwig Diet. (4TBS F/O to 8 TBS CC. We Do Not follow BP 100%. I am supplementing him with selenium, iodine, fish oil, vitamin C, vitamin D, B Complex, Cell Fort. I have switched him over to about 80% organic but occasionally he eats organic chicken. Organic Milk with Omega 3 and Grain 4 Organic Eggs, (Chickens fed grains and flaxseed). Most protein he gets comes from these eggs and organic beans and lentils and brown rice. Absolutely no sugar at all in the diet whatsoever.

Last week I called the Dr. to ask them to do esophagus stretch since Jim had limited capabilities eating food by mouth. Immediately they wanted to place a stent in and I refused. I asked them why not the stretch and they said due to the cancer it won't work and they wanted us to go back to the same Dr. who had misdiagnosed him previously with achalasia not cancer. I again said NO. So last Monday we went in to speak with the surgeon (Thoracic) and pleaded our case for a stretch and he finally agreed, but said it probably won't work. Well last Friday, they went in and easily stretched his esophagus from 4 mm to 16 mm and J. can now eat normally. But remarkably the surgeon came out quite perplexed. He said that he didn't see any cancer inside the esophagus anymore, only scar tissue. CAT 1 month ago still showed tumor inside esophagus but it is now gone. He also said that his esophagus looked smooth and pliable, easy to stretch and that he said it was a good thing we didn't go stent route because there wouldn't be any place to attach the stent to. So, once again, J. is defying the odds and is doing extremely well.

J. has gained 3 lbs over the weekend eating normally. His energy level is way up, attitude is great, and he is starting to grow hair although he is still on chemo every other week. Again, since last scan, J. only had 1 chemo treatment due to a break in schedule. We truly believe that the combo of oleander/BP is helping him stay healthy. His last bloodwork came back with WBC at 4.7. Well within the normal range. Platelets look great and RBC went up a little and is just below normal range and the hemoglobin went up a point. He seems to be handling things well.

S.B. – 26 October 09

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Just an update on my 80 yr old Step dad who was diagnosed 2 years ago with stage 4 pancreatic cancer and at that time had a biliary stint placed to pass the bile through his system around the blockage caused by the tumor. Well he immediately started taking the Laurose and refused chemo and all meds. After about 5 months he switched to the OPC from Africa and has been taking that along with some other supplements along with a diet low on sugar, etc. Well up until about 4 months ago he was doing great and playing golf once a week. Well it turns out that the stint was out of place and this was causing him to be poisoned again for about the last year, so this past July they went in to see what was going on, they once again said he was terminal and the tumor was completely out of control and fungus and he would not last more than a couple of weeks to months and they were only able to put an external stint going to a bag this time. Well this time we went ahead and put him on hospice because we thought this

was it. Well he didn't give up and so we got him a gallon of silver and he upped his OPC intake to the point that it gives him diarrhea and then he backs off a little. He took the gallon of Colloidal Silver 4 oz at a time and let me tell you it seemed we were losing him for a couple of weeks. We went through some dark days, but he is playing golf again now! And the doctors are amazed that he is still alive, as we are too, seeing how close he came to death. His hospice nurse will call him on Wednesdays and finds him out at the golf course and they laugh about it! Everyone is so impressed with him. I don't think he is cured but he is managing his condition and for that we are completely grateful. Let me add that he holds the OPC under his tongue for a while before he swallows it and he thinks this is allowing it to get into his system better and he also takes a little every couple of hours (instead of just 3 times a day). He also tries to take all supplements out of the capsules if possible and puts it in a little juice before taking them. Thanks once again to Tony, Luella & Mark! T.R. – 27 October 09

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Don't think I am fooling you with this. Yesterday my husband came with 20 bags of cement. I carried with him to pile about 5 meters away from the car. Today I did the same. I am only remembering now that this is a miracle how I can lift anything that heavy when I could not even walk or lift a hand bag. I am shocked at the results I am getting from {the mixture}. I am happy it is restoring me to my old self. I love working tough jobs, its something I grew up with but from 2002 after the ARVs I started degrading until I could not even lift my own foot.

O.M.P. – 27 October 09

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I saw my Stepdad this morning and he was cleaning his bathroom down on his hands and knees. He is doing really good! He says he is doing great! Unbelievable after what they told us and how he looked. He is ordering your capsules to give away to friends with cancer. He is using the oleander with colloidal silver and he is really thriving. Anyway, thanks again for all you do!! You are awesome :\*)

God Bless,

T. R. – 7 Nov 09

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After a year and 3 months on Budwig Protocol and OPC, I am happy to report steady reduction of PSA. The readings have dropped from nearly 12 to 6.38. Creatinine level has also dropped to near normal level. My weight has reduced drastically (11kg) though physically I feel OK and have less arthritis and joint pain than I had previously. I have been able to stop all heart medicine which I was taking for arhythmic beat. This gives me confidence that I am on the right track and have already halted advance of my cancer. Trips to the bathroom at night have not reduced and my urologist who is supportive and interested in my progress explained that the BHP has nothing to do with the cancer which affects the outer part of the prostate. Please note that apart from trying Avodart a few years ago for BHP (which did nothing for me) I have taken no hormone treatment nor done any hormone tests. I am now of course

convinced that the action I took was good and I would like to acknowledge the useful advice I have received.

R. J. – 16 November 09

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Dear Marc, you might remember, I was talking to you about our gardener John not so long ago. John suddenly became very ill and we consequently found out that he was HIV pos with a CD4 count of 16. To tell you the truth, at the time I really feared that he had gone to a point of no return and would not make it till the end of that week. He had trouble breathing and his kidneys started to fail. He had been on ARVs for about 3 days by the time we started giving him the S-OPC+NAC/vit C. This past Friday (week and a half later) he was released from hospital and is doing quite well and getting a little stronger every day. I am sure the ARVs are doing their bit but I am also totally convinced that the S-OPC is playing a big part in his recovery. In about a month time I would like to have his CD4 count assessed again so we can see, if we are on the right track. I have hope again that he will see his children grow up... Thank you so much for your product and your advice. E. T. – 24 Nov 09

Dear Marc, our gardener is doing better every day. To tell you the truth, thinking a few weeks back, I would have never believed he would recover like this.

E. T. – 9 Dec 09

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G's cancer is going down nicely. We are very happy with your protocol and so would like to order 6 more bottles of your mixture

I. S. – 11 January 2010

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My mother was diagnosed with pancreatic cancer in September of 2008. She has been taking your product all along while taking chemo (5-FU and now Gemcitabine). She still has all her hair and her tumor markers are a tenth of what they were when she was diagnosed, so I believe this is confirmation that your product does shield a person from many of the side effects of chemo. Unfortunately, she still won't try the diet but has been taking 5 other botanicals along with your S/OPC. Thanks again for making it available to the rest of the world.

D.S. – 6 March 2010

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Latest C.T scan "unchanged in appearance since previous scan" (2 months) Trust we have stopped progress, now for improvement. I'm on 40ml S/OPC and Budwig also take one cap curcumin, inositol & blackseed oil each and 2 NAC three times a day. Light headedness passed, pulse still low.(40)

F.W. – 24 March 2010

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Just wanted to let you know your product is incredible. My mother is responding well to your product and regimen you sent me and the cancer went away from her liver. She is still weak, but coming along fine. She was in a wheelchair and now she is back to walking with her walker.

M.T. - 8 April 2010

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My neighbor for whom I purchased the first order I made two months ago, is Cancer-free!! Her doctor cannot believe it but she won't tell him that she was taking OPC. Her doctor has also eliminated all pills that were prescribed to her along with the chemotherapy. She is forever grateful and has since purchased more. She had been battling cancer for a little over four years and after last year the cancer began spreading to her lungs and kidney. She began taking OPC on March 12 and since, then her levels have gone down so much that she is practically cured. She follows a good diet and goes to the gym five days a week. She was only taking three or four pills a day.

As for me, I take two a day and my severe allergies have almost dissipated. I have suffered from rhinitis my whole life and have never felt this good during the Spring months. You can definitely add me as a faithful OPC buyer from now on. The recent purchase that arrived earlier this week, is for my godmother who is suffering from thyroid malfunction as well as rhinitis but also for my cousin who has severe neurological and really bad skin issues. I'm very hopeful that OPC will help them fight their health issues.

Thank you so much for all that you and your staff do for all the people you have helped and continue to help all over the world with this amazing product. I hope that it continues to be affordable but also that the quality does not diminish.

L. B. – 30 April 2010

Been on the S/OPC for about a month. Started the liver cleanse today. Cut out animal proteins and got some undenatured whey protein. Haven't got the curcumin or NAC yet. It is helping. I usually get a herpes outbreak around my period but it was very mild a few weeks ago. Thanks for all your help!

K. J. – 31 May 2010

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Thank you so much for your kindness. My mother has a serious case of cancer, but since she has been taking your product she has made "miraculous" improvements. Thank you for the additional information

you sent. I am sure this will help her even more. May you be richly blessed for caring about the well being of others. You are truly appreciated!

V. B. – 4 June 2010

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Marc I live in the United States. My cd4 count was 200 with a Viral load of 250,000. After taking your OPC product for only 90 days my cd4 is now 458 and my viral load is 9,000. WOW is all I can say. God is so good. Thank you so much for a great product.

D. D. – 9 June 2010

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I started on your OPC on Nov 15 of last year for my HIV condition, taking 2 per day. At that time, my cd4 was 192, with a vl of 2580. My January 2010 lab results showed a cd4 of 510 with no vl. My May 2010 results were cd4 of 371. I am wondering why my cd4 results went down. I did have a ct of my head about 2 weeks ago, because for the last 2 months or so, I have been having headaches. The ct results showed a 'spot' on my right frontal bone area, as my Dr. described it. My Dr thinks it may be a cyst that may need draining. I am scheduled for a bone scan this upcoming Friday to confirm that. I mention this because I am wondering whether this may be a reason that my cd4 count went down. In view of this, I have increased my OPC to 6 per day.

W.L. – 16 June 2010

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Marc, Thank you so much. Words cannot describe the value and success of what you do. My family truly loves these pills. It has, literally, changed our lives.

L.B. – 23 June 2010

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I am doing very well, stronger than before and the medical doctor can't believe it that I refused to use ARV's and I didn't die. Instead I gained weight and became more energetic than before. It's now 4-months and I haven't visited the doctor because I am healthy.

Thank you for your good work of saving lives. Be blessed.....Good day.

L.L. – 12 July 2010

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Your stuff is doing well in KZN. Some people have told me of their instant recovery from being bed-ridden to walking.

S.K. – 13 July 2010

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Dear Marc,

I am writing you to thank you so much for helping my mother to cure her cancer. Yes, that is right. She was tested on 6/21 and given a clean bill of health. The doctors could not believe they could not find any cancer. Three of her main doctors who diagnosed her with Stage 4 incurable, inoperable esophageal cancer, were shocked in disbelief that the cancer was totally gone!!!

She is now trying to help others and her doctor has put her in contact with one of his terminal patients who has been diagnosed with the same cancer and he just ordered from your website. He is really bad, like my mom was in Jan/Feb.

K. K. – 25 July 2010

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I am happy to say that my Stepdad is still doing great! Thanksgiving this year will be 3 years since he was diagnosed with Stage 4 pancreatic cancer and given 2-3 months at most! He is still playing golf regularly and just turned 81!

T. R. – 29 July 2010

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I am a former purchaser of the S/OPC. I had purchase it for a friend who is HIV/AIDS infected. When she started the product she was already wasting, with skeletal frame and sunken eyes. She took the S/OPC for 6 months and I was amazed to see the significant improvements in her appearance. Unfortunately she left the country and I haven't heard from her since. I do not know if she is still purchasing and using the product. I hope she is. While she was here I did the purchasing for her.

Anyway, I was so impressed with what I saw that I started passing the news around to whomever will listen.

M. J. - 2 Sept 2010

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Good Day Dr Swanepoel

I am very well.

There is another kid 9 years old. She was a walking skeleton

on ARVs, still is. I give her the S/OPC powder (two capsules) mixed in water once a day and pick up the hydration in the body.

I cannot tell you what she is like now. Two weeks and she is looking like a small girl should. Her fluffy hair has improved, the death in her face has jumped over the fence and left her.

I look at her with pain that she is made to know and believe that ARVs are her way out and that she will die in the long run. It is going to take building the body and the soul for this young girl to have hope.

The most grateful thing I have about meeting you is that what you did for me, you are able to do unto others who you have not met. That is the biggest blessing that God has given to your scientific creation.

I always say scientists and doctors who practice the truth like yourself, are holding the missing piece of the puzzle that God gave only to them. Through them the rest shall see the puzzle complete.

God Bless you. I will get the girl to see the whole picture of the puzzle. I am doing for her free but you are paying the cost..

Thank you

O.M.P. – 06 October 10

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I am still going strong and I think this is working for me. I was using NAC, and OPC and my count is going up - still not on medication. Your advice and of course the medication is really good and keeping me going. I really feel healthy.

M.M. – 10 January 2011

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We are really doing very well. My mother has had multiple labs. Nearly every test on her labs are normal.....about 95% in range. Of the 5 % out of range, it is only a point or two off....within the margin of error. Her labs look like that of a healthy 50 year-old, though she is 92.

As for me. I feel and look great! I am so confident that I am not a slave to lab reports. I have not had HIV labs done in over a year. Again, I feel and look great!

K.V. – 29 January 2011

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(One week after starting S/OPC) My sister, for whom I placed an order, is developing terrible skin rashes all over her body. I have faith that upon continuation of her taking SOPC, all the rashes will be gone in no time

E.M. – 22 February 2011

My sister is doing fine and the rashes are gone



E.M. – 07 June 2011

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Hello Dr. Your OPC has helped lift my cd4 count from 150 in November to 205 in January, thank you very much.

J. M. – 18 February 2011

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I have been taking 2 capsules of OPC per day for the last 5 weeks and my viral load for Hepatitis B is down by 60%.

B. S. – 21 April 2011

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The herbal mixture has worked very well. I like the protocol and I feel great. My viral load is lower from 2,500,000 to 936.000 over a period of 2 months and CD4's were maintained at 300. I have done the liver cleanse and it has been amazing.

R. A. – 23 May 2011

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I can confidently say that using OPC has significantly improved my HIV condition, as well as my overall health. I have a better understanding about what is required now...holistic effort...Body, Mind, and Spirit. Until recently, I had not had blood work done in over 3 years. I just got results back today and am happy to say that my CD4 improved by over 73 %. My viral load improved by over 40 %.

I am sure that the S/OPC, along with other cleansing and lifestyle changes, were the key to my success. On these regiments, I was consistent. I know that I will improve even further too.

K. V. – 28 June 2011

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I found out about your company from C.M., one of your customers. C had pancreatic cancer and refused all conventional treatments. He is now cancer free, thanks to your product. All in all it was a great day when I met C and found out about your company. Thanks for being there!

E. R. – 31 July 2011

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Thanks for the good job your doing. That S/OPC stops headaches. I have tried it a number of times by giving it to a friend who had serious headaches and it did wonders. For now I am in safe hands!! I stopped ARVs because of the horrible side effects and kidney damage I was getting.

L. L. – 08 Aug 2011

I thought I would share some exciting results with you. As you know I started GcMAF injections on July 17, 2011. I started taking antioxidants as per your suggestions in June 2011 and I added OPC at the end of July/the beginning of August. I get blood tests from 3 clinics: 1 state and 2 private.

Right now I am waiting for the results from my state clinic, which established a reference point for CD4 count (393, 31%) on June 15, 2011. Since there are long lines and too much stress in attending the state clinic I attended 2 private labs for general and immunological blood analyses. Now I can show you 2 consecutive results from the same lab with the same method after I began trying GcMAF, antioxidants and herbs (S/OPC) and magnetic pulsing and laser therapy.

These date are from my medical blood tests done by Eurolab at 2 different dates for your reference:

Statistic 27/7/11 14/9/11 Normal

T-helpers/T-inductors CD3+, CD4+ 27.92% 35% 30%-45%

T-helpers/T-inductors CD3+, CD4+  $0.43 \times 10^9$   $0.55 \times 10^9$  ( $0.36-1.35$ )  $\times 10^9$

T-supressors/T-cytotoxic CD3+, CD8+ 44.5% 36.48% 20%-35%

T-supressors/T-cytotoxic CD3+, CD8+  $0.69 \times 10^9$   $0.57 \times 10^9$  ( $0.24-1.05$ )  $\times 10^9$

Index T-helpers/T-supressors, Th/Ts 0.63 0.96 1.20-2.30

I am very excited about the jump in CD4 count, better percentage and better ratio of CD4 to CD8. I am not sure which factor contribution was the most. I will order more of OPC from you shortly. But I just wanted to present some first evidence to you and maybe get your feedback if any.

V. K. – 16 Sept 2011

I got the results from the state clinic now which also confirm a positive trend and improvement. Although the state clinic uses different equipment and has a different referential range my results have improved still. See for yourself:

Statistic 15/6/11 14/9/11 Normal Range

CD4 393 581 450-1500

CD4, % 31% 29% 31%-60%

I don't know how meaningful is the percentage but the absolute number is very good and I am not on HAART. You can refer to these results preserving my anonymity. I have documented evidence if needed for the above.

V. K. – 16 Sept 2011

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I am having great luck with the mixture..I have xmrV which is a newly discovered retrovirus like hiv.. lyme and babesia so traditional antivirals do not work since they suppress the production of red blood cells.... the babesia destroys red blood cells..so I have needed a non traditional approach to keep myself in remission...So far, it has been amazing...too long of a list of improvement in my health to list...I have been using ozone therapy and OPC and am off of all antibiotics and anti-malarials..

H. M. – 27 October 2011

..My Stepdad is 83 now, was 79 when diagnosed with Pancreatic Cancer (stage 4) and after losing over 100 lbs! Now he is driving and going to the golf range once a week. He is not cured completely but is living a great life and we are so thankful to have him around. I think he forgets to take some of his supplements sometimes and so every couple of weeks I need to get with him and make sure he hasn't run out of anything but that's about the only problem and it shows quickly if he is not taking one of his supplements-OPC, Colloidal Silver, IP-6, NAC, Primal Defense & USANA multivitamins/anti oxidants & lots of freshly squeezed lemon water daily! So there mainstream put that in your pipe and smoke it! LOL

Blessings,

T. R. – 4 Nov 2011

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I'm amazed at how this stuff helps for my hot flushes – if I take 2x capfuls each day like a good girl – no sweat (excuse the pun)....but if I slack off - heaven helps me....

S. N. – 4 Nov 2011

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Hello and again thanks Marc...all is still well and the disappearance of my fatigue has been the most noticeable improvement in my condition...I cannot thank you enough for giving me back my life..

H. M. – 23 December 2011

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To report a few things [the oleander mixture] has helped me with, as follows:

1. Adult acne. Since I have been on the OPC since late November, I have not had one outbreak, my face is so much more healthy, it seems like collagen production has improved helping my face appear younger than its years, which I am loving! I know it is helping because during a hectic time with company/visitors, I missed a few days and it showed in my facial skin! I immediately got back on the program!!

2. It has also helped with reducing/eliminating low back pain that would not go away! I know because during a hectic time I missed several days and the pain began to return!!

3. It helped to reduce the severity of a bad case of bronchitis. I had almost no fever, which Laurose extract is known to help! I had bronchitis in 2004 and thought I would die! I missed 2 wks of work, lost 20 lbs., my face was the color of ash!! I looked horrific!! Some co-workers had the look of shock when they saw me. This time around, I lost 15 lbs. but never felt as bad as last time. I attribute this to the oleander extract!

4. My hair and nails are a lot healthier also! Friends and family have noticed how quick my hair is growing and how healthy it looks!

Not to mention what it is doing on the inside!! I told my doctor that I have been on it and she was delighted. I have suffered from CFIDS and diabetes for years, my doctor treats CFIDS and is known throughout the U.S. for helping with this ailment and also treats AIDS/HIV patients. I am so grateful to have discovered this powerful and wonderful extract!! I will never, as long as I can help it, be without oleander extract!!

Many blessings,

B. C. – 7 February 2012

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Just wanted you to know, after a year on the Laurose treatment (OPC), I seem to be cancer free . . . . The pain, swelling and fever in my breast has completely disappeared!! I can't tell you how happy I am to have found you. Please keep up the great work!!

We need more like you.

Annemarie – 6 March 2012

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I am glad to share with you that my sister-in-law has been declared to be in remission! [diagnosed with pancreatic cancer in Oct 2011] I guess I would always have the fear of the cancer coming back in one or another form, but I strongly rely on the OPC to prevent that from happening. I am so grateful that I got in touch with you! I know there are many desperate cancer sick people out there and I am thanking you for saving their lives!!!

E. G. – 7 May 2012

I just want to give you a brief feedback on my sister-in-law's health. She is doing well so far, a year and a half after the operation (pancreatic cancer), supported by continuous supplement of S/OPC, NAC and buffered vitamin C, exercise and a health-ish diet. The check-ups show she is in remission. She gained her normal weight, feels fantastic and more optimistic than ever. She hasn't got even a flu or a head cold for the same period and claims it is due to the S/OPC. The follow up check up is at the end of this month. I believe you have saved her life

E. G. – 4 January 2013.

Just some news from my sister-in-law. So far she is declared in remission from pancreatic cancer. In a months time it will be two years after her operation. In October it will be two years that she has been on OPC supplements, NAC, vitamin C, plus all the recipes you sent me. Thank you! I believe you have saved her life!

E. G. – 7 May 2013.

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Thanks again for a wonderful product and to let you know that CD4 count increased from 200 to 500

I.D. – 11 July 2012

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Please send 2 bottles of your heavenly OPC....thank you!!

Dr N.W. – 8 Oct 2012

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We've had some spectacular results on melanoma of the nose., On day 1 we started treatment with about 3 grams of bio-available curcumin, 400mg coq10 and 4 ml of the Laurose, all per day.(by mouth). On day 3 we started a topical application as follows: PM applied mix of liposomal curcumin, coq10 plus a little of the Laurose mixture. In the AM we used a 50/50 mix of DMSO and the Laurose mixture (the area was covered with a small bandaid soaked in the solution). On day 5, the bluish-black melanoma nodule (egg-shaped, 6 mm x 4mm had changed to a smaller round shape. The very next day, day 6, the color had gone and the lesion was almost skin color and the shape was that of a micro volcano whose top had blown off leaving a slight depression.

This was a spectacular result and very similar to what is seen when you treat ordinary skin cancer with CURADERM which we've used many times (it does not touch melanoma). Subsequently ,each day the "lesion" grows progressively smaller and the color is now very close to normal skin. We are now at day10. I am sure this result was due to the topical application ( with a Q0-tip) of the 50/50 mix of OPC/DMSO.

R.C. – 31 Oct 2012

That melanoma nodule we've been working on has all but gone completely with topical opc/dmso combo and it also works well on ezcema. Thank you again for a wonderful product.

R.C. – 27 Dec 2012

That melanoma nodule we've been working on has all but gone completely with topical opc/dmso combo and it also works well on ezcema. Thank you again for a wonderful product.

R.C. – 27 Dec 2012

I have felt the positive capabilities of this plant first hand as I have Lupus Nephritis and have used your OPC Extract to put it into temporary remission. I conducted numerous lab tests on my own that verified my lymphocyte counts had returned to normal which during flares of the nephritis were more than doubled.

A.Z. – 09 Nov 2012

My T-cell count is now 13. Prior to this it was 11. My Doctor is treating this as nothing, but to me this is wonderful news. Maybe my body is now turning the corner, or not. Either way, I'm happy to report no opportunistic infections of any type and the following things.

1. I was being treated for hypergonadism all this year and last year and now suddenly my testosterone has shot up to a 1000 ( I'm not sure of the units of measure but my Doctor said it was a 1000.) This is above normal and she had to take me off the androgel which I had been on.
2. There were two spots on my penis which were the remnants of sores which were not healing completely. These suddenly healed completely.
3. There was a dark scaly spot on my left temple which had been there for the past 2 years. That also suddenly healed itself.
4. There was a bladder-like spot on the back of my right leg. This suddenly dissappeared.

All of the above occured after I started taking the OPC Plus (all this with a t-cell count of 13.)

B.W. – 28 Dec 2012

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Hi, Marc!

I've just placed an order for 3 more jars of Rose Laurel Ointment--one for me, one for my daughter J, and one for my friend N.

The ointment is working well on the basal cell spots on my face; I only have 2 left. Also it seems to be bringing back the feeling in my forehead, which was left totally numb after surgical removal of a basal

cell lesion a year and a half ago. Is that possible? I had totally given up on having any feeling in that area of my face, which is one reason I decided not to have the other spots surgically removed. Thank heaven and thank you, Marc, for Rose Laurel Ointment!

Daughter J is almost finished with her first jar and has totally clear skin for the first time in years! She's an actor--stage, film, and print work--and spends a lot of time in heavy stage make-up.

N, who has never used a moisturizer in her life, uses the Ointment for just that. And she's the one who reminded me that we needed to re-order!

I'll keep you posted on our progress.

Thank you so much for all you do.

Best regards,

M.G. – 1st March 2013

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I received the ointment and it is working wonders. My swollen glands have decreased in size. Thank you so much.

L.M. – 3rd April 2013

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Thank you once again for your exceedingly prompt service and for providing a wonderful product! I am now taking a couple of capsules a day in order to prevent recurrence of my thyroid cancer, and I plan never to be without S/OPC!

I had my cancerous thyroid removed a year ago in January, and cancer cells remained in my body throughout several months of various alternative treatments after I declined radioactive iodine, the allopathic treatment of choice. Disappointingly, three separate blood tests indicated remaining cancer in my system, including the AMAS cancer detection test. A month after I added the S/OPC capsules to my regimen, the AMAS test report came back the end of September indicating NORMAL results, surprising both my alternative doctor and the director of the laboratory in Boston which does the AMAS test analysis! Worrying that the wonderful result might have been a fluke, I continued taking your capsules and repeated the test again two months later. The day before Thanksgiving, the second normal test result came back!

I will repeat the AMAS test again in the near future, prior to a regularly scheduled visit to my endocrinologist (and an ultrasound of my throat), and I fully expect the same wonderful report: Normal. I tell anyone who will listen about your product, and have given samples enough for two or three weeks each, for a couple of people who have cancer so they can try it out for "side effects." I expect to continue to be a "voice here in the wilderness" of medical madness extolling the wonders of S/OPC.

(Sorry; most people just keep on doing what their doctors tell them to do. Don't even ask what the white coat docs say to me about both my efforts to use natural means to cure my cancer and the tests I have used to determine their effectiveness!)

My heartfelt thanks to you again, for all you do!

M.I. – 8 April 2013

I would like another jar of the ointment. This has worked in spite of my forgetting to use it off and on. Now that I see its effect, will be more diligent in hitting other spots on my head

B.D. – 15 May 2013

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[My one] patient has been doing really well with his Hep C and I am convinced that the OPC is playing a great part in his recovery. The viral load has dropped from 2,640,000 to 40,000 in about 1.5 months but I am wanting to get it a lot lower still.

S.M. – 10 April 2015

## [Case Reports and Clinical Studies using Anvirzel® \(Laurose Extract -N.O. IV's and in capsule form\)](#)

### **LUNG CANCER - Malignant lymphoma, lung cancer**

A 60-year-old woman experienced pain in her left chest, cough, and general weakness in 1992. She presented to a physician who prescribed some specific and non-specific anti-rheumatic treatments. A chest x-ray taken on October 9, 1992 showed a shadow covering the lower two-thirds of the left lung ( [Appendix MG1](#) ).

She was admitted on 17 October 1992 to Aydin State Hospital. On physical examination, there was dullness, and the breathing sound was noted to be low over the left lung. The patient had fever. Laboratory findings showed an inflammatory syndrome, with white blood cell count of  $27 \times 10^3/\mu\text{L}$ , erythrocyte count of  $3.21 \times 10^6/\mu\text{L}$ , hemoglobin content of 10 g/dL. Some of the differential count percentages were as follows: Segmented neutrophils: 85 %; Lymphocytes: 13 %; Eosinophils: 2%. 2,000cc of serofibrous fluid was removed by punctum, and the patient was treated with antibiotics. Pleural biopsy and histopathological examination of the specimen were performed, and the patient was diagnosed with malignant lymphoma ( [Appendix MG2](#) ).

The computed tomography (CT) scan, performed on 27 October 1992, demonstrated a tumoral mass of 30.7mm x 23.4mm in the left lung ( [Appendix MG3](#) ). The patient was advised to refer to Tepecik Chest Diseases Hospital (TCDH) in Izmir for further examination.

The patient's husband, who was diagnosed with lung cancer three years ago and who was treated by Dr. Ozel, took his wife on 2 November 1992 to Dr. Ozel. Her general condition was very poor. She could only walk with the help of others. Auscultation revealed that basal two-thirds of the left lung did not participate in breathing, and that dullness was present. Dr. Ozel recommended the family to take the patient to TCDH; however, the patient and her husband insisted in trying N.O. treatment. A test dose of 0.3cc of N.O.I. caused the patient's body temperature to



rise to 38.2° C. She was placed on a regimen of 0.3cc dose of N.O.I. to be given daily, six days per week. It was advised to adjust the dosage according to maximum fever.

The patient's medical condition ameliorated gradually. X-ray taken on November 30, 1992 demonstrated remarkable regression of the tumor ( [Appendix MG4](#) ).

The patient presented to Dr. Ozel on 18 January 1993 with an x-ray taken on the same date ( [Appendix MG5](#) ). There was no tumoral mass demonstrated, and the patient was living normal daily life with no complaints. There was no more increase in fever after N.O.I. injections, and the patient was placed on a maintenance regimen with 0.3cc dose of N.O.I. to be administered once every two days.

The patient came to Dr. Ozel for a follow-up on 20 May 1993. She had no complaints, and there was no change in the body temperature after N.O.I. injections. The patient was recommended to end the maintenance treatment.

A follow-up x-ray taken on 11 July 1994 revealed no pathological finding ( [Appendix MG6](#) ).

Another follow-up radiograph was taken on 14 May 1998; it revealed clear lungs, no infiltrates, effusions, or mass lesions ( [Appendix MG7](#) ). The patient was in remission.

She was last contacted in 2002, and she was in remission.

## **Mesothelioma - HD**

A 53-year-old woman presented in September 1991 to Adiyaman State Hospital with pain on the left side of the chest, dyspnoea, and dry cough. Chest radiograph, taken on 22 October 1991 ( [Appendix HD1](#) ), and medical examination revealed fluid accumulation in the left pleural cavity, and she was referred to a specialized medical center in Istanbul.

The patient was admitted to Heybeliada Sanatorium for Chest Diseases and Chest Surgery [HSCDCS] on 4 November 1991 ( [Appendix HD2](#) ). Chest radiograph showed at left side up to the top a homogenous density increase that pushed the heart and the mediastinum to the right. Some of the laboratory findings are listed in ( [Appendix HD2](#) ). Thoracoscopy demonstrated tumoral tissue; pleural biopsy was performed; histopathological examination of the specimen revealed the diagnosis as "poorly differentiated fibrous malignant mesothelioma." One ampoule of Coparvac was administered following the thoracoscopy. No expansion of the lung was observed. A 1x1 cm lymph node was discovered on the left of the neck at the supraclavicular site. A total of 4,500 mL of serofibrinous fluid was removed until the patient was discharged on 2 December 1991.

The patient presented to Dr. Ozel [who uses the Laurose extract] on 11 December 1991 with a chest x-ray taken on 22 October 1991 ( [Appendix HD1](#) ), and the medical report issued at HSCDCS ( [Appendix HD2](#) ). On examination she was distressed and short of breath. There was dullness up to the top in the left hemithorax. No sound of respiration was audible over the left lung. Each movement caused dyspnea and tachycardia, and she could only move with help. Edema was present from the left hemithorax to the lodge of the spleen. There was a 1x1 cm node at the supraclavicular site. The patient had experienced extreme loss of weight. A test dose of 0.3cc N.O.I. caused the body temperature of the patient to increase to 38° C, and the patient was placed on a daily regimen of 0.3cc NOI to be given six times a week.

The patient presented to Dr. Ozel on 2 February 1992 with an x-ray taken on 31 January ( [Appendix HD3](#) ). The radiograph showed that the density increase persisted only in the lower half of the lung. On physical examination, there was no edema present. She experienced no more dyspnea and could move around alone without any support. Mediate auscultation demonstrated participation of the upper half of the left lung in breathing. Dullness

still persisted in the lower half of the hemithorax. The patient was recommended to continue on the same regimen for another sixty days.

The patient presented to Dr. Ozel on 9 April 1992 with a roentgenogram taken the previous day ( [Appendix HD4](#) ). The x-ray showed that the high density region was limited to lower one-third of the left lung. On physical examination, breathing sound was less audible over the lower third of the left lung. The patient reported no specific complaint. The general condition of the patient had improved considerably, and she could perform her daily routine activities as a healthy person. She was advised to continue on the same regimen.

The injections [of Laurose] started to cause no fever after 15 May 1992, and the patient was placed on a maintenance regimen of 0.3cc N.O.I. to be given every three days.

The patient presented to Dr. Ozel on 10 August 1992 with an x-ray taken on the same day. The reontgenogram showed a return to normal with the exception of a blockage of the left sinus. On physical examination, breathing sound was audible over the whole of the left lung. The patient was in complete health and was recommended to stop the treatment.

Another follow up x-ray was taken on 28 June 1994 ( [Appendix HD5](#) ). Blockage of the left sinus was still present, but there was no sign of the original disease.

Dr. Ozel last heard from her in 2000; she was in remission.

### **LUNG CANCER - Small cell anaplastic carcinoma in the lung**

A 31-year-old man experienced pain in his back, high fever, and cough in early September, 1995. He presented on 29 September 1995 to a chest disease specialist. Bronchoscopy and biopsy were performed. Histopathological examination of the biopsy specimen revealed the diagnosis as small cell anaplastic carcinoma of the lung ( [Appendix YG1](#) ).

The patient was then taken to Istanbul University Medical Faculty on 10 October 1995. Further examination demonstrated metastatic lesion in the third dorsal vertebra, and the case was considered inoperable. Chemotherapy was recommended but the patient declined. He was discharged with symptomatic medicines. When his pain increased, the patient was prescribed narcotic drugs.

The patient was taken to Dr. Ozel on 24 October 1995. He was experiencing sharp pain in his left armpit, chest and in his back as well as dyspnea. Auscultation revealed no breathing sound in the left hemi-thorax, and dullness. He was dizzy because of the narcotic medicines he was taking. He was having attacks of cough. The x-ray taken on the same day revealed a tumoral mass and atelectasis in the left lung ( [Appendix YG2](#) ). The patient was injected with 0.3 cc of N.O.I., and his body temperature increased to 38.2° C. A regular treatment scheme with a single daily dose of 0.3 cc of N.O.I. started; this would be given six days a week. He was recommended to adjust the dosage according to maximum fever, and to have a follow up x-ray taken if the pain ceased.

Twelve days later the patient stopped experiencing any pain. Following Dr. Ozel's instruction, he had an x-ray taken on 6 November 1995. The roentgenogram demonstrated remarkable regression of the tumoral mass in the left lung ( [Appendix YG3](#) ).

The patient continued the N.O. treatment. After 10 April 1996 the patient had no fever following N.O.I. injections. He presented to Dr. Ozel on 10 May 1996 with an x-ray taken on 7 May 1996 ( [Appendix YG4](#) ). The radiograph showed that the tumoral mass had completely disappeared. The patient had no pain and no dyspnea. Auscultation revealed that the left lung was participating in breathing normally. His general health condition was excellent. The

patient was placed on a maintenance treatment scheme with one injection of 0.3 cc dose of N.O.I. every two days. The patient received the maintenance therapy for another 3 months, and his therapy ended.

Dr. Ozel last heard about him in May, 2006; he was in remission.

## **Prostate cancer with bone metastases**

A 61-year-old man started to experience weight loss, weakness, pain in his back and hips as well as difficulty in urination in July 2003. He applied to Denizli Social Security Hospital, and CT scan of the abdomen was performed on 8 August 2003 ( [Appendix KE1](#) ). The scan demonstrated a cortical cyst in the right kidney as well as degenerative changes in the bones. He was prescribed some symptomatic medicines that provided no benefit.

When his symptoms worsened, he was hospitalized on 10 September 2003 at the Internal Diseases Clinic of the Social Security Foundation's Izmir Training Hospital ( [Appendix KE2](#) ). Lab work revealed that ALP was abnormal at 630. PSA was found to be more than 150. Bone scintigraphy performed on 22 September 2003 showed widespread bone metastases in the cranium, bilateral costae, all vertebrae, pelvis, and left femur proximal ( [Appendix KE3](#) ). Prostate biopsy was performed on 23 September and the patient was discharged to be followed up at the urology polyclinic. Pathological examination of the biopsy specimen revealed the diagnosis as "prostate adenocarcinoma" ( [Appendix KE4](#) ). The patient was recommended some hormone therapy that provided no benefit.

The patient was taken to Dr. Ozel on 3 December 2003. In rectal examination, prostate right lobe was found to be as big as an egg and very hard. There was a mass of about 3 cm in diameter at the left parietal site of his head; the patient stated that it started to grow in September and has been causing pain. He had also been experiencing sharp pain in his hips and back. He had been going to urinate 4-5 times every night. 0.4 mL NOI caused the body temperature to rise to 37.4° C. The patient was started on a daily regimen of 0.4-1 mL NOI, six times a week. He was recommended to adjust the dosage according to maximum fever experienced. He was also advised to receive three times 1cc of NOO (oral) daily.

The patient presented to Dr. Ozel on 15 March 2004 for a follow-up. His general medical condition had improved. He was pain free. The mass at the left parietal site had shrunk in size. Rectal examination revealed a decrease in the size of the prostate also. He had with him a whole body bone scintigraphy that was obtained on 10 March 2004. It showed that bone metastases in the cranium, bilateral costae, all vertebrae, and pelvis had disappeared; osteoblastic activity increase of significant intensity was present in the left femur trochanter major, and there were some localized degenerative changes in both knee joints ( [Appendix KE5](#) ). The patient was recommended to continue N.O. treatment.

The patient came for another follow-up on 20 April 2004. His general condition was very good. The findings of the upper abdomen ultrasound scan performed on 14 April 2004 were normal, and PSA was 0.22 ( [Appendix KE6](#) ). The swelling at the left parietal site had further shrunk in size. Some of the findings of the hemogram performed on 15 April 2004 were as follows: WBC:  $13.0 \times 10^3/\mu\text{L}$ , RBC:  $6.03 \times 10^6/\mu\text{L}$ , HGB: 12.8 g/dL, HTC: 39.1%, PLT:  $182 \times 10^3/\mu\text{L}$ . The patient was recommended to continue the NO treatment.

The patient came again on 6 June 2004. He had no complaint. The swelling at the left parietal site had completely disappeared. He was free of any pain. In rectal examination, prostate lobes were found to be normal in size and hardness. He had no complaint related to urination and its frequency. Some of the findings of the hemogram performed on 3 June 2004 were as follows: WBC:  $10.01 \times 10^3/\mu\text{L}$ , RBC:  $6.71 \times 10^6/\mu\text{L}$ , HGB: 12.9 g/dL, HCT: 40.5%, PLT:  $310 \times 10^3/\mu\text{L}$ . NOI injections were not causing any rise in body temperature, and the patient was placed on a maintenance treatment with 0.6 cc of NOI to be administered every other day.

He came back on 2 October 2004. He was living normal day life, but was recommended to continue the maintenance treatment for another three months, and then stop it.

The patient presented to Dr. Ozel again on 18 April 2005 for a follow up. He had no complaint. The site of the metastasis in the head was normal. He had no complaint related to urination and its frequency. Prostate's size and hardness were normal. He had a bone scintigraphy performed on 11-12 January 2005; it stated that there were no pathological findings ( [Appendix KE7](#) ). Some of the findings of the hemogram performed on 30 January 2005 were as follows: WBC:  $8 \times 10^3/\mu\text{L}$ , RBC:  $6.07 \times 10^6/\mu\text{L}$ , HGB: 12.5 g/dL, HCT: 39.6%, PLT:  $272 \times 10^3/\mu\text{L}$ .

As in September 2006, the patient has been in complete and sustained regression.

## **Pancreas cancer + bone metastases**

A forty-year-old woman's medical condition deteriorated within a week in September 1997. She first experienced non-specific pain in her abdomen, indigestion, and bloating. Then urea color turned yellow. When her skin color turned pale, she was admitted on 11 September 1997 to Bursa High Specialization Hospital (Bursa Yuksek Ihtisas Hastanesi) ( [Appendix SO1](#) ). Laboratory tests demonstrated that conjugated bilirubin and alkaline phosphatase levels were 18 mg/dL and 1008 U/L respectively. Ultrasound examination of the abdomen showed that the gall bladder was hydropic and that the choledoch had enlarged to about three centimeters. Laparotomy was performed on 18 September. A 7x8 cm tumor that was attached to vena porta was located in the pancreatic head. Latero-lateral choledochoduodenostomy and cholecystectomy were performed. Since the stomach passage was normal, application of gastroenterostomy was found to be unnecessary ( [Appendix SO2](#) ). The patient was discharged on 24 September 1997.

While recovering at home, the patient started to experience pain in her abdomen and in other locations of her body. She presented to Bursa Ali Osman Sonmez Oncology Hospital on 23 October 1997. Bone scintigraphy performed on 24 October demonstrated increased activity in the right 6<sup>th</sup> and 7<sup>th</sup> costae's posterior sites, lumbar 5<sup>th</sup> vertebra's right side, as well as in the right parietal bone in the form of a focal point. Activity accumulation was noted to be irregular in the vertebral column. All these scintigraphic lesions were interpreted as being bone metastases ( [Appendix SO3](#) ).

An abdominal computed tomography (CT) scan was performed on 28 October 1997 with and without contrast ( [Appendix SO4](#) ). It demonstrated in the right posterior liver lobe a hypodense lesion that measured 4.5x3.5 cm, and that applied pressure to the surrounding structures. The scan revealed at the head of the pancreas site a tumoral mass that showed a remarkable lobulation towards the front. It infiltrated the second part of the duodenum in lateral, and the mesenteric vein in front and medial. This was found to be consistent with inoperable head of pancreas tumor. A thorax CT scan performed on the same day revealed no pathological finding ( [Appendix SO5](#) ).

Chemotherapy was recommended, but the patient declined.

The patient was taken to Dr. Ozel on 29 October 1997. She had wide spread sharp pain in the chest and abdomen. No jaundice was present. On physical examination, there was fullness in epigastrium and right hypochondrium; the muscles thereof were stiff, and even slight pressure upon them caused pain. The patient was previously diagnosed as having head of pancreas carcinoma with bone metastases. A test dose of 0.4 cc caused a fever of 37.8° C. The patient was placed on a daily regimen of 0.4 cc dose of N.O.I. for six days per week, and 1 cc of N.O.O. to be administered three times daily after the meals. It was advised to adjust NOI dosage according to the maximum fever.

The patient presented to Dr. Ozel on 18 December 1997 for a follow up. She had with her a thorax CT examination performed on 11 December ( [Appendix SO6](#) ) and an abdominal CT examination performed on 15 December ( [Appendix SO7](#) ). Thorax computed tomography demonstrated no significant pathological findings. Abdominal CT showed: 1) a small lobule image at the head of the pancreas site, but no other tumor image was seen, 2) sequelae alike images in the hepatic right posterior lobe. The liver lesion of 4.5x3.5 cm demonstrated on the CT scan of 28 October had disappeared. On physical examination, all systems were found to be normal. She was free of any pain. 0.4cc dose of NOI was still causing a fever of about 37.7° C, and the patient was recommended to continue N.O. treatment according to the regimen previously described.

The patient came for another follow up on 20 March 1998 with lumbar vertebrae radiograms taken on 12 February ( [Appendix SO8A](#) ) and lumbar MR images obtained on 17 February ( [Appendix SO8B](#) ). Except for a suspicious focus nearby the left sacroiliac joint, there was no pathological finding. The patient was recommended to continue the same N.O. treatment scheme.

She presented to Dr. Ozel for follow up on 5 May 1998. On physical examination, there was a thrombosed hemorrhoids sac located 1 cm far from the anal ring in 9 o'clock position. There were no other findings, and the patient had no complaint. She stated that since recently she had been experiencing no fever after N.O. [Laurose

Extract] injections. The patient was then placed on a maintenance regimen with 0.4cc of N.O.I. to be given every two days, and 1 cc of N.O.O. to be administered daily three times.

She came for follow up on 10 February 1999 with an abdominal ultrasonogram obtained on 3 February that demonstrated no pathological finding ( [Appendix SO9](#) ). The patient had been pregnant for 10 weeks, and the obstetrician who was following her was worried about her pregnancy. He had told her that her baby might be born with defects since she had been receiving treatment for cancer. Dr. Ozel advised her to stop the maintenance treatment and continue the pregnancy. In September 1999, she gave birth to a healthy baby boy.

The patient visited Dr. Ozel in May 2002 with her 2.5-year-old son. Both of them were in excellent health.

In March 2007, the patient and her 8 years old son were living normal daily life in Bursa.

## **Pancreas cancer**

A 35-year-old man experienced pain and bloating in his abdomen following eating regular meals, and his urea color turned to yellow in May 2003. He presented to a private clinic, and spiral abdomen computer aided tomography (CAT) scan was performed on 21 May 2003 ( [Appendix MH1](#) ). This revealed volumetric increase of the pancreas head, heterogeneity in the density of parenchyma, and multiple lymphadenopathies at the anterior site of the pancreas head. Magnetic resonance imaging (MRI) on 24 May 2003 demonstrated the same ( [Appendix MH2](#) ). Ultrasound aided thin needle aspiration biopsy was performed on the same day. Ultrasound examination demonstrated a tumoral mass of 39x33 mm in the pancreatic head ( [Appendix MH3](#) ). Histopathological examination of the biopsy specimen revealed the diagnosis as adenocarcinoma ( [Appendix MH4](#) ). The patient was recommended chemotherapy, but he declined.

The patient presented to Dr. Ozel on 3 June 2003. On physical examination, he was pale, and there was swelling and pain at the epigastrium site. The painful region extended to the right epigastrium and right lumbar site. He had been using analgesics continuously to suppress the pain. 0.4 cc dose of N.O.I. caused the patient's body temperature to rise to 37.5° C. The patient was then placed on a regimen of 0.4cc dose of NOI to be given daily six times a week; he was advised to adjust the dosage according to daily fever. He was also recommended to drink before meals 1cc of NOO [Laurose] three times daily.

Upper abdomen MR images obtained on 2 July 2003 demonstrated a contrast retaining lesion of 35x25 mm in the pancreatic head ( [Appendix MH5](#) ). Numerous lymphadenopathies, of which the biggest one was 5 mm, were also revealed at the anterior site of the pancreas head and the stomach antrum posterior site.

The patient presented to Dr. Ozel on 17 September 2003 for a follow up visit. His general medical condition had improved considerably. He had none of the previous symptoms and was not using any analgesics anymore. He was advised to continue the same regimen.

MR images obtained on 1 October 2003 showed that the tumor in the pancreatic head measured 30x25 mm ( [Appendix MH6](#) ). On this date, the patient's NOI regimen was changed to 0.8 cc daily, since even 0.8 cc was only causing a fever of 37.2° C.

A bone scintigraphy was performed on 24 October 2003. It demonstrated no metastatic findings ( [Appendix MH7](#) ).

After 15 November 2003, the patient experienced no fever following 0.8 cc dose of NOI injections, but he was advised to carry on the same regimen with daily 0.8 cc injections.

Upper and lower abdominal MR images obtained on 15 December 2003 demonstrated that the tumoral mass in the head of pancreas and all the lymphadenopathies had disappeared completely ( [Appendix MH8](#) ).

On 26 December 2003 the patient was placed on a maintenance regimen with 0.8 cc of N.O Injections to be given every two days, and 1cc of N.O three times daily.

The patient had an upper and lower abdominal MR on 10 February 2004. It showed no residual/relapse of the initial disease. The patient was advised to stop N.O. treatment ( [Appendix MH9](#) ).

Another follow up upper and lower abdominal MR was performed on 19 June 2004. It also demonstrated no relapse of the pancreatic cancer tumor ( [Appendix MH10](#) ).

As in March 2007, the patient has been in complete and sustained regression

## **Peritoneal Carcinosis**

In April 1978, a thirty-year-old woman experienced pain and swelling in the abdomen, and presented to Elisabeth-Krankenhaus (EKH) in Kassel, Germany. Medical examination revealed a high sedimentation, anemia, ascites in abdomen, and urinary infection. The patient was discharged from EKH on April 26, 1978, and re-hospitalized on April 28, 1978 at the Stadt Krankenhaus Kassel (SKHK) after a persisting swelling in the abdomen. Pathological examination of ascites withdrawn by puncture revealed non-specific tumoral cells. The results of the medical examination at SKHK were as follows: a slight swelling was present in the middle lobe of the thyroid. Arterial blood pressure was 100/60 mm Hg, and heart rate was 100 beats/min. The abdomen skin was extremely tight due to the presence of ascites. The patient experienced extreme pain due to the pressure in the abdomen. The liver and the spleen could not be palpated due to ascites. EKG was found to be normal. Laparoscopy revealed abundant ascites, many hepatic tumors ranging in size from a pinhead to a pea size (about 2mm - 8mm range). Many tumors of various sizes were also observed on the stomach, intestine, parietal peritoneum, ligamentum, and pelvis. The site of the primary tumor could not be exactly located, but it was thought to be pancreas. Finally the patient was diagnosed with wide spread peritoneal carcinosis. The medical report issued on May 10, 1978 ( [Appendix HA1](#) ) stated the diagnosis as: "Ausgeprägte Peritonealcarcinose mit Befall sämtlicher Organe. Primär-tumor nicht sicher nachweisbar, möglicherweise vom Pankreas ausgehend. Im Unterbauch kein Hinweis auf Ovarialcysten. Ascites wird zur Untersuchung eingeschickt." (*Translation by Google's online translation service: **Pronounced Peritonealcarcinose with infestation of all organs. Primary tumor not surely demonstrable, possibly outgoing from the Pankreas. In the hypogastric region no reference to Ovarialcysten. Ascites is returned for investigation.***) Following this diagnosis the patient was discharged on May 10, 1978 with no recommendation of any therapy.

A few days later the patient was flown back to Turkey to spend her remaining days. The medical condition of the patient deteriorated, and she was hospitalized at Social Security Hospital in Balikesir (Turkey) on May 27, 1978. Symptomatic therapy was applied, but since no amelioration of the medical condition could be provided, she was discharged from that hospital too on June 3, 1978.

The husband of the patient presented to Dr. Ozel on June 5, 1978 with the previous medical reports. The patient did not accompany him because of her poor medical condition. She was tested with N.O.I. injections in Balikesir. 0.3 mL dose of NOI caused a fever of 38.2° C. She was then placed on a regular regimen with 0.3cc daily dose of NOI to be given six days a week. It was recommended to adjust the dosage according to daily fevers.

The patient presented to Dr. Ozel on 20 September 1978. On examination there was ascites in the abdomen. The right and the middle liver lobes were palpated to overpass the costal site by 6 and 3 cm respectively. The liver was palpated to be hard and rough. Abdomen skin was felt to be soft and under no pressure from the ascites. Arterial blood pressure was 120/80 mm Hg. 0.4 cc of NOI was causing a fever of about 38° C. The patient was recommended to continue the regular treatment.

The patient presented to Dr. Ozel on 10 December 1978. She was experiencing no fever after NOI injections for the last four days. On examination, there was no ascites in the abdomen. The liver was palpated to pass the costal site by 2cm. The patient was experiencing no pain whatsoever. Arterial blood pressure was 120/80 mm Hg, and heart rate was 72/min. She was then started on a maintenance regimen with 0.4cc dose of NOI to be given at two-day intervals for the first two months, and then, 0.4 cc dose of NOI to be given at weekly intervals for another four months.

In August 1979 the patient went back to Germany. The same year she underwent an ovarian surgery at SKHK. No sign of malignancy was observed at the surgery.

In 1987, upon the request of Dr. Ozel, the patient presented to SKHK (of which the name was changed to Stadtische Kliniken Kassel) and underwent a medical examination from March 15, until April 1. No sign of the previous peritoneal-carcinosis existed. It is stated in the medical report issued on 21 May 1987 ( [Appendix HA2](#) ) that the diagnosis of "peritoneal carcinosis" made in 1978 should have been wrong, and the diagnosis should have been "peritoneal tuberculosis," since the latter disease may have been gone away without any special treatment.

The patient has been in remission since 1979.

## **Brain Tumor**

A 19-year-old man presented to a physician in the spring of 1991 when he experienced continuous headaches and weakness. He was given some analgesics that provided no improvement. After losing consciousness, he was taken to the emergency room of Social Security's Goztepe Hospital (S.S.K. Goztepe Hastanesi). He was transferred to the neurosurgery clinic. The computed tomography (CT) scan performed on 21 May 1991 with and without contrast revealed a large enhancing mass in the left parietal region with large amount of surrounding edema with mass effect shifting the midline structures to the right. There was a second enhancing lesion in the right cerebellum ( [Appendix AS1](#) ). Magnetic resonance imaging (MRI) documented the same tumors on 31 May 1991 ( [Appendix AS2](#) ). Although the possibility that the lesions might be due to an infectious disease was considered, the general impression was that they were metastases ( [Appendix AS3](#) ). Anti edema treatment was applied, and the patient gained partial consciousness. The patient was discharged with a recommendation of anti edema therapy, and high dose of third generation cephalosporin ( [Appendix AS3](#) and [Appendix AS4](#) )

The patient was taken to Dr. Ozel on 26 August 1991. He could not feel nor move his right arm and leg. He had speech (difficulty in finding and pronouncing words) and visual (he saw things in doubles) disorders, and sharp, continuous headache. Arterial blood pressure was 120/80 mm Hg. He had been taking Deltacortril pills (four times daily), and Fomadin. Since the patient was using cortisone, no rise in fever was expected after N.O.I. injections. He was placed on a regimen with 1cc dose of N.O.I. to be given daily six times per week, and 3x0.5 cc of N.O.O. to be administered three times every day.

The relatives reported on 15 November 1991 that the patient's general condition had improved, that the paralysis of the right arm and leg had partially resolved.

MR images obtained on 4 December 1991 ( [Appendix AS5](#) ) demonstrated that the lesions in the left parietal site and right cerebellum continued to exist, but the mass effect and the shift had improved from 31 May 1991 with less mass effect.

The patient presented to Dr. Ozel on 24 June 1992 with MR images obtained on 27 May 1992. His consciousness was back to normal, he had no visual disturbance. He had traveled without company, and this was a good sign of his recovery. The paralysis in the right arm and leg had resolved by 75%. MRI ( [Appendix AS6](#) ) showed that the tumor in the left parietal regressed, and its pressure lessened. The tumor in the right cerebellum had decreased in size as well. The patient was recommended to carry on N.O. treatment as previously recommended.

MR images obtained on 13 November 1992 demonstrated remarkable regression of the tumor in the left parietal region, and no significant mass effect ( [Appendix AS7](#) ). The tumor in the right cerebellum had disappeared almost completely. The patient's regimen was changed to one 1cc dose of N.O.I. to be given every two days, 0.5cc dose of N.O.O. to be administered three times daily.

Medical counsel of Social Security's Goztepe Hospital issued a statement on 18 December 1992 allowing the patient to go back to work ( [Appendix AS8](#) ).

Another MRI scan performed on 27 May 1993 revealed continued improvement in the left parietal mass with no mass effect or compression of the underlying ventricle ( [Appendix AS9](#) ). The right cerebellar lesion was no longer identified.

Electroencephalography performed on 15 September 1993 demonstrated no finding that might be related to a cortical lesion or epileptiform. Bioelectrical activity of the brain was found to be sufficient ( [Appendix AS10](#) )

CT scan performed on 18 October 1993 showed only a small area of encephalomalacia in the left parietal region ( [Appendix AS11](#) ). The patient was recommended to stop N.O. treatment.

Follow up MR images obtained on 10 October 1996 demonstrated no lesion in the left parietal region and in the right cerebellum. ( [Appendix AS12](#) ).

He last visited Dr. Ozel in June 2008; he was in remission.

## **Brain Tumor (ependymoma)**

A 19-year-old woman was diagnosed in 1979 as having ependymoma at the Neurosurgery Clinic of Istanbul University Medical Faculty (NCIUMF); the brain tumor was surgically removed. Relapse occurred in 1981, and the patient presented to the same clinic for another surgical removal of the tumor.

In November 1984, the patient experienced headache, forgetfulness, and vomiting. Tomography demonstrated relapse tumor, and the patient was again hospitalized at NCIUMF on 29 November 1984. Relapse tumor was removed once more, histopathological examination of the tumor corroborated the previous ependymoma diagnosis. The patient was discharged from the clinic on 10 December 1984 ( [Appendix SD0](#) ).

In June 1985, the patient experienced a general feebleness as well as poor memory, and she presented again to the NCIUMF.

A brain CAT scan was performed on 10 July 1985 ( [Appendix SD1](#) ); it showed relapse of the tumor again, and the patient was recommended radiotherapy. However, not only radiotherapy provided no benefit and her symptoms persisted, but also right hemiparesis (4/5), which included the face, occurred. Another brain CAT scan, performed on 2 September 1985, demonstrated enlargement of the relapse ependymoma tumor in the left rear ventricle, infiltration to the right site, and hydrocephalus. ( [Appendix SD2](#) ). The tumor was considered to be inoperable. A ventriculo-peritoneal shunt was placed to provide relief from hydrocephalus; this provided some improvement in the right hemiparesis. The patient was discharged from NCIUMF on 18 September 1985 ( [Appendix SD3](#) ).

The patient was taken to Dr. Ozel on 10 October 1985. She was in a very poor medical condition. She was being carried on a stretcher. She was unable to stand up due to the weakness of her arms and legs. Although she was awake, she had no awareness of her surrounding, and she was unable to answer any question. She appeared to be uncomfortable and agitated. Her blood pressure was 80/55 mm Hg, her pulse was weak and 140/min. Her body temperature was 36.1° C. 0.3 cc test dose of NOI caused her body temperature to rise to 38.4° C. She was placed on a regular daily regimen of 0.3 cc dose of NOI to be given six times per week. It was advised to adjust the dosage according to the maximum fever occurring after NOI injections.

A home visit to the patient's house on 5 January 1986 revealed: The feebleness in her legs and arms as well as her uncomfortable and agitated appearance had completely disappeared. She was aware of the events around her. She could walk with the help of others; she was able to take care of her body's natural needs. She was recommended to continue N.O. treatment as previously described.

On 10 April 1986, she visited Dr. Ozel at his office. She could walk on her own. Her talk and communication were normal. She could not remember the office and her previous visit there in October 1985. She had a brain CAT scan performed on 5 April 1986 that showed remarkable regression of the tumor ( [Appendix SD4](#) ). However, 0.3cc dose of NOI was still causing a fever of about 37.5° C, and the patient was recommended to continue the regular regimen as previously described.

When the patient experienced no rise in body temperature after NOI injections, she was started on 2 May 1986 on a maintenance regimen with 0.3 cc dose of NOI to be given on alternate days. In three months' time, the patient was recommended to change the regimen to 0.3cc dose of NOI to be given once every three days, and to stop NO treatment in three months' time.

The brain CAT scan performed on 13 December 1986 demonstrated "no relapse tumoral lesion" ( [Appendix SD5](#) ).

Another brain CAT scan, of which a copy is unavailable, was performed on 22 May 1987. It revealed "no medical change with respect to the previous CAT scan performed on 13 December 1986.



Further follow up MR images were obtained on 24 May 1998; they demonstrated cerebellar and cerebral atrophy, and no sign of any relapse ependymoma tumor ( [Appendix SD6](#) ).

As in 2006, the patient has been in remission and living her normal daily life

## **Breast cancer ( Ductal carcinoma )**

In early September 2003, a 44-year-old woman felt a swelling with no pain in her right breast. About ten days later, another, but this time painful, swelling occurred in her left breast, and she presented to a physician. Bilateral breast ultrasonography performed on 15 September 2003 demonstrated two 17x7.8 mm and 3x2.3 mm lesions in the left breast, and four 6.6x9.4 mm, 8.5x6 mm, 12x13 mm, and 7x3.5 mm lesions in the right breast ( [Appendix SE1](#) ).

Biopsy was performed on 25 September 2003. Histopathological examination of the specimen resected from the tumor located nearby the axilla in the upper exterior quadrant of the right breast revealed the diagnosis as " invasive ductal carcinoma - grade 3 " ( [Appendix SE2](#) ). The patient was offered chemotherapy, but she declined.

She presented to Dr. Ozel on 9 October 2003. On physical examination gastrointestinal, respiratory, and cardiovascular systems were normal. Blood pressure was 140/80 mm Hg. There was a 3x3 cm not very hard mass, which was not adhering anywhere, underneath the surgery scar in the upper exterior quadrant of the right breast. Palpation revealed one 1x1 cm mass at the right site of the right areola, and a few 1.5x1.5 cm nodules in the left breast. Further, there were some 1.5x1.5 cm lymphadenopathies in both axillae. These were in accordance with the findings of the bilateral mammography and bilateral breast ultrasonography performed a few days later on 13 October 2003 ( [Appendix SE3](#) ). 0.8 cc test dose of NOI caused her body temperature to rise to 37.6° C. She was then placed on a regular daily regimen of 0.8 cc dose of NOI to be given six times per week. It was advised to adjust the dosage according to the maximum fever occurring after NOI injections.

A follow up bilateral mammography performed on 22 October 2003 revealed the following: - millimetric cyst in the right breast, - lesions in both breasts that had smooth contours and that held the contrast in a benign manner, - a solid mass in the lower middle section of the left breast that held the contrast substance in a plateau form. Biopsy was recommended ( [Appendix SE4](#) ).

On 27 October 2003, the masses in the left breast were excised. Histopathological examination of them revealed the diagnosis as "fibroadenoma and fibrocystic changes" ( [Appendix SE 5](#) ).

Remarkable regression of the right breast tumor occurred. Lumpectomy and right axillar dissection were performed on 7 November 2003 at the same medical facility where the first biopsy was done. Histopathological examination of the biopsy specimens revealed no malignant cells ( [Appendix SE6](#) ).

The patient presented to Dr. Ozel on 10 December 2003 for follow up. She had no complaint whatsoever. She was experiencing no fever after NOI injections. She was then placed on a maintenance regimen with 0.8 cc dose of NOI to be given every other day. She continued the maintenance treatment for three months, and N.O. treatment ended.

As in December 2006, she has been in complete and sustained regression.

## **Inoperable stomach carcinoma with metastases in hepato duodenal ligamentum and pancreas.**

The following reports issued in 1974 by Dr. H. Malski, Chief Doctor of the Second Surgery Clinic at the Kirchen/Sieg Regional Hospital, Germany, and Dr. Sackey, are translated into English in order to describe the medical history of the patient before she presented to Dr. Ozel.

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*Beginning of medical report translation*

"H. Malski, M.D.  
Chief Doctor of the 2nd Surgery Clinic  
Kirchen/Sieg Regional Hospital-Section II

5242 Kirchen, 2.8.1974  
Announcement: Lassnig, M.D.  
H e r d o r f

To the doctors in Turkey

Mr. Adorf, M.D.  
Expert in Internal Medicine  
Regional Hospital Section: II  
Kirchen

Dear Colleague Dr. Adorf,

We express our thanks for referring to us Mrs. Vxxxxx Oxxx born on April 19, 1932 and from Sassenroth and whom we accepted to our Surgery Clinic on July 11, 1974.

**Diagnosis:** Inoperable stomach carcinoma infiltrating pancreas and duodenum. Laparotomy, examination of the resected specimen, ascariasis.

The patient has been experiencing pain similar to colic in the right hypochondrium of epigastrium and right costal curvature, and vomiting for many months. She had no appetite, and had experienced considerable loss of weight. While being clinically examined, she was found to be very sensitive to palpation at the upper site of the abdomen and especially at the center of the costals and at both sides. Although there was a weak muscle resistance, the pain persisted even after the pressure was ceased. The abdomen was soft, and the kidney site was free. Stomach roentgenogram demonstrated a pylorus penetrating tumor.

Following these findings, a stomach surgery was attempted on July 18, 1974 after an intubation narcosis. A tumoral mass as big as a punch was revealed at the upper site of the pylorus originating from the small curvature and the rear parietal. Please refer to the enclosed surgery report for further information.

Histological examination of the infiltrating fatty specimen taken from mesocolon revealed the diagnosis as follows: sclerosis mesenteric fat cells with some inducing sclerosis character carcinoma cells (Sklerosierendes mesenteriales Fettgewebe mit einigen Carcinom zellverbanden vom induzierend, sklerosierenden Charakter).

The first lesion recovered in bed. The patient was transfused two units of Rh positive blood. Today, on August 2, 1974, we are discharging Mrs. Oxxx, because she wishes to go back to Turkey..."

*End of medical report translation*

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The surgery report disclosed the laparotomy details:

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*Beginning of surgery report translation*

"...  
Narcosis type: Applied by tube (intubation) Trapanal, Fluothan. Succinil, Panc., Lachgas, Oxygen.

Nurse: Hasibe

Dr. Malski

Dr. Sackey

**Diagnosis:** Inoperable stomach carcinoma infiltrating pancreas and duodenum, laparotomy, examination of the resected specimen, ascariasis.

The abdomen of the patient was opened in a transrectal manner. When peritoneum was reached, a tumoral mass as big as a punch was revealed at the upper site of the pylorus and originating from the small curvature and the rear parietal. The tumor infiltrated the entry of pancreas as well as duodenum after crossing underneath the entry of the liver. Widespread infiltration was observed to have started in the intestine. The large lymph node bunches at the retroperitoneal site were observed to have joined together with duodenum, intestine and infiltration. The gall bladder was mixed together with the intestine and the pylorus infiltration. Clinical observation revealed no metastasis in the liver. No illness was observed in peritoneum. The stomach entry was actually large enough and did not block any passage. Infiltrating fatty specimen resected from pylorus was examined. Abdomen was checked. Abdomen was closed in steps. Antiseptic bandage was applied.

Remark: An 20 cm ascaris was revealed in the intestine."

*End of surgery report translation*

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( [Appendix VO0](#) )

The histopathologic examination of the specimen was performed on July 18, 1974 with reference code 10345/74 at the "Pathologisches Institute des Ev. Jung-Stilling-Krankenhauses in Siegen."

Following this surgery and diagnosis, the West German Social Security Institution, Landesversicherungsanstalt Oberfranken und Mittelfranken (LVA) [of which the address in 1974 was: 8580 Bayreuth 2, Postfach 2720, West Germany] placed the patient on pension since a person with such a diagnosis could only live for another few months ( [Appendices VO1A and VO1B](#) ).

After she left the hospital in Germany, the patient was flown directly to Turkey and hospitalized at Turkish Social Security Organization's (TSSO) Istanbul Hospital. The report of the medical council of the hospital issued on 19 August 1974 stated that the patient was admitted on August 3, 1974 and discharged on 8 August 1974 to spend the remaining of her life at home. On the same report the diagnosis of the patient was corroborated as inoperable stomach cancer with metastases, and the patient was prescribed morphine.

She presented to Dr. Ozel on September 15, 1974 with disorientation, word finding difficulty, and decreased memory function symptoms. She continuously used morphine and behaved as if she were intoxicated. Her tongue was very dry. A swelling was palpated in epigastrium, and there was a laparotomy cicatrix in the same region. She had experienced extreme loss of weight. When tested, 0.5cc of NOI caused a fever of 38.5° C, and she was placed on a regimen with 0.4 cc dose of NOI to be given daily 6 days per week, and 0.5cc of NOO to be given three times every day after the meals.

The patient's pains diminished gradually, then disappeared completely within a month. At the end of the second month after she started N.O. treatment, no more rise in fever occurred following NOI administrations. She was then placed on a maintenance regimen with 0.4 cc dose of NOI to be given at two day intervals and 3x0.5mL NOO daily. She received the maintenance treatment for another three months, and was recommended to stop the N.O. treatment.

In 1975 the patient experienced provoked vomiting, and showed pyloric stenosis symptom. She underwent surgery for this, and no sign of her old malignant disease was observed at the surgery.

After she got well, the patient did not return to Germany, continued to live in Turkey and receive pension from LVA, the German social security organization. LVA requested a medical check up in 1982. That was performed on 3 November 1982 ( [Appendix VO2](#) ) at the Istanbul Hospital of Turkish Social Security Organization (TSSO). The patient was found to be in complete health, and LVA asked her to go back to work in Germany. Since she had then settled in Turkey, she could not move to Germany again, and LVA stopped paying her pension. (LVA's file on the

patient with reference code 18 190432 Y 503 was very detailed. Similarly TSSO's file on the patient with reference code 565209 was a very thick one.)

In 1988 she presented her case on the Turkish national television.

Dr. Ozel last heard of her in 2002. She has been in remission since 1974.

## **Newman studies involving Anvirzel®, Laurose Extract and cardiac glycosides**

### **Nerium [Laurose] Extract for Cancer Successfully Passes Phase I FDA Trial**

by Tony Isaacs

A recently concluded FDA phase 1 human toxicity trial of a concentrated Nerium [Oleander Laurose] extract has found that it can safely be administered in large doses and that it apparently can be effective against a wide variety of cancers. The results of the trial were presented at this year's American Society of Clinical Oncology (ASCO) which was held June 3-7 at Memphis, Tennessee.

The primary purpose of the trial was to determine maximum safe dosage levels. Even so, 7 of the 46 trial participants had their cancers stabilized for 4 or more months despite the fact that far less than maximum doses were administered for the majority of the trial. The stabilized cancers included bladder, colorectal, fallopian tube, breast, appendecal and pancreatic carcinomas.

In the trial, patients were given increasing doses of oral Laurose extract in cycles where the drug was administered for 21 out of 28 days in each cycle. Dosage began at 0.6 mg per day and was slowly increased until a maximum safe dose level of 10.2 mg per day was determined, as indicated in the conclusion of the trials abstract:

"Conclusions: PBI-05204 is well tolerated up to 10.2/mg/day with very little AEs (adverse events) or cardiotoxicity."

[http://www.asco.org/ASCOv2/Meetings/Abstracts?&vmview=abst\\_detail\\_view&confID=102&abstractID=80984](http://www.asco.org/ASCOv2/Meetings/Abstracts?&vmview=abst_detail_view&confID=102&abstractID=80984)

The Laurose (Nerium) extract tested was developed by Phoenix Biotech and used a liquid carbon dioxide extraction method. A previous phase I trial of an injected aqueous Laurose extract never did reach a maximum safe level. Instead the trial was halted when the amount injected became too large to practically exceed. It has since been determined that the aqueous extract can also be administered safely and effectively orally.

The next step in the FDA trial process would be a larger scale multi-location phase II trial. Such a trial will depend on large amounts of funding, perhaps hundreds of millions of dollars. Even if funding is found, it could take years before the new drug goes through the entire trial process and is available for cancer patients.

The good news for cancer patients is that extract is already available in supplemental form, including several versions developed by Naturopathic PhD Marc Swanepoel which are made by a pharmaceutical manufacturing company in South Africa. In addition, a home version of Laurose extract can be safely made at home for only pennies. See:

Success rates for supplemental Laurose over the past five years have been reported to be 85% for stage III and IV cancers and 95% for stage I and II cancer patients when combined with healthy changes in diet, nutrition, lifestyle and other healthy cancer fighting and immune boosting supplements. One example of a highly successful protocol which includes OPC and other natural items is:

Besides cancer, Laurose (OPC PLUS) extracts have been found to be very effective against HIV/AIDS, hepatitis-C and other immune disorders. In one double blind placebo controlled trial conducted at a South Africa AIDS clinic, one of Dr. Swanepoel's extracts was found to be 100% effective in reversing HIV symptoms and low white blood cell counts.

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<http://www.ncbi.nlm.nih.gov/pubmed/1725384>