Università degli Studi di SIENA

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DODICI casi clinici di Terapia Metabolica

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Abstract
This paper analyses 12 clinical cases of patients undergoing the "Metabolic Therapy" based on previous scientific works published on official medical journals or in scientific books, such as 21 clinical cases analysed by Dr Marco Tasca ([1]), 10 by Dr John Morrone ([2]), 150 by Dr Ettore Guidetti and Dr Domenico Rossi ([3]), 288 by Dr Philip Binzel ([4]), 153 by Dr Hildebrand ([5]), 40 by Dr Tan ([6]) and approximately 1,000 reported by Dr Contreras ([7]).

While preparing for this study and setting up the basis protocol for all examined patients, special attention has been given to the long-term survival statistics obtained by Contreras ([7]), Binzel ([4]) and Hildebrand ([5]). All these three doctors follow the Gerson principles and therefore adopt very similar models of "Metabolic Therapy".

Contreras's paper:
Dr Contreras ([7]) has shown healing rates of 30% for lung cancer (200 clinical cases observed), about 40% for breast cancer (130 clinical cases), 30% for colon cancer (150 clinical cases) and 86% for prostate cancer (600 clinical cases).

Binzel's paper:
In 1994, Prof Binzel published the results he had achieved in treating his patients in 1974-1991 ([4]). Out of 180 patients suffering from primary cancer (not metastasized and circumscribed to one single organ or tissue), 131 were still alive in 1991, when the report was published. In that year, 58 patients had been followed for 2-4 years, whereas 80 for 5-18 years. Out of 42 patients who died in 1991, 23 died of cancer, 12 because of "unrelated causes" and 7 because of "unknown causes". Among patients with metastasis, 32 out of 108 died of cancer, 6 because of "unrelated causes" and 9 of "unknown causes". Out of 61 patients who were still alive in 1991, 30 had been followed for 2-4 years, 31 for 5-18 years.

Hildebrand's paper:
This study ([5]) was conducted in 1995 on patients suffering from malignant melanoma and showed remission rates of about 40% for most advanced cases: retrospective analysis indicated that out of 14 patients with first and second-degree melanoma, 100% were still alive after 5 years; out of 17 patients with third-degree melanoma (i.e., with circumscribed metastasis), 82% were still alive after 5 years; out of 33 patients with third-degree type-A and third-degree type-B melanoma, 71% were still alive after 5 years; out of 18 patients with fourth-degree type-A melanoma, 39% were still alive after 5 years.

Other papers:
Further papers, not directly following the Gerson principles, were also carefully reviewed. In 1966, at an international conference in Tokyo, Dr Rossi and Dr Guidetti presented the results of a trial they had been conducting for 10 years on 150 patients with cancer. They found objective improvements in a half of their patients ([3]). With regard to brain tumour, the "*Elemene*" vitamin was administered via the carotid artery in 40 patients with primitive tumours (gliomas) or brain metastasis; a 2-year treatment at least halved neoplastic masses in 70% of observed cases ([6]).

The Metabolic Therapy

The Metabolic Therapy is applied in several variants today, each named after the doctor who used it. Substantially, however, they can all be defined Gerson-like therapies, in remembrance of the great German doctor **Max Gerson** ([8-13]), the first to understand the extreme importance for Medicine to retrieve the past classical values of correct nutrition, considered not only as a preventive measure against diseases, but also as real *therapeutic method* for the treatment of 20th century's main chronic-degenerative diseases. After 2,500 years he thus revived concepts and thoughts that had already been developed by the great Greek doctor Hippocrates of Cos, the founder of Western Medicine.

These metabolic therapies are very similar to one another and – according to the author of this paper – all based on the following 10 basic principles, at least as far as the treatment of malignant tumours is concerned.

First principle:
Malignant tumours (carcinomas, sarcomas, leukaemias, lymphomas, etc.) are caused by serious genetic mutations of the cell's DNA (chromosome aberrations).
For this reason, the first cause of malignant tumours can be identified as chronic deficiencies in vitamins (their lack does not enable the body to repair the genetic damage or to induce apoptosis in affected cells), so that the treatment of these tumours must be based on the intake of high doses of vitamins to produce the spontaneous suicide (apoptosis) of tumour cells.

Some of these vitamins can also be taken intravenously to increase their accumulation on tumours. The percentage of their accumulation on tumours can indeed be assessed on the basis of pharmacokinetic predictive calculations in line with the "tracer theory" of nuclear medicine and/or functional magnetic resonance imaging ([14]).

Second principle:
The keystone for the "metabolic" treatment of cancer and other malignant tumours is based first of all on the following principle: **depriving the tumour of whatever feeds it.** The treatment must substantially be based on removing proteins from an oncological patient's diet, i.e. removing at least one of the essential amino acids (Leucine, Valine, Isoleucine, Lysine, Methionine, Tryptophan, Threonine, Phenylalanine, Histidine) that are needed to synthesize new proteins (and consequently, new cells), because the intake of proteins would also enable tumour cell replication. For example, a paper published in 2006 showed once again that removing even one essential amino acid only is enough to block cell replication ([15]).

In this study of 20 clinical cases, a decision was taken to measure the level of "total proteins" in the bloodstream. If a hypoproteic diet is implemented correctly, these levels should be very low compared to normal, accettable ranges – ideally between 6.0 and 6.6 grams/100 millilitres of blood. It would then be up to the doctor in charge of the case to decide whether these levels should be pushed below the 6.0 limit. Since most foods containing all 9 essential amino acids (meat, eggs, yeast, sprouts, milk and milk derivatives) also contain vitamin B12 (which is also necessary for cell proliferation), it was also deemed useful to measure its levels as an indirect indicator of the patient's compliance with the hypoproteic diet. With respect to the prescribed dietary treatment, patients were considered to be compliant if they managed to keep very low vitamin B12 levels, i.e. below 150-200 picograms/millilitre of blood. Out of about 40 clinical cases observed by the author since 2002, no patient has shown values below 100 picograms/millilitre of blood, most probably because the liver itself is a major supplier of vitamin B12 if this is not part of the diet – even over periods of more than 4-5 years (as shown in medical-scientific literature).

Third principle:
The keystone for the "metabolic" treatment of cancer and other malignant tumours is based on a second principle as well: **giving the tumour what kills it** (but without damaging the patient).

This principle is primarily based on the use of great amounts of natural vitamins with a view to taking advantage of their ability to induce the *apoptosis* of tumour cells and, secondarily, on the fact that natural vitamins also induce a block in tumour cell replication; furthermore, they also lead to the anti-angiogenesis of neoplastic capillaries, they prevent cancer cells from producing PIF (*Proteolisis Inducing Factor*) and they stop the growth of tumour cells.

Fourth principle:
Immune response against the tumour.
All these therapies use vitamin-based systems to trigger leukocytes against tumour cells. Metabolic therapies consider fever as a form of patients' natural hyperthermia, which – similarly to the well-known *radiotherapy HYPERTHERMIA* induced by hospital equipment – causes the spontaneous necrosis of tumour cells, as neoplastic masses are poorly vascularized and therefore particularly vulnerable to the hyperthermic effects of fever.

The blood values that are routinely checked in patients are, consequently, the total amount of Leukocytes, the percentage of Lymphocytes (which must exceed at least 35-40%) and the Erythrocyte Sedimentation Rate (ESR), which must exceed at least 12 millimetres/first hour.

The immune response is guided by Lymphocytes T *gamma delta*, cytotoxic Lymphocytes T, Killer and Natural Killer Lymphocytes: these are outright guiding systems for a *complete* immune response of the patient against the tumour (starting the immune cascade).

A number of scientific papers have been published on the subject ([16-23]); in particular, on brain cancers ([24-26]); on breast cancers ([27, 28]); on colon cancer ([29]); on leukaemia ([30]); on liver cancers ([31]); on kidney cancers ([32]); on lung cancers ([33-35]); on malignant melanoma ([36-37]).

However, it has been shown that negative stress tends to curtail the immune response ([38-42]).

Fifth principle:
Liver detoxification through vitamins with hepatoprotective activity and enemas of *Coffea Arabica* and/or *Matricaria camomilla*.
Vitamins must be able to provide for the elimination of toxic substances, which are purified by the liver through the bile (choleretic and cholagogic activity), without toxins being re-absorbed by the intestine (laxative vitamins). Their use is extremely important as it allows for the rapid elimination of the toxins released by tumour masses (which are inflamed and therefore larger as a result of the immune response), thus reducing the pain deriving from the tumour masses themselves.

The liver plays a major role in the above-mentioned metabolic therapy. Liver transaminases SGOT and SGPT, Gamma GT and Total bilirubin were adopted as indirect indicators of the liver's depurative activities.

The enemas of *Coffea Arabica* and/or *Matricaria camomilla* are important for the Gerson method and must be carried out every day. Of equal importance are the hepatoprotective vitamins contained in *Silybum marianum*, *Taraxacum officinale*, *Smilax aspera*, *Cynara scolymus*, *Salvia officinalis*, *Agropyrum repens*, *Hyssopus officinalis* and *Matricaria camomilla*, intake of which must never be discontinued.

Sixth principle:
The metabolic therapy counters intestine DYS-BIOSIS.
This therapy helps prevent the risk of disrupting the normal intestinal bacterial flora (*saprophyte* bacterial flora), which is responsible for the fundamental assimilation of the natural vitamins contained in vegetable foods (fruits, vegetables, cereals, legumes).

As a result, it is also based on the use of intestinal milk enzymes, with a view to re-establishing the SYM-BIOSIS between human body and saprophyte germs and obtaining a good nutritional balance with vitamin assimilation.

Seventh principle:
Maintaining Glycemia at low levels and avoiding glycemic peaks.
Glucose is needed by tumour cells to obtain energy and replicate their DNA. In metabolic therapies, very complex dietary protocols are studied, although they all share similar approaches: frequent but small meals with hypoglycemic foods. Some doctors, above all outside Italy, also give insulin to their patients, even when the latter do not suffer from diabetes. In the study at hand no insulin was given, but the blood values of Glucose or Glycated haemoglobin were frequently analysed.

Eighth principle:
Use of proteolytic enzymes.
The use of proteolytic enzymes has been deemed beneficial by several authors. It is aimed to inducing greater absorption of natural vitamins at the gastroenteric level and greater immune responses against the patients' tumour masses, as shown primarily by the Gerson Foundation ([8-13]).

Ninth principle:
Use of specific unsaturated fatty acids instead of saturated ones.
Unsaturated fatty acids (Omega-3 in particular) appear to improve the functionality of cell walls, thus allowing natural vitamins to easily penetrate diseased cells and induce apoptosis and other related actions, including greater absorption of glucose in patients' cells and subsequent lower glycemic values in the bloodstream. Their effects are, however, much broader and multi-faceted, as evidenced by Pardini ([43]) and Noguchi ([44]).

The alpha-linolenic acid (vitamin F), for instance, is a cis-polyunsaturated fatty acid that is contained in linseed cold-pressed oil: it is transformed into EPA and DHA (Omega-3 fatty acids) and is quite effective against malignant tumours, as shown by Pardini ([43]); moreover, Noguchi has proved that Omega-3 fatty acids, unlike Omega-6 fatty acids, help reduce tumour masses, although Omega-6 fatty acids are unsaturated fatty acids, too ([44]).

Tenth principle:
Sodium/Potassium balance.
The use of Potassium and Magnesium plays a vital role. In particular, the use of Potassium has already been discussed by several authors ([11, 13]) who followed Gerson's studies.

The behaviour of human cells resembles more that of granules in a Potassium-Sodium Exchange than that of simple water pockets. In this context, Magnesium, Germanium ([45]), Selenium, Iodine and Silicium are fundamental minerals, too. Conversely, the smallest possible amount of Sodium must be taken ([8-13]).

Biography of Author

Giuseppe Nacci was born in Trieste in 1964.

He achieved his medical Degree in Trieste in 1991 and later specialised in Nuclear Medicine at the University of Milano. In 2000 He published the Book "*La Terapia dei Tumori con Gadolinio 159 in Risonanza Magnetica Nucleare*", with a view to a possible Use of the Radioisotope in Adro-Therapy. He also obtained the Patent for molecule Gadolinium 159-Biotin (No. 01313103).

But Life is ever-changing, and in 2001 sudden, tragic Events forced him to rethink completely his own Knowledge of MEDICINE, steering him to a new, different Path.

He spent ten long Years studying BOTANY, and more specifically the Use of FRESH medicinal Plants in Apoptosis Induction in human malignant cancer Cells, which are characterised by chromosome Aberrations (genetic Mutations).

Biografia dell'Autore

Giuseppe Nacci nasce a Trieste nel 1964. Laureatosi in Medicina e Chirurgia a Trieste nel 1991, si specializza successivamente in Medicina Nucleare presso l'Università di Milano. Nel 2000 pubblica il libro "*La Terapia dei Tumori con Gadolinio 159 in Risonanza Magnetica Nucleare*", in vista di un possibile impiego dell'isotopo radioattivo in Adroterapia, e di cui ottiene il Brevetto di produzione per la molecola Gadolinio 159-Biotina (No. 01313103).

Ma la Vita è mutevole nei suoi accadimenti, e nel 2001 vicende improvvise e drammatiche lo costringono a rivedere completamente le proprie cognizioni di MEDICINA, portandolo su un nuovo e diverso percorso, che lo obbliga a dieci lunghi anni di studio nel campo della BOTANICA, e più precisamente nell'impiego delle Piante Medicinali FRESCHE per indurre l'Apoptosi nelle cellule umane tumorali maligne, caratterizzate, come noto, da Aberrazioni cromosomiche (mutazioni genetiche).

Biographie von Author

Giuseppe Nacci wurde 1964 in Triest geboren. Nach seinem Studienabschluss in Medizin und Chirurgie 1991 in Triest spezialisierte er sich anschliessend an der Universitat Mailand auf dem Geblet der Nuklearmedizin.

Im Jahr 2000 veroffentlicht Dr. Nacci sein Buch "*La Terapia dei Tumori con Gadolinio 159 in Risonanza Magnetica Nucleare*", im Hinblick auf einen moglichen Einsatz des radioaktiven isotops in der Hadronen-Therapie, wofur er das Herstellungspatent fur das Molekul Gadolinium 159-Biotine erwirbt (No. 01313103).

Das Leben gestaltet sich jedoch oft eigenwillig und 2001 zwingen ihn unvorhergesehene und dramatische Ereignisse, seine Auffassung von MEDIZIN vollstandig zu uberdenken und lassen ihn einen neuen, vollig anderen Weg einschlagen. Die nachsten 10 Jahre widmet er sich intensiv dem Studium der BOTANIK, im Speziellen untersucht er den Einsatz von FRISCHEN Heilpflanzen, die eine Apoptose von bosartigen Krebszellen beim Menschen einleiten. Letztere sind bekanntermassen von Veranderungen der Chromosomen (Genmutation) gekennzeichnet.

Biografie van Auteur

Giuseppe Nacci is in 1964 geboren. In 1991 studeert hij aan de Universiteit van Trieste af in geneeskunde en volgt dan de olpeiding medisch specialist in nucleaire geneeskunde aan de Universiteit van Milaan. In 2000 publiceert hij het boek "*La Terapia dei Tumori con Gadolinio 159 in Risonanza Magnetica Nucleare*", met het doel deze radioactieve isotoop in Hadron-Therapie te gebruiken. Hij vervolgens octrooi op de productie van Gadolinium 159-Biotine (No. 01313103).

In 2001 wordt hij door plotselinge en dramatische gebeurtenissen genoopt zijn MEDISCHE kennis te herzien, om een niew en ander parcours in te slaan.

Hij studeert dan tien jaar lang BOTANICA, waarbij hij zich vooral richt op het gebruik van VERSE medicinale planten om Apoptose te veroorzaken in kwaadaardige kankercellen, die door chromosoomafwijkingen gekenmerkt worden.

Op dit gebied doet hij ervaring op in een particuliere artsenpraktijk in Trieste, wat onder meer in 2007 uitmondt in de publicatie van het boek "*Diventa Medico di Te Stesso*", uitgebracht door "Editoriale Programma" in Treviso.