Overview

The theory that malignant cancers are false-placentas was first formulated by the Scottish embryologist John Beard in 1902. Beard found that substances secreted by the pancreas would inhibit the growth of cancers before they develop but are missing in the blood of cancer patients. These substances are the digestive enzymes trypsin (and the trypsin precursor chymotrypsin). Replacing these enzymes reportedly "cures" 100% of fast-growing cancers.

Theory

John Beard was not a physician but a brilliant biologist whose main research interest was the placenta. Beard made several crucial observations that led to his theory of cancer. Using his microscope he observed that the trophoblast cells that become the placenta looked like cancer cells. Beard then made the following extraordinary observation: The placenta stops growing on day 56 of the human pregnancy — on the same day the fetus' pancreas begins to function. He came to the conclusion that the fetus' pancreas secreted something that stopped the growth of the placenta and surmised that the same substance might stop the growth of malignant cancer.

Beard conducted experiments with the juices extracted from young animal pancreases to test his hypothesis. These juices were injected into cancer tumors and the tumors shrank in both animals and humans. Beard's work was published in JAMA and he wrote a book on the enzyme therapy for cancer. Physicians tried (100 years ago) to duplicate Beard's experimental results, but failed, and the work was (almost) forgotten.

We now know that "delicate" enzymes can lose their effectiveness if not carefully extracted from young live stock. Even today, we are not able to synthesize either trypsin or chymotrypsin, leading to the high cost of supplements with these enzymes.

History

We all begin our lives as a single cell. As the zygote divides into trillions of progeny; not all cells become muscle, bone, teeth, connective or other tissue. Some cells become the placenta, a trophoblastic layer of tissue that attaches to the uterine wall during pregnancy. These cells are discarded with the placenta after birth.

Beard, the first to observe that placenta cells resemble cancer cells, also saw how malignant cancers act in the same way that placenta cells act in the mother's womb; they attach to the uterus and "eat" through it to obtain a blood supply.

Beard also found other out-of-place trophoblast cells in great numbers throughout the body. These cells are placenta-like, do not differentiate into specific tissue, but lie dormant. Beard called these cells "germ" cells. They have properties similar to stem cells, and Beard believed that these cells are the seeds of cancer.

Beard theorized that as we age, the germ cells are likely to receive a signal that causes them to begin growing. The conditions that induce growth might include a hormonal message that the germ cells interpret as a pregnancy. The estrogen-based hormonal signal that mimics pregnancy may be induced by physical trauma, or for other unknown reasons. As this "false-placenta" begins growing, unchecked, it becomes the malignant mass which the medical community calls cancer.

Pancreas to the Rescue

The pancreas produces the protein dissolving enzymes trypsin (and its precursor chymotrypsin) that Beard believed prevents germ cells from becoming malignant. The pancreas secretes digestive enzymes into the small intestine, there they help digest "cooked" or denatured proteins. Some of these enzymes enter the bloodstream. In theory, when the pancreas is healthy, early-stage cancers (false pregnancies) are destroyed (digested) by pancreatic enzymes in the blood.

Beard believed that when the health of the pancreas becomes impaired, should the output of pancreatic enzymes decline, any malignant cancer cells that begin dividing will grow out of control.

In Beard's time it was believed that enzymes taken orally would not enter the bloodstream. Even today there is controversy whether or not the large enzyme molecules can be absorbed, and whether the enzyme molecule remains intact in the stomach. Dr. Kelley's success rates tells us that the enzymes can be taken by mouth, but that very large amounts are required to make them effective against growing cancers.

An important discovery is that trypsin's digestive enzyme action is activated by the high pH (alkaline) environment in the small intestine. This finding may help explain the effectiveness of the increasingly popular high-pH cesium treatment for cancer.

Max Wolf

In the 1940s, researchers discovered that there was "something" in the blood of people without cancer that was completely missing in the blood of people who had cancer. This clue prompted Dr. Max Wolf to read Beard's book The Enzyme Therapy for Cancer and Its Scientific Basis.

Dr. Wolf along with his associate Helen Benitez and Dr. Karl Ransberger, a young biomedical researcher from Germany, tested a large number of enzymes from animal and plant sources. Wolf created an enzyme formula containing both trypsin and chymotrypsin. Today, the Wolf/Benitez WoBenzyme® systemic enzyme formula is reportedly the second hottest selling OTC product in Europe — behind ordinary aspirin.

William Kelley

In 1963, a dentist (William D. Kelley) was diagnosed with pancreatic cancer (almost always quickly fatal) and he rediscovered the connection between pancreatic enzymes and cancer remission. He cured his own cancer — and subsequently hundreds more, but was vilified by the medical establishment and became embittered.

In the 1980s, a young medical student — Nick Gonzalez — was sent by the Sloan-Kettering cancer center to "debunk" Kelley's claim of a 100% pancreatic-cancer cure rate. However, after revisiting Kelley's patient records,
Gonzalez became a believer. Dr. Gonzalez recently won a $6 million grant from the National Institutes of Health to continue the study of enzyme therapy for pancreatic cancer.

An excellent overview of the history of enzyme therapy may be read at: http://www.herbtome.com/InformationPages/CancerEnzymeTherapy.htm

**Recent Support**

The "laetrile" clinics in Mexico claim that they have a "100%" cure rate for cancer. They do post a disclaimer: The 100% cure rate applies only if the patient has not undergone chemotherapy or radiation - and only in those patients that take the pancreatic enzymes.

If cancers are really false placentas, malignant tumors would mimic pregnancy in other ways. All trophoblast cells produce a unique hormone called the chorionic gonadotrophic (CGH) which is easily detected in urine. Thus if a person is either pregnant or has cancer, a simple CGH pregnancy test should confirm either or both. It does, with high accuracy. Recent research has shown that all cancers tested (80% of all known cancers) emit portions of this "pregnancy" hormone. See: http://www.ralphmoss.com/html/cach377.shtml

The University of Michigan Cancer Center has recently proclaimed that current chemotherapy targets the "wrong" cells. The Ann Arbor researchers discovered that not all cells in a tumor are equally malignant. Only a tiny minority of tumor cells are actually capable of inducing new cancers; the rest are relatively harmless. "These tumor-inducing cells have many of the properties of stem cells," said Michael F. Clarke, MD, a professor of internal medicine, who directed the study. "They make copies of themselves - a process called self-renewal - and produce all the other kinds of cells in the original tumor."

It is clear then that the nation's top cancer center has unknowingly rediscovered Beard's thesis.


**Kelley Enzymes**

Dr. William Kelley recommends high amounts of pancreatic enzymes - 45,000 mg orally. His formula includes a starch-dissolving enzyme which Kelley states is important in some cases. The enzyme formula Kelley stands behind cost roughly $2000 per month.

Unfortunately, the larger the cancer mass - which quickly dissolves from oral enzyme therapy - the harder it is for the liver/kidney to rid the body of the residue of it. As a result, many patients taking enzymes die from toxemia as the cancer tumor is digested. Various methods for detoxifying the liver are known, with the "coffee enema" being preferred. Toxemia is the primary reason to have the malignant tumor mass surgically removed.

**Treatments**

If the Beard theory is correct, malignant cancer only begins after the pancreas fails to secrete sufficient trypsin and chymotrypsin to prevent it from growing. A therapy that improves or restores the health of the pancreas, so that it can again secrete these enzymes, would result in cancer remissions.

For example, if the heavy metal mercury building up in the pancreas was the root cause of the enzyme secretion problem, large amounts of vitamin C might cure a cancer (cause remission) by ridding the pancreas of mercury. If a CoQ10 deficiency was the reason the pancreas was malfunctioning, then supplementing CoQ10 may restart the production of trypsin, etc. Beard's theory explains why high-dose vitamin C or CoQ10 works in some people, and not in others.

**Cesium Protocol**

There are theoretical reasons and experimental findings that indicate fast-growing cancers can be completely resolved by using a 6g cesium chloride salt for 30-days. The following 20-year-old paper describes the High pH

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Therapy for Cancer treatment: http://www.mwt.net/~drbrewer/highpH.htm

Brewer mentions the resemblance between embryonic cells and cancer cells. Another connection between the high pH therapy and the enzyme therapy is the striking coincidence that Brewer's therapy works by raising the pH of the cancer cell to 8.0 (highly alkaline). This is the same pH in the small intestine, and it is the pH required to activate trypsin's digestive enzyme activity! (The author has noted that stomach, colon and rectal cancer are all common — small intestine cancer is rare.)

Cesium is far less expensive than high-quality pancreatic enzymes. While it is unknown whether or not the cesium protocol works in the complete absence of trypsin in the blood, it is logical to assume that less pancreatic enzymes would be required in conjunction with cesium treatment for cancer. (Perhaps 4,500 mg of pancreatic enzymes with trypsin would suffice along with 6,000 mg cesium chloride daily, rather than the 45,000 mg of pancreatic enzymes daily that Kelley and Gonzalez recommend orally to destroy tumors.)

Experimental science will one day provide the answer.

Rath Vitamin C Protocol

There is a sensible high-vitamin-C protocol that has been found to arrest cancer growths. Not that it cures/digests the cancers, but according to former Linus Pauling associate Matthias Rath, MD, this protocol restricts or halts the growth of malignant tumors by deactivating an enzyme. The Rath protocol may be safer than the Beard/Wolf/Kelley enzyme therapy — it may allow the body to more slowly digest the tumors, or the tumor may calcify.

The Rath therapy is thought to interfere with the enzyme that cancer tumors emit, malignin, which allows the tumor to "eat" through ordinary tissue. Malignin is the mirror image (steroisomer) of trypsin.

The daily protocol from Dr. Matthias Rath is reportedly:

- 14,000 mg Vitamin C
- 12,000 mg Lysine
- 2,000 mg Proline
- 1,000 mg Green Tea Extract (EGCG)

No doubt, this vitamin-C protocol improves the health of the pancreas.

Coenzyme Q10

There are sound theoretical reasons to add 400 mg of highly absorbable Coenzyme 10 (CoQ10) to any anti-cancer protocol. This dosage has initiated complete tumor regression in breast cancer patients — during clinical studies! Since the pancreas has a high concentration of CoQ10, it may be that restoring CoQ10 levels improves pancreatic function. It is much more economical to repair the health of your pancreas, if possible, than it is to buy 45,000 mg of daily enzymes for life.

The Basic Recommendations for Controlling Cancer

Many enzyme authorities recommend against most orthodox Chemo/Radiation therapy in favor of the following protocols:

1. Have surgery to remove as much of the tumor mass as possible.
2. Follow the Rath-Vitamin C/Lysine/EGCG protocol with 400 mg CoQ10.
3. Purchase pancreatic enzymes (e.g. the Kelley or Wobenzym oncologic formula). The formula must contain trypsin and chymotrypsin. Start with 400 mg daily, and slowly increase until effective.
4. Follow the Brewer Cesium protocol (including laetrile — apricot seeds), for 30 days.

Brewer Cesium Protocol

- 6 g cesium chloride (2000 mg a.m., 2000 mg noon, and 2000 mg evening)
- 100,000 IU Vitamin A
- Up to 30,000 mg Vitamin C
- Selenium — 200 to 400 (mcg)
  MICRO grams
- Zinc — 50 mg
- Laetrile (apricot seed extract) — 150-200 mg

5. Add a good mineral/multivitamin — to cover all possible nutritional needs.
6. Supplement vitamin D (800 IU) and vitamin K (1 mg) (both have shown anti-cancer properties in several studies)
7. Avoid refined carbohydrates, especially sugars which feed cancer.
8. Avoid supplemental calcium (!) (Calcium speeds the growth of embryos, and perhaps cancer). Take supplemental magnesium/potassium
9. Eat proteins every other day — to rest the pancreas.

The following link to the Cancer Cure Booklet provides the scientific rationale for the William Kelley enzyme therapy: http://www.road-to-health.com/am/publish/article_56.shtml

Other orthomolecular substances are known to have anti-cancer activity. Some of these include ginger, lysine/proline, lycopene, and -alpha lipoic acid. If these substances are effective, they may either help restore pancreatic function, or help inhibit the growth and spread of the false-placenta.

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Owen's Articles

The Townsend Letter offices will be closed June 23 through July 11

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