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A Cancer Therapy Out of the Blue

Dr. David G. Williams
circa 1995

Chasing around the world for potential health cures reminds me a lot of the uncertainty and constant change that I associated with farming when I was growing up.

My dad, my brother Ron, and I would often have well thought-out plans for our day as we climbed into the pickup each morning, but those plans could change in a heartbeat. An irrigation engine that malfunctioned during the night, a sudden storm, a broken fence line, loose cattle, or some other event would send us in a totally different direction.

And I'll never forget working all year helping to produce the makings of a bumper wheat crop only to end up standing amid hundreds of acres of shredded waste and total destruction following an overnight hailstorm. At times, it seems my quest for health remedies and cures follows a similar path of changes in plans and hard work that comes to naught.

It's not unusual to track a reported cure halfway around the world and back for a year or longer only to find that it doesn't work as reported. And it's not uncommon to find a seemingly legitimate cure that someone is unwilling to discuss or share due to past harassment, lawsuits, threats, or even arrest and jail time. It's the few gems that do get uncovered that make this job so worthwhile. And although what I'm going to tell you about this month may not be an outright "cure," it certainly is a gem that can help save thousands of lives and prevent untold amounts of suffering. After years of my tracking this story from Australia to Budapest to Israel and back to the US, you (as an *Alternatives* reader) will be among the first in this country to learn about this amazing product.

A Mysterious Miracle

I was approached several years ago by a Hungarian man living in Australia who wanted to tell the world about a "miracle" that saved his wife from dying of breast cancer. Without much success, he had been phoning doctors all over that country trying to tell them how they could save the lives of other cancer patients simply by using this "Hungarian powder."

When he approached me, he wanted money to purchase a small motor home so he could travel from town to town and give free seminars to the public and cancer specialists on this life-saving therapy. It took me a while to convince him that without any scientific or medical background (he's actually a quite famous soccer player and coach in his native Hungary), his efforts would probably be in vain. In fact, he might even end up in jail for practicing medicine without a license.

After several meetings with him and his wife, I was totally convinced of their sincerity and began the long and tedious process of investigating this miraculous (but really foul-tasting) powder. The story became even more intriguing when I learned that the product was linked to the late Hungarian biochemist Albert Szent-Györgyi.

20th Anniversary

In This Issue

You will observe with concern how long a useful truth may be known, and exist, before it is generally received and practiced on.—Benjamin Franklin

The Tale of the Trailblazing Nobel Prize Winner

Szent-Györgyi is probably best known for being awarded the 1937 Nobel Prize in Physiology and Medicine for his work on the roles played by certain organic compounds (especially vitamin C) in the oxidation of nutrients by cells. He is also noted for describing the process of cellular metabolism, which you might remember as the Szent-Györgyi/Krebs cycle (or just the Krebs cycle).

At one time, I had to memorize the Krebs cycle and was quite familiar with Dr. Szent-Györgyi's accomplishments. I still remember one of his observations about human nature: "When everyone begins to laugh at you, then you know you are two steps ahead." He undoubtedly came to this conclusion during his research efforts. He certainly had his share of critics, particularly when it came to his theories on cancer. As early as 1941, he was discussing the role of unpaired electrons (which we now refer to as free radicals), and their possible link to cancer, as well as the importance of certain protective enzymes and antioxidants such as vitamin C that can help prevent cancer.

Györgyi served in World War I from 1914 to 1916 as a Hungarian medic, where he observed firsthand the horrors associated with the use of mustard gas. After the war, he developed a keen interest in finding a cure for cancer when he learned mustard gas derivatives were being used as a form of treatment. His work in the field of cancer intensified after losing both his daughter and wife to the disease.

After Györgyi emigrated to this country following World War II, his continuing work on cancer was based on his theory that certain naturally occurring compounds called quinones (along with similar compounds) could be instrumental in helping to control the proper metabolism in cells. As I'm sure you know, uncontrolled metabolism and rampant cell division is a defining characteristic of cancer. Györgyi noted that wheat germ is a potent source of these quinone compounds, and he suggested that they could be concentrated further through fermentation with baker's yeast. This suggestion was the beginning of the powder that I mentioned earlier.

Györgyi's early research experiments were very promising. His theories about specific quinones found in wheat germ, and their ability to inhibit cancer, appeared to be correct. Just as his work was gaining momentum, though, his concept of regulating metabolism to prevent or control cancer was overshadowed by the new "war on cancer" and the belief at the time that cancer therapies should concentrate on killing cancer at any cost. As a result, Györgyi's work suffered from funding problems and was largely overlooked. (As a matter of principle, he refused to accept government funding and be bound by any restrictions on his research or its outcome.) He died in 1986, with his research unfinished.

Picking Up the Trail

In the early 1990s, the fall of communism in Eastern Europe opened the door for more freedom, particularly in the field of scientific research. This sudden scientific freedom allowed Dr. Máté Hidvégi, also of Hungary, to resume and build on Dr. Szent-Györgyi's initial work. And it was Dr. Hidvégi who actually developed the first fermented wheat germ extract for human consumption.

Dr. Hidvégi's initial work was also limited by a lack of funding. At one point, his personal finances were completely exhausted and it appeared that the benefits of fermented wheat germ would fade into obscurity once again.

A "Hail Mary" Pass Completion

A highly devoted and dedicated Catholic, Dr. Hidvégi prayed to Mary, Mother of God, to ask for guidance and help. The very next day he was approached by someone willing to provide the needed funding for his research. To show his thanks,

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Dr. Hidvégi named the extract product Avemar, in honor of Ave Maria ("Hail, Mary" in Latin).

Since that time, a significant amount of research on Avemar has been undertaken—not only in the laboratory, but in test animals and human cancer patients as well. Over 100 reports have been written for presentation or publication since 1996, and 16 peer-reviewed studies are currently accessible on PubMed.

Much of the research presented here has not yet been published. But dozens more studies will be forthcoming from around the world in the coming months and years. Once this data becomes known, I suspect Avemar will very quickly become an integral part of cancer treatment by both mainstream and complimentary practitioners.

The Mixed Blessing of Myriad Possibilities

A discovery like Avemar would be considered promising if it were effective in the treatment of just one or two forms of cancer. Research would then be concentrated in those areas. What is so amazing about Avemar is that it does not appear to be specific to any one particular type of cancer. Instead, both in the laboratory and in all the follow-up animal and human studies undertaken thus far, Avemar has been effective against *all* cancer cell lines tested.

While this universality is an obvious benefit, it can present a dilemma for researchers. Undertaking and completing clinical studies takes a considerable amount of time, money, and effort, and researchers have limited resources.

Combating Colorectal Cancer

One recent controlled study involved 170 people with colorectal cancer. Researchers contrasted the effects of using Avemar plus conventional "standard of care" treatments—surgery, radiation, and chemotherapy—with the results of conventional treatments alone.

The benefits of adding Avemar were remarkable, to say the least. The addition of Avemar resulted in an additional 82 percent reduction in new tumor recurrences, a 67 percent reduction in metastases, and a 62 percent reduction in deaths. *(Br J Cancer 03;89:465–469)*

Another study involved 30 patients with advanced colorectal cancer. All the patients underwent surgery, and 12 of them began taking Avemar. At the end of the nine-month observation period, there was no disease progression in any of the patients on Avemar. However, in the control group, three patients had died from the disease and another had developed metastatic tumors. *(Hepatogastroenterology 00;47:393–395)*

A third study involved 34 patients suffering from advanced adenocarcinoma of the rectum or lower colon. After corrective surgery, 17 received the conventional treatment and the other 17 received conventional treatment plus Avemar. Forty-six months later, those on the Avemar had significantly longer survival rates. *(Magy Seb 04;57:168)*

Managing Melanoma

Another recently completed study at the N.N. Blokhin Russian Cancer Research Center in Moscow involved 46 stage III melanoma patients characterized as being at "high risk" for recurrence and death from the disease. (Melanoma patients are considered "high risk" especially if they have clinically detectable lymph node involvement.) Some of the patients received only conventional treatments, while the others received conventional treatments plus Avemar.

Researchers found that the use of Avemar increased the overall survival time of the patients. After one year, 75 percent of the conventional treatment–only patients had progressive disease, in contrast to only 36 percent of those whose therapy included Avemar. *(18th UICC International Cancer Congress, Oslo, Norway 2002)*

Overcoming Oral Cavity Cancer

In another recent study that has been submitted for publication, Avemar combined with conventional treatments was compared to the use of conventional treatments alone in 43 patients with stage III or stage IV oral cavity squamous cell carcinomas.

After a period of twelve months, those using Avemar experienced only a 4.5 percent incidence of recurrence of cancer at the original site, in contrast to 57.1 percent in the control group. Additionally, the Avemar group had a disease progression incidence of 9.1 percent in contrast to 61.9 percent in the control group. The researchers determined that adding Avemar to the treatment program reduced the risk of overall progression of the cancer (death, new tumors in the initial area, new metastases, et cetera) by 85 percent.

And Much, Much More

In addition to the forms of cancer mentioned above, in vitro studies of cell cultures as well as animal studies involving implanted tumors have shown that Avemar can be effective against cell lines from lymphoma, leukemia, lung cancer, pancreatic cancer, and breast cancer (including estrogen-positive, -negative, and inflammatory).

A multi-center breast cancer study using Avemar is still ongoing. And in Israel, a double-blind, placebo-controlled study with primary colorectal cancer is currently taking place.

Perhaps the most activity, though, is in Hungary where, with the full support of the Hungarian government and the medical community, Avemar has been used for over six years to help successfully treat cancer patients. It has officially been classified there as "a medical nutriment for cancer patients."

Hungarian researchers are conducting additional studies on chronic myelogenous leukemia and cancers of the urinary tract. There are also well-documented case reports in that country describing favorable results in patients with metastatic ovarian, gastric, and thyroid cancers—as well as in patients with non-Hodgkin's lymphoma and multiple myeloma. Finally, there are reports of cancer regression in advanced hepatocellular carcinoma and in skeletal metastatic lesions from late-stage breast, prostate, and non–small-cell lung cancer patients.

Debunking the "Mystery" of Cancer

Although Dr. Szent-Györgyi was often ridiculed for his theories on free radicals and their relation to cancer, over the last 15 years or so his ideas have formed the foundation of our evolving knowledge on the causes of cancer. Just this last July, researchers at the University of Illinois released new research detailing the biochemical mechanism of how certain compounds in foods are able to help prevent the formation of tumor cells. When I read their report, it sounded like it could have been written by Dr. Szent-Györgyi himself.

As Dr. Szent-Györgyi reported decades ago (and Dr. Hidvégi and his colleagues have since demonstrated), certain compounds in food (like those in fermented wheat germ, i.e. Avemar) increase detoxifying enzymes that protect cellular DNA and proteins from free radical damage that can result in the formation and spread of cancer. *(Proc Nat Acad Sci USA 05;102(29):10070–10075)*

Having a basic understanding of the mechanisms of cancer formation, and how it is influenced by diet and lifestyle, has never been more important than it is today. Our risk of developing cancer is greater today than at any other time in history. In fact, earlier this year cancer was reported to have surpassed heart disease as the leading cause of death in this country. The latest annual report from the American Cancer Society estimated that 1,372,910 new cancer cases and 570,260 cancer deaths are expected this year in this country alone. Lung, prostate, and breast cancer still remain the top three forms of the disease.

In recent years, there has been a wealth of information presented to the public about ways to help prevent such problems as heart disease and diabetes—but that hasn't happened with cancer, for some reason. Most people are under the impression that cancer is a highly mysterious disease over which they have few, if any, means of protecting themselves or influencing the eventual outcome.

I'll be the first to admit that part of the problem stems from the fact that cancer can be triggered by a number of factors. But a great deal of the confusion and fear arises from the methods we've adopted to treat cancer. A closer look at the research that has been able to demonstrate how Avemar works sheds a different light on the subject. It adds a tremendous amount of support to the use of diet, lifestyle changes, and the various natural therapies that I've mentioned so many times in the past. (See "The Test of Time" on page 21.)

Cancer Cells are Gluttons for Glucose

Tumor cells assume their unique characteristics according to their diverse genetic aberrations. Whether they proceed to replicate, grow, and eventually spread throughout the body is determined by enzymatic activity and their accessibility to various nutrients—which is where nutritional habits, environmental factors, and hormones have a direct influence. Each of these has the potential to interfere, block, or promote enzyme activity and metabolic pathways that tumor cells depend on for their survival. For years, pharmaceutical companies have also focused their efforts in this arena in an attempt to find cures for various forms of cancer. One of their top priorities (and one area with the greatest

The Test of Time

Tip from Vol. 8, April 2001

20th Anniversary

I've written in the past about the anti-cancer benefits of cruciferous vegetables, which includes cabbage. Numerous compounds (such as sulforaphane, indole-3-carbinol, selenium, glucosinolates, etc.) in these vegetables exhibit anti-cancer activity. New research has found that fermenting cabbage and other cruciferous vegetables results in the creation of even more anti-cancer agents.

Researchers at the University of Illinois were curious as to why Polish women who moved to the United States were far more likely to develop breast cancer than their kinfolk who remained in Poland. One of the primary dietary changes associated with the move was their lower consumption of fermented vegetables, particularly cabbage as unpasteurized sauerkraut.

They found that very low concentrations of extracts from these vegetables exhibited anti-estrogen effects. Moreover, when purified and separated, these anti-estrogenic compounds were different from anything seen before. New studies are underway to determine if these compounds can be the basis for a new class of drugs that can be used to prevent cancer. *(J Agric Food Chem 2000 Oct;48(10):4628–4634)*

Cancer has always been associated with a decrease in the production of hydrochloric acid and digestive enzymes. When such a decrease occurs, improperly digested food overloads the liver and other systems with metabolic toxins. Several doctors, such as the famous cancer specialist Nicholas Gonzales, have found that increasing the enzymes and digestive capabilities of cancer patients can often help the body rid itself of the cancer. NIH cancer studies are currently underway to help validate these findings.

Lactic acid-fermented products, particularly vegetables such as cabbage, can help compensate for the loss of digestive capabilities. Additionally, lactic acid increases vitamin B production by the intestinal flora, increases cell metabolism, and acts as a detoxifier—all of which are beneficial to cancer patients.

Dr. Johannes Kuhl of Germany has reported on using lactic acid–fermented products in the treatment of colon polyps. He notes that these pre-cancerous growths in the colon will disappear after four to six weeks of heavy ingestion of lactic acid–fermented vegetables, and will not recur as long as the vegetables are used on a regular basis. *(Krebs und Bestrahlung: Ein Irrtum Moderner Medizin 66; Viadrina Verlag)*

potential) has always been to uncover compounds that inhibit glucose metabolism in tumor cells.

Every form of cancer cell utilizes glucose at rates 10 to 50 times higher than that of normal healthy cells (a well-known phenomenon referred to as "the Warburg effect"). Unlike normal, healthy cells that utilize glucose primarily for energy, tumor cells use glucose to increase the production of nucleic acids (necessary for the formation of additional RNA) and various proteins (needed for the cancer to continue to grow).

In simple terms, cancer cells have only one function: proliferation. To achieve this function, cancer cells need large amounts of glucose that they can convert into building materials for new cells. As the tumor grows, more and more glucose is consumed. Two things occur as a person's glucose is diverted to the cancer. First, fatigue sets in. Second, since less glucose is converted to necessary fats and protein, the body begins to waste away (a process known as *cachexia*).

Not Throwing the Baby Out with the Bath Water

One of Györgyi's concerns long ago was the immune suppressive effects of conventional cancer therapies, which focus on interrupting the proliferation of cancer cells by directly inhibiting DNA and RNA synthesis. The therapies are non-specific, so they destroy normal, healthy cells as well. Thus, the attempt to kill the cancer cells often kills the patient as well—which, as the old saying goes, is like throwing the baby out with the bath water.

It was Györgyi's search for a biotherapy that would stimulate rather than suppress, anti-tumor immune mechanisms that led to his work with fermented wheat germ. To say Avemar works a little differently would be a gross understatement. *(Szent-Györgyi*

A: The living state, with observations on cancer. Academic Press, New York, 1972. p.71) (Int J Quant Chem:Quant Biol Symp 82;9:27-30)

Research indicates that Avemar works through several different mechanisms. One of its most unique benefits, however, is its ability to inhibit glucose metabolism in cancer cells.

Research at UCLA has demonstrated that Avemar reduces glucose flow into cancer cells—which inhibits their ability to produce additional nucleic acids and subsequently reduces their proliferation or growth. In the presence of Avemar compounds, cancer cells begin to utilize the available glucose to produce substances that actually inhibit cell division and stimulate programmed cell death (apoptosis) within the tumor.

As one yet-unpublished report explains, decreased glucose consumption of the tumors results in a harmonizing of the patient's metabolism—as well as weight gain, even in people with advanced cancers. As a result, patients treated with Avemar also have improved tolerance for surgery, radiation and chemotherapy. Further, Avemar achieves these results without creating any toxicity or damage to normal, healthy cells. (*Ann NY Acad Sci 05; 1051:529–542*)

This particular feature of Avemar explains why cancer patients using the product routinely experience an improved quality of life. They have less fatigue, pain, and depression, and experience an increase in appetite that can help them regain lost weight. *(Medicus Anonymus/Pulmono 03;11 (Suppl 1):13–14) (24th Congress of the Hungarian Cancer Society, Budapest, Hungary 2001)*

A Foreign Cell Informer

Avemar also assists the immune system's ability to identify and destroy cancer cells. In the past, I've written about a type of white blood cell called natural killer (NK) cells, and about using a supplement called AHCC to increase their numbers and activity. [*Editor's note: See Vol. 10, No. 15 for more about AHCC.*] These specialized immune cells are on a constant "seek and destroy" mission to rid your body of any foreign or abnormal cells. But cancer cells can evade NK cells by masking their outer membrane with a special substance that the NK cells recognize as "normal." Avemar suppresses the release of this masking substance—allowing NK cells to better target and kill the cancer cells.

Avemar's immune-stimulating ability appears to be so powerful that it can be useful in helping in the restoration of even the most severely compromised immune systems. In one study, animals were given skin transplants that the scientists knew would be rejected if the animals' immune systems were functioning properly. The thymus gland was removed in half the animals to weaken their immune systems.

The thymus is where T cells develop, which are important in cell-mediated immunity. Normally, without the thymus, any animal receiving the skin transplants should have a better chance of accepting the new skin cells rather than rejecting them.

The animals that had their thymus glands removed were then given Avemar. The other half were allowed to keep their thymus gland. The researchers discovered that animals taking the Avemar rejected the skin grafts almost as quickly as the animals that still had their thymus glands—clearly demonstrating the very strong immune-restorative effects of Avemar. And again, Avemar did so without any toxicity or damage to normal cells. *(Immunopharmacology 99;41:183–186)*

Avemar's safety has been studied extensively in cell lines, animals, and humans, and no adverse effects have been identified. When the data were reviewed by a panel of doctors and toxicologists, it was their opinion that *Avemar has a toxicological profile similar to that of bread.* (Though the product is made from only the germ part of wheat, the manufacturer has included a caution for people who are sensitive to gluten.)

A White Blood Cell Enhancer

Not only is the use of Avemar free of toxic and adverse effects, it has the added benefit of being able to protect cells against such effects caused by conventional therapies. For instance, following radiation and chemotherapy, it has been demonstrated that Avemar was successful in restoring the bone marrow's ability to produce red blood cells—which should be a godsend to anyone receiving cancer treatment. *(1st Congress of the Hungarian Society of Clinical Oncology. Budapest, Hungary, 2000)*

One of the life-threatening complications of radiation and chemotherapy is a condition called febrile neutropenia. It occurs when the therapy significantly reduces the number of white blood cells (neutropenia). White blood cells are needed

to fight pathogens, and patients are extremely vulnerable to infections (and resulting death) during this period when cell counts are at their lowest. An indicator of the seriousness of the infection is the presence of a fever (the *febrile* part).

A clinical investigation into the condition involved 22 children in Budapest with various solid-tumor cancers. Half of those children were given Avemar before and during their chemotherapy, and the other half were not. In the Avemar group, there were a total of 121 cycles of chemotherapy and 30 episodes of febrile neutropenia (24.8 percent). In the control group, those not taking the Avemar, there was a total of 106 cycles of chemotherapy and 46 episodes of febrile neutropenia (43.3 percent). Being able to almost halve the incidence of febrile neutropenia alone should justify the use of Avemar in all patients on chemotherapy. The number of lives saved would be astronomical. *(J Pediatr Hematol Oncol 04;26:631–635)*

In all of the studies where Avemar was used in conjunction with conventional therapies, not only were those therapies significantly more effective, but the patients experienced considerably less therapy-related side effects. Both the frequency and severity of common side effects like nausea, fatigue, weight loss, and depression were reduced. Additionally, their immune systems recovered more rapidly. *(Pharmindex Handbook of Oncology 2004/2005. CMP Budapest, 2004. p. 611–617) (Cancer Biother Radiopharm 04;19:343–349) (Cancer Biother Radiopharm 99;12:277–289) (Cancer Biother Radiopharm 04;19:746–753)*

An Autoimmune Disease Disruptor

I should also mention that while most of the work with Avemar has been focused on various cancers, there are a couple of studies outside that realm.

One animal study tested Avemar on the autoimmune disease known as systemic lupus erythematosus (SLE). The results were so promising that a double-blind clinical study on lupus patients is now underway. In the animal study, pre-treating mice orally with Avemar before they were induced with SLE significantly reduced the symptoms associated with lupus, and these benefits were sustained for at least four weeks after discontinuing the Avemar. *(Lupus 01;10(9):622–627) (Autoimmun Rev 04;3(3):199–206)*

In regard to another autoimmune disease, an unpublished study found that the anti-inflammatory properties of Avemar were beneficial in rheumatoid arthritis patients who had failed to respond to various anti-inflammatory drugs and anti-rheumatic medications. The dosage was roughly twice that given to cancer patients (two doses of 9 grams per day instead of one dose of 8.5 grams a day). Significant improvements in morning stiffness, pain, and other indicators were recorded at both six and 12 months of treatment—with no side effects.

How Good Is Avemar By Itself?

Two obvious questions came to mind during my interviews and research into Avemar. First, can it be used by itself—without surgery, radiation, or chemotherapy? Second, can it be used to prevent cancer? So far, from the research and information available today, I'm not sure we have a good answer to either of these questions.

As for Avemar being effective on its own, the early animal and cell line studies seem to indicate this might be the case—but just how effective is hard to tell. In practically all of the studies, Avemar has been used in conjunction with other conventional cancer therapies. It would seem reasonable that it would also be of benefit with alternative forms of cancer treatment, but at this point the research isn't there to support that. I can say, however, that if I were diagnosed with cancer, I would include Avemar in my program regardless of what other forms of therapy I chose to use.

One very significant finding, consistent in practically all of the Avemar studies, is that Avemar is particularly effective at reducing metastasis, or the spreading of the cancer to other sites throughout the body. It is well known that the capability of the immune system has a big influence on the incidence of cancer metastasis. As I discussed earlier, Avemar has been shown to dramatically boost the response and effectiveness of the immune system—even when it is not totally intact. Remember the mice that had their thymus glands removed, but responded almost the same as normal mice when given Avemar? This would suggest to me that Avemar could be useful at any stage of the cancer process (even in the more advanced stages, when the body's immune system can be severely impaired). *(Anticancer Res 98;18:2353–2358) (Cancer Biother Radiopharm 99;14(4):277–289)*

Avemar's ability to prevent cancer is suggested in some of the animal experiments. For instance, when chemicals known to cause colon cancer

were given to rats, and those rats were also given Avemar, there was a 70 percent reduction in tumor formation in contrast to those not given the product. *(Nögyógyószati Onkológia 02;7:40–41)*

Additionally, from all indications, Avemar appears to "down regulate" or reduce the expression of faulty genes that trigger events leading to cancer. Unfortunately, studies involving cancer prevention can take decades to complete. At this point, unless one had a known high risk for developing cancer or was in danger of a recurrence of cancer, I think that preventive dietary and lifestyle habits will prove to be more cost-effective.

One Last Thing

Avemar is one product that you'll want to keep in the back of your mind. I strongly believe that in the next few years its use will become widely accepted in this country. And you should definitely let your family and friends know about Avemar. It's another one of a small handful of safe and effective products that could one day save your life.

Avemar is produced in Budapest, Hungary by Biromedicina, but has been available in this country for only a few months. The product is being sold under the name Ave here instead of Avemar, but it is otherwise exactly the same. It was recently approved for sale in the United States as a dietary supplement, and it's available through The Harmony Company, P.O. Box 93, Northvale, New Jersey 07647 at 800-422-5518 or on the Web at *www.AvemarUSA.com*.

A 30-day supply of Ave is $179.95, but *Alternatives* readers will receive a 10 percent discount on a 30-day supply, and additional discounts on higher volumes.

Ave is conveniently packaged in individual packets, each containing 8.5 grams of Avemar—the recommended single daily dose for a 70 kilogram (154 lb.) adult, and the amount given in the clinical studies. Each packet is to be mixed with 8 ounces of cold water and then consumed either an hour before or an hour after a meal. Additionally, it should be taken either two hours before or two hours after taking any other drugs and dietary supplements—particularly vitamin C.

(In some tumor models, Avemar taken by itself had a greater inhibitory effect on metastasis formation than did Avemar plus vitamin C—thus the recommendation to separate the two to obtain the maximum benefit.)

When I first sampled the product it was in the initial stages of being mass-produced, and, as I mentioned at the beginning, the taste was more than a little tough to swallow. (As with practically every other product I investigate, I felt obligated to try it.) Since that time the taste has been improved somewhat. Its new mild orange flavor is a definite improvement—but it's still not a drink you'd want to sip on. Hopefully the manufacturer is working to improve the taste even further.

I have been in constant contact with the company responsible for making Avemar available in the US—American Biosciences, Inc.—and they are already receiving glowing testimonials from the few individuals who have started using the product. (You've probably seen me write about products from this company before. I don't have any connection with them, I just think they do good science.) Word is also gradually spreading among the oncology community; the sooner this happens, the better.

There's absolutely no reason that Avemar shouldn't be used with every single cancer patient—particularly in those with severely impaired immune systems and those who are undergoing conventional therapies.

As I mentioned at the beginning of this report, health gems like this are indeed a rare find.

Take Care,

If you have questions or comments for Dr. Williams, please send them to the mail or e-mail addresses listed to the right. Of course, practical and ethical constraints prevent him from answering personal medical questions by mail or e-mail, but he'll answer as many as he can in the Mailbox section of *Alternatives*. For our part, we'll do our best to direct you to his issues, reports, and products related to the subject of your interest.

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