

Thank you for your inquiry

Kind regards, we are sending you information of our product, NOVODALIN vitamin B-17 and we hope is useful to you in any way.

Thank you.

It should be stressed that anyone seeking healing through natural means should consult a physician with knowledge in the field of complimentary or nutritional therapy, especially with serious or potentially life threatening situations. This is merely a basic outline for nutritional support until those who are seeking professional help are able to find it. Quite often experienced physicians are booked for obvious reasons. Because everyone is unique in their personal health needs, it is impossible to lay out a specific protocol that everyone should follow. However, there are certain basics that can be outlined. First, it should be clearly and unquestionably noted by all that THERE IS NO CURE FOR CANCER. Those physicians that are practicing alternative and complimentary medicine are utilizing therapies and techniques that are designed to bolster the immune system and correct imbalances in the system that have allowed tumors to flourish.

According to traditional orthodox medicine, when the tumors disappear the patient is in remission. If they live 5 years after diagnosis, they are cured. If they live only 5 years and 1 day, they are still considered a cure by orthodox medicine standards even when they eventually succumbed to the disease! Alternative and complimentary physicians look at the picture entirely differently. Instead of viewing the tumor as the disease, they view it as a SYMPTOM of the disease. If they are able to bolster your immune system and enhance it with other natural approaches, then the approach becomes one of helping your whole body to engage in repairing the nutritional deficiency that led to tumors forming in the first place. This is where the term Wholistic (or holistic) medicine came from. However, if one is able to eradicate tumors through this approach, they must remember that the body is NOT cured just because the tumors disappeared. If one were to return to their previous unhealthy life style, the body eventually returns to its deficient state and the symptoms reappear. Quite often when this happens, the symptoms reappear in a far more aggressive nature. Make no mistake about it. There is NOT a cure for cancer, and THERE IS NO MAGIC BULLET APPROACH TO KILLING CANCER CELLS. Anyone who is using the term cancer cure is either ill-informed, or is attempting to profit from selling you the "cure".

Please keep in mind as you read this general outline that those who are experienced in treating cancer with a nutritional approach use a combination of dietary supplements, life style changes, and diet. Those who preach that this combination is unnecessary are not your friends and are not doing you any favors. Even those physicians in the orthodox world will now tell you that diet is important to your over all recovery as they cut, burn, and poison in an attempt to treat the symptom known as the tumor. The tumor to the orthodox physician is considered the disease itself. But how many times have we heard that someone is cured only to succumb to the ravages of the disease a year or two after the "cure". It is because the symptom was in remission, but the disease went merrily along. If you do nothing to correct the imbalance that allowed the tumors to come into existence in the first place, then it is plain simple logic that tells you that the condition still exists like a ticking time bomb. This is a general outline used by many physicians who practice the complimentary or nutritional approach to cancer therapies. We have also attempted to show some of the variables commonly used, but we would like to once again stress above all that there is no substitute to working with a trained and/or experienced health care practitioner who usually attempt to tailor these therapies for each individual patient with such conditions.

AMYGDALIN AMPOULES (Laetrile ampoules)

The following protocol is a common one, and varies somewhat depending on the treating physician. Start with one- 10 cc ampoule the first day, none the second day, two 10 cc ampoules the third day, none the fourth day, and three 10 cc ampoules the fifth day. Thereafter three ampoules, three times per week (typically Monday, Wednesday, & Friday). The amygdalin tablets (usually 2 per day) are taken on the days no ampoules are given. The regimen for three ampoules three times per week is generally followed for two months. One ampoule is used in the beginning in case there is an allergic or some other type reaction.

These are extremely rare and this procedure is merely used as a precaution to guarantee against a more serious reaction should there be one. If sufficient progress has been made the individual is removed from the ampoules and placed on tablets only. Although this protocol is used by a number of physicians, it should be noted that there are physicians who take a much more aggressive approach, especially in serious situations. Because of the extremely low toxicity of injected amygdalin, a much higher dose can easily be used. Some physicians will use three or even four ampoules per day, five days a week if they feel that it is necessary. Some will even use them every day for a few weeks. Usually, no tablets are given on the days that IV injections are given, but once again some protocols will vary. Sometimes when someone is receiving an injection once a day or more than 4 days a week, the physician will give one tablet per day on the days that they are receiving the IV

LYOPHILIZED AMYGDALIN (powdered Laetrile)

Some physicians will only use the powdered or lyophilized form of amygdalin for injection. This is done because the amygdalin is guaranteed to stay stabilized in its natural laevo form if it is reconstituted and put into liquid form immediately before it is used. It is believed (for good reason) that the lyophilized form is superior to the liquid form. Those physicians who have used the lyophilized (or powdered) injectable form of amygdalin usually do not return to the liquid form unless the powdered form becomes unavailable. This is done even though it is a much greater nuisance to reconstitute a powder with sterile water than to use an ampule that is already in liquid form. In short, as previously mentioned the lyophilized form is guaranteed to remain stabilized in its natural form whereas the amygdalin that is put into solution and bottled is inclined to not remain stable and in a relatively short period of time, revert to a form of lesser quality. When physicians use a slow IV drip technique when using lyophilized amygdalin and other injectable nutrients, the amygdalin should be reconstituted and put into the IV drip bag during the last 10-20 minutes of the IV infusion or the IV tube should be closed off and the reconstituted amygdalin injected IV push. If the reconstituted lyophilized amygdalin is put directly into the IV bag at the beginning of a long running IV infusion, it would defeat the purpose of using a form of amygdalin that is put into solution just prior to its use.

DMSO

As another adjunct to injectable amygdalin, many physicians employ the use of DMSO to their routine to greatly enhance absorption. DMSO is short for a substance called Dimethyl Sulfoxide. This is a natural by-product of the lumber industry and comes from the bark of trees. It is most commonly used as an industrial solvent and is commonly used in veterinary medicine as a powerful anti-inflammatory agent. Its approved use in orthodox medicine in humans however is limited. As well as being an anti-inflammatory agent, DMSO has a powerful ability to greatly enhance the absorption rate of virtually anything that it is used with. To demonstrate its powerful penetrating action, one needs only to rub a small quantity DMSO between their index finger and thumb. Within just a few seconds they will taste its a unique odor and flavor. Many of the physicians that use DMSO, always use it when they give amygdalin IV because they believe that it has been demonstrated that DMSO greatly enhances the absorption and action of all other nutrients. DMSO is also very inexpensive.

There are other physicians who use it only under certain circumstances. Most commonly this would include anything that involves the brain or bone. Because of its powerful ability to permeate cell membranes, it is used to pull nutrients into the bone where normally it is difficult to deliver such nutrients. Furthermore, it will cross the blood/brain barrier and carry any nutrients with it that would not normally cross the blood/brain barrier. Consequently, the results of injected amygdalin when used with DMSO have been described as astounding when the brain is involved. Many of these physicians that now use DMSO with these conditions have previously had poor responses when dealing with conditions involving the brain because of the restrictions of the blood/brain barrier. Amygdalin itself is too large of a molecule to cross the blood/brain barrier and therefore does not normally get into the brain tissue. When DMSO is employed however, all of that changes and results are now being seen where extremely poor results were achieved before DMSO was used.

DMSO's biggest side effect is its odor. It is sulfur based and is described by many to smell like garlic. When it is injected the person receiving it smells like DMSO. This in and of itself is a testimony to its powerful penetrating and enhancing effect. Some people experience nausea, but that is remedied by reducing the amount of DMSO that an individual receives for a period and slowly increasing the dosage.

Typically, when DMSO is used in an IV push (injection), 3 cc of DMSO 90%-100% solution is used for every 3 grams of amygdalin (10 cc of solution in a liquid amygdalin 3 gram ampule & 20 cc of solution in a lyophilized 3 gram vial). When a slow IV drip is used, some physicians use up to 10 cc of DMSO for every 3 grams of amygdalin. As well as enhancing the action of other substances, research has indicated that DMSO in and of itself may demonstrate anti-tumor activity. Many physicians who faithfully use DMSO with their patients have proclaimed that they don't know what they would do without it.

AMYGDALIN TABLETS (Laetrile tablets)

The general rule of thumb with amygdalin tablets is 2 tablets per day on days that no IV amygdalin is given. Dr. Ernest T. Krebs Jr. (the son of the discoverer of amygdalin's use in cancer therapy) recommends 2 amygdalin 500 mg tablets at bedtime on an empty stomach, with a full glass of water. This recommendation is just a starting point. As previously mentioned, individual needs may vary. Individual physicians may use slightly different protocols. Some use widely different protocols. Some physicians will recommend that amygdalin tablets be taken with meals. However, it has been demonstrated that an empty stomach is probably a more efficient way to absorb amygdalin. When enteric-coated amygdalin tablets were available, blood tests clearly indicated that the amygdalin was being absorbed up to 3 times more efficiently than the uncoated type. Since an enteric coating allows the tablet to go through the stomach unchanged and not dissolve until it lands in the intestine, it is clear that taking an uncoated amygdalin tablet on an empty stomach is more efficient, since the tablet will not stay in the stomach very long if there is no food in the stomach.

The best way to determine how many amygdalin tablets an individual should take per day is by having a thiocyanate blood test done through their physician. In order to do the test efficiently, 2 tests need to be done. One test should be done before one starts amygdalin tablets, and the other test should be done 2 weeks after they start. Most physicians prefer to do periodic testing to insure everything is going smoothly. It is agreed by nearly all of the physicians that a blood thiocyanate level should be a minimum of 15 mg per liter (or 1.5 mg per deciliter). There is some dispute as to where the best range is. Ernest Krebs Jr. has held that the thiocyanate level should be maintained between 15 mg/liter and 25 mg/liter (1.5-2.5 mg/ deciliter). Dr. Krebs maintained that although a higher level does no harm, he didn't believe that a higher level was of much benefit either. However, some research indicates that best results are achieved when the thiocyanate levels are 30 mg/liter (3.0/deciliter) or higher. It is agreed by all that thiocyanate in and of itself does not induce any toxicity until the blood levels reach about 90 mg/liter (9.0/deciliter). Some will not experience any side effects until the levels reach 120 mg/liter (12.0/deciliter).

When the thiocyanate levels climb too high, some or all of the following symptoms may occur: shortness of breath, rapid heart beat, light headedness, dizziness, muscle weakness, nausea, and possibly shortness of breath. If any of these symptoms occur, ALL oral amygdalin and anything that contains amygdalin in high concentrations (such as fruit seeds) should be stopped immediately and your physician should be contacted for further instructions. The symptoms will be greatly diminished if not completely disappear within 24 hours. Consuming large quantities of water will cause these symptoms to disappear much sooner. These reactions are rare, and ironically are quite often viewed as a good sign since it is an indication that amygdalin is being absorbed and utilized efficiently. However, there is no purpose in allowing these symptoms to continue. Remember, every substance on the planet has a toxic level, including water. Anyone who continues to consume something that is producing symptoms and making them feel lousy, is ignoring their body's signals that they have had too much and are effecting their health in a detrimental way. Most physicians will merely remove their patients from the tablets for a few days, then reintroduce the amygdalin tablets at a lower dosage.

Enteric-coated amygdalin tablets are difficult to find, but are considered greatly superior. Quite often thiocyanate levels have been doubled or even tripled by using amygdalin tablets that have been enterically coated without changing the quantity of tablets ingested. The only precaution that should be mentioned is the possibility of an elevated thiocyanate level that may cause reactions as previously mentioned. Usually no more than 2 -500 mg tablets are taken per day when they are enteric-coated, and almost always given separately, NOT at the same time like the uncoated version. The enteric coating allows the tablets to remain intact and pass through the stomach unchanged. The alkaline sensitive coating is stripped in the intestine where the acid level is low, allowing for duodenal absorption which results in a more efficient absorption which is proven with the resulting elevated thiocyanate levels. Currently enteric-coated amygdalin tablets are not easily found.

Trusted SUPPLIERS:

www.tjsupply.com amygdalin tablets, liquid amygdalin,

www.cytopharma.com amygdalin tablets, liquid amygdalin, lyophilized amygdalin

The lyophilized and liquid amygdalin are prepared using sterile techniques and may be used either orally or by injection intravenously or intramuscularly.

PANCREATIC ENZYMES (proteolytic enzymes)

Although many consider the diet to be the single most important approach to treatment of any disease, pancreatic and/or proteolytic (protein digesting) enzymes are considered by many experts in alternative therapies to be the single most important adjunct of a natural, alternative, or complimentary approach to cancer. There are many physicians utilizing complimentary approaches to cancer therapy that do NOT use amygdalin (Laetrile). The Naturopaths and other physicians that do not use amygdalin in their protocol, almost always rely on large doses of pancreatic or proteolytic enzymes. Even those physicians using amygdalin in their therapies recognize pancreatic and other proteolytic enzymes as an integral and absolutely essential part of laetrile therapy. Although amygdalin may be employed in their prescribed therapies, many physicians using laetrile still use a large quantity of pancreatic and proteolytic enzymes. There are many reasons that pancreatic enzymes are so crucial in cancer therapy. First, malignant tumors wall themselves off with a negatively charged protein coating. Since your body's killer cells are also negatively charged, the tumor is not recognized as a foreign entity. Instead, it is treated by the body's immune system as normal tissue. Like facing the same poles of 2 magnets towards each other, the magnets repel each other. This is the picture of what occurs when killer cells approach what they recognize to be normal tissue. This is where proteolytic enzymes become ESSENTIAL. Proteolytic simply means protein digesting. Although there are other very important functions of proteolytic enzymes, the primary function of enzymes with cancer patients is in the "deshielding" or digesting the protective coating of a tumor. In order for the immune system to have a positive effect on malignancy, it must first be able to recognize a malignancy as a foreign invader. In order for other anti-tumor agents to have a measurable effect on a tumor, the protective coating must be digested. Although enzymes are highly beneficial and down right crucial, this is not to insinuate that merely taking a lot of enzymes and doing nothing else is all that you need. The nutritional deficiency that permitted the condition to exist is still there. Although removing the protective protein coating on a tumor does not get rid of a tumor, it is an important step in helping your body recognize the condition. It is believed (with good reason) that proteolytic enzymes will also begin to digest the tumor itself if taken in sufficient quantities. However it still does not correct the body's poor functioning immune system, and just because enzymes may engage in tumor digestion does not mean that it is sufficient or a substitution for following sound nutritional practices and life styles. Therefore it is stressed once again that like laetrile, enzymes are part of a TOTAL nutritional approach and not a magic bullet approach to this deficiency condition.

In his book One Answer to Cancer {available from Cancer Control Society-Dr. William Donald Kelley, who treated his own very serious form of cancer over 30 years ago, proclaims the virtues of pancreatic and other proteolytic enzymes in combination with the standard nutritional approach using diet, life style changes, and other supplements. However, Dr. Kelley who does not have anything bad to say about amygdalin, none the less, does not use it in his protocol. What he does use, are very large doses of pancreatic enzymes in combination with diet and life style changes. His theory, which mirrors that of many other experienced physicians in nutritional medicine, is that proteolytic enzymes not only breakdown and digest the protective protein coating of a tumor, but that they also directly engage in an attack on the tumor itself once the protein coating has been destroyed. Logically, this makes a lot of sense considering that malignant tumors contain very little and very weak enzyme inhibitors, unlike the normal cells that contain a large amount of enzyme inhibitors. These inhibitors protect normal body proteins from being attacked and digested by enzymes that are ingested or produced by ones own body. This is one reason why digestive enzymes do not digest the portion of small intestine known as the duodenum when the pancreas dumps enzymes into it during the second phase of digestion. Furthermore, enzymes are catalysts involved in a myriad of other bodily functions. It is virtually impossible to overdose on pancreatic enzymes because they are in and of themselves proteins. But they are proteins that digest and breakdown other proteins.

There are a few varying opinions regarding which pancreatic enzymes are best. Dr. Kelley prefers a very large dose of a pancreatic enzyme called pancreatin. Pancreatin is a crude substance produced and released by the pancreas that contains a plethora of individual pancreatic enzymes such as trypsin, chymotrypsin, lipase, amylase, etc. Although all physicians experienced with enzymes agree that pancreatin is very important, most prefer to use a combination of more concentrated specific pancreatic enzymes along with pancreatin and potent vegetable based proteolytic enzymes such as bromelain and papain. The reason that most physicians prefer more specific enzymes is because biochemistry and clinical studies have proven the potency and value of specific pancreatic enzymes such as trypsin and chymotrypsin. For example trypsin is part of the make up of pancreatin, but produces a far superior capability of protein digestion than pancreatin by itself. And chymotrypsin (a-chymotrypsin) is far superior to trypsin in its protein digesting capability primarily because its structured in a manner that inhibits self digestion. The value of chymotrypsin in cancer therapy was documented by researcher Dr. John Beard in the first quarter of the twentieth century. It has been shown that chymotrypsin is an extremely potent enzyme even in extremely low doses. Many therapeutic formulas containing chymotrypsin utilize less than 1/2 mg of chymotrypsin. You can find out more about research done by Dr. Beard by contacting the Cancer Control Society at the phone number previously mentioned. There are also many physicians who insist on vegetable based enzymes only, and have gotten success. Most of the time the enzyme bromelain and/or papain is used in high quantities to achieve this goal. However, most physicians realize that since your pancreas produces pancreatic enzymes, it is best to supplement with pancreatic enzymes because as previously mentioned, there are countless bodily functions influenced by enzymes. The best of both worlds is available and has been for some time. Two enzyme combinations produced in Germany by the Mucos Corporation in the 1960's called Wobenzym and Wobe-Mugos were the mainstay for physicians practicing alternative cancer therapies for decades. These enzymes combined both pancreatic and vegetable- based enzymes. Some physicians used both of them, but eventually most physicians began to only use the Wobenzym because it was the more potent of the two. The Mucos corporation used a technology that was not being used by other enzyme manufacturers. When they put the enteric coating on their enzyme tablets, they used an alkaline (pH) sensitive coating, whereas others around the world were using a simple protein coating. The alkaline (pH) sensitive coating virtually guaranteed that the enzyme tablet was delivered to the duodenum for maximum absorption. The protein coating was a little less reliable. First, the protein coating might be digested in the stomach, thereby subjecting some of or all of the enzymes in the tablet to destruction by stomach acid. There was also the possibility that the protein coating may survive the duodenum that would cause the tablet to pass through the system completely undigested. Although the technology used by Mucos in the 1960's is now available to everyone, many still use a protein based enteric coating on their enzymes if they use one at all! Since protecting a pancreatic enzyme from the ravages of stomach acid is crucial, one should never purchase a pancreatic enzyme tablet unless it declares that it is enteric-coated. Nor should anyone ever purchase a pancreatic enzyme in a gelatin capsule. With newer technology available to everyone in the industry, ideally no one should purchase a pancreatic enzyme tablet unless it declares that the tablet is coated with an alkaline sensitive enteric coating or pH sensitive enteric coating.

Forty years ago the Mucos corporation was the only one producing a quality enzyme tablet with an advanced protective enteric coating that contained both plant and pancreatic enzymes. At that time the Mucos produced enzymes were in nearly every complimentary physicians protocol when dealing with situations that called for the use of proteolytic enzymes. However, much has changed in 40 years. No longer does the Mucos corporation have privileged knowledge in the manufacturing process of enzymes. There are a number of physicians who continue using the Wobenzym and Wobe-Mugos enzymes produced by Mucos because of their long-standing and continued good reputation which still exists and is well deserved. However, more and more physicians are using enzymes that are produced in the United States using the same technologies with much greater potencies at lower prices. They are less expensive because they are manufactured domestically, there are no international transportation costs or duties paid, and in the American tradition they are being manufactured with the concept that they must be competitive in both price and quality. The Mucos Corporation maintains higher prices based on their history and good reputation, much like the pharmaceutical industry's prices on name brand drugs verses a generic of equal quality.

There are only a few companies producing a pancreatic and plant based enzyme tablet. There are even fewer producing them in a high potency, and fewer still that are producing them with the proper coating to insure protection from stomach acid and delivery to the duodenum for efficient absorption. The most potent and popular pancreatic and plant based enzymes produced in the USA with the proper pH (alkaline)

sensitive coating are Megazyme and Megazyme Forte produced by Rocky Fork Formulas, Inc. There are other enzymes produced with similar names that are NOT the same. Make certain that the product is from Rocky Fork Formulas, Inc. if you want to guarantee quality. If you prefer the German produced enzymes, make sure that they are produced by Mucos.

The Megazyme and Megazyme Forte enzyme formulas are high potency pancreatic enzyme and plant enzyme mixtures. The two formulas are the same with one exception. In addition to the other enzymes and enzyme activators such as zinc and thymus, the Megazyme contains 3 mg of Chymotrypsin and Megazyme Forte contains 45 mg of chymotrypsin. In comparison, Wobenzym (Mucos Corporation) contains 1 mg of chymotrypsin. The Megazyme and Megazyme Forte contain the same enzymes as Wobenzym, but in MUCH higher potencies. Some potencies are triple the Wobenzym formula and some are more than triple, but no ingredient is less than double that of the Wobenzym formula and is sold at nearly 1/2 the price ! If you still prefer the Mucos produced enzymes, there are distributors in the U.S. that can be easily found on the internet. Prices will vary on the Mucos product, so you should do extensive price comparisons.

It is worth noting that there is a small debate among complimentary physicians as far as the best time to take enzymes. Some argue that since enzymes are found in vegetables and therefore already contained in the food, that supplemental enzymes should be taken with meals. The logic used is that in order to help break down food for more efficient digestion and assimilation of the nutrients in the food, enzymes taken with meals would be helpful to this end. There is some merit to aiding digestion for greater assimilation of nutrients. But most physicians agree that this is NOT a good use of pancreatic enzymes. First, if the enzyme is produced properly, it will be enteric-coated and therefore be of no assistance in digesting food in the first phase of digestion in the stomach since the enteric coating will allow the tablet to travel to the duodenum unchanged. Normally, once the food has gone through the first phase of digestion in the stomach, it travels to the duodenum for the second phase of digestion and assimilation of nutrients. In the duodenum, the pancreas dumps pancreatic enzymes to further breakdown the ingested food so that the nutrients in the digested food can more efficiently be absorbed. When enzymes are taken with the meals the enzyme tablet travels to the duodenum with the partially digested food. But instead of all of the ingested enzyme tablet being absorbed into the system to do its work, much of it is utilized in breaking down food in the duodenum. If one is following the prescribed nutritional diet, the foods that they are consuming will contain their own enzymes (many plant enzymes are not typically destroyed by stomach acid). If the tablet is taken on an empty stomach (absolutely no food for a minimum of 1 hour before or after enzyme supplementation, and preferably 2 hours), then there is no food available to interfere with enzyme assimilation. Based on research, nearly all physicians practicing a nutritional approach to cancer agree that the pancreatic production of enzymes is more than likely deficient. It is agreed by most of them that pancreatic enzyme deficiency is one of the major contributing factors leading to their patients condition. If one feels that they need an additional digestive enzyme to aid digestion, the enzyme bromelain is an excellent choice. It is usually taken with or immediately following meals. It is not destroyed by stomach acid and is a powerful digestive aid in addition to being considered one of the most helpful plant based enzymes used by physicians as part of their enzyme protocols. The usual dosage is 200 mg or more with meals. Some bromelain tablets also contain papain that is also not destroyed by stomach acid. Papain is a good proteolytic enzyme that compliments the bromelain nicely.

Usually when additional digestive aid is needed, physicians use a two-phase digestive aid. This is by far the most efficient way to aid digestion since a two-phase digestive aid is designed in such a manner that some of the tablet is utilized in the stomach and the rest is utilized in the duodenum where nutrients are absorbed. Found in the first phase of the tablet are digestive plant enzymes not effected by the hydrochloric acid found in the stomach (and usually additional supplemental hydrochloric acid as well). The second phase contains pancreatic and other plant-based enzymes that have been enterically coated within the tablet to travel to the duodenum and further break down food and further aid digestion and assimilation of nutrients. It has been found that most individuals that need a digestive aid, need hydrochloric acid supplementation. However, there are a few who only need enzyme supplementation in both phases. There are products produced for both situations. They are Hypo Gestaid which contains hydrochloric acid and Mega Gestaid which only contains enzymes in both stages of tablet disintegration. They are also produced by Rocky Fork Formulas, Inc. They are usually used as follows:

1 or 2 tablets with or immediately following meals.

If you are not sure which one to use, remember that about 85% or higher need the hydrochloric acid supplementation. When using the Hypo Gestaid for the first time use only one tablet with your meal. Then take 2 tablets with your next meal. If a slight burning sensation occurs when you take 2 tablets, reduce your dosage to 1 tablet. If it occurs with 1 tablet, do not use the Hypo Gestaid anymore and switch to Mega Gestaid. A common antacid will neutralize any burning sensation that you may have.

This rather lengthy explanation of enzymes and their function is necessary when attempting to outline a suggested dosage. Because of the variables previously explained, it has once again become obvious why it is difficult to give a generalized dosage recommendation. However, here is a starting point that may be helpful:

SUGGESTED ENZYME DOSAGES:

Megazyme tablets (Rocky Fork Formulas, Inc.)- 3 tablets 3 times per day ON AN EMPTY STOMACH (2 hours away from food)

Obviously this is a very general protocol. Some physicians would replace the Megazyme with Megazyme Forte with the same dosage, and some would replace the Megazyme with Megazyme Forte with a slightly increased dosage and some with a greatly increased dosage. Some might just give more of the Megazyme. All of this depending on the general health and condition of the individual being treated by the physician. Some physicians (like Dr. Kelley) use an extremely high dosage of enzymes at first. Sometimes as much as 40-60 tablets per day. This may sound extreme, but some feel that it is necessary depending on the individual's condition. It is at least a testimony to the safety of pancreatic and proteolytic enzymes.

Because of the importance of amygdalin and enzymes and because of the lack of general understanding and misconceptions of amygdalin (laetrile), there has been an unusual amount of space describing the use of amygdalin and enzymes. There are a number of nutrients utilized by physicians who take a natural complimentary approach. Here is a list of the basics and their recommended dosages. Again, this is just an outline of basic recommendations. Some physicians protocols may vary and some may vary depending on individual needs.

The following recommendations are based on a protocol used by Philip E. Binzel, MD of Washington C.H., Ohio . Much of his protocol is based on consultations with Ernest T. Krebs Jr., the son of the pioneer who is best known for his research on amygdalin (laetrile) with cancer patients. The name brand that Dr. Binzel recommends is in parenthesis. Dr. Binzel Typically uses the Rocky Fork Formulas, Inc. brand of nutrients which are all natural. When the time of day is not specified, the supplements can be taken anytime including at meals. It would more than like be much easier to take them all at meal time. It is especially advantageous if there are digestive aids that are taken with meals because they could also be a help in aiding the assimilation of the nutrients taken as well as food consumed. Enzymes are unique because they do not have a need to be broken down further for assimilation. Dr. Binzel's basic routine is laid out in his book Alive and Well which documents his nearly 3 decades of experience and success with treating and consulting with cancer patients. His book may also be purchased from The Cancer Control Society previously mentioned. Here is Dr. Binzel's basic routine:

Vitamin B-15

This is typically used because of its oxygen carrying capability. Since cancer cells do not use oxygen and research indicates that oxygen can actually do damage to cancer cells, B-15 is a common part of most physician's protocol when working with cancer patients. There are also other obvious advantages to increasing oxygen levels to normal tissue. Vitamin B-15 has also been shown to have a significant positive effect on the liver and kidneys.

The usual recommendation is: 1 capsule 3 times per day, after meals.

Natural multiple vitamin/mineral supplement (Vita-Forte) 1 tablet 2 times per day

Natural Vitamin E: 1 capsule 2 times per day. (Recently modified to 1 capsule daily when there are active tumors)

Vitamin C: Start with 1 tablet 2 times per day, increasing the dosage by 1 tablet every 3 days until 6 tablets daily are taken. Some may not be able to take this much vitamin C because of diarrhea. If this is the case, the dosage is increased until diarrhea occurs. Then the dosage is reduced to the level just before diarrhea occurred.

EMULSIFIED Vitamin A / Beta Carotene- Sometimes Emulsified Vitamin A is recommended and sometimes Beta Carotene is recommended, but usually not both at the same time. When Beta Carotene is recommended, the suggested dosage is 1 capsule 3 times per day, after meals. (30,000 I.U.)

When Emulsified Vitamin A is recommended, it is recommended that 125,000 I.U. per day be taken. However, the word EMULSIFIED must once again be emphasized. Emulsified vitamin A (also sometimes known as micellized vitamin A) has been processed so that the vitamin A does not build up and store in the liver. Too much of any of the oil soluble vitamin (K, A, D, & E) can lead to liver congestion and toxicity. This is obviously not desirable and may be detrimental to therapy.

ADDITIONAL SUPPLEMENTATION: The above is the general protocol that Dr. Binzel uses with his patients. There are other physicians that use highly specific protocols that include much more extensive supplementation as well as a combination of other alternative approaches. Additional anti oxidants and supplements such as grape seed extract, green tea, Immuni-T, IP-6, MGN-3, Colloidal trace minerals etc., to name just a few may be incorporated in any combination with other dietary supplements. It usually depends on a physicians experience and knowledge with certain dietary supplements and their experienced effect on a given condition that determines what will be used in a given protocol for an individual.

ADDITIONAL RESOURCES: There is currently instrumentation available that is being used by more and more nutritional minded physicians that can pinpoint the specific health needs and supplementation for individual patients. This instrumentation is referred to by a several names such as: electro-acupuncture, trans-dermal screening, trans-cutaneous screening, and electro-dermal screening. These terms all mean the same thing. It involves using a probe on the skin. No needles are used at all and the process is completely painless. The benefits of such testing are unparalleled. There simply is no possible way to determine the specific nutritional needs of an individual utilizing any other means including blood testing. There are very few Medical Doctors (MD) or Osteopaths (DO) using this equipment. You will find more with the title D.O. after his name using them then you will with M.D. after his name, but you are most likely to find them being used by Chiropractors (D.C.). You will also find them being used by a large number of Naturopaths (ND) and Homeopaths. If you can find a Chiropractor that utilizes nutrition in his practice (and there are many), then there is a good chance he will know a fellow Chiropractor or even just another health care practitioner that practices complimentary medicine that uses such a technique. It is not uncommon or unusual for someone to consult with a nutritional or complimentary minded medical doctor about a nutritional approach to their health and consult with another type of physician at the same time. Sometimes a physician may be very knowledgeable about a given therapy, but still not have information or even know about something like electronic acupuncture. The use of this instrumentation can save the individual a lot of time and money. It accurately tells the physician which nutrient, supplement, enzyme, homeopathic, drug, etc. that a specific individual needs. It eliminates the guesswork as far as which supplement an individual should have. Since all human beings are unique, their health needs are quite often also unique. Therefore what is helpful to one person with a given condition, may not necessarily be helpful to another with the exact same condition since a different deficiency may have led each of those individuals to the same condition.

PHYSICIAN REFERRALS: If you know of no physicians in your area that practice complimentary, nutritional, or alternative therapies, you should contact The American College for the Advancement in Medicine (ACAM). Their web address is www.acam.org. There is a section for physician referrals on their web site. You can even search for a physician by city or state. When you go to this web site to search for a physician, simply click on the "doctor search" icon. It will take you to a screen where you can search by name, city, or state. If you want to search for physicians in the entire state, simply leave the name and city blank, type in the state and click on go. You can narrow the search down to a specific town or city as well by just leaving the name blank and filling in the city and state. When the referrals come up, note the

code at the bottom of the page. There are approximately 75 different types of medical specialties listed (such as nutrition, family practice, diabetes, degenerative diseases, homeopathy, naturopathy, etc.). Each specialty is assigned a two-letter code. On every specific physician referral, the types of medical specialties that they practice are listed by the double letter code names. This will help you locate a physician for your specific need. For instance, if you were a cancer patient looking for a nutritional approach to cancer you would look for a physician that practices nutrition (coded by NT), or perhaps one that specializes in degenerative diseases (coded DD). Another specialty that is affiliated would be metabolic medicine (coded by MM) since physicians practicing metabolic therapy use nutrition, diet and life style changes like the physicians that use nutritional therapy. Metabolic therapy might be described more accurately as a nutritional approach to degenerative disease. Another one that would be worth looking into would be a physician that practices preventive medicine (PM). All of these that I have mentioned are connected. Usually when a physician is listed as practicing Nutrition (NT), Degenerative Diseases (DD), Metabolic Medicine (MM), or Preventive Medicine, they are all practicing these four specific mentioned fields because they are intimately connected to each other.

It cannot be emphasized enough that it is absolutely essential that you not treat yourself for any life threatening or debilitating disease. You should seek out licensed and trained physicians. Your experience with physicians may have been very bad in the past, but you should realize that the physicians practicing nutritional, complimentary or alternative therapies have sacrificed much to work as a healer in a profession that considers them outcasts and "quacks". They have sacrificed profits and acceptance in their profession to pursue a course that they know is right and in the best interest of their patients. They are not your typical cold and uncaring doctor. They are compassionate and dedicated to healing. They have your best interest at heart, so you should not view them as being in the same category as others in the medical profession. Don't let your past experiences with physicians discourage you from contacting someone who can be of immeasurable assistance to you.

If you have any questions please contact us

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