Amazing Results of Clinical Trial of Natural Herbal Compound

(Mt. Miriam Hospital, Panang, Malaysia) - A human study of a natural herbal compound which containing 50mg of Graviola (annonaceous acetogenin), 30mg of Maitake (beta glucan), 20mg of Maytenus illicifolia (maytansine), 50mg of Cats Claw, 50mg of Suma (pfaffosides), 15mg of Bitter melon (guanylate cyclase and cucurbitacin B*)* and 20mg of Mutamba (procyanidin b-2) plus a proprietary formula from **GenEpic** was conducted on various types of humans breast carcinomas, stage 1 through stage 4. The trial was conducted by Dr. Amir Farid Datuk Isahak MD and Dr. Lee Chui Ai PhD at **Mt. Miriam Hospital, in Panang, Malaysia.**

Our study spanned six months and involved 210 tests subjects. Due to the time frame involved in the study and the limited number of tests subjects the only requirement of each test subject was a positive mammogram along with an MRI showing a malignant carcinoma in the breast tissue. Our next dilemma was to produce a comparative method to describe what we were seeing. Due to the fact that we were viewing various carcinomas we decided that a total measurement of each subjects tumor thickness, length, and width would be taken and recorded in millimeters, then multiplied by the number of subjects in our study. This number would represent the group as a whole and give us an average size of the whole group.

Each test subject followed the protocol with monthly interviews and a follow-up MRI after three months with a final after the sixth month. The protocol was three doses of the compound on an empty stomach at 7:00am, 3 doses at 1:00pm, and 3 at 8:00pm

The following results were seen…

1st month

85% of the tests subjects reported a severe reaction to the treatment starting on or about the 5th day. Symptoms included 100% severe fatigue, 22% nausea, 65% headache, 15% skin rash, 10% stiff joints, and 18% bloating and swelling in extremities, 8% diarrhea and 2% stomach cramps. By day 12 over 80% of the symptoms had disappeared while most of the subjects still reported fatigue. It should be noted that many of the patients had reported to their regular physician who subsequently experienced an extreme increase in blood chemical cancer markers

during the first few weeks on the protocol. We can only assume this to be a response to the treatment.

2nd month

5% of the subjects are still experiencing mild fatigue while 65% have expressed an increase in energy levels. Only 30% remained unchanged. It should be noted that we found during this interview that almost 10% had not followed the protocol on a regular basis. Of these 22 subjects 18 fell into the unchanged category while 4 are still experiencing mild fatigue.

3rd month

After reviewing the MRI results from the test subjects we notices a 12% drop in average tumor size. Over 40% of the subjects experienced a 20% reduction or more, while 38% experienced a less than 10% reduction. 7% experienced an average of 3% increase in tumor size while 12% of the group was unchanged.

4th month

During month four, 22% of the subjects called in with a reoccurrence of symptoms as expressed in month one. However the severity was drastically reduced to simple headaches, fatigue, and mild diarrhea. 42% of the subjects expressed an increase in energy while the remainder had no particular change in feeling.

5th month

During this month 47 of the tests subjects phoned in that a recent mammogram could detect no trace of cancer. We asked each one to continue on the program until we could confirm our results with an MRI. After the monthly interviews we discovered that 87% had no traceable symptoms of the protocol while 9% were still experiencing headaches. 3% of these subjects have been expressing this since the beginning and on previous health reports before the protocol began complained of migraine like symptoms.

6th month

MRI results were conclusive that 178 of the 210 subjects involved have no traceable sign of cancer. 24 of the remaining 32 have experienced a 50% drop in tumor size. Of the remaining eight subjects 3 have experienced a 30% decrease in tumor size while 5 have experienced a combined average increase of 4% in tumor size. All five of these subjects after a consultation have opted to have a complete or partial mastectomy and therefore will not qualify to continue on the protocol. The 35 remaining subject have agreed to continue with the protocol and a follow-up visit will occur monthly.

After 12 months of treatment the remaining 35 patient were retested and test results were again conclusive there were no traceable signs of cancer**. The (GenEpic) treatment protocol achieved an overall effective rate of remission of 97.7%.**

In summary, we feel as if these results warrant a review from the directors of this clinic to not only incorporate this protocol in the standard treatment of breast cancer but also ask that funding be provided to incorporate this program along with clinical protocols into other forms of cancer, such as lung, colon, liver, cervical, uterine, prostate, brain, kidney, pancreatic, esophageal and melanoma.

EDITOR'S Note:

Optimal Health Research, a U.S. Company, has begun an FDA approved Institutional Review Board (IRB00008666) to conduct a Controlled Clinical Trial to further determine the potential benefit of this compound (GenEpic™). GenEpic™ has augmented the original formula by including additional vitamins, herbs, and minerals to boost the immune system during the protocol. GenEpic™ is available to Health Care Professionals throughout the World that would like to include patients in this IRB.

For additional information and for a domestic (USA) contact regarding participating in a case study protocol, please contact Dr. Steven Osguthorpe, ND at 801-264-8561, or www.ohresearch.com

Mt. Miriam Hospital, Panang, Malaysia

Clinical abstract of a multi herbal compound from GenEpic

A herbal compound consisting of 50mg of Graviola (annonaceous acetogenin), 30mg of Maitake (beta glucan), 20mg of Maytenus illicifolia (maytansine), 50mg of Cats Claw, 50mg of Suma (pfaffosides), 15mg of Bitter melon (guanylate cyclase and cucurbitacin B*)* and 20mg of Mutamba (procyanidin b-2) were tested for their ability to inhibit the growth of adriamycin-resistant human mammary adenocarcinoma (MCF-7/Adr) cells. These particular cells are resistant to treatment with adriamycin, vincristine, and vinblastine and is, thus, multidrug-resistant (MDR). The NNI compound was most potent with as much as 250 times the potency of adriamycin, a commonly used chemotherapy drug. A dosage of times the written dose seems to be optimum with single doses less active. Several single compounds in this formula have been proven quite potent, with a particular acetogenin known as gigantetrocin A being the most potent compound tested. The acetogenins may, thus, have chemotherapeutic potential, especially with regard to MDR tumors.

Dr. Amir Farid Datuk Isahak MD Dr. Lee Chui Ai PhD