A Promising New Cancer Therapy That's Under Attack

In 2008-2009, four human studies appeared claiming fantastic results for a groundbreaking new cancer treatment. The studies were conducted Dr. Nabuto Yamamoto, who at the time was a Professor of Biochemistry at Temple University Medical School in Philadelphia. He was assisted by a team of other researchers.

If the results hold up, the new treatment – a natural enzyme found in a healthy human body — could be one of the most exciting new cancer developments ever seen.

In the first study, Dr. Yamamoto supplied the enzyme to doctors treating HIV patients — *resulting in complete eradication of the infection*. After seven years follow-up, their blood counts remained normal.

In another study, the Yamamoto team treated 16 nonanemic metastatic breast cancer patients with a single injection of 100 nanograms of GcMAF per week for 22 weeks. The treatment resulted in tumor eradication. Patients were well after four years follow-up.

In the third study, all 16 nonanemic metastatic prostate patients were tumor-free after 24 weeks and remained so at seven years follow-up.

In the fourth study, all eight nonanemic metastatic colorectal patients were cancer-free after 48 weeks and remained so at seven years follow-up as confirmed by CT scans.

In short – and astonishing as it sounds -- Professor Yamamoto achieved a 100% remission rate in metastatic cancer patients.

The discovery didn’t happen overnight. It was the product of years of research at a respected mainstream medical institution.

The pioneering work of Dr Yamamoto

The foundations of GcMAF began in 1979 when Dr. Yamamoto started basic research in molecular biology and immunology. Each insight obtained in one study became the driving force for the design of the next.

These building blocks of knowledge grew until they formed a huge infrastructure that became his basis for a new theory about how cancer occurs and how it could be treated.

The first publication in a peer-reviewed journal on GcMAF appeared in 1994. Dr. Yamamoto and colleagues at Temple University demonstrated that GcMAF activated macrophages. These are vital immune cells that kill pathogens and cancer cells and switch on other aspects of the immune system.

A year later he showed that a defect in the production of GcMAF inside the body contributes to a poorer immune response in AIDS patients. In 1996 he demonstrated that this was also the case in cancer patients.

What is GcMAF and how does it work?

Professor Yamamoto discovered that cancer cells and some viruses, but not normal cells, secrete an enzyme called alpha-N-acetyl-galactosaminidase (Nagalase).

This enzyme is able to block the production of a protein that activates macrophages to attack the cancer cells. He named this Gc-protein-derived Macrophage Activating Factor — GcMAF for short.

Certain immune cells - T and B lymphocytes - make GcMAF from its precursor, vitamin D-binding protein (Gc protein). This protein has three sugars attached to the 420th

amino acid along its 458 amino acid chain. The removal of two of these sugars by enzymes produced by the lymphocytes turns Gc protein into GcMAF.

The enzyme released by cancer cells and some viruses, nagalase, removes all the sugars from Gc protein, thereby preventing its conversion to GcMAF -- and rendering the patient's immune system deficient. The sugar-removing process is called deglycosylation.

Cancer's ability to block macrophages by nagalase can be bypassed by injecting GcMAF. The treatment restores normal immunity and the body is then able to attack tumor cells.

Professor Yamamoto demonstrated that when macrophages are activated by GcMAF their activity increases by 30-fold. There is also a 15-fold rise in superoxide ions. These also attack pathogens and cancer cells.

The remarkable results he obtained in human studies were owing to the fact that he was very careful about which patients to include.

GcMAF is least likely to work in patients who have a large tumor burden and in those whose tumors are well differentiated (i.e. look similar to normal cells). It works best in those with a low tumor load and in poorly differentiated (highly abnormal) cells.

GcMAF can be stopped from working by opiates, patients lacking sufficient red blood cells, or those with low white blood cell counts.

Dr. Yamamoto's subjects had undergone conventional therapies to reduce the tumor burden to a very low level. They were also at an early stage of metastasis and had no conditions that could block the protein.

Other anticancer effects of GcMAF

Until 2002 it was believed GcMAF activated only macrophages. Then Professor Yamamoto, together with researchers from Japan, discovered that "GcMAF has direct anti-angiogenic effects on endothelial cells." (Angiogenesis is the process whereby cancer tumors form their own network of blood vessels.)

This finding was confirmed the following year by the highly distinguished doctor Judah Folkman and others at Children's Hospital in Boston.

For one factor to both activate the immune system and anti-angiogenesis is remarkable, but the good news doesn't stop there.

In 2010, researchers from the University of Kentucky showed for the first time that GcMAF directly inhibits the migration, proliferation and metastatic potential of human prostate cancer cells. This happened independently of macrophage activation.

And in 2012 the Kentucky discovery was confirmed in breast cancer cells, thanks to the efforts of Marco Ruggiero, a professor of molecular biology, working with a team at the University of Florence, Italy.

But what was more extraordinary, the Italian researchers demonstrated a reversal of breast cancer cells to their neoplastic phenotype. In other words, GcMAF reverted cancer cells back to normal cells.

They also published a study in 2011 demonstrating that GcMAF can counter the potentially carcinogenic effects of cadmium in human breast cancer cells.

GcMAF takes a leap forward

Professor Ruggiero and his wife Dr. Pacini realized that the enzymes that act on Gc protein to turn it into GcMAF also occur during the fermentation of milk.

They therefore set about creating a super-yogurt called MAF314. This contains over 30 microorganisms and strains of bacteria in highly defined proportions to create a potent immune-enhancing food product that, they say, can also restore a healthy human microbiome (the 3½ pounds of “friendly” bacteria that reside in the gut).

Professor Ruggiero then experienced a eureka moment. He realized that GcMAF needs to combine with oleic acid to function. He said, "This neglected association between oleic acid and GcMAF was the missing link that more than a thousand researchers including Dr. Yamamoto and myself had been seeking for the past 20 years."

Prof. Ruggiero and Dr. Pacini then went on to combine GcMAF with oleic acid to create GOleic.

Unlike GcMAF, which has to be injected, or MAF314, which can be either eaten or administered into the colon, GOleic, in addition to these methods of administration, can be taken as sublingual drops, a spray, suppositories or even as an ointment.

Prof. Ruggiero claims to have demonstrated that GOleic is far more potent than GcMAF and has effects at a molecular level that cannot be reproduced with the protein alone.

Professor Ruggiero leaves Italy

Like Dr. Yamamoto, Prof. Ruggiero had also researched HIV. He rejects the accepted theory and co-authored a paper in 2009 on an alternative approach. This was met with both great approval and denigration (the paper was later permanently withdrawn).

Not going along with the medical establishment has its price. After continued attacks on his integrity, defamatory statements made about him, and a raid on his home, Prof. Ruggiero and his wife left Italy for Switzerland. Here they met David Noakes.

Computer consultant, anti-European Union campaigner and entrepreneur, Mr. Noakes manufactured GcMAF and GOleic and made them commercially available. The therapy was offered in Swiss and German clinics. International conferences on GcMAF took place. Research facilities and funding for Professor Ruggiero were provided.

The Swiss Protocol

Prof. Ruggiero developed a more comprehensive approach to treating cancer, which is called the Swiss Protocol. It involves. . .

- A high protein, low carbohydrate diet (can be as low as 2% depending on the type of tumor). As readers of this newsletter know, I strongly advocate a low-carbohydrate diet for all, and *especially* for cancer patients.
- High absorption and rapidly utilized amino acids in the form of Master Amino Acid Pattern (MAP) proteins
- MAF314 taken either by mouth or into the colon depending on the type of cancer
- GOleic. The practitioner may inject this substance at the site of the tumor or administer it in other ways.
- Vitamin D. Up to 20,000 IU a day may be recommended. Note that this is far more than even alternative doctors recommend, and is in line with what I’ve suggested previously in this newsletter. Blood tests are the only way to determine how much vitamin D a patient needs, and the amount is nearly always far more than the four or five thousand daily IUs that even “aggressive” alternative doctors recommend.

- Water. Two liters a day may be suggested.
- Low dose acetylsalicylic acid may be prescribed

Examples of the Ruggiero team's work in patients using the new protocol were presented at the 9th International Conference of Anticancer Research in Greece in October, 2014.

In the first case study, the total elimination of an important oncogene (HER-2) in a breast cancer patient was described for the first time.

Two other successful cases were presented involving patients with metastatic pancreatic cancer. Pancreatic cancer is generally considered a death sentence by conventional oncologists.

In a third instance, revealed for the first time was a successful method for treating incurable brain tumors using transcranial ultrasonography to allow permeability of the blood brain barrier and targeted delivery of GOleic.

Used widely around the world

During the last 25 years a large number of scientists in eight countries have published research on GcMAF, and thanks to David Noakes it has now been supplied to 350 doctors in 30 nations. Professor Ruggiero estimates that over 200 doctors worldwide are following his protocols.

Unfortunately, Mr. Noakes let his enthusiasm run away with him and made some outrageous public statements such as:

"We always cure prostate cancer, it's a piece of cake....We always cure lung and breast cancer which are very easy."

We can't be sure, but Mr. Noakes's over-the-top remarks may have led to a regulatory crackdown that started a few months later. . .

Government tries to put a stop to GcMAF treatment

In February, 2015, ten investigators burst into Immuno Biotech's lab unannounced, and terrified two female scientists before removing 10,000 vials of GcMAF, a chemical that occurs naturally in milk and blood. Immuno Biotech is apparently owned or controlled by Mr. Noakes.

Surprisingly, this didn't take place in the USA - where such raids on doctors and promoters of nontoxic therapies for cancer are almost expected - but in a quiet village in rural England.

The Medicine and Healthcare Products Regulatory Agency (MHRA) - the UK equivalent of the FDA - claimed the product "may pose a significant risk to people's health."

Mr. Noakes didn't pull any punches: "The MHRA does not want to see this product on the market because its job is to maintain the monopoly and stick up for vested interests in the pharmaceutical industry."

Besides the regulatory crackdown, a BBC television news magazine show lambasted him and GcMAF.

There's more: Other scientists have attacked both the Yamamoto and Ruggiero research and claim to have identified irregularities in the way some of the studies were conducted, reviewed and published. At least one Yamamoto study, published in the ***International Journal of Cancer***, has been retracted by the publication's editor.

I am not in a position to evaluate the merits of the professional attacks; I do believe more corroboration is needed to confirm the claims that have been made, before we can be sure GcMAF is all that Drs. Yamamoto and Ruggiero have said.

As often is the case with alternative treatments, GcMAF is harmless and can be used in conjunction with chemotherapy AND with other alternative therapies. In fact, as noted above, Dr. Yamamoto seems to *require* that patients reduce the size of their tumors by conventional means before he considers them candidates for GcMAG.

You can get it if you really want. . .

Regardless of Mr. Noakes's unwise remarks, there is no doubt that this is a promising new treatment. Just bear in mind that it's been used in human patients only since 2008 and there isn't much clinical evidence to support it.

The IAT Clinic in the Bahamas is impressed enough to include GcMAF as part of its cancer protocols, as does the Rosenberg Integrative Cancer Treatment and Research Institute in Florida. Other clinics in Nevada, Arizona, and California also prescribe it, as well as health centers in Japan.

Andrew Scholberg, the author of our book America's Best Cancer Doctors, plans an investigative trip to the IAT Clinic in the next few months, and hopefully he'll learn good things about GcMAF and other treatments as well.

As I write this, I don't know whether David Noakes has found new production facilities outside the UK, where the treatment is now against the law. The original European clinics appear to have closed, but there are now two in the Netherlands; their exact location is not disclosed.

Let's hope this exciting treatment turns out to be everything its adherents claim, and that the regulators don't succeed in quashing it as they have so many therapies in the past.

Meanwhile there's another exciting cancer therapy you can buy at any health food store. It was in the last issue. If you missed it, you can read it now just below this. **SOURCE: Cancer Defeated – August 2, 2015**

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