

A Proven Cure For HIV Infection And Cancer Ignored By Mainstream Medicine And News Media

By Bill Sardi © 2008

So far, you can cure cancer and HIV infection, and no one in the established news media or scientific world cares to herald these discoveries.

Months after this reporter was alerted to the fact that cancer had been unequivocally cured in 100% of cancer patients with long-term survival by immunotherapy, as evidenced by three long-term human trials, and issued a report on this discovery, only one oncologist from Bombay, India, had inquired about it. Apparently cancer doctors have little or no interest in bona fide cures for cancer.

And now, a published report in the Medical Journal of Virology, that HIV infection can also be vanquished completely, gains no attention. No evidence of the virus remains 7 years after treatment.

Both discoveries were made by the same researcher and published in peer-reviewed journals, signaling a renaissance for immune-system enhancing therapies that were abandoned decades ago.

This is the unfolding story surrounding the astounding scientific studies of Nobuto Yamamoto of the Socrates Institute for Therapeutic Immunology in Philadelphia.

Don't get the misimpression that Dr. Yamamoto is treating patients in the U.S. All of the research has been conducted in Japan. Even then, there are no trials for cancer or HIV patients to enroll in anywhere. And there is no GcMAF available either. Desperate calls to Dr. Yamamoto, who occasionally answers the telephone in Philadelphia, only lead to dashed hopes for cancer patients.

As a background, in 2008 Dr. Yamamoto published three reports showing activation of the immune system can completely cure human cancer of the prostate, colon and breast and has a pending report on lung cancer with the same results. [Translational Oncology 2008 Jul; 1(2):65-72; Cancer Immunology Immunotherapy 2008 Jul; 57(7):1007-16; International Journal Cancer. 2008 Jan 15; 122(2):461-7] These four anatomical locations represent 70-90% of all cancers.

Dr. Yamamoto notes that in HIV infection, the white blood cells known as macrophages that normally respond to viral infection by literally digesting viruses, are inactivated. But the provision of a natural macrophage activating

factor that the human body normally produces, called GcMAF, is not secreted during HIV infection. GcMAF can be produced and injected to reactivate these germ-fighting cells and completely quell the infection over a relatively short period of time. It is the lack of macrophage activation that produces the immuno-suppression seen in HIV infection and AIDS.

Just 100 nanograms (a nanogram is 1/1 millionth of a gram) injected into an infected HIV or cancer patient is able to increase the ability of macrophages to ingest cancer or viral cells by 30-fold. GcMAF was injected weekly in 15 non-anemic HIV-infected patients for 18 weeks. The effect was complete eradication of the virus in all 15 subjects. It is not known whether GcMAF injections would be effective in the vast majority of HIV-infected patients who are anemic. (Anemia is a common manifestation of HIV infection, occurring in approximately 30% of patients with no-symptoms and as many as 75–80% of patients with full-blown AIDS.) [Medical Virology 2009 Jan; 81(1):16-26]

This is not the first reported trial of GcMAF for HIV/AIDS. In 1995 Dr. Yamamoto enzymatically converted Gc protein using beta-galactosidase and sialidase, to produce GcMAF. Then a minute amount of GcMAF was added to lab dishes loaded with two types of white blood cells, monocytes and macrophages which were obtained from HIV-infected patients. All of the monocytes and macrophages were converted from inactive to active forms. [AIDS Res Hum Retroviruses. 1995 Nov; 11(11):1373-8] Obviously, the past 7 years or so Dr. Yamamoto had been evaluating GcMAF in active cases of HIV and waiting for long-term results.

That the human immune system can overwhelm HIV and produce complete eradication of the virus certainly could not be completely overlooked by authorities in cancer or immune disorders. Other noted researchers must know of this, yet remain silent.

Anthony Fauci, head of the Institute of Allergy and Infectious Diseases at the U.S. National Institutes of Health, says unlike other viral illnesses, such as small pox, measles and polio, the human immune system seems unable to overpower HIV.

"When we figure that out, that's the last of the real major scientific obstacles, then we will be much further towards developing a vaccine. It's that lack of understanding, and it's a very difficult problem, that has really been a major stumbling block on the road to a vaccine," he said. [Voice of America, June 1, 2006]

But you can see the narrow mindset set here, to develop a vaccine. What Dr. Yamamoto has done is inject an agent, Gc protein macrophage activating factor, called GcMAF, that is naturally made in the body to activate white blood cells called macrophages. It is not a patentable technology. So far, Dr. Yamamoto has attempted to patent a domain (small segment) of the Gc protein molecule so it can be patented and profited from in a major way.

But his human studies with GcMAF injections have produced no side effects and have been completely curative, so there is no need for a better molecule to be developed. It appears cancer patients are dying needlessly while the cancer industry figures out how to profiteer off of this discovery.

Researchers at Arizona State University have also attempted to synthetically produce an analogue (look-alike molecule) of GcMAF, but have not responded to this reporter's inquiry on why such a molecule would be needed given that nature already produces a fool-proof cure without side effects. Their paper entitled, "A Designed Glycoprotein Analogue of Gc-MAF Exhibits Native-like Phagocytic Activity," overtly suggests they are attempting to re-design the GcMAF molecule. [Journal American Chemical Society 2006 Jun 7; 128(22):7142-3; Biophysical Chemistry 2008 May; 134(3):157-67] There is no hiding this fact. Obviously, the goal of researchers here is not to develop and deliver an inexpensive cancer cure, but to profiteer.

Dr. Yamamoto is obviously not the only GcMAF researcher here. Other researchers in Japan have produced GcMAF. [Anticancer Research 2005 Nov-Dec; 25(6A):3689-95] Still other researchers in Japan demonstrate that human blood serum from healthy individuals contains 200-600 milligrams of Gc protein (globulin) per liter of serum. [Clinical Chemistry 2006 Jul; 52(7):1247-53] Yet the scientific world remains mum about GcMAF.

What about Dr. Robert Gallo who claims to be the co-discoverer of HIV? Researchers like Dr. Gallo have largely focused on T cells (produced in the thymus gland) since the HIV retrovirus injects itself into T Cells, then uses the T cell as factory to make more HIV's. Dr. Gallo couldn't be oblivious to Dr. Yamamoto's work. In 1984 Dr. Gallo's name appears on a paper concerning a way to activate macrophages. [Cancer Research 44, 4470-4475, October 1, 1984] An e-mail inquiry has been sent to Drs. Fauci and Gallo with no response so far.

In 1991 Dr. Yamamoto was at Temple University in Philadelphia, conducting experiments in the laboratory to show that B-cells (made in the bone marrow) treated with lysophosphatidylcholine become a pro-activating factor that T cells can then convert to GcMAF. He also showed that enzymes can convert Gc protein to produce GcMAF. A minute amount of GcMAF was then injected into mice, boosting activity of macrophages by 3-to-7 fold. [Proceedings National Academy Science October 1, 1991 vol. 88 no. 19 8539-8543] Because activation of macrophages is not enough to prove a cure for cancer or HIV infection, Dr. Yamamoto has painstakingly gone through years of human trials to show this type of immunotherapy can produce long-term survival.

By 1999 Dr. Yamamoto reported that GcMAF was effective in tumor-bearing mice. [Proceedings Society Experimental Biology Medicine 1999 Jan; 220(1):20-6] The science has progressed from theory to lab dish to animals to long-term human trials, with consistent results.

Why aren't Dr. Yamamoto's trials published in more prestigious journals. That is one criticism that is offered. But that is THE puzzling question. Why aren't his studies published in the leading cancer journals? Dr. Yamamoto doesn't want undue pressure applied to the National Cancer Institute. He says he intends to work with a pharmaceutical company to develop GcMAF. But it's been 6 years since he patented GcMAF and its small domain, approximately 1/5 of the Gc peptide also known as domain III. [US Patent 6,410,269, June 2002]

There is growing anguish and frustration from cancer patients who have learned about GcMAF therapy. Many have e-mailed this reporter to simply acquire where they can order some, or if they can get their compounding pharmacist to make some. I have painstakingly had to answer hundreds of e-mail inquiries about this. Many inquirers mistakenly think it is a product this reporter makes. Others demand to know why I haven't done more to get this story plastered on major TV networks. It's an appropriate story for John Stossel of ABC News. This reporter has been reluctant to go to the established news media because they will attempt to contact Dr. Yamamoto who hasn't been readily accessible, and to interview nay-sayers at the National Cancer Institute. But the pimple has to pop some day. You can't hide this story forever.

Every healthy person makes enough to cure loads of cancer patients. It could be experimentally used, if methods to obtain it from healthy blood serum were developed (dismissing Dr. Yamamoto's patent claims for GcMAF, which appear to be specious and unsupportable, though there may be patent validity in the methods of obtaining from serum), and approval by an institutional review board, before doctors can inject it.

There are renegades on the internet who claim they are going to make GcMAF and ship it to patients directly and they can inject it themselves. This is what cancer care has come to, a looming revolt by public who are fed up with the current ineffective toxic therapies and all the profiteering involved off of dying patients. Doctors and pharmaceutical companies are tacitly saying, if we can't make billions of dollars, we aren't going to cooperate.

There are other molecular pathways to activate macrophages in the body with combinations of dietary supplements. If GcMAF doesn't become available soon, alternatives may be the best way to go.

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