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Use of ozonides in the treatment of malignant disease – basic principles and clinical results

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Preface

This publication follows on from the description of current uses of ozonide formulae begun in September 2000 with the article “Parasiten, Anaerobier und Mykosen - neueste Ergebnisse aus der Ozonid-Forschung” [Parasites, anaerobes and mycoses – latest results of ozonide research] (on the internet at - Vorträge {lectures}). Although already at a high level, the efficacy of the formulae has been significantly increased. Completion of research work with extremely favourable results and strengthening of the formulae has led to new applications on malignant disease.

The following report contains all that is known about ozonides and the formulae developed from them, known as Rizol formulae. The content of the formulae has been carefully considered and checked; however its efficacy and safety cannot be guaranteed. The author and those acting on his behalf accept no responsibility for personal injury, damage to property or financial loss.

The aim of this information is to make knowledge and results gained from research and practical experience available to all experts within the medical profession and to allow critical debate.

The author does not recommend or prescribe a particular treatment but refers interested parties to experienced therapists. Although all patients have the right to treat themselves, this is not advisable however in the case of the formulae described. Use by unqualified persons can lead to unwanted harmful effects. These formulae are not harmless remedies. Consequently it is highly recommended that patients consult a therapist whose advice on use, dosage, effects and side effects should be followed. The information sheet does not replace consultation with a health professional. The author accepts no responsibility for the consequences of false diagnoses, test results, advice and treatment given by third or fourth parties.

In Germany the formulae are prescribed, prepared by chemists and available on prescription from chemists.

I Basic principles

The Karl and Veronica Carstens Foundation supported work on the topic

"Investigations into the effect of long-chain ozonides on eukaryotic (human) cells, fungal and tumour cells: biochemical and cytobiological effects" between 1996 and 2000.
The concluding report contains experimental results from several research groups gathered by these groups at various locations (Erlangen, Mainz, Tübingen) during the time they were funded by the Karl and Veronica Carstens Foundation. The results contained in the "yearbooks" have been supplemented. It was particularly important to document case studies from doctors who have already tested Rizol on numerous occasions in their practices.
Our results lead to the conclusion that ozonised oils represent a therapeutic agent which can, through external application to the skin as well, obviously, as internal application, transport responsive oxygen to specific target organs and cells with many beneficial results such as the inhibition or destruction of micro-organisms or damaged cells such as in tumour tissue.
Through these synthetically ozonised oils we believe we can copy a safety principle already at work in nature, namely the complexly structured plant peroxides which protect against invading micro-organisms or parasites. According to clinical results obtained, the active ingredients (ozonides) manufactured from ozone and fatty vegetable oils exhibit precisely this tendency.
The research reports are published in the Foundation's yearbooks nos. 3 and 4:
available through the Karl and Veronica Carstens Stiftung. Am Deimelsberg 36, D-45276 Essen.

Results in keywords:

1. Investigations into the manner in which long-chain ozonides work on fungi

Monika Jakobi & Günther Winkelmann, Microbiology & Molecular Biotechnology
Tübingen University

Fungal cells are eukaryotes, as are human cells. Consequently, both categories possess similar structures and metabolic mechanisms. On contact with the ozonide, all the filamentous fungi and yeasts tested were inhibited, dependent on the concentration used:
Penicillium notatum
Paecilomyces variotii
Aspergillus terreus
Trichoderma pseudokoningii
Neurospora crassa

Yeasts:
Saccharomyces crevisiae
Rhodotorula rubra
Candida albicans
Hansenula anomala

Mitochondria were tested to see whether ozonides impede respiration. Result: ozonides do not impede respiration in fungi. This result also means that the use of ozonides e.g. in treating fungal infections, does not impede the important function of respiration in eukaryotes.
The path taken by the ozonide within the cells was also examined. For this, radioactively marked oleic acid ozonide acted on Neurospora crassa slime, whose cells were broken up with ultrasound after 2.5 hours and fractionated in a centrifuge. The radioactivity of the ozonide was reproduced
82 % in the cytoplasmic reticulum and in the cytoplasm
8 % in the mitochondria
7 % in the cell nuclei and large cell particles
3 % in the cytoplasm membrane

It can be concluded from this that ozonide reaches the fungal cells, even right into the cell nuclei. Experiments carried out by the research group in Erlangen proved that eukaryotes (normal and tumour cells) are destroyed by apoptosis which takes place in the cell nucleus. These results therefore bear each other out.

2. Investigations into the effect of infusions of long-chain ozonides on the oxygen status of malignant tumours

O. Thews, P. Vaupel, Institute for Physiology and Pathophysiology, University of Mainz

Compared with the normal surrounding tissue, many human tumours are poorly supplied with oxygen so that large areas of tissue are starved of oxygen (hypoxia) due to the marked imbalance between O_2 supply and consumption. This tumour hypoxia is an important factor which considerably reduces the efficiency of various therapeutic measures used in treating malignant growths. Moreover, current studies have revealed that oxygen plays an important part in malignancy (e.g. rate of growth) and metastatic potential (e.g. development of local recurrences and distant metastases). It emerged that hypoxic tumours not only grow more aggressively locally but also metastasise more frequently with the result that patients with hypoxic tumours have significantly less likelihood of surviving than those whose tumours have a better oxygen supply.
It is therefore particularly advantageous, from the point of view of therapy, to improve the oxygen supply to malignant tumours both in the short and longer term. Long-chain ozonides with their excellent capacity for binding oxygen and releasing it over a protracted period represent an interesting class of substances which can possibly be used to improve the local oxygen tension in tumours. The investigation currently underway is therefore aimed at first checking whether infusion of an emulsion of long-chain ozonides is tolerable from a biological point of view and whether the O_2 supply to malignant tumours can be improved by the oxygen-storing properties of ozonides.

Results
Tolerance of Rizol in vivo: the dosages of Rizol infusion used were basically well tolerated by animals. No dangerous changes occurred in the animals' cardiovascular parameters or in their acid-base balance. Significantly, however, mean arterial blood pressure fell from 133 mmHg to 113 mmHg during infusion ($p=0.002$). This was, however, generally totally reversible once infusion was over. Furthermore, no excessive formation of methaemoglobin was observed through Rizol. On average, the proportion of MetHb was measured at 1% which is minimal but not significant from a statistical viewpoint and correlates with the Rizol dosage used (2 or 4 ml/h).
Tumour oxygenation with Rizol infusions: tumour oxygenation increased significantly during Rizol infusion ($p=0.04$), improving the mean tumour pO_2 from an initial 31 mmHg to 38 mmHg during infusion. In some cases this improvement was reversed once infusion was over. No effect was observed on the mean tumour pO_2 of some tumours as a result of Rizol infusion. The average change in tumour oxygenation was only dependent to a slight (statistically not significant) extent upon the Rizol dose infused. At an infusion rate of 2 ml/h, mean tumour pO_2 increased by 7 mmHg, at 4 ml/h the increase was 8 mmHg.

Conclusions
In experiments conducted so far, Rizol (in 20% emulsion) proved to be a well-tolerated substance suitable for parenteral infusion which did not lead to dangerous changes in cardiovascular parameters or in the acid-base balance. Methaemoglobin production also remains at an acceptable level while Rizol is administered.
The chosen form of administering Rizol led to a significant improvement in tumour oxygenation. Further studies are required however to investigate why these effects vary in specific tumours (also in their longer-term development). It would be especially interesting to identify tumour-specific properties (e.g. tumour volume or tumour oxygenation at the start of treatment) which have a marked influence on the positive effect of Rizol. **The test conditions chosen for experimental tumours are not suitable for use on patients!**

3. Investigations into the manner in which long-chain ozonides work on

eukaryotic cells

E. Hauch, G. Steidl, A. Ogilvie, Institute for Biochemistry, Medical Faculty, Erlangen

Aim of the investigations:

a. quantitative record of the inhibiting effects on tumour cells brought about by Rizol (lines HL-60, A-431)
b. clarification of molecular mechanisms which can lead to triggering of apoptosis or necrosis in cells treated with Rizol.

Growth of HL-60 cells

HL-60 cells, a human promyeloid leukaemia cell line used by many cell biologists, was mixed with the ozonised oil mixture ("Rizol") in various dosages. The increase in the number of cells growing in suspension was monitored over several days by counting the cells.

Result:

Rizol (0.09 mg/ml) triggers marked inhibition of growth over several hours which then subsides (reversible growth retardation with complete recovery). Higher concentrations of Rizol (0.35 mg/ml) lead to complete inhibition of growth with slow fall in cell count (cells slowly die off). Growth is not affected by the addition of lecithin, the solubiliser polyethylene glycol (PEG) or of non-ozonised oil (R + O; mixture of castor oil and olive oil in the same proportions as in Rizol).

Macromolecular synthesis

Radioactive incorporation experiments were conducted to examine whether RNA (H3-uridine incorporation) or DNA (H3-thymidine incorporation) synthesis specifically could possibly be inhibited sooner or to a greater extent than protein synthesis which generally mirrors weight gain (=growth).

Result:

RNA and DNA synthesis rates respond very rapidly once Rizol is administered, with RNA synthesis more severely inhibited. However, it cannot be concluded as a result that macromolecular synthesis rates are highly specific and thus mechanistically meaningful.

Apoptosis

The death of higher cells according to a genetically predetermined programme probably has the biological aim of preventing cell components from being released in a completely uncontrolled fashion which could lead to local inflammatory reactions, for example. This is avoided by the cells disintegrating into small pieces which are enclosed by the still intact cell membrane (so-called apoptotic particles). The presence of the cell membrane not only prevents the cell contents being released but is also a condition for effective phagocytosis of these particles by macrophages.

Results on eukaryotic cells

The behaviour towards ozonides of tumour cells in culture was investigated in the course of this research work. A. Ogilvie's research group (Biochemistry, University of Erlangen) examined these oxygen compounds' molecular mechanisms for inhibiting tumour cells.

Results:

Growing tumour cells, such as HL60 leukaemia cells, A431 skin tumour cells, can be stimulated to a kind of self destruction by ozonised oils, i.e. a genetically determined programme for gradual death, known as apoptosis or "programmed suicide" is triggered in the cells. No other pharmacological effects were observed. The remarkable fact is that even tumour cells with the mutated cancer protection gene (tumour suppressor gene p53) could be led into controlled apoptosis instead of the cells dying which leads to local inflammations throughout the body. The apoptosis programme serves the endogenous immune or defence system if, for example, damaged cells on the fringe of a fungal attack or tumour cells have to be eliminated, preferably without causing unwanted side effects. Thus ozonides inhibit cell growth or lead to the death of previously damaged cells. Normal cells are also led into apoptosis, however at a slower rate than tumour cells, i.e. upon contact with ozonides, tumour cells malfunction quicker than normal cells.

This is a major therapeutic benefit for clinical application. However, the released tumour protein

must be decomposed and eliminated via the phagocytising cells, immune defence cells, transport systems (blood, lymph) as well as liver and kidneys, preferably without side effects or harm to the patient. An appropriately low ozonide dose must be selected as otherwise the body cannot cope with the protein poisons released. Overdose therefore brings the possibility of anaphylactic shock which can lead to respiratory paralysis and death. Here the properties of Para-Rizol formula should be reiterated. It decapsulates and releases all latent stages of exogenous protein from bacteria, fungi, parasites and viruses. Not forgetting the released tumour protein. Consequently, in patients with relevant conditions (generalised mycoses, cancer, Aids, etc.), dosage should be selected carefully and determined on an individual basis.

Toxicological findings
If a substance is to be used on man for medicinal purposes, its toxic potential must be determined.
Mutagenicity:
One of the main toxicological properties is mutagenicity which allows the potential for DNA- and other mutations, as well as carcinogenicity, to be estimated.
Method: mouse lymphoma test according to OECD guidelines. Conducted by RCC Cytotest Cell Research GmbH in Rossdorf. Director: Prof. Miltenburger, member of the Drug Testing Committee within the BfARM in Berlin.
Result: the ozonide in Rizol is not mutagenic.
Mitochondrial damage:
Prof. Winkelmann's tests on ozonides show that breathing is not impeded in eukaryotic cells.
Apoptosis:
Normal human cells are led into apoptosis, desirable and genetically pre-programmed cell death.
Previously damaged cells and tumour cells are destroyed.
Moreover, no pharmacological effects were detected in numerous cell culture studies.

II Information sheet

Formulae with oxygen in the form of ozonides and amaroids from medicinal plants

Research and development by Dr. Gerhard Steidl, Erlangen, tel./fax 0049 (0) 9131-8527462
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Composition of the 3 formulae:

A)	B)	C)
49.0 g Rizol raw material	33.0 g Rizol raw material	35g Rizol raw material
0.5 g olive oil	11.5 g mint oil	5g clove oil
0.5 g castor oil	5.5 g geranium oil	5g wormwood oil
		5g walnut oil

The following abbreviated names are used in toxicological studies:
A) Rizol-Alt (Rizol-Old) B) Rizol-Neu (Rizol-New) C) Para-Rizol
(However, under German law, these must not be used when labelling formulae.)

For diagnoses, indications and dosages, observe the prescribing physician's directions. The formulae do not contain ozone, but **ozonides** that are contained in the **Rizol raw material** as an active substance.
The formulae do not contain ozone or alcohols such as ethanol or propan-2-ol.

Background:
The active substance of this medication consists of ozonised vegetable oils, as used in medicine from 1915 to 1947, but which were neglected once antibiotics were invented. The improved

formulae have proven their value over the last five years or so.

Indications:
Chronic fatigue, intestinal fungal infection, skin and 30-year old nail fungi, eczema, vaginal fungal infection, flatulence, intestinal putrefaction, parasites, constipation.
Also indicated for hyperactivity, hypoactivity, anxiety, depression, if evidence of fungal, bacterial or parasitic infection.

Attention: If the formula is taken internally, the immune system is first attacked by the release of latent stages of fungi, bacteria, parasites, viruses and tumour cells. This may lead to side effects such as raised temperature, for example, in patients with signs of (chronic) allergy or (chronic) cutaneous eruption. The patient's temperature should not rise too high and the patient should not be allowed to remain in this state for more than 3 days. The immune system should not be overstrained. The immune parameters rise accordingly. See also dosage and information overleaf.

Toxicology:
Mitochondria are not damaged, the OECD test for mutagenicity produced the result: not mutagenic. Normal human cells are led into apoptosis, desirable and genetically pre-programmed cell death. Previously damaged and tumour cells are destroyed. Moreover, no pharmacological effects were detected in numerous cell culture studies. These properties facilitate application on human patients considerably. Clinical results from doctors' practices are correspondingly favourable.

Action of the constituents:
1. Ozonides transfer oxygen and change the environment in which anaerobic pathogenic germs live, making it aerobic. This prevents anaerobic germs, such as Clostridia, from reproducing. The oil is surface-active and, through its active substances, moistens the intestinal mucous membrane where nests of fungi and bacteria and parasites may be located.
2. Wormwood is ideal for stimulating secretion by the digestive tract. It stimulates the appetite, remedies digestive disorders, acts against gastrospasms and flatulence. The amaroids are extremely effective in promoting digestion, stimulating secretion and peristalsis in the stomach and intestinal region. Anthelminthic, promotes circulation.
3. Cloves are aromatic, stimulate the appetite, promote digestion, are a stimulant, expel flatulence, are analgesic, antiseptic. The drug also has eupeptic properties and acts as a gastric tonic. It is also an effective anthelminthic agent.
4. Walnut is bitter, promotes digestion, is cleansing, lowers the blood glucose level and blood pressure, is anti-inflammatory and antiseptic.
5. Mint: antiseptic, stimulates the liver.
6. Geranium (pelargonium, cranesbill): antiseptic.

Literature about medicinal plants is available from any pharmacy and is recommended reading.

Research and literature:
The **Karl and Veronica Carstens Foundation** in Essen has generously enabled scientific research into the properties of ozonides from plant oils and their applicability for therapeutic purposes. With this excellent support, research work was conducted between 1997 and 2000 in Erlangen (effect on human cells), in Tübingen (effect on fungal cells) and in Mainz (effect on experimental tumours) and the results published in the Foundation's yearbooks.
Yearbook of the Karl and Veronica Carstens Foundation, vol. 3. Hippokrates Verlag Stuttgart 1996. ISBN 3-7773-1295-9. Contains the reports:
G. Steidl. Untersuchungen zur Wirkungsweise langkettiger Ozonide auf eukaryontische (humane) Zellen, Pilz- und Tumorzellen: Biochemische und zellbiologische Effekte.[Investigations into the manner in which long-chain ozonides work on eukaryotic (human) cells, fungal and tumour cells: biochemical and cytobiological effects].
E.Hauch, G.Steidl and A.Ogilvie: Untersuchungen zur Wirkungsweise langkettiger Ozonide bei eukaryont. Zellen. [Investigations into the manner in which long-chain ozonides work on eukaryotic cells].

M.Jakobi, G.Winkelmann: Untersuchungen zur Wirkungsweise langkettiger Ozonide bei Pilzen. [Investigations into the manner in which long-chain ozonides work on fungi].
O.Thews, P.Vaupel: Untersuchungen über die Wirkung von Infusionen langkettiger Ozonide auf den Sauerstoffstatus maligner Tumoren. [Investigations into the effect of infusions of long-chain ozonides on the oxygen status of malignant tumours].
Yearbook volume 4. KVC Verlag Essen 1997. ISBN 3-933513-00-6. Contains the report: **E.Hauch, G.Steidl and A.Ogilvie:** Untersuchungen zur Wirkung langkettiger Ozonide auf eukaryontische Zellen. [Investigations into the effect of long-chain ozonides on eukaryotic cells]. p. 33ff. (deals with: evidence of apoptosis in tumour cells).
Yearbooks available from the Karl and Veronica Carstens Stiftung. Am Deimelsberg 36, D-45276 Essen.

The following books also contain data and applications for RIZOL:
Paul Mohr. Pilzerkrankungen. [Fungal diseases]. Dr.Werner Jopp Verlag Wiesbaden, 5th ed. 1998.ISBN 3-926955-82-1.
Paul Mohr. Sauerstofftherapien. [Oxygen therapy] Dr.Werner Jopp Verlag Wiesbaden, 3rd ed. 1996. ISBN 3-926955-95-3.
Ekkehard Scheller, Christine Heideklang. Schach dem Candida. Blutmykose durch Candida. [Candida in check. Blood mycosis through Candida]. Sirian Verlag Bad Reichenhall 2001, ISBN 3-8311-1884-1**.**
G.Steidl. RIZOL-BUCH. Info für alle Heilberufe. Ozonide aus natürlichen Pflanzenölen gegen pathogene Bakterien, Pilze und Viren. [Info for all medical professions. Ozonides from natural plant oils combat pathogenic bacteria, fungi and viruses]. 100 page updated summary of existing knowledge, status March 2002. Price 15 euros (inc. carriage). Tel. /Fax (Germany) +9131 –8527462.
Ekkehard Scheller, Christine Heideklang. Schach dem Candida. Blutmykose durch Candida. [Candida in check. Blood mycosis through Candida]. Sirian Verlag Bad Reichenhall 2001, ISBN 3-8311-1884-1**.**
Ekkehard Scheller. Seminare zur Dunkelfeldmikroskopie. Erkennung und Kontrolle der parasitären Belastung des Menschen. [Seminars on dark field microscopy. Identifying and treating parasitic infestation in man]. Salinenstraße 1, 83435 Bad Reichenhall. Tel. 08651-768485. Internet www.schellerpraxis.de

Dosage:

Please observe the dosage indicated by the prescribing physician. Tolerance must be tested. For internal use, always dilute with cold water, external use is also possible undiluted.
The remedy must be taken in cold water about _ hour before meals. Beverages containing sugar must be avoided with fungal infection, not because of the formula but because they would feed the fungus.
Unless stated otherwise, start the dosage gradually with 1 drop 3 times a day in cold water about _ hour before meals, increasing from day to day to about 10 drops 3 times a day. Tolerance must be tested. Overdosing can cause an excess of toxins from destroyed bacteria, fungal and parasitic cells and other toxins that are excreted on the skin, possibly as blisters discharging pus accompanied by severe itching. The dosage should be maintained at 1 drop 3 times a day for 3 to 4 weeks in patients with chronic or similarly high toxic stress. To prevent the sudden release of toxins from latent stages, it is advisable to prepare the terrain for 3 weeks, eg. with Sanum remedies, before using the formula with wormwood. If the released exogenous protein overstrains the immune system, anaphylactic shock may occur even resulting in respiratory paralysis.
Patients with oversensitive stomachs or who find the taste intolerable can pour the remedy into capsules available from the chemist. Parents should do this for children. Capsules which resist gastric juices to dissolve in the small intestine are available from the pharmaceutical supplier WEPA in Amberg.
It is advisable to support toxin excretion via the liver and kidneys with medicines and/or appropriate medicinal infusions, e.g. with liver or kidney tea.
Treatment period: 3 to 4 weeks, in serious cases 8 to 10 weeks.

Note:

Perform a tolerance test with 1 drop before starting a course of treatment.
Use carefully in the event of allergy and inflammatory processes, cease treatment if evidence of intolerance.
Do not use on the eyes or eyelids. Pregnant women should only use externally. Para-Rizol contains wormwood, **which must not be ingested during pregnancy**.
Take care if used simultaneously with psychopharmaceuticals.

Store in a cool place out of reach of children, the handicapped and pets.
Tolerance must be tested. Self medication is not permitted.
Statutory health insurance funds do not generally fund the formulae (although this may be possible on application and is certainly true in individual cases where evidence of successful treatment is provided). Private funds do generally pay for treatment.

Sources of supply:

Pharmacies

III Strengthening PARA-Rizol formula for malignant disease: Paramune

The Para-Rizol formula , as manufactured by chemists, forms the basis. Para-Rizol contains:
ozonide
wormwood oil
clove oil
walnut oil

3 substances are added in low concentration for Paramune:
1 % garlic oil
3 % furfural
3 % petroleum
In addition, the ozonide content is double that of Para-Rizol.

So the formula for Paramune runs:
63 % Rizol raw material
10 % wormwood oil
10 % clove oil
10 % walnut oil
1 % garlic oil
3 % furfural (applied in subtoxic dose)
3 % petroleum

Paramune should only be chosen after obtaining an appropriate test result. In addition, the therapist must determine the dose required to promote health. Only then can it be used to treat the patient.

Sources of supply:
The formula is available on prescription from any chemist or the Einhorn-Apotheke, tel. 09131–59404, fax 51949. It cannot be sent to private individuals however but can only be supplied to chemists and doctors.
Sonnen-Apotheke, Freiburg, tel. 0761-71922 produces suppositories containing Paramune.

City-Apotheke, Kiel, tel. 0431-661510 produces suppositories containing Para-Rizol, the base for Paramune.

Discussion on the new ingredients:

Quote from: Wissenschaft-Aktuell, 14.11.2001

Garlic combats malaria and cancer

It is not just smell that some active ingredients in garlic use to overcome cells infected with malaria. According to Canadian researchers, the same substances could **hinder cancer cell reproduction** by the same mechanism of action. They have discovered how so-called disulphides operate. They allow the cells to die more quickly by cancelling a protective mechanism, the team reported at the 50th annual conference of the American Society of Tropical Medicine and Hygiene. "Does eating garlic affect the development of malaria? Studies show: yes, probably," according to Ian Crandall of the University of Toronto. His team tested eleven different disulphide compounds on cells infected with malaria and cancer cells. It has long been known that disulphides found in garlic, onions and mahogany trees can act against bacteria, fungi and cancer. They were also effective against malaria in experiments on animals. Crandall's team established that not all disulphides were effective against the malaria pathogen Plasmodium falciparum. **However, those that were effective were also active against cancer cells.** "Obviously cells infected with P. falciparum and these cancer cells have the same susceptibility profile," says Crandall. He suspects that the disulphides attack the cells' so-called glutathione system, paralysing an important shield. This makes the cells infected with malaria and cancer cells vulnerable. As Crandall goes on: "Normal cells replenish glutathione and can cope with the oxidation stress triggered by normal metabolism. However they cannot replenish themselves in the presence of an inhibitor and are therefore more susceptible to damage and ultimately death."

Furfural in tumorous diseases

Quote from the article "Cancer test and cancer therapy with furfuraldehyde" by Dr. med. F. Proewig (New York) in the Austrian journal "Dr Krebsarzt", December 1961.

In contrast to normal cells, cancer cells predominantly live according to the original metabolic principle of fermentation. Many more hydrogen ions develop during fermentation than do in metabolism based on aerobic respiration. The strong acidification of the cancer cell is life-threatening for it and would lead to its destruction. It tries to help itself by so-called reductive amination, in other words hydrogen ions bonding with amines. If amine bonding is prevented, however, because the amines in the cancer cell are bonded with another substance, the cancer cell would be destroyed its own hydrogen ions (acid). This would lead to the hydrogen ion concentration in the cell increasing unchecked, resulting in an acidaemia level no longer compatible with life and thus the cell's self-destruction.

Proewig was the first to use furfural in the fight against cancer and treated 44 patients with it before publishing. He reports on the discharge of liquefacient cancerous residue in the tissue and of liquefacient relapses following surgery.

Dr. Drobil continued Dr. Proewig's work using capsules containing 0.3 g furfural. He placed particular importance upon clarifying toxicity:

Quote from: Schluckimpfung gegen Krebs. Dr. Rudolf Drobil. Verlag Wilhelm Maudrich, Vienna, 2nd ed. 1985. ISBN 385 175 350 X. "Consequently I approached the chairman of the Pharmacological Institute of Vienna University, Prof. Brücke, with the request that an experiment be carried out on animals. Prof. Brücke stated this was unnecessary and issued me with a statement, extracts of which are quoted below: A few days ago Dr.med./Dr.phil. Rudolph Drobil came to my Institute and reported he had used furfural in 0.3 g capsules three to five times daily on cancer patients. He intended to have tests for chronic toxicity … conducted. However, there is already information in the literature on the acute and chronic toxicity of this substance, e.g. in his book published in 1910 Anton Erben states that a person could probably take 6 grams furfural per

day on an on-going basis…. (it) can be said that the dose used by Dr. Drobil is probably well below the toxic level…. Without wishing to comment in any way on the value of the furfural therapy introduced by Dr. Drobil, I believe I can say that the known toxicity conditions would completely justify such an experiment."
In 1963 Dr. Drobil began his own experiments with rats in the Serological Institute, Vienna 9 with 23 times the normal treatment dose, which represents 8 times the maximum amount used on man up until then. **After several months no deviations from the norm were observed in any organ by the Pathological Institute of Vienna Veterinary College, not even when examined under the microscope – and more particularly no signs of cirrhosis of the liver.** (In man, cancer of the liver generally develops from cirrhosis of the liver).

Back in 1955 Hirokai Ishida of the Medical Faculty of the University of Osaka reported on three-year tests on rats. In comparative experiments they were given either butter yellow – a substance which has long been recognised as extremely carcinogenic – or butter yellow and furfural together. In his summary Ishida writes: irrespective of the type of feeding plan used, it was found that, if both furfural and butter yellow were administered together, the number of cancers developing was noticeably less than in the control group where animals received only butter yellow. Only 2 animals out of 20 developed liver tumours …Moreover, the onset of these tumours was delayed and proceeded more slowly than in the control animals fed only butter yellow. Ishida continued: "In the 2nd experiment, the 14 animals…, which after 255 days with furfural were then given butter yellow – with no further doses of furfural -, were all free from liver tumours!!!" And Ishida concludes his study with the words: **"The survival of the 14 animals in group 1, experiment 2, is solely attributable to prior administration of furfural."**

Additional quote from Dr. Drobil: Baader's Handbuch der gesamten Arbeitsmedizin 1961 and Koelsch's Handbuch der Berufskrankheiten 1962 state that there have so far been no reports of occupational intoxication with furfural. The American manufacturer also had the substance checked for toxicity by Prof. Seevers, a pharmacologist at the University of Michigan. But he could not find anything new, which is why, in their book "The furans", the authors Dunlop and Peters reach the same conclusion that furfural is non-toxic. And finally the manufacturer states that over the years it has produced many millions of pounds of the substance without a single case of injury amongst its several hundred workers during that time. **On the contrary, it reported that, astonishingly, there had not been one single case of cancer in these workers in 15 years** (personal comment by Proewig).

Quotes from Dr. Drobil's treatment:
1973. Female aged 50. Surgery for breast cancer, radiation. 2 years later bone metastases in spine. Chemotherapy ineffective. Furfural extremely successful. Good physical and mental state to date (1979).
1978. Female aged 35. Surgery for a left hypernephroma. Costal metastases present. Rapid improvement with furfural treatment. The patient was fit to work again.

Representative report from Dr. Werzowa, Vienna 1, who has been treating with furfural since 1965:
1969. Male aged 70. Prostate cancer with bone metastases. Hormone therapy had to be stopped due to intolerance. Subsequently treated exclusively with furfural. Patient was soon pain-free, urination less of a problem, he was making an excellent recovery. His good health lasted for 10 years! In 1979 he died of a heart attack.

Other doctors who were treating successfully with furfural were Prof. Denck of the Wilhelminenspital in Vienna, senior physician Dr Barnas ibid (1st surgical dept.). Their reports appear in Dr Drobil's book.

Summarising quote from Dr. Drobil:

The role of furfural in controlling cancer is therefore:
> mitigating effect on the course of disease in lost cases. The patient is revived, appetite stimulated, health improves in every respect. The end is delayed, survival time is pleasanter and death comes suddenly.
> pre- and post-operative treatment of cancer patients to prevent relapse where possible. According to my (Drobil's) experience and that of Dr. Werzowa and Dr. Barnas, Ishida's observations and the American manufacturer of furfural, this preventative effect can be assumed as a fact.
> treatment of precursors of carcinolytic degeneration such as kraurosis vulvae or leucoplakia (these are those thick, hard, white scabs, predominantly on the tongue and oral mucosa, which precede cancer of the tongue). "Leucoplakia melt away like the snow in sunshine" Proewig himself reported.
> treatment of malignant skin growths which often simply drop off after taking furfural for several days or generally several weeks, leaving behind healthy skin. Also pre-operative treatment of melanoma to possibly cushion their malignancy.

Furfural in 2002

The pharmaceutical industry is not interested in furfural as the substance cannot be patented and consequently it is not possible to secure the market. The scientific community is not interested in it as it is not a new substance attracting millions of pounds of research funding on the strength of which scientific or professional careers can be made (this is best achieved with genetic engineering and cloning to prevent cancer; HIV research; BSE, etc.). Consequently clinical trials, as prescribed for authorising a medicinal product, are not applicable either.
Therefore, all that exists for furfural are toxicological studies occasioned by health and safety regulations and the Chemikaliengesetz [Chemicals Act], **all aimed at determining as many of the substance's harmful properties as possible.** These publications are then used as a basis when classifying furfural, e.g. in the safety datasheet as well as by the information service of the Apothekerkammer [Pharmacists' Association] with the result **that furfural is not marketable as an individual substance**.

Who is still interested in the work of Drobil and his colleagues? Nobody. With one exception: at the Institute for Biochemistry in Erlangen new tests to

determine a therapeutic window for furfural

are taking place in 2002. Furfural is being tested on the following cell lines:

HL60 leukaemia cells
A431 skin tumour cells
normal kidney mesangium cells.

Here are the initial results:

Dilution or concentration	Cellular proliferation
> 1:5000 = > 0.02 %	none
1:5000 = 0.02 %	minimal
1:10000 = 0.01 %	few dead cells
1:20000 = 0.005 %	Normal proliferation, subtoxic dose

Preliminary interpretation:
The therapeutic window lies between 1:5000 and 1:10000, as there is no effect at 1:20000. Normal cells are more resistant than tumour cells. The tests are being extended further and evaluated.

Calculated on the basis of 70 kg body weight this gives between 7 and 14 grams furfural. This result coincides remarkably with Anton Erben's data, i.e. 6 grams per day (see above). Thus, at a dose of 3 capsules, each 0.3 grams, once to three times a day, giving a maximum of 2.7 grams furfural, Drobil was on the safe side.

Dosage of the formula with 3% furfural is begun with 1 drop three times a day, in other words 100 milligrams formula or 3 milligrams furfural per dose. If the dose is increased to 20 drops of formula three times a day in line with tolerance or the resonance test result, that corresponds to 6 grams of formula spread over the day. This contains 3% = 180 milligrams furfural. 180 milligrams furfural with a bodyweight of 70 kg corresponds to a concentration of 0.00025% or a dilution of 1:400000.
If the normal blood volume of 5 kg is used, the furfural concentration at 20 drops formula three times a day is 0.0035% or 1:28000 as a daily dose.
Suppositories with 5% formula in 2 grams cocoa butter (3 milligrams furfural per suppository) give a concentration of 0.00006 % or dilution 1:1700000 calculated on the basis of 5 kg blood.
The daily supply of furfural in Rizol therapy therefore amounts to only a fraction of the dose prescribed by Drobil.
Furfural is not used as a pure substance in Rizol therapy for 2 reasons:
1. because furfural is not currently marketable as a pure substance,
2. because traces of furfural combined with other cancer-inhibiting substances obviously achieve the desired effect, the maximum dose is subtoxic.

The concentration of 3 % furfural in the formula was determined by resonance testing. The incorporated dose is subtoxic as was determined by cell culture tests.

Petroleum in tumorous diseases

On closer examination of the literature, this at first sight apparently grotesque application proves to be highly effective against cancer. Extensive clinical studies have been conducted and published by:
Prof. Gyula de Szilvay (Das Oleum petrae in der Krebstherapie) [Oleum petrae in cancer therapy]
Prof. J. Körbler (Zagreb) in the Bericht der Internationalen Medizinischen Gesellschaft für Blut- und Geschwulstkrankheiten [report of the International Medical Society for Blood and Tumorous Diseases] no. 5, 1964, presented at the 28th Colloquium in Munich. Continued in issue no. 12, 1966 of the same journal.
Prof. Bazala (Zagreb) in Vitalstoffe VII, 3,96 ; 4,138 ; 5,209 ; 6,237. Also in Med. Klinik 57/36, 1547 and in Ars Medici 7 (1962).
At that time the Croatian Medical Association decided – not least due to the pressure of public opinion – to investigate the positive and negative influence of petroleum on tumours in a Zagreb clinic using all available scientific resources. This was instigated by ten-year observations on the incidence of cancer in refinery workers in the USA and Soviet Union. In 1930 I.F. Heller found not one case of skin cancer in 15 oil refineries in the largest centres of the oil industry in Pennsylvania. F. Ulmann reports that some skin cancers were observed in workers in the Galician and Rumanian oilfields yet not in workers in Baku, who literally bathe in oil while at work (at least they did then). According to W.C. Hueper, Jovin did not find one single case of skin cancer, which could be attributable to the effect of oil, over a 20 year period amongst 2000 workers in the 4 largest Rumanian refineries. Likewise, the low number of skin cancers amongst petroleum refinery workers in France, Germany, Czechoslovakia, Hungary and Galicia struck I. Carozzi in 1934.
In France petroleum appears in the official pharmacopoeia as "huile de Gabian" and is prescribed as a remedy for bronchitis, asthma and cystitis.

Petroleum in 2002

The pharmaceutical industry is not interested in petroleum as the substance cannot be patented and consequently it is not possible to secure the market. The scientific community is not

interested in it as it is not a new substance attracting millions of pounds of research funding on the strength of which scientific or professional careers can be made.
Very little is known about the biochemical reactions of petroleum as there is no interest. According to Körbler, it is possible that hydrocarbons stimulate the pituitary and other glands in the human body to increased activity perhaps following different paths from before. This kind of stimulation can easily be enough, however, to introduce a healing process in man if the patient's behaviour also supports it. (In his book "Wandel des Denkens in der Medizin", Dr. Riedweg, the Munich endocrinologist, presents his life's work of cancer therapy, amongst other diseases, by treating the endocrine glands.)
According to Körbler, there is no longer any doubt that improvements can be observed with petroleum (quote from Zeitschrift für Blut und Geschwulstkrankheiten no. 12, 1966).

Mertes provides a preliminary explanation according to which petroleum in the micelles of Rizol emulsion is transported to the lipophile (relatively non-polar) outer areas of the cells, such as the cytoplasm membrane, where it is absorbed, thereby influencing the cell's substance exchange. Surplus glucose (sugar), in particular, would escape from the cell and fermentation of the cancer cell would subsequently come to a standstill.

IV Clinical results with the Paramune formula

Beckmann and Rüffer's book, Mikrobiologie des Darmes [Microbiology of the intestine] ISBN 3 87706 521 X, describes examples of how anaerobes contribute to tumorigenesis. According to the book, carcinogenesis of the colon carcinoma develops through an on-going high animal fat content in the diet, which leads simultaneously to an increase in bile acids in the large intestine and to a change in the intestinal flora due to the increase in anaerobes which metabolise steroids. These are predominantly strictly anaerobic Clostridia. Clostridia form more bile acid derivatives which are, in turn, carcinogens and co-carcinogens which lead to tumour induction.
Anaerobes such as oxygen-sensitive fungi, yeasts such as Candida, bacteria such as Clostridia, parasites and tumour cells can be controlled with ozonide formulae as these biological species have no or only limited defence mechanisms against oxygen.

The information sheet in section II gives details on how to use the formulae. However, one condition should be specified here:
Rizol therapy is not advised unless you know how dosage should take place or how to use resonance testing to determine the dose. Violations of Paracelsus' law of nature "*the right dose differentiates a poison and a remedy*" should be avoided.
Professors Just, Welte and Bigalke of Hannover Medical University write about this in MHH Info, June 2002: "The question is raised whether the reverse of Paracelsus' theory applies: it is the dose that determines what constitutes a remedy. Knowledge of the mechanisms of action, careful observation of patients with symptoms of poisoning and interpretation of incidental findings have led to the discovery that toxic substances can also have a healing effect. For example, digitalis preparations, atropine and morphine have long been used in therapy. Finding the correct dose can be difficult and is sometimes disputed – this is seen in the example of alcohol, a classic recreational drug. Here damaging effects are clearly accepted purely for the purpose of gaining pleasure: liver, pancreas and nervous system are affected; moreover, alcohol can cause cancer. The old truth about remedies also applies to poisons for medicinal use: a remedy which is claimed to have no unwanted side effects is strongly suspected of not being of any therapeutic benefit either." End of quote.

Use of the Paramune formula is reserved for doctors and non-medical practitioners who can best examine the patient's state and need for medication (dose) – through thorough knowledge of resonance test methods – and can also monitor progress. An indiscriminate dose based on details in the literature, information sheet, experience, word of mouth will probably fail.

Rizol therapy has been carried out by highly trained doctors and non-medical practitioners based on their statutory position and responsibility and the patient's state of health. Both the German

Grundgesetz [Basic Law] (art. 2, clause 2. **Everyone has the right to life and freedom from bodily harm**) and the European Social Charta of 18.10.1961 (**Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable**), Bundesgesetzblatt [Federal Law Gazette] 1964 II p. 1262) stipulate that action or refraining from action has absolute priority.

The language used in the reports is abbreviated but experts understand it. The observation period is too short to assess whether the patient is cured. This is not sophisticated clinical research, yet the potential of the formulae can clearly be seen.

Practice FHO-KAR
Cervical cancer, no deterioration 2 months after starting taking vaginal suppositories, not ulcerated, tumour marker in normal range.

Practice SCH-BAD
Breast cancer following amputation, chemotherapy, radiation. Later metastases, 1 intestinal metastasis. After 6 weeks' Enderlein therapy, 10 drops Paramune twice daily, metastases no longer visible in X ray.

Practice MKL-KUL
Male, carcinoma of the suprarenal gland of the right kidney, surgery, relapse, prostate values high, 3 liver and 9 pulmonary metastases circular foci. Conventional medicine ineffective. Paramune suppositories, 12 drops orally 3 times daily and infusions. See-saw therapy introduced to eliminate the released tumour toxins in the 7 day break between doses. Condition stable 3 months after beginning this treatment

Male, carcinoma of the pancreas. Ca 19-9 test > 12000, liver metastases. After 4 Paramune infusions tumour marker at 4000, ultrasonic image shows relaxation. Treatment is being continued.

Additional results from this practice:
Female, 60, totally infested with fungi, loss of neurological function, suspected spinocerebellar atrophy, neurone degeneration in spinal cord. 4 weeks' Paramune, patient can feel her toes again, feels well.
Female, 37, MS for 4 years and suspected Borrelia, 90% loss of vision (caused by inflamed optic nerve, typical of MS). Refused cortisone. Paramune. After 4 weeks feels better than she has done for 5 years, 70 % loss of vision, after 8 weeks 40 %, after 12 weeks steadily improving.
Male, 43, exhausted all options for treating fibromyalgia. Retired, tired, pain throughout whole body, irritated, depressive. Paramune twice a week. After 4 weeks pain already subsiding during infusion, feels increasingly better.

Practice WME-WEI
(Includes data on tumour markers and immune parameters)
Prostate cancer, PSA 14. With Paramune PSA 7. Patient feels released.

Prostate cancer, PSA 2700, metastases in bones. Refused surgery. With Paramune, hormones, PSA at 80 after 8 weeks, Epstein-Barr virus with frequencies, Mitosan therapy, Paramune suppositories. After 12 weeks no evidence of primary tumour and metastases at follow-up check (ultrasound, computed tomography).

Female, 42, ERPT4, P2, PN1, Ro, Mo 62, Bi (1/18), radiation. 18 metastases in pelvis, deformed, fractured femur, liver and pulmonary metastases. 10 years previously fibromatosis.
After consultation energy values raised with frequencies, Epstein-Barr virus treated with frequencies. Paramune suppositories and orally. After 4 months lab readings normal, follow-up examination: only 2 metastases in lumbar spine, pelvis normal, femur normal, chest normal.

Female, 51, bowel cancer PT3, PN1 (3/13), PM1. Adenocarcinoma, metastases in liver, lungs, spleen. Surgery to bowels, 11 sessions of chemotherapy. At consultation cancer in breast, growing vigorously. After 3 months with Paramune still 2 circular foci each the size of a 1p piece, otherwise cancer-free. But now chemotherapy from doctor.

Female, 50, small-celled bronchial carcinoma, lymphoma in mediastinum. 26 chemotherapy sessions. TB in 1966. Incurable by conventional methods. After 9 months Para-Rizol and Paramune tumour vanished except for small residue.

Female, spongioblastoma. Resonance test reveals Ascarids in intestines. Para-Reizol, frequencies to treat blastoma, after 2 weeks no longer tests positive.

Female, spongioblastoma. Paramune, after 8 weeks blastoma 90 % vanished.

Additional results from this practice:
Paramune is extremely effective in all external applications.
Intestinal cleansing always with 2 weeks Para-Rizol followed by UK capsules (Post-Apotheke tel. 02181-499292), Colibiogen, Mutaflor, Gelum drops.
HIV: treat rhinovirus first and then bacteria (frequencies, Paramune).

Practice KER-MEN
Female, 88, tumour the size of two fists in small intestine, cylindrical, inflammatory lymph nodes distended. Surgery 5 years previously. After 4 months Paramune spectacular improvement, tumour walnut-sized, patient feels well.

Female, 43, cervical cancer for 2 years, pleuritis. After 4 months Paramune reduced to _. Tumour marker stable in normal range.

Additional information from this practice: Paramune reduces the biophoton index for mould from 16 or 18 (cancer) to (6) healthy.

Practice GPA-KIE
Rizol therapy was used on 12 patients with cancer. After 10 sessions the patients feel better both objectively and subjectively. They no longer need a stick when walking, they no longer need to inhale oxygen and the Bradford test indicates that metabolic processes have normalised. Considerable progress can even be expected when ozonide formulae are used in the problematical field of cancer. Evidence already exists that the formulae slow down the progress of the disease. Certain improvements in Para-Rizol will drive the disease back further.
Trichomonads and Yersinia were eliminated, liver complaints resolved.

Improved maintenance of kidney function can be expected from future work as Para-Rizol is being considerably strengthened and used in combination with other drugs. A central target here are latent Streptococci in the renal parenchyma, which are first activated by injecting recarcin into the kidney points in the back. The immune system reacts to this and the patient's temperature rises. The next step is to administer a dose tailored precisely to the patient's needs. The action of ozonides on bacteria such as Streptococcus, possibly also on parasites in the kidneys, is obviously an important key to improving and curing kidney disease.

In patients with membranaceous glomerulonephritis (inflammatory degenerative disease), creatinine values and potassium levels are important parameters for assessing the progress of the disease and its treatment.

The following development is typical: in one patient creatinine fell from 6.40 to 3.98 within 11 weeks with a twice weekly dose of Para-Rizol. After a further 7 weeks this parameter rose slightly to 4.29, remaining constant for a long time. Potassium levels did not rise during the entire treatment period, unlike kidney patients not receiving Rizol therapy! However the urologist predicted the patient would need dialysis within 6 weeks. In fact, this patient has not needed kidney dialysis for one year (treatment started early 2001). (Patient data, diagnoses of the pathologist, urologist and internal specialist are available with the patient's consent).

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Dr. Karin Kraft and Gisela Blaser. Status January 2002.

Healing paravascular exudate following chemotherapy and curing infectious diseases

Uses of Rizol formulae:
Frau Gisela Blaser made an outstanding achievement by discovering a method of healing paravascular exudate following chemotherapy. It was not previously possible to treat this painful complication. Necrotic areas of tissue simply peeled off and the body, already labouring under the strain of serious illness and drugs, was forced to heal itself. Frau Blaser's work means that effective treatment is available for all these patients.

Rizol formulae have proved beneficial in the Naturopathic Outpatients' Department, sometimes leading to surprising successes. One broad area of application is bacterial and fungal infections whereby even necroses and mycoses in diabetics can be alleviated or cured. Since 1998, around 60 patients have had Rizol formulae prescribed in various applications as detailed in nos. 2 - 5. Actual treatments are described in nos. 6 – 14.

1. Paravascular exudate in chemotherapy. If infusion solution escapes from the Braunüle (indwelling cannula) into the tissue, e.g. in the hand or arm area, the affected area is burnt and necroses. Conventional treatment of this complication is extremely difficult and time-consuming. Once the Braunüle are removed, Para-Rizol is rubbed into the area twice daily, the necrosis is thereby controlled or even fails to develop. The damaged areas of skin and tissue are healed through provoked granulation.
Status as at 08.10.99:
Female patient had received external chemotherapy, type unknown. The Braunüle had not been positioned correctly in the vein. The chemotherapeutic agent ran alongside the vein into the tissue. Necrosis occurred immediately. The necrosis was removed by the surgeon but it reappeared. Length: 4.0cm x width 1.7 cm.
The necrosis was extremely painful. The patient could scarcely move her hand. She was given strong painkillers but these were inadequate. Gisela Blaser was called for a naturopathic consultation.
Treatment plan: Rub in Wala's oil of aconite 3 times a day. Aconite is monkshood combined with lavender and camphor and is a strong analgesic, particularly with neuralgic pain. Rub in Para-Rizol 3 times a day to reduce the infection and stimulate granulation.
This treatment brought about considerable alleviation of the pain and improvement in the condition within 4 days. On 12.10.99 a clean granulation margin could be seen but no inflammation in the surrounding soft parts. The patient's pain was evidently reduced and, above all, she was able to close her hand once more. She was then discharged and continued this treatment at home. Unfortunately we were unable to take a final photo to show how the wound has completely healed. We were convinced that the two products had worked and were very satisfied with the progress.

2. Troublesome warts often develop in the hands during chemotherapy. These vanish when Para-

Rizol is rubbed in. Rub in as needed.

3. Child oncology: children often get inflammation of the oral mucosa and fungal attack with chemotherapy. Rinsing the mouth with Rizol-Alt in water helps overcome this. Inflammation and fungal attack disappear. Apply as needed.

4. Para-Rizol is given externally and internally for all kinds of infection. Dose and treatment period determined by severity of case.

5. Dialysed diabetics are given a basic foot bath and Rizol-Alt to rub into the feet and lower legs.

Individual examples of treatment with Rizol:
6. Female patient with extremely severe cracks in both feet, penetrating right into the flesh, Rizol-Alt rubbed in twice daily. The remedy stimulates granulation. The cracks close up and heal, the skin is as good as new.

7. Female patient, aged 62, on 21.1.1999 presented with condition following breast cancer: ulcerating metastases in the armpits, painful. Bathed with chamomile and sage tea, in addition Rizol-Alt in Stülpa dressing twice a day. On 11.2.1999 metastasing grooves in skin healing up, wound no longer smells. Para-Rizol applied, wound is visibly better. By 18.2.1999 skin has returned to normal. By 9.3.1999 infectious state has improved significantly. Continue to treat wound with Para-Rizol. 29.4.1999: skin is OK, no fungal infection at all. 16.6.1999: skin in excellent condition, the patient feels well.

8. Female patient, aged 70, with ulcer on outside of left ankle. Scar around the ulcer.
Wound treated with Novuxol, Para-Rizol and Cutunova foam. Semi-occlusive hydrocolloid dressing. Result: wound healing well.

9. Male patient, aged 73, amongst other things with necroses on the toes, mycoses in gaps between the toes. Began applying Para-Rizol on 1.3.1999. On 25.03.99 mycoses in gaps between toes healing up. On 19.04.99 wound continuing to heal well, necroses peel off, continued treating with Para-Rizol.

10. Male patient, aged 43, with furuncle on inside of right lower leg. Treated with Para-Rizol with following result: healed up well.

11. Male patient, aged 68, with skin lesions on hands and feet, mycosis, diabetes, condition following lumbar spine syndrome. Onychomycosis on all toenails. On 04.05.99 Para-Rizol given externally for fungi on feet. On 17.06.99 condition visibly better. Continued treating with Para-Rizol, yarrow and sage tea foot baths.

12. Female patient, aged 31, amongst other things with yeast fungus under both breasts, rhagades on both corners of the mouth, perioral inflammation on both lips. On 01.03.99 Para-Rizol administered for yeast fungus and to heal the lips. 11.03.99 yeast fungal infection on the breast already almost healed up. Continued to treat skin with Para-Rizol. Para-Rizol too strong for rhagades on mouth, stopped administering.

13. Male patient, aged 70, with recurrent erysipelas infection on right lower leg, oedema on both lower legs, onychomycosis on both feet, severe arthrosis, mycosis in gaps between toes of both feet. Family doctor prescribed on-going course of antibiotics yet unsuccessful. 09.04.99 Para-Rizol rubbed into gaps between toes and forefeet. 21.04.99 patient is very pleased with the way the mycoses are healing.

14. Female patient, aged 20, with chronic wound in existence since 02.08.98 between right little toe and 4th toe following surgical correction, approx 3cm square. Treatment from 19.11.98: Rizol-Neu applied during the day, healing earth with 1 drop tea tree oil at night. 24.11.98 wound treated

as before. 10.12.98 only minor residual inflammation remaining, good scar formation. Patient is very pleased with the way wound is healing. 16.12.98 wound healed up, scar formation. Recommended neurotherapy for the scar in February 1999. Patient is very pleased.

Publication:
The use of ozonide formulae by this clinic is documented in the book "Schmerztherapie bei Kindern" [Treatment of pain in children], Springer Verlag 2001, ed. B. Zernikow.
In chapter 15 (Supplementary, naturopathic care of painful illnesses), the author Gisela Blaser writes, amongst other things:
Oral hygiene according to symptoms:

Superinfections: rinse mouth with Rizol-Neu oil: put a few drops of oil in 1 glass lukewarm water and gargle vigorously and rinse. Ingredients: 33.0 g Rizol raw material, 11.5 g mint oil, 5.5 g geranium oil.

Thrush: In addition to antimycotic treatment, rinse out and paint mouth before or after every meal with:
Para-Rizol oil (35.0 g Rizol raw material, 5.0 g clove oil, 5.0 g wormwood oil, 5.0 g walnut oil): put 1-3 drops in _ glass lukewarm water.

HIV infection (to prevent infections)
Rinse mouth with Para-Rizol oil (35.0 g Rizol raw material, 5.0 g clove oil, 5.0 g wormwood oil, 5.0 g walnut oil): add 1-3 drops to _ glass lukewarm water and rinse the mouth well.

V Paramune-N: replaces the above described Paramune

Latest development since January 2003:
Paramune-N (PSN) seems to be the most effective herbal oil composition for cancer patients, assumably killing the cancer causing parasites called cysts of Trichomonas and cysts of Echinococcus granulosus which are extreme stable. They live in the blood stream, in blood cells but are able to penetrate into tissues and into human organ cells, proliferating dependend on the state of the immune system and on the overall oxygen state of the body. Finally the proliferation results in cancer. PSN was tested by Dr.Erdt since January 2003.

Composition of Paramune-N(PSN):
68,7 % Rizol-Rohstoff = Rizol raw material
10,0 % Wermutöl = wormwood oil
10,0 % Nelkenöl = clove oil
8,8 % Walnußöl = walnut oil
1,0% Knoblauchöl = garlic oil
0,6% VitaminB6 = vitamine B6

0,9% Majoranöl = marjoram oil

PSN is said to have a 20 % better efficiency, which result was obtained by Dr.med. Erdt, who tested PSN since January 2003 in cancer patients. If this result can be confirmed, PSN will replace PS in the future. Dr. Erdt found a second main focus for PSN: Mononucleosis. PSN is apparently able to kill the Epstein-Barr virus. Dosage was 3 times 8 drops in water orally.Fever and swellings vanished after 4 days.
Meanwhile there are two pharmacies who produce suppositories with 20 % PSN. These products are most effective in cancer patients so that every patient should take one a day, women even two, rectal and vaginal.

VI Summary

In Rizol therapy tumour cells, solid tumours and metastases are vigorously attacked by a number of active ingredients which are hostile to tumours
Based upon the concept of tumour cells as anaerobes, ozonide treatment successfully triggers apoptosis (genetically planned cell death) in these cells. Research studies with the fungus Neurospora crassa have revealed the ozonide's path right into the cell nucleus. The apoptotic behaviour of tumour cells (HL60, A431) leads to the conclusion that, similarly, the active ingredient ozonide also penetrates these cells and the cell nucleus, triggering apoptosis. Moreover, ozonides are suited to tissue oxygenation, as demonstrated with an experimental tumour. As a result, solid tumours respond better to conventional and other therapies. The lower the oxygen pressure in the tumour, the more aggressive it is and the shorter the survival time and vice versa. It is therefore recommended to force as much oxygen as possible into the tissue. Ozonides and ionised oxygen complement each other for this (on the internet at www.pulsamed.de).
Ozonide is not sufficient by itself to successfully treat cancer. Simply combining it with active ingredients such as wormwood, cloves and walnut to combat fungi, bacteria and parasites brings about an improvement in the patient's condition. Tumour patients experience relief with this treatment as they are regularly infected with human pathogens. However, it is strengthening the formula even more by doubling the ozonide content and adding small quantities of garlic oil, furfural and petroleum which brings about real progress. According to thorough research of the literature, each of these substances destroys tumour cells or is hostile to cancer. The results with Paramune indicate a breakthrough in the fight against cancer.