REPORT:

THE SCIENCE AND EFFICACY OF APeX OXYGENATED WATER

submitted by Jane G. Goldberg, Ph.D.

> "It sounds like a scene from a science fiction novel—an army of tiny weaponised robots travelling around a human body, hunting down malignant tumours and destroying them from within. But research in *Nature Communications* today from the University of California Davis Cancer Centre shows the prospect of that being a realistic scenario may not be far off."[1]

But the article is wrong. The day is no longer "not far off." The day has arrived. The product already exists wherein "Hunter-Killer Nano-Robots" perform a search and destroy mission within our bodies. And the killer cells not only rout out pathogenic cells, but all pathogenic material in the cellular neighborhoods of the toxic materials. The product that delivers this promise is called APeX.

The creation of APeX derives from two paradigm-shifting scientific/medical discoveries: the first comes from the understanding of specific properties of minute particles of silver that make it an ideal delivery system for carrying oxygen to pathogenic cells; the second arises from Otto Warburg's discovery in the 1930s that cancer cells thrive in oxygen deficient environments. Fortunately for us, in the 1950s a group of scientists, including William Branson, Sr., married these two discoveries together, and created a liquid product, originally called "Silver Water". This water has had many names over the years, and has evolved to its current name, APeX (Anti-Pathogen Extreme).

The solution consisted of a specifically formulated water that, to this day, is unique and unrivalled in its therapeutic power for reversing many health challenges.

Essentially, the scientists figured out how to encapsulate a nano-sized silver nucleus within a cluster of oxygen molecules. APeX is made by attaching an abundant amount of oxygen molecules—clusters—to each silver particle, forming what might be best referred to as a Silver-Oxygen Nano-Cluster.[2]

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[1] *The Conversation*; August 26, 2014.

[2] The question is often asked whether or not APeX is like Kangen water. No, it is not. Not at all. Kangen water produces caustic hydroxides and does not provide oxygen to the cells. In order to provide oxygen, the oxygen must be in the form of O2, not OH as is found in the Kangen water. In fact, the OH molecule is one of the strongest free radicals known. Would you drink Drano or lye? Of course not because these are caustic hydroxides and burn the tissues just like other hydroxides (calcium hydroxide, magnesium hydroxide, etc.).

In the year 2000, Bill Branson, Jr., had what he calls a "eureka moment," and added additional steps to the production process.

The therapeutic effects of this specially formulated water increased, and even stronger stabilization of the oxygen encapsulation was effected. It became a solution that is so stable in its properties that the shelf life is, thus far over nineteen years, and counting.

In 2006, Bill Chastain joined with Bill Branson, Jr. and the solution was re-named APeX. (I call them the 2 Bills, or just the Bills). Bill C. was specifically interested in cancer, so he formed the not-for-profit APeX Institute, began giving away APeX to terminal cancer patients, and collecting data/medical records/medical results on the usage of the oxy-silver solution in stage 4 cancers.

The 2 Bills continued seeing miraculous things happen, and now had medical records as a backing for the personal results and reviews of the water. APeX has been shown to improve or reverse the various afflictions.

It is important to understand that although the miracle of APeX's therapeutic effectiveness is related to its ability to deliver oxygen directly into the body's cells, it is not an oxygen-saturated product. (There are many products on the market that claim to have super saturation of oxygen.[3]) APeX is not mere oxygenated water. The oxygen levels in APeX, in fact, measure about the same as regular tap water.[4]

The key to APeX is that oxygen molecules are bonded to the silver core, and through the use of the silver nuclei, the oxygen is delivered, past the cell membrane, into the heart of the cell. APeX is a direct cellular infusion oxygen delivery system. It has the ability to specifically rout out pathogenic cells, and then, one-by-one, destroy them, without any toxic residue to healthy cells.

It is also important to understand that although there is a silver nano-nucleus within the oxygen clusters, the silver used in APeX is unlike ionic and colloid silver products that are

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[3] Whether or not providing more oxygen to the body reverses disease, and most especially cancer, is a question that has not been satisfactorily medically answered. But it is clear that simply more is not necessarily always better. How the oxygen comes, where it goes to, how it is processed within the body—all these become questions that need to be asked after the initial question of therapeutic efficacy is asked. For instance, sugar contains more oxygen than the acids or calcium hydroxide I mentioned above. This does not mean it is healthy or provides cellular oxygen.

[4] As a footnote, it should be understood that Warburg was given the Nobel Prize for discovering fermentation in cancer cells, not for claiming an association between acids and cancer, as is commonly stated, and which has not yet been proven, and may not exist. Many tissues of the body are naturally acidic. Yet this does not make them cancerous. The above statement can also be proven false by the fact that acidosis occurs during exercise, holding one's breath, with the ingestion of some poisons, during some conditions such as diabetes and COPD, etc. Yet none of these are direct causes of cancer.

currently thought of in the holistic community as natural antibiotics. Rather than influencing a direct effect on the body, as the ionic and colloidal silver products claim, the main function of APeX's silver is to serve as a dolly to transport the oxygen into pathogenic cells. In fact, the APeX silver nucleus is so completely encased in active oxygen molecules that it has no physical contact with its surrounding microenvironment.[5] The silver-oxygen solution that comprises APeX performs exactly as Hunter-Killer Nano-Bots, as suggested is possible in the quote at the beginning of this Report. The clusters of the silver/oxygen molecules have the ability to precisely hunt down and destroy all pathogenic cells, through their negative charge. Their "mission" to kill is so precise that it is as though pathogenic expert "snipers" were released into the bloodstream, and through basic principles of physics (as we will soon see), they never miss their target.

Once the oxygen clusters have found their target, the cluster gives up its oxygen. This happens so quickly—within nano-seconds—that the pathogens have no opportunity to mutate in their attempts to avoid the killer-oxygen-clusters. Rather than accumulating, the APeX nano-clusters leave the body entirely within a day or two. But, for all the time that the clusters remain present in the body, they go into every nook and cranny, all of the blood, all of the capillaries and vessels—in fact, every place in the body where a pathogen may be living or lurking.

The oxygen molecules are bonded to the silver nucleus via a proprietary process that is both complex and difficult to achieve. APeX is a true nano-molecular therapeutical. Read on to learn the mechanism of how this happens.

Oxygen as Therapy:

The combining of water and oxygen, as a therapeutic intervention, seems intuitively right as a method of introducing natural medicine to the body. The human body itself brings together the two components—water and oxygen—and their ubiquitous presence in our bodies is absolutely essential to life. The body is composed of 55-80% water—and water is 89% oxygen by weight. Our blood is normally suffused with high amounts of oxygen. Normal blood oxygen levels are 95-100%. If the level is below 90%, it is considered low, and results in hypoxemia—the condition of low oxygen. Altogether, oxygen comprises 62% to 71% of the body. Through the complex roadmaps of our

[5] The distinction between the smaller than nano-silver particles used in APeX and commercial colloidal and ionic silver products is exceedingly important. As stated in the article, *Nano-Silver Efficacy Assessment,* published by the Austrian Academy of Sciences, Nov 2010 issues of the *Nano Trust Dossiers*: "Silver ions are water soluble and cannot exist without water or some other solvent being present. When ingested ionic silver is greeted by anions in the stomach and can't survive unchanged inside the human body for long before they are converted into insoluble silver salts which clump together into larger masses that are not only too big to pass through cell walls, they become trapped in the small blood vessels of the skin."

arteries and veins, blood is the transporter of all this oxygen throughout our bodies.

Ninety percent of all our biological energy comes from oxygen. It is the most essential element that the human body requires in order to not only survive, but also to have optimum levels of energy, to function properly, and to be productive.

Of course, getting more oxygen into the lungs is always a good idea. We can accomplish this through exercise and conscious deep breathing. When we breathe deeply and vigorously, oxygen molecules travel from the air and into the blood. But if breathing deeply were a cure-all for disease, resolving bodily afflictions would be much simpler that it has proven to be. Part of the reason that merely breathing in more oxygen fails as a panacea is because only 15% of the oxygen we breathe is absorbed into the bloodstream. In order for oxygen to be delivered to the most important places in our bodies—the cells and tissues throughout the body—we need to get oxygen to enter into the blood directly, quickly and efficiently so that the oxygen can be carried, without loss, to the cells and tissues that are so hungry for this vital, life-sustaining substance.

Today, we are globally oxygen deprived for many reasons. First, the oxygen-depletion of our air has become a serious concern. The atmosphere should ideally contain about 20% oxygen. In polluted and urban areas, the level is typically as low as 10%. Yet, we continue to cut down our trees and rain forests, which provide our planet with large amounts of oxygen. Trees breathe in carbon dioxide, and they give off the oxygen that we can then breathe in. Fewer trees mean less oxygen for us to breathe.

There are additional reasons why we are oxygen deprived. While it is true that water in nature contains oxygen (the “O” of the H2O equation), tap water is not the same as water in nature. It contains far less oxygen because it must travel first through pipes to get to us, and, as a consequence, has lost its contact with air. Treating our municipal waters with chlorine also removes oxygen. Processing food, even cooking food, reduces the oxygen content of our food. Fast food and packaged food is processed in a way to give it a long shelf life, and this is accomplished by making the food oxygen-poor. Finally, the over-prescribing of antibiotics reduces our oxygen levels because the drugs destroy the oxygen-producing aerobic bacteria in the digestive tract.

While these causative factors of cellular oxygen depletion are well known, there is another reason that is rarely talked about. Not only are our oxygen levels low, but also so are our carbon dioxide (CO2) levels. In today’s hurried world, most of us breathe too rapidly. (One of the many values of yoga and meditation is that they slow down the rate of breathing.) When we breathe too quickly, we exhale too much CO2. When we get rid of too much CO2, we drive down the oxygen levels in our bodies, and, as a result, our cells turn unhealthy.

For all these reasons, many, if not most of us, alive today are living as oxygen-deficient beings.

If lack of oxygen is a key driver of cancer growth,
then so is low CO2, pH and depressed cell voltage.

The History of Therapeutic Oxygen Use:

Even before Bill Branson, Sr. formulated his Silver Water Solution, there was a long history of supplemental oxygen being used as medicine. It was first recorded in 1783 by French physician, Caillens, who successfully treated a tuberculosis patient with daily inhalations of oxygen. In the early 1800s, cases of nervous debility, epilepsy, hydrocephalus and scrophula (lymphatic inflammation in the neck) were reported as successfully treated. Throughout the 19th century super-oxygenation and inhalation of oxygen were recognized as having therapeutic value. In 1857 *The Lancet* published an article by S.B. Birch, M.D. stating that an ill patient needs "more oxygen than he can possibly obtain under many circumstances and in many diseased states from the atmosphere around him."

I have written in the past about Louis Pasteur's deathbed confession of recanting his lifelong belief in the germ theory as the primary causative factor of disease.[6] He came to understand, as his colleague Claude Bernard had been arguing with him all along, that the *terrain* was all-important in protecting the body from pathogens, viruses and bacteria. When Bernard spoke of the terrain, he was not referring (as is often thought) to the immune system. Rather he was talking about the oxygenated environment of the body. Bernard understood, and Pasteur came to understand at the end of his life, that a suppressed immune system only occurs when the body lacks oxygen, thereby allowing the pathogenic microbes to breed.

Rudolph Virchow, who had an illustrious career in the 1800s as a physician and researcher, and is known as the "father of pathology," said: "If I could live my life over again, I would devote it to proving that germs seek their natural habitat, diseased tissue, rather than being the cause of the diseased tissue; e.g., mosquitoes seek the stagnant water, but do not cause the pool to become stagnant."

Virchow's analogy of a swamp is particularly apt in terms of the role of oxygen in health. When the body doesn't have enough oxygen, indeed, the internal milieu becomes swamp-like—low in oxygen with an overgrowth of weed-like living forms—viruses, bacteria, cancer cells, yeast—that can only survive in low oxygen environments.

Today, oxygen supplementation is used to ease many health conditions, including hyperbaric oxygen chambers for emphysema, pneumonia, carbon dioxide poisoning, gas

[6] Goldberg, Jane. *Deceits of the Mind*, Transaction Publisher, Rutgers University, 1991.

gangrene and decompression sickness. Even conventional cancer therapies, including chemotherapy and radiation sometimes produce oxygen-activated events that kill cancer cells. (Verteporlin is one such drug, though the toxic effects of chemo and radiation therapies are hard to overcome even with the augmented oxygen effect.) Interferon drugs, too, raise the oxygen levels of the body. However, oxygen has rarely been used as a first line of defense in the treatment of disease; rather it has been more of a stopgap intervention in the event of crises to stabilize the patient for further (usually toxic drug) intervention. But, as we will see, many diseases, including the two main degenerative diseases that most of us will die from—heart disease and cancer—have oxygen issues related to the formation and progression of the disease. It would seem logical to use oxygen as a front-line intervention. Oxygenation should be the medically appropriate first step in treatments for most diseases because tissue oxygenation is a prerequisite for recovery from most unhealthy physical conditions.

APeX and the Healthy Terrain (or why APeX works):

Bernard defined a healthy terrain as consisting of two internal factors:
1. Alkalinity
2. Electrical Charge

And, contributing to a healthy terrain (or not), according to Bernard, are two external factors:
1. Nutrition
2. Toxins

(Parenthetically, as a psychoanalyst, I would suggest one more factor to be added as contributing to a healthy terrain: having a full, rich internal psychic life of thoughts and feelings—as delineated in my book, *The Dark Side of Love*.[7] This concept is different than the current popular notion of "positive" thinking. Rather, it is what might be called "Comprehensive Thinking and Feeling.")

Electrical Charge (voltage and + or -):
All the tissues of the body are made of cells. Every function that occurs in the body is due to the activity of cells. Each cell has a waterproof membrane surrounding and protecting it. Because of ions within the cell that hold an electrical charge, the cell membranes, too, have an electrical charge. A young and healthy cell has a membrane charge of around 70 millivolts. The body's over-all electromagnetic field is naturally at a higher intensity than all pathogenic cells, including bacterial, viral, cancer and fungal cells. An aged cell, similarly, has a membrane charge that is lower than a healthy cell. A cancer tumor cell has a charge as low as 15 millivolts. When the membrane charge becomes critically low, the cell has too little energy. In order for the cell to become healthy again, energy must be given to the cell.

[7] Goldberg, Jane. *The Dark Side of Love*, Transaction Publisher, 1993

Charges are also either positive or negative. Healthy cells are negative, and want to be fed by negatively charged ions. On the other hand, all pathogenic cells—viruses, bacteria, yeast, mold, cancer, and all others—are positively charged.

The active oxygen molecules that comprise the molecular boundary of the APeX nano-cluster have a slight negative charge.

pH (Alkaline or Acid):
As we all know, in spite of oxygen being a gas, and existing in the atmosphere, it also lives happily in water. Water is a main carrier of oxygen. Water is one oxygen molecule connected to two hydrogen molecules. If you break the water molecule apart, you have a hydrogen molecule on one side (H^+), and an oxygen and hydrogen on the other (OH^-).

The singular hydrogen (H^+) is acidic, with a low pH, and with a positive charge. The hydroxyl (OH^-) is alkaline, with a high pH, and with a negative charge. When they—the two "H's" and the one "O"—then come together, their pH is neutral. The pH of water is 7 (though this changes slightly depending on the quality of the water), and this neutral pH is considered to be the demarcation point between acid and alkaline.[8]

The more hydrogen there is in a solution, the more acidic that solution. Acidity can mean a lack of oxygen; bacteria, viruses, germs, fungi, cancer cells—all survive with little or no oxygen; all are acid. On the other hand, usually, though not always, the more oxygen present, the more alkaline is the solution.[9] Alkalinity generally means more oxygen.

I have personally tested the alkalinity of APeX water. I created a mini-lab in my kitchen, and tested as it is shipped, in its concentrated form, as well as various dilutions that I mixed. Each test revealed the same level of alkalinity: 9. I don't know whether it is particularly significant that it tests the same level of alkalinity no matter the dilution, but I did find that point interesting.

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[8] Drinking water and natural water exhibits a pH range because it contains dissolved minerals and gases. Surface waters typically range from pH 6.5 to 8.5 while groundwater ranges from pH 6 to 8.5. Water with a pH less than 6.5 is considered acidic. This water typically is corrosive and soft. It may contain metal ions, such as copper, iron, lead, manganese and zinc. The metal ions may be toxic, may produce a metallic taste, and can stain fixtures and fabrics. The low pH can damage metal pipes and fixtures. Water with a pH higher than 8.5 is considered basic or alkaline. This water often is hard water, containing ions that can form scale deposits in pipes and contribute an alkali taste.

[9] Warburg is often referred to as the discoverer of the relationship between pH and oxygen. I haven't been able to find anything he actually said that states this, but in any case, while it is usually true that alkaline water is highly oxygenated, it is not always true. For instance, calcium oxide is so alkaline it is caustic. And it only has one oxygen atom (CaO). Acetic acid is, of course, acidic even though it contains twice as much oxygen (CH_3COOH). Lactic acid contains 3 times more oxygen ($C_3H_6O_3$) as does nitric acid ($HNO_{3)}$. Sulfuric acid has four times more oxygen (H_2SO_4).

Our body's pH will control the activity of every metabolic function happening in our body. pH is behind the body's electrical system and intracellular activity as well as the way our bodies utilize enzymes, minerals, and vitamins.

The Mechanism of APeX Water:

APeX's effectiveness as a healing agent begins because of meeting Bernard's requirements for insuring a healthy terrain, as it is both highly alkaline and negatively charged.

A distribution imbalance between positively and negatively charged elements creates what is referred to as a "potentiation differential." When APeX enters the body, the negative charge of the nano-clusters is potentiated by and then drawn into the positively charged pathogens and/or pathogen-infected cells. The potentiation differential makes APeX's contact with pathogenic cells inexorable and unavoidable. They find each other, pulling into each other like north and south magnets.

APeX brings energy into the cell by supplying the cell with an abundant amount of oxygen though its Silver-Oxygen nano-clusters. Within seconds, the oxygen is released into the pathogen, because of the potentiation differential between the oxygen and the pathogenic cell. The binding electrons of the oxygen atoms are attracted to the pathogenic molecular electronic imbalance.

The inevitable attraction between the APeX nano-clusters and the pathogens allow the nano-clusters to enter into the larger molecular structure of the pathogens. Pathogenic cells become oxidized, and cease to be viable. They disintegrate instantly when they come into contact with APeX. When this happens, the architecture of the pathogen collapses. It is as if a bomb has gone off inside the cell. Destruction of hypoxic pathogens is precise, inexorable, and unavoidable.

Bill C. makes the point that APeX nano-clusters are not like a bucket carrying oxygen molecules that are dumped into the blood stream. Rather, he suggests an alternative visual: picture a ball with an interior core that has physically captured countless active oxygen molecules. The oxygen molecules are 'glued' to the inner core, and are not yet bio-available while in the blood stream. However, when the ball is pulled into a pathogen by the powerful potentiation differential, the 'glue' is 'dissolved.' With no glue maintaining the solidarity and structure of the ball, the active oxygen molecules are enabled to break loose from the core and now become bio-available such that they can, now, destroy the targeted pathogen. Yet, the active oxygen molecules are bio-available ONLY during the ridiculously brief period of time (nano-seconds) it takes for the active oxygen molecules to explode the host pathogen. After the pathogen is destroyed, the potentiation differential that stripped the oxygen molecules from the ball disappears, the active oxygen molecules then re-bond to the nucleus, and the ball moves on to the

next pathogen, then the next, ad infinitum.

This phenomenon has been witnessed with live blood cells in a dark field microscope. It doesn't matter if the pathogen is a virus, bacterium, fungal, because all pathogens have in common trying to avoid oxygen at all costs.

While APeX has eliminated pathogens in many people, it has not helped everyone who has drunk it. The question begs to be asked: Why does it reverse pathogens in some, and not others? It's a complicated, multi-layered answer. But one variable is evident.

The cell not only needs to RECEIVE oxygen to function properly, it needs to ABSORB oxygen. Bruce Lipton, cellular biologist from Stanford, makes the distinction between closed and open cells.[10] According to Lipton, an open cell is in a growth state and functions quite adequately. However, when stress is felt, the body reverts to a primitive fight-for-survival state; the panic button in the brain has been pushed. We call this brain-mode: fight or flight. The whole body is poised to fight, or flee, in order to preserve its very survival. In this state, blood moves away from the gastro-intestinal tract and skin; pupils dilate; heart rate increases; blood gets diverted to the muscles. In effect, the entire body has gone into a high alert state. The cells, then, shut down, or close, in preparation for the fight. A closed cell can no longer receive oxygen. It is also not able to absorb nutrients, nor properly eliminate waste. Although acute crises can stimulate this mechanism—which is the activation of the sympathetic nervous system—the body can recover easily and fully when the sense of threat disappears. But under conditions of a prolonged sense of threat, the sympathetic nervous system takes over as the main mode of operation. When this occurs, healing is not possible.

APeX can't cure prolonged stress. It can only bring oxygen to the cells that are ready to receive it.

The book written by the 2 Bills sums up the mechanism of the effectiveness of APeX:

- Hypoxia induced changes in pathogenic cells can increase resistance to conventional therapies,
- With hypoxia identified as a key driver of the growth and spread of cancer, direct oxygen infusion appears to be an effective therapy,
- Artificially Intelligent Hunter-Killer Oxygen Delivery Nano-Bots deliver active oxygen molecules directly into hypoxic cancer cells, destroying them instantly.

[10] http://tamaramessenger.com/missing-piece-of-the-healing-puzzle

The Cancer/Heart Disease Oxygen Situation:

Cancer cells are probably the best illustration of Darwin's survival of the species and adaptation to insure long life. In fact, the cancer cell may have the longest life of any living entity ever known to exist on the planet (though it is commonly thought, and joked about, that the cockroach may outlive human life). It is now thought by most scientists that the cancer cell is immortal (though recent research by Professor Dorothy Bennett suggests that the immorality of cancer cells may be restricted to late-stage cancer cells[11]). Left to its own devices, the pathogenic cancer cell will go on and on, replicating and reproducing itself. This "immortal" cancer cell dies only when its host, on whom and within whom it has fed and lived, dies.

I refer to the adaptability of the cancer cell because over the period of its life in its host (you and me—all animals, human and otherwise—who suffer from cancer), it changes its very nature. It changes the mechanism of what it needs to sustain itself. This is perhaps the most interesting, and least-known attribute of cancer. But, as we will see, it is in its very changing adaptability that we can find its vulnerability.

As cancer cells begin their growth, taking hold within the host, and as the cells struggle to survive and proliferate, continuing their journey into what ultimately becomes a tumor, they require vascularization. Vascularization means blood flow, and blood flow means oxygen. Bourgeoning cancer cells cannot develop without some oxygen.

Yet, once the tumor has formed, and the body harbors cancer cell colonies, the cancer cells, paradoxically, change their nature. This was Warburg's Nobel Prize-winning discovery that remains, to this day, unquestioned: how cancer metabolizes. He said that cells once thriving on oxygen suddenly become anaerobic.

> Cancer, above all other diseases, has countless secondary causes. Almost anything can cause cancer. But, even **for cancer, there is only one prime cause**. The prime cause of cancer is the replacement of the respiration of oxygen (oxidation of sugar) in normal body cells by fermentation of sugar… In every case, during the cancer development, the oxygen respiration always falls, fermentation appears, and the highly differentiated cells are transformed into fermenting anaerobes, which have lost all their body functions and retain only the now useless property of growth and replication.

Now, instead of depending on oxygen, the cancer cells become hypoxic; they thrive now

[11] Soo, J. et al. (2011). Malignancy without immortality? Evidence for cellular immortalization as a late event in melanoma progression *Pigment Cell & Melanoma Research* DOI: 10.1111/j.1755-148X.2011.00850.x

only in conditions of reduced availability of oxygen. It is currently thought that hypoxia is created because of the tumor outgrowing the existing vasculature. The ever-creative, impossibly smart cancer cell then adapts to its new hostile environment, and finds a way to survive (and thrive) under these new adverse conditions. Now, the less oxygen, the happier the cancer cell is. They begin a hate-affair with oxygen, their former best friend now turned into a mortal enemy. The cancer cell now needs, at all costs, to avoid being found by oxygen. Oxygen has transitioned from being the life-support system for the cancer cell to being the death-knell to cancer.

If you think about it from the cell's point of view, it all makes perfect sense. If you were a cell, and you were suddenly deprived of oxygen because of finding yourself living in an acidic environment, what would you need to do to survive? You would need to change your method of metabolism to one that did not require oxygen. And this is exactly what happens in cancer.

Ironically, cancer could very well be our body trying to survive the conditions that we ourselves have created, the bodily environment that we have allowed to develop—high acidity and a positive electric charge: in short, the conditions that will result in deterioration of our health and hasten our own death. Perhaps a more succinct way of saying this is*: cancer is the result of your cells trying to survive a condition that you yourself won't.*

Warburg finished one of his most famous speeches, "The Prime Cause and Prevention of Cancer," with the following statement:

> Nobody today can say that one does not know what cancer and its prime cause is. On the contrary, there is no disease whose prime cause is better known, so that today ignorance is no longer an excuse that one cannot do more about prevention.[12]

Warburg's idea that long-term lack of oxygen in cells is the key driver of cancer growth has been confirmed by modern research. Many studies have measured the link between oxygen partial pressure in cells (or expression of hypoxia inducible factors, their

[12] The Prime Cause and Prevention of Cancer. Dr. Otto Warburg Lecture delivered to Nobel Laureates on June 30, 1966 at Lindau, Lake Constance, Germany
www.stopcancer.com/ottolecture3.htm

concentrations) and appearance, growth and metastasis of tumors.[13] [14] [15] Researchers found that low cell oxygen controls all these factors, including survival of patients. Dr. S. Rockwell, from Yale University School of Medicine, studied malignant changes on the cellular level and wrote, "The physiological effects of hypoxia and the associated micro environmental inadequacies increase mutation rates, select for cells deficient in normal pathways of programmed cell death, and contribute to the development of an increasingly invasive, metastatic phenotype."[16]

Low oxygen levels have been shown also to be predictive of cancer recurrence. In one study, Dr. Michael Milosevic and colleagues measured oxygen levels in 247 men with localized prostate cancer prior to radiation therapy and followed them for a median of 6.6 years. Low oxygen in the tumors predicted early relapse after radiation treatment, and it was the **only** identified factor that predicted local recurrence. Dr. Milosevic states: "We've not only shown that men do worse if they have low oxygen levels (hypoxia) in their prostate cancer, but that they also do worse over a shorter period of time."[17]

Oxygen deficiency in the human body has been linked not only to cancer, but to every major illness category. The human body responds in many adverse ways to oxygen deficiency.

All heart attacks result from the failure of the heart muscle to receive adequate supplies of oxygen. Hypoxia invites cardiac trouble by over-stimulating the sympathetic nervous system and raising the heart rate. Increased levels of hemoglobin are a frequent result of oxygen deficient blood. To compensate for a chronically low supply of oxygen, hemoglobin, which carries oxygen in the blood, may increase. This then thickens the blood and impairs its ability to flow easily.

Oxygen deficiency is, as well, a common factor in respiratory diseases, and the heart becomes involved in these too. These conditions include asthma, bronchitis, emphysema and various forms of Chronic Obstructive Pulmonary Disease (COPD). The

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[13] Temporal, spatial, and oxygen-regulated expression of hypoxia-inducible factor-1 in the lung; Aimee Y. Yu1 et al**;** *AJP – Lung Physiol*; October 1, 1998 vol. 275 no. 4 L818-L826

[14] Shaw, K. (2008) Environmental cues like hypoxia can trigger gene expression and cancer development. *Nature Education* 1(1)

[15] The Regulation of HIF-1 http://molpharm.aspetjournals.org/content/70/5/1469.full#sec-3

[16] Rockwell S, Oxygen delivery: implications for the biology and therapy of solid tumors, *Oncology Research* 1997; 9(6-7): p. 383-390.

[17] M. Milosevic, P. Warde, C. Menard, P. Chung, A. Toi, A. Ishkanian, M. McLean, M. Pintilie, J. Sykes, M. Gospodarowicz, C. Catton, R. P. Hill, R. Bristow. "Tumor Hypoxia Predicts Biochemical Failure following Radiotherapy for Clinically Localized Prostate Cancer." *Clinical Cancer Research*, 2012; 18 (7): 2108 DOI: 10.1158/1078-0432.CCR-11-2711

arteries that carry blood from the heart into the lungs sense low oxygen levels and constrict in order to direct blood to more normal areas of the lung. This causes pressure in the pulmonary arteries to rise. The heart responds by dilating and contracting ineffectively, eventually causing the heart to fail. A common warning sign of this condition is edema or swelling of the legs.

Oxygen Therapy for Cancer: Perhaps It's Not What It Seems

It is easy to use these understandings to come to a plan on how to therapeutically address cancer, heart disease, respiratory afflictions, and many other diseases: infuse the body with oxygen. And specific to cancer, while it might seem logical to use oxygen as a front-line therapeutic strategy, following Warburg's theory about the nature of cancer being hypoxic, the fact is it has been difficult to prove that putting more oxygen into the body, as has been done in currently available medical therapeutic techniques, is useful in cancer conditions.

Esteemed physician Andrew Weil addresses the point by referring to the presumption that Warburg's discovery implies that cancer cells would die off if exposed to high levels of oxygen:

> While that may sound plausible, we now know that Dr. Warburg was wrong. Oxygen doesn't slow cancer growth - in fact, tumors often grow rapidly in tissues well supplied with oxygenated blood. Nor does depriving tumors of oxygen stimulate their growth. Moreover, a study published in the *Scientific Review of Alternative Medicine* noted that since human tissues require 200 to 250 milliliters (ml) of oxygen per minute, the maximum additional amount that could be dissolved in all of the plasma of a normal weight adult would hardly be enough to make a difference in how much cancer cells would receive.[18]

If Weil is right in postulating that the implication of Warburg's discovery is NOT that cancer can be cured by simply providing the body with more oxygen, then how can we use Warburg's confirmed finding of cancer sustaining itself only in a low-oxygen environment to our advantage? I am calling this question the *Warburg Dilemma*. It's an important question, especially considering that there are so many holistic cancer clinics that provide oxygen-infusion therapies. Are they barking up the wrong tree? Or, are they barking up the right tree with the wrong climbing equipment?

[18] http://www.drweil.com/drw/u/QAA322213/Can-Oxygen-Cure-Cancer.html

And, Speaking of the Wrong Climbing Equipment

Free radicals, and antioxidants that fight free radicals, have become all the buzz of late. And the issue is not inconsequential to APeX. The antioxidants *may* conflict with the oxygenating effect of the water, and as a consequence, the Bills have advised APeX drinkers to allow 30 minutes between APeX and supplemental antioxidants. To understand why this conflict might arise, we have to look at what free radicals are, and the function antioxidants perform in the body.

Free radicals are varied in their shapes, sizes and chemical configurations. But, they share in common a voracious appetite for electrons; they steal them from any generous molecule that will release them. It is electron theft; and with the loss of an electron, the substance can change from its original configuration. The theft can alter the structure or function of the substance from which the electron has been stolen. While there may be times that these alterations are benign, the change is not always innocuous. For instance, free radicals can change the instructions coded in a strand of DNA; they can make a circulating low-density lipoprotein molecule (referred to as "bad cholesterol") more likely to get trapped in an artery wall; or they can change the flow of what enters and what leaves the cell through altering the cell membrane.

Clearly, it is important for the body to be able to protect itself against the damaging effects of free radicals. And in the innate brilliance that our bodies have, indeed, there is a built-in mechanism to do just that. Our bodies have been fighting free radicals since our bodies were first invented, and on a continuous basis, we produce massive amounts of molecules that quench the onslaught of free radicals. We also have the ability to extract free radical fighters from our food. These free-radical fighters are our body's innate antioxidants. They compensate for the theft of the electrons by donating their own electrons.

Scientists have identified hundreds of agents that are labeled as antioxidants. There are probably many more hundreds, perhaps even thousands, waiting to be discovered. The ones we are most familiar with are vitamin C, vitamin E, beta-carotene, the minerals selenium and manganese, glutathione, coenzyme Q10, lipoic acid, flavonoids, phenols, polyphenols, and phytoestrogens.

But, as in all things, context matters. Some substances that serve as antioxidants in one biological situation may be prooxidants—electron grabbers—in a different chemical milieu. Substances that have antioxidant properties at low concentrations have anti-antioxidant, or prooxidant properties at higher concentrations. Vitamin C and uric acid are examples. When present at high concentrations, they engage in a reaction with iron in the blood to generate free radicals.

It is certainly true, and has been shown by many research studies, that free radicals contribute to chronic diseases including cancer, heart disease, Alzheimer's, and vision loss. However, the connection between free radicals and disease doesn't automatically mean a similar connection between antioxidants and health. There is no reason to suppose that substances with antioxidant properties will necessarily fix the free radical problem any more than the assumption that saturating the body with oxygen will automatically fix the cancer problem.[19]

The vitamin analogy may be useful here. We know that vitamins are most effective when they used by the body in their original and natural context. It is important to understand the implications of removing one part of a food from the whole food. The difference between a fragmented supplement and a whole food supplement can be seen as the difference between a potato and a potato chip. One is a food grown from the earth; the other is a man-made manufactured product with little or no nutritional value. A vitamin, as it exists in nature, is never a single chemical; rather, it is a group of interdependent compounds that work synergistically. These compounds form what Royal Lee (the founder of Standard Process, one of the first whole foods supplement companies) called a "nutrient complex," so intricate that only a living cell can create it.

Fragmented supplements lose the synergy and value of being the sum of all the parts of being a whole food. When too much of a specific, isolated material is taken into the body, it can upset the balance of the over-all metabolism. A compensatory deficiency of other vitamins can ensue. For instance, calcium interferes with zinc absorption. Too much of a specific form of a B vitamin can cause an imbalance in other B vitamins. And so on.

The analogy with antioxidants should be clear. When an antioxidant is taken out of its original context, it is akin (or even identical) to a fragmented vitamin (identical because some antioxidants ARE vitamins). Isolated antioxidants may or may not have a beneficial effect within the body. Isolated antioxidants may have a beneficial or a malignant effect within the body.

The sum total of results of research studies conducted on antioxidants remains inconclusive. Generally, cancer patients who take anti-oxidants report that they feel better than those who don't take them. But research into the biology of what happens in the body on antioxidants shows that they can actually hasten the progression of the cancer.

A study done in 2014 was performed on mice with melanoma. The mice that consumed the antioxidant n-acetylcysteine (NAC) doubled the rate at which the cancers metastasized. Then, the same researchers performed the experiment again on cell

[19] shades here of the *Warburg Dilemma*

cultures from patients with malignant melanomas, and got the same results. Clearly, the antioxidant sped up the growth of the cancer cells.[20]

One study that was treating cancer patients with high dose antioxidants had to be aborted because it turned out that the antioxidants made the cancers grow. In spite of prevailing thought, it is not recommended for cancer patients to take antioxidants. Most cancers do not produce anti-oxidative protection and in this way they are unlike healthy cells. This makes them very susceptible to oxidative therapies, which chemotherapy and radiation are a part of. Antioxidant supplementation negates the oxidative treatments and allows for the cancers to grow and to spread.

The scientists proposed an understanding of the contradiction between feeling better on the NAC supplement and the increased rate of growth of cancer cells. They saw that within the cancer cells, the NAC increased the levels of reduced glutathione, and simultaneously decreased the levels of oxidized glutathione. Reduced glutathione protects cancer cells from the body's immune system. As Frank Shallenberger says about the contradiction: "Sure, it helps your healthy cells, but the cost is too high."[21]

Nobel Prize winning scientist and co-discoverer of the Double Helix, James Watson, presents another scientifically sound hypothesis (but note it is only a hypothesis) of why antioxidants should not be consumed specifically when one is undergoing traditional medical treatment for cancer. Watson's hypothesis has been frequently misunderstood, and interpreted, at times, as his stating that antioxidants induce cancer. I'll call this the *Watson Controversy*. In point of fact, Watson never made that claim. Rather, he referred to the process of apoptosis—cellular suicide—a process that all normal cells have available to them, but one that eludes cancer cells, making them immortal (as discussed earlier in the Report). Apoptosis necessarily involves the formation of free radicals. Cancer cells invariably produce antioxidants that neutralize free radicals. Radiation and chemotherapy kill cancer cells by generating oxygen radicals—the opposite of antioxidants—and these then trigger cell apoptosis. Watson suggests that we want oxygen radicals in cancer cells because their presence induces apoptosis; and further, he proposes that taking antioxidants might be preventing medical cancer treatments from doing their appointed task of destroying cancer cells.[22]

APeX solution targets pathogenic cells, and then destroys them—in effect, inducing

[20] Le Gal K, Ibrahim MX, et al. Antioxidants can increase melanoma metastasis in mice. *Sci Transl Med*. 2015 Oct 7;7(308).
[21] Frank Shallenberger. "When you have cancer, should you take supplements?" Second Opinion; November 16, 2015.
[22] James Watson. "Oxidants, antioxidants, and the current incurability of metastatic cancers," *Open Biology,* 2013.

apoptosis. It is likely that APeX needs the oxygen radicals to be healthy and plentiful in order for them to assist the oxygen clusters in APeX in their mission of the destruction of the pathogenic cells. The Bills don't recommend that users of APeX stop eating blueberries, but they do recommend that antioxidants be taken 30 minutes before or after food.[23]

Interview by Bill Chastain with Scientist on APeX:

(the name of the scientist has been changed, as during the course of this radio interview, he received a death threat; he immediately terminated the interview, and has not spoken publicly about APeX since)

Dr. Adams: "This is a very fundamental breakthrough in the understanding of how to get this into the context of the cancer cell or at the pathogen itself. APeX is a medical game changer.

"APeX is the most powerful oxidant for pathogens, specifically. That's because pathogens have these big holes that they utilize, that they attach with, that they scavenge with. This whole scavenging thing, people just don't get it. It's such an exciting thing. I'm praying all the time that we just don't blow it completely on this planet, because we're at such an exciting moment in our evolutionary history of realizing the wonder of which we are a part.

"This is an amazing thing, the dynamics of these things, to see these pathogens going through the bloodstream scavenging electrons. This research has only really been going on for the last 30 years. On the cellular molecular level, the progress has been really great, but unsung. It's not like people know about it in general, because these are scientists are very timid, usually, and politically almost always in difficult situations."

"This is why we say the logic of the parasite taking over the host. As you talk to leading parasitologists, whom I told you I've spent a huge amount of time talking to these guys when my daughter came down with this parasite. I had no idea how almost full loop it had happened in parasitology. These pathogens recreate our chemistry so that they can proliferate. It's hard for human beings to believe that a pathogen has that kind of inherent intelligence. It's a molecular intelligence. It's because we don't understand that consciousness is not quantifiable in the way that we normally consider it to be. We watched these things happen. If you spent the amount of time that some of us have

[23] There is abundant evidence that eating whole fruits and vegetables—all rich in networks of antioxidants and their helper molecules—provides protection against many of the scourges of aging and diseases. But, the benefits of fruits and vegetables may be due to compounds other than antioxidants. It seems to me just as likely that the key is not what these fruit/vegetable loving people are eating, but, also, what they are not eating: they are not eating lots of meat. But I am partial to vegetarianism, having not eaten meat for 50 years. I am an avid follower of Colin Campbell's work: his enormous research undertaking, *The China Study*, and most recently *Whole*.

spent at dark field microscopes.

“I have a molecular biology book on my desk. I would have this brand new, leading-edge, 1993 brand-new molecular biology text on my desk and this dark field microscope. I would say, “Here, look at the monitor and look at this picture.” Here in the book is this picture of what this thing is doing, and here on the screen is it happening live.

“When you take people into that world and they start looking at their own blood that way, and they start seeing, “Okay, this is how this growth factor’s being exchanged. Okay, here’s the thing that carries the growth factor to that kind of cell. Here it is in your healthy blood, and here it is unhealthy blood.” How this thing that is supposed to carry the growth factor has no motility, and isn’t able to actually make contact and do what it’s supposed to do.

“Here’s the cancer broadcasting these chemicals and these proteins that are actually robbing charge from the healthy cells that are actually creating a barrage of ‘getters’ that are actually grabbing the active hydrogen and oxygen and things out of this serum.

“It’s amazing, once you really watch this dynamic, and these guys don’t watch it dynamically.

“What APeX does is it goes right down to the pathogen and is a bomb. It’s potentiated, it’s small enough, and it carries this cluster of oxygen which is alien. This cluster of oxygen is not like anything else that I know of at least in molecular structures. This is a very, very fundamental breakthrough in the understanding of how to get this into the context of the cell or at the pathogen itself. It’s very different from just plain nanosilver. Nanosilver is very effective in its own way outside the body, but APeX is so different from that.”

Chastain: “One of the things in looking at the research and the cancer industry, they’re trying to attach their patented chemos to nanoparticles and use the silver or gold as a dolly. We’re already doing that with oxygen which is friendlier than say toxic chemos that you stick onto the nanoparticle and shove into a cancer cell. They’ve spent hundreds of millions of dollars trying to use nanosilver or nanogold as a dolly to deliver their patented chemos.”

Dr. Adams: “Oh yeah, I’m sure I told you this. This is how the whole thing happened at Mayo. The whole thing happened at Mayo because they were under contract with whatever company produces Avastin. To deliver Avastin and other chemotherapy agents more efficiently to the tumor site. It was a benign intent. They wanted to reduce the toxicity. They wanted to increase the effectiveness; both of those are benign intents.

“Somebody had serendipitously discovered that nanogold was absorbed into cancer tissue preferentially. He had discovered that, and somebody had read his paper in this Mukherjee group at Mayo Clinic, and said, ‘Why don’t we try to use nanogold?’ I’ve

talked to these guys quite a bit. They discovered that, sure enough nanogold acted as a dolly, carried it right into the tumor, and voila, there you have it. It was an amazing thing that happened.

“Then all four of them were suddenly antiangiogenic. Avastin is a horrible toxin and also a drug that makes that company billions of dollars and costs between thirty and ninety thousand dollars for these last-minute treatments that are very rarely used in the early phase. Some people use it effectively in the early phase for a brief period of time, which is an interesting thing. They save people’s lives by actually using it intelligently. That’s rare, but it does happen.”

Chastain: “We’ve had three long-term APeX survivors pass within three weeks after being convinced to take either Avastin or Herceptin.”

Understanding of APeX from a Leading Physicist Who Was Cured of an Inoperable Brain Condition Using APeX:

“One of the most interesting developments of the last twenty years in molecular biology is the growing awareness of the importance of cellular and pathogen electrical charge distribution. We are gradually coming to understand that most pathogens take advantage of electrical charge distribution inadequacies or vulnerabilities in the molecular structures of cells.

“It is observed that weakened cells are electronically charge-challenged in that the charge on the cell membrane and/or within the cell itself is disrupted in its distribution. For example: Red Blood cells or Erythrocytes stick together when the healthy slightly negative and uniform charge on the cell membranes becomes electron depleted. This condition is called Rouleaux and is a precursor to unhealthy clotting which causes strokes and other circulatory related pathogenic challenges.

“Positive ions from our air, water, processed food or the molecular structures of pathogens infecting our bodies scavenge electrons from healthy cells, depleting the cells and the surrounding serum environment by attracting those electrons to their abundant open valences.

“This disrupts the uniformity of charge distribution at the outer membrane of red blood cells and the cell membrane charge abundance of disease fighting cells such as leukocytes (where charge depletion causes a reduction in motility) and opens these cells to further molecular challenges manufactured by the pathogens during their assault. Then the pathogens either attach to the cell membranes and eventuate penetration or invade the cell forthwith through now damaged–electronically challenged cell membrane walls. Another aspect of these phenomena, which we are learning more and more about with each passing year. When a formerly relatively healthy cell becomes infected by a pathogen, that pathogen projects a potential well beyond the cell membrane and into endoplasmic environment in a manner similar to a lightningrod.

“When it comes to cancer cells this phenomenon is greatly magnified. The initial cancer host cells (i.e. those cells, which have first succumbed to the cancer causing pathogen) become factories for the production of cytotoxins. These cytotoxins are then released into the blood stream to scavenge electrons and destroy the membrane integrity of healthy cells.

“Solid tumor cancer cell colonies are hypoxic. Hypoxia is a condition describing the reduced availability of oxygen. This is a paradox considering the fact that in order to survive/proliferate cancer tumors also require vascularization. As the disease progresses cancer tumor colonies do not wish to be oxidized. Too much oxygen spells death to cancer. This makes pathogenic cells ideal targets for the APeX silver-oxygen nano-cluster.

“Based on our early investigation of the demonstrated increase of anti-pathogenic activity of APeX, the slight negative charge at the APeX nano-cluster molecular boundary, which is comprised of active oxygen molecules, allows these Nano-Clusters, or smart bombs, to be potentiated by and then drawn into pathogens and/or pathogen infected cells. Therefore the pathogen’s proclivity to scavenge electrons becomes its downfall. Once so attracted to the lightening rod like charge imbalance of the pathogen itself, the nano-cluster enters into the much larger molecular structure of the pathogen and literally causes that architecture to collapse/dissolve.

“This occurs when the binding electrons of the active oxygen atoms are more attracted to the pathogenic molecular electronic imbalance then they are to the positive nano-silver ion they surround and which acts as their dolly. Suddenly the oxygen phobic pathogen becomes super oxidized and ceases to be viable. It is as if a bomb has gone off. We believe that the molecular cluster at the heart of the APeX smart bomb may primarily serve the role of a dolly for the oxygen.

“Because there is no known negative ion of silver it provides the ideal vehicle to attract and deliver active oxygen to the pathogenic cell. More surface area per gram weight is available for this crucial bonding with the active oxygen. The smaller APeX Nano-Clusters can easily penetrate cell membranes, including all known pathogens.

“Although colloidal preparations of silver have over a century and a half of history and some very real in vitro therapeutic effects it is only with the advent of nano smart bombs that there can be consistent in vivo penetration of the molecular structures of pathogens and pathogen infected /charge depleted cells. We feel that there are years of exciting research ahead as we discover more and more of the characteristics of APeX related anti-pathogenic activity. Now that there are microscopic tools that allow us to observe the nano and cellular domains in real time with living cells we look forward to actually seeing APeX and other nano molecular preparations as they reveal their yet to be discovered benefits.”

About APeX Water: How to Use, When, and Why

The following information has been culled from independent observations, first hand reports made by APeX volunteers, informal university clinical trials, and formal medical records generated by board certified oncologists. They are not intended to be scientific data or the results of a formal study; rather, they are anecdotal entries that are offered here precisely as they were reported to APeX Research Institute.

1. The daily regimen for taking APeX is to mix it with filtered water and take the recommended amounts of this diluted mix.

2. There is no taste, and no adverse side effects have been reported.

3. Athletes report endurance and performance enhancement with an ounce of APeX added to their work out water bottle. Most report diminished muscle burn during work out and minimal next day soreness.

4. A positive feeling of overall wellness is described by most APeX volunteers.

5. Pain levels are often reported as noticeably reduced rather quickly and appear to remain manageable.

6. Low level infections have been noted to disappear within a week or less. APeX volunteers rarely report getting colds or flu.

7. Some APeX users report a not unpleasant “busy” or “tingling” sensation in the area of a surgical or previous injury site. When this “busy” feeling is experienced in areas not previously identified as pathogenic, it has sometimes been seen to be a (non-scientific) indicator that the pathogen has spread to areas beyond those identified by the latest diagnosis.

8. APeX has been formally noted by pediatric oncologists to be able to accesses brain tumors across the blood-brain barrier. Two delightful children with Stage IV brain and upper spine cancer defied the 1-2 % survival odds given to them by their pediatric oncologists. Both are now leading normal lives with no evidence of cancer ten years later.

9. Frequent daily topical applications of concentrated APeX have been reported to have a dramatic positive effect on skin and other visible lesions.

10. One practitioner using APeX in his clinical practice advises his patients to spray the concentrated solution on their faces to achieve an anti-aging effect.

11. APeX can be, and has been used successfully as ear, nose, eye remedies for various afflictions affecting these local areas in the body.

12. Measurable improvement (scans, blood workups) is generally noted by the APeX volunteers' doctors at about six weeks and continues thereafter.

13. Affected growths have been observed through scans and direct physician observations to change in unique ways over different time periods: some shrink quickly, some liquefy slowly, and then disappear, and some calcify. More research is needed in order to gather and use this information with increased accuracy.

14. The APeX silver nucleus is sub-nano in size and shares no size or shape characteristics with colloidal, ionic, or nano-silver particles, which are needle shaped and have been observed to cause cell damage in vivo.

15. There is no possibility of silver accumulation. Silver content of the APeX silver nuclei in concentrated APeX is 0.97 ppm (lower than the EPA standard of 1.0 ppm for silver content in safe drinking water). When activated in filtered water, APeX concentration drops to an even more insignificant level of 0.0136 ppm.

16. Silver concentrations in commercially available silver colloids and ionic silver solutions are dangerously high–up to 250 ppm with particle sizes approximately 70 times the accepted size of nano-particles.

17. APeX Institute has received anecdotal field reports from Chili, China, Ghana, Puerto Rico, South Africa, Liberia, and England of rapid improvement or total relief from: Malaria, Hepatitis-C, Pneumonia, Multiple Sclerosis, HIV/AIDS, Lyme disease, Mogellan's Disease, colds, flu, severe burns, miscellaneous infections, and surgery recoveries.

18. Concentrated APeX has an undetermined shelf life, but examples have survived for nineteen years without losing effectiveness when stored away from temperature extremes.

19. Preliminary indications from in vitro clinical observations and seven years of Translational Observations clearly indicate that APeX may have a positive effect against even the most virulent drug resistant pathogens of the so-called superbugs.

20. Because APeX is not a chemical-based antibiotic, pathogens can't mutate or develop resistance fast enough to develop immunity.

Studies on APeX Water:

Creighton University Medical Center–1989: Conclusions:

1. "APeX is bactericidal at a dilution of 1:8 for Escherichia coli and Pseudomonas Aeruginosa.

2. APeX also killed drug resistant Staphylococcus Aureus during our labs twenty-four hour test."

Sincerely, Christine Sanders, Ph. D.

Belsar Laboratories, London, England–1991

APeX was tested on volunteer HIV/AIDS patients, with at least two independent laboratory tests indicating an HIV Positive condition. Even when tested on patients who had a T- cell count less than 200, after completing this treatment, patients T-cell count radically increased to as high as 800+ over a three month period.

1. 21 patients were tested and treated.

2. 10 HIV patients, 11 AIDS patients.

Conclusions:

All patients treated and released with no viral detection

Texas A&M University, Bryan, Texas 1992

Mechanical properties testing:

1. "APeX has disinfecting characteristics

2. APeX is non-toxic and has no chemical additives

3. APeX has not been scientifically mixed or blended, but is in permanent suspension.

4. APeX is a water purifier."

UCLA Aids Virology Lab –1994

"APeX in vitro treatment of Normal PHA Stimulated Peripheral Blood Lymphocytes Infected with HIV-1 Viral load, as measured in Peripheral Blood Mononuclear Cells (PBMCs) cultures, have been shown to correlate with early disease progression and loss of CD4 cells. Suppression of viral replication by an anti-retroviral agent in Vitro is a clear indication that such an agent could be a potential candidate for treatment of HIV_1 infection. In this experiment, PHA stimulated PBLs infected with HIV_1 JRCSF were treated with APeX agent.

1. Supernatants were harvested on day 4 and day 7 tested for P24, to evaluate the inhibitory effect of APeX agent on the virus.

2. Peripheral Blood Lymphocytes from a normal donor were stimulated in a PHA containing medium for 72 hours.

3. Cells were washed in RPMI 1640 serum free, re- suspended in a growth medium (RPMI+20% PBS and 10 units/ml IL_2).

4. Cells were counted.

5. 30 million cells were inoculated with HIV_1 JRCSF, at a dose of 10ng P24 virus/ 10 million cells.

6. Add 15ul polybrene. Incubate at 37 degrees Celsius, for two hours. Wash 2* in serum-free RPMI.

7. Re-suspend in growth medium at a density of one million cells/ml.

8. Distribute in a 24-well plate: 1 ml cell suspension per well. Add APeX agent at different concentrations in triplicate wells.

9. Use the first three wells as controls.

10. On day 4, culture was microscopically observed, the cells all looked healthy.

11. There appeared to be no negative reaction due to the addition of APeX at any concentration: 10ul, 20ul, 40ul, 80ul, 160ul, or 200ul.

12. Cells in control wells looked no different from those in treated well, indicating a positive dose response.

13. APeX has not affected the conditions of the cells.

14. On day 7 cells were microscopically examined again; similar observations were made as on day 4.

15. APeX had successful destroyed 30 million diseased cultures, most of which were HIV/AIDS."

Southwest Labs, San Antonio, Texas 1998

"Mechanical properties testing: APeX was tested using all the standard procedures. It is permanently suspended and could not be altered."

WHO Funded HIV/AIDS Study Dr. George Carr – Belize STD Clinic, – 1997-1999

"Dr. George Carr M. B. E conducted studies in Belize on 100 HIV-infected patients. Each of these patients had received a minimum of two (2) HIV-positive test results from independent testing laboratories prior to being included in this study. Over a three-year period of treatment with APeX, these patients were monitored and retested. All of the

retested patients who completed the course proved to be HIV/AIDS undetectable. Two couples from the study resumed normal sexual activity and subsequently produced two babies with no HIV antibodies."

Mr. Claus Nobel and the CDC, 2005

In 2005 Bill B. teamed with Mr. Claus Nobel (Nobel Prize family) to introduce APeX to the Center for Disease Control in Atlanta, Georgia with cooperation from the Bush administration.

Tests against biological warfare agents were successful and the CDC, on the contention of National Security, decided to not release the data.

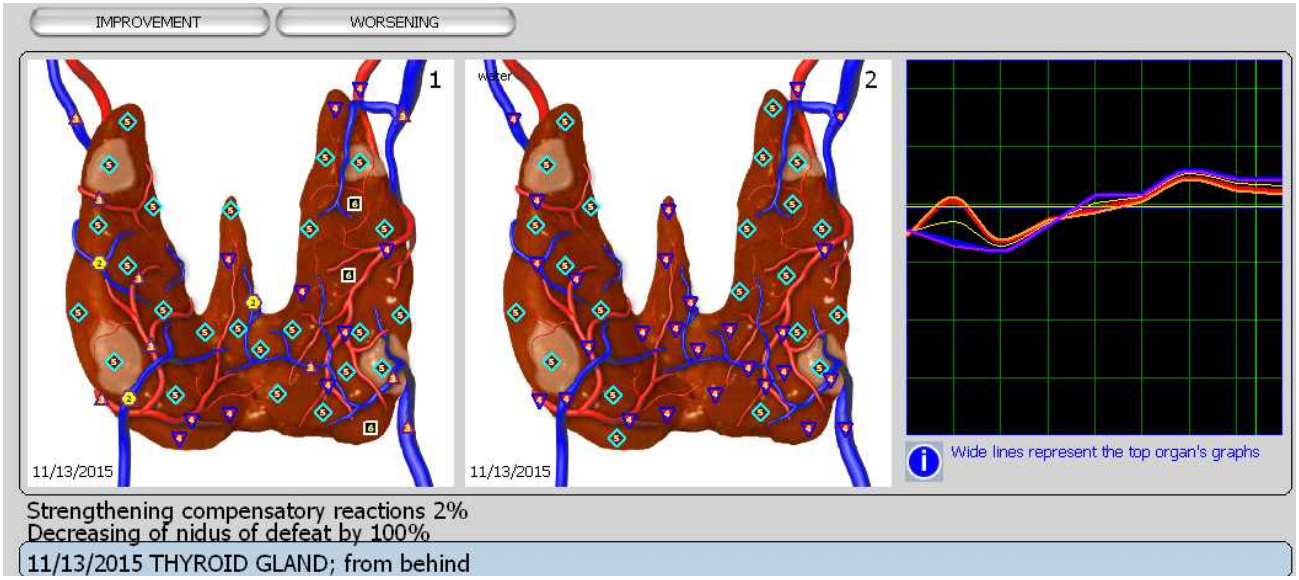
Metatron 2015

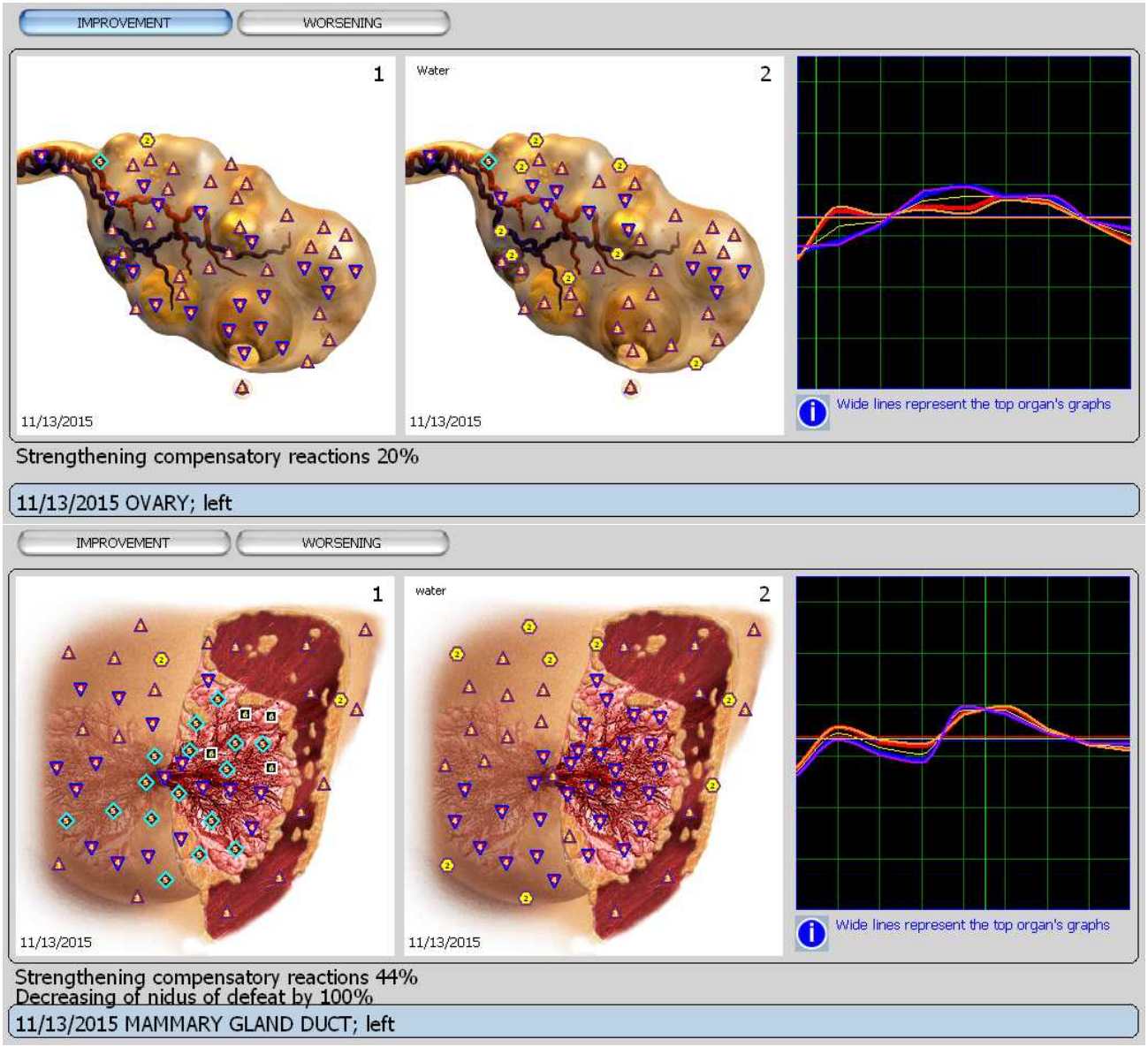
The Metatron is a frequency device, based on Russian technology that scans the body for pathogenic frequencies. It is also able to calibrate effects from treatments, and make comparisons of before and after exposure to the treating agent.

Three cancer patients were given scans before and after APeX. Scans were taken of the organ where the cancer is located.

The graphic on the left is:
Before.
The graphic on the right is:
After.

The first patient showed very little effect—2% improvement. But the second and third showed 20 and 44% improvement respectively.

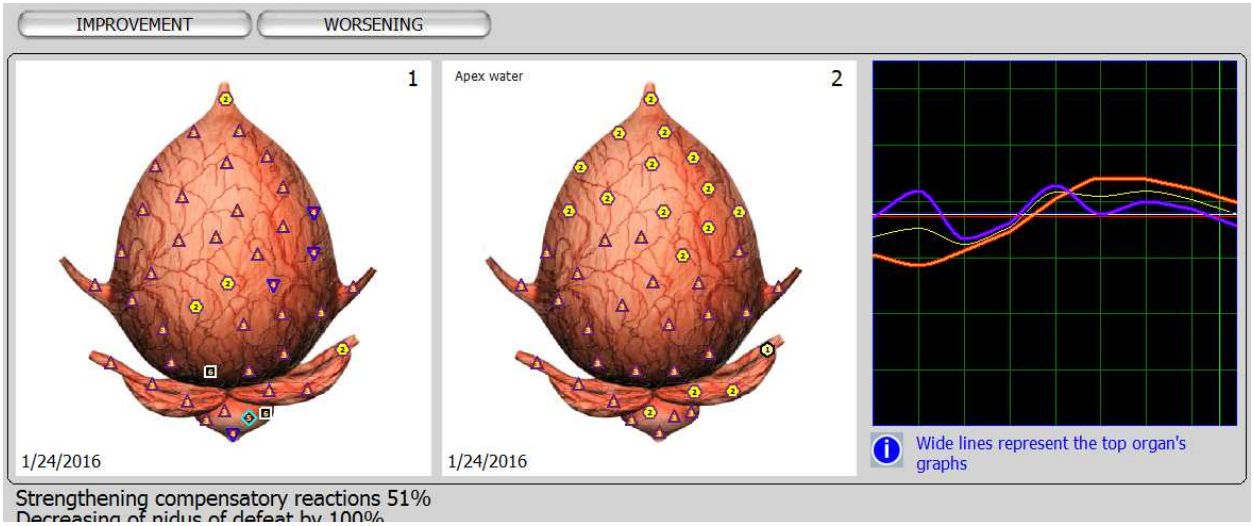




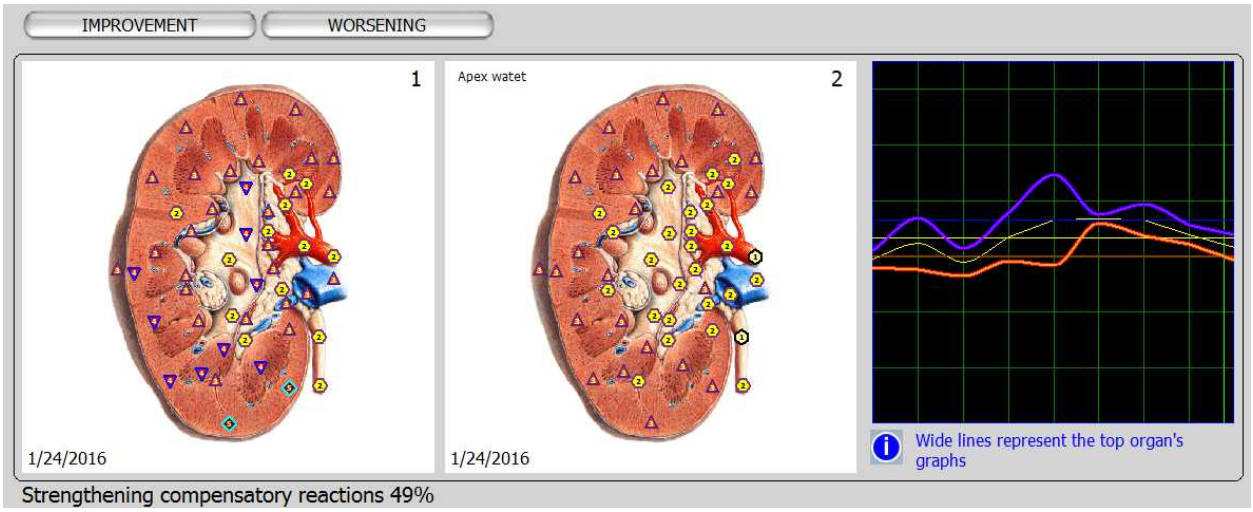
Matrix Decoder Test: 2016

The Matrix Decoder, like the Metatron, is a frequency device that conducts a NLS analysis, scanning the body for pathogenic frequencies. It is also able to calibrate effects from treatments, and make comparisons of before and after exposure to the treating agent.

The first patient, a male, 67 years old, with adenoma of the prostate and metastatic malignant neoplasm, showed 51% improvement in his bladder and 49% improvement in his kidneys.

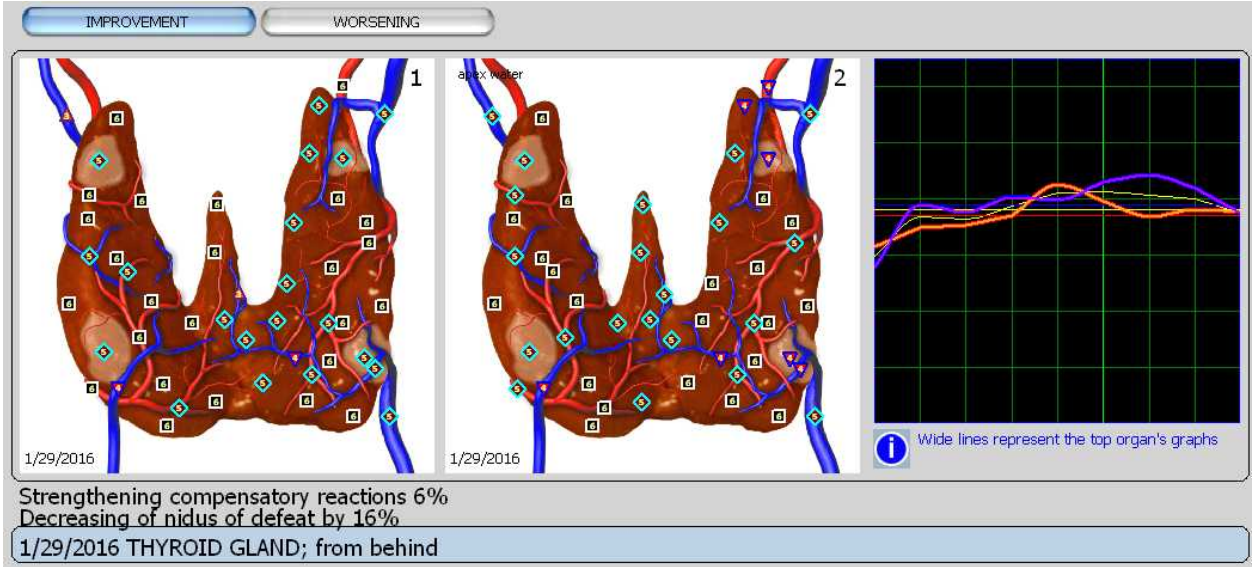


Urinary bladder 51% improvement

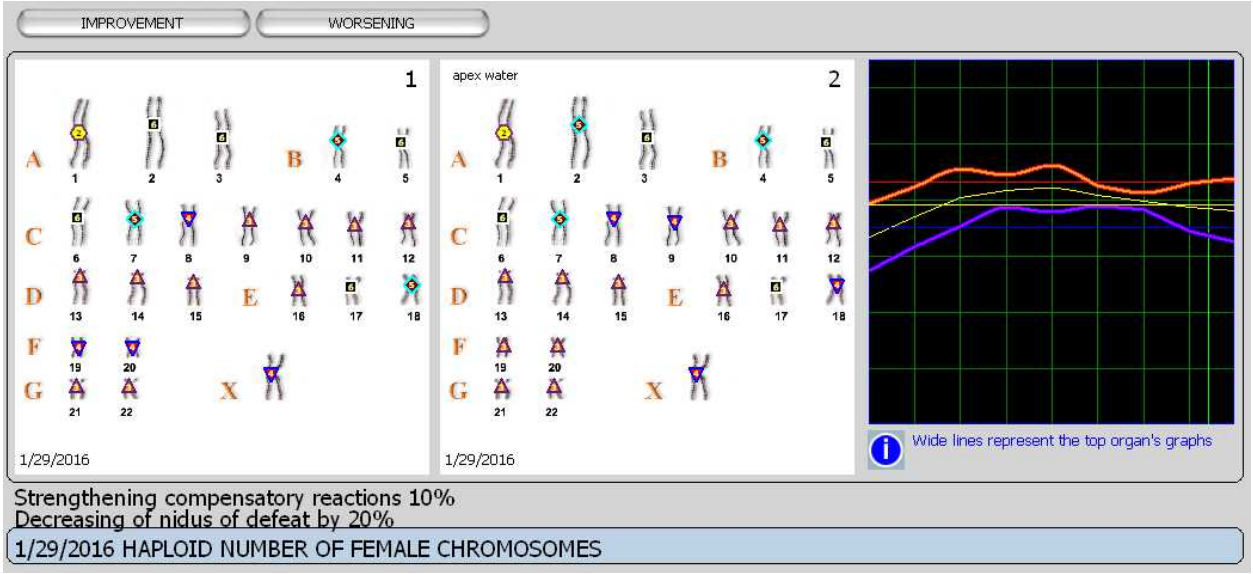


Kidneys: 49% improvement

The next patient is a 55 year-old female, 55 years old, showing Neurilemmoma of the Encephalon, malignant neoplasm with 6% improvement in her thyroid and 10% in her chromosomes:



Thyroid: 6% improvement



Chromosomes: 10% improvement

Case Presentations:

Presentation by
Alan Schwartz, MD
Cancer Control Society 2010

"I am very impressed with this convention, as I'm sure all of you are. The purpose of this convention is to give hope to people about alternatives to conventional approaches. The problem with conventional approaches, as you've heard time and again if you've come to these conferences or if you've attended for the last few days is that chemotherapy and radiation for cancers have been largely unsuccessful with a few exceptions like

childhood leukemia, some lymphomas. Oral and testicular cancers are generally responding well to conventional chemo at least.

“Chemo and radiation have numerous adverse side effects. The war on cancer has largely been a failure. The solution, of course, is to consider using alternative therapies, as you have seen if you’ve attended the last few days. The problem has been largely getting people to fund these studies. A lot of the natural approaches are not patentable, and therefore there isn’t a lot of emphasis for private research to donate lots of money to document this so that insurances cover these approaches.

“One of the purposes of my talk today is to present you with a few interesting approaches to cancer that are here right now, or that are coming soon. It is my belief that cancer will be largely treatable, effectively and with minimal side effects within the next five to seven years based on a lot of interesting things that are coming out.

“The first subject that I will talk about is a product known now as APeX. You can access it on the web at mitocopper.com. It is being marketed actively by the company now. It’s a silver–oxygen product. It is not a silver colloid. It does not cause argyria, which is the bluish discoloration of the skin that you can get if you take too much.

“Paul S. is an example of a prostate cancer Stage III-IV. He had a PSA of 3,281 in April 2008. For those of you not familiar with PSA, usually anything above four or five is suspicious, but it isn’t so much the amount when it’s under 10, it’s how quickly it’s rising that tends to make you cautious or concerned that this is likely cancer. This was biopsy confirmed, so there was no doubt about it. He started APeX five months later in September 2008. By October his lymph nodes had gotten smaller. This was a very dramatic response. PSA dropped to 0.25. By February the prostate mass had decreased by ultrasound and palpation and the lymph nodes were smaller by CT scan. By March 2010 there were no signs of cancer seen.

“Barbara B. with rectal cancer, metastatic to the liver, diagnosed in 2007 with colon cancer. She also had metastases to local lymph nodes in the pelvis, the abdomen and the lungs. A different cancer marker was tracking her tumor. This is chorio embryonic antigen, CEA. It was very elevated at 1383. She started in June two years ago APeX and by July the tumor marker had dropped to 110. By August dropped to 28 and by November dropped to 4.5. She had a CT scan in November with a dramatic reduction in liver tumor size with no meds. By March 2010 all the liver lesions were calcified and shrinking, and the colorectal cancer completely disappeared.

“Here’s Jim M. with lung cancer. It doesn’t say which type, unfortunately. It was an advanced Stage III, diagnosed in April of 2007, treated traditionally with chemo and radiation. In June 2007 the lymph nodes were decreased. He felt better. By September no sign of cancer on CT. Continues to do well, back to a normal life, no sign of cancer."

NOTE: This presentation by Dr. Schwartz was unsolicited.

Typical APeX Case Studies

This section provides a sampling of observations as noted by official medical records generated by independent medical practitioners, including oncologists, who do not represent or work for APeX Institute.

Bill B. and Bill C. are sometimes asked why they don't publish more observations. Their response is: "More similar reports could be added, but at what point would there be enough? In cases characterized by such dramatic results, even a single unexpected resolution can validate the new modality."

The following case histories are taken from the records of APeX clients. They are not enhanced, creatively edited, or modified in any way. The information is taken directly (with permission and confidentiality releases) from patient medical records generated by board certified oncologists who treated the patient.

Jim M. - Portland, Oregon, Stage IIIC Lung Cancer

Subjected to intense radiation and chemo and was finally faced with "getting his affairs in order." Here are excerpts from Jim's e-mail messages to the APeX Team.

April 03, 2007; "My cancer has been diagnosed as Type IIIC Lung cancer for which I have undergone 6 weeks of chemo therapy and a concurrent radiology series. The chemo was once a week for the 6 weeks, and the radiology was every weekday for the 6 weeks. "

May 12, 2007; Begin APeX

June 21 2007; Net results, in the lymph nodes between the lungs, the cancer has shrunk about half. The lungs are still too cloudy to get a clear picture of them. I have a PET scan due in a couple of weeks.

After six weeks on APeX James informed us that he had bought a new Harley Davidson motorcycle that he intends to ride this summer.

July 13, 2007; "It appears everything is doing fine. I'm feeling very good health wise. On June 29th I had a CAT scan. The results are encouraging. The lymph nodes have shrunk some more. They are now less than half of what they were before APeX treatment. The right lung has no new growth and the cancer that was there is now just black spots and very small. There is some radiology scaring in both lungs but even that is shrinking. My energy level does seem to go up and down. For the most part it's very good.

However for the last 2 weeks or so, I am more tired than I have been for a while. My doctor says my blood work is absolutely perfect. Red and white count is spot on. And

the other things they watch are right where they should be.

I can't tell any adverse problems from your solution. Except, twice I took it on a very empty stomach, it did make me nauseous. It wasn't bad but it definitely was there. Shortly after eating, the feeling went away. I saw my Oncologist Friday; she's very pleased about the progress. Still some scar tissue but that's getting smaller. I have mixed my last gallon of solution last week."

September 28, 2007; "My last CT Scan showed NO sign of cancer. I asked my Dr. what stage the lung cancer was or is in, after all this treatment and so on. She told me it was gone, so I asked, "Is it in remission?"

She said, "No, it's gone. As in, not there any more. Your lymph nodes are normal and the lung spots are gone or just small black dots. There is some scar tissue that shows, but even that's getting smaller with each scan. (I have scans every 60 days.) And your blood work is spot on."

"She said my cancer is simply gone. Then she went on to explain that just because it doesn't show there is still the chance that the stray cell or cells could be there or floating around and could pop up at any time. But, there is nothing showing in the blood work or in the CT scans. She also mentioned that she is confused, that this is very rare for lung cancer, especially my type.

The secondary thing is, when I was out of APeX for those 2 weeks or so, my psoriasis had started to return. Since resuming the solution, it has disappeared again. I think that's very cool. I've struggled with that for 40 years; nothing has ever gotten rid of the splotches. It appears that your solution did, has, and is."

Bill C.'s comment on Jim:

By July, Jim's blood work up was normal and scans showed almost no tumors remaining. Radiation scars had practically disappeared. [24]

In September Jim was fully resolved; not in remission; with no trace of cancer according to his own oncologist as noted in his official medical records. I met with Jim at a local Starbucks for a cup of coffee on July 21, 2007. He roared into the parking lot on a beautiful blue full dress Harley looking fit and healthy. He was back to work in his truck dispatcher's job, looking forward to a normal life.

On June 23, 2012 Jim called me with an update-for the past five years he was getting a check-up every six months and continues to live a normal life with no signs of cancer.

[24] The APeX Institute has full medical records for Jim as well as the other volunteers on APeX. Included in these records are before and after CT scan pictures. These records are available on DVDs with the purchase of *The APeX War* from Bill C.

What is unique about James M. is that his APeX case is not unique.

Almost all of the APeX study participants show dramatic improvement. And, as is the case with James M., most of our study participants inform their medical practitioner at some point while they are on APeX protocol; many provide their complete medical records to APeX Institute and access to their doctor or oncologist.

Connie C., Portland, OR. Stage 4 Breast Cancer

Connie's history is interesting. Connie was aware of Jim M''s progress with his metastasized lung cancer and soon after he resolved she learned the devastating news that her breast cancer, in remission for ten years, had returned with a vengeance. Her first diagnosis was grim; the cancer had spread aggressively and was in her bones. Her neck bones became so fragile they would break if she turned her head too quickly.

Connie was told by her oncologist that there was no hope. They couldn't treat her cancer, although they did continue a modified chemo program, which was tolerable.

Connie started APeX in May, 2008.

It was a long struggle, but a struggle worthy of attention. After several months, Connie C. was feeling stronger, with more energy. She was still having periodic check-ups, which showed rapid improvement with her cancer.

Here are excerpts from her official medical history:

"A malignant right breast mass with 14 of 41 lymph nodes positive for metastatic ductal carcinoma and extensive bone metastases. She is acutely and chronically ill and was told that they could not treat her cancer.

June 26, 2008: "Laboratory studies show a markedly improved white count and hemoglobin and platelets counts that are stable."

July 10, 2008: "Appetite has improved. She is less depressed, tapering off her pain medication. She is well nourished. Her white count is satisfactory, but there is a slow upward creep in her CA-15-3 to 123."

August 07, 2008: "She is no longer having problems with depression, chills, bleeding, bruising, or other toxic symptoms; minor signs or symptoms of disease."

September 11, 2008: "Laboratory studies reveal a white count of 3000, slight reduction of CA-15-3. She has responded quite nicely to all of this "standard" therapy."

October 9, 2008: "The CA-15-3 is holding steady, right around the 100 level. Her pain control is excellent and she is tapering off her pain medication."

November 6, 2008: “For the present we are going to not plan imaging studies, as with a dropping CA-15-3 and improving pain complex and her MRI studies mid-August, the disease appears to be responding quite nicely to her clinical approaches.

November 19, 2008: “Tumor marker CA-15-3 is 73, a slow but steady drop.”

December 4, 2008: “Tumor marker CA-15-3 continues a drop, more rapidly now, and is at 45. Occasional headaches are her only complaint. She is gradually tapering off the H2 blocker.”

December 31, 2008: “Her treatments have continued as her CA-15-3 Markers have progressively improved at 41, and dropping, which is continued evidence of response to treatment. The appetite has improved to three meals a day.”

Bill C.’s comment on Connie:

We met with Connie on January 11, 2009 to receive her medical records. She drove herself to the meeting. Other than a bit of continued hair loss, she appeared robust and full of energy. No one would imagine that eight months earlier she was a terminal cancer patient in hospice who also had been told to “get your affairs in order.”

On December 12, 2012: Met once again with Connie at a local Starbucks. Connie looked very good, robust, and was in very good spirits.

Paul. S., Atlanta, Georgia Stage IV Prostate Cancer

Paul S. was diagnosed with an elevated PSA of 3,281, a Gleason of 4+5, multiple and enlarged pelvic and abdominal lymph nodes suggestive of metastatic prostate cancer.

April 03, 2008: Paul underwent a TRUS guided biopsy at which time he was noted to have a 40cc gland.

April 17, 2008: Biopsy confirmed metastatic prostate cancer.

April 29, 2008: Endorectal MRI identified the known disease in the pelvic region as well as T2 signal suggesting extensive intraprostatic involvement and SV extension. His oncologist reported that, “many would consider this incurable.” He told Paul to go home and get his affairs in order.

June 5, 2008; Started APeX

August 24, 2008: Paul S. in for CT today in our office. Show significant reduction in size of his nodes.

October 29, 2008: PSA measured at 0.25, essentially resolved. No abnormal mass is seen. There has been dramatic change in the appearance of the abdomen and pelvis

with prior exams. The extensive lymphadenopathy has nearly resolved. No significant residual lymph nodes are seen.

February 3, 2009: The extensive lymphodemopathy has nearly resolved. In fact, no significant residual lymph nodes are seen. There is some very minimal density present along the left external iliacs at the level of the previous largest mass. However, this probably simply represents scaring from treated adenopathy.

Bill C.'s comment on Paul:

The previously described abdominal and pelvic adenopathy has essentially resolved. No significant residual nodes are seen. No abnormal is seen. Bony structures are intact. Lung fields and heart appear normal.

In September, 2012, Paul reported that he continues to have regular check-ups and shows no signs of his previous prostate cancer.

Nicholas U, Bowie, Maryland Inoperable Brain and Upper Spine Cancer

Nicholas is a delightful four-year-old boy who was diagnosed at Johns Hopkins Pediatric Oncology with upper spine and brain cancers when he was two years old. His battle with these inoperable cancers has been significant and noteworthy. According to his mother, during his time with APeX, Nicholas referred to APeX as his Holy Water.

The prognosis for Nicholas was extremely grim with a 2 percent chance of survival and no hope that he would ever lead a normal life.

September 12, 2009: A mass is evident in the pineal region also occupies the posterior third ventricle, causing a mild amount mass-effect on the tectal plate. Lesion measures approximately 14 X 20 mm in diameter. Slight increased signal is seen on images. Extensive subarachnoid tumor dissemination within the cisterns of the posterior fossa. Tumor nodules evident within the foramen of the 9-10-11th cranial nerves.

September 28, 2009: Nicholas began APeX.

December 11, 2009: Findings: The previously noted pineal mass has decreased in size in the interval from previously 20mm depth and 16 mm width X 13 mm height to currently 6x6x7 mm. There remains prominent leptomoningeal enhancement of the cerebral hemispheres, but overall reduced enhancement surrounding the cerebellum, midbrain, and medulla.

July 23, 2009: Nicholas continues to improve dramatically.

September 15, 2010: Nicholas has been pronounced resolved by pediatric oncologists at Johns Hopkins.

Adonica B., Boynton Beach, FL; Inoperable Brain Cancer

Adonica is a vibrant young woman with a lot of determination and strength. Her story is one of struggle and victory of a teenage girl who won what was considered by the pediatric oncologists, also at Johns Hopkins, to be a hopeless battle with a slim chance of survival, but she refused to give in or give up. As a young teen she was diagnosed with a mass in her brain stem and spine. Her prognosis was grave at best with a less than 2 percent chance of surviving.

Adonica refused to have chemo or radiation treatments, telling her mother that she was not going to let doctors turn her into a freak. However, at age 16, Adonica was pressured into having brain surgery. She had been on APeX for only a month by the time of the operation, which did not remove all of the cancer. Her mother, Diane, was told to bring Adonica back after the surgery had healed so they could do a scan of her brain to determine where to target the radiation. If she did survive the treatment, they told her mother grimly, Adonica would be an invalid.

On the day of the scan, Diane called me from the hospital. She was with Adonica in the MRI room surrounded by doctors. “It’s gone! All the cancer is gone!” she said. “They are looking at the pictures from the scan and they can’t see any cancer. It’s gone!”

The pediatric oncologists at Johns Hopkins were confused and had a hard time believing the images; there was no cancer anywhere to target with radiation. As she continued to progress to a fully resolved state Adonica's doctors, while not endorsing APeX, told Adonica to “keep doing what you are doing”—meaning to Adonica and her mother, of course, to keep taking APeX.

December 7, 2010: Adonica's mother reports that Adonica's pediatric oncologist at John's Hopkins told her that Adonica is now over the age to be treated in the pediatric oncology program. But, that doesn't matter, he said, Adonica no longer needs an oncologist. Contrary to their grim prognosis, Adonica was completely resolved and went on to become a champion soccer player who graduated high school as a National Merit Scholar with one of the highest testing scores in the Florida tri-state area.

Adonica received a scholarship from Duke University and in 2011 graduated with honors.

Her last thank you note to APeX Institute added that physically she was back to normal and that she had been accepted into law school.

Adonica went on the graduate law school at Duke, also with highest honors, and is now working with a prestigious Washington D. C. law firm.

Barbara B., Quebec, Canada, Stage 4 Colon Cancer

December 13, 2007: her report at the Royal Victoria Hospital in Montreal, Canada

November, 2007 read, “Findings are compatible with rectal CA with extensive hepatic necroptic metastases, retroperitoneal lympha-dernopathy and focal pelvic lymphadenopsathy. Innumerable large hypovascular liver metastasis, a 14cm colon tumor and at least 4 ovarian cysts.”

March 17, 2008: “With respect to the previously described lung nodules in the pulmonary embolus study of January 15th, the largest is stable in size.”

January 15, 2008: ”Tumor Marker CEA Value is 1383.0”

June, 2008: Started APeX

Jul 17, 2008: ”Tumor Marker CEA Value 109.6”

Jul 29, 2008: ”Tumor Marker CEA Value 65.7”

Aug 19, 2008” ”Tumor Marker CEA Value ”

Oct 14, 2008: “Tumor Marker CEA Value 7.8”

Nov 25, 2008: “Tumor Marker CEA Value 4.5”

Nov 27, 2008: “CT scan of stomach and pelvis; there has been quite a dramatic decrease in the size of the metastatic liver lesions. No new lesions are identified. All the other lesions are also smaller in size. I see no evidence of retroperitoneal or mesenteric lymphadenopathy. The bones of the thorax and lumbar spine are free of osteoblastic/osteolytic disease.”

Bill C.’s comment on Barbara:

Barbara’s story includes a not uncommon misdiagnosis by her Canadian socialized medicine doctors who interpreted her inexplicable improvement as a dire condition. After being informed of her improvement, a member of the Canadian surgical team actually told Barbara, “We don’t understand what is happening, so we feel it is best to operate.”

They told her she could live five years if she had drastic liver surgery, but only two years without it, and the operation had a slim chance of success. Barbara was advised to seek additional medical counsel. On January 20, 2009 Barbara traveled to Pennsylvania and then to Florida to seek opinions from two separate doctors. They both agreed without hesitation that, since she was improving so dramatically, such an operation was unnecessary. Barbara did not have the operation. She continued on APeX.

April, 2009: Barbara’s 12 liver lesions had calcified and were gradually disappearing. Her colon mass had disappeared completely. When Barbara began APeX, she was in hospice.

When we first talked she shared her dream of once going on holiday in Barbados. She feared that her cancer would keep her from that dream. In 2009, a jubilant Barbara and husband Andre called me from Barbados–the first of three such calls.

Unfortunately, in 2011 Barbara's husband called me with the sad news that Barbara had lost her battle—not with her cancer, but with Canadian doctors who would not believe her progress even though their tests proved conclusively that she was resolved. For whatever reason, Andre told me, her doctor decided to put Barbara on a powerful chemo. Three weeks later Barbara died of a massive liver hemorrhage.

Reviews/Opinions:

Tonsil Situation

"Morning and night I have been rinsing with 2 capfuls of APeX water and allowing it to sit in the back of the right side of my mouth.
I looked at the back of my mouth and really couldn't see anything but the feeling that something was stuck there was gradually going away.

But this morning I decided to look again and there in the back of my mouth right in the middle of my right tonsil was a big clump of guck.
I thought whoa was this part of breakfast ? So I took a dull kitchen knife and went in there and tapped on it. It fell out of a hole in my tonsil. It was about the size of a pea. I put the knife gently in the hole and another smaller piece fell out. How weird was that.. It left a hole big enough that I could see far into my tonsil.

My right tonsil has always been a little sensitive and a little bigger then the other side.
By this evening the hole filled in.
I still have a feeling that something is still stuck in the back of my throat but it is getting better each day.

Whatever it was has been in there for a long long time, and APeX water killed it and out it came…
Will check to see if anything else comes out tomorrow morning…"

Gary E., Whidbey Island, Washington State. - Sept. 11, 2016
Gary Eisert
garyeisert@hallandales.com

"This is an amazing product. I was suffering from Typhus in my left leg. I wrapped gauze around my leg and poured APeX onto the wrapping. Within 2 to 3 hours the pain was gone, and that same day the infection was also gone. Thank you for this miracle water."
TC

"As we were evacuating our clinic, our town actually, due to a forest fire this last summer, my little finger was cut off. It was only hanging on by the bone and bleeding so bad that I nearly went into shock. I desperately needed it to be stitched, but our whole town was being evacuated. Fortunately for me I had received some APeX to test in my clinic and I started soaking it in it. Within 1 hour the bleeding was under control and I butter-flied it together and wrapped it in gauze soaked with silver solution. The next morning I woke up with no pain in that little finger. I kept the gauze soaked in the water and bandaged thereafter. In less than 10 days the little finger was completely healed with a full range of motion with nothing but a small faint scar on ONE side, which was the only evidence that I had ever been injured. This is so dramatic to my staff and I that are difficult to completely grasp if you hadn't seen it with your own eyes. Thank you so much!"
Dr. G.K.

"I was diagnosed with a Staph infection in my right kidney. The plan suggest by doctors was to remove my kidney so that the infection would not affect my heart. Six das prior to surgery I was given the opportunity to drink APeX and after drinking less than 1 liter, the infection was cleared up, so thankfully I didn't have to have the surgery."
C.N.

"As a result of several hepatitis vaccinations I started getting over all aches and pains, then started experiencing joint especially in my left knee. The pain became so severe I couldn't walk a quarter of a mile on level ground. After taking APeX for approximately one month, my knee pain has almost completely disappeared. This product has truly been an answer to my prayers."
Yours truly, C.J.

"I was in and out of the VA Hospital suffering from Gulf War Syndrome and had intense aches and pains and zero energy. I was introduced to APeX by some close friends. After drinking the solution for several months, I now have no symptoms and I'm as healthy as ever."
C.C.

"As a follow-up to my other testimony concerning APeX and the toxic reaction to some immunizations I received as an adult, during a time when I was struggling with aches and pains in my muscles and knees. I also had a terrible anal itch, so bad that I was going through one whole tube of Preparation H every couple of days. Within 2 weeks of drinking the water I had a lot less muscle pain and my knees were better. The itch was gone and has not returned. Boy, what a relief!!!"
C.J.

"I discovered APeX and it changed my life. I have been suffering with Hepatitis C for several years and I had to be on a strict diet all the time to keep it under control and

take many different vitamins and various products. Despite the treatments I would have very often flus and bronchitis that would stay with me for months. In addition I was loosing so much of my hair that I started to worry. In a few days, after I started to drink the water, my bronchitis disappeared, finally! My hair stopped falling out and my Hep C symptoms totally vanished. No more long standing flu, no more bad digestion, I got my life back!!! What a blessing! I can eat normally and even drink wine at dinners without any problem. I am a total supporter of APeX and very delighted I was so lucky to find a friend who told me and that I had ears to listen about this great product."
Thank you, KT

"Canadian Health authorities have warned the public that certain strains of the flu virus going around this year were not included in the vaccination programs. Unfortunately, my son was inflicted with what appeared to be one of the worst strains I have witnessed in recent memory. My son is only 14 years old and would generally be considered a fairly tough customer. But this particular strain of flu was certainly not your average common cold. He was completely bedridden for a week and a half and didn't appear to be making any progress. His symptoms included a bad fever followed by chills and accompanied with vomiting, severe coughing and a headache. It eventually became so painful for him to talk or cough that the child would break down in tears just attempting to speak. Needless to say we were more than a little concerned and immediately visited our family doctor. The doctor informed us that this particular strain was one of the viruses overlooked by the Disease Control Board. Our doctor offered very little, suggesting on how to combat this vicious bug, suggesting that there was nothing we could do, prescribing typical cold remedies as a solution. We explained to him the medications he was suggesting had had little or no effect in assisting our son combat the virus. Upon arriving home that day, I suggested to my son to try a strong dose of APeX. Within 20 minutes of him drinking the water he made visible and notable improvements. Within a two-hour timeframe he was out of bed and sitting in the living room watching TV with us, commenting that he's feeling much better. Both my daughter and my wife were skeptical, refusing to drink the water as a preventative maintenance to avoid contracting the virus at all resulting in us becoming the household caregivers for the next three days. My entire family is now thoroughly convinced the water made this dreadful strain of the flu much more manageable. I would like this letter to not only stand as a product testimonial but a very strong recommendation that every family's medicine cabinet should include a ready supply of the APeX at all times."
Sincerely, J.O.

"I admit that I don't like going to the dentist's. In fact I was traumatized at an early age because I was afraid of needles and never had Novocain until I was 13 years old. At 52 years old, I still avoid going to the dentist, even when I know I should go. Recently, I slacked off taking my daily dose of APeX and got a severe toothache. I know that toothaches are caused by infection. I got back on the water immediately, swishing it around in my mouth for several minutes. In about an hour the pain was completely

gone. I know I still need to see my dentist, but I won't be in pain in the waiting room."
Thank you, B.M.

"I believe this silver solution is a transforming product. I developed an infection in my right eye. I thought I might have cut it somehow. My husband said it was full of puss. I cleaned it out but didn't treat it with anything. In the middle of the night, my eye had swollen and held shut with dry puss. I used a warm wet cloth to get it open. It looked nasty. I put some APeX in an eye dropper and put two drops in my eye. When I woke up the next morning my eye had no redness or swelling, I was amazed!! I would recommend APeX to anyone with an infection, it works wonders. Thanks for a great product."
Rose

"After trimming some plants and reaching under them I noticed a red spot on my arm the size of a dime. It was a spider bite that quickly grew to the size of a quarter and then swelled up even bigger. I used a cotton ball dipped in APeX and wiped the swollen area for about 5 minutes. In an hour or so the swelling went down and the redness shrank in size. I've repeated this treatment every day for a week and now I can't even see where the bite was. Before I got APeX a bite like this or a sting would send me to the doctor's office. This product is truly amazing."
M.R.

"I have been drinking APeX for about 2 months now and I have noticed significant change in my condition. I was diagnosed with Endometriosis in 1996. I have had internal pain for about 15 years now. It took the Dr.'s many years to finally diagnose me after multiple visits to the emergency room, having constant pain and finally thinking that I was losing my mind. Once I was diagnosed, I had surgery and I was so disappointed that I still had pain. I went through years of trying every medication known to treat endometriosis and all I ended up with was side effects that were almost as bad as if not worse than the endometriosis pain. I just decided that I was going to have to live with the pain for the rest of my life and that's just how it was. My husband didn't like that choice and he wanted me to continue to find a solution. I contemplated having a hysterectomy but my husband really wanted a child. I have one miracle child and tried for over 6 years to have another one. Still unsuccessful, but now I have hope. I kept my organs and I started drinking APeX. I have much more energy now, I am exercising at the gym 5 days a week and I look and feel great! I still have pain with my monthly cycle but the pain I was experiencing on a daily basis is gone. My husband was so used to me being in pain all the time he still keeps asking me if I'm in pain and when I say no I think he doesn't believe me. But I know that this is a miracle sent to me from God! I will drink it for the rest of my life!"
D.A.

"I have had Hepatitis C for the last 14 years and am a single mom with 6 children. At this point my medical doctors want to do chemotherapy on me. A good friend of

mine suggested APeX might ease some of my symptoms. I was so tired, no matter how much sleep I got, it felt like I got no sleep at all. I was drinking APeX twice a day every day for two weeks before I started feeling better. I was getting up before the alarm went off feeling fully rested with plenty of energy for whatever came up that day. I now have no symptoms that tell me I have Hepatitis C any longer. I can't wait to see what my blood test in June says."
L.F.

"Thank you, after drinking APeX for just one week, my gums stopped bleeding from gingivitis. I continue by rinsing with water solution after brushing my teeth to maintain good dental health."
G.M.

"We have a 17 year old Australian Cattle Dog (Darby) who was diagnosed with Autoimmune Disease 5 ½ years ago. We believe the disease was triggered from a response she had to her rabies vaccine. If you research this condition, it is called Vaccines. Her body attacks itself as a foreign intruder. We noticed during these last several years that Darby did not shed her coat out completely during the year, growing in a new lush coat, which would be normal for most all breed of dogs. The lackluster coat is usually noted in older dogs with health problems and poor nutrition. A couple of months ago we began giving her and our other dogs APeX in their meal at night. Within a month on APeX, Darby began to shed out her old coat and began to grow in a beautiful lush coat. Her coat now looks very healthy. One of the symptoms Darby has with Autoimmune Disease is swollen and bleeding gums. I began using cotton balls soaked with APeX and applied it to her gums and it has helped reduce the bleeding. We will continue to use APeX for our dogs as we believe it is beneficial to their health."
Sincerely, M.M.

"I had been hemorrhaging for nine months with a 9 lb. (5 kg) cancerous tumor in my uterus. After hearing of remission in other patients by APeX, I decided not to do chemotherapy. I then completed a one-month course of treatment solely with APeX. After one month of treatment the cancerous tumor was surgically removed from my body benign. In the aftermath, I had a CT scan which thankfully verified that the cancer had been eliminated. I have since gone into complete remission and over the past year have never left home without a battle of APeX. My gratitude knows no bounds for the new lease on life I have been granted by APeX."
Mary

"I have suffered from chronic sinus headaches for most of my adult life. I am 50 years old. Miraculously since I've begun drinking APeX, I've had many days and nights now of no pain. I can honestly tell you, nothing I have ever done has had nearly the positive effect on my sinus condition and I seem to continuously improve."
Thanks, R.T.

“Me again. An update on my recent appointment at Mayo. There was no need for me to change my course of treatment. They did it for me. My tumors appear to be stable and some are calcified. No new tumors were found either. They recommended I take a chemo holiday (gladly) until the end of November at which time I will have another scan to see if there are any changes. If not, we will take it month by month for CT scans for a while. When my Physicians Assistant at Mayo came in the door at my appointment the first thing she said was "OK, What are you doing? We never see these kind of improvements with Stage IV Pancreatic cancer." I just smiled and told her I was apparently some sort of freak of nature.”
Mel

“Another good report from Mayo yesterday. One millimeter of growth on the largest tumor in my liver. Everything else is unchanged, liver function still good, blood work is fine, tumor marker is still normal, another scan in 6 weeks and best of all, no chemo. It's been 3 months now since my last chemo and I've had only one millimeter of growth (change). My mayo Dr. Is still calling me a freak of nature - I'll take that!”
Mel (update some months after first letter)

“Some good news here! Thought you should know that Ellen's CA-125 tumor marker for ovarian cancer dropped from 114 to 29.8 U/mL. Normal is <35 U/mL. This was from the blood work taken just yesterday before starting 1st round of chemo. She's been on the silver since August 24th and the 114 was from the blood work the week prior to her surgery on August 19th. So don't get me wrong here because were quite elated to see it drop some 84 pts, or over 3.8x which in itself seems quite remarkable! I was, however, somewhat surprised it did so so fast... barely 24 days! I would guess you’re not too surprised by this but would be curious to know if you've seen this before and your take on it? You may recall her diagnosis back on August 19th was stage Ic ovarian cancer from the pathology report but the Doc is treating it/her clinically as stage IIc with 6 rounds of chemo (carbo taxol, 3 weeks apart)... hopefully I/we can convince her to suspend the chemo soon and go get a PET Scan and see where she stands with it...Thanks,”
Mark

“In the summer of 2013 I noticed that my ankles were swelling in a strange way. Because I was a mother with a 3, 6 and 8 year old daughters I didn't pay too much attention as I was very busy In the winter I got a flu, and I noticed that after that flu I found it almost impossible to regain my former strength and stamina; The swelling started getting worse and I started gaining weight. We went to the hospital and they ran many tests revealing protein in my urine.; I was referred to a nephrologist and he told us that he thought that there was something seriously wrong with me and he wanted to do a kidney biopsy. Feeling as if a biopsy would be dangerous and intrusive we stopped seeing this man and started drinking dandelion tea and eating well.& We also got connected with a homeopathic kidney specialist.; I maintained the same status all the next summer, sometimes gaining about thirty pound of fluid.; In the fall I got a bad flu; I

was unable to get up from it and my weight went up to fifty pounds of fluid. I was out of breath just getting up to use the bathroom. We continued to do as many natural things as we could and kept a strict diet, but my weight went up to 70 pounds of fluid. My husband had to put on my socks for me and I couldn't get out of the car without help; We got some tests done and found that my cholesterol level was 1000. It seemed as though I might be dying and so we went back to the doctors for help.; They admitted me to the hospital, took a biopsy and found Amyloid proteins in the kidneys. We knew about APeX then, it was Dec. 2014 and we started to take it. It seemed as though it was making my stomach worse and we tried to contact you, but the number we had was someone who was on vacation and didn't respond.; We resorted to the treatments that the hospital recommended. We did chemotherapy from Dec 24,2014 to April 2015. The CyBorDee that they had me on was not working and the light chains were rising and my kidney function which had always been good despite the disease started to plummet.; They put pressure on us to try a different drug. We waited for that drug for a month and then decided to try the APeX again. We spoke with you this time and found out that a few weeks of nausea was normal for the start. We told them to cancel the drug and we went out in faith. The doctors strongly advised us against this decision, but we ignored them. Immediately after going off chemotherapy the free light chains rose very high. After six weeks of Apex we got another test and it was amazing. The light chains had been cut in half. I stopped taking diuretic drugs in faith also and the water weight that had put my little frame up to 190 pounds was steadily going down, down down. In April I was 117 pounds. We kept going back to the Oncologist every month and every month they said I should go back on chemo and every month we said that we didn't want to. My kidney function was getting worse even though I was getting better and looking better in so many ways. In December my first appointments were in a wheel chair, I was too weak and sick to bear all the water weight I had and I had fluid on my heart and lungs When I was tested in March at the world famous Amyloid Center in Boston, it was decided that I was too weak and damaged to undergo the best treatment they had for my disease. Anyway, even though the doctors saw that I was improving they felt that my kidney function was in danger if I didn't do the Chemo. We asked if they would wait for our next appointment at the Amyloid Center. They continued to monitor me but they were afraid for me and asked if my appointment could be made sooner. At the Amyloid Center they were encouraged with the progress that I had made. This was in September 2015. We didn't tell them about the Apex but we told them that we were doing some Indian herbs They didn't like it much, but they found a way to pat themselves on the back saying that my improvement was due to a delayed response to the chemo. The Indian doctor over there actually thought that I was doing really well and that my kidney function would come back. She ordered a test to see if my disease was in remission. It turned out that I was still producing Amyloid proteins in my bone marrow, but the blood test showed the free light chains in the normal range. The recommendation of the Amyloid Center was to go back on Chemo and to start with dialysis. We knew that we would not be able to keep putting the doctors off every month now. We made the move to Mexico. I spent a couple of months here and we just took our time to find out what if anything to do next. After being here for a few months we bought labs on line. I showed

some really significant increase, but still the kidney function was decreasing in other ways Our question was that maybe as our free light chains were leaving my body that they were causing damage on the way out. That would explain the increase in some ways and the decrease in other ways. We connected with our friend Dr. Tony and he ran some tests on me mostly to find out where my kidney function was at and if I really did need dialysis as they said I did. We went to his urologist and the man said that he thought I was still far from dialysis, but that he wanted to run a radioactive isotope test on me to find out the exact function my kidneys still have. We are hesitant to do this test as we have been advised by Mark Carver that he knew someone that got a disease from that test. We are taking our time at this point, and consulting with Doctor Tony who is very close with us and wants to help us. We decided that we will just take one step at a time. The next step is a 24 hour urine test. I have different aches and pains. My kidney disease is in the Stage 5 range and so with this type of function there are all kinds of different issues. I am leaps and bounds ahead of where I was last February at this time. I was getting a blood transfusion every six weeks taking all kinds of pharmaceuticals and feeling very awful. Some days I feel almost normal again. We are looking to the wise people we know to guide us at this point, but we believe you that in time that the disease will be resolved. As of now, we stopped taking the Auyervedic herbs as they were causing nausea and vomiting.; I don't need to lose any more weight. Apex is my one and only treatment right now, along with the sunshine here and some Flouridix to keep my iron up. We have a nice graph from the hospital where I had stopped treatment and it shows my free light chains going way up. Then in May after 6 weeks of APeX there is a sharp decline. It is pretty dramatic. We showed it to Dr. Tony and he said it was obvious that the APeX had done an amazing thing. ” **Amynah of Oneonta, New York**

“Wonderful!!! I just tried it for the first time on bedsores that would not heal and it's working! Thank you so much. Blessings, ”
T. M. Beim, N.D.

“Today was Day 2 of the ‘Water Project’ “.
While it may be too early to realistically know anything definitive, I want to do justice to share some observations, after your kindness to share this news to me. As we’ve chatted, I’m more aware of what is going on in my body than most. And I’ve been up working on this project, with less sleep than most get or can tolerate. There are some interesting things.

- Thus far, no spasms now for the two days – those ones that can and often do dislocate ribs.
- Lost my interest in ice tea – it seems all I want is water – if you knew me well you’d find that pretty odd
- Headache just ended suddenly by noon yesterday
- More clear, mood improved
- Pretty much lost my appetite. I’m one that doesn’t eat unless I truly am hungry.

- Typing accuracy has improved (I know, laugh with me – that made me laugh when I realize that suddenly showed up).

Obviously could use more sleep and I will get that when I finish this project – I'm taking sleep breaks. At times I can feel stuff moving around.
So I would say – so far, so good. Looking forward to seeing how this goes."
Haley

"Regarding my wife Annie.....She is getting better, better and more better each day. She is going strength, eating like it is going out of style and drinking all of the 20 oz. of mixed APeX without any difficulty at all. Amazing! The quantity of fluid in her pleural sacs, left and right, which require draining every 5 days is reducing in volume by about 100ml per week. She is still using the oxygen generator with the APeX water at full strength in the humidifier cup attachment to ingest the APeX with every breath. I believe that is a major contributor to Annie's recovery as well. The more APeX the better I would think and she can't get better ingestion than that. She is not as tired as she was a week ago so, she will be awake and active sometimes for 8 - 10 hours which has not happened in over 3 months. Her strength is regaining which allows her to walk to the bathroom without using a walker at all now. She has been unable to do that since Jan. 10th. Her alertness, speech and motor skills have become much more vibrant and forceful as well. She would speak in a very soft and weak voice up to a week ago but now, when hearing her on the phone or when with her, she displays no weakness whatsoever. She is progressing every day and we can only credit the APeX water for working it's "nano-bot" magic to help her get her life back.

Our very good friend Karen Ann Brown who is dealing with uterine cancer has been plagued with nausea in the worst way. She has been able to drink 20 oz. of APeX for the last three days and is just starting on the oxygen generator aspect with APeX humidifier today. If she can hold on for a couple of weeks, she will be a changed and healthier woman.

That's all for now Bill and thank you, thank you for every atom of our beings for offering the wonderful APeX to the world.

Cheers and I look forward to receiving today's order. Lots of folks to give it to.
George Zuk :o)

"I have now been using your ApeX water with many patients for about 12 months. One of my patients' families brought a bottle with them to their daughters initial consultation as they had been told by a highly respected non-practitioner cancer expert, Burton Goldberg (who I also know and respect) the it might be helpful for the girl with her cancer.

Let me give you a bit of background on how I work, so that I can put this in context. I

have been in practice for 25 years. Over the past 15+ years I have developed an extreme love and respect for the science or skill of muscle testing. After many years of believing it was nonsense, I finally investigated it thoroughly and discovered I was wrong. After taking classes from MD's, RN's, L.AC's, DC's, and a credentialed physics professor, I finally felt comfortable utilizing this technique/skill and have been doing so ever since.

No products goes out my door with a patient unless the patient "tests" that the product is beneficial for them. Over the years, this has saved me hundreds of times, from carrying or selling products that many think are great but that never tested for a single patient. It actually amazes me how many companies manufacture dozens or even hundreds of products, and yet I have only found one or two (or none) that ever test well enough for me to carry them. You can read an article I wrote on muscle testing in the articles section of my web site.

By the way, if any reader of this testimonial believes that muscle testing can be valid but that must people practicing it are charlatans or at least are NOT doing slow, careful and objective muscle testing, I completely agree with you. Probably under 10% are really skilled and accurate.

When this family showed me their plastic bottle of what looked like urine, I made the assumption that this ApeX water was some nonsense product being sold by some disreputable company to fleece the public. I remember wondering how Burton Goldberg could have been "taken" to believe in this stuff. We got to the point in the consultation where I take an hour or so to test the patient for dozens of products to see which would be best for liver/kidney support, omega 3 support, numerous nutrients and then finally immune and anti-cancer products. I must admit I was completely amazed by how strongly she tested for using the APeX water. I carry a great many exceptional immune and anti-cancer supplements and I pretty much knew that this bottle of yellow liquid was not going to test as beneficial, but I was very mistaken.

After they left, I made myself a note to call the number I had asked them to give me for the APeX water so that I could order a bottle to have on hand to test other patients. I was a bit surprised at having to send in a donation in order to receive a gift of APeX water, but with our government regulations, it can be difficult to prevent running afoul of some of them.

I have now tested umpteen patients for this strange yellow water and many of my cancer patients as well Lyme patients and other infections as well, have now been recommended by me to order and use the APeX water based on how strongly they test for the sample bottle in my office.

Since I specialize in the use of diet and numerous nutritional supplements to support the body's ability to fight and try to reverse disease, it would be difficult for me to point a finger at one single supplement as being the reason for a patient's improvement or the elimination of a disease, but I have no doubt that this water is being a great help and

possibly far more so than I will ever know.

I am extremely happy to have found one more really good arrow to add to my small quiver as I help my patients improve their health. With our government agencies the way they are, I hope this product can remain available as I have become attached to it and would not want to lose it.

P.S. When my own AMAS cancer test came back elevated recently, pretty surprising with my diet and the normal supplements I take daily, I tested for Apex water at an ounce 3 times/day as one of the 3 supplements needed to normalize it. In 3 months it was reduced to borderline and in another 3 months it was back to normal. All I had added into my existing regimen for 6 months was the APeX water, colostrum, and a multi herb and mushroom mix product."

David Getoff, CCN, CTN, FAAIM www.Naturopath4you.com

Professional Member International and American Associations of Clinical Nutritionists Alliance for Natural Health

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A pilot friend of ours, 83 years old, has been dealing with blood in his mucous cough due to lung cancer. He purchased two bottles from us and started drinking. Two days after taking the water, the bleeding stopped and he is loaded with energy. Another story from the "light side" of the wonders of APeX.

George Zuk

Where We've Been: Where We're Going:

There are several good videos on holistic therapies, with interviews of holistic practitioners doing cutting edge therapies. Ty Bollinger has done a series of videos specifically on cancer, and has a website called thetruthaboutcancer.com (for which I write). Similarly, Burton Goldberg has gone to Mexico and Europe to find out what holistic cancer practitioners are doing outside of the US. His video is on his website, burtongoldberg.com, and is worth watching. He interviews MDs who are doing targeted chemo. The patient's blood is first tested to see which chemotherapeutic agent the patient's body will respond to. Only that drug is administered. There are virtually no side effects when chemo is administered in this way. Unfortunately, there are no physicians practicing this therapy in the US.

Another interesting approach for cancer has been the attempt to attach chemo drugs to nanoparticles, and then to use either silver or gold as a dolly. Hundreds of millions of dollars have been spent attempting to perfect this technique. This is the same method APeX uses, except instead of attaching the nano-particle to a drug, it is attached to oxygen, a friendlier agent than a toxic chemo drug. And, instead of attaching the killer agent to precious metals, the killer agent that we call oxygen clusters are attached to smaller than nano-size particles of silver. Unlike chemo and radiation, there are no downsides to oxygen.

The Chinese herb, artemesinin, has been used in the same way, delivering it through a Trojan horse. Artemesia has been shown to kill off cancer cells at a rate of 12,000 cancer cells for every healthy cell. Henry Lai and a team of researchers from the University of Washington tagged artemesinin with iron (transferrin), which cancer cells are known to use. As Dr. Lai explains: "By itself, artemisinin is about 100 times more selective in killing cancer cells as opposed to normal cells. But the tagged compound was 34,000 times more potent. We call it a Trojan horse because the cancer cell recognizes transferrin as a natural, harmless protein. So the cell picks up the compound without knowing that a bomb (artemisinin) is hidden inside."[25]

Most recently, on October 10, 2015, Youyou Tu, from China, was awarded the Nobel Prize in Medicine for her discovery that the herb Artemisinin is highly effective against the Malaria parasite. This is a particularly interesting finding pertinent to cancer. Research groups have tested thousands of samples from brain tumors to leukemias, and a general picture emerges to indicate that the malaria protein is able attack more than 90% of all types of tumors. It appears, then, that malaria as well as the herb that destroys malaria may both hold promise for the successful treatment of cancer.[26]

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[25] http://www.washington.edu/news/2008/10/13/scientists-develop-new-cancer-killing-compound-from-salad-plant/

[26] http://news.ku.dk/all_news/2015/10/malaria-vaccine-provides-hope-for-a-general-cure-for-cancer/

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About Jane G. Goldberg, Ph.D.:

Jane G. Goldberg, Ph.D. (drjanegoldberg.com) is known widely in both the psychoanalytic and holistic health communities. She is the owner of New York City's oldest holistic facility: *La Casa Spa and Wellness Center* **(lacasaspa.com).** As well, Dr. Goldberg is a practicing psychoanalyst and author of eight books. She has specialized in working with cancer patients and has successfully integrated her psychoanalytic work with the field of holistic health. She has worked with many cancer patients who have defied the odds and attribute their renewed health to their work with her.

Dr. Goldberg is a prolific writer, having authored numerous articles in the fields of psychological oncology and mind/body health. She is a well-known blogger for HuffingtonPost.com, NaturalNews.com, TheTruthAboutCancer.com, as well as her own blog, MusingsFrom20thStreet.com. She writes for weekly newspaper Epoch Times. Dr. Goldberg has made appearances on most talk television shows as well as NPR radio. She is listed in *Who's Who of American Women, Who's Who in Medicine and Healthcare, Who's Who in the East, Who's Who of Women, International Who's Who of Professional and Business Women, Who's Who in Science and Engineering, Who's Who in the World, Who's Who in American Writers, International Who's Who in Medicine.*

About La Casa Spa and Wellness Center:

LA CASA
SPA & WELLNESS CENTER

La Casa was created out of the experience one woman had with her mother. Long before holistic medicine became widely known, Dr. Jane Goldberg spent the 1970s seeking alternative cancer therapies for her mother, who had been diagnosed with terminal bone cancer. Following sound principles of holistic health—nutrition and detoxification as well as rather mysterious by effective principles of energy medicine—Jane's mother was able to reverse her cancer condition entirely, moving from her wheelchair to joyfully playing tennis again. This experience inspired Jane to specialize in her psychoanalytic practice to work with cancer patients, and to fulfill the need for a holistic healing center in NYC. Jane and La Casa invite you to partake of the restorative and profoundly cleansing therapies that have brought La Casa worldwide recognition.