Treating Malignancies with Urea and Creatine

By Wayne Martin
and Evangelos D. Danopoulos

Editor's Introduction
Many years ago, I received a phone call from a woman who was very upset. Her brother had been diagnosed with pancreatic cancer which had metastacised to his liver. His constant nausea and frequent vomiting had destroyed his quality of life. Did I know any thing that could be done to help him? she wanted to know. As a matter of fact I did, thanks to having a copy of *The Self Help Cancer Cure Book* which was published by the NZ Soil and Health Association in 1997. (This very useful book is still available from the association's book club on their website www.organicnz.org – look under the heading "Support Us" to find the book club.)

The Self Help Cancer Cure Book relates how Greek physician EV Danopoulos began to experiment with urea as a treatment for cancer and found it was effective for treating liver cancer and cancer that has metastacised to the liver.

I therefore suggested to the caller that it could be worthwhile for her brother to try urea and creatine, suggested a dosage and advised that the therapy should be supervised by a doctor who could order necessary blood tests to check that the blood urea remained at the target level and that potassium levels remained adequate. (Urea is a diuretic so has potential to lower potassium levels, which may already be low in a cancer patient, especially one who has been vomiting frequently.) I also told her that her brother would need to look at some other complementary treatment for any cancer at other sites in his body, as the creatine and urea was specifically for the liver and unlikely to be effective elsewhere. (I did not know at that stage that in some cases urea and creatine may be effective in cancers in parts of the body other than the liver.)

The woman obtained urea BP and creatine monohydrate and gave them to her brother. In subsequent phone reports to me, she reported on his progress. His nausea was relieved very quickly and he stopped vomiting after about a week of treatment. He mixed the day's dosage of urea and creatine into apple juice, which is a useful potassium source. He had blood tests to monitor his blood urea level and his liver enzymes (which were elevated due to the cancer spread into his liver.) Over time, his liver enzymes came down to the normal range.

I would love to be able to say that there is a happy ending to this story, however, this was not the case. The patient lived in a small town where there were limited medical options and he was not able to access any sort of treatment that was effective for cancer in other parts of his body – and he died as a result of metatastic disease in the lower abdomen. Nonetheless, as reported by his sister, the simple urea and creatine treatment provided almost miraculous relief of the nausea and vomiting that had been making his life so miserable.

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The liver is a common site of metastasis of many cancers, including bowel cancer. Overseas, there are more treatment options available within the medical system for liver cancer/metastasis, including injection of ethanol into liver tumours and cryosurgery. As far as I know, these treatments are not available in NZ. (Chemotherapy is offered to some patients with liver metastases.)

These factors mean that a non-toxic treatment like urea and creatine is an important tool to relieve distressing symptoms – and potentially extend life. Pioneers in natural approaches to cancer therapy such as Dr Max Gerson (author of *Cancer: The Results of 50 Cases*) have emphasised the importance of a restoring the health of the liver. In fact, Dr Gerson found this to be crucial in helping people with cancer overcome their illness and become long term survivors. Urea and creatine provides one means by which tumours in the liver may be treated successfully thereby improving liver function which allows the liver to begin to resume its normal functions in the regulation of the metabolism.

Below is a discussion of the use of urea and creatine in treating liver cancer/metastases by American health researcher Wayne Martin, excerpted from http://www.encognitive.com/node/2698.

"In the January 26, 1974 issue of *The Lancet*, Professor Ev. D. Danopoulos had two papers on treating cancer with urea. One had to do with injections of urea in normal saline into and around skin cancers. The other

had to do with the treatment of liver metastases with oral urea in water. "In those pages were published the case of Mrs. RM of Fort Wayne, Indiana. She had two recurring tumors in the surgical scar after a radical mastectomy for breast cancer. Ten series of injections of 15% urea in water around her tumors over a six month period abolished her tumors completely. That was in 1983. She is free from all signs of cancer today. [Editor's note: There is no date given for the article from which this is excerpted but it appears that it was written in the late 1980s or subsequently.]

"Since 1975, I have mailed out countless packets on treating liver metastases with oral urea to patients or friends of patients. Now I include in my packet, pages on the subject from the *Townsend Letter for Doctors*. [Ed note: This publication is now called *The Townsend Letter for Doctors and Patients*.] I have followed well over 100 such patients and oral urea for liver cancer comes very close to being a panacea. The symptoms of liver cancer are loss of appetite, swelling in the area of the liver, pain and nausea. I have had back reports in cases where these symptoms have subsided on taking urea, in one week's time. It is the teaching of Professor Danopoulos that oral urea for liver cancer is always effective if the liver is not more than 30% involved with cancer.

"The remarkable anti-cancer effect of urea is explained by Bernard Ecanow et al. of the University of Illinois Medical Center in Chicago and published in *Clinical Oncology* (1977,3,319-320). Urea breaks the hydrophobic bond that holds the malignant cells together to form a malignant tumor. Break the hydrophobic bond and the malignant tumor falls apart, cannot feed itself and falls prey to our immune cells.

"I will give one brief case here. A son called me. His mother had had surgery for breast cancer many years before. She had developed all the symptoms of a liver metastasis. Her doctor felt that she had developed a liver metastasis and had scheduled her for a needle biopsy two weeks hence. Her son was able to obtain urea quickly and had his mother drinking 15 grams of urea in a quart of water daily. He called in one week's time reporting that all his mother's symptoms had vanished.

"One week later his mother presented at the hospital for the biopsy; however, her doctor, finding her free from all symptoms, said that he must have been mistaken and sent her home. He was never told that the patient was taking urea."

It is the teaching of Professor Danopoulos that urea in water taken by mouth will go to the liver via the portal vein and as such will be effective in treating the liver metastasis but that by the time urea enters the blood circulation and reaches other organs it is then of too low a concentration to have an anti-cancer effect. About two years ago Professor Danopoulos began using the combination of urea and creatine hydrate in the treatment of cancer in organs of the body other than the liver. It is his feeling that with blood urea in the range of BUN 35 to 40 [American units], the combination of urea and creatine hydrate is effective in any part of the body. He has been kind enough to send the following article on treating cancer with the combination of urea and creatine hydrate. I have been mailing this article out to patients with liver and other metastases. In the past three months I have had reports back of the most gratifying remissions in patients who had liver and other metastases.

"I am convinced that Professor Danopoulos has established that oral urea for liver cancer and injections of 15 to 50% urea in normal saline into skin tumors is highly effective and I suspect that his combination of urea and creatine hydrate is going to be of epochal importance in treating cancers other than liver cancer.

"The treatment of cancer with the combination of urea and creatine hydrate is inexpensive and harmless. Great good would result if it were widely used in the treatment of cancer."

Using Urea and Creatine as a Cancer Treatment

by Prof. Evangelos D. Danopoulos, M.D.

My article "The Possibility of Treating Malignancies with Urea" was published in the *Cancer Victors Journal*, Vol. 21 No. 3 in 1987 and in *The Townsend Letter for Doctors* (Feb./Mar. 1988).

Since this article was published, experience has led me to change my concept somewhat and to greatly improve my method of treating malignancies.

In the previous article I said that when urea is taken by mouth and reaches the bloodstream, it is quickly excreted by the kidneys in urine. It is for this reason that urea, when administered intravenously, cannot reach organs with a high enough concentration to have anti-cancer effect. Taken by mouth, urea reaches the liver via the portal vein in a high enough concentration to have a most helpful effect on a primary liver malignancy or on a liver metastasis. After passing through the liver, urea comes to other organs in too low a concentration to have an anti-cancer effect, therefore the concentration of urea in organs other than the liver has to be enriched by other means.

During the winter of 1987-1988, in treating a patient with pancreatic cancer with metastases to the para-aortic lymph nodes, I was astonished to observe that his blood urea (BU) was in the range of 70 to 90 mg. % even though he was receiving the small daily dose of 20 to 30 grams a day of urea. [Editor's note: In Greece, laboratories measure Blood Urea (BU) rather than BUN, as in the USA. This accounts for the different numbers; a BU of 78-85 mg.% is equal to the American BUN of 35-45 mg.%]

This high blood urea was unexpected. The patient had no sign of renal insufficiency, which meant that contrary to my previous thinking, he was excreting urea via the kidneys slowly. To my thinking this meant that the malignancy was making his kidneys excrete urea more slowly. It

was further noted that BU increased or decreased over a period of a few days, depending probably on the quantity of proteins and fluids of the food the patient takes. It was found that to maintain a constantly high level of blood urea level of 75 to 85 mg. %, it was needed to test for BU every 5 to 8 days and to change the dosage of urea to maintain a constant level of BU in the range of 75-85 mg. %. When the patient was maintained in the level of BU of 75 to 85 mg. %, he showed vast improvement. This patient had unbearable abdominal pain as the enlarged lymph nodes pressed the nerves near the spinal column. Before being treated with urea, he required morphine three times a day; however, after taking urea and when his BU was maintained in the range of 75 to 85 mg. % his pain decreased to where he could get by with only 2 to 4 tablets of paracetamol a day. If, however, his BU dropped to under the range of 75 to 85 mg. %, or got up over this, then he again suffered intense abdominal pain. This is the second very significant and surprising observation made during the treatment of this patient. There is namely an active level (AL) of BU, which must be kept constant during treatment, in order to achieve good results.

This same observation was confirmed with two other cancer patients suffering severe pain. It was found that patients reacted in different ways, that some excreted urea at a more rapid rate than others and that the same patient would excrete urea at different rates as days went by. However, while the dosage of urea needed to maintain BU in the range of 75 to 85 mg. % varied from patient to patient and with one patient from time to time, when the active level of 75 to 85 mg. % was maintained, the patient had relief from pain. (Note in the USA, BUN (blood urea nitrogen) is measured rather than BU and the proper range of BUN is 35 to 40 mg. %.)

The story of my use of urea in the treatment of cancer began in 1954 when I discovered that urine has an anti-cancer effect. After considerable research I discovered that the anti-cancer agent in urine is urea. In 1969, I began to treat cancer patients with oral urea with notable success in primary liver cancer or more often with liver metastases. Also it was soon found that injections of 15% to 50% urea in normal saline into and around skin cancers and malignant breast tumors were most effective.

In the meantime I had tried many other substances without effect. In 1980 I used creatine hydrate instead of creatinine. Creatinine is very quickly excreted by the kidneys. Creatine is, on the contrary, very slowly excreted and then as creatinine to which it has been changed. My first use of creatine hydrate as a monotherapy was with a patient with five small lung metastases from a sarcoma in his left thigh. *After one month of treatment of this patient with 25 grams a day of creatine hydrate taken by mouth, all these small metastases vanished.* (They had been from 6 to 15 mm. in diameter.)

This confirmed in my mind that creatine hydrate, like urea, has a marked anticancer effect.

Note: Urea is water soluble. Creatine hydrate is not soluble. If 25 grams of creatine hydrate are put in a quart of water and the quart is placed in a half gallon container, then the half gallon container can be shaken with vigor and a portion poured out and drunk. In this manner the creatine will act the same as if it were water soluble.

Next I treated two far advanced cancer patients with 25 grams a day of creatine hydrate by mouth. One had extensive adenocarcinoma metastases in both lungs. The other had extensive lung metastases from a primary sarcoma in a thigh. Neither of these patients were benefited by creatine hydrate as a monotherapy. Then, with the knowledge that both urea and creatine hydrate have anticancer effects, I used the combination of urea and creatine hydrate in treating the aforementioned pancreatic cancer patient. I gave this patient sufficient urea to maintain BU in the range of 75 to 85 mg. %. Then I added oral creatine hydrate to the treatment starting with 10 grams a day. Again keeping BU at 75 to 85 mg. % with oral urea, I increased the daily dosage of creatine hydrate to 25 grams a day. With this treatment the patient showed many signs of regression of his cancer. His appetite improved, his pain decreased, and his erythrocyte sedimentation rate (ESR) fell from 110 per hour to 47 per hour hour.

Then to test how effective was this combination treatment, I discontinued the use of urea for four days. His BU decreased to 45 mg. % and his condition deteriorated. On adding urea to his treatment to achieve BU of 75 to 85 mg. % again…his condition once again improved.

Then I withdrew creatine hydrate from treatment for nine days. Again the patient showed a deteriorated condition. When I resumed treatment with creatine hydrate, I used a dosage of 40 grams a day, then slowly decreased it back to 25 grams a day.

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Unfortunately, five months and 11 days after the beginning of combined urea and creatine hydrate treatment, this patient suffered a fatal episode of myocardial infarction.

I then obtained the same good results with this combined treatment of urea and creatine hydrate with 10 more patients with cancers of various locations in the body. These cases will be published in a medical journal. I will note here that unlike the two above mentioned patients where creatine hydrate was used as a monotherapy, the patients treated with the combination of urea and creatine hydrate all showed improvement. If the patient suffers severe pain, then the patient can understand the benefit of this treat-

ment as the pain decreases.

In cancer patients where only the liver is involved with malignancy, the test for BU or BUN is not needed because the liver always gets a proper concentration of urea as urea taken by mouth goes via the portal vein to the liver.

However, where there is concern that there may be metastases in other parts of the body, then it would be well to do BU or BUN testing every 10 days and to maintain BU to 75 to 85 mg. % (or a BUN of 35-40 mg. % if using the American measuring system – Ed).

[Editor's note: In NZ, the equivalent test to the BU or BUN test is known simply as the urea test, and is measured in mmol/L. The NZ equivalent of the American BUN range of 35 -40 mg. % is 12.5 - 14.3 mmol/L urea. To convert multiply BUN by 0.357.) The normal laboratory reference range of urea is 3.2-7.7mmol/L.]

In treating liver cancer only, 14 grams a day of urea are needed, along with 21 grams of creatine hydrate. This combination need be taken every hour and a half throughout the waking day.

One suggestion is this: If urea alone is to be taken, put the urea, 14 grams or how many is to be used in a quart of water. If treating liver cancer also with creatine hydrate, then 21 grams of creatine hydrate should also added to this quart of water. With the quart in a half gallon container, one can shake the container with vigor, then 1/7th of a quart is poured out and drunk every hour and a half. [Editor's note: 5 g of urea is equivalent to a 7.5 - 8ml volume of dry urea powder. 5 g of creatine hydrate is equal to a 5 ml volume of dry creatine crystals. A standard plastic measuring cylinder marked in 1 ml graduations, such as is used for measuring liquid medicines can be bought for about $1 at a pharmacy.]

The same is true when 25 grams of creatine hydrate are being used. In cases of severe liver cancer with great enlargement of this organ, we can increase the dose of urea only a little, from 14 grams to 18 grams a day and the dose of creatine hydrate to 25 to 30 grams a day. In case of liver metastases when the primary cancer (of the pancreas i.e.) is not removed, we cannot increase the dose of urea to obtain the Active Level because the liver cannot tolerate large doses of urea. Therefore we give 14 to 18 grams of urea and 25 to 30 grams of creatine hydrate. Creatine hydrate is more slowly excreted than urea, hence there is no need to measure the blood level of creatine as in the case of the need to measure BU or BUN in order to keep a constant Active Level.

Bone Metastases

The question arises, will the combination of urea and creatine hydrate be beneficial in the treatment of bone metastases?

If the cancer is in the bone *marrow* which has a good supply of blood (myeloma), then good results are possible. Unfortunately, bone metastases are irrigated poorly by blood and the results of treatment with the combination of urea and creatine hydrate may be poor.

A vast majority of deaths from solid malignant tumors results from distant metastases. In any form of cancer therapy, it is of utmost importance that metastases are not permitted to form. After surgery to excise a primary malignant tumor, taking the combination of urea and creatine hydrate for six months or more, while maintaining BUN in the range of 35 to 40 mg. %, could well abolish the very small undetectable metastases that so often later grow into the large metastases that kill so many patients. The same is true with the possible remnant cancer cells from the primary tumor after it has been excised.

In conclusion, both urea and creatine hydrate have been demonstrated as having anti-cancer effect. Both are remarkably non-toxic. Both are non-drugs and thus do not require prescriptions. I have used urea in water by mouth in treating liver cancer or liver metastases since 1969 and it has been ever so effective. Also urea in normal saline injected into skin cancers has been just as effective. By the use of the combination of urea and creatine hydrate it has been possible to obtain remarkable regressions of cancer in organs of the body other than the liver. Furthermore, one can with this treatment, prevent the growth of any metastases after surgical removal of the primary and prevent recurrences.

(Excerpted from http://www.encognitive.com/node/2698, with some editing.)

Editor's note: If readers have any experience with this treatment, I would be very interested to learn about it.