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Non-invasive, safe, individualized, effective treatment of various cancers using optimal dose of Vitamin D3 based on 7 unique, beneficial effects of optimal dose of Vitamin D3 and other effective, non-invasive, alternative treatments recently discovered

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Our research indicated that many people have Vitamin D3 deficiency. Particularly when skin surface is not exposed to sunlight, production of Vitamin D3 precursor cannot be produced at skin, since exposure of the skin to ultraviolet breaks one of the rings of the cholesterol and cholesterol becomes Vitamin D3 precursor. In order to change Vitamin D3 precursor to active form of Vitamin D3, molecular structure of Vitamin D3 precursor must be modified at liver and then by kidneys as an active form of Vitamin D3 which is 1α,25(OH)2D3. However, even if there is enough exposure to the sun, if the serious problem exists in the liver and kidneys, Vitamin D3 precursor cannot be changed to effective form of Vitamin D3. Our recent study established that optimal dose of Vitamin D3 can produce the following 7 unique, beneficial effects including 1) strong anti-cancer effects, 2) reduction of 8-OH-dG, which is proportional to DNA mutation which is required for the growth of cancer, 3) marked increase in acetylcholine, 4) significant increase in DHEA levels, 5) significant urinary excretion of virus, bacteria, fungi, and single-cell parasites as well as asbestos, mercury, aluminum, and other toxic substances, 6) marked decrease in β-Amyloid (1-42), and 7) marked decrease in Cardiac Troponin I. Since our study indicated that every cancer tissue we examined there was increased Human Papilloma Virus Type 16 (HPV-16), more than 2000~3000ng up to 8000ng and we also often found co-existing, extensive, intracellular, single-celled parasitic infection Toxoplasma Gondii. We found individualized optimal dose of Vitamin D3 is one of the most powerful, anti-cancer treatments. We individually examined optimal dose of Vitamin D3 and in normal person who has Vitamin D3 deficiency, optimal dose is usually, in average, about 400 I.U. However, the author found in the presence of malignancy, optimal dose requirements of Vitamin D3 increases. In cancer patients, often DHEA level is also reduced to less than 0.5ng and compared with normal value of anywhere between 20ng to 130ng or 140ng depending on the age. In the cancer patient, optimal dose of Vitamin D3 always increases beyond 600~800 I.U. From the amount of the optimal dose increase alone we can estimate general condition of cancer. Again, the requirements for cancer patients are 3 times a day since beneficial effects of each dose last an average of about 8 hours. Although there are many anti-cancer treatments, we consider most safe & effective treatment to be optimal dose of Vitamin D3. Clinical laboratory of University of Toronto recommends minimum of 2000 I.U. and maximum of about 5000 I.U. but many people use over 5000 I.U. up to 10,000 I.U. which will always be an overdose and create completely opposite effect by promoting growth of cancer. Only the best results can be obtained when it is only optimal dose. Among the female dentists who had been frequently using overdose of Vitamin D3 5000~10,000 I.U. for more than half or one year, we found high incidence of breast cancer from Canadian women. Unfortunately, because of Linus Pauling's original claim that large amount of Vitamin C is excellent for anti-cancer effect, our study contradicts that and although smaller amount up to 150mg may not create a problem, large amount of Vitamin C (including Vitamin C-rich drinks or fruits) inhibits most important 7 unique, beneficial effects of Vitamin D3. Therefore, we consider use of large amounts of Vitamin C beyond 150mg as highly undesirable since it completely eliminates 7 unique, beneficial effects of Vitamin D3. We have witnessed 2 doctors with breast cancer & prostate cancer die in less than half a year after regularly taking large dose of Vitamin C because they believed Linus Pauling's original claim.

Biography

Professor Yoshiaki Omura received Oncology Residency Training and a Doctor of Science Degree through research on Pharmaco-Electro Physiology of Single Cells *in Vivo* and *in Vitro* from Columbia University. He published over 250 articles and 7 books. He is currently Editor-in-Chief of Acupuncture & Electro-Therapeutics Research, International Journal of Integrated Medicine and Executive Editor of Integrative Oncology. Using his new diagnostic method, which received U.S. patent, he can non-invasively and rapidly measure many neurotransmitters, chemicals, asbestos, viruses and bacteria. He developed a non-invasive, quick diagnostic method of malignancies, as well as a method of evaluating the effects of any treatment.

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