# The Trophoblast Theory of Cancer and the Vitamin B17

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## Introduction by Alex Paterson

This article serves as an introduction to the Trophoblast Thesis of Cancer and the role of Vitamin B17 (Laetrile) in curing cancer. The article paraphrases and summarises the two chapters of G. Edward Griffin's book 'World Without Cancer' that documents the discovery of the Trophoblast Theory of Cancer by Dr John Beard in the early 1900s (Chapter 5) and the role of Vitamin B17 in healing cancer discovered by Dr. Ernst T. Krebs jnr and his father, Dr. Ernst T. Krebs snr in the early 1950s (Chapter 6).

For a more comprehensive understanding of the subject readers are encouraged to download and read G. Edward Griffin's book 'World Without Cancer' which he has kindly made available free of charge by clicking on the link below:

'World Without Cancer' by G. Edward Griffin:
https://ctrk.klclick1.com/l/01K1EMK5B75GJWND3HGF5W4C16_1

Alex Paterson

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## Origins of the Trophoblast Theory of Cancer [1]

To quote G. Edward Griffin;

In 1902, John Beard, a professor of embryology at the University of Edinburgh in Scotland, authored a paper published in the British medical journal Lancet in which he stated there were no differences between cancer cells and certain pre-embryonic cells that were normal to the early stages of pregnancy called Trophoblast cells. Extensive research had led Professor Beard to the conclusion that cancer and trophoblast are, in fact, one and the same. His theory, therefore, is known as the Trophoblast Thesis of Cancer. [2]

Trophoblast cells in pregnancy exhibit all the classical characteristics of cancer. They spread and multiply rapidly as they invade into the uterus wall preparing a place where the embryo can attach itself for maternal protection and nourishment.

The Trophoblast cell is formed as a result of a chain reaction starting with another cell identified as the 'Diploid Totipotent'. [3]

For our purposes, let us call this simply the "total-life" cell because it contains within it all the separate characteristics of the complete organism and has the total capacity to evolve into any organ or tissue or, for that matter, into the complete embryo itself.

About eighty percent of these total-life cells (i.e. Diploid Totipotent) are located in the ovaries or testes serving as a genetic reservoir for future offspring. The rest of them are distributed elsewhere in the body for a purpose not yet fully understood, but which involve the regenerative or healing process of damaged or aging tissue.

## The Role of Estrogen

G. Edward Griffin continues:

The hormone estrogen is well known for its ability to effect changes in living tissue. Although it is generally thought of as a female hormone, it is found in both sexes and performs many vital functions, including tissue repair. Wherever the body is damaged, either by physical trauma, chemical action, or illness, estrogen and other steroid hormones always appear in great concentration, serving as stimulators or catalysts for cellular growth and body repair.

It is now known that the total-life cells are triggered into producing trophoblast cells when they come into contact with these steroid hormones acting as "organizer stimuli." When this happens to those total-life cells that have evolved from the fertilized egg, the result is a placenta and umbilical cord; a means of nourishing the embryo. But when it occurs non-sexually as a part of the general healing process, and which for some reason doesn't cease when the healing task is complete, the result is cancer.

Alex Paterson: In other words, cancer is the result of the normal healing process involving the creation of Trophoblast cells to repair damaged tissue, but which do not terminate and die off upon completion of their assigned task associated with the failure of the natural "restraining process" terminating the production of Trophoblast cells. The reasons why this normal healing process does not cease on completion of its task is now well understood and is explained later in this article. (AP)

G. Edward Griffin continues: We shall see shortly why this natural restraining influence on the healing process should fail but, for now, at the risk of greatly over-simplifying the

process, we may say that cancer is the result of *over-healing.* That is why it has been said that smoking, or excessive exposure to the sun, or any number of harmful chemicals seem to cause cancer. Anything that causes damage to the body can lead to cancer if the body's healing processes are not functioning properly — as we shall see.

Alex Paterson: To summarise, there are no such things as carcinogens per se. Rather, there are 'things' in the environment that damage body tissue which causes the normal healing process of the body to respond by producing trophoblast cells to such an extent that the normal "restraining influence" associated with the production of those cells is either overwhelmed and/or the said "restraining influence" fails to function properly. (AP)

G. Edward Griffin continues: If it is true that the trophoblast cell is brought into being by a chain reaction which involves estrogen or other steroid hormones, then it would follow logically that an unnaturally high exposure to these substances would be a factor that favored the onset of cancer. And, indeed, this has been proven to be true. It has been found that women taking contraceptive pills — especially those containing estrogen — not only undergo irreversible breast changes, but become almost three times more cancer-prone than women who do not. This fact was stressed by Dr. Otto Sartorius, Director of the Cancer Control Clinic at Santa Barbara General Hospital in California, who then added: *"Estrogen is the fodder on which carcinoma [cancer] grows. To produce cancer in lower animals, you first introduce an estrogen base."* [4]

## The Body's Normal Defense Mechanisms Against Cancer.

G. Edward Griffin continues:

Let us turn now to the question of defense mechanisms. Before we can hope to conquer cancer, first we must understand how nature protects the body and controls the growth of trophoblast cells. All animals contain billions of white blood cells. There are different types such as lymphocytes, leukocytes, and monocytes, but they all serve the same function which is to attack and destroy anything that is foreign and/or harmful to our bodies. Since the destruction of foreign and/or harmful bodies is the function of the white cells, it would seem logical, therefore, that they would attack cancer cells also.

Alex Paterson: To summarise. Whilst Trophoblast cells are a vital part of the life cycle during the early stages of pregnancy as well as the healing of damaged tissue, their propensity to continue to divide and invade surrounding tissue unless stopped at an appropriate time can be life threatening in the form of cancer, which is why they are considered by the body's immune system to be 'foreign' and thus sought out by the white blood cells to be destroyed. (AP)

G. Edward Griffin continues:

Consequently, nature has provided Trophoblast cells with an effective means of avoiding the white blood cells. One of the characteristics of the Trophoblast cell is that it is surrounded by a thin protein coating that carries a negative electrostatic charge. In technical terms this is called the 'Pericellular Sialomucin' coat. The white blood cells also carry a negative charge. And, since like polarities repel each other, the trophoblast is well protected from attack by white blood cells. The blocking factor is nothing more than a cellular electrostatic field. Commenting on the significance of these facts, Dr. Krebs wrote:
*"For three-quarters of a century classical immunology has, in effect, been pounding its*

*head against a stone wall in the vain quest for "cancer antigens," the production of cancer antibodies, etc., etc. The cancer or trophoblast cell is non-antigenic because of the pericellular sialomucin coat."* [5]

## The Role of Pancreatic Enzymes in Trophoblast Destruction

G. Edward Griffin continues:

Part of nature's solution to the problem of Trophoblast cells surviving past their useful time period, as pointed out by Professor Beard in 1905, is found in the ten or more pancreatic enzymes, of which trypsin and chymotrypsin are especially important in trophoblast destruction. These enzymes exist in their inactive form (as zymogens) in the pancreas gland. Only after they reach the small intestine are they converted to their active form. When these are absorbed into the blood stream and reach the trophoblast cell, they digest the negatively-charged protein coat. The cancer cell then is exposed to the attack of the white blood cells and it dies. [6]

Regarding the subject of pancreatic enzymes in pregnancy, we find that the trophoblast cells in the normal embryo continue to grow and spread right up to the eighth week. Then suddenly, with no apparent reason, they stop growing and are destroyed. Dr. Beard had the general answer to why this happens as long ago as 1905. But recent research has provided the specific explanation. It is in the eighth week that the baby's pancreas begins to function.

It is significant that the small intestine, near the point where the pancreas empties into it, is one of the few places in the human body where cancer is almost never found. The pancreas itself often is involved with primary malignancy, but this is because the all-important enzymes do not become activated until they leave the pancreas and enter the intestines, or the blood stream. Thus, the small intestine is bathed in these substances, whereas the pancreas itself may receive very little. As one clinician has observed: *"One of the most striking features about the pathology of malignant disease is the almost complete absence of carcinoma [cancer] in the duodenum [first segment of the small intestine] and its increasing frequency throughout the gastrointestinal tract in direct proportion to the distance from this exempt segment."*

We note, also, that diabetics — those who suffer from a pancreas malfunction — are three times more likely to contract cancer than non-diabetics. [7]

These facts, which have puzzled medical investigators for years, at last can be explained in light of the trophoblast thesis of cancer. This thesis, as Dr. Krebs has asserted, *"is not a dogma inflexibly held by its proponents; it is merely the only explanation that finds total congruence with all established facts on cancer."*

To which Dr. Stewart M. Jones adds: *"This theory is the oldest, strongest, and most plausible theory of cancer now extant. It has stood the test of seventy years of confrontation with new information about cancer without ever being disproved by any new fact.... The voluminous, heterogeneous science of cancer developed since then is coherent only in the light of this theory."* [8]

## Trophoblast Theory of Cancer Finally Confirmed

It is the height of restraint to call this a theory. There comes a time when we must admit that truth is truth and that the search is over. That finally happened on October 15, 1995, in the pages of an orthodox medical journal — 93 years after Professor Beard published

the theory and 43 years after Dr. Krebs shouted it from the housetops. It was the report of a study at the Allegheny Medical College in Pittsburgh by Doctors Acevedo, Tong, and Hartsock. The study, involving the genetic characteristics of human chorioic gonadotrophin hormone, confirmed that cancer and trophoblast were one and the same. The report concluded: *"After 93 years, Beard has been proven to be conceptually correct."* [9]

The debate, however, will continue. For many, the search is more exciting (and more profitable) than the discovery. So they will continue to clutter their minds and laboratories with dead-end theories and projects for as long as the money holds out.

But the truth is both startling and simple. While most researchers are operating on the assumption that cancer is foreign to the body and part of a process of death and decay, it is, instead, a vital part of the life cycle and an expression of the onrush of both life and healing.

## The Role of Chorionic Gonadotrophic Hormone (CGH)

G. Edward Griffin continues:

An interesting sidelight to these facts is that trophoblast cells produce a distinct hormone that readily can be detected in the urine. This is known as the chorionic gonadotrophic hormone (CGH). [10]

If cancer is trophoblast, then one would expect that cancer cells also would secrete this hormone. And, indeed, they do. It is also true that no other cell is known to produce CGH. [11]

This means that, if CGH is detected in the urine, it indicates that there is present either normal pregnancy trophoblast or abnormal malignant cancer. If the patient is a woman, she either is pregnant or has cancer. If he is a man, cancer can be the only cause.

The significance of this fact is far-reaching. A simple urine test similar to the well-known rabbit test for pregnancy can detect the presence of cancer long before it manifests itself as illness or a lump, and it throws serious doubt upon the rationale behind surgical biopsies. Many physicians are convinced that any cutting into a malignant tumor, even for a biopsy, increases the likelihood that the tumor will spread. In any event, there is questionable need for such procedures in view of the fact that the CGH urine test is available. [12]

## The Role of Vitamin B17 in Preventing and Curing Cancer [13]

G Edward Griffin summarises the story thus far:

Cancer can be thought of as a kind of over-healing process in which the body produces trophoblast cells as a part of its attempt to overcome specific damage to or aging of normal tissue. These trophoblast cells are protected by an electrostatically charged protein coat. But in the presence of sufficient quantities of the pancreatic enzymes, this protective coating is digested away, exposing the trophoblast to the destructive force of the body's white blood cells. Thus, nature has assigned to the pancreas the vital job of preventing cancer by keeping trophoblast cells under control.

He then asks the rhetorical question:
But what happens if, due to age or hereditary factors, the pancreas is weak, or if the kinds

of foods we eat consume almost all of the pancreatic enzymes for their digestion leaving very little for the blood stream? What if, due to surgery or radiation, there is scar tissue around the cancer which inhibits circulation and prevents the enzymes from reaching it? And what if the rate of cancer growth is so high that the pancreatic enzymes can't keep up with it? Then what?

To which he then answers:
The answer is that nature has provided a back-up mechanism, a second line of defense, that has an excellent chance of doing the job even if the first line should fail. It involves a unique chemical compound that literally poisons the malignant cancer cell while nourishing all the rest. And this is where the vitamin concept of cancer finally comes back into the picture. The chemical compound in question is Vitamin B17, which is found in those natural foods containing nitriloside. [14]

The B17 molecule contains two units of glucose (sugar), one of benzaldehyde, and one of cyanide, all tightly locked together within it. As everyone knows, cyanide can be highly toxic and even fatal if taken in sufficient quantity. However, locked as it is in this natural state, it is chemically inert and has absolutely no effect on living tissue. There is only one substance that can unlock the B17 molecule and release the cyanide. That substance is an enzyme called beta-glucosidase, which we shall call the "unlocking enzyme". When B17 comes in contact with this enzyme in the presence of water, not only is the cyanide released, but also the benzaldehyde, which is highly toxic by itself. In fact, these two substances working together are at least a hundred times more poisonous in man than either of them separately; a phenomenon known in biochemistry as synergism. Fortunately, the unlocking enzyme is not found to any dangerous degree anywhere in the body except at the cancer cell, where it always is present in great quantity, sometimes at levels in excess of one-hundred times that of the surrounding normal cells. The result is that vitamin B17 is unlocked at the cancer cell, releases its poisons to the cancer cell, and only to the cancer cell.

There is another important enzyme called rhodanese, which we shall identify as the "protecting enzyme." The reason is that it has the ability to neutralize cyanide by converting it instantly into by-products that actually are beneficial and essential to health. This enzyme is found in great quantities in every part of the body except the cancer cell which, consequently, is not protected."

## Alex Paterson's Summary of Vitamin B17

Vitamin B17 is the ultimate chemotherapy as it's presence is deadly to cancer cells whilst simultaneously being beneficial to normal cells, hence the reason Dr. Ernst T. Krebs, Jr. categorised it as a Vitamin. Cancer can thus be thought of as a symptom of deficiency. Just as scurvy is symptomatic of a Vitamin C deficiency, cancer is symptomatic of a deficiency of not just Vitamin B17, but a host of other essential vitamins and minerals sadly missing to a greater or lesser degree in modern Western diets. Given the simplicity of it all, it is astonishing how the Powers That Be (PTB) have managed to hide from the general public for so long the real mechanism of cancer and its true cause, whilst demonising the efficacy of Vitamin B17 despite it being the most effective counter measure and cure for cancer available to humans at this point in time.

As mentioned earlier, Vitamin B17 is found in those natural foods containing nitriloside. According to a report authored by Dr Ernst T. Krebs Jr in 1964 *"there are approximately 14 naturally occurring nitrilosides distributed in over 1200 species of plants. Nitrilosides are found in all plant phyla from Thallophyta to Spermatophyta".* [15]

The specific Nitriloside associated with Vitamin B17 is found in its greatest concentration in Apricot kernels, the sale of which has been outlawed in many countries, including Australia, under the false assertion that they are *"dangerous to health because of their cyanide content."* (sic) Keep in mind, the authorities categorizing Vitamin B17 as dangerous to human health are the same authorities who claimed (and continue to claim) that Covid19 injectables are both *"safe and effective"* and who mandated that they be injected into their respective populations despite the fact that they do not meet the definition of being a vaccine, but rather are experimental genetic modifying agents which have never been properly tested and are now implicated in the worldwide 10% - 15% increase in excess deaths following their rollout in 2021.

That said, Apricot kernels can be sourced for purchase on line if one knows where to look.

Finally, there are many other effective treatments for cancer that have been suppressed by the PTB for well over 100 years. Readers are encouraged to obtain a copy of 'Outsmart Your Cancer' by Tanya Harper Pierce to explore other *"alternative non-toxic treatments for cancer that work"*.

Alex Paterson

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## End Notes

[1] Primary source information regarding the Trophoblast Thesis of Cancer in this article is 'Chapter 5' of 'World Without Cancer' titled 'The Onrush of Life'

[2] Sometimes referred to as the unitarian thesis of cancer on the basis that all cancers are, fundamentally, the same.

[3] There is no need to go into all the details surrounding the formation of these cells, for they only tend to burden us with facts that are not essential to an understanding of the basic theory. Anyone interested in this background can readily obtain it at the public library from any standard reference book on embryology. Of particular value are John Beard's The Enzyme Treatment of Cancer and its Scientific Basis (London: Chatto & Windus, 1911) and Charles Gurchot's The Biology of Cancer (San Francisco: Friedman, 1948).
Note: Both these books are available on line as eBooks (AP)

[4] As quoted in "Birth Control Pills Endanger Your Breasts," by Ida Honorof, Prevention, July 1972, p. 89. Also see "Pill Linked to Cancer Risk," L.A. Times, Nov.2l,1972,p.A-21.

[5] Letter from Dr. Krebs to Andrew McNaughton, the McNaughton Foundation, San Francisco, Calif., dated Aug. 2,1971, Griffin, Private Papers, op. tit.

[6] The operation of this mechanism is considerably more complex than this simplified description would indicate, and there is much that is not yet fully understood. For instance, investigators have not yet solved the puzzle of how pregnancy trophoblast cells are protected from chymotrypsin during the initial phase of pregnancy. Obviously they have some kind of extra blocking that non-pregnancy trophoblast cells do not enjoy. It is possible that it is an increased local level of cobalomine that converts the hydro-cyanic acid into thiocyanate (vitamin B12), plus a temporarily high level of rhodanese (protecting enzyme). But this is not at all certain, and it represents an interesting area for future research.

[7] Jones, Nutrition Rudiments in Cancer, op. cit., p. 8.

[8] Ibid., pp. 1, 6.

[9] "Human Chorionic Gonadotropin-Beta Subunit Gene Expression in Cultured Human Fetal and Cancer Cells of Different Types and Origins," by Herman F. Acevedo, Ph.D., Jennifer Y. Tong, Ph.D., and Robert J. Hartsock, M.D., Cancer, October 15,1995, Volume 76, No. 8, pp. 1467-1473.

[10] In Human biology, it is sometimes referred to as the HCG (human chorionic gonadotrophic) hormone.

[11] A similar substance is produced in the anterior pituitary gland, but it is not the same

[12] This is a modified, more sensitive micro-Aschheim Zondek test and is not to be confused with the Anthrone test which is based upon a similar principle but, due to technical problems connected with the test itself, so far has not been as reliable as the CGH test.

[13] This section summarises Chapter 6 titled ‘The Total Mechanism’ of G. Edward Griffin’s book ‘World Without Cancer’

[14] Professor John Beard, the man who first advanced the trophoblast thesis of cancer, had suspected that there was a nutritional factor in addition to the enzyme factor but was never able to identify it. It wasn't until 1952 that this "extrinsic" factor was discovered by Dr. Ernst T. Krebs, Jr., and his famous father of the same name.

[15] ‘The Nitrilosides in Plants Animals’ by Ernst Krebs published in 1964. https://pub.mednat.news/cancro/Nitrilosides_Plants_Animals.pdf