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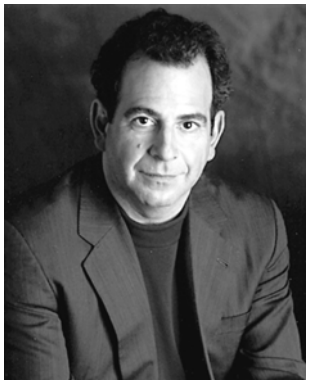

# EFAs, Oxygenation, and Cancer Prevention: A New Solution

by Brian Scott Peskin, BSEE

Even with enormous budgets devoted to it, brilliant minds working on it, and an earnest desire by those researching it to end the cancer plague, little of significance has been accomplished in the last 30 years to reduce cancer's spread. Today, nearly half of Americans will contract cancer in their lifetimes, despite the plethora of lifestyle and nutritional changes that have been advocated by cancer specialists and eagerly followed by the public. Could the cancer research community be looking in the wrong place?

**New Hope – It's Not Genetic**

Most people currently believe cancers are caused by the activation of oncogenes – genes that predispose the individual toward cancer. Unfortunately, this theory was called into question by its original proponent. That's right. Dr. Robert A. Weinberg of Massachusetts Institute of Technology (MIT), the discoverer of the so-called oncogene (cancer-causing gene), reversed himself almost ten years ago. After discovering that "[F]ewer than one DNA base in a million appears to have been miscopied," he concluded that is not enough of a defect to mutate the cell! His exact words: "Something was very wrong. The notion that a cancer developed through the successive activation of a series of oncogenes had lost its link to reality."[1] In addition, over 35 years ago, Professor Henry Harris and coworkers took normal tissue cells and fused three types of cancer cells to them. It was thought that the cancer cells would take over the normal cells and "convert" them into cancer. Surprisingly, they grew normally, showing cancer is genetically recessive, not dominant.[2]

Furthermore, in 2005, the heads of the world's largest cancer research center in Houston, Texas, announced that cancer's prime cause is not genetic. Dr. John Mendelsohn, president of the M.D. Anderson Cancer Center, stated: "Any claims that this [genetic research] is going to be the key to curing cancer are not appropriate."[3] However, the positive side to this announcement is that even if cancer apparently "runs in your family," there is real hope, since cancer has nothing to do with genes.

**Popular Anti-Cancer Recommendations Often "Called into Question"**

Many people diligently follow the experts' recommendations, hoping to beat cancer. Yet the inability of the medical and dietary professions to curb the rising level of cancer over the last sixty years bears exploring. Consider the following list of anti-cancer recommendations accompanied by the date that the findings were questioned or reversed as reported in the world's foremost medical journals: Fruits and vegetables protect us from cancer (called into question 2001);[4] mammography detects initial cancer growth (called into question 2000);[5] fiber protects against colon cancer (called into question 1999, 2001);[6,7] fish oil alone is anti-cancer (called into question 2000);[8] omega-3 alone prevents cancer (called into question 2006);[9,10] soy is a positive addition to our diet (called into question 1946, 1960);[11,12] low-fat diets are the anti-cancer answer (called into question 2006).[13] Are there any developments relating to cancer that have withstood the test of time? The answer is an emphatic YES.

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## Cancer Solution

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**Dr. Otto Warburg's Seminal Anti-Cancer Discovery**

Ralph W. Moss, PhD, wrote about Warburg's seminal discovery in the *Townsend Letter* ("War on Cancer," May 2007). Otto Warburg, MD, PhD, has been referred to as the greatest biochemist of the twentieth century; the sheer number and magnitude of his discoveries qualify him as the most accomplished biochemist of all time. Despite the fact that much of his groundbreaking work on cancer has been overlooked by the large research institutes, no scientist or researcher has ever disproved the validity, correctness, or applicability of Warburg's important discoveries as they relate to the prevention and cure of cancer.

**The Prime Cause of Cancer**

We have become so accustomed to having almost every discovery in the battle to defeat cancer, after a time, be called into question that the following strains credibility. Otto Warburg discovered, then clearly and simply stated, that the prime cause of cancer is *oxygen deprivation at the cellular level*. "We find by experiment about 35% inhibition of oxygen respiration already suffices to bring about such a transformation during cell growth,"[14] he stated at a 1966 conference of Nobel laureates in Lindau, Germany. "… Summarized in a few words, *the prime cause of cancer is the replacement of the respiration of oxygen in normal body cells by a fermentation of sugar.* Because no cancer cell exists, the respiration of which is intact, *it cannot be disputed that cancer could be prevented if the respiration of the body cells would be kept intact*.... If it is so much decreased that the oxygen-transferring *enzymes are no longer saturated with oxygen,* respiration can decrease *irreversibly,* and *normal cells* can be *transformed* into facultative *anaerobes*" [italics added].[14] It is that simple: with just one-third less cellular oxygen than normal, you contract cancer. Based on meticulous experiments that he and many others verified numerous times, Dr. Warburg discovered the prime cause of cancer is sustaining a 35% inhibition of cellular respiration.[14] You won't feel the decreased cellular oxygenation, and you won't know it is happening. Yet if cellular oxygen can be kept above this deprivation threshold, cancer cells will not be able to form.[15]

Exercise supplies additional oxygen to the blood; however, this doesn't address transfer of oxygen through the cell membrane. That's why elite athletes still develop cancer. Warburg stated: "To be sure, cancer development takes place even in the presence of free oxygen gas in the atmosphere, but this oxygen may not penetrate in sufficient quantity into the growing body cells, or the respiratory apoenzymes of the growing body cells may not be saturated with the active groups." Warburg addressed the danger of impaired cellular oxygen transfer even in the presence of oxygen.

Dr. Warburg's discovery has been verified over and over again (never called into question), both as to how normal cells turn cancerous and in showing that cancer doesn't develop in highly oxygenated areas. Two American

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# A Cancer Prevention Program Based on Warburg's Work

review by Jonathan Collin, MD

***The Hidden Story of Cancer***
by Brian Scott Peskin, Founder: Life-Systems Engineering Science, with Amid Habib, MD
Pinnacle Press, POB 56507, Houston, Texas 77256; www.BrianPeskin.com
Hardcover, c. 2006, $39.95 US, € 37.00 European Union

Nobel Prize-winner, Otto Warburg, MD, PhD, researched the metabolism of cancer in the first half of the twentieth century. His work is known in oncology as the Warburg theory: cancer cells function in an oxygen-deprived state and metabolically ferment sugar to lactic acid. Warburg established, through meticulous research, that while normal cells metabolize glucose by the enzymatic pathways of the Kreb's cycle under normal oxygen conditions, cancer cells have irreversibly changed to a primitive state functioning with abnormally low cellular oxygen. The fermentation of sugar to lactic acid is favored in the anaerobic state, enabling the cancer cell to ferment sugar very rapidly and to produce prodigious quantities of energy for rapid reproduction. Although Warburg published this research in many papers in German medical and scientific journals that were translated into English, most scientists and physicians in Germany, the US, and worldwide did not pursue further research based on his discoveries. In 1960, Dr. Alan Aisenberg seriously criticized Warburg's work; that criticism effectively negated the significance of the anaerobic metabolism of cancer cells for future scientists and physicians. In *The Hidden Story of Cancer*, Brian Peskin studies Warburg's work in meticulous fashion, reviewing the important discussion in papers ignored and misinterpreted by Aisenberg and others. Peskin's review emphasizes the sound scientific basis of Warburg's research and argues convincingly that much of the cancer research in the ensuing years has been wasteful and off-track, because it has ignored Warburg's theory.

Warburg's work remained theoretical, primarily because it could not be put into practice medically. If one assumed that the cancer cell's depressed state of respiration and lowered oxygen was fundamental to the transformation from a normal cell to a cancer cell, how could one maintain normal cell oxygenation? If a tumor cell's extraordinary fermentation of sugar to lactic acid was key to cancer cell proliferation, how could one stop

the sugar fermentation process? Unfortunately, Warburg did not answer these questions, at least not in a practical matter, nor did other scientists or medical researchers. Peskin makes the bravado attempt to answer these questions in a manner suitable to a mathematician and literature reviewer, not as suitable to a physician or nutritionist.

Based on his review of the oncology and scientific literature, Peskin has discerned that tumor cell transformation takes place when essential fatty acids are deficient. His literature research has pinpointed that the deficiency of omega-3 and omega-6 fatty acids is critical to ensure that normal cells under depressed oxygen state transform into cancer cells. Furthermore, Peskin's literature hypothesis has determined that it is the relative deficiency of omega-6 fatty acids relative to omega-3 fatty acids that disrupts the cellular membranes, disabling the cellular oxygenation. Although most humans consume a sub-optimal supply of omega-3 and omega-6 fatty acids as part of the fats consumed daily, the high trans-fat composition of the diet substitutes for the necessary omega-3 and omega-6 fatty acids. Peskin hypothesizes that a program that routinely supplies unadulterated omega-6 and omega-3 fatty acids is obligatory to enable cell membrane stability required to ensure cellular oxygenation and prevention of anaerobic metabolism of sugar. This theory is not squeaky clean but is supported with many papers, which Peskin cites and reviews.

As much as I like the theory and practical program that Peskin proposes to prevent cancer, I am a little put off by his "scorch the earth" approach to other medical theories and approaches for preventing and treating cancer. His discussion nixes viral and genetic causation for cancer; he is critical of cigarette smoking being the cause of lung cancer. He dismisses fiber as well as dietary vegetables and fruits as being of any value in cancer prevention. He lambasts soy as an appropriate part of anyone's diet and is critical of fish oil supplements, as fish oil disrupts the necessary balance of omega-6 to omega-3 fatty acids. He also recommends an iron supplement for everyone, men included, without requiring a measurement of iron levels. While his criticism of differing approaches may be warranted, Peskin's writing tends to be arrogant, and the reader needs to overlook this hubris.

I spent much time reading and digesting Peskin's work, and I imagine I will revisit this material frequently in the future. I appreciate his discussion of the weaknesses that exist in many nutritional theories. *The Hidden Story of Cancer* is an important work for those who are unfamiliar with Warburg's theories. Its program deserves serious study by doctors and patients contemplating alternative cancer therapies.

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physicians conclusively proved this in 1953, and two more investigators confirmed this finding in 1955. Goldblatt and Cameron noted in the *Journal of Experimental Medicine* that once damage is too great to the cell, then no amount of oxygen will return the cell's respiration back to normal: it is forever doomed to a cancerous life.[15] However, they confirmed that it is possible to prevent a "respiration impacted" precancerous cell from becoming permanently cancerous *if* oxygen deficiency is stopped early enough. In 1955, Malmgren and Flanigan confirmed the oxygen/cancer cause in an ingenious experiment with tetanus spores.[16] Consequently, prevention is the ultimate solution to conquering cancer.

**Greater Oxygen Deprivation = Worse Prognosis**

Articles in cancer journals confirm the decreased oxygen/increased cancer prognosis. "Tumor hypoxia

## Cancer Solution

[too little oxygen in the cell] *adversely affects the prognosis* of carcinoma of the head and neck" [italics added].[17] "[A]nalysis showed *significantly lower survival and recurrence-free survival* for patients with a median $pO_2$ of ≤ 10 mmHg compared to those with better oxygenated tumors (median pO2 > 10 mmHg). [M]edian $pO_2$ and the clinical stage according to the FIGO are *independent, highly significant predictors of survival and recurrence-free* survival" [italics added].[18] "*Tumor oxygenation predicts* for the likelihood of distant *metastases* [cancer spreading] in human soft tissue sarcoma" [italics added].[19] Greater cellular oxygen deprivation/hypoxia is directly correlated with a worse prognosis, shorter lifespan, and greater risk of metastases.

**A New Hypothesis: Cancer Develops When Cell Membranes' Oxygenation Capability is Compromised**

With Warburg's observations as the basis of this hypothesis, we posed the question of what could cause cells to become oxygen-deficient to the degree (35%) that they would become cancerous, and what dietary commonalities or deficiencies might have come to exist over the last 50 years that would predispose an ever-increasing number of people to develop cancer.

**Cell Oxygenation and Essential Fatty Acids (EFAs)**

We focused on the primary oxygen-absorption function of cells. The body requires special fats which, among other important functions, make it possible for sufficient oxygen to reach the cells via the cell membranes. These special fats are highly oxygen-absorbing entities called *essential fatty acids* (EFAs) and must be consumed daily, because the body can't manufacture them on its own. Consumption of two primary or "parent" forms of EFAs allow the body to make whatever EFA "derivatives" it needs from them. These two primary forms are parent omega-6, termed linoleic acid (LA), and parent omega-3, termed alpha-linolenic acid (ALA). Supplemental EFA-derivatives like EPA and DHA, though available, are not required because the body makes them as needed.

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**Parent Omega-6 Increases Oxygen Transfer Like Miniature "Oxygen Magnets"**

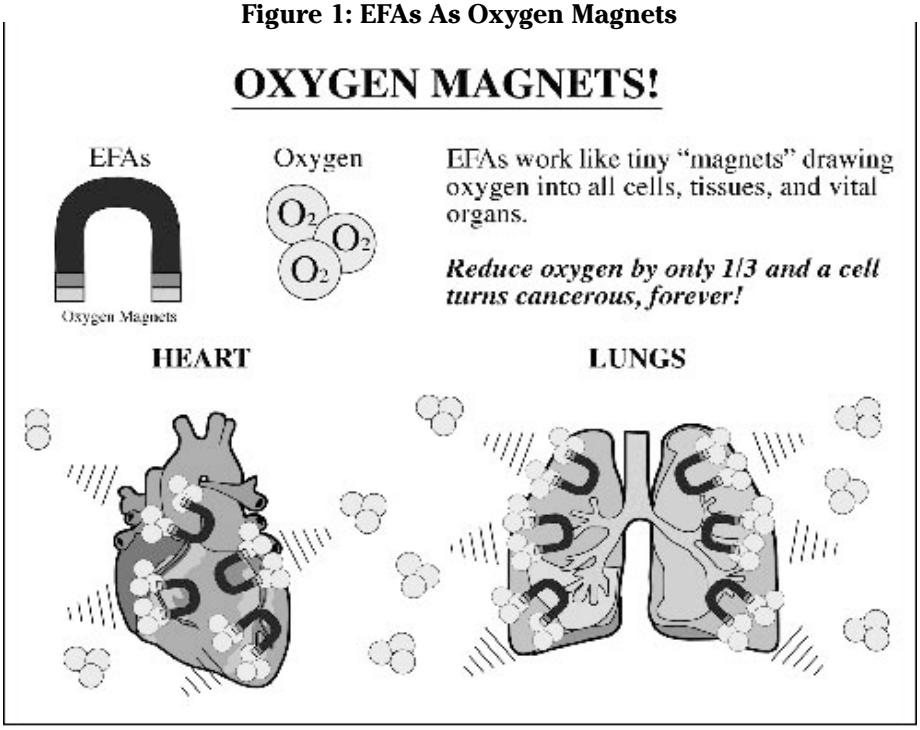
Campbell et al. found that LA (parent omega-6) can associate with oxygen and dissociate the oxygen at relatively high oxygen pressure in cellular membranes (see Figure 1). These researchers also found that fatty acids (in particular, LA) affect the permeability of cell membranes to molecular oxygen by increasing cellular oxygenation by up to 50%.[20] This supplies the next piece of the puzzle. Insufficient EFAs in the diet can reduce the oxygen absorption of cells sufficiently to cause cancer. Additionally, Campbell et al. concluded that interference with the movement of oxygen *can occur at any cell membrane in any tissue*.[20] This is the reason that we can state, *regardless of where the cancer occurs, the cause is the same* [italics added].[14,20] This bears repeating. Warburg unequivocally showed all cancers occur for the same reason.[14] Moreover, EFA deficiency can cause the body to substitute into the cell membranes non-oxygenating fats that impair oxygen transport (such as the ubiquitous hydrogenated fats and trans fats), exacerbating the cancer-causing state.

Is there more confirmation of EFAs' oxygenating ability? Yes. For example, *Harper's Illustrated Biochemistry* (26th edition, 2003: 93, 191, 418)[21]; *Postgrad Med J* (1980 Aug;56(658):579-84); *Principles of Biomedical Chemistry* (1998:226)[22]; and Sinclair,[23,24] to name a few, all confirm oxygenating ability.

**Table 1: Tissue Composition Chart**
**Omega-6:3 Ratios in Body Tissues[25-28]**

| Tissue | Percentage of Total body Weight | Parent Omega 6 | Parent Omega 3 |
|---|---|---|---|
| Brain/Nervous System | 3 | 1 | 1 |
| Skin | 4 | 1000 | 1 |
| Organs and Other Tissues | 9 | 4 | 1 |
| Adipose Tissue (Body Fat) | 15-35 | 22 | 1 |
| Muscles | 60 | 6.5 | 1 |

**Figure 1: EFAs As Oxygen Magnets**




**Food Processors Ruin EFAs**

My decade-long research strongly suggests that the cellular hypoxia, which Warburg showed is a fundamental cause of cancer, occurs primarily from consumption of adulterated polyunsaturated fatty acids (PUFAs), which are incorporated into cell membranes and interfere with cellular oxygen transmission.

Natural oils in prepared foods turn rancid over time. Likewise, so do oils used in both restaurant and commercial deep fryers. Food processors, for economic reasons, must stop the oxidation of unsaturated fats that result in spoiled food. They use only two approaches: remove the oil or convert the unsaturated fats into entities such as trans fats and interesterified fats. Their second solution for a longer shelf life is a prime cause of the unstoppable cancer epidemic. As long as food processors continue to find creative but dangerous ways to reduce oxidation of unsaturated fatty acids, which result in adulterated PUFAs, unwitting consumers should be terrified. The only plausible choice for us is to incorporate *un*adulterated oils in our diets by way of a dietary supplement.

**What Are the Tissue Parent Omega-6/3 Ratios?**

It is necessary to understand the EFA composition of various tissues and organs, like your brain, skin, heart, and muscle, to discover the overall EFA requirement of the body. A little-known but vital fact about muscle structure is that muscle contains from 5.5 to 7.5 times more parent omega-6 than parent omega-3, depending on the degree of physical condition. Extremely fit individuals require less omega-6 because their oxygen-transferring efficiency, including an increased number of cell mitochondria, is greater than in non-exercising individuals. Skin contains no omega-3, only parent omega-6. Body fat contains 20 times more parent omega-6 than omega-3. Table 1 presents parent omega-6/3 ratios of major organs along with the respective weights.

We see from the Tissue Composition Chart (Table 1) the abundance of parent omega-6 throughout the body. If tissues and organs are not supplied through diet with undamaged parent EFAs, either those damaged EFAs or

*continued on page 89* ➤

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even *non-EFA* oils such as omega-9 (as in olive oil), causing *de*-oxygenation of the cells, are utilized, since the body has no choice.[29]

In view of current omega-3 recommendations, when the supply of EFAs – in particular, unprocessed parent omega-6 – is less than the body's total requirement, the body prioritorizes delivery, feeding the organs it considers most important first: the brain, heart, lungs, and kidneys. This deprives "less important" organs like breast and prostate glands from receiving adequate EFAs and oxygen. Breast and prostate tissues are predominately fat, requiring lots of functional parent omega-6 EFAs. They are both the #1 cancers worldwide for the respective sexes. Is that merely a coincidence?

**Are We Overdosing on Omega-3?**

In "What is the role of alpha-linolenic acid [parent omega-3] for mammals?" (*Lipids.* 2002 Dec;37(12):1113-23), we discover that the major metabolic route of ALA (parent omega-3) in the body is beta-oxidation – burning for energy, not incorporation into tissue structure.[30] Despite the fact that a high proportion of ALA is metabolized for energy, overdoses of this EFA are likely to be injuriously incorporated into tissue structure.[29] In view of this, we should proceed cautiously with omega-3 supplementation.

We are told that we require lots of omega-3 derivatives, such as EPA and DHA. This, too, is called into question because "Alpha-linolenic acid conversion revisited," by Norman Salem and his colleagues in the *PUFA Newsletter* (www.fatsoflife.com, December 2003) explains why only about five percent of the parent ALA (parent omega-3) is converted into derivatives. Pawlosky et al. calculate that less than a mere one percent goes to derivatives.[31]

Food sources rich in omega-3, such as flax seed, fish oil, and seafood, can overload the body with both parent and derivative omega-3 EFAs. Fish, especially farmed fish, contains almost entirely omega-3 derivatives. Because of this, fish oil supplements originally thought to help prevent cancer have been called into question.[8,24] Never forget that supra-physiological doses of omega-3 series oils cause an abnormal pattern of EFAs to be incorporated into cell tissue.[29] In light of this information, we may have an explanation for the rampant rise in skin cancer. As the chart highlights, our skin has no omega-3 in its structure. Could a factor be a supra-pharmacological omega-3 overload that the body, in desperation, dumps into the skin, or conversely, a shortage of the functional parent omega-6 component of the skin?



and become rancid and consequently will remain unspoiled even when kept outdoors for years. They are so unappealing that given a choice, no animal will even attempt to eat them.

****Just 35% cellular oxygen deficiency promotes cancer.****

In spite of these issues, nutritional recommendations still often advocate consumption of quantities of omega-3 that, based on human physiology and biochemistry, are far too large. The problem is compounded when they overlook supplementation of *processed* (and therefore non-oxygenating) parent omega-6. This may play a significant role in the increase of the incidence of skin cancer.

**How Much Omega-6 Are We Consuming?**

Many nutrition writers state that the US population is consuming 15, 20, or even 30 times more omega-6 than omega-3 in its diet. However, their analyses ignore the fact that meats like beef, chicken, and pork contain lots of omega-3 (although cooking denatures some of it). This unaccounted-for omega-3 in foods decreases overbalanced omega-6 ratio dramatically. For example, depending on the specific diet of the animal, steak and hamburger will contain a ratio typically between 2:1 to a high of 10:1 in favor of omega-6. A grain-fed chicken produces eggs that contain a ratio of from 1:1 to as much as 10:1 in favor of omega-6. But fish, shrimp, and shellfish – a primary protein in many people's diets – contain more omega-3 series than omega-6 – usually from 2:1 to a high of 20:1 in favor of the omega-3 series EFAs. Therefore, the average American's omega-6 to -3 ratio for consumption can't be above 12:1. Of the 12:1, at least half (conservatively) of the parent omega-6 in most processed foods has lost its oxygenating ability. For example, margarine and most supermarket cooking oils (olive oil excluded) have no appreciable oxygenating ability; they won't oxidize Tragically, the widespread commercial use of preservatives and other de-oxygenating additives have become the norm.

**Rethinking EFA Supplementation Ratios and Amounts**

The current message to eat more omega-3 or fish is dangerously simplistic. What dieticians should be telling us is to replace the adulterated omega-6 (e.g., trans fatty acids/ partially hydrogenated oils, etc.) with unadulterated, organic, minimally processed sources such as organically processed oils, nuts, and seeds, while adding moderate supplements of parent omega-3.

We are warned about "overdosing" on omega-6 in our diets and told that we must take lots of oils containing omega-3 to compensate. Because the body requires significantly less parent omega-3 than parent omega-6 overall (see Table 1), and because little of the parent omega-3 we eat is damaged (for example, we don't fry or cook with omega-3, nor do commercial food processors), a key to better health is to increase supplemental sources of undamaged parent omega-6 instead of exclusively taking excess omega-3 supplements that the tissues don't want.

My research strongly supports the use of an unprocessed, organic supplement with a ratio of greater than 1:1, up to 2.5:1 of parent omega-6 to parent omega-3. With this ratio, suggested use of this combination is 725 mg per 40 lb. of body weight (e.g., a 160-lb. person requires 3 grams on a daily basis). For complete details of how this specific ratio is arrived at, please see "The Scientific Calculation of the Optimum Omega-6/3 Ratio," available at www.BrianPeskin.com (click on "EFA Report"). ➤

## Cancer Solution

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**How Well Does This Omega-6:3 Ratio Work?**

In my research, I commissioned an experiment using mice to study the relationship between cancer growth rates and supplementation with Peskin Protocol EFAs. Mice metabolize EFAs like humans.[32] The experiment showed, that in spite of tumor implantation simultaneously with two million cancer cells at once, there was a statistically significant 24% reduction in tumor growth rate in the longer four-week pretreated mice compared to the control mice that received no EFA supplementation. In the last ten days of the experiment, there was a 42.8% lower growth volume of the tumors in the four-week pretreated mice compared to the untreated mice. These results clearly show the increasing value of a longer pretreatment period of EFAs. This experiment conclusively shows that EFA-based oils are modifying the cells' internal structure in an *epigenetic* fashion, making them more cancer-resistant; the desired increased cellular oxygenation anti-cancer solution is accomplished in agreement with Warburg's findings. For my original work on this subject, I encourage you to visit my website and review the Peskin Protocol as implemented in both an animal experiment and a dramatic case study with a 62-year-old-patient. You will find them at: http://brianpeskin.com/studies-experiments/macphailcasestudy-1.pdf and http://brianpeskin.com/studies-experiments/mouse-experiment.pdf. The effects of Peskin Protocol EFAs go far beyond solely cancer treatment and prevention.

Brian Scott Peskin earned his Bachelor of Science degree in Electrical Engineering from Massachusetts Institute of Technology (MIT) in 1979. He founded the field of *Life-Systems* Engineering Science in 1995. Brian was appointed an adjunct professor at Texas Southern University in the Department of Pharmacy and Health Sciences for 1998-1999. Today, he is an independent researcher, exclusively devoting the last five years to the cause and solution of cancer. This article is based on information in *The Hidden Story of Cancer*, written by Brian Peskin with clinical researcher Amid Habib, MD, FAAP, FACE (reviewed in this issue of *Townsend Letter*). The book is available from Pinnacle Press, P.O. Box 56507, Houston, Texas 77256, USA, or by phoning 1-800-456-9941 (toll-free in North America) or +1-713-979-0065 internationally. For more information, visit www.BrianPeskin.com.

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## Clinical Results with the Peskin Protocol

Physicians utilizing the Peskin Protocol report significant improvements in patient outcomes across a broad spectrum of conditions.

"*The Hidden Story of Cancer* has provided a great breakthrough in the treatment of our cancer patients. The addition of 5-725 mg Peskin Protocol EFA capsules t.i.d. along with our protocol has brought a dramatic difference; unbelievable and rapid improvement:

**Patient 1**: 80-lb female with stage III lung cancer was in full remission in 90 days.

**Patient 2**: Two inoperable brain tumors (1 cm), unable to speak or navigate – had 40% reduction of both tumors in 60 days. Patient is able to walk and speak almost normally.

**Patient 3**: 8cm x 3 cm liver tumor told by his physician he had 30 days survival time. In 60 days of therapy, patient gained 30 pounds, 80% of tumor had calcified. Patient felt strong enough to return to work.

**Patient 4**: P.A.D. unable to walk more than 30 feet; with seven days of Peskin Protocol EFAs, she could walk four blocks.

In ten days time, one can see a physical improvement in patient condition. We believe Peskin Protocol EFAs are the 'missing link' in cancer therapy. The cost of treating our patients has dropped from $20,000 (US) per month to $1,500 per month by eliminating the use of eight IVs daily. We saw no side effects. Within two weeks, patients typically see a great physical and mental improvement."

Bernardo C. Majalca, ND
Stage 4 Cancer Researcher and Consultant
San Diego, California

"I have been using the Peskin Protocol EFAs ([redacted] brand) for the last five months. I have had excellent reports from patients. Previously, I was recommending fish oil to almost all my patients. Some improved, specifically those with joint pains and heart disease. However, I did not see any improvement in my diabetic/HTN patients or those w/dermatologic problems. In fact, the latter group actually got worse. These patients had eczematous type rashes and psoriasis.

After reviewing Brian's data regarding the concentration ratios of parent Omega 6 to parent Omega 3 in various tissues, it all made sense – five out of six of my worst dermatologic cases showed good to very good improvement in as little as three months with Peskin Protocol.

Just taking Omega 3 alone (flax or fish oil) without regard to the appropriate balance can adversely affect diabetic patients. This was proven in two of my patients. These patients kept meticulous records regarding their blood sugars and the

effect of diet on their glucose levels. Without changing their diets, they noticed significant elevations in the glucose levels after Omega 3 fatty acids for three to four months; one pt. had an increase of 40 points.

After starting the [redacted] balanced blend of parent Omega 6 and 3, not only did their BS normalize to more normal values, but they felt better overall and both commented that their energy level improved.

Use of the Peskin Protocol in clinical practice has made a strong believer out of me, and I will continue to recommend this product to ALL my patients and refer them to Peskin's research for more information."

Angelo A. Della Pietra, MD, DO
Family and Integrative Medicine, Poughkeepsie, New York

"Having implemented EFA supplementation for over 25 years, clinical results were mediocre until I began using the Peskin Protocol. Dr. Rudin's work with flax oil was important but lacked clinical effectiveness; likewise with Horrobin regarding GLA from Borage, Black Currant, and Evening Primrose oils. Unlike the studies suggested, fish oil, too, was disappointing. Finally, I read *The Hidden Story of Cancer* which introduces the Peskin Protocol. Once implemented, I experienced clinical success.

Although Brian's book deals extensively, but not exclusively, with cancer prevention, utilizing his protocol I have seen positive results (dermatological, cardiovascular, pediatric, and neurological) in over 100 of my patients."

Abram Ber, MD
Preventive Medicine/Homeopathic Physician

"As a practicing cardiologist, I have a strong interest in both the treatment and prevention of cardiovascular disease. As Brian details, the paramount discovery by Otto Warburg regarding oxygenation must also be considered the most important physiologic discovery in the cardiovascular disease arena. Given the understanding of Warburg's principles, as amplified and clarified by Brian, I have been enabled and am encouraged to incorporate this information in the form of "Nutritional Life Style" recommendations for my patients. Brian has advanced the basic science principles of Warburg into a practical, cost-effective formula – the Peskin Protocol – for patient care utilizing an increased scientific understanding of Omega 6 and Omega 3 essential fatty acid ratios.

For those patients in my practice, and others I am aware of (100s), willing to embrace these basic principles, I have seen clinical improvement and success without adverse effects. Brian Peskin, in my opinion, has diligently and carefully "teased out" from the available, published scientific data base the links necessary to explain, understand, and help combat the most prominent cardiovascular disease state faced by patients."

David N. Sim, MD
Cardiologist, Boise, Idaho




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