

HCG Test — A Non-Invasive Diagnostic for Cancer

There is a tremendous debate going on today in the medical establishment about the value of cancer screening tests — mammography, PSA, Pap Smears, etc. Too often false-positives result or non-threatening tumors may be discovered, leading to more costly, invasive testing, unnecessary toxic treatment and undue stress.

F.A.C.T.'s position has always been that these tests are too invasive, too often inaccurate, too expensive and not as effective as the Human Chorionic Gonatrophin (HCG) urinalysis test developed decades ago by Manuel Navarro, M.D. and used successfully by many cancer patients on a biorepair program for early detection and to monitor their progress.

Here are several articles explaining the scientific basis and purpose of this test, including easy instructions for individuals to prepare a sample for quantitative analysis.

The HCG Immunity Link

by Ruth Sackman

Dr. Howard Beard, a biochemist and cancer patient, found that he could monitor his cancer by doing the human chorionic gonadotrophin (HCG) immunoassay to determine how actively his body was producing unnecessary cells or controlling cell production at a normal level. This HCG test is used to determine pregnancy, a natural process, whereby the body is producing excess cells for the development of a fetus. Dr. Beard's theory was that if HCG levels rose but no fetus was developing, then abnormal cell production was taking place which, to him, signified a cancer problem. Dr. Manuel Navarro agreed with this philosophy and established a measurement to diagnose cancer. A tumor would not be clinically evident immediately but in time might manifest a mass in men as well as women.

Two scientists with the West London Hospital, Helen Davies and S.F. Contractor were interested in one of the most mysterious biological processes — how the body knew when birth was ready at the end of nine months gestation. They reported in the British journal *Nature* that they believe birth is really a process of rejection initiated by the body's own defense system. The reason this rejection is controlled is because above normal amounts of HCG appear in the mother's urine during pregnancy. HCG, they believe, prevents the mother's sentry cells (lymphocytes) from recognizing the foreign protein (fetus). The HCG levels remain high until just before birth when a drop in HCG triggers the rejection of the fetus and birth occurs. Without such recognition, rejection cannot take effect, ergo, when the HCG titre is above normal on the HCG test, cancer cell rejection does not take place.

Therefore, Dr. Beard's theory of measuring HCG levels has a sound scientific basis. Low levels of HCG allow the body to reject abnormal protein just as it rejects the fetus, and high levels interfere with the body's ability to build the lymphocytes necessary to effect rejection of cancer cells. This theory validates Dr. Beard's conclusion that the HCG measurement found in the urine was a competent system to diagnose and monitor cancer.

HCG Urine Immunoassay

A safe, cost-effective, non-invasive, accurate screening test for Cancer

Developed in the late 1950's by the renowned oncologist, the late Dr. Manuel D. Navarro, the test detects the presence of HCG in urine. It indicates the presence of cancer cells even before signs or symptoms develop. Dr. Navarro found HCG to be elevated in all types of cancers.

The test is based on a theory proposed by Dr. Howard Beard and other researchers who contend that cancer is related to a misplaced trophoblast cell that becomes malignant in a manner similar to pregnancy in that they both secrete HCG. As a consequence, a measure of the amount of HCG found in the blood or urine is also a measure of the degree of malignancy. The higher the number, the greater is the severity of the cancer.

Urine, as opposed to blood or serum, is the preferred specimen for the test. In 1980, Papapetrou and co-authors reported the correctness of the urine specimen to be used in HCG Immunoassay. In 32 proven cancer cases, the immunoassay test gave 31 positive results using urine while only 12 positive results were reported using blood. HCG has been found to undergo glycosylation in the liver as it travels in the hepatic circulation. Thus, the HCG molecule cannot be detected. The molecule does not undergo this process in the kidney and therefore the molecule remains intact in the urine.

The test detects the presence of brain cancer as early as 29 months before symptoms appear; 27 months for fibrosarcoma of the abdomen; 24 months for skin cancer; 12 months for cancer of the bones (metastasis from the breast cancer extirpated 2 years earlier). Currently, many cancer patients take advantage of the diagnostic accuracy of this test as an indicator of the effectiveness of their specific mode of therapy. Patients follow a simple direction for preparing a dry extract from the urine sample. The powdery extract is mailed to the Navarro Medical Clinic where the HCG testing is performed.

For further information, contact the following:

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Evening calls appreciated

Directions for HCG Urine Sample Preparation

(1) From an early morning urine, take 50 cc (1.7oz) and add 200 cc (7oz) of acetone (can be purchased from hardware store or pharmacy) and 5 cc (.2oz) of alcohol either rubbing or ethyl. Stir and mix well.

(2) Let it stand in the refrigerator for 6 hours until sediment is formed. Throw off about half of the urine-acetone mixture without losing any sediment. Filter the remainder through a coffee filter or laboratory filter paper.

(3) When filtration is over, dry the filter with its sediment. Fold and wrap in aluminum foil. Send by first class mail to the Navarro Medical Clinic (address listed above) including a photocopy of the money order or cashier's check with the patient's name, address, sex, age, and a brief clinical history and/or diagnosis.

(4) Precaution: No sexual contact for 12 days for female patients before collecting the urine sample. For males, no sexual contact from 18- 24 hours. **DO NOT SEND URINE IF THE PATIENT IS PREGNANT.**

Send \$50 to:

Erlinda N. Suarez

631 Peregrine Drive

Palatine, IL 60067-7005

USA

Include your email address for fastest reporting of results. For regular mail to USA, Canada or Europe, please allow 4-6 weeks for test result delivery.

Comment by Lou Dina, 30-year survivor of bone and lymph cancer, featured in the documentary *Rethinking Cancer*. (This is excerpted from Lou's upcoming book, *Cancer — A Rational Approach to Long-Term Recovery*, detailing the metabolic/biorepair system he employed to reestablish good health.):

The HCG test is a simply performed urinalysis. It is inexpensive, non-invasive, and in my experience, quite accurate. The test is inaccurate if a patient is pregnant, has used birth control pills or female hormones in the previous two months, has a badly deteriorated liver or if the urine contains more than 100cc of albumen or a moderate amount of blood.



I used the above test as a means of monitoring my progress throughout metabolic therapy and found it to be a reliable basis for measuring improvement or relapse. For example, at the beginning of metabolic therapy, my symptoms were clearly visible and painful, plus biopsies and CAT scans had verified the active presence of malignant non-Hodgkins Lymphoma. HCG analysis confirmed these findings with a high reading in the “definitely positive” range. After six months or so on the regimen, the HCG results put me into the “faintly positive” range. This test result, in conjunction with my overall feeling of improved health and well being, was very welcome indeed. I had received confirmation that I was moving in a positive direction. At the end of one year, I had dropped into the “negative to doubtful” range. Since I was feeling so much better, the test result was no real surprise, but believe me, I greeted it with a great deal of enthusiasm.

I repeated the test every three months or so that first year. I have come to regard this test highly and have used it periodically ever since. Even after obtaining negative results, I repeated this test every year or two as a check on my condition, especially if I was feeling poorly or had been cheating significantly on my diet. A copy of the table used for interpretation is shown below. (N.B.: This is a quantitative test, so the higher the numbers, the greater degree of abnormal cell production. Thus, below 50 is negative or normal; above is positive territory and an indicator that it would be a good time to help the body restore balance by following a competent biorepair program.)

**INTERPRETATION of READINGS
of Chorionic Gonadotrophin Urinalyses**

Index	Int Units	Reading	Interpretation
0	zero	(-)	Negative
1-3	1-49	(+/-)	Doubtful
4	50-400	(+)	Faintly Positive
5	401-999	(++)	Definitely Positive
6	1000-3000	(+++)	Moderately Positive
7	3001-5000	(++++)	Markedly Positive
8	5001-10,000	(+++++)	Very Markedly Positive
9	over 10,000	(++++++)	Excessively Positive