

GcMAF for the treatment of cancer, autism, inflammation, viral and bacterial disease

by David Noakes



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Human GcMAF, otherwise known as Vitamin D binding protein macrophage activating factor, holds great promise in the treatment of various illnesses including cancer, autism, chronic fatigue and possibly Parkinson's. Since 1990, 59 research papers have been published on GcMAF, 20 of these pertaining to the treatment of cancer. 46 of these papers can be accessed through the [GcMAF web site](#).

GcMAF is a vital part of our immune system which does not work without it; and is part of our blood. GcMAF stimulates the macrophage element of the immune system to destroy cancer cells. It also blocks the supply of nutrients to cancer cells by stopping blood vessel development to the site (anti-angiogenesis). Cancer cells are weakened and starved, making them more vulnerable to attack by the GcMAF stimulated macrophage system. Research has shown macrophage activation and stopping diseased blood vessel development can also help in various neurological diseases such as Parkinson's, Alzheimer's, rheumatoid arthritis, inflammatory conditions, and diabetic retinopathy.

In the case of autism, Dr. James Bradstreet has so far treated 1,100 patients with GcMAF with an 85% response rate. His results show a bell curve response with 15% of the patients showing total eradication of symptoms and 15% showing no response.

In addition, experimental and clinical evidence confirms that GcMAF shows multiple powerful anti-cancer effects that have significant therapeutical impact on most tumors including breast, prostate, and kidney. GcMAF is created in the body by the release of two sugar molecules from a GcProtein molecule.

However, tumors release an enzyme known as Nagalase. Nagalase degrades GcProtein to the point it is unable to become GcMAF. Since GcMAF only lives for about a week in the body, without continuous conversion of GcProtein the stores of GcMAF are depleted rapidly in the presence of Nagalase. However, Nagalase can only destroy GcProtein and not GcMAF. Thus the introduction of external GcMAF through injection into the body has been shown to be effective.

GcMAF has no side effects of its own, but in under 10% of cases the immune system, which will be rebuilt in just three weeks, can produce considerable side effects in autistic children. The treatment consists of an injection with a tiny diabetic sized syringe once a week. The duration depends on the severity of the disease. Research also reveals that in cancer cases that are stage I and II, the success rate approaches 90% inside 6 months. Nagalase and immune system levels can be measured in the blood and thus offer a marker for cancer and other diseases.

In conclusion, GcMAF restores the energetic balance in the cell. Cancer cells driven by sugar metabolism become healthy oxygen driven cells, so tumor cells no longer behave as parasitic organisms. GcMAF stimulates macrophages to consume the cancer cells and cells invaded by viruses. This stimulation of the immune system and the anti-angiogenetic effect surrounding the tumor is beneficial in cancer and several neurological disorders like autism, chronic fatigue, Parkinson's, and Alzheimer's, and it is available to the general public.

The following testimonials are from the gcmf.eu web site:

Autism

Hello Dr. Bradstreet, After 13 weeks of the GCMF, we are happy to report that she continues to have tremendous gains in all areas. Increased socialization and speech, better performance in the school as well as community settings, decreased tantrums and less vocal protests, she is able to change activities and transition to non preferred tasks. It has been absolutely amazing, all her therapists, teachers, other parents have remarked about her good behavior in public places (for example, grocery stores,

department stores such as Nordstrom's, Macy's, The Zoo, Bowling, the library, parks and playgrounds. In the past, we never went to these places in fear of her stimming, or her behavior (45 minute tantrums). Now, she surprises us as well as others with her appropriate comments and follows direction very well. Before she would only eat one thing (french fries) and now she eats everything including vegetables!!!! I've sent some pictures to show her progress. We are so excited to see what more phenomenal things are in the future to come!

Ovarian and lung cancer

I first contracted cancer in the form of a granulosa cell tumour in 2005. After 2 operations and 3 months of chemo by January 2010 it had reached stage 4 and had spread from my ovaries to my lungs. After that scan in January I was told the chemo had failed, my 5 tumours were still growing, given Tamoxifen hormone, told I had between 3 months and 2 years left to live, and sent on my way.

I started taking GcMAF at the age of 56 on 16th May 2010; the only feeling or side effect I have from GcMAF is I felt almost from the beginning that I had my old energy back and was feeling much better and fitter in myself. After 8 weeks of taking only GcMAF and Tamoxifen I went for a scan. This showed all tumours had shrunk, the four in my lungs were now hardly noticeable and that the aggressive tumour in my pelvis had shrunk from 7.4cm to 4.1 cm. This is a significant decrease in size.

The stand-in consultant was very excited, and said these were excellent results. As I did not know her, and she did not ask, I did not tell her why.

On the 21st Oct I had another scan; the improvements continued; the secondaries appeared to be merely scar tissue, and the pelvic tumour had shrunk to 3.5 cm

In the winter my improvements seemed much slower; we now know because GcMAF needs normal vitamin D levels. But I've just got back from a wild month in Australia and Thailand, the sunshine should have done wonders for my vitamin D levels, and for my next scan. I will keep you updated. But I am over the moon and feel better than ever. And yes, you can phone me if you like. Gail in London.

Breast cancer

"I have the opportunity to treat patients from all over the World and the addition of GcMAF for my cancer patients is truly adding a new dimension not previously available

to us. Recently I have been following a 42 year old women who had already undergone surgery, radiation and chemotherapy for stage IIIB breast cancer. I obtained a nagalase test through ELN (Holland) and it returned in the very elevated range of 4.20nmol/min/mg (normal reported by this lab does not exceed 0.95). Her other tumor markers were not elevated, but her PET scan demonstrated a likely metastatic site in the hip bone.

After discussing her options the patient wanted to try GcMAF therapy prior to considering more radiation or chemotherapy. After 6 weeks of GcMAF 100ng/week subcutaneous injections (much like a shot of insulin) her repeat nagalase test returned at 2.10 (a 50% reduction). All of her other tumor markers remain negative and she is taking the dose of Vitamin D3 required to optimize her blood levels (9000 iu/day). It is too soon for her PET to be repeated but we will follow this soon to determine the course of the bone metastasis. The nagalase test may be a more sensitive marker for tumor burden than other more accepted blood tests. GcMAF given via simple patient administered once weekly injections is clearly able to reduce the nagalase level dramatically over a short period of time. In previous published studies, nagalase response to GcMAF was correlated with reduction and eventual elimination of cancer. This is an encouragement to us all and I will keep you posted on the patient's progress."

For more information please visit [First Immune GcMAF](#) or contact David Noakes at:
First Immune GcMAF
Clos de Balade 21
1140 Evere
Brussels, Belgium
Phone +44-7781-411-737



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