CLINICAL CASES

The clinical cases presented here (chosen from amongst many because they are sufficiently explanatory) represent the therapeutic set-up whose theoretical foundations have been explained earlier, although they are not sufficient in number to be defined as part of experimental work.

First Clinical Case
Lung Cancer

This patient with pulmonary neoplasm was taken into my care at the end of 1983, before he was due to be operated on at the Istituto Regina Elena in Rome, where he had been sent by another hospital. We show the X-rays before (Fig. 1) and after (Fig. 2) the therapy with sodium bicarbonate.

In my opinion, the development of the tumor mass, that is, of the mycotic colony, took place because of a morbid process that started in the liver.

The stages of the formation of the neoplasm were hepatic dysfunction, raising of the right side of the emidiaphraghm, pulmonary stasis, and susceptibility to mycotic rooting.

The therapeutic treatment was based on two essential elements: liver detoxification simultaneously with the administration of bicarbonate salts orally, through an aerosol, and intravenously.

The mass completely disappeared after about eight months of bloodless and painless therapy. More than a year after the end of the therapy the X-rays showed only a thickening of the interlobe separation, which is the result of healing.

The patient is still alive some 20 years after the therapy.

Declaration by the patient after 20 years:

"I, the undersigned ..... a resident of Rome, declare as follows:

I made the acquaintance of Doctor Simoncini at the "Regina Elena" clinic in Rome, where he was a voluntary assistant and where, in 1983, I was supposed to be operated on for lung cancer. As I decided not to undergo the operation, at the moment of my discharge from the hospital the doctor told me that, if I wanted, I could attempt

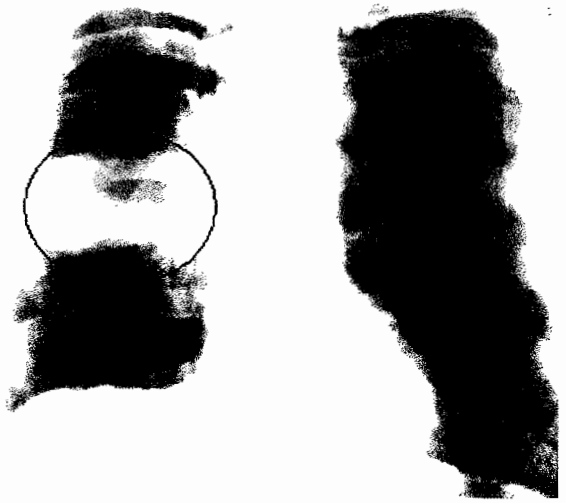


Figure 1. ***Situation before therapy.***
The X-rays show a homogeneous thickening on the regular lower margins and at the upper vanished margin located correspondingly in the medium field of the right lung. The cancer area before the therapy is white in color.

Figure 2. ***Situation after therapy.***
The X-rays of the cancer area after the therapy. As can be seen, only the white outline is left, which is the scar which indicates the elimination of the cancer.

a therapy with his method. The therapy consisted of the administration of baking soda orally, via aerosol, and intravenously. Doctor Simoncini told me only that the therapy was available for trying, because, according to him, I could hope for some positive result. He behaved very simply and humanely and I understood that he could really help me. The results have been excellent, for today, after almost 20 years, I still have my lungs."

Second Clinical Case
Hepatocarcinoma with Pulmonary Metastasis

A 59-year-old patient who, in June 2001, showed a neoplastic liver mass of considerable dimensions also showed multiple metastatic nodules in both pulmonary fields.

He started the therapy with sodium bicarbonate at five per cent solution administered through a catheter in the right hepatic artery at the beginning of July. This caused the regression of the pulmonary lesions and a modest reduction of the hepatic tumoral mass.

After an alternating cycle of intravenous phleboclysis, always with sodium bicarbonate, the patient underwent a new cycle of treatment administrated through the arteries in November, which caused the reduction of the liver cancer mass from six centimeters to two centimeters, and there were still no pulmonary lesions.

After a cycle of intravenous phleboclysis, a liver ecotomography in February 2002 showed a further reduction of the liver tumoral mass to 13 by 5 millimeters, and this no longer showed on an ecographic scan in June 2002.

Clinical documentation:

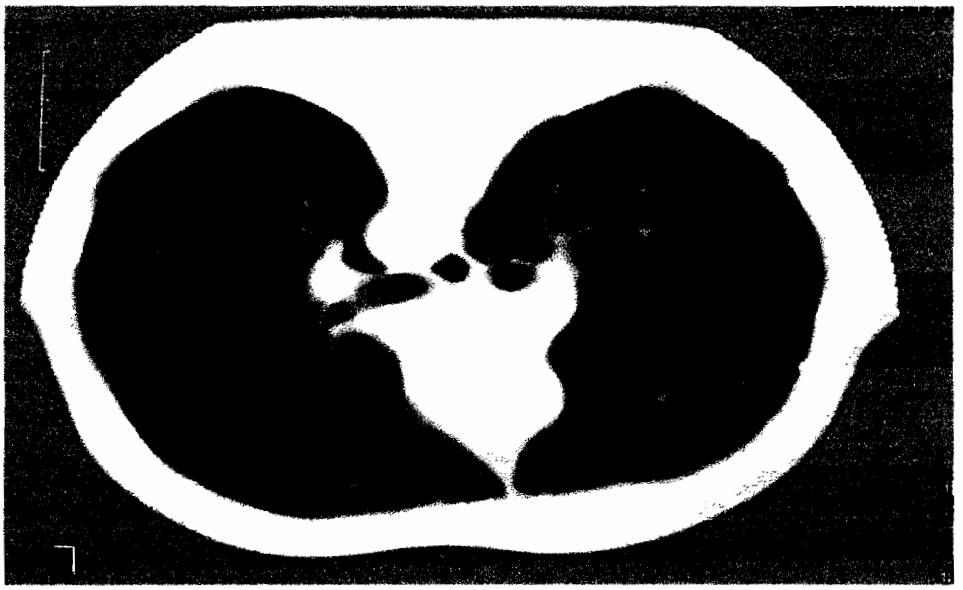


Figure 1 Pulmonary CAT scan June 12, 2001, before treatment.

- Thorax X-rays, as documented on June 11, 2001:

"Multiple nodular opaque areas in both pulmonary fields due to repetitive lesions...".

- The report of a CAT scan of the thorax of June 12, 2001, states: *"Multiple roundish nodules are shown bilaterally in the pulmonary parenchyma. The nodules have the density of soft tissue consistent with secondary lesions (Fig. 1). Hypo-dense neo-formation in the basal segment and non-homogeneous enhancement (after contrast) in the VI-VII hepatic segment."*

End of June – at the end of June and beginning of July, 2001, the patient underwent therapy with sodium bicarbonate at five per cent solution for a week. The solution was administered through a catheter located in the right hepatic artery through selective arteriography. CAT scan report of July 5, 2001: *"[There are] no pathological images in the pulmonary parenchyma and in the pleurae (Fig. 2)...Liver of increased dimensions. In the VII segment we report a structural alteration of about 6x3 cm maximum diameter ... The aforementioned lesion appears to be moderately reduced when compared with a previous examination of June 15, 2001 performed in other facilities and brought for reference."*

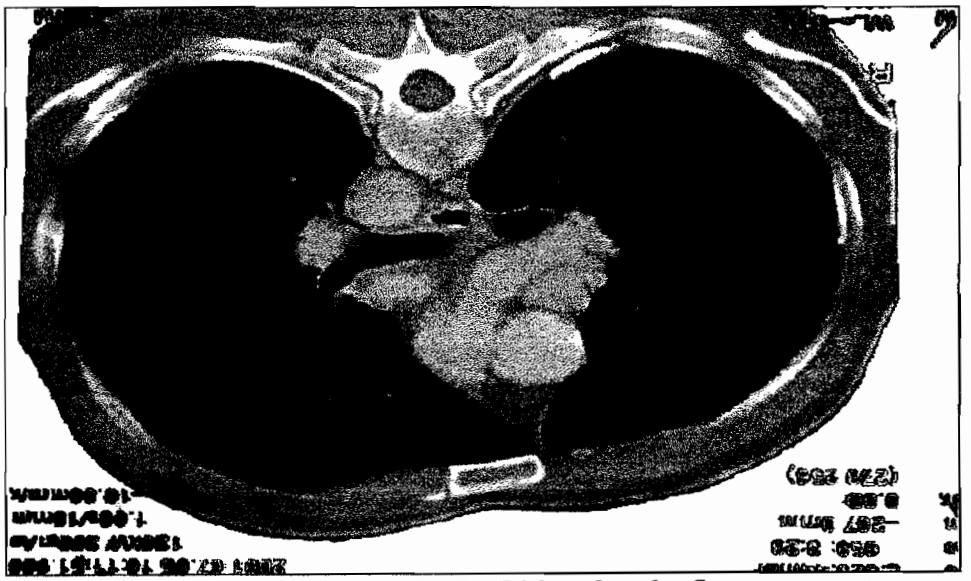


Figure 2 CAT scan of July, 2001 after the first treatment, highlighting the re-absorption of the metastasis.

CAT scan of thorax abdomen of Nov. 15, 2001: "... We note the presence of a discario-kinetic region with increased power in a late phase. The region is localized at the level of the VI and VII segment and it shows a hypo-dense area peripherally, with a diameter of about 2 cm, both before and after the administration of [stain]."

The pulmonary CAT scan images of November (Fig. 3) confirmed the total regression of the pulmonary metastases which had already occurred five months earlier, and the result was confirmed.

The comparison of the liver CAT scans performed in June 2001

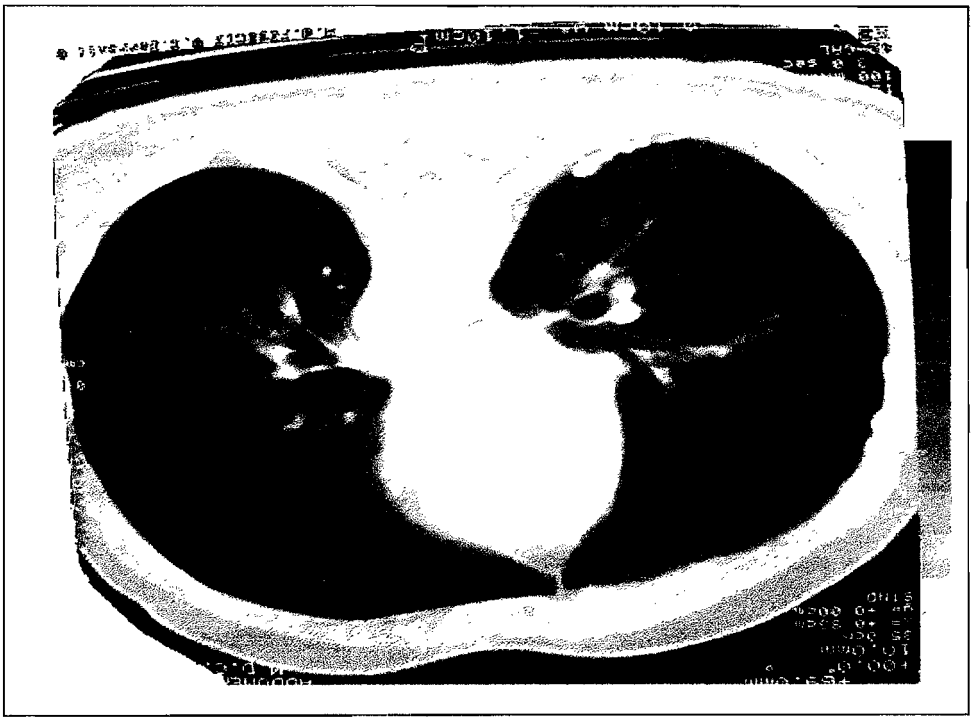


Figure 3 Lung CAT scan of November 15, 2001, five months after the first treatment. The scan highlights the re-absorption of the metastasis.

before the treatment (Fig. 4), with the November scan after the treatment (Fig. 5), shows that the massive non-homogeneity is re-absorbed almost completely. The ecotomographic report of Jan. 16, 2002 (Fig. 6), states: " ... *Expanded ecostructural non-homogeneity because of the presence of regenerative nodules: there is an area of greater visibility... diameter 13 x 5 mm in the undercapslar area of the right lobe, 7th segment."*

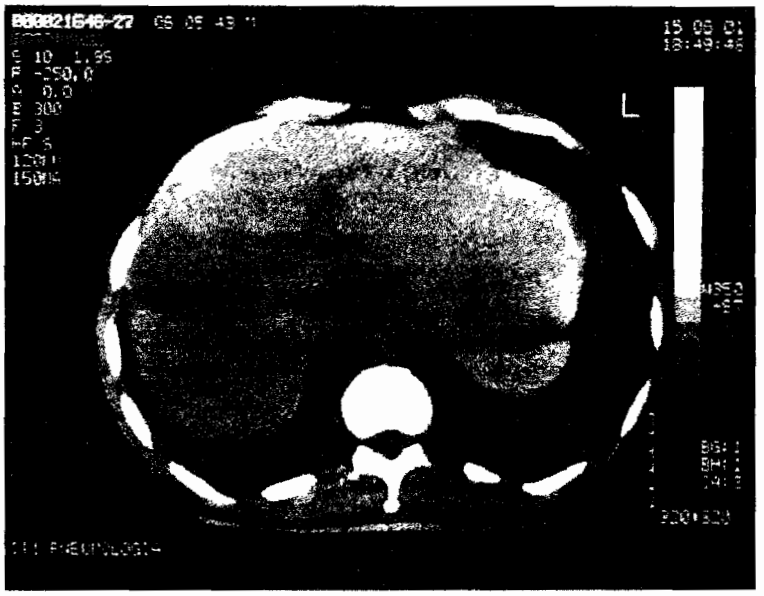


Figure 4 Liver CAT scan of June 15, 2001.

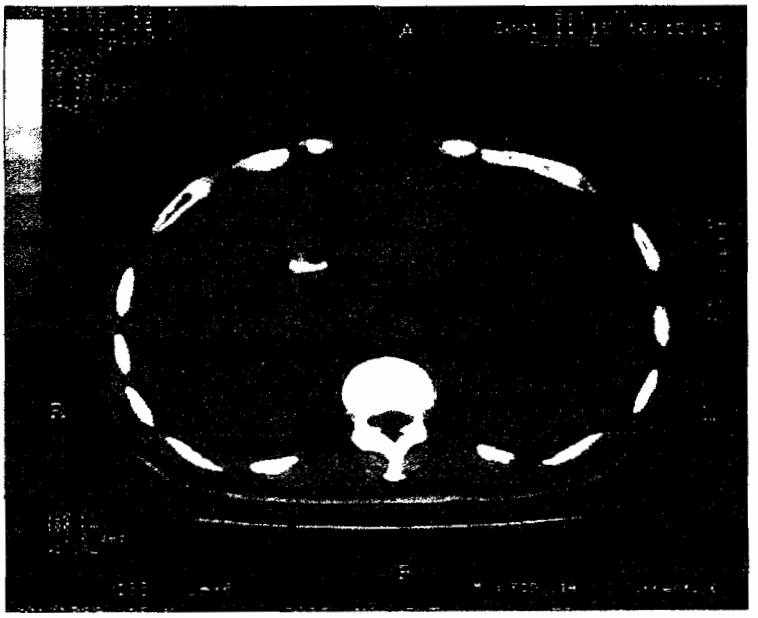


Figure 5 Liver CAT scan of November 15, 2001

In the report of June 3, 2002 "*...The presence of the hypoecoidal area at the 7th segment is no longer evident.*"

The patient released the following declaration on October 31, 2002:

"*I, the undersigned..... resident in Palermo, declare the following:*

In the month of June 2001, I was diagnosed with a liver tumor of about 8 cm with pulmonary metastasis. It must be said beforehand that I was already (and I still am) affected by hepatitis C. The agony of my family was great, and they didn't know how to face this with me, since I had been kept in the dark about the problem up to the time of my meeting with Doctor Simoncini.

My (homeopathic) doctor....., to whom my family turned, wanted to contact a French homeopathic colleague, an expert in the field of tumors, but since he had lost contact, he asked my son Daniele to search the internet to find him again.

My son, seeing the gravity of the problem, searched the internet thoroughly but was unable to find the contact we had hoped for.

Fortunately, he stumbled on the A.N.F.E.T. site where the cases of liver tumor treated by Doctor Tullio Simoncini were described.

My son and my wife reported this to Doctor ..... who got in touch with Doctor Simoncini and set up an appointment for me in Rome.

For the love of truth, I must state that the Doctor (also cousin), when I had informed him about the outcome of the visit in Rome and queried him about his professional opinion, answered that he was unable to establish whether the unofficial therapy practiced by Doctor Simoncini would be efficacious in my case (he did not know either the theory or the scientific soundness of the treatment).

He was, however, sure that if an attempt had to be made for my own good, the baking soda-based treatment would not damage my body, while official therapies would have caused me useless suffering, especially in consideration of my condition as a sufferer of hepatitis C.

This conviction induced my family, upon the suggestion of my cousin, to convince me to go to Rome and to visit a specialist using the pretext of trying to find an effective palliative therapy to eliminate the suffering from the pain in my shoulder and in the area of the liver.

It was in these circumstances that I met Dr. Simoncini and for that I thank GOD.

After about 15 months my liver cancer has disappeared and with it the metastasis to the lungs. The metastasis disappeared after the first cycle of therapy.

I followed two treatment cycles with baking soda phleboclysis administered directly into the arteries of the liver and of the lungs.

I've also undergone cycles intravenously and orally, always using baking soda.

Since the start, Dr. Simoncini never gave any guarantee of recovery. He only told me that the tumors were, in his opinion, of mycotic cause and therefore if we worked with patience and determination, we might be able to obtain some positive result.

The first objective was to block the growth of the tumor and then slowly to try to make it regress, and so it has happened.

I hope that other patients with cases similar to mine can undergo the same type of therapy and I wish for Dr. Simoncini that his discovery can be universally divulged and accepted.

Palermo, October 31, 2002

* * *

Third Clinical Case
Hepatic Metastases from Colangiocarcinoma after Surgical Intervention

The patient I visited at the beginning of May, 2002 showed a grave weakening because of a liver neoplasia 10 cm in size. The mass was able to reach that size in spite of a prior surgical intervention on the colangiocarcinoma and 11 cycles of chemotherapy. The therapy was abandoned because of negative repercussions on the patient's body.

The infusions with sodium bicarbonate five per cent solution through a catheter located in the hepatic artery at the dosage of 400-500 cc a day for six days immediately resulted in a sharp improvement of clinical conditions.

Further treatment cycles through arteries alternating with oral cycles led to the reduction and then to the disappearance of the hepatic neoplastic formation in the following months.

IO SOTTOSCRITTA , HO CONTATTATO IL DOTT. TULLIO SIMONCINI NEL MAGGIO 2002, PERCHÈ AFFETTA DA UNA GRAVE FORMA DI CARCINOMA AL FEGATO, DOPO AVER SOPPORTATO BEN 11 CICLI DI CHEMIOTERAPIA E COSTRETTA AD ABBANDONARE TALI TERAPIE A CAUSA DELLE GROSSE PROBLEMATICHE CHE FISICAMENTE MI AVEVANO CAUSATO, COME DETTO SOPRA CONTATTAI IL DOTT. SIMONCINI, CHE DOPO AVER ACCURATAMENTE VISIONATO IL MIO STATO DI SALUTE, MI PRESCRISSE LA SUA CURA A BASE DI BICARBONATO DI SODIO.

INIZIAI LA CURA CHE ESEGUII ALLA LETTERA, SENZA PROBLEMI, CHE NEL GIRO DI POCHI GIORNI MI FECE RITROVARE BENESSERE E MI RESE IN GRADO DI VIVERE DISCRETAMENTE LA MIA GIORNATA.

ADESSO DOPO QUASI UN ANNO DALL'INIZIO DELLA CURA DEL DOTT. SIMONCINI MI SENTO ESTREMAMENTE BENE, SVOLGO UNA VITA NORMALE MA LA COSA PIÙ BELLA È CHE IL TUMORE DELLE DIMENSIONI DI 7 CM CHE ERA, AL REFERTO DELL'ULTIMA TAC DEL FEBBRAIO 2003 HA SUBITO UNA RIDUZIONE NON INDIFFERENTE SEGNO CHE LA MALATTIA STÀ REGREDENDO.

DEL DOTT SIMONCINI INOLTRE POSSO DIRE CHE È UNA PERSONA ESTREMAMENTE DISPONIBILE ED ONESTA, CE NE VORREBBERO DI MEDICI COSÌ DISPOSTI AD AIUTARE CHI VERAMENTE NE HA BISOGNO.

SPERO VERAMENTE CHE PERSONE GRAVEMENTE MALATE COME LO ERO IO, TROVINO RIMEDIO NELLE CURE DEL DOTT SIMONCINI.

TENGO A PRECISARE INFINE CHE IL DOTT. SIMONCINI NON MI HA MAI DATO CERTEZZE DI GUARIGIONE, NE ILLUSIONI RIGUARDO ALLA SUA CURA, I RISULTATI SONO VENUTI DA SOLI PERCHÈ TANTE PAROLE TALVOLTA DETTE A VANVERA DA MOLTI MEDICI, NON SERVONO AL MALATO, BELLO CHE CONTA SONO I RISULTATI.

Declaration of the patient about one year after the beginning of the treatment.

Fourth Clinical Case
Ewing's Sarcoma

A nine-year-old child was hospitalized in October 1999 and diagnosed with Ewing's Sarcoma on the right humerus.
Several chemotherapy cycles were performed until he underwent surgery on February 2, 2000, during which the neo-formation in the humeral bone was removed and a peroneal bone segment grafted on and stabilized with two splints and nine screws.
The histological diagnosis of February 21, 2000 confirms that the patient was suffering from the Ewing/PNET Sarcoma.
More chemotherapy cycles were performed in 2000.
An ecographic scan of the right arm performed on October 9, 2000, however, states as follows:
"*...Sharp irregularity of the humerus's bone profile...*".
He was hospitalized on January 29, 2001 with a diagnosis of relapsed Ewing's Sarcoma of the right humerus and with: "*...Clear re-absorption of the splint...*".
Later, on February 12, 2001, a second surgical operation was performed with a new peroneal graft and stabilization with splints and screws. A new relapse in the auxiliary cavity was noticed and removed during the operation.
An ecographic scan of May 7, 2001, however, showed another three instances of Ewing's Sarcoma to the right arm with the following dimensions:

First:	60 x 30 x 40 mm
Second:	24 x 18 x 20 mm
Third:	44 x 31 x 32 mm.

In June 2001 the child's father decided to proceed with the sodium bicarbonate salts treatment, which was administered by catheter into the right sub-clavian artery in order to administer the salts (phleboclysis of 500 cc at five per cent) directly on the tumoral masses.
Results:
CAT of July 2, 2001
"*Post-surgical results of the positioning of metal osteosynthesis means in location of humerus without evidence of local tissue tumefaction.*"

Echo scan of July 9, 2001

"The results show an almost complete regression of the expanding formation of the upper third and of the medial face of the arm; however, the expanding formation of the third lower medial (anterior lateral face) persists."

PET of July 11, 2001

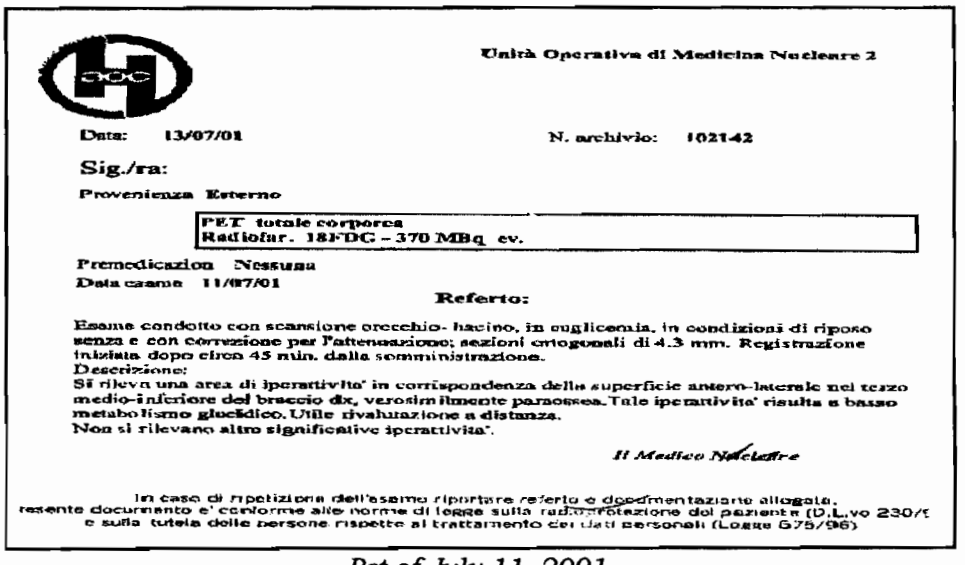
"An area of hyperactivity is noticed on the anterior lateral surface of the third lower medium of the right arm, probably para-osseous."

Echo scan of September 10, 2001

"The ecographic results show a complete regression of the expanding formation of the third superior and of the medium area of the arm; the expanding formation of the third medium distal (anterior lateral face) persists.

However, the formation exhibits a sharp volumetric reduction of about 50 per cent when compared to the scan of July 9, 2001"

Conclusions: After the sodium bicarbonate salt treatments, only one of the 3 masses shown by the ecographic scan of May 7, 2001, sized respectively a = 6.5 cm; b = 4.4 cm; c = 2.4 cm is left.
Its size is 1.5 cm.
This is most likely caused by residual scarring, as shown by the echograph of September 10, 2001.



Unità Operativa di Medicina Nucleare 2

Data: 13/07/01 N. archivio: 102142

Sig./ra:

Provenienza Esterno

PET totale corporea
Radiofar. 18FDG – 370 MBq ev.

Premedicazion Nessuna
Data esame 11/07/01

Referto:

Esame condotto con scansione orecchio- bacino, in euglicemia, in condizioni di riposo senza e con correzione per l'attenuazione; sezioni ortogonali di 4.3 mm. Registrazione iniziata dopo circa 45 min. dalla somministrazione.
Descrizione:
Si rileva una area di iperattivita' in corrispondenza della superficie antero-laterale nel terzo medio-inferiore del braccio dx, verosimilmente paraossea. Tale iperattivita' risulta a basso metabolismo glucidico. Utile rivalutazione a distanza.
Non si rilevano altre significative iperattivita'.

Il Medico Nucleare

In caso di ripetizione dell'esame riportare referto e documentazione allegata.
Presente documento e' conforme alle norme di legge sulla radioprotezione del paziente (D.L.vo 230/9
e sulla tutela delle persone rispetto al trattamento dei dati personali (Legge 675/96)

Pet of July 11, 2001.

Fifth Clinical Case
Terminal Carcinoma of Uterine Cervix

Towards the middle of October 2002 I was called by the relatives of a 63-year-old patient. The patient was affected by carcinoma of the uterine cervix to which the doctors of the organization for terminal patients that had her in their care gave a maximum life expectancy of about a month.

Discharge document of October 21 2002:

"Today, October 1, 2002, we discharged Mrs. ZG (clinical file 2002/ ...), hospitalized since September 29, 2002.

The patient who is already affected by advanced uterine neoplasia has shown metrorrhagia and a vomiting episode. Infusional treatment, intravenous antibiotics administered because of the presence of hyperpyrexia, and topical vaginal treatments have been applied. The patient does not accept palliative chemotherapy. Home nursing and periodic checks for nephrotomies have been initiated. Please find enclosed copies of the examinations performed."

I went to great lengths to explain to the relatives the therapeutic difficulties that exist when treating patients that are in such an advanced disease state. This is not because the sodium bicarbonate solutions are no longer effective, but because an endless number of uncontrollable events may intervene.

A first intervention, at any rate, could be performed only on the largest mass, while I warned them that it was necessary to wait for the evolution of the disease to decide if intervention was appropriate for another mass which was in contact with the ileopsoas muscle and for other lesions that were in the liver. That notwithstanding, the relatives decide to proceed with my method of therapy.

The abdominal mass massively occupied the abdomen from the uterine cervix to the umbilicus, and it was in such an advanced stage that it infiltrated and compressed both rectum and urethras to the point that implanting of two nephrostomachal apparatuses to allow the evacuation of urine was necessary.

Given the size of the mass, radiotherapists did not recommend even a palliative radiation therapy.

Furthermore, there was continuous fever as well as a remarkable loss of weight and a persistent, painful symptomatology which was treated with analgesics.

After I visited the patient at home with the assistance of a radiologist colleague, it was decided immediately to position a catheter inside the mass for the purpose of draining the necrotic material as much as possible and subsequently to implement treatment with a sodium bicarbonate solution of five per cent in the attempt to destroy all the neoplastic colonies, and in the hope of producing cicatrisation of the neoplastic mass.

A treatment with sodium bicarbonate solution via the vagina was also begun.

After about two weeks, it was possible to inject only a few cubic centimeters of sodium bicarbonate. That indicated that a remarkable reduction of the mass had taken place and this assumption was supported by a descending transnephrostomical pyelography performed on November 15 2002 which reported a "regular opacization of the calicopyelic cavities... the urethral constriction, at any rate, does not prevent the transit of contrast fluid which quickly reached the bladder". In other words, the patient had also begun to urinate in a natural way.

The reduction of the mass was demonstrated in the abdomen CAT performed on November 29 2002.

After constantly improving the clinical conditions of the patient, it was decided that treatment with sodium bicarbonate solution at five per cent should be intensified, in an attempt to destroy the tumoral colonies as much as possible.

Two catheters were positioned for this purpose: one in the peritoneal cavity to inject the solutions into the floor of the small pelvis, and the other directly into the hypogastric artery which was afferent to the location of the uterine and rectal neoplastic mass.

Furthermore, the nephrotomic apparatuses were removed and thus the external urine receptacles. That was achieved with the urethral positioning of two double J catheters.

Clinical situation in February 2003:

◦ The patient is living and in a condition of good health – to the point she can undertake independent train voyages hundreds of kilometers long in spite of the sinister prognosis predicting her death by November of 2002.

The tumoral mass has been noticeably reduced.

◦ The painful symptoms have disappeared.

◦ The patient has started to gain weight again.

Declaration by the patient's relations:

"We the undersigned..... resident in Busto Arsizio (Va), respectively brothers and sister-in-law of ..... resident in Busto Arsizio and a patient of Dr. Tullio Simoncini, hereby testify on the development of the disease of the aforementioned patient, having followed in detail all its phases, starting from the first days of September 2002 up to the present.

Last September 12 ..... was urgently hospitalized in the gynecological division of the Azienda Ospedaliera of .....

The presence of uterine neoplasia was ascertained after the appropriate examination as well as a CAT scan of the abdomen. Because of its dimensions, the neoplasia was compressing both the urinary tracts and the intestine and simultaneously causing a renal and intestinal block.

The renal block was rectified by the application of a bilateral nephrostomic apparatus and the intestinal block was rectified with occasional enemas. The head physician of the department, on the basis of the CAT report, called the relatives of the patient and clearly and openly said that her condition was totally hopeless because she was carrying a uterine tumor that was so developed that it could not possibly be operated on. The only possibility left at that point was to attempt radiotherapy or chemotherapy to reduce the tumoral mass so that it could be operated on – but that was a possibility so remote as to be almost nil.

In the following days, the results of histological examinations and the opinions of the specialists as to the devastating effects that radiation therapy or chemotherapy inoculations would have had on the already fragile body of the woman, whose weight was only 32 kg, induced the department team to abandon any attempt to save the patient.

Only the head doctor kept open the possibility of chemotherapy to stretch – perhaps by a few weeks but certainly not months – the life of the woman. The life expectancy from that time on (middle of September) was about two months.

However, if chemotherapy did have some effect, ... could have survived until Christmas. At that point, the undersigned went to the Centro Tumori of .....with all the clinical documentation available – and without the patient, because she could not be moved – to hear the opinion of a center that was highly qualified in that

field. The doctor who examined the scans expressed the conviction that that tumor was at least five years old and agreed with the statements issued by the doctors of the Busto Arsizio hospital.
To make the departure of the lady as comfortable as possible (renal and intestinal blocks were foreseen as well as vomiting of feces and so on), the use of traditional therapies was not recommended and the only therapy proposed was that of pain control.
After the opinion of the Centro Tumori, the head doctor of the Busto Arsizio hospital, being confirmed in his conviction and in consideration of the uselessness of the hospitalization, discharged the patient. However, a sudden worsening of..... condition forced a second hospitalization and it seemed that the end was near.
While this second hospitalization period was in progress, as we were not resigned to the destiny of the sister, the brothers kept on looking for an alternative that could yield some hope. It was at this point that, through the direct experience of some acquaintances, we heard about the therapy of Dr. Tullio Simoncini.
Immediate telephone contact was made with the doctor and ..... clinical situation was explained. He offered the possibility of experimenting with his therapy. The decision to attempt this new road found immediate approval both from the patient (who on various occasions already expressed to both doctors and relatives her will not to undergo either surgical interventions or radio or chemotherapy treatments), and by the relatives.
In the meantime the hospital saw no reason to keep the patient any longer, notwithstanding that the tumoral mass grew enormously (the patient's abdomen was as swollen as that of a pregnant woman). The patient was entrusted to the service of Palliative Care, which opted for home-based treatment since that was more adequate to the psychological inclinations of the patient.
On October 21, 2002, the lady was finally discharged by the Busto Arsizio hospital. On the 25th day of the same month, Dr. Simoncini came to ..... house. From the CAT scan documentation he understood immediately that the enormous tumoral mass was filled with liquid that had to be evacuated immediately. And this he did. Almost one liter of putrid liquid came out of the abdomen.
What happened was that an abscess had formed on top of the tumoral mass. The abscess was probably at the origin of the massive infection in progress, which was indicated by the high body temperature.

After the intervention, the patient had a feeling of emptiness and faintness, but she gradually normalized.
The tumor was emptied of its putrid contents and, in its place, a certain quantity of sodium bicarbonate was injected through a permanent catheter. Dr. Simoncini took care to scrupulously show the relatives the therapeutic procedure to be followed. He said that we were not to have any illusions about the effectiveness of the therapy. It was necessary to wait several days to see how the patient would respond. Many variables were acting against the patient, amongst them the advanced condition of the disease and irregular responsiveness.
The doctor stated that, according to his statistics, when the action of the bicarbonate is positive from the beginning, its effectiveness continues up to the end – that is, in cases of positive response, the problem could be solved within three to four months and sometimes even less.
Conversely, if the bicarbonate were to be ineffective from the beginning, it would have been ineffective throughout. It was therefore alright to have hope without, however, having excessive expectations of recovery. At any rate, given ..... condition, a condition that was equivalent to a death sentence, according to both the relatives and the patient herself there was nothing to lose in attempting this new road.
After the intervention, since one abdominal catheter was added to the two nephrostomic apparatuses – thus increasing the danger of infection – Dr. Simoncini prescribed five vials of antibiotics to be injected intramuscularly. The sodium bicarbonate was also prescribed as a vaginal douche so that the tumoral action was circumscribed as much as possible. The doctor returned to Rome after making sure of having explained everything with the maximum possible clarity, and after confirming his availability for further clarifications and intervention .
The day after, the patient was already improving, and that was confirmed by the family doctor during his visit. As the days went by, the improvements became more and more evident, as the fever quickly diminished and eventually disappeared, while there was no longer any need for antibiotics other than those prescribed by Doctor Simoncini. In the meantime, ... again felt the stimulus to urinate naturally while intestinal evacuation went back to normality

and regularity. These were clear signs that the pressure exercised by the tumoral mass on the urethras and intestine was decreasing. The confirmation came after a month, when a CAT scan was performed by the Busto Arsizio hospital. The scan showed that the tumoral mass was considerably reduced.

The hospital doctors proposed chemotherapy again at this point, *but ..... clearly refused to undergo such treatment. Doctor Simoncini , comforted by the excellent results already obtained and respecting the will of the patient, set up to proceed towards a more targeted intervention intended to deny the tumor any possibility of expansion. That endeavor had the full consensus of the patient and the family.*

On December 14 2002, the patient visited Dr. Simoncini in Rome. Two catheters were applied – one arterial and one peritoneal – through which she continues her therapy to date. After the Christmas holidays, Gabriella had the joy of removing the two nephrostomic apparatuses and started urinating exclusively urethrally, even though for the time being the urethras are sustained by double Js that were positioned by Dr. Simoncini during the second visit to Rome.

After this last intervention, ... quality of life has noticeably improved: she moves on foot and in cars in a completely autonomous way, good spirits are back, and she actively supports and divulges Dr. Simoncini's therapy to friends and acquaintances.

The news of the judicial investigation started against the doctor who has given life and serenity back to ..... has surprised us immensely. These undersigning this declaration were resigned and ready to face the death of our sister, and but for this reason would have stated that the hospital's doctors were killers as they acted in good faith in her best interest with the therapeutical instruments that their school of medicine made available. Instead, the theory of Dr. Simoncini has produced a therapy capable of bringing ..... Zanarella back from death to life, from desperation to hope and trust, from tears to smiles.

Can this be called fraud?

In spite of these results, which in themselves are exciting and deserving of the greatest gratitude, we know that cancer is a horrible and implacable enemy, and thus it may eventually prevail over our sister. If this is the case, can we call homicidal he who has been as much as he could, the savior of the patient?

The undersigned declare themselves available to confirm, upon request, the contents of what is stated above in the appropriate forum and specify that we have preferred not to involve the patient directly in order not to cause further psychological stress at such a delicate moment.
Busto Arsizio, February 9, 2003
Enclosed photocopies of identification documents.

The improvements are therefore evident. A CAT scan of June, 2003, however, although highlighting the constant regression of the main tumoral mass, revealed that in the anatomical areas that were not previously treated – the liver (totally substituted) and lesion of the ileopsoas – the disease tended to progress quickly and brought the patient to her death at the end of the year.

* * *

Sixth Clinical Case
Hepatic Carcinoma

This case had final negative results.
However, it still demonstrates that the infusion therapy with sodium bicarbonate at 5 % often causes a dramatic regression of the neoplastic masses.

The 72-year-old patient that we examined was HCV positive (that is, he suffered from hepatitis C), and he was affected by hepatic carcinoma that was 120mm x 115mm x 105mm (as shown by an ecographic scan on January 16, 2001).
He underwent treatment with sodium bicarbonate solutions at 5% solution that was administered directly into the hepatic arteries (the plural is because there were two arteries instead of one) from March 7 to March 10, 2001.
After about one month, the size of the mass was reduced to 30mm x 15mm. However, there was ascetical liquid that was produced by the hepatitis in the pelvic cavity. This is the disease that certainly caused the death of the patient several months later, since a CAT scan previously performed showed **the disappearance of the neoplastic mass**.

Seventh Clinical Case
Peritoneal Carcinosis in Adenocarcinoma of Endometrium Following Surgery

A 62-year-old patient underwent surgery in December 1998 for endometrial adenocarcinoma, followed by successive cycles of radiotherapy and anti-hormone therapy.
Following the thickening of the peritoneum and the growth of several lymph nodes due to carcinosis, the ovarian CA antigen increased progressively notwithstanding treatment with Tamoxiphen up to a value of 125 UI/ml (v.n. 0-35) on June 3, 2002.
From the clinical point of view, the patient's condition deteriorated with the presence of exhaustion, general swelling, intestinal meteorism, irregularity of evacuation, steady feeling of heaviness and blood pressure instability.
An endoperitoneal catheter was inserted in July and October 2002, through which sodium bicarbonate was administered at a 5% solution (400-500 cc) in cycles alternating with intravenous cycles.
The clinical condition of the patient constantly improved up to a normal condition of health.
The ovarian CA antigen progressively decreased and in March 2003 it reached a value of 49.70 UI/ml, a value that was also confirmed in June, 2003.
A last CAT scan performed in June 2003 confirmed the regression of the peritoneal carcinosis and a stabilization of the size of the lymph nodes when compared to the preceding year.

Declaration of the patient:
"*I was operated on December 18, 1998 for endometrial edemocarcinoma.*
In February-March 1989 I underwent 29 sessions of radiotherapy.
The routine checks performed in the last months of 2000 have indicated alterations to the ovarian Ag Ca.
The CAT scan highlighted the presence of tumoral cells in the lymph nodes. The oncological department initiated treatment with Tamoxiphen which, however, I abandoned after a while as I chose to undergo Dr. Tullio Simoncini's therapy.
On July 20, 2002, Dr. Roberto Gandini installed an endoperitoneal

transdermal catheter and I started the sodium bicarbonate 5% solution therapy.
The CAT check performed on September 6 has highlighted a stabilization when compared with the previous scan of May 2002, while the previous thickenings likely due to peritoneal carcinosis are no longer visible.
I would like to highlight that when I was telling Dr. Simoncini that I was feeling good his answer was: "May God help us, sister: I don't say anything, for only the check-ups can say something; I can ensure nothing, we shall see."
Dr. Simoncini updated me on the situation on October 5. The radiologist, Dr. Roberto Gandini, once he had examined the check-up CAT, stated that since an internal abscess had formed, this had prevented the outcome they had hoped for.
He therefore suggested the installation of a new catheter, which was done on October 16, 2002 by Dr. Clazzer.
From this moment on, I continued with the sodium bicarbonate therapy on a regular basis. The various hematochemical check-ups give better values each time; starting from the ovarian 125 Ag Ca of June 2002 up to the present 49.70 of March 7, 2003.
Furthermore, the CAT performed in December 2002 showed that the situation of May 2002 has not changed.
It is to be highlighted that, from the clinical point of view, my condition has steadily improved. The intestinal and hepatic suffering has gone, the blood pressure has regularized, and the swelling of the heels is gone along with the general swelling.
I am aware that much is still to be done to reach the security of the complete regression of the disease, as I am often reminded by Dr. Simoncini, who is always very conservative.
At any rate, and given the results that have been reached, there is the hope that, working steadily, we can get to a final resolution of the disease. I would like to formulate a wish: if Dr. Simoncini had the opportunity to work in his own clinic he could help many other people who are hit by cancer.
I thank God for giving me new life and Dr. Simoncini, who has been His instrument to help me."
M.T.B.

8th Clinical Case
Relapsing Bladder Neoplasia; Nephrectomy due to Renal Metastasis.

Clinical history started for a patient affected by a polyp formation with a diameter of 28 x 21 mm in June 1996.

A twice-yearly check-up program was begun, during which continuous endoscopic resections were performed as well as instillation cycles with mitomicine and BCG.

The neoplastic formations continued to reproduce constantly, and not only that, surgery was performed to remove the left kidney because of a renal tumor of the pelvis in February 2001 An intra-vesical instillation therapy was proposed again, but the therapy had to be suspended in May 2001 because of intolerance.

At this point an understandable mistrust on the continuation of a conventional treatment arose. I was contacted to attempt a new therapy upon the suggestion of a homeopathic doctor in Florence who obtained positive results in a test for Candida.

After 15 months of vesical "rinsing" performed in cycles with sodium bicarbonate at 5% solution and oral administration of the same substance, the patient was doing well, and had not undergone painful instillations for over a year. Furthermore, lab tests gave negative results for neoplastic disease and, most importantly, the fear and the anguish for the danger of the disease attacking the other kidney began to disappear.

In the UCS (cystoscopic) report of September 18, 2002, where the diagnosis and the previous nephrectomy intervention is reported as well, we read: "No repetitive lesions".

Declaration of the patient's daughter:

"I, the undersigned, ... living in Manerbio ....., declare the following as to my personal experience concerning the doctor-patient relationship of my father and Dr. Tullio Simoncini. On my own initiative I contacted Dr. Simoncini by phone on May 2001 after the nephrectomy operation my father underwent in February 2001, as he was affected by vesical neoplasia, first seen in June 1996 and since then continuously treated with alternating and repeated cycles of endovesical chemotherapy, followed by repeated vesical resections due to continuous relapse

(vesical neo-formations).

*Even after the last intervention, **another endovesical chemotherapy cycle was proposed once again**, and this time was interrupted voluntarily by my father at **the seventh application** because of intolerance, as stated by the medical report.*

In reality my father was not only no longer able to physically tolerate these specific applications, but in general was no longer willing to undergo the series of treatments that had been applied, given the discouraging outcome and the stress of constant physical and psychological suffering.

I then convinced my father to try a new approach to the disease, the homeopathic one. In this way, we got to the cyclic endovesical instillations with sodium bicarbonate solution that started in September 2001 as proposed by Dr. Simoncini.

He visited my father at home upon my specific request. The doctor was available for that and in that way satisfied my father's expectations by avoiding any traumatic discomfort and by ensuring the most favorable situation for the physical and psychological comfort of the patient.

Since then, I have constantly and systematically stayed in contact with Dr. Simoncini by phone who has always been available. During those contacts, I kept him informed as to developments in the status of my father's disease, and on the progress of the therapy, after the doctor examined the laboratory and diagnostic reports following the cycles of endovesical instillation of sodium bicarbonate solution.

All of the above has been performed without the demand for any compensation or professional fee except for one payment for the first house call, for which [the doctor] issued a regular invoice.

I would like to highlight that the aforementioned examination and endoscopic check-ups have always been performed through ambulatory visits or hospitalization, with periodic scheduling at the department of urology of the civil hospital of the city where my father has been treated since the beginning of the disease.

Dr. Simoncini has always been, since the beginning of this relationship, of exemplary correctness, clarity and transparency concerning the information on the method of approach to the disease and on the nature of the proposed therapy.

The therapy was centered, on one hand, on a diet that changed as time went on, and on the other hand on cycles of endovesical

instillations with sodium bicarbonate solution that was available in drugstores and could be administered in the house of the patient, without the need for hospitalization, since we stated our availability to function as nurses as needed for the treatment with the catheter.

I must also attribute a clear human sensitivity and a shared solidarity towards my father to Dr. Simoncini, especially by encouraging him to lead a normal life, while delicately sharing at the same time my original choice to keep my father uninformed about the true nature of his disease – a vesical carcinoma – for the mere knowledge of that would have surely devastated him, given his subjective psychological fragility.

It is more than one-and-a-half years now since we have seen relapsing and vesical neo-formations through constant and systematic endoscopic examinations and without the need to turn to chemotherapy. My father is well from the physical and psychological point of view, and in a condition of full well-being.

This is intended to be my testimonial concerning the case of the disease of my father, and a recognition of the behavior and the correct professional conduct of Dr. Tullio Simoncini as well as the positive effects and results of the new therapeutic approach that has been adopted concerning this specific case.

Faithfully,.....

Manerbio, February 14, 2003

* * *

9th Clinical Case
Non-Hodgkin's Linphoma

The patient was affected by adenopathy of a left lateral cervical lymph node. After histological examination performed on biopsy material, the patient is diagnosed with Non-Hodgkin's Lymphoma.
The treatment with sodium bicarbonate salts was started in November.
500 cc at 5% solution was administered in the peritoneal cavity twice a week for two months. At the same time, the same quantity and solution was administered intravenously for two months, two days on and two days off.

CAT scans performed on August 29, 2000, December 1, 2000, and February 27, 2001 showed a remarkable decrease of the neoplastic masses.
The last CAT report says: "*Instead of a massive adenopathic conglobate, there is only the presence of circumscribed streaks of thickening...*", (we can add that this is enough to deduce their origin as from cicatrizing).

10th Clinical Case
Prostate Adenocarcinoma

An 80-year-old patient was diagnosed in June 2002 with adenocarcinoma of the prostate after a transperineal biopsy.
Having refused any surgical intervention, the patient attempted hormonal therapies which had to be abandoned immediately because of intolerance.

In May, 2003, I recommended that, before considering more massive interventions such as selective arteriography, a treatment with sodium bicarbonate solution at 5% administered intravenously and through urethral catheter should be performed.
The treatment might turn out to be effective since the clinical condition of the patient was good.
An ecographic scan performed a month after shows that there were no longer lesions of the malignant type.

11th clinical case
Hepatic Carcinoma

A 70-year-old patient was affected by hepatic carcinoma. He underwent a thermo-ablation intervention by means of RF (radio frequency) in the neoplastic lesion of the fourth hepatic segment .

Later, a further 3 cm neo-formation was seen in the eighth segment, and yet another between the fifth and the sixth.

As the disease was in a progressive state in spite of the therapies performed, the patient no longer had trust in official therapies.

He therefore decided to undergo a treatment cycle with sodium bicarbonate solution at 5% administered directly in the liver through a catheter in the hepatic artery.

A CAT scan performed after about 20 days from the start of the treatment with sodium bicarbonate showed only the scar of the previous thermo-ablation intervention: "*...**no other focal lesions are observed***".

The disappearance of the previous neoplastic nodules was confirmed by a further CAT scan performed on February 19, 2002.

The above is also confirmed by the patient's own declaration:

"I, the undersigned,..... declare what follows.

I turned to Dr. Simoncini because I had a tumor in the liver. After conventional treatment, instead of one I found myself with two lesions. At that point, I decided to turn to Dr. Simoncini upon the advice of my son.

I underwent a cycle of infusions with sodium bicarbonate at 5% that were injected directly in the liver area. After that, I also underwent oral and intravenous cycles .

Dr. Simoncini gave me no certainties, but he gave me a hope that I have been able to cultivate more and more on the basis of the results. He also told me that it would be wise not to have any unrealistic hopes before at least one year had elapsed.

From the readouts of all the CAT scans I underwent – the last one in July 2002 – it turns out that, after about one year, the tumors are absent, and what's left of them is only the scar from the thermo-ablation that was performed before I met Dr. Simoncini.

I have suffered no negative collateral effect."
Rome, October 1, 2002

12th Clinical Case
Hepatic Carcinoma with Pulmonary Metastasis

A 65-year-old patient was affected by hepatic carcinoma. The carcinoma was of a remarkable size and had pulmonary metastasis (as shown by a CAT scan of April 19, 2002). A transcardiac catheter was positioned in the pulmonary artery, and another catheter in the hepatic artery. The patient underwent a cycle of daily endoarterial infusions with 500 cc of sodium bicarbonate solutions at 5% for eight days. The neoplastic hepatic mass was still 10 cm in size in the month of July. Further cycles of intravenous infusion as well as oral administrations were performed in the following months. A CAT scan performed on December 4, 2002 showed a reduction of the hepatic lesion to 7 cm and an almost total regression of the pulmonary metastasis.

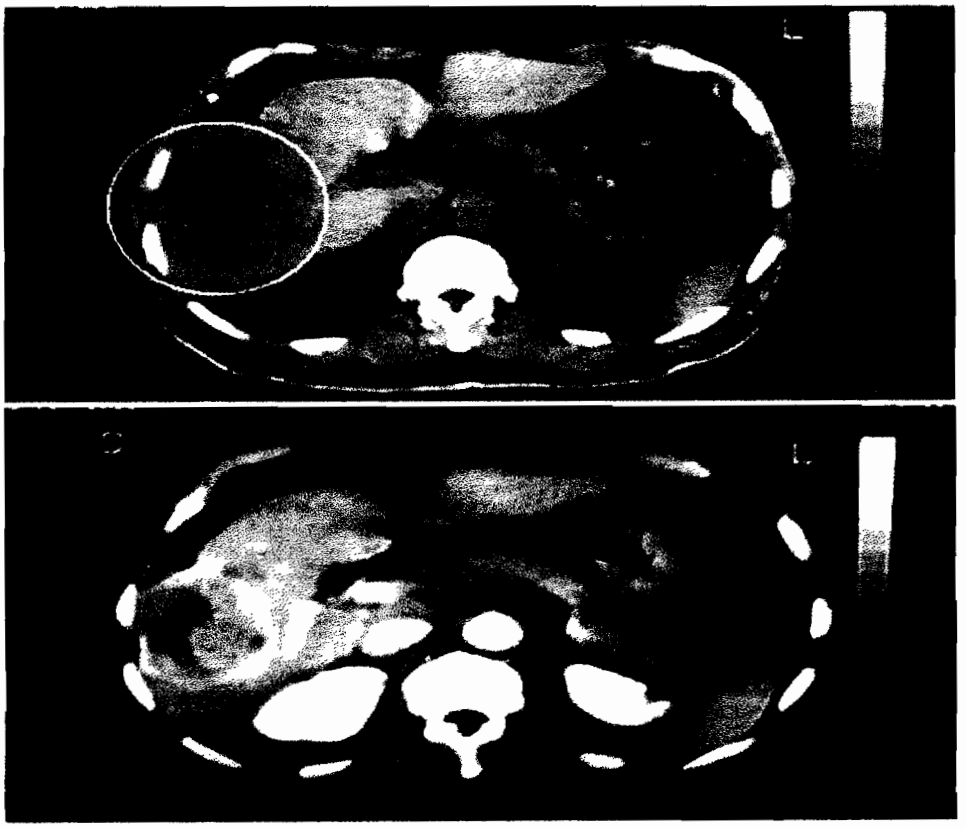


Fig. 1 and 2. CAT scan of liver before (above, July 23, 2002) and after (December 4, 2002) the treatment.

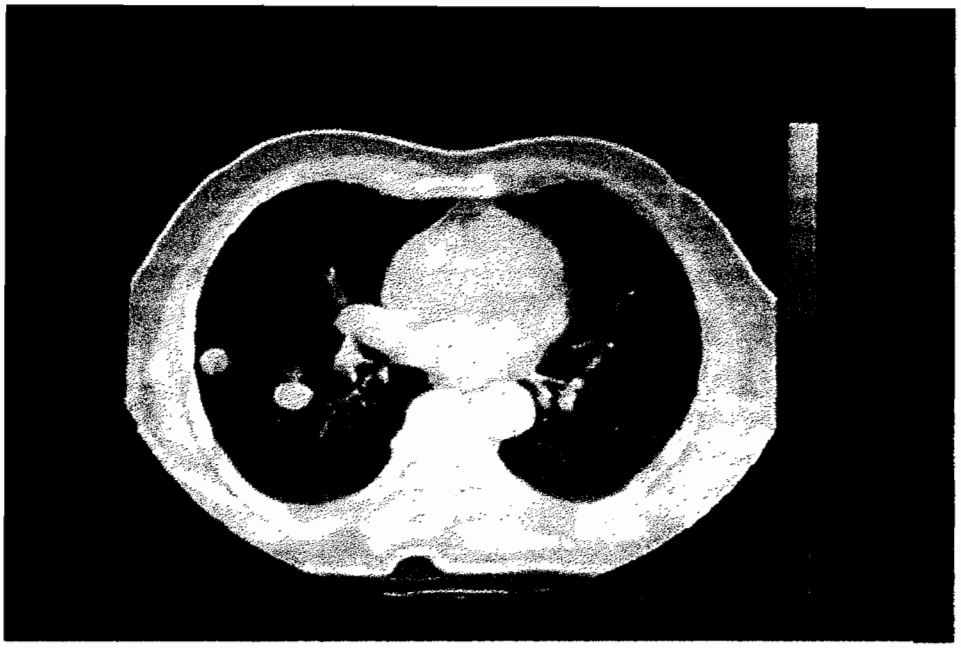


Fig. 3. Lung's CAT scan before the treatment, taken on April 19, 2002.

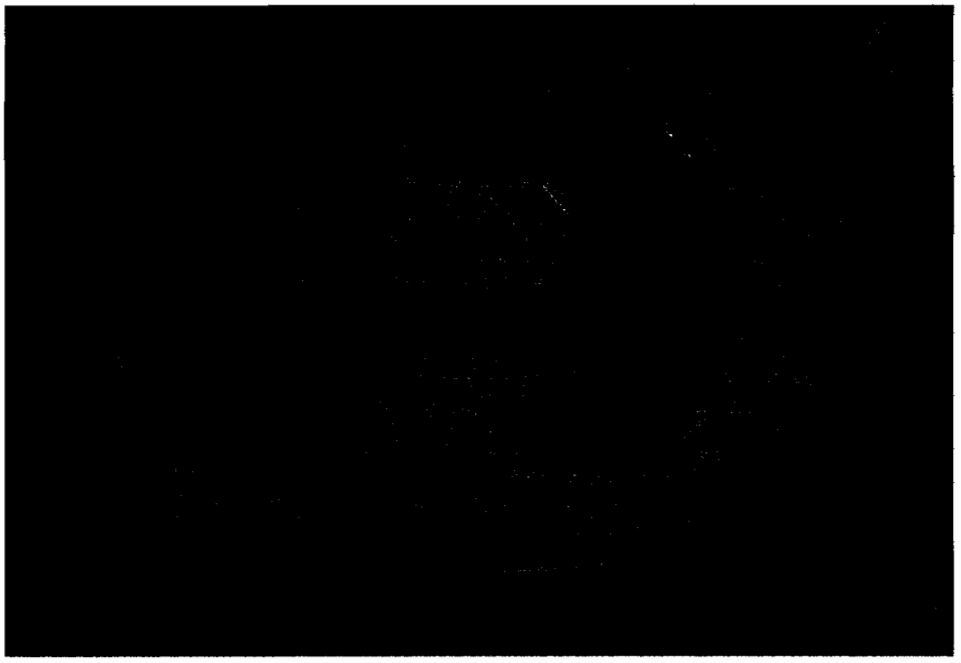


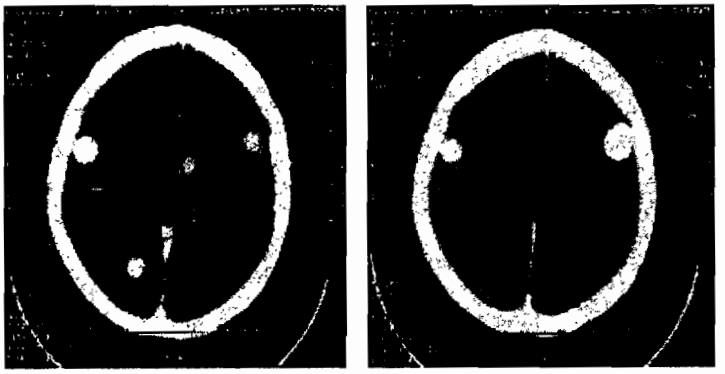
Fig. 4. Lung's CAT scan after the treatment, taken on December 4, 2002.

13th Clinical Case
Cerebral Metastasis in Diffused Melanoma

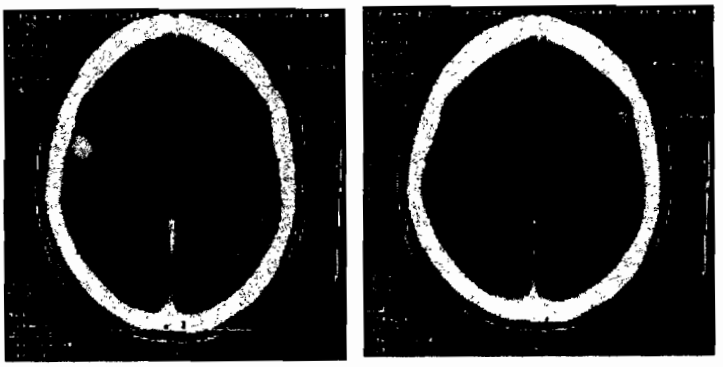
A 45-year-old [female] patient had undergone surgery on the left leg for melanoma about one-and-a-half years earlier. After that, the patient underwent surgical intervention on the upper left pulmonary area for metastasis.

In spite of several chemotherapy cycles performed at the end of the year 2000, numerous metastases were found in the brain. These metastases continued to grow despite several subsequent chemotherapy cycles. Furthermore, there were metastases in the suprarenal glands and in the colic area.

The patient started a treatment cycle with intravenous sodium bicarbonate solution in March 2001 which was able to stop the progression of the metastatic localizations. It was therefore decided to start a more aggressive treatment cycle, through the administration of sodium bicarbonate directly on the masses by using selective arteriography of the cerebral arteries, through which it was possible to position catheters in the arteries that nourished



CAT scans of February 24, 2001 showing the major metastases.

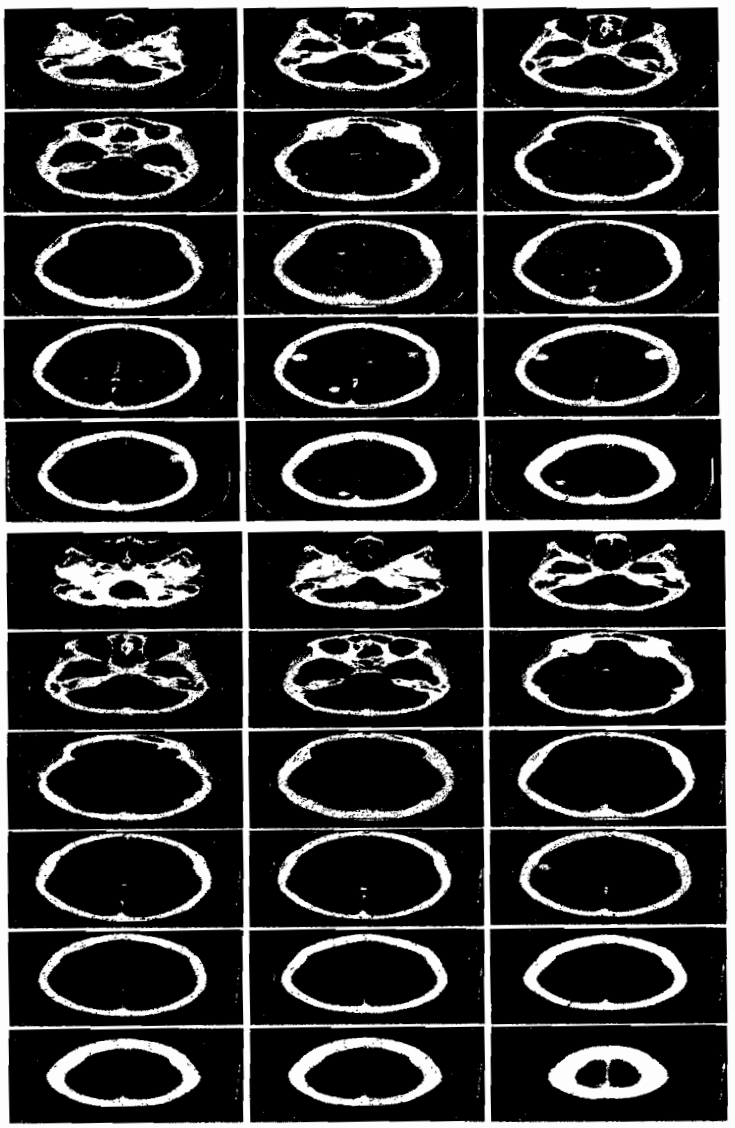


CAT scans of May 30, 2001 showing the reabsorbed metastases.

the tumoral formations. The metastases appeared to have visibly regressed after a six-session cycle performed in mid-May 2001.

The patient should have undergone another cycle between June and July to eliminate the cerebral masses completely. However, intra-abdominal lesions appeared in the meantime.

After the installation of a catheter to treat this the patient experienced an infection which delayed further treatment for the cerebral masses, making it impossible to adequately treat and destroy them.



Complete CAT scans of February 24, 2001 (above) and of May 30, 2001 (below).

The patient died several months later.

In spite of the negative results, the case still demonstrates that the infusion therapy with sodium bicarbonate at 5 % often causes a dramatic regression of the neoplast.

14th clinical case
Medullar Metastatic Compression

The 40-year-old patient underwent surgical intervention (left radical mastectomy) for mammarian carcinoma seven months earlier. After three months of chemotherapy, the patient was affected by: "diffused pulmonary and hepatic metastasis; bone metastasis particularly to the fifth and sixth lumbar vertebrae, with invasion and compression of the medullar channel, which is causing extreme pain [which makes the patient] unresponsive to any treatment."

All pain suppressant drugs – morphine included – were totally ineffective and the patient was totally prostrate. A palliative radiotherapic treatment was proposed to her, but she tried to avoid this as she was conscious of the possible negative effects.

As I agreed with the view of the patient, I tried to buy time and get in touch with a neurologist colleague or an anesthetist who was capable of performing a lumbar injection with sodium bicarbonate solutions salts which I believed to be the only substance capable of destroying the tumor – that is, the fungal colonies amassed in the medullar channel – in a short time with consequential relief for the patient.

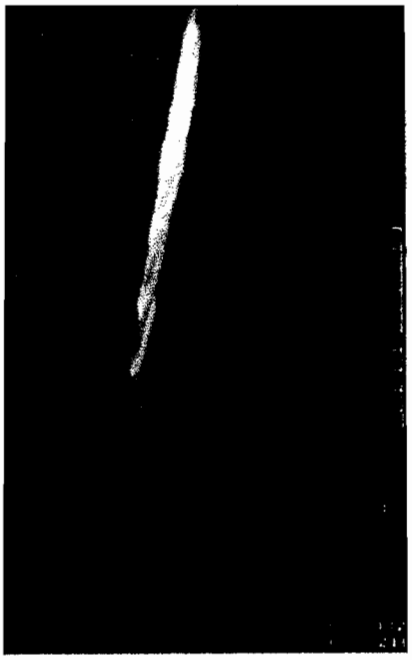
For some reason (maybe fear? Lack of knowledge? Or...) I could not get any specialist to cooperate... Eventually, and out of pity for the patient, I was forced to administer the lumbar injection myself. As I administered it by slowly injecting 50 cc of sodium bicarbonate solution at 8.4 %, the patient tossed and turned and confessed to me in a faint whisper that she had only slept two hours in the last week. Exhausted, she whispered to me: "If only I could sleep half an hour tonight."

But the day after, she called me on the phone and said:

"I have slept all night".

Since then, I performed two more lumbar administrations of sodium bicarbonate solution after a month and the pain disappeared completely.

The magnetic resonance scans performed before and after the treatment were defined by a radiologist friend who is a hospital department head as "amazing" in their difference.



Before treatment, August 25, 2000.

Fig. 1. RMN dated August 25, 2000. The metastatization of the 4th and 5th lumbar vertebrae and the mass that obstructs the medullar channel can be seen in image 8a . Please note the tumoral mass that has invaded the marrow of the sacral part as well.

After the treatment, October 11, 2000.

Fig. 2. RMN dated October 11, 2000. The same section in the fourth image after the treatment with sodium bicarbonate through lumbar injection is being observed. The noticeable reduction of the local mass can be seen with total elimination of the tumoral mass in the marrow in the inferior sacral area. There is a noticeable reduction in the medial area, with re-canalizing of the medullar channel.

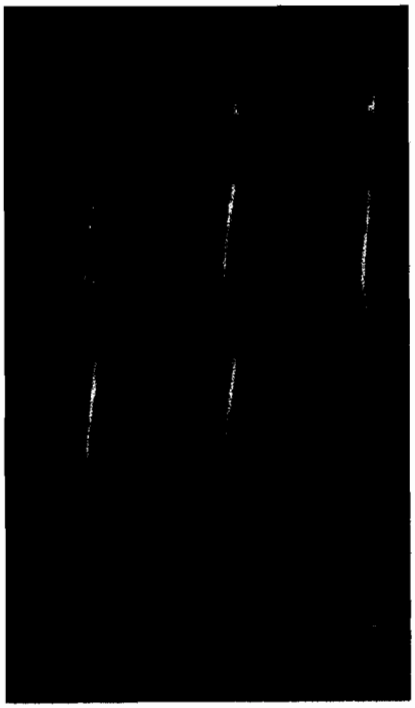


Fig. 3. Complete RMN of August 25, 2000, before the treatment.

17th Clinical Case
Prostate Carcinoma

A prostectomy for prostate carcinoma was carried out in 1995.

Three years later I noticed a relapsing nodule in the prostatic area after an ecographic scan, (Fig. 1). Treatment with hormonal therapy, and treatment with ultra-sound in July 2000.

Increase in the TSP values (prostatic specific antigen), and an increment in the size of the nodule after the first months of 2001.

A magnetic resonance scan with endorectal coil was performed on July 23, 2001, which highlighted the nodule and showed the dimensions to be 2.2 by 2.5 cm.

A catheter was positioned in the hypogastric artery on July 25, 2001. 5% bicarbonate solutions (500 cc) were administered through it every day for seven days.

Values constantly dropped after the treatment from August to October. A magnetic resonance scan performed with endorectal coil highlighted the dramatic reduction of the nodule which was now round, hyaline and fibrous (Fig. 2).

A second consolidation cycle was performed intravenously about two months later. A magnetic resonance scan with endorectal coil performed in March 2002 showed that even the residual nodule noticed in October had completely disappeared (Fig. 3). The PSA values decreased constantly since October, 2002.

This is the patient's statement 15 months after the therapy:

"I the undersigned... live in Rome and I am a medical surgeon, and I declare that I turned to Doctor Simoncini for a prostate tumor relapse which, in spite of conventional therapies, was progressing. Specifically, I underwent the treatment with arterial administration of sodium bicarbonate at 5%.

Afterwards, Doctor Simoncini performed peritoneal washing on me with the same substance by introducing a needle in the epigastrium, that is, in the opening to the stomach. Doctor Simoncini gave me no certainties before the treatments; he just told me that his treatment could be efficacious.

However, what convinced me beyond words was his conviction and great vital energy. I realized that he acted professionally and with honest intentions. After the therapy, the tumor disappeared and I had no negative effects."

18th Clinical Case
Right Eye Melanoma

A 60-year-old patient was affected by melanoma of the right lower eyelid with progression in the conjunctiva.

A laser treatment with surgical intervention followed by plastic reconstruction was proposed in October 2000. The patient put those therapies on hold and submitted herself to my therapies.

She performed washing with sodium bicarbonate solution in the conjunctiva for 10 days, which completely eliminated the mass that was protruding in it.

A daily painting with 7% iodine solution was performed on the neoplastic mass during the whole of the following month. The painting was repeated 20-30 times in the same session. The result was the almost complete destruction of the neoplasia.

An identical cycle was repeated a month later and this totally eliminated the melanoma.

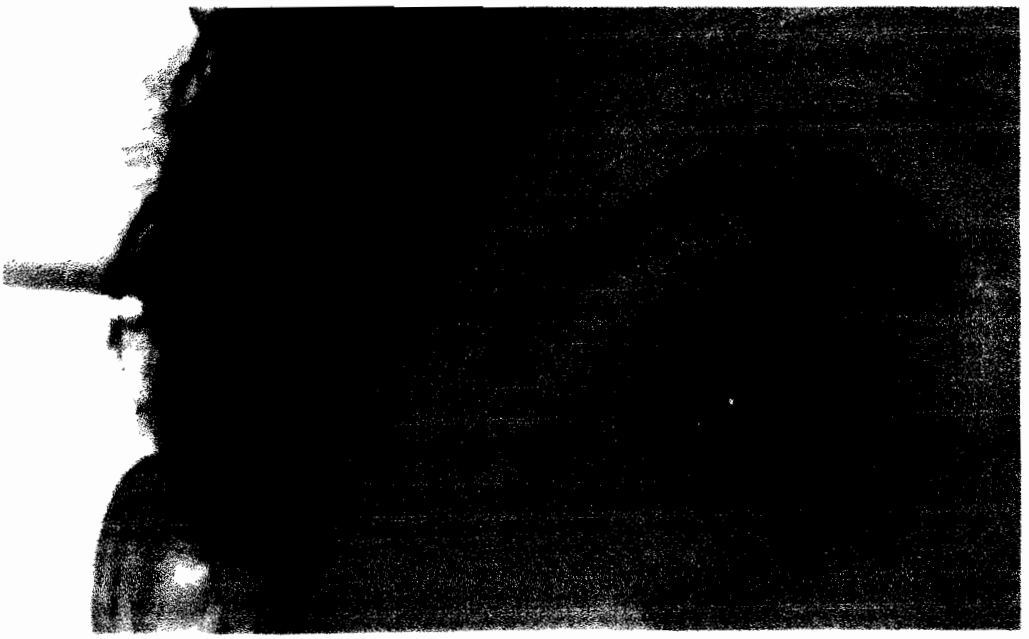


Figure 1.
Condition of melanoma at treatment already started, October 2000.

Picture 1 was taken in October 2000 when the first phase of the treatment with sodium bicarbonate had already started. the mass in the eye was even more noticeable before the beginning of the treatment.

Picture 2, taken in May, 2002, shows that the neoplasia, once it had disappeared, no longer reappeared after one-and-a-half years, and only a tiny scar was left.

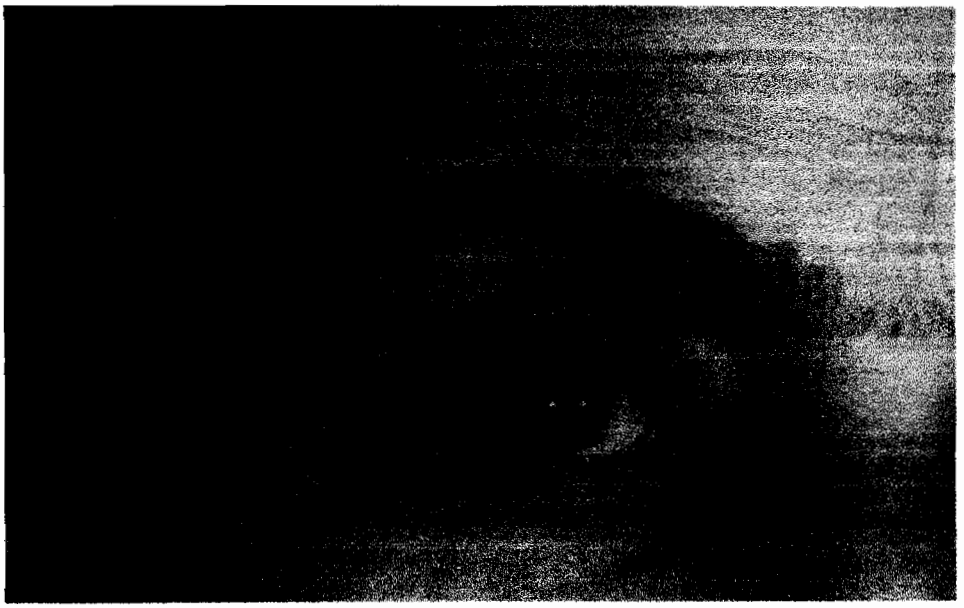


Figure 2. Scar condition in May 2002.

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EXAMPLES OF PORT-A-CATH USE