

Sodium Bicarbonate Therapy by Dr. Tullio Simoncini.

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<http://www.curenaturalicancro.com/index.php>

<http://www.cancerfungus.com/>

Dr. T. Simoncini, an oncologist in Rome, Italy has pioneered sodium bicarbonate (NaHCO₃) therapy as a means to treat cancer. The fundamental theory behind this treatment lies in the fact that, despite a number of variable factors, the formation and spreading of tumors is simply the result of the presence of a fungus.

Sodium bicarbonate, unlike other anti-fungal remedies to which the fungus can become immune, is extremely diffusible and retains its ability to penetrate the tumor, due to the speed at which the sodium bicarbonate disintegrates the tumor. This speed makes fungi's adaptability impossible, rendering it defenseless. The sodium bicarbonate solution is administered directly on the tumor, if possible. Otherwise, it can be administered by selective arteriography, which basically means selecting specific arteries through which the solution is administered, which subsequently dissolves the tumor.

Selective arteriography represents a very powerful anti-fungal weapon that is painless, leaves no after effects, and has very low risks. It is possible to reach almost all organs with a sodium bicarbonate solution, resulting in treatment that is harmless, fast, and effective.

Examples of therapy with sodium bicarbonate solutions

The fundamental reason and the motives that suggest a therapy with sodium bicarbonate against tumours is that, although with the concurrence of a myriad of variable concausal factors – the development and the local and remote proliferation of these tumours has a cause that is exclusively fungin.

At the moment, against fungi there is no useful remedy other than, in my opinion, sodium bicarbonate. The anti-fungins that are currently on the market, in fact, do not have the ability to penetrate the masses (except perhaps early administrations of *azoli* or of *amfotericin B* delivered parenterally), since they are conceived to act only at a stratified level of epithelial type. They are therefore unable to affect myceliar aggregations set volumetrically and also masked by the connectival reaction that attempts to circumscribe them.

We have seen that fungi are also able to quickly mutate their genetic structure. That means that after an initial phase of sensitivity to fungicides, in a short time they are able to codify them and to metabolise them without being damaged by them – rather, paradoxically, they extract a benefit from their high toxicity on the organism. This happens, for example, in the prostateinvasive carcinoma with congealed pelvis. For this affliction, there is a therapy with anti-fungins which at first is very effective at the symptomatological level but through time it consistently loses its effectiveness.

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Sodium bicarbonate, instead, as it is extremely diffusible and without that structural complexity that fungi can easily codify, retains for a long time its ability to penetrate the masses. This is also and especially due to the *speed at which it disintegrates them*, which makes fungi's adaptability impossible, thus it cannot defend itself. A therapy with bicarbonate should therefore be set up with strong dosage, continuously, and with pauseless cycles in a destruction work which should proceed from the beginning to the end without interruption for at least 7-8 days for the first cycle, keeping in mind that a mass of 2-3-4 centimetres begins to consistently regress from the third to the fourth day, and collapses from the fourth to the fifth.

Generally speaking, the maximum limit of the dosage that can be administered in a session gravitates around 500 cc of sodium bicarbonate at five per cent solution, with the possibility of increasing or decreasing the dosage by 20 per cent in function of the body mass of the individual to be treated and in the presence of multiple localisations upon which to apportion a greater quantity of salts.

We must underline that the dosages indicated, as they are harmless, are the very same that have already been utilised without any problem for more than 30 years in a myriad of other morbid situations such as:

- Severe diabetic ketoacidosis
- Cardio-respiratory reanimation
- Pregnancy
- Haemodialysis
- Peritoneal dialysis
- Pharmacological toxicosis
- Hepatopathy
- Vascular surgery

With the aim to reach the maximum effect, sodium bicarbonate should be administered directly on the neoplastic masses which are susceptible of regression only by destroying the fungal colonies.

This is possible by the *selective arteriography* (the visualisation through instrumentation of specific arteries) and by the positioning of the arterial *port-a-cath* (these devices are small basins used to join the catheter). These methods allow the positioning of a small catheter directly in the artery that nourishes the neoplastic mass, allowing the administration of high dosages of sodium bicarbonate in the deepest recesses of the organism.

With this method, it is possible to reach almost all organs; they can be treated and can benefit from a therapy with bicarbonate salts 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 fungi that can always be used against neoplasias, firstly because it is painless and leaves no after effects, secondly because the risks are very low.

Oropharynx cancer

The privileged anatomical position that is in contact with the outside allows a very easy perfusion of the neoplastic masses that are in the mouth and the tongue, on the palate and in the pharynx. The perfusions with sodium bicarbonate solutions are very concentrated and simply obtained with one-and-a-half teaspoons of the substance in a glass of water. The treatment, to be administered twice a day, goes on for 10 days. At the end of this period, the treatment is repeated once a day for another 10 days. After a week of rest and if some small residual neoplasia persists, the treatment is repeated.

In case of irritation, the administration of the bicarbonate can be alternated with one day of rest, and, in the presence of blood, by the administration of sodium chloride – that is, simple salt in water. If the epipharynx or nasal cavities are affected, it would be useful to prescribe inhalations and conjunctival instillations.

So far the therapy is easy. That, however, becomes more complex in a presence of a deeper neoplastic process, that is, when neoplasias gain grounds within the bodily structures. The impossibility to reach them from outside imposes an arteriographic treatment through the external carotid possibly associated with local infiltrations.

Stomach cancer

One of the tumours that are easiest to treat because of its easily reachable position through the mouth is that of the stomach. Patients I treated 20 years ago lived for a long time without mutilations. Some of them, among which a relative of mine, are still living. Administration and dosage: one teaspoon of sodium bicarbonate in one glass of water 30 minutes before breakfast and dinner for 15 days, then only in the morning for another 30 days, making sure that the patient assumes all the positions (prone, supine and lateral) so that contact with the salts is achieved with all the mucus of the organ. It may happen sometimes that the double daily administration may cause diarrhoea discharge; but suspending the evening administration should be able to solve the problem.

Generally after five to 10 days the blood in the feces disappears, digestion begins to normalise and the feeling of heaviness tends to regress with the result that the patient manages to gain weight. Everything is fairly simple, therefore, when the neoplasia – even of large dimensions – remains confined to the stomach wall and to some peripheral lymphonoids.

In the case when there is a visible spreading in the adjacent structures – especially in the ligaments – stomach cancer, as it is impossible to reach completely, becomes extremely difficult to uproot. The colonies, in fact, are not touched by the bicarbonate administered in the stomach and work as a receptacle for a more marked proliferation where they cannot be attacked. They become the reference position of all the others, sustained in the fight for survival by those elements of biochemical solidarity that are at the basis of the formation and of the progression of the masses.

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To better understand this concept, one can imagine a great spider web formed by voluminous aggregates in the corners, and elements of linear connection that join them and that work as communications means between the cells. When an element, an aggregation or a great part of the structure is attacked, the alarm signals move from the more exposed colonies to those which remain outside of the field of any toxic substance so that their defence reactions can be activated and increased without limitation.

Furthermore, through the porous cellular network, a displacement of nuclear elements from each cell towards a non-endangered location takes place, with the result that a greater concentration of noble reproductive structures can work undisturbed, even having the time to perform genetic changes in function of the noxious agent.

It is in this way that all forms of resistance to drugs and to other compounds (including bicarbonate) is developed, even though when it come to the latter the adaptation is to be conceived in terms of resistance to the low dosage used in the therapy.

The biological reactive network therefore explains the phenomena of communication and defence between the aggregates, cells and spores that are even quite distant from each other. It also explains the mechanism of the metastases, which are nothing but new fungin masses that have colonised an organ after departing and being fed by the mother colony.

Assuming, however, that the spider web is widespread and that it touches many organs, one can ask why metastases are produced gradually, first in one organ and then in another, and so on. The explanation consists in the fact that, as long as a tissue has integrity and tone – that is, it is reactive – no fungin rooting is possible. When it weakens, for the most various causes and for the progression of the disease, beyond a certain limit it becomes more attackable and thus it can be colonised. This is the reason why the main causes of metastasis are often the official therapies, as they produce such tissual suffering as to render those tissues defenceless to the fungi.

Going back to the stomach cancer, the points that are less accessible for the therapy with bicarbonate are the ligaments, starting points for the defence and the regeneration of the colonies. If, besides the ligaments there is also an involvement of other organs, especially the liver, it all becomes even more difficult.

It is therefore appropriate to treat the stomach tumour as soon as possible and with the greatest possible intensity in order to uproot it completely and once and for all before it is able to get itself “organised”. The positioning of a catheter in perigastric location and an arterial one in the celiac tripod through which it is possible to administer the bicarbonate directly on the fungin masses can allow the regression of the disease even in complex cases.

Liver cancer

All types of organic tissue, both primitive and metastatic, are reachable through selective arteriography by utilising a catheter positioned in the hepatic artery through which it is possible to administer 500 ccs 5 % solution daily, possibly associating it with oral intake. The regression always takes place if there is a sufficient quantity of working hepatic parenchyma – at least 30 % -- even in the presence of an infection from hepatitis virus. The life expectancy is in function of the size of the masses and it can constantly increase as treatments are repeated through time up to the restoration of normal life conditions. Normally the therapeutic scheme includes a cycle via artery of 6-7 days, to repeat each 3-4 weeks during which, in the intercalary periods, a teaspoon of bicarbonate dissolved in water is taken on an empty stomach during the rest day. Although rare, side effects occurring during the therapy are:

- *Elevation of body temperature up to 38 ° C, in some cases up to 39°*
- *Cephalaea*
- *Moderate hypertension/hypotension events*
- *Pain in the hepatic area, caused by the action of bicarbonate in the presence of hemorrhagic elements*
- *Urinary retention*

All the symptoms described above caused by the bicarbonate that immediately disintegrates the masses regress in a short time – about 30-60 minutes – through abundant oral hydration or with the administration of phleboclyses that dilute the catabolites. The phleboclyses contain 10 % glucose solution with the addition of potassium chloride and physiological solutions. In addition to the above therapeutic scheme, sometimes to attack a mass that does not regress fast enough, it may be useful to position a small catheter directly inside the neoplastic mass in which we can infuse the sodium bicarbonate. If appropriately treated, liver cancer regresses in a very high percentage of cases (90%) with equally elevated final recovery rates (70-80%). The exceptions are cases where all or a vast part of hepatic parenchyma (the hepatic matter) has been replaced by the neoplastic masses.

Peritoneal carcinosis

Almost all the neoplasias of the abdomen can expand either because of contiguity or after surgical intervention in the peritoneal cavity, and gradually spread in all possible directions. Stomach, intestine, pancreas, bladder, prostate, uterus and ovaries are the organs from which most frequently takes place an expansion in the cavity with possible formation of ascitical liquid of the neoplastic type. In fact, once the fungin colonies penetrate in the peritoneal serosa and they get used to metabolising it, there is no more obstacle to their advancement. In this way, the phenomenon of carcinosis takes place – a morbid event that is outside the range of any conventional therapy.

Conversely, the method of therapy that I propose, as it is based on the filling of the cavity with bicarbonate solution, is able to reach the fungin masses in their totality and it turns out to be extremely effective in their destruction. The method consists in the positioning of a transdermal catheter in the abdomen through which the invaded tissues are abundantly

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irrigated for about 30-40 days after draining the pre-existing liquid. For the first three days, 300-400 ccs of sodium bicarbonate 5 % solution are introduced and left inside the peritoneal cavity. This is drained the day after before the new administration. For the following 12 days, the dosage is lowered to 100-200 ccs of solution, to be drained 1-2 hours after the treatment. The procedure is repeated from the 15th to the 30th-40th day with a cadence of one day on and two off. The dosages described above are to be considered indicative, as they change in function of the response, of the weight of the body and by the side effects that may take place.

Flatulence and feeling of fullness that often already exist as well as more or less marked pain are almost constant symptoms, especially in the first days. But the symptoms sharply regress as the therapy proceeds. Hypertensive or hypotensive episodes as well as thirst and lack of appetite complete the picture of possible undesirable side effects. The most serious complication may be the development of an infection inside the cavity, generally caused by the lack of a thorough daily medication of the catheter and the bandages. If this occurs, it must be immediately treated with high dosages of intramuscular antibiotics which can resolve it in a short time. In the presence of carcinoses of large dimensions, an intervention for the resection of the masses is to be performed with the purpose of “lightening up” the abdominal cavity and making the action of bicarbonate more effective.

Intestinal cancer

The choice of the treatment to perform with sodium bicarbonate depends on two factors: the size of the mass and the depth of infiltration in the intestinal wall. In the case when the neoplasia – regardless of its shape – is all inside the intestinal lumen, the most effective method to attack it is colonoscopy, through which it is possible to administer 150-200 grams of sodium bicarbonate in two litres of luke-warm water, going as far as the ileum-caecal valve.

Even when within a few days the masses regress conspicuously, it is best to program from seven to nine session for a period of three to four weeks, keeping in mind that the first ones must be first together to have an immediate effect, and that the last ones are for the purpose of consolidation.

The possible crossing beyond the intestinal wall, or the simultaneous presence of a hepatic metastases impose a specific therapy for these organs as well. During or after each session with bicarbonate salts, temporary episodes of diarrhoea can take place, but this is not cause for the interruption of the therapy; at most, it may be appropriate to pause for some days.

Under certain dimension, and that is if the tumour has not completely invaded the intestinal lumen to the point of sub occlusion or occlusion, the endoscopic treatment turns out to be very efficacious for obtaining the regression of the masses. Where, instead, there is an extreme situation or the simultaneous presence of other synchronous tumour, that is, existing in other sections of the intestine, and where it would be very difficult to reach after passing the first mass, then in such cases surgical intervention is indicated, as it saves the performance of the canalization down to the anus.

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This is possible through terminal or lateral anastomosis (terminal – terminale o latero – laterale) of the resected stumps, later treated both in the surgical theatre and through post-surgical draining with local and regional administration of sodium bicarbonate capable of preventing the formation of possible local or hepatic relapses.

When tissues are more vulnerable in the cicatricial points where reactivity equals zero, or at the hepatic level because of the toxic effects of the anaesthesia, the treatment with bicarbonate prevents that fungin regermination that most of the time causes a return of the disease impossible to tame. The indications for prevention in this case are the same as those for the therapy of peritoneal carcinosis.

Cancer of the spleen

The only efficacious method is selective arteriography of the splenic artery. This provides excellent results immediately and in general does not cause troublesome side-effects. Next to the spleenectomy, which is the conventional chosen treatment, not only does it spare the organ, but it also prevents the possible neoplastic propagation at the hepatic or systemic level. In any case, even if surgical intervention is chosen, a preventive measure applied locally and generally with sodium bicarbonate turns out to be extremely efficacious to impede a return of the neoplastic pathology.

Tumour of the pancreas

Here too, the arteriographic therapeutic approach applies, although sometimes the side-effects are more disturbing than they are for the spleen. During the first infusions, in fact, the nausea and heaviness episodes are more acute, as well as the pain felt at the moment of the infusion at the pancreatic artery because of its small diameter, which causes reactions due to its temporary, forced stretching.

One positive element of reaction which indicates the quick sensitivity of the colonies to sodium bicarbonate is the fact attenuation of the existing dorsal pain. Sometimes when surgical or biliar interventions have been performed, it may be that anomalous vascular conditions have occurred. In this case, arteriographic therapy may not be very efficacious. The crossing of the colonies in adjacent tissues or in the liver imposes a specific therapy even for these pathological conditions.

Bladder tumour

The therapeutic approach depends on the anatomical configuration of the neoplastic invasion. That is, on whether the tumour is limited to the internal walls or if it goes over into the pelvic cavity. In the presence of carcinomas that are superficial or partially infiltrating, it is sufficient to administer bicarbonate solutions directly in the bladder through a catheter and also by administering an oral therapy of one teaspoon in a glass of water on an empty stomach to obtain very positive results almost all the time. In general, after two or three days and also in the presence of large projecting masses, we can observe a regression of the painful symptomatology and, if present, the elimination of hematuria episodes.

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Dosage: 150-200 cc through catheter for four consecutive days, then every other day for two weeks, then one day on and two off for two further weeks, taking care of suspending for one or more days in the presence of evident pain or erythrocytaria diapedesis. The vesicle epithelium, in fact – burdened by the disease or by previous endoscopic instillations of mythomicine or other drugs – demands, because of its suffering condition, particular attention and vigilance. That means a continuous therapeutic modulation in function of the subject.

In the case of pelvic overflow, both selective arteriography and abdominal catheters are indicated, through which it is possible to attack the masses in a concentric and conclusive way. Sometimes a neoplastic affliction of the urethras may be present, and that is very difficult to perfuse with sodium bicarbonate solutions through the vesicle catheter. In this case, the position of a transdermal catheter in the afflicted urether – that is, a nephrostomy – allows the reaching and the destruction of those masses missed by the sodium bicarbonate. Vesicle tumours are very sensitive to the action of sodium bicarbonate, which almost always causes the regression of the masses.

Prostate tumour

If there has been no surgical operation, it is possible to attempt firstly to treat the neoplasia through urethral catheters which allow the spreading of the saline solutions inside the prostatic lobes through the ducts. To this it is possible to associate periglandular infiltrations implementable transrectally by utilising very long needles of the type used for amniocentesis.

Where it is not possible to treat the mass adequately or in the presence of post-surgical relapse, the administration of sodium bicarbonate to be repeated in cycles of 6-7-8 days per month directly in the pudendal artery generally turns out to be extremely effective. In the presence of a concomitant invasion of the pelvic cavity, it is possible to adopt the same therapeutic scheme used for peritoneal carcinosis, that is, by using a small catheter to position inside the abdomen and close to the mass.

Possible bone metastasis, instead, requires a completely different therapeutic approach, which depends on both the number and location of the lesions. If the lesions are not numerous, it is appropriate to program for each one a cycle of targeted radiotherapy, supported by administrations of 500 cc sodium bicarbonate phleboclyses, to perform after each session with the purpose of preventing a further germination and spreading of fungin cells.

Each physical treatment that destroys neoplastic matter, in fact, implies the simultaneous destruction of a quota of the tissues of the host. It is this cellular death that works as both bait and lifesaver for the fungin cells which manage to survive by nourishing themselves with the decomposing tissues. Radiotherapy, laser therapy or thermo-ablation generally fail for this reason, as they leave at the periphery of the treated area those cellular units that are able to vigorously resume the proliferation once the treatment is over. Of this I am convinced because I have studied in depth the behaviour of the fungin colonies, especially during the first years of application of my method of therapy. In the presence of epithelial tumours, I even tried to burn them with instruments that were red hot, and well beyond their dimensions. But it was useless.

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After just 10-20 minutes, I was observing fungin cells at the periphery of the burn that were more vital than ever.

Pleura tumour

There is no doubt that primary or secondary pleuric neoplasias are amongst the easiest to treat with the therapy method I propose, as I have observed in almost all the cases the complete regression of the disease unless in the presence of a previous pleurodesys intervention. Method: After the positioning of an endopleuric catheter with the ecographic guide and after the drainage of the existing liquid, administer 150-200 ccs in the cavity for three consecutive days, then on alternative days for 12 days. From the 15th to the 30th day, administer 100-150 ccs and drain after one hour – this to be performed one day on and two off.

Normally, after the fourth-fifth day, the hemothorax – if it was present – disappears, and after 10-15 days (except in some rare cases) it is no longer necessary to aspirate liquids, as the pleura has gone back to normal. Much attention is to be paid to the medication of the gauzes and of the catheter, as both can become very dangerous sources of infection and of pleuric empyema – an episode that can occur also in the case when too elevated dosages of salts are administered.

Tumour of the limbs

There is a great variety of tumours that develop in the upper and lower limbs. The tumours are both primary and metastatic. Osteosarcoma, Ewing's sarcomas, condrosarcomas, and others mainly belong to a juvenile pathology while the metastatic types concern more adult pathology. The attempt to destroy them consists in sodium bicarbonate solution at five per cent in doses that are proportional to the weight of the patient. This is achieved through the application of catheters in the arteries in the afferent arteries to each limb. All the masses downstream of the application point generally regress almost completely, even though in some cases the effects of the therapy become visible only three to four months later when, that is, the tissue re-absorption and reshaping phenomena are almost completed.

The only real problem with this therapy is that the arteries of a young patient are of small cross-section, and that means that for each administration the solicitations and the stretching of the *nerva vasorum* produce a steady, painful symptomatology. The symptoms, however, are temporary, and concern only the period of administration. Nevertheless this sometimes forces the suspension of the treatment for one or two days.

In the case of bone metastasis, it is possible to obtain an almost complete remission of the painful symptoms by performing direct percutaneous infiltrations on each lesion. This can be done by leaving a cannula needle in contact with the bone.

Brain cancer

All brain tumours both primary and metastatic in general regress or stop growing after the therapy with sodium bicarbonate at five per cent. For the first cycle the therapy is to be performed for at least six to eight days because under six days the disease starts again in a

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relatively short time and often becomes irreversible. The administration of the solutions takes place through sequential catheterisation of the two internal carotids and of the Willis' Circle with 150 cc in each area. In this way the total perfusion of the encephalus is obtained. The perfusion must always be quantitatively modulated in function of the location of the largest masses.

So, for example, if there is one mass in the right frontal area, it is appropriate to deliver 250 cc of solution in that anatomic compartment while the remaining 250 cc are subdivided in the other two vascular areas. During the infusion, the patient is awake and he is actually the person who dictates rhythm and speed, because the slightest vascular solicitation is sensed immediately. The therapeutic scheme is based on the dimensions of the masses; the larger they are, the more they need additional cycles delivered arterially. The dimensional limit of 3-3.5 cm within which a rapid shrinking of the masses is possible turns out to be a determining factor.

Instead, when masses greater than 4-5 cm have to be treated or in the presence of multiple locations in all hemispheres it is necessary to increase the number AMOUNT? and frequency of the cycles of therapy.

An ever-present side effect during the therapy is thirst. A general but momentary sense of pain as well as tachycardiac events represent the most common symptoms.

In cases where the masses are very large or in the presence of a diffused meningeal carcinosis, after the first treatment sessions it is possible to observe a loss of mental performance which, although sometimes is acute and persists for several hours, completely disappears after treatments.

Lung cancer

In general, this neoplasia responds very well to the therapy with sodium bicarbonate five per cent, which is implemented through arteriographic transcatheter positioned in the pertinent pulmonary artery. This allows the administration of the optimal doses against the mass or masses.

An eight to nine day cycle is sufficient to either or cause the regression of the disease. However, when the mass is present in the bronchial lumen as well, it is appropriate to program a cycle of at least 4 to 5 bronchoscopies through which it is possible to percolate in the bronchial airway from 30-50 ccs of bicarbonate solution, to be left in location. Already after the first treatment it is possible to notice a reduction of the bronchial stinosis and edema with evident improvement in symptoms.

Aside from possible generic symptoms ties to the administration of bicarbonate, the therapy is always well-tolerated and presents no problem except when the hyper-alkaline environment caused by the infusions favours the development of some bacterial stock which demands immediate treatment with antibiotics. This applies especially in heavily debilitated patients. When the pleura or other organs are involved, anti-tumour therapies that are specific to each anatomical area must be applied.

Breast cancer

If the cancer is of small dimensions, deep peri-lesion infiltrations may be sufficient. The infiltrations must be performed after local anaesthesia by associating intravenous phleboclysis For 400-500 ccs on alternate days for a month. If the mass is large it is also necessary to apply a catheter to the internal mammary artery through which to infuse the sodium bicarbonate five per cent solutions directly on the neoplasia with six to seven days cycles.

Aside from a light soreness there are no significant side effects. As can be noted, we are talking about harmless and quickly effective methodologies that are capable of preventing surgical intervention. These methods should be always attempted in any case, even when there is doubt as to the final result, since they give positive responses in a short time without compromising the possibility of other therapeutic approaches.

The issue becomes more complex instead when in the presence of other organs that have been metastasised and that involve additional therapies of the colonised tissues and that complicate any possible future positive outcome. In every case – even in the presence of a diffused neoplastic disease the bicarbonate therapy always attenuates the para-neoplastic painful symptoms, thus increasing both the quantity and the quality of the life of the patient.

If the patient is uncertain about what to do or if she has a propensity to partial or total surgical intervention, a backup treatment with sodium bicarbonate administered through phlebo or mouth is always appropriate, as it is capable of preventing and countering the metastatization of other organs (brain, liver, bones), which is very frequent with this type of neoplasia.

Skin cancer and Psoriasis

All skins cancers are always caused by Candida fungus which has adapted itself to metabolising the most proteinaceous constituents of the epidermis and that therefore only rarely can it be treated with sodium bicarbonate solutions.

For epithileomas, basaliomas and melanomas, the treatment to choose is iodine solution at seven per cent, as it is capable of precipitating the proteins of the body of the fungus and destroying them completely in a short time. If the lesions are fairly small, they must be painted with the solution 10-20-30 times twice a day for five days and then once for another ten days so that they become very dark. When the eschar is formed and it is higher than the epidermic plane, it is necessary to continue to paint under and above it, even if at first a strong pain is sensed. This very same operation must be repeated for the second eschar that is formed. At this point, the lesion may be considered destroyed, because after the third cycle it is possible to reach the centre of the neoplasia, where the colonies try to resist to the last.

In the presence of a tumour of large dimensions, before performing the treatment with iodine solution, it is necessary to perform a cycle of subcutaneous infiltrations with sodium bicarbonate at five per cent under the lesion for the purpose of liberating the tissue from the possible invasion of the deep planes and of the basal lamina. If this is not done, we risk that the fungus, once

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destroyed at a superficial level, will defend itself by trespassing into those levels where a conclusive action of the iodine solution is impossible.

In cases where the tumour has invaded a cutaneous-mucous transitional zone like the anus, eyelids, vagina or mouth, it is necessary to perform a preliminary treatment of the mucous area with bicarbonate and then, after the elimination of the colonies existing there, proceed to treat the cutis with iodine solution.

It is appropriate to highlight that the same type of therapy is to be applied also to psoriasis and to the known fungin afflictions.

In fact, the difference between cutaneous mycosis, psoriasis and tumours consists only of a variation of aggressiveness and thus of depth of rooting, since the causal agent is always the same: a fungus. Sometimes for the therapy, other corrosive salts can be used in function of the location in the body. What is certain is that dermal ointments and lotions are effective only rarely.