

## Caesium Chloride MSDS

The use of cesium chloride for high pH therapy was first advanced in the 1980s

### *General*

Synonyms: cesium chloride, cesium monochloride, caesium monochloride

Molecular formula: CsCl

CAS No: 7647-17-8

EC No: 231-600-2

### *Physical data*

Appearance: colourless crystals

Melting point: 646 C

Boiling point: 1303 C

Vapour density:

Vapour pressure:

Specific gravity: 3.988

Flash point:

Explosion limits:

Autoignition temperature:

Water solubility: very soluble

### *Stability*

Stable; Deliquescent; incompatible with strong oxidizing agents and strong acids. Protect from moisture.

### *Toxicology*

Not hazardous according to Directive 67/548/EEC.

### *Toxicity data*

IPR-RAT LD50 1500 mg kg<sup>-1</sup>  
ORL-RAT LD50 2600 mg kg<sup>-1</sup>  
ORL-MUS LD50 2306 mg kg<sup>-1</sup>  
IVN-MUS LD50 910 mg kg<sup>-1</sup>

### *Personal protection*

Minimize exposure.

### *Safety phrases*

S26; S36

### *Pharmacology*

Cesium, a naturally occurring alkaline element has been shown to change the cancer cell in two ways:

- Cesium limits the cellular uptake of glucose, which starves the cancer cell and reduces fermentation.
- It raises the cell pH to approximately 8.0. This neutralizes the weak lactic acid and stops pain within 12 to 24 hours. A pH range of 8.0 is a deadly environment for the cancer cell, which dies within a few days and is absorbed and eliminated by the body.

Some bodies are not able to increase the pH of their cells more than a couple of tens. This is often due to the body trying to remain acidic in order to extract calcium from food. Many people are calcium deficient. It can be very difficult for the body to assimilate calcium because a large collection of minerals must be taken at the same time.

### *A Different Theory*

Another theory regarding the operation of cesium chloride is that it selectively targets tumor cells because many or most types are anaerobic. Anaerobic cells need many times more glucose than normal cells. In order to get more glucose into the cancer cells, the

sodium-potassium (Na-K) pumps on the cell wall must run 20 times faster, pumping more sodium out and more potassium in. Cesium acts like potassium so the Na-K pump brings lots of it into the cells. However once in the cell, cesium cannot get out, because it blocks the potassium channels through which potassium usually leaves. Cesium buildup then kills the cell by uncertain mechanisms.

### *Effectiveness*

There is no information that suggests that Cesium chloride is less effective on one type of cancer than another.

Mass spectrographic and isotope studies have shown that potassium, rubidium, and especially cesium are most efficiently taken up by cancer cells. This uptake was enhanced by Vitamins A and C as well as salts of zinc and selenium. The quantity of cesium taken up was sufficient to raise the cell to the 8 pH range. Where cell mitosis ceases and the life of the cell is short. Tests on mice fed cesium and rubidium showed marked shrinkage in the tumor masses within 2 weeks. In addition, the mice showed none of the side effects of cancer.

### *Dosage and Ease of Use*

Cesium chloride should be taken in ionic form for best results. The range of doses should be tailor made for each patient. It can also be given transdermally.

Cesium chloride and a high pH diet cause potassium depletion. Therefore, it becomes necessary to supplemented with potassium. Most potassium supplements supply 100 mg of potassium. One banana supplies 500 mg of potassium.

Proponents of cesium chloride suggest a dosage of 1-6 g/day. Most patients take 3 g a day always with food.

Breakfast:

Cesium chloride (1 gram)

Vitamin C (1000 milligrams)

Zinc (25 - 30 milligrams)

one potassium capsule as prescribed by a physician

Lunch:

Vitamin C (1000 milligrams)

Dinner:

Cesium chloride (1 gram)

Vitamin C (1000 milligrams)

Before bed after eating 2 slices of bread:

Cesium chloride (1 gram)

Vitamin C (1000 milligrams)

The minimal dosage for curative action has not been determined. It has been observed by several physicians that the administration of 0.5 g per day of CsCl will actually enhance the rate of tumor growth. This is to be expected, since this low amount is sufficient only to raise the cell pH into the high mitosis range. The data so far reveal that any quantity of 3.0 g or above will be effective.

People who change their eating habits greatly increase the effectiveness of the supplements they take.

*Ph not rising enough - the Calcium Connection*

Some people are not able to increase their pH more than a couple of tens. This is often due to the body trying to remain acidic in order to extract calcium from food. Many people are calcium deficient. It can be very difficult for the body to assimilate calcium because a large collection of minerals must be taken at the same time.

*Side Effects*

Cesium chloride is not considered toxic. However, the acute and chronic toxicity of this substance is not fully known. Consuming large amounts of cesium could result in nausea and diarrhea. Based on results of animal studies, women who are pregnant or breast-feeding should avoid taking cesium chloride supplements.

In a small number of people, Cesium Chloride has been linked with ventricular tachycardia, a rapid and irregular heartbeat that can lead to sudden cardiac death.

A side effect which occurs in some cases, especially those who have had stomach ulcers, is nausea. This side effect occurs far less often with the 3.0 g per day dose than for 6.0 g dose which is recommended by some of the more aggressive therapists.

Cesium chloride and a high pH diet cause potassium depletion. Therefore, it becomes necessary to supplemented with potassium. Most potassium supplements supply 100 mg of potassium. One banana supplies 500 mg of potassium... Cesium chloride stays in the body for a couple of months after discontinuation of use. For that reason a person should continue potassium supplementation for a couple of months after stopping cesium chloride treatment.

### *Compatibility*

There is no known conflict between cesium chloride and other medications or supplements. However, there are no known studies to determine compatibility.

The 'Stage IV' treatments *SHOULD RARELY BE COMBINED*, except in a clinical setting. The exception to this is electro-medicine, which generally can be used at any time. Combining treatments can be dangerous because the dosages for these treatments are established based on the ability of the body to rid it of dead cancer cells. By combining the above treatments at home, the number of dead cancer cells could be far too high. There are a few exceptions to this general rule.

