

## Cesium Protocol

Cesium is a mineral salt that limits the cellular uptake of glucose; this starves the cancer cells and reduces their growth. Cesium also increases the cells' pH to approximately 8.0. A pH range of 8.0 produces an environment that slows cancer cell growth. It may even promote cancer cell death.

Two ounces of liquid cesium (3.0 grams) is the recommended dose for most adults. We recommend taking a one ounce serving (approximately 1 tablespoon or 3 teaspoons) twice daily. If possible, take these two doses of Cesium 10 to 12 hours apart. For example, if you take the first dose at 8:00 AM, take the second dose at around 8:00 PM or so.

Patients on the Cesium Protocol should test the pH of their saliva weekly. The goal for optimal health is for the pH to be between 7.0 and 8.0. Dr. Wycoff may instruct you to take a larger amount of cesium if your pH falls outside the optimum range. Test strips for saliva pH testing are available at Wycoff Wellness Center.

Because liquid cesium is so salty, it is best to mix it with vegetable juice before ingesting it. Mix it with "Low Sodium V-8 Juice" or, better yet, mix it in your own vegetable juice that you made by juicing. When cesium is mixed with 6-8 ounces of "Low Sodium V-8 Juice," it tastes like regular V-8 Juice.

Liquid Cesium leaches potassium from the body system. This leached potassium must be replaced by taking a potassium supplement. We will typically provide you with a prescription for a potassium supplement, such as Micro-K. Patients who are taking any type of heart, blood pressure, or diuretic medication, will need to have their electrolyte levels (sodium and potassium) monitored by blood tests.

In order to help your body achieve and maintain the appropriate pH balance while taking cesium it is important that your body receives the proper nutrition. Please refer to the Diet Protocol for details.

# Cesium

## Frequently Asked Questions

### 1. How does cesium therapy work?

The key to understanding how cesium works lies in the chemistry of a cancer cell. In 1925, German Nobel Laureate Dr. Otto Warburg published his ground-breaking paper establishing that cancer cells use a different form of chemistry to produce energy more than normal healthy cells. In a healthy cell, oxygen can move freely across the cell membrane as can glucose (blood sugar). Oxygen is used in a healthy cell to “burn” glucose and create energy. This process is called cellular respiration.

Warburg discovered that a cancer cell is anaerobic (meaning without oxygen) – it has somehow manipulated its membrane to keep the oxygen out. In the absence of oxygen the glucose cannot “burn”; thus the cell reverts to a more primitive state and generates energy through a process called “fermentation.” During the process of fermentation, the cancer cell produces lactic acid. It is the lactic acid produced through this process that causes the often intense pain associated with cancer. Lactic acid reduces significantly cellular pH.

Lactic acid also breaks down the DNA and RNA in a cell that controls normal cellular growth. As a result, the cancer cell rapidly duplicates itself, growing out of control. The lactic acid also turns the cancer cell to acidic (lower pH). It is this fact that is of critical importance. The reason it is so important is that fermentation cannot take place in the alkaline environment characteristic of a healthy cell.

You may recall from your high school chemistry class that the acidity or alkalinity of a substance is expressed as a “pH” number. The pH of a substance is measured on a scale ranging from 0 to 14. A pH of 7 is considered neutral while numbers above 7 indicate a substance is alkaline and numbers below 7 indicate it is acidic. A healthy cell has a slightly alkaline pH of between 7.35 and 7.4 and is always maintained at this level by the body’s extensive buffering system. Since fermentation destroys the cell’s control mechanisms, (i.e. DNA and RNA), the cancer cell, as a consequence of the lactic acid produced, grows acidic, resulting in a lower pH (initially around 6.5) than a healthy cell. The fermentation process that cancer cells need to survive and multiply cannot take place in an alkaline environment. Therefore if it were possible to raise the pH of a cancer cell to make it alkaline, it could potentially destroy the cell.

Initial efforts to develop a cancer therapy based on Warburg’s discovery focused on attempts to put the excluded oxygen getting back into the cell. Methods attempted included the use of ozone and hydrogen peroxide. These efforts failed because, while the oxygen did enter the blood stream, it did not penetrate the cell.

Something else was needed. It was at this point that cesium entered the picture.

Cesium is a naturally occurring mineral with the atomic number 55 on the periodic table of elements. It is also nature’s most alkaline mineral. A brilliant physicist, A. Keith Brewer Ph.D.,

the former Director of the National Bureau of the Standards Mass Spectroscopy Laboratory, discovered that cancer cells had an affinity for cesium. This fact is the reason that a radioactive isotope of cesium is commonly used as a marker to track the movement of conventional chemotherapy drugs into a tumor. Introducing substantial amounts of cesium into the body, he reasoned, might cause a cancer cell to absorb enough to change its pH and disrupt the fermentation process it needed to stay alive.

After extensive testing, Brewer determined that cesium or rubidium, which is the next most alkaline mineral, could raise the pH of cancer cells. Ultimately he focused on cesium because it was the more alkaline of the two. The question, however, was to get enough cesium into the cancer cell to change its pH. Brewer determined that there were a number of vitamins and minerals that greatly enhanced the absorption of these elements by malignant tissue. By administering these substances in conjunction with the cesium, the level of the minerals absorbed was sufficient to kill cancer cells. This occurred because the cesium – now present in the cancer cell – proceeded to alkalize it. This happens to be the equivalent of oxygenating the cell, as there is a relationship between alkalinity and oxygenation. In practical terms, the cesium raises the pH of the “unprotected” cell to 8.0 at which level cell mitosis (growth) ceases and the life of the cell is at most a few days. This protocol became the basis for the “High pH Diet Therapy.”

## **2. What evidence is there that the Cesium Protocol (High pH Therapy) works?**

### **ANIMAL EXPERIMENTS**

Beginning in 1979, Dr. Brewer began a series of experiments to prove his theory. He had already directly observed the effects on cells in vitro (outside the body). The next stage was to demonstrate the same response in animals. The first animal experiments to establish the efficacy of Dr. Brewer’s High pH Therapy (Cesium Protocol) were conducted at three universities using mice as test animals. As noted earlier, Dr. Brewer had considered both cesium and rubidium as candidates for this treatment. The initial experiment employed rubidium.

The first animal study was conducted at the American University in Washington, D.C. in 1979. In this trial mice were implanted with 2 millimeter cubes of mammary tumor.

The resultant tumors were allowed to grow for eight days. The test animals were divided into two groups and fed a normal diet. Half of them, however, were also given 1.1 mg of rubidium carbonate by mouth. After thirteen days, the mice were killed and measurements were taken of the tumor growth. Researchers found that the tumors in the mice that had been given rubidium carbonate were only 9 percent as large as those animals that had not been given the mineral. In addition, the mice who had been administered the rubidium showed none of the ravages normally associated with cancer.

Dr. Marilyn Tufte of the Department of Biology at the University of Wisconsin in Platteville conducted a second series of tests in which mice received subcutaneous implants of colon carcinoma cells. After the tumors were established, cesium carbonate, zinc gluconate and vitamin A were administered to the test animals. Dr. Tufte observed a 97 percent reduction in tumor growth using this approach.

Dr. A. Messiha and Dr. F.S. El Domeiri of the Texas Tech University Medical School at Lubbock conducted a series of experiments in 1981 in which mice were implanted with

Sarcoma-1 tumors and then administered cesium salts. Their research demonstrated that this form of the mineral was the most effective for both suppressing the growth of tumors and shrinking them.

Despite their encouraging results, the animal experiments, however, were only a start. Therapies that show promise in animal tests do not always prove effective in humans. The next step, therefore, was to test the High pH Therapy in humans.

## HUMAN TRIALS

A series of U.S. clinical trials of the High pH Therapy were initiated in 1981. Dr. Brewer described the results of one of these trials in a 1984 article published in the journal, *Pharmacological Biochemistry and Behavior*. They were, to say the least, astounding.

In the abstract of the article, Dr. Brewer writes, “tests have been carried out on over 30 humans. In each case the tumor masses disappeared. Also, all pains and effects associated with cancer disappeared within 12 to 36 hours; the more chemotherapy and morphine the patient had taken, the longer the withdrawal period.”

Another human trial had similar results. That U.S. trial involved 50 cancer patients. All but three of the patients suffered from generalized metastatic disease, and all but three had received various standard cancer therapies such as surgery, radiation and chemotherapy. All of the patients were considered terminal.

Due to their poor condition at the time of the High pH Therapy was initiated, thirteen of the initial group died within 14 days – some only two days after arrival. Since these patients had exhausted all other avenues of treatment prior to initiating the High pH Therapy, this result was not particularly surprising. Yet even among the patients for whom the High pH Therapy simply came too late, post-mortem examinations revealed that a substantial shrinkage of tumor mass had occurred. Further, all patients demonstrated a significant reduction in pain within 12 to 24 hours of initiating the therapy.

What was remarkable, however, is what happened to the rest of the subjects. Again, and I cannot emphasize this too strongly, these were all patients who were supposed to die. They had exhausted every other alternative. Some were even in a coma. They had no hope, no chance for survival. But, despite the dire prognosis, half of them did in fact survive.

Although further formal research in the United States was halted shortly after the second human trial was concluded, thousands of individuals have employed the High pH Therapy to fight their cancer. They provide a powerful testimony to its effectiveness as well as a compelling rationale for further formal research.

### **3. If cesium is so good, why hasn't the medical community adopted it?**

In the end, in my opinion, it gets down to a question of power, prestige and profits. The medical establishment, multi-national pharmaceutical companies and government regulators have little interest in promoting a therapy that is inexpensive, simple to administer and essentially non-toxic. Cesium is a naturally occurring, abundant mineral. The U.S. Geological Survey estimates world reserves of cesium are around 100 million tons, 70 percent of which are found in Canada.

A typical course of therapy employing cesium would cost at most several thousand dollars, a mere fraction of the \$300,000 to \$600,000 price tag for a course of conventional chemotherapy.

Also, it is not necessary for a patient to undergo lengthy and expensive hospitalization to employ the High pH Therapy. Depending on the severity of the disease, it can either be taken orally at home, or administered intravenously in a doctor's office. Intravenous administration, however, is not available in the United States.

The High pH Therapy's lower cost, though, is not the only reason it is so vehemently opposed by Big Medicine.

The medical establishment has long opposed the use of any therapy they could not control. This opposition even extended to well-researched treatments such as Krebiozon and most recently, Dr. Stanislaw Burzynski's antineoplastons. Indeed, the past century is replete with examples of Big Medicine crushing anyone who refused to submit to their control. (For more information, read *Cancer Cover-Up* available from Cassandra Books at [www.Cassandrabooks.com](http://www.Cassandrabooks.com)).

It is also important to recognize that the basic premise of the High pH Therapy – to attack the cancer, not the whole body – runs counter to the concept underlying most chemotherapy. Although recently there have been some efforts to “target” cancer cells, most chemotherapy drugs acts indiscriminately, attacking the whole body. This is why treatments are accompanied by such terrible side effects. For many patients the treatment is worse than the disease! In demonstrating that it is possible to destroy cancer cells selectively, the High pH Therapy reveals the fatal flaw that has been on integral part of most cancer treatment and research for the past three decades.

A final point is that the regulatory establishment has an enormous interest in maintaining the status quo. Fees from multi-national pharmaceutical companies comprise a substantial portion of the FDA budget. Senior FDA officials routinely leave government for lucrative jobs with the huge multi-national drug companies. These same multi-national drug companies are among the largest contributors to the political campaigns of politicians who set the nation's health care agenda. It is small wonder that regulators are loath to do anything that might threaten the existence of their cash cow.

In short, by providing a lower cost, non-toxic and uncontrollable alternative to conventional cancer treatments, the High pH Therapy threatens the stranglehold that the medical establishment, the huge multi-national drug companies and government regulatory agencies has over your medical care. This is a threat they cannot ignore.

#### **4. When should I start this protocol?**

It is vitally important to begin the protocol as soon as possible. A basic fact about all forms of cancer is that early detection and treatment greatly improves the prospect of survival. As cancer cells multiply, a number of things occur. First, they deprive healthy cells of vital nutrients that weaken the patient by reducing their ability to fight the disease. The more cancer cells, the less able the body is to fight off the invader. Secondly, as the cancer spreads it damages the organs and tissues it has attacked. Therefore, the longer the delay, the more extensive the damage that results. If left untreated, this can ultimately lead to organ failure or other life-threatening complications.

## **5. Will taking cesium interfere with other treatments?**

No. Cesium will not interfere with any other treatment you may be taking. This is one of its advantages. There is no need to forego conventional therapy, should it be your choice to make use of it, while taking cesium.

## **6. What is the correct dosage for the cesium?**

The typical dosage for cesium is three grams per day. However, the amount of cesium required for a specific case is largely a function of the extent of the disease. The more extensive the cancer, the more cesium required to fight it. It is also important to be sure to balance the intake of cesium with appropriate amounts of the other supplements included in the protocol, especially potassium. You may require additional cesium to increase your pH to around 8.0.

## **7. How long should I follow the cesium protocol?**

Initial length of recommended treatment is 3-4 months. However, the length of time required is related to the extent of the disease. In some instances, where there is extensive malignancy present, it may be necessary to undergo several courses of the cesium protocol interspersed with “rest” periods in order to destroy all of the cancer cells.

## **8. Should I have a doctor follow me on this protocol?**

It is always advisable to consult a physician prior to starting any program. In the case of cancer, this is doubly important so that the patient can be properly monitored to measure the progress of the disease. It is important to understand that cancer is a disease that can wax and wane with periods of remission followed by an aggressive relapse. Fortunately, unlike other therapies, cancer cells do not appear to become resistant to cesium. Therefore proper monitoring can detect any relapse and another course of cesium may be employed.

## **9. Will this cure my cancer?**

We do not believe that the term “cure” should be used in association with cancer because we do not know its cause. Even with so-called “cures” (usually defined as five years without symptoms) utilizing conventional therapies, cancer often returns, even 10 to 15 years later. This can happen with cesium as well. What is possible, however, is to destroy cancerous cells and stop its progress.

Remember, unlike chemotherapy drugs which cancer cells eventually learn to outwit, cesium, a natural mineral, may be used again and again. Also, it is important to remember that further medical procedures may be required to correct organ damage caused by the cancer before the cesium therapy was initiated. Still, there are no guarantees, although many people have been extremely happy with the program.

## **10. Can I take cesium along with traditional therapy?**

Many people have tried both. There is no indication that the use of cesium interferes with other conventional therapies. Remember cesium works by directly attacking and killing cancer cells –

and only cancer cells. This is markedly different from most conventional cancer therapies. In fact, using cesium may help make conventional therapies more effective by reducing tumor masses more quickly.

### **11. I am having surgery. Should I start this protocol before surgery?**

Normally, all supplements should be discontinued prior to surgery. This is especially true of any vitamin supplements or other products that may have blood thinning qualities. For example, vitamin E and garlic both have significant blood thinning properties. Although none of the supplements used in the cesium protocol have such properties, it is still judicious to avoid any supplements prior to surgery. It is also very important to be sure that your doctor is aware of any supplements you have been taking prior to undergoing any surgical procedure.

### **12. I have cardiac problems, can I take cesium?**

Generally, it is wise to avoid cesium if you have a history of cardiac arrhythmias, simply because arrhythmias have the potential to be fatal. You do not want to take anything that could have even the slightest possibility of triggering one, and no human studies have been run regarding cesium and that problem.

### **13. Do you know of anyone who has had an arrhythmia caused by cesium?**

No. One animal study that is sometimes used to suggest that cesium can cause cardiac arrhythmias actually involved the administration of massive doses of the mineral to canine subjects for the express purpose of inducing an arrhythmia. Ironically, at lower doses, cesium has been used to control cardiac arrhythmia. You may note that this fact is mentioned in the last paragraph of Dr. Brewer's paper.

### **14. Are there any side effects?**

Although the side effects of cesium are not as severe as those associated with more conventional treatments such as chemotherapy or radiation, you may experience some minor reactions to the protocol. Note that the cesium is a nerve stimulant. Accordingly, among the most common side effects are tingling or numbness around the mouth, nose, tongue or fingertips. Diarrhea is a common side effect of cesium therapy. In addition nausea or stomach pain may be experienced. The nausea results from the fact that cesium, as nature's most alkaline mineral, reacts with anything that is highly acidic (i.e. a malignant cell). Since your stomach is also highly acidic (with a pH of between 1 and 2) due to the presence of hydrochloric acid the cesium can react with your stomach acid to cause nausea. In addition, as the cancer cells are killed, the toxins they release into the patient's system can cause symptoms similar to a mild case of the flu. Some individuals also report becoming anxious. For some people, taking large amounts of vitamin C may irritate the stomach lining. To avoid this we recommend that individuals take a buffered version of vitamin C. It is also possible, in rare cases, to experience heart palpitations. It should be noted that there is now an improved version of cesium, which does not appear to cause the most common side effects of nausea and diarrhea.

### **15. What should I do if I feel heart palpitations?**

If you do experience heart palpitations you should discontinue use immediately. You should then have your potassium level checked. Cesium will leach potassium from your system. This is why it is necessary to take a potassium supplement. The palpitations may be associated with a potassium deficiency and require an adjustment in the amount of potassium supplement you take. It is extremely important, however, to stop taking cesium until you know if you have become potassium deficient. I cannot emphasize too strongly the importance of potassium supplementation – 300 milligrams per day plus ingesting foods rich in potassium such as bananas, potatoes, etc.

### **16. Are there other things that could help me, or should I not take other supplements?**

There are other supplements that could possibly help, and there is no reason to avoid anything that might help. It is important, however, to be sure to thoroughly research any supplement before deciding to use it. This is important for two reasons. First, to be sure that the supplement really does what it says it does. Although the cesium protocol is based on sound science, clinical research and actual experience shows that not all supplements are legitimate. There are unscrupulous individual marketing products that make impressive claims but with little basis in science or experience. Secondly, you want to be sure that any supplement you take does not interact with some other medication or supplement you are taking. For example, if you are taking Garlic, vitamin E and Gingko Biloba, each of these supplements has blood-thinning properties. Depending on the dose, these could make you more prone to bleeding. Dr. Wycoff will recommend supplements based on your health status.

### **17. I am feeling a rumbling in my stomach. Is this normal?**

It is not normal, but stomach upsets sometimes occur with cesium or with other supplements that are included in the protocol. This is particularly true when taking vitamin C.

### **18. How often should I have my potassium checked?**

It is advisable to check potassium levels about 4 weeks after beginning cesium, and then repeat testing every four to eight weeks. It is imperative that if you experience heart palpitations you have your potassium checked immediately.

### **19. Is the dosage different for people of different weights?**

For most people, the dosage is the same and is based on a person weighing approximately 150 pounds. For children, it should be scaled proportionately to their size. For heavier individuals the 3 gram per day minimum should still prove sufficient. The reason for this is that the amount of cesium required is mostly determined by the extent of the malignancy, not the size of the individual. It will also be determined to some degree by the amount of cesium the individual can tolerate. Some people have taken as much as six to twelve grams per day by mouth mixed with juice. The effectiveness of cesium, like most medications, is dose related. Therefore six grams a day is likely to be more effective sooner than three grams per day.

**20. I think I may have cancer, but I am not sure, yet. Should I start taking this just to be on the safe side?**

It is better to wait for a definitive diagnosis before beginning cesium. It is true that in certain regions of the world where the food and water supplies have levels of cesium and rubidium, cancer is virtually unknown, suggesting that at some level smaller doses of these minerals might prevent cancer. There has not, however, been any research to determine what level of mineral content in the diet would be necessary to provide such protection, or how long a period of time would elapse before the protective qualities took hold. Clearly, the appropriate level would be significantly lower than the therapeutic level required fighting active cancer, but we simply do not know what it is. Therefore, we cannot recommend taking cesium as a preventative measure at this time.

**21. I had surgery, and the doctor tells me that “he got it all”. Should I continue with this protocol?**

Yes, in fact, it is fairly common for cancer surgery to be followed up with some additional treatment, usually either radiation or chemotherapy. The reason for this is that in many instances, a small number of cancer cells may have been missed or even gravitated to another, as yet undetected. This follow-up treatment is based on the notion that it is better to be safe than sorry. Cesium is particularly well suited to this purpose because it does not distinguish between types of cancer cells – it attacks any cancer wherever it is in the body without harming healthy (i.e. alkaline) cells.

**22. How long does the cesium stay in my system?**

The half-life of cesium appears to be 65 days meaning one half of the cesium is eliminated every 65 days.

**23. I have taken the cesium for 4 months, and I have stopped. Can I take it again?**

If a person has finished the 4 month period, it should be taken again only if the problem still exists, and in that instance, it is advisable to take a break of 4 to 6 months to allow the cesium to complete its half-life cycle.

**24. If it’s so good, why isn’t cesium the “Gold Standard” for cancer treatment today?**

This is a good question with an easy answer. Cesium is a naturally occurring mineral that cannot be patented. Therefore, the multinational pharmaceutical industry would be unable to make their customary bloated, unconscionable profits from its sale. If you doubt my thoughts on this matter, I would refer you to any of a number of excellent books on this subject. For a broad overview of the problem and a historic perspective read *Cancer Cover-Up* from Cassandra Books at [www.cassandrabooks.com](http://www.cassandrabooks.com).

**25. As a follow-up question, if the drug companies won’t do it, why doesn’t someone else run a drug trial on cesium?**

Again, good question with an easy answer. Today, it is estimated that the cost of running a full complete series of Phase I, II and III clinical trials to obtain FDA approval for a new drug is

between \$600,000,000 and \$800,000,000. This is clearly beyond the financial capabilities of most people and institutions. As mentioned above, no company would spend such a vast sum without the assurance of obtaining a patent to protect their investment. I would, however, like to also address the broader issue of the manner in which drug trials are currently being conducted.

How often have you seen a headline touting the latest clinical trial results for a new cancer drug, claiming a “cure” is just around the corner? How many of these miracle “cures” are still being touted a year or two later? Indeed, if so many “cures” are being found, why are age adjusted cancer rates continuing to rise? The answer is simple: there is little substance behind the hype.

Despite organized medicine’s insistence on placebo-controlled, double blind studies as the “Gold Standard” for medical research, such studies are NEVER conducted for cancer drugs. The reason for this is obvious – it would be unethical to deny treatment to a patient suffering from a lethal disease. As a result, clinical trials for cancer drugs are always comparative – measuring the effect of the new drug against an existing alternative.

On the surface, this seems a reasonable approach. After all, it would be unconscionable to allow a patient to die just to test a new drug. But what goes unsaid, however, is that even a marginal improvement in results (as little as 5%), without consideration of other aspects such as more serious side effects, is enough to get a cancer drug approved.

A specific example will illustrate this point:

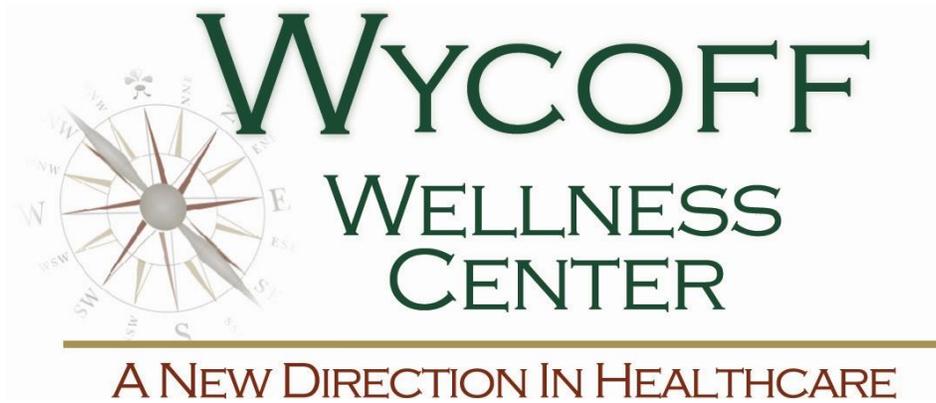
In 1977, two new drugs, Anastrozole and Letrozole were hailed as a major breakthrough in treating breast cancer. Both were members of a family of drugs that inhibited the production of estrogen. Estrogen had been shown to accelerate the growth of some types of breast cancer. Ads for Anastrozole bragged that it had a 56.1% survival rate – an impressive result for late-stage breast cancer. But claims about cancer drugs are often not what they seem.

The claim of a 56.1% survival rate, of course, implied that more than half of the patients taking the drug benefited significantly from taking it. But, the actual source of the claim was a study comparing the two-year survival rates of patients taking Anastrozole with those taking Megestrol Acetate, an older drug that also inhibited estrogen production. What the study actually showed was that women treated with Anastrozole had a median time of 26.5 months to death, while those treated with Megestrol Acetate had a median time of 22.5 months. Although this difference was not statistically significant, it was heralded as a “breakthrough.”

But there was something else the ads did not reveal. Anastrozole could cause more than fifty different side effects including such potentially fatal complications as blood clots. It also could cause congestive heart failure. In contrast, Megestrol Acetate had far fewer side effects.

In the case of Letrozole, it too, had over fifty serious potential side effects, and only one in five patients even responded to the drug!

Despite these dismal results, both, Anastrozole and Letrozole are now among the accepted chemotherapy drugs used to treat advanced breast cancer!



## Diet Protocol

In order to help your body achieve and maintain the appropriate pH balance while taking cesium, it is important that your body receives the proper nutrition. The cells and tissues of the human body require an alkaline pH to work properly. An alkaline pH of 7.0 to 8.0 is optimal for cancer treatment. By eating more alkaline foods and fewer acid foods, you can help your body work in conjunction with cesium to achieve the optimal alkaline pH that hinders cancer cells.

The following lists of foods will help you achieve this pH balance, as well as provide you with the appropriate amounts of the various organic vitamins and minerals necessary for good health. Try to keep two-thirds (2/3) of your daily intake from the alkaline food chart and one-third (1/3) from the acid food chart. Balance is the key.

Several versions of the Acidic and Alkaline Food Chart can be found in different books and on the Internet. At times, the same food may be attributed to the acidic side of the chart in one source and to the alkaline side in another source. Just remember, you don't need to adhere strictly to the alkaline side of the chart. More importantly, make sure a good percentage of the foods you eat come from that side. Another simple rule for eating an alkaline diet says, "For every three bites of vegetables, have one bite of a non-vegetable."

## **ALKALINE FOOD CHART**

These foods increase the body's pH.  
Increase your intake of these foods until they make up 2/3 of your daily intake.

### **VEGETABLES**

Alfalfa	Asparagus	Barley grass	Beets & greens
Broccoli	Cabbage	Carrots	Cauliflower
Celery	Chard greens	Cucumber	Dandelion greens
Dulce	Edible flowers	Eggplant	Fermented vegetables
Garlic	Green beans	Kale	Kohlrabi
Lettuce	Mushrooms	Onions	Parsnips
Peas	Peppers	Pumpkin	Sea vegetables
Spinach	Spirulina	Squash	Turnips & greens Watercress

### **ORIENTAL VEGETABLES**

Maitake	Daikon	Dandelion	Shitake
Kombu	Reishi	Nori	Wakame

### **FRUITS**

Apple	Apricot	Avocado	Banana
Blackberries	Cantaloupe	Cherries	Coconut
Currants	Dates	Figs	Grapes
Grapefruit	Honeydew	Lemon	Lime
Muskmelon	Nectarine	Orange	Peach
Pear	Pineapple	Raisins	Raspberries
Rhubarb	Strawberries	Tangerine	Tomato
Tropical fruits	Umeboshi plums	Watermelon	

### **BEANS & LEGUMES**

Lentils

### **PROTEINS**

Almonds	Cashews	Chestnuts	Chicken, organic
Eggs	Whey protein	White fish	

## **SWEETENERS**

Stevia                      Xylitol

## **SPICES AND SEASONINGS**

Cinnamon	Curry	Ginger	Mustard
Chili pepper	Sea salt	Miso	Tamari
All herbs			

## **MISCELLANEOUS**

Apple cider vinegar	Bee pollen	Fresh fruit juices	Green juices
Lecithin granules	Mineral water	Molasses	Probiotic cultures
Pumpkin seeds	Vegetable juices	Water	

## **ACID FOOD CHART**

These foods decrease the body's pH.  
Decrease your intake of these foods until they make up 1/3 of your daily intake.

### **VEGETABLES**

Corn                      Olives                      Tomatoes

### **FRUITS**

Blueberries              Canned fruits              Cranberries              Plums  
Prunes

### **BEANS & LEGUMES**

Black beans              Chick peas              Green peas              Kidney beans  
Pinto beans              Red beans              Soy beans              White beans

### **DAIRY**

Butter                      Cheese                      Rice milk                      Almond milk  
Ice cream                      Ice Milk

### **GRAINS AND GRAIN PRODUCTS**

Amaranth                      Barley                      Bran, oat                      Corn  
Cornstarch                      Hempseed flour                      Kamut                      Oats, rolled  
Oatmeal                      Pasta                      Rice

### **NUTS & BUTTER**

Cashews                      Legumes                      Peanuts                      Peanut butter  
Pecans                      Tahini                      Walnuts

### **PROTEINS**

Bacon                      Beef                      Clams                      Corned beef  
Lamb                      Lobster                      Mussels                      Organ meats  
Oyster                      Pork                      Rabbit                      Salmon  
Sardines                      Sausage                      Scallops                      Shrimp  
Shellfish                      Tofu                      Tempeh                      Tuna  
Veal                      Venison