

D N C B !! WHY, HOW, and WHEN!

Before you start your DNCB Treatment Protocol, there are a few things that you should remember. First of all, although there are more and more doctors that are backing this treatment, it is mostly still "patient experimental" at this time. The effects of DNCB on "normalizing" the blood counts and causing KS lesions to go into remission have been remarkable. However this treatment will not be tolerable to everyone. Just as there are individuals that are so allergic to a bee sting that severe reactions may occur, there may also be a very small percentage of individuals who will not tolerate DNCB. If you develop SEVERE reactions, stop treatment and see your dermatologist immediately.

It is also recommended that you discuss your use of this treatment with your physician so that he is aware of it. Also get a complete blood workup including T-cell subsets as this is about the only medically acceptable way to measure the effectiveness of the treatment. The blood workup should be taken just before starting the protocol, and then every two to three months thereafter as a measurement of improvement. Ask your doctor for a copy of the results as you may like to share them and your experiences in order to interest the medical community to pursue further studies.

Now that you're ready to start, what do you do, and what do you look for? Assuming you have the 2% acetone formula (see recipe), you are ready to "paint". Your acetone solution does need to be refrigerated. It will keep its potency for three months in an airtight container while refrigerated.

* Select a spot on the ventral (underside) surface of the arm between the shoulder and elbow and, using an applicator like a Q-tip, apply a coat of the DNCB solution to an area the size of a quarter. Cover with a gauze bandage. The bandage helps penetration by keeping in moisture as well as protecting clothing, etc. Johnson & Johnson 2" square gauze bandages work very well. Leave on overnight and then wash the area with mild soap and rinse well.

* You may feel a tingling or slight burning sensation for the first 15 to 30 minutes after application. This is normal and will usually subside within an hour.

* At the application site, within 24 to 72 hours, you should eventually become reactive. When you are fully reactive, the site will be pink or red like a sunburn, somewhat puffy looking, and possibly itch. This may take a few weeks (or even a month or more), so don't worry if little happens the first few times. Even if you do not visibly react, you are already modulating your immune system and eventually your T-cells will respond!

* Alternate arms at least weekly always using different application sites. It is unnecessary to paint more than twice weekly, but the painting should be continued for the most effective immune modulation. Think of it like a weekly maintenance insulin shot for diabetes: neither treatment is a cure, but rather a control of the disease processes.

* After a while your immune system might improve to where you become reactive to the point of actual blistering and perhaps some painful discomfort. Then it's time simply to dilute your solution by adding an equal amount of reagent acetone. If that's still too strong, just dilute it once again, and so on. (However, it is important NOT to stop using it regularly whatever the concentration you are finally able to tolerate.)

KS APPLICATION SPECIAL NOTES

If you have Kaposi Sarcoma and will be applying the lotion (see recipe) to your lesion sites, here are a few special notes for you. In a way, you're lucky because you will be able to see the results to measure your success. In most cases the lesions will simply decrease in size and depth, and start to change color from the red/purple to brown, and then fade away to a freckle. However some people have also reported that some lesions that are basically on the skin surface have become like a scab, and literally peeled off. That's exciting!

* Continue with the weekly patch and in addition, apply daily to your lesions beginning with the ones you hate the most. The lotion should be applied to the lesions only, you don't need to cover a larger area outside of the lesions themselves. (Leave on the lesions for a couple hours and then wash off.) If you have a lot of lesions, try to rotate painting them on alternate days, rather than hit them all at once.

* Some studies have indicated that untreated lesions can respond nearly as well as treated ones, so if you have any open lesions, do not apply the lotion to them! Let your improved immune system fight them from within!

If you have any lesions that are not normally covered by clothing and are socially visible, bear in mind that a small area around the lesion will usually become reactive also, i.e.: red and puffy. This will make them much more noticeable for a couple of weeks. Also, once the reactivity subsides, there might be a circular area of very slight discoloration from your normal skin tone. So if you have any on your face, hands, etc., you might want to think before you paint them and daily paint the ones on your trunk, legs and arms instead.

The results from previous DNCB users that have KS indicate that there is usually no dramatic increase in blood tested T-Helper cells until the KS is in "clearance" i.e.; remission. The doctors feel that this is because the T-helpers are concentrated at the lesions sites and don't become "free floating" in the blood until the cancer is conquered. Once you have achieved "clearance", reduce your painting back to only the weekly arm patch. (See above.)

Hopefully this information will answer most of your questions, but if you have any more just call your DNCB contact from the attached networking list. They will do their best to answer or find out for you. A periodic progress report from you would be appreciated also. Good Luck and Good Health!!

(*Our thanks to Dennis and the DNCB "Free Clinic" folks in Minneapolis for drafting the original of these directions.)

REVISED RECIPE FOR MAKING DNCB VASELINE INTENSIVE CARE SOLUTION (AS ORIGINATED AT ST. VINCENT'S HOSPITAL IN NEW YORK CITY)

Utensils Needed:

- Pair of plastic gloves and asthma-type mask to avoid breathing in crystal particles during measuring
- A scale capable of measuring out grams (type often used by "drug dealers" and available at most "headshops")

- A glass beaker (for mixing in)
- A stirrer (such as a glass wizzlestick)

Supplies Needed:

- 2.4 grams DNCB crystals (preferably Grade I, 99% pure)
- 1/4 cup #ethanol alcohol
- One 10 oz. bottle VASELINE INTENSIVE CARE lotion
- Glass or chemical-resistant plastic bottles for storage and distribution (whatever size suitable)

Directions:

First in glass beaker dissolve the DNCB crystals in the #ethanol. Stir until all crystals are thoroughly dissolved (which takes a long time unless the ethanol is room temperature or warmer). Then take four teaspoons of this 2% ethanol solution and add to the 10 oz. VASELINE INTENSIVE CARE lotion and stir well. Pour into containers for distribution and storage. The result is a 2/15ths of 1% final solution. (Store remaining 2% DNCB in ethanol in tightly closed bottle in the refrigerator: The prepared VASELINE lotion does not need to be refrigerated.)

This recipe obviously makes enough solution to treat a good number of people with AIDS and ARC for quite some time. Dr. John W. Angers of the Human Immunology Foundation at St. Vincent's Hospital in New York City developed this formula and reports good results with it. Dr. Mills has confirmed these results after testing and conferring with Dr. Angers. Patients reportedly only have to leave the VASELINE solution on their arms (or lesion sites) for several hours under a bandage to achieve the same skin reactivity as with the acetone solutions left on overnight.

*To make a 2% acetone solution for arm patches simply use the same basic recipe exchanging the ethanol for an equal amount of reagent acetone. (However, only the ethanol solution should be mixed with the Vaseline lotion and both basic solutions, sthanol and acetone, must be kept refrigerated.)

#One group of patients in Santa Barbara reports success using Smirnoff's vodka! (Smirnoff's is about 50% ethanol or "grain alcohol".)

HOW TO OBTAIN DNCB

The following chemical companies produce DNCB (dinitrochlorobenzene). One can find out who the local distributor/retailer is by phoning the chemical companies, asking for the division handling DNCB, and then inquiring for their local sales agent. Since DNCB is not a prescribed drug nor (as yet) a controlled substance, the only obstacle we have encountered in obtaining it is having a retail (tax) number. Any doctor, psychologist, or for that matter, florist will have a retail (tax) number. The average cost for DNCB is about \$30.00 for a bottle of 100 grams of crystals. Grade I is immunology quality (99% pure with 1% "inert" ingredients); Grade II is photographic quality (96% pure with 4% "inert" ingredients). Either grade will cause skin reactions.