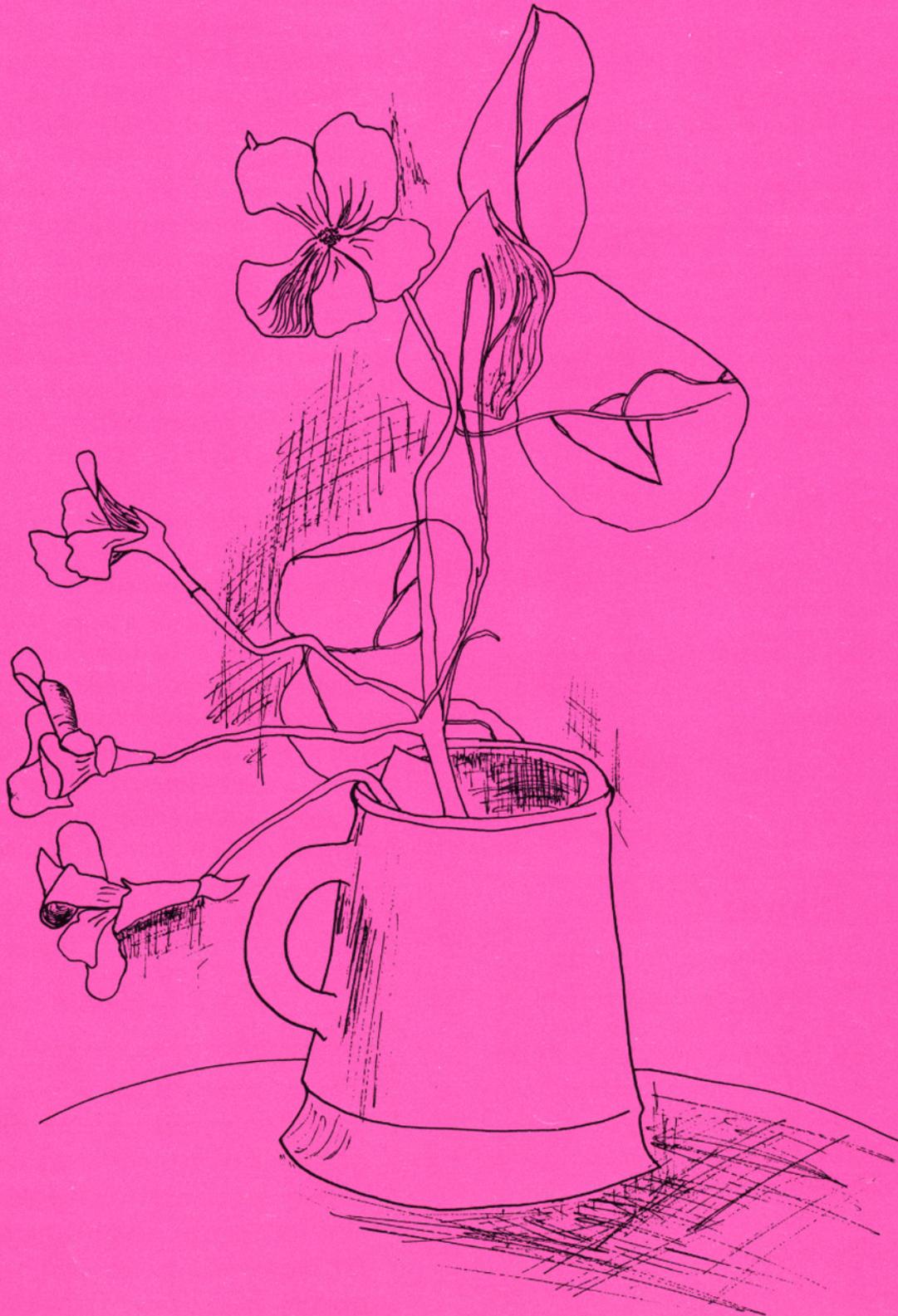


CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ADVANCEMENT IN CANCER THERAPY, LTD.



Alex Sackman

Foundation for Advancement in Cancer Therapy

Foundation for Advancement in Cancer Therapy, Ltd. is a non-profit, tax-deductible organization. It supports and encourages biological cancer research, nutritional science investigations; disseminates information about non-toxic treatment for cancer to cancer victims; provides financial assistance; and fights to eliminate carcinogenic substances from the environment.

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Dear Reader,

The cancer diagnosis is so crucial for the cancer patient that it is unwise to accept the initial report from the doctor without questioning its accuracy. There have been many instances, when people called FACT, that I have suspected a mistaken diagnosis or at least a doubtful one, but the patient was too panicked to take the time required to get a second or even third opinion.

There have also been many cancer success stories that sound suspiciously like a mistaken diagnosis. These are used as examples of the efficacy of harsh treatments. Even some alternative success stories sound suspiciously like a mistaken diagnosis. The conventionally-oriented doctor, fully aware of the mistaken diagnosis tendency, classifies alternative therapy recoveries as just another misdiagnosis and closes his mind to the details.

The lead article in this issue of *Cancer Forum*, "It Was All a Big Mistake" by Kevin Krajick, is the most comprehensive collection of data on this subject I have ever seen. It should give the patient cause to slow down and carefully verify the cancer diagnosis before beginning treatments that are always irreversible: surgery can be mutilating; chemotherapy and radiation are hazardous. Some chemotherapies damage the heart, liver, kidneys, bone marrow and/or the immune system. This damage can make a cancer patient of someone who was mistakenly diagnosed as one.

Take care,

Ruth Sackman

"It is enough for me to...reflect upon the marvelous structure of the universe, which we can dimly perceive, and to humbly try to comprehend even an infinitesimal part of the intelligence manifest in nature."

Albert Einstein

"IT WAS ALL A BIG MISTAKE"

By Kevin Krajick

IMAGINE GOING THROUGH CHEMO OR CANCER SURGERY BECAUSE SOMEONE MISLABELED, MISREAD OR JUST MIXED UP YOUR X-RAYS.....

Nick Lombardo remembers the moment of his death sentence. As he lay in a Long Island hospital bed days after abdominal surgery in June 1977, he overheard a group of doctors come touring by his room. " ...And this patient here is terminal," noted one chart-wielding man in white for the benefit of his colleagues.

Lombardo called his own physicians, who confirmed it: He had inoperable colon cancer; in 90 days he would be dead. At age 50, Lombardo, a Queens, New York, real-estate appraiser, planned his own funeral and sold his investments to provide money for his wife and children. "I went home and lay on my living-room couch and waited to die," he says.

Although the doctors held out no hope, they started chemotherapy anyway. Lombardo had diarrhea, vomited throughout his house, lost his hair and began abusing sleeping pills. "At under 100 pounds I got so weak from the chemo that my wife practically had to carry me around. She went through the tortures of hell," he says. "My kids were going crazy. My son stopped going to school."

Along this darkening path toward death lay one major obstacle: Nick Lombardo did not have cancer.

After 20 months and some 90 courses of chemotherapy, he went to New York City's respected Memorial Sloan-Kettering Cancer Center to find out why he was still alive. Specialists there determined that he had Crohn's disease—an inflammation of the intestine that can sometimes resemble malignancy—and removed the affected part. In 1984, Lombardo won \$1.6 million in a lawsuit charging his original physicians with misdiagnosis.

For Lombardo, life has never been the same:

The chemotherapy damaged his immune system, making him susceptible to infections (he's had five bouts with pneumonia since treatment stopped) and putting him at high risk of developing leukemia. "For 12 years after the chemo stopped," he says, "I would get that metallic taste in my mouth—the taste of the drugs."

Fatal Assumption

A positive cancer misdiagnosis—that is, diagnosis of a malignancy in a person who does not have one—is not an everyday occurrence. Doctors agree almost universally that negative misdiagnosis, or failure to detect an actual cancer, is far more common and problematic. Yet, as Lombardo's case and others show, doctors can interpret benign diseases as malignancies, sometimes with hideous results.

There is scant research on the frequency of or reasons for positive misdiagnosis. One recent study of ovarian cancer, a malignancy now recognized as one of the most troublesome in this respect, found a 5 percent positive misdiagnosis rate. The positive error rate for other cancers is probably lower, but no one knows for sure.

"If there is any indictment to be made, it is that sometimes we still lack the knowledge to identify cancers when they are there," says Saul Gusberg, M.D., past president of the American Cancer Society. "From everything I know, a positive misdiagnosis has got to be very rare. Let's not give people false hope."

However, pathologist Robert Anderson, M.D., contends that there is "a significant proportion of major-league discrepancies" in cancer diagnosis. In 1989, when he was at the University of New Mexico School of Medicine, Anderson published a catalog of autopsy studies done over the past 50 years and found that the positive misdiagnosis rates for three cancers he looked at have not changed since the 1930s; 10 percent for stomach cancer, 14.3 percent for lung cancer and nearly 23 percent for liver cancer.

Anderson's error rates are probably inflated because his data come from the most difficult cases—patients whose problems were puzzling enough for doctors to order an autopsy. Nevertheless, Anderson believes his study accurately plots the basic trend;

zero improvement in positive diagnosis accuracy for many cancers. "Let's not quibble about what the exact percentage is," he says. To Anderson, the problem is that fancy technology may have hurt cancer diagnostics as much as it has helped. "Physicians have begun to assume that if a machine costs a million dollars, it must be right," says Anderson. "They have begun to rely more on that than on a thorough exam, clear thinking and instinct. We are standing still because although we have all these wonderful tools, we have abandoned old-fashioned skills."

Supporting Anderson's point, a 1988 investigation by physicians at Boston's Brigham and Women's Hospital noted that advanced technologies like computerized tomography, sonography and nuclear-medicine procedures, all used to pinpoint malignancies, can yield misleading results where, for example, an inflammation appears to be a tumor. Another study, published last year by Albert Wu, M.D., assistant professor of health policy, management and medicine at Johns Hopkins University, found that misdiagnoses (mostly negative ones, for ailments ranging from pneumonia and diabetes to tumors) can arise from workaday problems: A doctor did not have enough specialized knowledge to evaluate symptoms; was distracted with other problems; or was simply too overworked and tired to function intelligently.

"At the level of complexity and uncertainty that doctors, as human beings, work today, it's inevitable that mistakes are made. There's no way out of it," says David Hilfiker, M.D., a Washington, D.C., family practitioner who once wrote a wrenching account for *Harper's* magazine of how he aborted a healthy fetus after tests misled him into thinking it was dead.

The Tunnel Vision Trap

Maurie Markman, M.D., vice chairman of medicine at Memorial Sloan-Kettering Cancer Center, says, "It is possible that anything that occupies space in the body can be mistaken for a tumor." Parasitic infections or abscesses in the liver can mimic malignancy; inflammations like diverticulitis may

be mistaken for colon cancer; chronic gastritis or ulcers can look like carcinoma. "Sometimes 'cancers of the pancreas' are actually alcohol-induced pancreatitis," says Markman. "The symptoms are the same, and without proper treatment, so is the outcome: death." Some physicians assume that patients have cancer because they have enlarged lymph nodes, says Joseph Bailes, M.D., a leading oncologist in McAllen, Texas, who chairs the clinical practice committee of the American Society of Clinical Oncology—"a big mistake," since these can be caused by infections or other nonmalignant conditions.

A diagnosis of cancer is shaky at best without a biopsy—a piece of the suspicious tissue, examined under a microscope by a pathologist. These days, certain biopsy samples (most commonly from the breast) are also subjected to a battery of DNA and other tests to analyze the structure of the cells. (Nick Lombardo's misdiagnosis apparently stemmed from the surgeon's failure to take a biopsy—a major break with normal procedure, said experts who testified in his case.)

But like other professions, pathology—the study of how disease affects the body's tissues—is highly specialized, and pathologists can develop tunnel vision. "Some of us are better at spotting certain kinds of cancer than others," says Steven Silverberg, M.D., chairman of the division of anatomic pathology at George Washington University Medical Center. "If you have a kidney tumor, you should go to a lung person. Even then, there is no one in this profession who has never made a mistake—including me."

Ovarian Cancer, Minus the Ovaries

Among the most problematic types of growths are those arising on or around the ovaries. In a study published last year, gynecologic oncologist Larry McGowan, M.D., a professor of obstetrics and gynecology at George Washington University School of Medicine, reviewed the records of more than 300 women diagnosed with ovarian carcinoma. He found that 5 percent actually had benign growths, and 8 percent had malignancies originating in the nearby peritoneum or intestines—

not the ovaries. As a result, he says, those with nonovarian cancer may have received the wrong treatment, while women without cancer received treatment that wasn't needed at all.

McGowan and other specialists say that ovarian cancer is particularly difficult to diagnose because growths from other organs sometimes intrude on the ovary and can look just the same as ovarian cancer under the microscope. Moreover, McGowan found in his research that surgeons sometimes misidentified the location of the growth, leading the pathologist to make a wrong diagnosis, or that the attending physician did not pay enough attention to symptoms or medical history, which would have led to a correct diagnosis. The most startling demonstration of laxity: A few of the misdiagnosed women did not even have ovaries; they had been removed by previous surgery. These patients apparently meekly accepted the diagnosis, under the assumption that something had been missed in the previous operation, said McGowan, and the mistake slipped through the cracks.

"You can't just look at a biopsy under a microscope," says McGowan. "People need to communicate with each other and really be sure they have all the facts."

A misdiagnosis of ovarian cancer can have a frightening impact not only on the woman but on her female relatives as well, since the malignancy has a strong genetic component: Someone with a close relative who has had ovarian cancer is two to three times more likely to develop the disease. Because of the relatively high error rate of 13 percent in McGowan's study (it may have been worse ten years ago, when fewer physicians knew of the potential for confusion), anyone who fears she might have inherited a predisposition to the disease may want to have a specialist double-check an aunt's, sister's or mother's medical records. Many hospitals keep biopsy slides and other records for years, says McGowan, and will usually release them to relatives.

The "Problem" with Early Detection

Some biopsy misdiagnoses, made under pressure while the patient is on the operating table, are soon reversed—but not quickly enough. Alexandra Sloan, a Washington-area dental hygienist, went for surgery ten years ago when her doctor found lesions in her genital tract. She and her husband discussed the possibility of cancer. Despite the fact that they were hoping to have a baby, they decided that if a "frozen section"—a preliminary biopsy examined during surgery—indicated malignancy, the surgeon would remove the uterus, ovaries and fallopian tubes on the spot; they were concerned about the risk that waiting for a "permanent section," in which tissue is analyzed in greater detail over several days, could allow the cancer to "seed" itself elsewhere.

Under the microscope, Sloan's frozen section appeared to be positive for ovarian cancer, and the surgeon cut out her reproductive organs, sterilizing her forever at the age of 29. A couple of

days later, says Sloan, the hospital's head pathologist visited her bedside with "good news": She wouldn't have to have chemotherapy—she didn't have cancer.

In the ensuing lawsuit, it never did become clear whether the revised diagnosis—a benign growth that probably did not require radical surgery—was made from a permanent section or from a review of the "frozen" section. But Sloan, who settled out of court, knows this: "If I knew what I know now about the

incidence of misdiagnosis, I never would have gone with a frozen section. I'm much more frightened by the mistake than I was by the cancer. Disease you can fight. With this, I feel permanently violated."

A soon-to-be-published study done at the University of Southern California Medical Center confirms the pitfalls of on-the-table diagnosis of ovarian cancer. Among women whose frozen sections showed "low-malignant potential" ovarian growths—borderline tumors that may or may not be truly cancerous—

"It is possible that anything that occupies space in the body can be mistaken for a tumor." Parasitic infections or abscesses in the liver can mimic malignancy; inflammations like diverticulitis may be mistaken for colon cancer; chronic gastritis or ulcers can look like carcinoma.

10 percent turned out benign on the permanent section, and 18 percent were full-blown malignancies. "The lesson is that you should get as much information as possible before doing an irreversible operation, especially with borderline tumors," says C. Paul Morrow, M.D., director of gynecologic oncology at USC and one of the authors of the study.

Because early-detection tests such as mammograms have recently come into wide usage, doctors are seeing more and more borderline growths. The irony is that experts sometimes disagree about whether such incipient growths are malignant and require drastic treatment, or are harmless and should be left alone. In a study at the Yale University School of Medicine published last year, a researcher sent slides of what he considered borderline breast lesions to five top pathologists; in not a single case did all five agree on a diagnosis, with evaluations of the same tumors ranging from fully benign to fully malignant.

Janet Osuch, M.D., an associate professor of surgery at Michigan State University, says, "We are finding more of these tiny lesions, but we don't know what to call them. Are they cancer? Or are they hyperplasia (a benign overgrowth of cells)?"

Charles Smart, M.D., who recently retired as the chief of the National Cancer Institute's Early Detection Branch says similar issues are coming up with growths in the cervix, stomach, prostate, colon, mouth and lungs. "It used to be that when they told you that you had cancer, it was so far gone there was no question," he says. "Now that we see things so much earlier, there are a lot of questions about what is really cancer and what is not."

Unnerving Inaccuracy

A boom in new cancer-screening procedures has meant that questions about the nature of a growth often arise before a biopsy is ever done. "Everybody wants an easy screening test" that will reveal whether cancer is present, but "some screening tests can put you through a lot of terror for nothing," says Joseph Bailes. One example: the ultrasound tests

meant to spot early prostate and gynecological cancers. In one study at the University of Kentucky, researchers who screened 1,600 women for ovarian cancer found 28 tumors. Only three were malignant, and eight were possibly premalignant. A blood test for the protein PSA, thought to indicate increased risk of prostate cancer, suggests possible malignancy in 16 percent of men who prove not to have prostate cancer on further testing. In one study, reported by the NCI, another protein test, called ELISA, when used for bladder cancer detected 100 percent of real cancers, but had a false-positive rate of 4 percent. (False negatives are a much more serious problem with some tests; Pap smears, with a miss rate of at least 10 to 15 percent, are the most notorious.)

One of the most popular screening tests—and, in some cases, one of the most questionable—is an assay for CA-125, a substance produced by ovarian tumors. The problem is that CA-125 levels can also be elevated by pregnancy, endometriosis, benign growths, cardiovascular disease, smoking, non-ovarian malignancies—or, in 1 percent of patients, nothing at all. All told, the likelihood of false-positive results is so high that many physicians see the test as useful only for monitoring patients

who are at risk because of a past bout of ovarian cancer.

Robert Higgins, M.D., associate director of gynecologic oncology at Carolinas Medical Center in Charlotte, North Carolina, says, "Many women hear about CA-125

on TV, and they pressure their doctors for it because they're worried about ovarian cancer. The doctors know the problems with the test, but they go along. And if it's positive, patients may end up going through a surgical biopsy that wasn't needed. Sure, they find out in the end there's no cancer—but by that time they've been cut open."

Medical Stonewalling

Patients don't always find out about misleading test results or other errors. In Albert Wu's study, doctors anonymously admitted that while they usually discussed serious mistakes with other physicians, less than a quarter told their patients. (A third

...those with nonovarian cancer may have received the wrong treatment, while women without cancer received treatment that wasn't needed at all.

of the errors involved diagnoses; others had to do with treatment or procedure.)

One case of silence involved Diane Weiner, a 30-year old resident of Long Island who went into a local hospital with chest congestion so severe that a bronchoscopy and a lung biopsy were performed. Somewhere along the line, her biopsy apparently was mixed up with a cancerous sample from another woman's uterus. Based on that slide, Weiner was diagnosed with lung cancer and sent to Memorial Sloan-Kettering, where a surgeon took out a third of her right lung. After Memorial doctors combed through slice after slice of Weiner's lung—184 tissue samples in all—without finding cancer, they contacted the original hospital to find out what was going on. At some point, it became clear to physicians that Weiner had been misdiagnosed. But Weiner was left out of the information loop: In the months after the operation, she bought a cemetery plot, expecting to use it soon.

Memorial "just engaged in a massive cover-up," claims Richard Frank, her lawyer. "They punched her ticket on the Cancer Express; and when they found out she wasn't supposed to be riding, they didn't tell her." About two months later Weiner's personal doctor found out about the apparent mix-up and wrote a letter to physicians at both institutions demanding that they tell her the truth—or else he would. Shortly after that, a Memorial surgeon contacted Weiner and told her what had happened from his point of view.

She sued various parties and was awarded \$2.8 million. (Memorial doctors, who didn't return our phone calls, claimed in court that endometrial tissue could resemble lung tissue, and that Weiner's lung was so inflamed that she needed the operation anyway. Frank claims it was just a bad case of bronchitis.) Weiner still lives on Long Island; Frank said she preferred not to be interviewed. "She was just a little person in a big system," he says. "Everyone was getting information except her."

Avoiding Disaster on Your Own

The problem is that CA-125 levels can also be elevated by pregnancy, endometriosis, benign growths, cardiovascular disease, smoking, non-ovarian malignancies—or, in 1 percent of patients, nothing at all.

Is there anything a patient can do to minimize the hopefully small chance of becoming a Diane Weiner, or of risking even a short-lived cancer scare? Honest errors aside, the answer is yes.

- Discuss with your doctor whether any cancer screening tests are advisable for you and, if so, which are the most reliable. Unless you have symptoms or belong to a risk group for a certain kind of cancer, some tests are not worth the risk

of false positives. In general, doctors recommend routine screening for cancers of the breast, cervix, colon, skin and testicles. Screening tests for cancers of the head, neck, ovaries, stomach and prostate are more

apt to mislead. In some cases combining tests may increase their reliability. Blood-flow cytometry, which measures the amount of blood going through a tumor picked up by ultrasound, may help distinguish between cancerous and benign tissue (most malignancies have more blood flow).

- If cancer is suspected, find a pathologist and a surgeon who specialize in that kind of tumor. The continual flow of new information makes it impossible for a generalist to keep up. For example, different tumors are sometimes upgraded or downgraded. Certain growths that were labeled malignant two or three years ago are now considered benign, and vice versa.

- Never accept a cancer diagnosis without a biopsy. Request, if possible, that the pathologist observe crucial parts of the operation, since the exact location of a tumor and the condition of surrounding tissues can be an important aid to the diagnosis.

- An opinion from a second pathologist is a good idea and should definitely be pursued if the lesion is described as borderline, or if the doctor tells you that it is an unusual kind of cancer for the part of the body in which it appears. Consult a physician who specializes in that kind of tumor.

Finally, don't wait for your doctor to ask all the questions; volunteer as much information as possible, including symptoms, medications you are taking and other medical history. Don't be

afraid to volunteer details you may think of as trivial; small physical signs may lead the diagnosis in a different direction, and some medicines can cause side effects that might throw off test results or otherwise be misinterpreted as signs of disease. "You have to approach any illness with the awareness that doctors do not have magic vision," says David Hilfiker. "Be specific not only about your symptoms but about the level of concern you feel. Listen to yourself; people often know whether they are seriously ill or not."

In the end, of course, you will either believe

Certain growths that were labeled malignant two or three years ago are now considered benign, and vice versa.

what the doctors tell you or not. "Let's face it, it's hard to participate in your own diagnosis—it's not like treatment, where you get to make the basic decisions," points out Albert Wu. In the

unlikely event there's a slipup, he says, you're not always going to find out. But you will greatly increase your chances

if you "ask a lot of questions and learn to think aloud with your doctor. It will keep him thinking, too. In general, just be skeptical."

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THE SEARCH FOR A SECOND OPINION

Getting a second opinion is often the best money you can spend in medicine—especially in cancer diagnosis. But how do you find an expert, and what if his or her opinion doesn't jibe with the first?

The key doctor is the pathologist—the person who scrutinizes biopsied tissue. Make sure you get a specialist in whatever cancer you are suspected of having—not a garden-variety pathologist. Most people rely on their primary physician to recommend one, but if you want to find any specialists on your own, the *Directory of Medical Specialists*, available in libraries, is a good place to start. The National Cancer Institute (800-422-6237) will refer you to local hospitals and county and state medical organizations that can help you. The College of American Pathologists, the main accrediting organization in the field, will tell you if a lab in your area is on their approved list, provided you know its name and zip code. Its number: 800-522-5678. The Society of Gynecologic Oncologists (312-644-6610) will direct you to local sources, as will the National Alliance of Breast Cancer Organizations (212-719-0154). Note that most local branches of the American Cancer Society don't make referrals.

It may not matter if the nearest experts are many miles away. According to the American Society of Clinical Pathologists in Chicago, "telepathology," in which doctors can consult by phone using computer-generated video images of biopsies, is available in some areas.

A significant disagreement by a second physician is uncommon, occurring in perhaps 2 to 5 percent of cases. This is most apt to happen with borderline lesions—those in which a cancer has apparently been caught at an early stage. These cases fall into a gray area,

and many doctors follow differing diagnostic criteria, says Juan Rosai, M.D., chief of pathology at New York City's Memorial Sloan-Kettering Cancer Center. Such lesions are most often detected in the breast, colon and cervix—not because they occur more frequently there, but because those areas of the body are often the targets of early-detection programs.

"The only thing to do with two different opinions, is send the matter to a higher authority," says Rosai. "It's like a legal case—you have to go to the Supreme Court." The high courts of diagnosis are specialists at 57 "designated cancer centers" selected by the National Cancer Institute. NCI will help you find the one closest to you. Among the national reference centers: Philadelphia's Fox Chase Cancer Center; the Arizona Cancer Center in Tucson; and the Duke Comprehensive Cancer Center in Durham, North Carolina. "This is an inexact science, cautions Rosai. "But the people at these centers have the most experience and you can be sure you're getting the best if you go to them."

Even if two doctors agree that a growth is malignant, but disagree over its grade or type, it is always better to get more information, says Steven Silverberg, M.D., of the George Washington University Medical Center. "We used to worry only about whether something was cancerous, but nowadays cancers are divided into finer and finer classes, and for some the treatment and prognosis are quite different," he says. "As treatments get more specific, failures to classify cancers exactly are being regarded as diagnostic errors." For example, researchers recently discovered a subset of kidney tumors—which usually are deadly—that are 98 percent curable with the right treatment. That's good news you might not get if you didn't insist on a closer look.

VEGETABLE POWER!

By Carlson Wade

This article, designed to show the power of vegetables in breaking down fat for weight loss, is also important information for the cancer patient.

Here is a list of nature's own diuretics to help burn up your body fat:

Asparagus contains asparagine, an alkaloid that can stimulate your kidneys, improving waste removal. The liquid portion of the asparagus breaks up oxalic acid crystals which tend to "glue" fat onto your cells. Once this "shell" has been pried loose, the "locked in" fat can be washed out of your system.

Beets help the liver and kidneys flush out floating body fats. The iron in beets helps clean excessive fat accumulation from blood cells. They also contain natural chlorine that washes fat from the liver, kidneys, and gall bladder. And they tend to stimulate the vitality of the blood lymph which circulates through the adipose, helping dislodge fatty deposits.

Brussel Sprouts stimulate the pancreas to release hormones. And the minerals in the vegetable stimulate the kidneys to release water as well. Together, the hormones and water then flush the adipose.

Cabbage whether raw, steamed or juiced, is very high in sulphur and iodine which clean the mucous membranes in your stomach and intestinal tract. Cabbage is particularly helpful for people with "pot bellies" because it also helps break down the fat in the cells of the stretched skin on your stomach.

Carrots are a primary source of carotene, which breaks down into vitamin A and nourishes cells and tissues. As your digestive system transforms the carotene into vitamin A, your metabolism accelerates and your other vital systems also speed up. This activity vibrates the adipose cells and dislodges fat.

Fresh raw **Celery** has a high concentration of ready-to-use calcium which energizes your endocrine system, speeding up hormone production and breaking down fatty deposits in cells. Celery is also high in magnesium and iron which both nourish the blood cells and help in elimination of wastes.

Cucumbers can help cool inflammation in adipose cells and restore a balance between acid and alkalines. This loosens body wastes for removal. Cucumbers are also high in sulphur and silicon, two minerals that help your kidneys wash waste from your system. And they

are high in potassium which stimulates the glands, helping to break down fat.

Garlic is the most powerful natural diuretic. It is the main source for mustard oils which cause waves of muscular action, loosening and washing away fat. A clove of garlic each day also helps break down stubborn clumps of fat.

Horseradish—just a half teaspoon a day—actually dissolves fat right in the cells and then acts as a solvent and cleanser.

Endive works in minutes to stimulate the metabolism and wash body cells.

And **Lettuce** contains iron and magnesium which go to your spleen and liver. Your spleen supercharges the minerals with power, then sends them through the bloodstream to the body's cells and tissues where they wash the fat-covered cells. Lettuce minerals also stimulate the blood vessels and nerve—giving your body a youthful metabolism.

Romaine Lettuce is high in potassium which stimulates the adrenal glands to release hormones that melt fat.

Onions should be eaten daily. They have oils and minerals that disrupt fatty deposits.

Sauerkraut (fermented without salt scours the mucous membranes of your entire body. Four ounces of sauerkraut juice a day performs a double-barreled task: It loosens and breaks down fat particles and flushes them out on its own liquids.

Radish juices scrub the mucous membranes, striking hardest at encrusted fatty clumps. They also have a high concentration of iron and magnesium.

Tomato, as a vegetable or juice, is naturally high in citric-malic-oxalic acids which seem to accelerate the metabolism. The natural acids combine with its enzyme-activated minerals to help your kidneys filter fatty deposits from your bloodstream.

Apple Cider Vinegar can be mixed with herbs and oil as a delicious salad dressing. Because of the fermentation, it creates acids which join with alkaline elements and minerals to scrub the cells. It is also stored in your system as glycogen and then used regularly in a "time release" fat washing. Apple cider vinegar even has a powerhouse of potassium which acts as an antiseptic to fat-burdened cells.



TO ZAP OR NOT TO ZAP: COMPARATIVE STUDY ABOUT FOOD PREPARED CONVENTIONALLY AND IN THE MICROWAVE-OVEN

By Consuelo Reyes

For those who count among their daily blessings the convenience of zapping food in a microwave oven, the following information may give pause. Perhaps a few seconds saved are not worth the toll of time.....

Every day people all around the world subject the food they eat to a type of hard electromagnetic radiation known as microwave. These are technically-produced microwaves, such as generated by microwave ovens, creating frictional heat based on the principle of alternating current. Even in milliwatts this is a powerful and violent force, compelling every living particle in its path—atom, molecule, cell—to reverse polarity 1-100 billion times per second. Naturally occurring microwaves, on the other hand, such as emitted from the sun, work on pulsed direct current and create no frictional heat in organic systems.

Today the microwave oven is practically a standard feature in homes, restaurants, offices and airplanes, enabling people to heat, eat and barely skip a beat from their hectic lives. But what of the effects on the human body of eating foods thwacked by such a force?

While much scientific research has focused on the *direct* effects of microwaves on living beings—the hazards of which, for instance, have caused concern about radiation leakage from microwave ovens—very little has been said about the *indirect* effects of microwaves on human health, as when microwaved foods are eaten. This question is addressed for perhaps the first time in a new study, presented in a recent issue of *raum & zeit* and authored by Bernard H. Blanc of the Swiss Federal Institute of Technology and University, Institute for Biochemistry, and Hans U. Hertel, Environmental-Biological Research and Consultation. The results are significant and disturbing.

The basic design of the study was as follows: 8 test persons, on a strict diet of natural foods, were given one of 8 food variants on an empty stomach over intervals of 2-5 days. Blood samples were drawn immediately before, 15 minutes after and 2 hours

later. Food variants were also examined for biochemical alterations. The testing continued for a 2 month period. The food variants were:

- 1) raw milk from a biofarm
- 2) the same milk conventionally-cooked
- 3) pasteurized milk
- 4) the same raw milk cooked in the microwave
- 5) raw vegetables from a biofarm
- 6) the same vegetables conventionally cooked
- 7) the same vegetables deep frozen and defrosted in the microwave
- 8) the same vegetables cooked (well-done) in the microwave.

The results of the examination of the food variants themselves revealed, according to Blanc and Hertel, that milk cooked in the microwave shows alterations not seen in other variants in some important areas: acidity increases, which, the researchers state, is consistent with the effects of other technically caused stressors, e.g. poisons, radiations, on natural substances such as soil, air and water; sediment increases, indicating a strain on protein-stability which was clearly greater than found in all other cooking processes; a tendency toward over-sized fat globules which the scientists suggest could be due to lumping of fats after destruction of cell membranes; a decrease in folic acid, a vitamin necessary for blood-building; an apparent increase in Vitamins A and C, which are normally difficult to detect in raw milk, prompting Blanc and Hertel to postulate that microwaving may unmask or change them in some way so that an increase is measured; microwaved milk was more highly charged with radiation energy, according to research findings, than other foods. This was measured by the ability of luminescent bacteria in the presence of microwaved milk to maintain luminosity longer than with other variants, suggesting that such energies can be transferred to other living beings, such as humans, who drink the milk.

Among the changes observed in microwaved vegetables, the authors noted losses of more than 20% of the juices, resulting in somewhat lower energy

value. A significantly higher degree of luminosity in luminescent bacteria was also seen than in conventionally prepared variants.

As for the effects on test persons, after the intake of all foods heated, defrosted or cooked in the microwave oven, tendencies were observed which, according to Blanc and Hertel, "in some essential points are, according to 'Rank,' statistically significant." Generally speaking, blood analyses showed anemic tendencies and a pattern of stress which became more pronounced over the course of the trial period with repeated administration of test foods. More specifically, their findings include the following:

Erythrocytes, the red blood cells, tended to increase with vegetables defrosted in the microwave. The researchers explain that this may be because "along with other blood factors, erythrocytes can be mobilized under stress, possibly from the spleen, and to thereby temporarily increase in the blood." However, they note, that prolonged stress can have the opposite effect and result in an anemic condition."

Hemoglobin, the oxygen-carrying part of the blood, tended to decrease with microwaved milk and most significantly with microwaved vegetables. The authors state that "decreases of hemoglobin are commonly considered as signs of an existing stress situation." The hemoglobin-concentration (MCHC) and the hemoglobin content (MCH) showed similar anemic tendencies, at times reaching statistical significance. Blanc and Hertel note that such decreases have been observed "with microcytosis, toxic reactions (e.g. chemicals and radiations) that may lead in time to rheumatism, fever, pituitary insufficiency, etc." Hematocrit values, on the other hand, increased with microwaved vegetables, at times to a statistically significant degree, "an indication," according to Blanc and Hertel, "of acute toxicity compared to low hematocrit values, which can be indicative of chronic conditions."

Leukocytes, a type of white blood cell mobilized for the immune response, on the other hand, increase to a greater degree with microwaved variants than all others. "Leukocyte response," the authors state, "is especially sensitive to stress...This marked increase could just be the effect of a stress situation caused by the microwave-irradiated food." Lymphocytes, another type of white blood cell, which are known to decrease in response to external stress (e.g. poisons), registered a pronounced though temporary decrease

with vegetables prepared in the microwave

According to common scientific belief, cholesterol levels usually change slowly over time. After the intake of microwaved vegetables, however, a rapid increase in cholesterol values, especially HDL and LDL, was observed, while with milk, cholesterol remained the same, even decreasing significantly with raw milk. The researchers found this very interesting observation consistent with current scientific information that "cholesterol may rapidly increase in the blood secondary to acute stress...(and that blood cholesterol levels) are less influenced by cholesterol content of food than by stress-causing factors...(including) technical radiation and toxic substances." Blanc and Hertel also note that "cancer patients seem to always show pronounced increases of cholesterol-levels in the blood..(which) could, therefore, be an indication of a beginning or already existing cancerous process."

Tests done to determine the luminescent power of bacteria in contact with serum from test subjects after consuming microwaved foods were "significantly higher" than with serum from test persons after eating other food variants. The authors infer, therefore, that the possibility of a transfer of radiation energy from microwaved foods to living beings must be taken into account.

In sum, Blanc and Hertel conclude that their data measuring the effects of microwaved foods on human beings reveal changes in blood profile "indicative of an early pathogenic process, similar to the actual start of cancer," and, therefore, that microwaves can be hazardous to man directly as well as indirectly via microwaved foods.

To zap or not to zap? I find myself thinking of the Faustian pact with the devil, but with a twist: while the medieval philosopher sold his soul for knowledge and power, we barter our lives for seconds seemingly saved, hoping not to know what we've really bargained for.

If you would like to receive a list of references (in foreign languages) for this study, send a self-addressed, stamped envelope to:

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NEW PRODUCTS INFORMATION

Amidst the deluge of material delivered daily to the **FACT** offices—much of it bearing news of wondrous discoveries that purport to be the answer to all human ills—we occasionally come across something of real merit that can fit nicely into a comprehensive health program. These new products have been developed by skilled practitioners in the course of their clinical work.

The following devices, designed by chiropractors, are examples of such innovative products that may be of value to readers. As you will note, the manufacturers have made these items available to **Cancer Forum** readers at special reduced prices. Just mention **FACT** when you place your order.

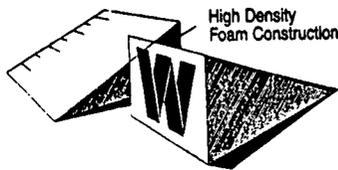
The Welles Step and Wedges

Dr. William Welles, a chiropractor, has written and lectured extensively on the importance of squatting for being. He explains that, because Western man does not assume this posture for daily activities such as eating, defecating or just so-called "primitive" general well-being. He explains that, because Western man does not assume this posture for daily activities such as eating, defecating or just so-called "primitive" muscles of our legs shortened, exerting an inhibitory effect on our bowel function, energy levels and overall health." Squatting, he believes, "is the



General Squat

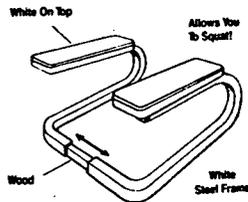
general well-being. He explains that, because Western man does not assume this posture for daily activities such as eating, defecating or just so-called "primitive" muscles of our legs shortened, exerting an inhibitory effect on our bowel function, energy levels and overall health." Squatting, he believes, "is the



The Welles Wedges

The Welles Step

supreme exercise because it balances the pelvis, the seat of energy in the human body." Benefits of squatting as an exercise—requiring only minutes per day—include: improved elimination, athletic performance, low back geometry and joint wear, foot geometry, and easier childbirth."

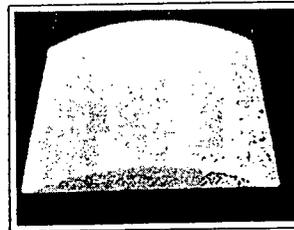


In order to enable those of us who have difficulty with the flat-footed squatting posture, Dr. Welles has invented two useful aids. The **Welles Step** is a uniquely-designed foot stool that fits easily by the toilet. It allows an individual to assume a squatting position while sitting on the "throne" toilet, resulting in a more complete and relaxed elimination. It retails for \$59.00 plus shipping, with a special price of \$49.00 plus shipping for readers of **Cancer Forum**.

The **Welles Wedges**, constructed of high density foam, enable one to comfortably perform a series of daily squatting exercises which Dr. Welles has clearly delineated in an accompanying booklet. The Wedges sell for \$8.95 plus shipping, \$6.00 plus shipping for friends of **FACT**. For information and ordering the toll-free number is: 1-800-347-3881.

Ortho-K

Ortho-K is a curved plastic device—6 1/2" X 6 1/2" with a 17 cm radius arc, a shape which most nearly duplicates the normal lumbar spinal curve. According to Gravitech, the manufacturer, "Nature



Ortho-K

has intended for us to have a normal curve in our low back. This healthy curve serves as a shock absorber against gravity and gives us an increased level of movement in our daily lives." Negative stresses, such as lifting, improper exercise, running, prolonged standing or sitting, and wearing high-heeled shoes bring about subtle changes in the low back that alter this healthy curve and problems can emerge.

The **Ortho-K** helps restore the normal curve by allowing low back muscles to relax with the gentle force of gravity. When placed under the back for 20 minutes at a time, it can alleviate or eliminate back pain, stress, pinched nerve pain, sciatic pain, spinal compression, fatigue, spondylosis—in effect, an easy, relaxed dose of chiropractic that you can take along with you wherever you go!

Ortho-K is available from Gravitech, Inc., PO Box 221, Alma Center, WI 54611. The cost is \$24.95 including postage, \$19.95 for **Cancer Forum** readers. Their toll-free order number is: 1-800-344-4435.

The following consent form was sent to us by a member of FACT whose husband was being treated for psoriasis by conventional therapy. When treatment with steroidal drugs yielded no improvement, the doctor told the patient that the only thing he had to offer him was Tegison, an experimental drug for which a consent form was required. The man took the form home and never returned to the doctor! He subsequently followed a natural healing program, including detoxification, and is now completely free of psoriasis.

CONSENT FOR PSORIASIS THERAPY WITH TEGISON

I have been informed by Dr. _____ of the many side effects of Tegison therapy for psoriasis. The side effects include, but are not limited to the following: increased levels of blood cholesterol and triglycerides, liver abnormalities, other blood abnormalities, bone changes, eye changes (including corneal changes, cataracts, other visual disturbances and chronic dryness of the eyes), changes which cause increased pressure on the brain and may cause chronic headaches, inflammatory disorders of the intestines and the lungs, skin rash, thinning of hair, muscle aches and cramps (which can be persistent), abdominal pain, very dry peeling skin, nose bleeds, and other conditions which are less frequent but have been reviewed by Dr. _____.

IF A FEMALE: I understand that it is essential that I am not pregnant when Tegison therapy is started, nor should I become pregnant until two years after Tegison therapy has been stopped. I understand the reasons for this are the horrible birth defects that can occur if I should become pregnant. I have assured Dr. _____ that I will use birth control for the entire time that I am on Tegison and for at least two years after Tegison therapy is stopped.

Understanding all of this and having had Dr. _____ explain the therapy to my satisfaction, I hereby consent to have therapy with Tegison.

SIGNED: _____

LETTERS

Dear Ruth,

This brings best wishes to you all for a healthy year. Ruth, do you know where I can purchase Whole Life Food Blend, a Dr. Bernard Jensen product? None of the health food shops here carry it. If you do know, please jot me a quick note.

Many thanks, kindest regards, S.P.
P.S. Thank you so much for your publications. I feel they are helping me in fighting disease. *You can order Whole Life Food Blend from L & H Vitamins: 1-800-221-1152.*

To whom it may concern:

While I support FACT very strongly in what they do and stand for, I cannot at this time contribute because my son and I have been out of work for 1 1/2 years. I am sorry to give you this news.

Sincerely, F.W.
We have extended F.W.'s membership another year. As a non-profit, educational organization, we would not wish to deny information to someone because of economic limitations. Fortunately, contributions to FACT allow us some leeway in this regard.

Dear Ruth,

Another wonderful, informative issue!

E.E.

(I met you at the Buffalo airport when you came several years ago.)

Dear Ms. Sackman:

I wish to thank you for taking the time to talk with me last month and, also, for forwarding the kit for the HCG test.

The conversation with you contributed greatly to easing my mind by directing me to an alternative testing procedure and by offering the services of your organization in the event they are needed.

It was a sincere pleasure talking with you and I found your counseling invaluable.

Sincerely, T. E. G

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(16) Pat Judson (Colon Cancer)

(41) Richard Mott (Lung Cancer)

(43) Kay Windes (Breast Cancer)

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(99) Bernard Nevens (Colon Cancer)

(108) Kay Windes (Breast Cancer)

(112) Louise Greenfield (Breast Cancer)

(116) Betty Fowler (Skin Cancer)

(119) Bernard Nevins (Colon Cancer)

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(127) Doris Sokosh (Breast Cancer)

(132) Pat Judson (Colon Cancer)

(139) Lou Dina (Lymphoma) & Hy Radin (Spinal Cancer)

(142) Betty Fowler (Skin Cancer), Health Excel Program

Panels of Recovered Cancer Patients

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(Testicular Cancer), Ruth Williams (Melanoma)

(67) Jeannie Glickman (Ovarian Cancer), Betty Fowler

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