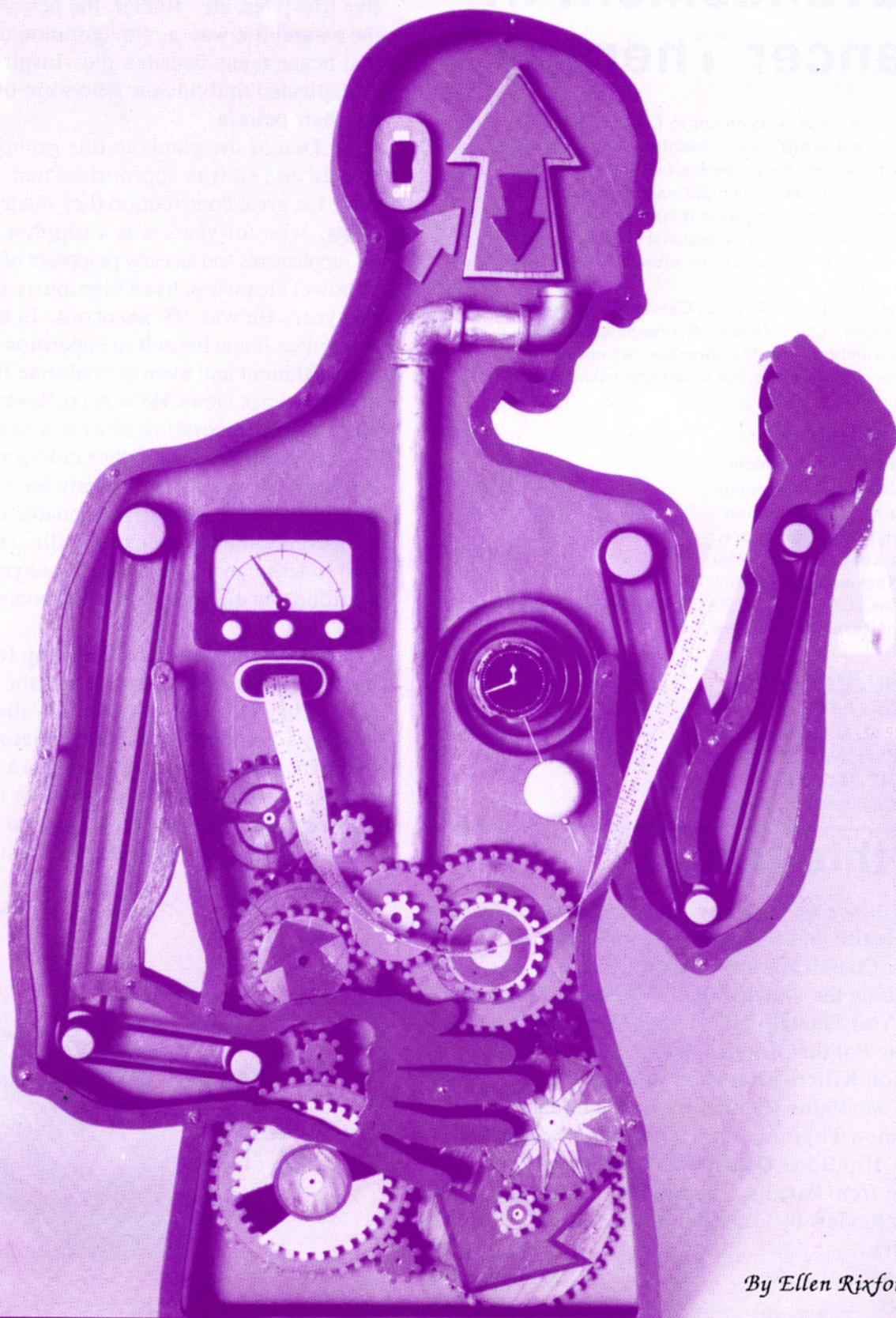


CANCER FORUM

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



By Ellen Rixford

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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National Headquarters

- F.A.C.T., LTD.
- Box 1242, Old Chelsea Station
- New York, N.Y. 10113
- Tel.: 212-741-2790
- Ruth Sackman, President

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Dear Reader,

Contrary to popular opinion, the health movement in this country did not begin in the '60's with the dawning of the Age of Aquarius, the interest in alternative lifestyles, etc. Rather, the new enthusiasm for the natural life was a reinvigoration of a movement that began many decades ago, inspired by a group of dedicated individuals who were often chastised for their beliefs.

Two of the giants in this group have recently died and so it is appropriate that we commemorate the great contribution they made. Victor Earl Irons, who for years was a supplier of high quality supplements and an early proponent of the importance of bowel cleansing, lived vigorously until March of this year. He was 98 years old. In his early years Irons often found himself in opposition to the medical establishment and even served time in jail because of his maverick views. He went on, however, to educate more than a generation of health-seekers.

Carlson Wade, another colossus of the early activism, was an author of many books about health at a time when it was not fashionable to look to food as prevention or treatment for illness. Among the first to write about the value of enzymes for proper nutrition, he died recently at his home in New York City.

These two men paved the way for our current national passion with health and the natural lifestyle. They understood—in a way that is often lost in today's confused, overcommercialized alternative health movement—that well-being is a birthright that can best be maintained not by some quick-fix new discovery, but by respect for the age old laws of nature.

Yours in the Best of Health,

Ruth Sackman



THE CHOICE IS YOURS

BY RUTH SACKMAN

How do you decide what to do when your doctor says, "It's cancer"? You've heard about alternatives, but there are so many and the claims of efficacy are so dramatic. Can it all be true? You know that the conventional cancer treatment of surgery, radiation and/or chemotherapy has a claimed cure rate of 50%. You find yourself in a panic about making a decision. Let me try to clarify the information for the lay person and dispel the myths perpetuated by both the conventional adherents and alternative supporters.

First, we'll start with the information based on the orthodox view:

The 50% cure rate does not actually represent "cure." Rather, it is the medical yardstick for 5-year survival (calculated from time of diagnosis). Since the figure represents an average for all types of cancer, it is important to understand the survival rate of the different types of cancer. For instance, the survival time for a patient diagnosed with breast cancer, found early when the tumor is the size of a pea, is well over the 5-year mark, very often even without treatment. The statistics, however, aren't anywhere near as good with many other types of cancer, i.e., liver, pancreatic, brain, acute leukemia, lung, colon and others.

Conventional treatment buys time. There is nothing about surgery, chemotherapy, radiation or hormone inhibitors, the conventionally-approved modalities, that restores the well-being of the host. There is nothing in the treatment that supplies the body with the material needed to build healthy, normal cells. There is nothing in the treatment that improves immune function. Chemotherapy and radiation do the reverse; they depress immunity.

It is only fair, given the present limited ability of standard treatment to cure cancer, that patients be competently informed so they can make knowledgeable decisions. Out of compassion doctors sometimes feel compelled to withhold grave information and to urge patients into uncomfortable treatments attempting to extend life as long as possible.

I, for one, feel that an informed patient in control of decisions will do better than the patient who feels helpless. Research has shown this to be true. It may not be applicable to all, but it is to most patients.

We need to examine alternatives with the same critical approach. Many writers have written

There is nothing about surgery, chemotherapy, radiation or hormone inhibitors, the conventionally-approved modalities, that restores the well-being of the host.

books listing a whole litany of cancer therapies labeled "alternative" principally by virtue of the fact that they are not sanctioned by orthodox medicine. Their

writings are based on interviews or reading material which is sometimes exaggerated or based on the enthusiasm of inexperienced suppliers and practitioners or the premature judgements of cancer patients. Wading through the vast amount of information and misinformation which is now available about alternative cancer therapies must be an ordeal and probably impossible for someone with no prior experience to judge for efficacy.

Since FACT has been in existence for over twenty years, we have been able to spend the time required to determine whether the claims made about therapies actually are accurate and the time factor cannot be ignored, and must be included in making a judgement of the success or failure of cancer treatments. A treatment must sustain; it must also maintain the well-being of

a patient until death from other causes. It should not be evaluated simply because a patient claims to be feeling better. That is too subjective. Nor can a treatment be considered efficacious simply because a patient has surpassed the conventional doctor's yardstick that he/she will only survive for a given period of time. There are many instances where the patient has outlived the doctor's prediction. Long-term survival under generally healthful conditions is the soundest method of evaluating a therapy.

Something has been lost in the spate of alternative cancer therapies that one reads about or hears over the radio and that is the biological aspect of treating the patient with only non-toxic substances which is the very reason for the existence of FACT. Some

of the therapies categorized as alternative are toxic and based on the same principle as chemotherapy. For example: one therapy mentioned in a book by Ralph Moss and picked up by other authors is hydrazine sulfate. This is a toxic chemical used in the production of rocket fuel. It performs exactly like conventional chemotherapy by depriving the cancer cells of a needed element—in this instance, glucose. It also mimics chemotherapy by depriving healthy cells of the same nutrient which they need for survival.

We recognized the failure of the conventional system to actually cure cancer and discovered that there were many well-credentialed, non-traditional biologically-oriented practitioners who were curing cancer as well as other chronic degenerative diseases by shifting their attention away from the symptoms to the restoration of the host. Instead of focusing on the tumor, which they considered the symptom of disease, they focused on the cause, the biochemical breakdown, an area neglected completely by traditional therapy.

Supporting this more logical concept, we have seen long-term patient recovery. For those whose problem is too far advanced for complete recovery, we have seen them benefit by adding time, quality

time.

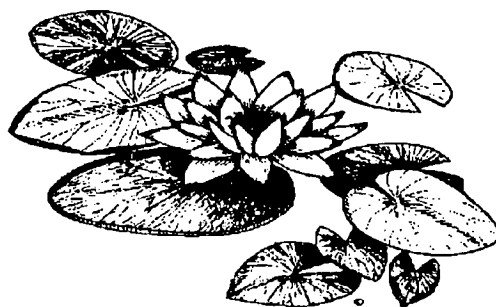
To judge an alternative therapy you need to be armed with as much accurate information as possible. During FACT's existence we have had to conclude that the system that produces the best results is the one that addresses the physiology of the body, not the one that merely attempts to reduce the size of a tumor. Reducing the size of a tumor does not correct the breakdown in body chemistry responsible for producing abnormal

Instead of focusing on the tumor, which they considered the symptom of disease, they focused on the cause, the biochemical breakdown, an area neglected completely by traditional therapy.

cells. The therapies we support are sometimes referred to as Biological Therapies. They are very complex, requiring a drastic change in lifestyle from the one that allowed the disease to develop to one that restores normal function and produces

only healthy cells. A basic tool is a balanced dietary regimen of natural, whole foods that provides the body with **all the essential elements required to build healthy cells**. Substances such as Carnivora, Cancell, Laetrile, 714X, selenium, Vitamin C and others, cannot possibly fulfill the cells' requirements. Detoxification is a companion tool that relieves the body of accumulated carcinogens and other waste materials that tend to interfere with normal body function. Without a sound biorepair program the body usually continues the production of abnormal cells which makes cancer recurrence more likely than not.

To choose a biologically-sound system designed to restore and maintain the well-being of the patient is a real option, not a variation of a conventional theme. The choice is yours. ✿



FOR HEALTH AND REJUVENATION - WATER

Have you ever wished that there was a medicine which would heal any sickness you might have? A medicine which if you took it internally or applied it to the body surface would restore that lost energy and well being? Perhaps no other remedy has so stimulated people in their searching as water and its uses.

Water is an absolute necessity inside the body. Each of our more than 100 trillion cells has to have water day in and day out or it will dehydrate and die, just like the houseplant your neighbor forgot to water while you were on vacation. On the other hand, just as a plant can either just barely survive on just enough water, or grow luxuriantly on an adequate supply, so depending on our water intake, our cells can either just barely survive, or function at top efficiency. Especially do our kidneys suffer when water intake is curtailed. By the way, a healthy adult needs at least three pints of water each day in order to properly flush out the body's waste. Inadequate water can also cause the kidneys to raise a person's blood pressure causing hypertension. In this case, all a person needs to do is drink plenty of water and his blood pressure will come back down.

HYDROTHERAPY: WATER ON THE OUTSIDE

The external use of water for both the sustenance and rejuvenation of health is one of the oldest remedies known. The Scriptures contain a number of accounts of healing in which water was involved, and down through the centuries since Roman times, we find different baths were prescribed by physicians for various ailments with hospitals often being built near natural mineral springs, giving rise to what is known today as a spa, which literally means "mineral spring." During the later 1800's Wilhelm Wintermütz of Vienna and J.J. Kellogg, one of his pupils, established hydrotherapy as

a scientifically applied and effective medicine. In Battle Creek, Michigan, Kellogg expanded the use of hydrotherapy; a core of nurses was trained in its skillful application, and remarkable results were achieved.

If hydrotherapy was so incredibly successful back then, why doesn't it enjoy a wide usage now? With the introduction of many new drug medications for the treatment of infectious diseases, degenerative disorders, and emotional disturbances, it was found that it was much simpler, easier, and seemingly more effective to administer these agents than to skillfully administer laborious and time-consuming treatments which often required much patience when it came to achieving results. But, in the long run, are drugs really as safe and effective as hydrotherapy? Is its reduced use really justified, and is it outdated in the field of medicine? Are we in a safe position to largely discard the oldest medicine known? Before we answer this, let's learn a few basic things about water and how it works.

Cold water applied appropriately to the skin of a fevered patient can withdraw heat from the body as a whole. Controlled steam, such as that given off by moist hot packs, can contribute heat.

SOME WATER BASICS

One reason water is so useful is because it can hold and transport a tremendous amount of heat. For this reason, it is extremely valuable to the body for heating and cooling the skin of different areas, and as a result of nerve reactions, can also be used to treat internal organs by affecting the blood flow to them. Heat, which may be applied by fomentations, causes dilation or enlargement of the blood vessels of the area it is applied to. This in turn increases the blood circulation inside the specific internal organs linked to that area by the nerves, which cause the blood vessels inside these organs to also enlarge, dramatically increasing the blood supply to it with a generous supply of germ fighting white blood cells, nutrients, and oxygen. Then ice or cold water applied right afterward can constrict the vessels in the skin causing the nerves to constrict the vessels in those

organs, squeezing out all that blood loaded with disease and waste so it can go scooting back to the heart and lungs to be cleansed and revived.

Ever so many techniques have been devised and equipment invented, to optimally apply water in hydrotherapy treatments. There are specific procedures such as hot baths, cooling sponge applications, contrast baths, wet sheet packs, steam inhalations, compresses, douche massage, and pool therapy for rehabilitation. Naturally, any procedure inducing physiological changes in body processes must be used with caution appropriate to the condition of the patient.

Certainly we can see that water, the oldest remedy known to man, is still scientific and up to date. It may be used for healing in elaborate and sophisticated ways, or simple treatments may be effectively given in the most primitive of settings. Far from being discarded, this bounty of Nature may still be used with success. ❁

This article was adapted from Wildwood's Health & Healing magazine.



Come and listen to my story
Of Mother Nature in all her glory,
Of gardens filled with precious flowers,
In which I love to walk for hours.

And sometimes just like in a dream,
I sit beside a crystal stream,
Or maybe in the water wade,
Or lay contented in a shade.

Come and hear of scenes so grand,
Like oceans blue with golden sand,
And mountains leaping t'ward the sky,
Where gay and cheerful birds go by.

And how at dusk the sun does set,
And all my care I soon forget
As twinkling stars and moon shine bright,
And in my heart is sweet delight.
Come and listen.

—J. Dalrymple

Food, Chemicals and Cancer

There are more than 325 registered categories of chemical pesticides now being used on the nation's produce, a spokesman for the federal Environmental Protection Agency said.

"Of those, 66 categories have been shown to cause cancer in laboratory animals," EPA spokesman Albert Heier said. "Most of the chemicals in the 66 categories are considered possible human carcinogens and five categories that have caused cancer in two animal species are labeled probable human carcinogens," Heier said.

Pesticides are used to kill weeds, fungi, insects, rodents and mollusks. The following are among the most widely used pesticides today, according to Heier:

- Alachlor (brand -name Lasso): most widely used herbicide in the United States, primarily used on corn; probable human carcinogen.

- Captan (Merpan, Orthocide): recently restricted fungicide still used primarily on apples, cherries, grapes, nectarines, peaches, pears and strawberries; mutagenic (causes changes to living cells); probable human carcinogen.

- Ethylene bisdithiocarbamate, or EBDC (Mancozeb, Maneb, Metiram): fungicide under consideration for restriction, primarily used on potatoes and tomatoes; breaks down into ethylenethiourea, or ETU, which causes thyroid disorders and increased risk of birth defects among exposed workers; a probable human carcinogen.

- Parathion (Phoskil); insecticide primarily used on peaches, pecans, walnuts and wheat; extremely toxic, leading cause of worker poisoning in California; possible human carcinogen.

—Bruce Golding



Then a strange blight crept over the area and everything began to change. Some evil spell had settled on the community; mysterious maladies swept the flocks of chickens; the cattle and sheep sickened and died. Everywhere was a shadow of death. The farmers spoke of much illness among their families. In the town the doctors had become more and more puzzled by new kinds of sickness appearing among their patients...

A grim specter has crept upon us almost unnoticed, and this imagined tragedy may easily become a stark reality we all shall know.

—Rachel Carson from *Silent Spring*
(Houghton Mifflin, 1962)

WATCHING THE WATCH-DOG

By Consuelo Reyes

We Americans are a very trusting people. We want to believe that our government is by and for the people. We especially want to believe that those federal watchdog agencies, entrusted to protect the public health, truly act in our best interests. But a healthy democracy depends on the constant vigilance of its citizens. The following is an excellent case in point.

In the FACT "Food Additives" file there are two articles, both printed in 1974, which share an interesting relationship. The first, "How Government Experts Challenge Food Additives," appeared in the publication *Nature's Way* in May 1974. It reports new findings of the National Institutes of Health (NIH), the well-funded federal conglomerate of research operations dedicated to improving the nation's health. Research funded by NIH had found definite proof that certain chemicals added to processed foods are toxic to the human system. These additives, put into foods for the purpose of preventing bacterial growth (so-called "preservatives"), were found to change the shape of healthy cells and kill them.

The article concludes with a list of the additives and a warning not to buy any product on whose label they appear. Among the toxic chemicals mentioned are **propyl paraben** and **methyl paraben**.

Fast forward to the *Sunday News* of September 22, 1974: "Four Additives Ok'd By U.S." The Food and Drug Administration (FDA), the government agency entrusted with ensuring the safety of the public food and drug supply, announced that four common food additives have been placed on the GRAS (Generally Recognized As Safe) List. The article explains that after the cyclamate ban in 1969 when the additive was found to cause cancer in rats and banned from the food supply, President Nixon ordered a review

of over 500 food ingredients and additives and here, at last, were the results of the research. Affirmed as GRAS were listed the antimicrobial agents **propyl paraben** and **methyl paraben**!

What's going on here? Could it be that propyl and methyl paraben miraculously lost their toxicity between May and September? Is it possible that the FDA, the government "watchdog" agency given the express purpose of protecting the health of the nation, was ignorant of, or perhaps, due to industry pressure or some other agenda, was choosing to ignore the results of a test financed by another governmental health agency?

At any rate, the media and the public evidently failed to pick up on the contradiction because the FDA's stamp of approval on propyl and methyl paraben **still stands today**. A check of labels, especially in the health food store, revealed the rampant use of the two additives in toiletry articles such as body lotions, shampoos, conditioners, etc. The skin is the largest organ of absorption in the body and, therefore, anything applied topically will doubtless find its way into the bloodstream.

As mentioned, these two chemicals were found on the labels of "natural" products in health food stores in the same abundance as in "regular" stores. Most people like to feel that anyone involved with the health movement must have superior knowledge and motives, but, sadly, the need for consumer vigilance is omnipresent. KM, a popular herbal concoction touted as a natural remedy for many ills, lists as ingredients propyl and methyl paraben. Several years ago the label of the product was sent to FACT by a distributor. When Ruth Sackman told him that the product contained these two toxic chemicals, he said he would speak to the manufacturer about changing them. A few weeks later the man called back to report that the makers of KM claimed they couldn't make the change and so **propyl and methyl paraben remain in the product to this day**.

While we're on the subject of confidence, the term "GRAS" does not exactly inspire equanimity. What exactly does "generally" mean? Are there some occasions when the substance is **not** safe? What if you happen to be one of those rare individuals

adversely affected, while the population at large has no problem? One would hope that our “watchdog” agencies would either abstain from adding such substances to the public food supply or, at least, alert us to possible dangers. This, sadly, has not been the modus operandi of the FDA. In such instances the agency often claims it does not want to alarm the populace. It is usually years later that we hear that a heretofore con-

sidered safe substance causes problems and must be removed from the market.

The sad moral of this story is that our government protection agencies—along with constituents of the health food industry—are not necessarily looking out for us. Until they reorganize themselves to the point where they earn our trust, it is in our interest to maintain a healthy skepticism about all pronouncements relating to our health. ❀

AND YOU THOUGHT NEW DRUGS WERE SAFE?

The majority of new medicines are more dangerous than pre-marketing testing predicts. Of 198 new drugs marketed between 1976 and 1985, 102 (51.5%) caused toxic effects that required the drugs to be either re-labeled or withdrawn, according to the U.S. General Accounting Office.

By federal regulation, drugs are tested in animals and in human volunteers. But problems of extrapolating results from animals to humans, combined with the near-impossibility of finding relatively rare toxic effects in small volunteer samples, renders pre-market testing a dicey proposition at best.

Zomax was a common pain-killer in the early 1980's. But it had to be withdrawn when it caused 14 deaths and hundreds of life-threatening allergic reactions. Nomifensine was a new antidepressant that was supposed to be less toxic than others. After several patients became ill and some died, nomifensine was withdrawn.

The irony is that most new drugs are not medically necessary. Drug manufacturers are as competitive as automobile manufacturers. If one has a patent on a certain medication, competitors develop similar medications that compete for a share of the market. Take Valium, for example, a best-seller for Roche pharmaceuticals. It was used for anxiety reduction, sleep, alcohol-withdrawal, and any numbers of other indications, and sales soared. Because Valium

was patented, it could not be copied or produced generically. But with minor modifications, new Valium-like drugs appeared on the market, now numbering in the dozens. Dalmane, Halcion, Serax, Ativan, Xanax, and many others boast of a shorter or longer duration of action or a slightly different side-effect profile. But in the GAO's review of new drugs that turned out to be toxic, of eighteen Valium-like compounds, three raised additional problems after approval.

What does all this mean to the consumer? Unfortunately, it means that unpredictable side-effects will often occur. The true range of effects of new drugs becomes evident only after they are in widespread use. And the research and development required even for unnecessary new drugs means millions of dollars that will ultimately have to come from the consumer, animals killed in gruesome toxicity tests, and human volunteers exposed to potential risks—all for products that have more to do with business competition than medicine.

And for every drug which fails or which is withdrawn, millions of dollars of research and development costs are defrayed by padding the prices of the company's remaining drugs. ❀
Reprinted from Good Medicine, Winter 1993, published by Physicians Committee for Responsible Medicine (PCRM).

IT'S THE POT THAT COUNTS

Doctors at the Shanghai College of Traditional Chinese Medicine were perplexed when cancer patients with similar conditions and symptoms responded differently to treatment by the same medicinal herbs, says the *Journal of Traditional Chinese Medicine* (vol. 9, no. 2). They investigated and found that the problem lay in the type of pot used for preparing the herbs.

The researchers decocted a medicinal herbal preparation in seven different kinds of utensils including glassware, iron and aluminum pots, and enamelware. Then they tested the preparations' effect on colony formation of human gastric carcinoma cells in culture. They found that the herbs made in glass, enamel, and earthenware pots best inhibited cancer growth. In second place were preparations made in iron, stainless steel, and copper pots. Least effective were herbs prepared in aluminum pots. The researchers are unclear about how the composition of the pots changes the effectiveness of the formulas. ❁

Reprinted from East West Journal, June 1990

Passion Killers That Hide in Your Medicine Cabinet

If a seemingly healthy man suddenly can't function sexually, he should immediately check his medicine cabinet.

Prescription drugs are probably to blame in at least 2.5 million of the estimated 10 million cases of impotence among American men, says Dr. Richard Galbraith of Rockefeller University's Clinical Research Center in New York City.

Commonly-prescribed drugs medical experts say can cause impotence include: baclofen (trade name Lioresal), used as a muscle relaxant; clofibrate (Atromid-S), used to lower cholesterol; disopyramide (Norpace), used to regulate heartbeat; isoniazid (Trecator-SC);, an antituberculosis drug; fenfluramine HC (Pondimin), an appetite suppressant; guanethidine sulfate (Ismelin Sulfate), for high blood pressure; methyl dopa (Aldomet), an antihypertensive drug; prazosin HCl (Minipress), used for high blood pressure; cimetidine (Tagamet),

used to treat ulcers; and spironolactone (Aldactone), to prevent fluid retention.

"If someone is using a new drug and experiences impotence," says Dr. Galbraith, "the first thing he should do is check the drug's package insert to see if it's been reported that it can cause this side effect.

"The next step is to talk to your doctor. The drug might not have anything to do with the problem, but it's easy to find out.

"If there's any doubt, the drug can be stopped. The situation usually takes only days or a couple of weeks to repair itself."

—Jack Veitch

Common Thyroid Supplement May Reduce Hip Bone Density in Women

Long-term use of thyroid hormone supplements may put a woman at increased risk for hip fractures and other complications of bone density loss as she ages.

A recent University of Massachusetts Medical School study of 62 premenopausal women aged 19 to 46 indicated that those who had taken the thyroid hormone L-T4 (L-thyroxine) for five years had a 10 to 13 percent lower bone density in the hip compared with women of comparable age and weight who had no thyroid abnormalities and were not taking the supplement.

Researchers conclude that while the hormone supplement remains appropriate therapy for certain thyroid disorders, the dosage should be monitored carefully, especially for older women who are at increased risk for bone density loss in the years following menopause. (*ed. note: Why not use Armour's thyroid instead of the chemical L-thyroxine?*)

—*Journal of the American Medical Association,*

NATURAL OR SYNTHETIC?

Dr. Linus Pauling, crusading evangelically for vitamin C, argues that massive doses bring a wide range of beneficial effects. He claims there is no difference between the natural and synthetic vitamin. Dr. Justa Smith, a nun and biochemist at Rosary Hill College in Buffalo, disagrees. She says, "If anyone could get me an eyeball to eyeball meeting with Dr. Pauling, I'd sure appreciate it."

Ruth,

PARADISE FOUND! I have come to a wonderful healing center in all its God given natural beauty on the doorstep of a wonderful beach. The **LIVING FOOD** is so nourishing that my body and mind instantly felt it.

I **LOVE** this place and **IT LOVES ME!** The fresh air, the blue, blue sky, the palm trees and the Healthy Life Style Ann Wigmore teaches are an enormous gift for detoxification and deep healing.

LET FOOD BE YOUR MEDICINE works here—along with fresh air, salt water, beach and loving care.

I surely recommend interested persons to come to this place for Today's Food Education and Healing.

Thank you again for your inspirational work.

Judith Share



The Beach at Rincon, Puerto Rico.



Judith Share relaxing at the Ann Wigmore Foundation.

BOOK REVIEW by Consuelo Reyes

Options—the Alternative Cancer Therapy Book by Richard Walters (Avery Publishing Group, Inc., Garden City Park, New York, 1993, \$13.95)

It was well over a century ago that the English philosopher, Herbert Spenser, observed, "When a man's knowledge is not in order, the more of it he has, the greater will be his confusion."

We may never know what inspired Spenser's words, but his wisdom is painfully relevant to today's alternative health minefield of mass information/mass confusion. Exempli gratia: *Options—The Alternative Cancer Therapy Book* by Richard Walters, another on the bandwagon of cancer compendiums—books that purport to give patient and family the lowdown on non-conventional treatments so that they may become, as the prefaces promise, intelligent medical consumers.

Options, like its fast-selling siblings, fails not only because the vast expanse of material it presents is so shallowly understood and, in far too many instances, simply wrong, but because the whole purpose behind these books is wrong! A patient or his/her family in the throes of a cancer diagnosis is not equipped to evaluate the whole litany of pleasant-enough sounding treatments in order to determine the direction appropriate to his/her unique situation. Such collections of information (and misinformation) like *Options* exhaust the patient's time and money, creating frantic medical shoppers who really haven't a clue what they're shopping for. The author may sincerely want to help, but the patient is not served.

It's difficult to pinpoint in a few words what is wrong with Walter's information because what is missing is nuance that comes with intimate understanding. For instance, rather than presenting a coherent concept of what cancer is, he seems simply to go along with the conventional idea that cancer is the tumor and, therefore, tumor reduction, rather than the well-being of the host, is the yardstick of treatment efficacy. Often interchanging the word "non-toxic" for alternative, he presents treatments, such as selenium, hydrogen peroxide, which have toxic effects. He speaks of the short-term success of combining chemotherapy or radiation with alternatives without regard for long-term effects. He lumps whole body hyperthermia and localized hyperthermia together as if equally effective, though favors the latter because it has less side effects like fever, which we know to be the very healing mechanism sought to be activated!

Much of the problem has to do with the fact that

these so-called practical guides are written by writers, not clinicians. Without years of experience dealing with cancer patients and biological therapies, a writer's evaluation of one treatment over another is not worth much and it shows. A glance at Walter's sources reveals where he probably did the bulk of his research: most are books by other writers covering the very same area, others are books written by proponents of a particular therapy or works by cancer patients extolling the virtues of what happened to work for them. Does familiarity with these works qualify a person as an authority in the field? Apparently confident in his own expertise, Walters proclaims: "There is currently no book available that takes a comprehensive, unbiased look at the full range of alternative cancer therapies. *Options* is intended to fill that gap."

Unfortunately, Walters has only succeeded in widening the gap. Books like *Options* feed off each other in a way that perpetuates misinformation and confusion and, when dealing with cancer, this can have dire consequences. If one author misstates a situation, the mere fact that it is in print seems to validate it. Soon we find that the next "comprehensive alternative cancer book" contains the same erroneous thinking and so on. A good example of this is hydrazine sulfate which was included as an alternative cancer therapy for the first time in an early book by writer Ralph Moss. Hydrazine sulfate, a toxic chemical used in rocket fuel, was not accepted by the establishment as a cancer therapy. One writer picked up on this and, by virtue of the fact that it lacked official sanction—voilà—hydrazine sulfate turned up on his alternative list where it did not belong! The substance has since become a staple in all the alternative guides that followed, not because it has ever been proven safe or effective, but because, evidently, no writer wants to appear out-of-the-"know."

The truly frightening thing is that these books sell: people endow print with power and so writers and publishers, who have no real authority in the area, are happy to supply a continuous diet. The cycle perpetuates itself: education by misinformation—a veritable epidemic!

Cancer is a life and death issue. People without a thorough understanding of the subject ought to be extremely reticent about offering advice because they run the risk of worsening the situation for the patient who is so desperately seeking help. Books like *Options*, consciously or otherwise, exploit the cancer patient's vulnerability. In the guise of order, they offer a circus of confusion. Beware: such "knowledge" can be hazardous to your health. ☸

LETTERS

Dear Ruth,

Enclosed is a check for \$750 as a donation to support all of the wonderful things that FACT provides. You continue to be a wealth of knowledge in the fighting and prevention of many diseases and illnesses. I appreciate all of your continued support over the years.

I have recently moved into a home which contains a well and have had a water test done on it (see attached sheet). I have added a water softener to the hot water only to reduce hardness for washing. Is there any health reason why I should *not* drink this water? I know, in general, you have always recommended distilled water for drinking. My current plans are to drink and also use the water for colema board purposes unless you suggest otherwise.

As well, do you recommend a reverse osmosis or distilling machine on this water? By asking the questions, I am really trying to determine the benefits over my well water vs. distilled (or vice versa) and how harmful it would be if I did drink my water and use the colema board with my water as the water is today. Any insight you can provide will be very helpful.

Thank you again for your help, Ruth! Hope you have a great holiday!!

Sincerely, D.W.

Distilled water is your best choice for drinking; the well water should suffice for the colema...

Dear Ruth Sackman,

I had the pleasure of attending the FACT Convention in November and found it to be most informative and well put together.

I was most impressed with the wonderful work you are doing and am enclosing a small contribution.

I attended the conference with Bernie Clarke and we were interested in meeting with you some time in the not too distant future with regard to opening a branch of your wonderful organization in Montreal, Quebec.

Hoping to be in touch with you again in the not too distant future.

Sincerely, R.H.

Dear Ruth,

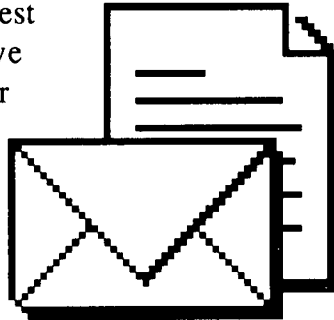
How can I ever thank you for the time and helpful advice you gave me on my healing?

After 7 weeks I believe I am getting back to my normal energy level. I learned one thing:

you cannot rush the body; it takes its time. I thought I was finished and then came the rash which lasted 3 days and was gone. I put back the weight I lost and feel better.

I am not asking now, but looking for information on the kerosene. I have it on the back burner.

Fondly, I.M.



Dear Ruth,

My secretary wrote this little poem. She has a 1 1/2 year old son. It kind of gets to the thing, doesn't it?

Sincerely, R.G.M.

From Your Children

Be real careful what you think!
Give us water safe to drink!
We are children, we don't know,
We believe what you say is so.
Please don't harm us, if you're not sure,
give us water you know is pure!!!
There are things we just can't choose,
And we trust our parents' views.
Please don't make a big mistake—
Especially for your children's sake!
Read your material, for we can't read,
And give us what you know we need!
Is it possible adults have lied
About this thing they call fluoride?
Or perhaps you just don't know!
Could it hurt our bodies so?
Mom and Dad, if there's a doubt—
Please, Please check it out!!!
Love, Your Kids

Susan E. Shaw 10-16-92

Dear FACT,

I support your effort to stop harassment of doctors who try to help patients by other than AMA-accepted techniques. Please keep me informed.

Sincerely, M.M.

Dear Ruth,

Enclosing the latest blood results. I am relieved to find the WBC went down 242,000 due to the purge and massive detoxifying. I felt the toxicity throughout my whole body and did what you told me to do. It was 402,000 two weeks ago.

Now the only other problem is my glands are still swollen but soft. I feel more cancer cells went into the lymphatics, but I am more positive now.

Will see you on Friday at 3:30 p.m.

Kindest regards, I.M.

Dear Ms. Sackman,

Within the past three months I have been made aware of a threatening health problem that a cardiologist from my H.I.P. (HMO) program identified as "chest pains" (he, of course, used Latin to name it). Being very new to having to think of a healthy lifestyle—I was given the option of trying a niacin therapy program when I asked for anything other than the medication the doctor offered.

My search for information began and my good friend Sarah insisted that I call you for whatever clarifications I needed. My first inquiry was about chelation therapy. I want to thank you for your direct response and the article you immediately sent me. More importantly, you made a side reference to a Dr. Dean Ornish. This name came up again in an article in the *New York Times* a few weeks later and I picked up his book, *Dr. Dean Ornish's Program for Reversing Heart Disease* (Random House, 1990, Ballantine Books Division). This chain of events has proved invaluable in helping me understand and make responsible choices in how I may deal with my problem.

Sarah further introduced me to your foundation's work by loaning me several issues of *Cancer Forum*.

The work you and the foundation are doing is very impressive.

I have problems with Latin and languages in general, but I agree with the Jesuit's motto that I would apply to you and the foundation that translates: "Keep doing what you are doing." I would like to help. I am enclosing a small contribution to FACT with my best wishes to you in your important work. Thank you very much for your help.

Sincerely, A.K.

Blessed One,

I am sending you my new books and booklets.

I wish for you and your husband a very fruitful 1993. We also expect a much more fruitful '93, especially the research which will take place in February.

With loving heart, Dr. Ann (Wigmore)

Dear Mrs. Sackman,

I was very pleased to have the opportunity to talk with you over the phone several days ago.

Today the information arrived. This is a wealth of information, which I shall read carefully. I have already gone through some parts and find them very interesting.

As mentioned to you, the case concerns a patient in Israel with metastatic liver disease secondary to a resected carcinoma of the colon. I don't know how "easy" it would be to transmit the information in such a way that the patient could follow the instructions. I shall think about this.

Again, many thanks for your kindness and promptness in offering to send the information.

Kindest personal regards.

Sincerely, H.S., M.D

Dear Ruth,

A post card from warmth to a warm, helpful person such as yourself. I've been breathing in salt air and relaxing, basking in the warmth of the sun and its healing. I am walking lots more—over 100 feet at a time with my walker. Progress!

Fondly, P.M.

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- (80) Betty Fowler (Skin Cancer)
- (20) Doris Sokosh (Breast Cancer)
- (16) Pat Judson (Colon Cancer)
- (41) Richard Mott (Lung Cancer)
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- (58) Walter Carter (Pancreatic Cancer)
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- (139) Lou Dina (Lymphoma) & Hy Radin (Spinal Cancer)
- (142) Betty Fowler (Skin Cancer), Health Excel Program

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- (44) Doris Sokosh (Breast Cancer), Daniel Friedkin (Testicular Cancer), Ruth Williams (Melanoma)
- (67) Jeannie Glickman (Ovarian Cancer), Betty Fowler (Skin Cancer), Daniel Friedkin (Testicular Cancer)
- (45) Pat Judson (Colon Cancer), Doris Sokosh (Breast Cancer)
- (72) Hy Radin (Spinal Cancer), Doris Sokosh (Breast Cancer)

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