

# CANCER FORUM

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

## 1993 ANNUAL FACT CANCER/NUTRITION CONVENTION



Dr. Philip Incao

Ruth Sackman

Kay Windes and friend

Dr. Jorge Estrella

## 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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### IN MEMORIAM

*We deeply regret the passing of Reuben Resnikoff, one of our dedicated board members.*

*The following letter from the Executive Committee of the Dartmouth Alumni Association of New York City to Reuben's son, Robert, expressing their esteem for a valued member, reflects the feelings of the FACT Board of Trustees. His presence will be sorely missed.*

Dear Robert,

On behalf of the membership and Executive Committee of the Dartmouth Alumni Association of New York City, we wish to express our profound sorrow at learning of Reuben's death. He provided generous and sorely-needed support to the club over many years, and we will miss him dearly. Reuben will always be remembered as a very special member of the Dartmouth family.

His memory will live on in the Reuben Resnikoff Volunteer Service Award, which the Club will present annually to a member who has similarly given time, energy, and resources beyond the call of duty. Reuben set quite an example, and we are confident the Award will inspire others.

We were honored by and delighted with Reuben's presence at the first two presentations of the Award, and sincerely hope that a family member will be able to attend December 15, 1993, or in some future year. Reuben's very moving speech at the first occasion was a particularly special moment for us.

The Club has made a donation in Reuben's name to the Foundation for the Advancement in Cancer Therapy.

Sincerely yours,

Carey D. Fiertz '79, Co-President

David C. Hodgson '78, Co-President

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# REPORT FROM THE PRESIDENT: 1993 FACT ANNUAL CANCER/NUTRITION CONVENTION

By Ruth Sackman

Can you differentiate between a viable alternative and a system that doesn't work? At the FACT Annual Cancer/Nutrition conventions over the years the attempt is always made to help patients make a knowledgeable choice. With the deluge of so-called "alternative" therapies appearing in books written by capable writers who are not cancer authorities, as well as media personalities who may be well-meaning but naive, it is practically impossible for an inexperienced person to know enough to make a truly sound decision.

At the last convention held on October 9 and 10, 1993, at the Sheraton Inn Newark Airport, Elizabeth, New Jersey, all the presentations followed the same theme, "Healing the Host." The 23 years of FACT's existence have shown us that the most effective method is a comprehensive approach that includes diet, detoxification, bio-repair, etc.

We opened the convention for the first time this year with an hour devoted to allowing two exhibitors to show the audience the benefits of their products: stainless steel cookware and

distillers. The purpose of the demonstrations was to introduce helpful aids for a comprehensive healing program. Stainless-steel cookware is a positive choice to replace aluminum pots and pans which leach chemicals into the food. Water distillation is recommended in order to have pure water without the pollutants in tap or spring water.

There was also a presentation by Bo In Lee, director of a clinic recently opened in the Boston area. He stressed that the role of the clinic is to rebalance body chemistry. The key word to success, he emphasized, is **balance**. He brought along one of his recovered patients who eloquently described her experience and how she benefited at the clinic.

Alternative cancer therapies should not be based on a concept of copying the conventional system of "killing" the cancer cell—a system that has been a dismal failure. Viable alternative cancer therapies are based on an **alternative concept**—a concept that restores the body's ability to function normally, i.e., to no longer produce abnormal cells that are out of control.



FACT book table



Kay Windes



Dr. Gerald Deutsch

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In my talk at the convention, I used an analogy to help shift the focus from the tumor to the well-being of the host. I hope it makes its point: If one has a headache and takes an aspirin to relieve the headache, does that mean that he/she will never get a headache again? No! The aspirin has only treated the symptom, not the cause. If the tumor regresses because of surgery, radiation, chemotherapy or a so-called alternative such as Carnivora, Cartilade, Laetrile, 714X, Cancell, Essiac, A-Mulsin, Hydrazine Sulfate, etc., is that a guarantee that the cancer is cured? No! The tumor is a symptom of a biochemical breakdown in the host that is responsible for abnormal cell production. The treatment has not addressed the cause. The approach is to treat the host by providing all the biological essentials for the body to produce healthy cells.

A large part of my talk covered the pros and cons of the so-called "alternative" therapies written about in books and articles and presented in the media. The talk was taped and has been transcribed. It will appear in print in the next issue of *Cancer Forum*.

Each of the expert speakers presented different facets of treating the host. Dr. Gerald Deutsch demonstrated a technique that analyzes the strengths and weakness of the body providing practical guidelines for directing a biologically sound program.

Two of Dr. Jorge Estrella's recovered cancer patients, Neta Conant and Kay Windes, were excellent examples of the benefits of cellular therapy in boosting the host's defenses. Dr. Estrella's specialty is cellular therapy. Too little attention is given to the potency of this modality which can rejuvenate sluggish organs somewhat more quickly than a metabolic program alone. It can repair organs that have lost adequate vitality to assist in the healing process.

Dr. Philip Incao talked about inflammations which are, contrary to conventional thinking, naturally occurring healing functions. We forget that heat destroys cancer cells without damaging healthy cells. That is why hyperthermia (or fever therapy, as I prefer to call it) is a useful method for reducing tumors. Inflammation is a natu-

rally occurring fever which is safer than artificially induced fever.

Dr. Bernard Jensen, an early pioneer in natural healing, spoke about the total concept of health, including detoxification. Detoxification is rarely given consideration by conventional doctors. Unfortunately, conventional medical training does not educate doctors competently in the physiology of toxic-bioaccumulation, whereas natural healers consider elimination of toxins a primary step in the healing process.

Dr. Richard Ribner added still another dimension to the concept of enhancing host well-being: that is—one's attitude. The audience warmed easily to the gentle voice of this very caring professional. Most patients and practitioners do not recognize the power of attitude in the healing process and, therefore, neglect to include it in a comprehensive healing program. Dr. Ribner mentioned Barbara Levine's book, *Your Body Believes Every Word You Say*, as a good resource for understanding the interplay between mind and body. The mind, he explained, stimulates biochemical activity which can be either helpful or harmful. Dr. Ribner emphasized the fact that with practice a person can learn to direct mental activity in a way that can be beneficial to the health of the whole body.

The recovered cancer patients, Doris Sokosh, Betty Fowler and Moshe Myerowitz, were dramatic examples of what can be accomplished when treatment focuses on "Healing the Host." These case histories are always a great source of inspiration for the audience, many of whom are themselves recovered or recovering. Hearing about the success of others also eases the trauma of people who may be fearful about their own vulnerability to cancer because of a family history. They can take heart that, if recovery is possible, so is prevention.

On Sunday afternoon as the last speaker, Shary Oden, wound down her presentation on "The Healing Power of Love, Laughter and Music," the audience seemed reluctant to let the convention come to a close. Many lingered to talk. It was a nice, relaxed way to round out an exciting, FACT-filled (pun intended) two-day event. ❀

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## A TALE OF TWO CULTURES...

*The following has been excerpted from Bloomsbury: A House of Lions by renowned biographer, Leon Edel. Published in 1979, the book is a recounting of intellectual life from the early 1900's through World War I in Bloomsbury, a section of London.*

Back in Gordon Square (London) Virginia Woolf and Vanessa Stephen (her sister) discovered Thoby (their brother) in bed with a high fever...Nurses were brought in; distinguished doctors were called...From the first, the doctors made a ghastly mistake. Thoby's temperature continued to be high, and he was miserably ill. They treated him for malaria. It was one of the nurses who ventured the opinion that Thoby had typhoid fever; and the doctors had grimly to acquiesce. By the end of the third week they spoke of "some perforation" and thought of surgery. But it was too late. The massive, monolithic, handsome and beloved brother of Vanessa and Virginia sank into death on 20 November, 1906, with the same simplicity as he had lived.

On the other side of the world, Leonard Woolf (Virginia's husband) woke up one day with a bad headache. At breakfast in his bungalow, facing a thick rice pancake called a "hopper," on which sat a greasy fried egg, he "felt as if my last moment had come." His fellow officer, who lived with him, took his temperature. It was extremely high. There was no hospital in Jaffna, nor was there a doctor. The officer rode to a mission six miles away and brought back the American doctor who was in charge. In that climate Leonard might have had malaria, but the doctor was very definite that it was typhoid. He took him to the mission and caste systems had to be observed; the Tamil nurses had never touched white patients. The doctor told Leonard that if he would be quiet and eat practically nothing, his temperature would

gradually go down, and on the twenty-first day would be normal again. Leonard took his own temperature readings daily. The nurse came, but always kept her distance. Three weeks passed in a state of haze and dream. Then Leonard's temperature was normal again.

In primitive Ceylon, Leonard survived his typhoid. In civilized London, his friend died of it. ❀

### *Comes the Dawn*

*After awhile you learn the subtle difference,  
Between holding a hand and chaining a soul,  
And you learn that love doesn't mean leaning  
And company doesn't mean security.*

*And you begin to learn that kisses aren't  
contracts  
And presents aren't promises,  
And you begin to accept your defeats  
With your head up and your eyes open,  
With the grace of a person, not the grief of a  
child,  
And learn to build all your roads  
On today because tomorrow's ground  
Is too uncertain for plans, and futures have  
A way of falling down in mid-flight.*

*After awhile you learn that even sunshine  
Burns if you get too much,  
So you plant your own garden and decorate  
Your own soul, instead of waiting  
For someone to bring you flowers.  
And you learn that you really can endure...  
That you really are strong  
And you really do have worth.*

*And you learn and learn...  
With every goodbye you learn.*

—author unknown

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# Thank Goodness! No Cure for the Common Cold

By Consuelo Reyes

A few years ago there was a story reported in the *New York Times* about a scientist in England who had dedicated his entire research to finding a cure for the common cold. After two years of intensive study, however, he gave up, announcing that, having uncovered at least 400 varieties of rhinovirus, there was just no way a vaccine or pill could be designed to deal with all of them!

I thank goodness this scientist realized the futility of it all after devoting only two years of his life to such an enterprise. A man with this kind of determination could go far, but not in looking for an antidote to the common cold. Why? Because in my experience the common cold is not a disease at all. Rather, I feel it is one of nature's most profound and basic life-supporting rituals in which we are privileged to participate.

The cold is really a periodic housecleaning—nature's wonderful design for maintaining balance in an imperfect world.

It's not unlike what happens to our houses in the throes of modern living: the clutter piles up, the dirty laundry, dishes, dust, garbage.... One day we wake up and say, "Whoooo! Time to stop everything and tidy up the place!" So it is with the body as daily life takes its toll: we overwork, overeat, undersleep, get stressed out and constipated. After a while things get pretty sluggish and we're barely dragging along. Then one day that goopy, achy, queezy, wheezy, runny eyes, runny nose, runny-everything-just-want-to-stay-at-home feeling arrives. We can blame it on the guy who sneezed in an elevator or try not to "give in," or, we can smile and say, "I hear you; time to get down to business." Congratulations! You've been invited to participate in that ancient

celebration more commonly known as "the cold."

And so it becomes no mystery why all the classic symptoms of a cold have to do with gunk trying to get out of the body—e.g., sneezing, coughing, itching, diarrhea, fever sweats, throwing up, skin eruptions, even bloody noses, etc. According to Henry Bieler, M.D., author of *Food Is Your Best Medicine*, the cold is a "vicarious elimination of toxins" via mucus from the respiratory tract. It is a result of toxic overload, not germs: "Germs gather to digest the products of the inflammation and white blood cells rush in to destroy the germs." To the question, why are colds more prevalent in the winter months, Dr. Bieler answers, "because there is much less active skin function during this time, with considerably less skin respiration and perspiration. Also, the average diet consists of fewer fruits and vegetables during the winter and a higher concentration of salt (which encourages retention). When people are less active, they tend to be constipated and also to overeat, especially during the holiday season—Thanksgiving, Christmas and New Year's—with consequent impairment of the liver and kidney function and general metabolism. A cold often follows these celebrations."

**The cold is really a periodic housecleaning—nature's wonderful design for maintaining balance in an imperfect world.**

Unluckily, conventional medicine considers the cold a pest—an infectious or inflammatory disease for which it has no use and no cure, only palliatives. Doctors prescribe drugs that alleviate the symptoms—anti-inflammatories, anti-histamines, antibiotics, anti-diarrhea, anti-ache...in short, anti-elimination medicine. These remedies give temporary relief by blocking the symptoms, i.e., keeping the stuff stuck inside. They do nothing to get rid of the junk—the reason

for the symptoms—which keeps piling up. Cold medicine enables us to put off the cleaning for a little while, but an active immune system will keep crying out, louder and louder, to get down to work. In time the message rings out again—another cold, maybe flu, bronchitis, ear infections—each time, a call to action. If all these efforts are stifled, eventually overload and exhaustion set in, the warnings stop and the storage process becomes more insidious.

Hippocrates, the ancient Greek who is considered the Father of Medicine, taught that inflammation is “the flame that cleanses the body.” He saw that all of the so-called “infectious” diseases—from colds to mumps to pneumonia—were really inflammations and so advised his patients to help the cleansing process when he said, “If you feed a cold, you’ll have to starve a fever.” But over the centuries the message too often got shortened to exclude the “if”—an omission which, of course, changes the meaning completely and no doubt prolonged the suffering of those who thought gluttony was their best remedy. (The more pointed but less publicized words of Sir William Osler might have saved generations of confusion and suffering. He said, “The cold should not be treated with ‘contempt,’ but be followed by bed rest, a good book to read, no food.”)

In any case, the modern practice of suppressing symptoms and inhibiting elimination with toxic drugs has its darker side. Philip Incao, M.D., who writes and lectures on “Inflammation—the Natural Enemy of Cancer,” cites studies that show cancer patients had less inflammations, i.e., colds, childhood diseases like mumps, chicken pox, etc., in early years than others. He suggests that the lack of periodic eliminations, i.e., inflammations, caused early exhaustion or breakdown of vital organs that can “make one vulnerable to cancer later on.”

How to best partake of this marvelous ritual, i.e., to give the body the utmost assistance in doing its work? According to Bernard Jensen, Ph.D., D.C., in *Nature Has a Remedy*, “Let it flow!

Rejoice.” Here are some of the ways that I celebrate this age-old rite:

1. I go to liquids—water, herbal teas, vegetable broth, chicken soup, fruit juice, an occasional piece of fruit—all requiring little energy for digestion so that the energy is diverted to the task of elimination. I don’t force, I drink only when desired. Once I recognize the gear shift, I don’t feel much like eating anyway. (When real hunger sets in, I know I’m getting better. I’m also getting better at being in tune with my body.)

2. I rest, keep comfortably warm, relax, listen to music, read. Nothing to feel guilty about not doing. Listening to the body, a most miraculous survival mechanism, is top priority now. If I only do that, I will have done a lot.

3. To aid the cleansing I take herbal laxatives or an enema daily. Sometimes I’ve had strange reactions as the body starts to tidy up:

the result of stored toxins getting circulated into the blood on the way to elimination. I just continue doing what I know I have to do. This

**Unfortunately, conventional medicine considers the cold a pest—an infectious or inflammatory disease for which it has no use and no cure, only palliatives.**

includes staying in contact with an expert in the natural healing process—e.g., FACT.

4. As long as a fever stays below 104° F., I just sweat it out. Fever is a natural way the body eliminates toxins. Normally, the body wisdom knows its own limits. I trust in this wisdom.

5. Remember the Ruth Sackman, President of FACT, Golden Rule of Health: “As long as it’s coming out, don’t worry about it!”

Once confident that I am in tune with my body’s signals, I try to relax and enjoy the discomfort, confident that things are functioning according to design. I do not worry that friends may find me boring company. In a few days the cold will be on the way out and I’ll be feeling great—refreshed and ready to jump back into the daily scuffle.

With this kind of housecleaning, an occasional cold is about as exciting as it gets. Flu, pneumonia...cancer—these were not meant to be part of the celebration. ❀



# Tips on Buying Fruits and Vegetables

by Dr. Ralph Cinque

Reprinted from *Natural Hygiene Magazine*



**APPLES**—Look for a deep, rich coloring, particularly around the stem, where it should be dark, instead of green. With the Red and Yellow Delicious Apples, a slightly speckled skin and some brown lines are good signs of ripening. In the summer the New Zealand Gala Apples offer the best quality.

**BANANAS**—Look for short, round, stout bananas because these ripen the best. Ideally, a banana should speckle when it ripens, and the green should disappear from around its base and stem. A banana that turns uniformly brown without speckling should be avoided. Rarely do thoroughly green bananas ripen well at home. Look for a rich yellow color from end to end.

**GRAPES**—When buying Thompson Seedless Grapes, or “green grapes,” look for a yellow or golden hue, which indicates a higher sugar content. The smaller grapes are usually superior to the larger ones. The Red Flame Seedless Grapes are widely available, and the redder they are the better. Be on the lookout for the Black Seedless Grapes, which have a tough skin but a bold flavor.

**PEARS**—A pear is one of the few fruits which actually ripen better off the tree than on. So, don't be afraid to buy pears and ripen them at home. The Bosc Winter Pear is actually best eaten hard. With other varieties, check for softness around the stem.

**WATERMELONS**—Look at the “belly,” or underside, of the watermelon. It should be yellow, not white. Look at the stem. It should look brown and withered, not green. Look at the shape. It should be symmetrical, not gourd-shaped. Thump the melon. An unripe melon thumps with a high,

squeaky note. An over-ripe melon thumps flat. A ripe melon thumps with a low, bass note.

**CANTALOUPE**—Here you have to use your nose. A ripe cantaloupe emanates a wonderful perfume. The skin should have a deep netting and a golden tan. Check for softness at the opposite stem. When soft to the push, it is ripe.

**MANGOS**—The more color in a mango, the better. The best ones are usually multi-colored, like a rainbow. The round, symmetrical ones are usually superior to the long, slender ones. Mangos should yield to the pressure when ripe, but they should not feel “mushy” to the push.

**PEACHES**—These should always be fragrant and should have a distinct “blush.” Hard peaches rarely ripen nicely at home. Look for peaches that feel solid, but which yield to gentle pressure. The same is true of nectarines and apricots.

**PINEAPPLES**—These should be golden from top to bottom - and very fragrant. Check for softness, particularly at the top. The “litmus test” is to try to pull out one of the leaves from the top. It should yield easily.

**LETTUCE**—The more green in the lettuce, the more food value it has. Pick heads that are crisp, dense and heavy. To insure freshness, store lettuce in a plastic bag, squeezing out all of the air before securing the bag tightly.

**CELERY**—To avoid stringy celery, pick stalks that are thick, stout and succulent. Color is a delicate matter. Celery that is too green is often bitter. Celery that is too white has less food value. Here we are looking for a happy medium. Like

lettuce, celery should be protected from exposure to air.

**TOMATOES**—A good tomato is very red, thin-skinned, and symmetrical, with the stem end well-indented. Often, the cherry tomatoes and Roma (pear-shaped) tomatoes have the most flavor, especially in the winter.

**CUCUMBERS**—Remember that cucumbers are best eaten young. Therefore, look for the smaller, more slender, and knobby cucumbers which have more flavor and fewer seeds. When available, get the pickling variety because they are neither waxed or oiled.

**PEPPERS**—It doesn't make much sense to buy green peppers when red and yellow ones are available. However, when you are sorting through green peppers, look for the ones with red streaks because they are bound to be sweeter. Even a little bit of ripening is better than none at all.

**CARROTS**—For juicing, the large, bulk carrots are best. For salad use, the smaller, younger carrots are to be preferred. In general, the California carrots are the most consistently sweet, followed by those from Colorado. Carrots grown in warm places like Texas, Arizona and Mexico are often bitter.

**BROCCOLI**—Here again, the greener, the better. Look for crisp, wide heads with tight, dense buds and dark, even coloring. Yellowness is a sign of overmaturity. Remember that the leaves of the broccoli are tasty and nutritious, too. Also, try peeling the stalks and eating them like celery.

**ZUCCHINI**—This vegetable should always be eaten young. Look for thin, shiny ones with a medium-green color. The presence of tiny, fuzzy hairs on the surface actually indicates garden freshness. With yellow squash, the crookneck variety usually has the most flavor.

*There you have it - from "A" to "Z" - some of our most readily available and most delicious fruits and vegetables. Enjoy! ❀*

## RECIPES



### Spaghetti Squash Pasta

1 medium spaghetti squash  
Your favorite sauce (see below)  
1/4 cup fresh chopped parsley as garnish

1. Put the whole squash in a pot with just enough water to cover. Bring to a boil, cover and let simmer until a fork easily passes through (10-15 minutes). Or, steam the squash whole in a large pot.

2. Let the squash cool a few minutes, then cut in half and scoop out the seeds. Remove the squash with a spoon, shaking gently to separate the strands. Voila! Spaghetti!

This pasta is delicious with just a simple oil and vinegar dressing, or a more "complex" sauce. Here are two ideas:

**Avocado Sauce:** Blend avocado meat with a little unpasteurized honey and fresh lemon juice to taste. Add enough apple juice for a smooth consistency.

**Nut Cream:** 1/2 cup raw nut butter (tahini, almond, cashew, etc.), 2-3 Tbsp. lemon juice, about 1/2 cup water, your choice: mustard powder, dill weed, ginger, etc.

In a bowl mix nut butter, lemon juice. Add water until desired thickness. Stir in herbs.

### Raw Date Pudding\*

1 cup pitted dates (soaked overnight), in small pieces  
1/2 cup raw almonds, chopped  
apple juice to blend

1. Put date pieces in blender. Add enough juice to blend to a smooth pudding consistency.

2. Add nuts and blend again, or just stir in nuts for some crunch.

Let cool in the refrigerator an hour or so before serving. Top with a dollop of yogurt and dash of cinnamon. This is quite sweet, so a little goes a long way. 2 servings.

\* This recipe was created by Doris Sokosh for her forthcoming cookbook.

# Letters

Dear Ruth,

I read with great interest Dr. Jong Rhee's letter in your last bulletin. About 9 years ago Dr. Rhee cured me of severe sciatic pain. It has never recurred.

I have found another acupuncturist here in Maryland that has cured me of disabling and debilitating headaches. The last medication I took for headaches was in December 1991. I hope many of your readers will be interested in this information.

Good Health to all.

Very sincerely and gratefully, S.P.

Dear Friend,

Thank you for your advice. I waited to write to you until the tests, after coming back from the Bahamas. As you warned me - there was no possibility of his accepting the dietary restrictions I have lived with these three years.

However, my friend and beloved chiropractor did not survive the tests made to determine the state of his pancreas and liver. He died early this morning after a GI series done yesterday.

My grandmother died in the winter of 1941 of a GI series undertaken in order to determine whether her intestinal blockage was removed.

Had I not talked to you, I should be even more angry and feel even more guilty. But the information you gave me about the treatment and the attitude of the clinic gives me understanding that I could not have prevailed against the promulgated dogmas of the high priests of medicine.

So I will mourn quietly. Use this in memory of Dr. David Howard.

Sincerely, S.H.

Dear Mrs. Sackman,

Two weeks ago I spoke to you briefly on the phone in regards to some abdominal discomforts and the possibility of having my gall-bladder removed. Your probing questions planted "food for thought" in my mind.

I have been a member of FACT for many years and in many instances when illness strikes with

friends or relatives close to me I browse in the *Cancer Forum* and believe me, many were the times I have come across an invaluable gem of information. (I collect all *Cancer Forums*.)

On your recommendation I found and purchased Dr. Bernard Jensen's book on *Tissue Cleansing Through Bowel Management* and must say it is chock-full of educational information in laymen's language.

I must thank you immensely for having given me a few minutes of your busy and valuable time.

Incidentally, I just realized I hadn't renewed my yearly subscription to FACT yet. So please enclosed find a check in the amount of \$50.00 for the renewal and the measly remaining as contribution to such a worthy foundation. Some day if I hit the lotto, I'll be 100% gold with generosity.

Sincerely, M.M.

P.S. Oh! How I miss those FACT seminars when they were in Detroit! I wish one of these times you would choose Detroit for the FACT Convention.

Dear Ruth,

Am grateful for the very fine audio-tapes that I have from the Nov-'92 FACT Convention. Am putting them to good use as part of my "lending" tape collection.

In rereading Dr. Max Warmbrand's book, *Overcoming Arthritis and Other Rheumatic Diseases*, the best one I know of written on the subject, I was struck by the fact that, in effect, what he was saying was applicable to many, many conditions, and not just for arthritis only.

Some years ago, we were able to help a tennis-playing friend of mine, who was having difficulty moving on the tennis court. She told me that her doctor said there was no hope for her arthritis, that she should play as long as she could, but there was nothing the medical profession could do to help her.

At the time, we recommended Dr. Warmbrand's book—she had no prior acquaintance with alternative therapies, and she moved out-of-town. Some months later I phoned her, and she was so grateful. She said she had bought the book, followed everything to the letter, and although at times it was difficult, she was feeling

ever so much better, and was so very grateful.

It is always interesting when people who report how these therapies for cancer have worked, report back how other conditions are often healed as well. Am certain that in reading of the various articles from FACT these side benefits are mentioned. Would a separate article have interest for people?

Again, Ruth and all those who work with you are a great inspiration for your unceasing dedication, wisdom and Love.

With kindest regards, Sincerely M.L.B.

Dear Ruth,

My deepest thanks for the help you gave me during my crisis. After 5 weeks I am finally going back to work. You are right, I did push myself too much, but now will rebuild my body slowly for the next 3 months. Perhaps if I did nothing, I would have been better off.

With kind regards, I.M.

Dear Ruth,

Thank you for taking the time to reassure me I'll be all right. I ordered the cardiostrophin, and it is being shipped out today. I should have it by Friday. Walking relaxes me, but we've been having bad weather, so I haven't been out.

You mentioned on the phone some people haven't money to pay for their supplements. Enclosed find a check for \$20.00. It should help someone who needs you as much as I do.

Thank you again for being so kind to me.

Sincerely, I.P

Dear Ruth Sackman or whom it concerns:

First, I would like to subscribe to your periodical and become a member of FACT. Could you please send me information where to send the money and how much.

Also, I need some help desperately. I have a blood ailment and am taking a very toxic drug to control the symptoms. Is there anyone you could suggest to me that I could contact that could help me control this disease in a natural way without the use of this drug that is poisoning my system?

I am willing to go anywhere you advise. I have heard some remarkable things about this organization.

Hoping to hear from you at your earliest convenience.

Sincerely, M.L.

*It is simply not possible in a letter to include the kind of individualized guidance necessary to help a patient. We suggest calling the FACT office directly.*

Dear Mrs. Sackman & Staff:

The wealth of information we constantly receive from you is priceless. Thanks for helping us in so many ways.

Love, L.G. & Family

Dear Mrs. Sackman,

The information packet you sent in response to my call on Monday arrived today. I send my sincerest appreciation. The fact that you mailed it so promptly even though the mistake was mine, not yours, further confirms your unselfish dedication to helping those of us who are fighting cancer.

Enclosed is my check to cover the cost of the packet as well as the postage and a bit extra. Thanks again!

C.M.

Dear Sirs:

In your Vol. 12, No. 3/4 *Cancer Forum* there was a letter to the editor on page 12 regarding the help you provided in this individual's fight against Lyme Disease.

I have been unable to find that information in previous editions and wonder if you might tell me in which issue that information was published because I would like very much to see what has been helpful other than the traditional antibiotic therapy. I have enclosed a check to help cover the cost of this.

Sincerely, John E. Gambee, M.D.

Dear Ruth,

With love and thanks and the feeling that I do not know what I would do without you. There is no way I can thank you enough.

Yours, M.G.

# BOOK REVIEW by Consuelo Reyes

***The AIDS War—Propaganda, Profiteering and Genocide from the Medical-Industrial Complex*** by John Lauritsen (Asklepios, New York, 1993, \$ 20.00)

It is at once uplifting *and* sad that the more outrageous man's inhumanity to man, the more those most affronted are inspired to call forth their deepest inner resources to try to stop the insanity. In literary terms, the eloquent become more eloquent.

Such is the case with veteran AIDS dissident writer

John Lauritsen, who, along with other courageous men such as Dr. Peter Duesberg, have spent years struggling to infuse decency and logic into this frenzied arena. Lauritsen's new book, *The AIDS War—Propaganda, Profiteering and Genocide from the Medical-Industrial Complex*, as its title proclaims, does not tread euphemistically upon developments in the AIDS establishment.

This is the second in his self-published AIDS works. The first, *AZT-Poison By Prescription*, was appalling in its detail of fraudulence in the original AZT-FDA trials. Now this Harvard-trained research analyst/writer presents with even greater eloquence and outrage the genocidal scene: "In the AIDS War there is a vast army of fools: venal fools and non-venal fools, crooked fools and honest fools, malevolent fools and charitable fools. At the same time, there are also those in the AIDS Establishment who know exactly what they are doing, and are profiting thereby."

*The AIDS War* consists mostly of Lauritsen's articles reprinted from the *New York Native* dating back to 1985 with some original chapters. For those less conversant with dissident arguments, the writer recounts the illogic: that it has never been scientifically proven that HIV causes AIDS; the absurdity that a single virus, essentially latent even in full-blown AIDS cases, could be the cause of a disease that has remained primarily in risk groups known to be subject to a multitude of immune-suppressive behaviors; that the test for AIDS detects only the antibody for HIV—a classic sign the body has already conquered a potential invader—yet a positive result has become

a death sentence; that all AIDS diseases (Kaposi sarcoma, pneumocystis pneumonia...) are old diseases, grouped under the AIDS umbrella only when HIV (antibody) is present, otherwise, the same diseases without HIV are just the same old diseases; that the characteristic wasting away of AIDS can be caused by AZT and/or other nucleoside analogue drugs—terminators of DNA, the very substance of life itself. And on and on it goes...

To this refrain, Lauritsen adds more detail, more examples of science blinded by arrogance and incompetence. There are occasional sardonic insights,

such as that the rise of AIDS has produced a windfall for the manufacturers of Latex gloves. There are the almost amusing, but too real accounts of scientific jabberwocky as the "HIV delusional system" is beginning to destruct. The author explains that "AIDS experts" are becoming "more and more hesitant in their public statements, reversing earlier positions without ever admitting that they had been wrong." Even Luc Montagnier, the discoverer of the so-called AIDS virus, urged shifting research from the virus to the immune system, believing that "most of AIDS disease is caused by the immune system itself reacting improperly to the viral invader." This statement, Lauritsen records, was never picked up by the media who have consistently failed to present opposing views in any serious way.

More instances of things-that-would-be-amusing-if-not-for-real: Lauritsen quotes a Pizzo Study conducted by the US government in partnership with Burroughs-Wellcome, the manufacturer of AZT. Here researchers found that in giving AZT to children with HIV (that is, those who had tested positive for the HIV antibody), their IQ increased. Despite the fact that 5 children had died in the course of the study, the scientists recommended giving the drug to asymptomatic HIV positive children!

Lauritsen says that AIDS is, indeed, "Acquired-Immune Deficiency Syndrome,"— but not as the result of a single infectious agent. The evidence points more probably, he explains, to multiple causes set in motion by the lethal cycle of drugs. He quotes ex-



perimental pathologist Marc Lappe: "By making our own bodies the battle grounds for chemical control of bacteria, we disrupt the natural ecological balance of the microorganisms that maintain the homeostasis of our internal and external surfaces...Overuse of antibiotics like penicillin may have participated in creating the soil for epidemics of antibiotic-resistant bacteria, and perhaps even AIDS."

Scouting for other likely causes, Lauritsen steps into a fascinating though less trodden minefield: mind-assisted genocide. Beyond drugs, he reasons: "There can be no doubt that extreme fear, depression, stress and grief are capable of causing illness and death." He quotes a 1983 article in the *Journal of Psychohistory* by Casper Schmidt, titled "The Group-Fantasy Origins of AIDS." While Schmidt goes perhaps a little too far out in proposing that AIDS is psychologically contagious as a result of a mass sacrificial trance, he does propose reasonably that chronic and inescapable fear can over time bring forth "psychogenically-reduced cell-mediated immunity." This has been proven, he states, in the animal model for AIDS where laboratory animals develop immune deficiency when subjected to threats from which they cannot escape. Is not the human being who lives in daily fear of the HIV curse and then, indeed, tests "positive" akin to the caged beast? Is it any wonder that the immune system can become stressed, perhaps to the breaking point? Add to this the chronic abuse of toxic chemical dependencies, i.e., drugs, along with current "preventive" measures like AZT, and the prophesy fulfills itself.

The one fly in all this riveting stuff occurs in Chapter XX "Recovery from AIDS" when the writer lurches from his journalistic perch into the role of care facilitator. While Lauritsen's overall concept for treating AIDS is on target—doing no harm, i.e. restoring immunity through diet, detoxification, etc.—his specific dietary recommendations are not necessarily those that FACT would support. But his intentions are good: amidst all the voodoo, a.k.a. science, it is understandable that he would wish to let sail some concrete positive suggestions. This is the only deviation in an excursion that is tragically right on course. ❀

THE AIDS WAR is available from Asklepios, % John Lauritsen, 26 St. Mark's Place, NY, NY 10003, 212-674-3321.

## 'YOUNG OLD' SHOW GREATER LONGEVITY, POORER HEALTH

Americans may be living longer, but the elderly are not necessarily healthy. A University of Southern California study, in fact, shows that the health of people aged 65 to 74—the so-called "young old"—is actually on the decline.

The findings are based on the National Health Interview Survey, an annual compilation by the Nation Center for Health Statistics. Analysis of data from 70,000 older Americans shows that even though mortality rates of the elderly are dropping, the number of "young old" in poor health increased 5% over a 10-year period. However, the general health of people over 75 remained stable.

Dr. Eileen Crimmins, an associate professor of gerontology at USC's Andrus Gerontology Center, says that there are no obvious reasons for her findings. Perhaps the 'young old,' she hypothesizes, identify more with being an arthritic or hypertensive rather than just experiencing the aches and pains of old age. No matter the reason, she emphasizes, people tend to respond in the same way—"they limit their activities and go to the doctor."

—Excerpted from *Medical World News*

### CHANGE FOR THE BETTER:

Scientists already knew that defective genes sometimes repair themselves in laboratory experiments. Now they say similar repairs take place in human beings. Dutch researchers found two cases in which people should have inherited a faulty gene that causes muscular dystrophy. But they didn't get the disease, apparently because the garbled gene was fixed between one generation and the next.

*But the scientists still don't understand how the repairs get made, so for the time being there's no danger to the Teenage Mutant Ninja Turtles industry.*

—New York Newsday, Feb. 1993

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