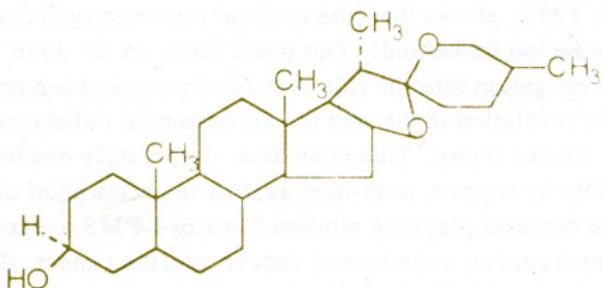
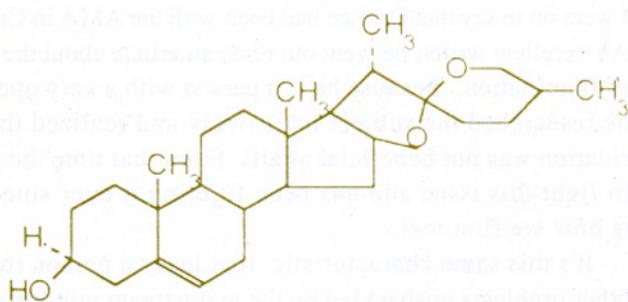


# CANCER FORUM

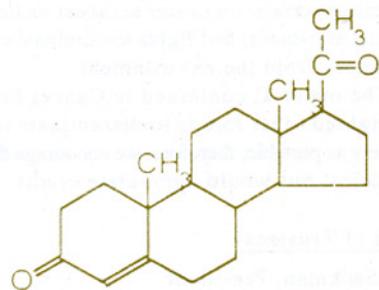
PUBLICATION OF THE FOUNDATION FOR ADVANCEMENT IN CANCER THERAPY, LTD.



Sarsasapogenin



Diosgenin



Progesterone

Derivation of progesterone from sarsasapogenin or diosgenin

## Molecular Transformation of Plant Sources to Progesterone

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Dear Reader,

We get quite a few calls at the FACT office from people who want to know, "What's new? What's the latest you've got?" as though some magic potion might have suddenly burst on the great horizon.

But now something new has actually come along that is, at the same time, a tremendous validation of the concepts FACT has stood for since its inception a quarter century ago. Ironically, as we go to press, a story on today's *New York Times* front page ("New Therapy for Menopause Reduces Risks" NYT, Nov. 18, 1994) shows that the medical community actually may not be too far behind! Our cover story on Dr. John R. Lee's investigation into the role of natural progesterone presents a true revolution in the way female hormonal imbalance should be treated today. This is an area desperately needed, especially by women, to protect against the scourge of disorders and diseases plaguing modern females—PMS, osteoporosis, breast cancer, endometrial cancer, uterine cancer, fibrocystic disease, pelvic inflammatory disease, etc.

I introduced Dr. Lee at this year's FACT Cancer/Nutrition Convention by saying that I could give his outstanding medical credentials, but I think there are many people with the same medical credentials. But they're not like this man! I went on to say that Dr. Lee had been with the AMA in California. An excellent writer, he went out to do an article about the benefits of fluoridation. Because he is a person with a very open mind, he researched the subject intensively and realized that fluoridation was not beneficial at all! From that time he decided to fight this issue and has been fighting it ever since. This is how we first met.

It's this same characteristic that leads a person to look at other problems unshackled by the mainstream mindset. It's this same characteristic that led Dr. Lee to investigate progesterone. When I mentioned to the audience that Dr. Lee was different, he smiled and said, "I guess I am different. Back in medical school many years ago when we were told that 3 out of 4 doctors advocated such and such treatment over treatment B, I always wondered what the 4th doctor knew that the other 3 didn't!"

A final note: In his practice Dr. Lee has had excellent results correcting hormone imbalance with the application of a skin cream high in natural progesterone derived from wild yam. Dr. Lee emphasizes, however, that a diet of whole, unprocessed foods—especially whole grains, seeds, nuts and a wide variety of vegetables and fruits—is the best protection against progesterone deficiency. This is the message that FACT has long espoused as your best path to good health.

Dr. Lee's work is a dramatic confirmation that, contrary to current medical orthodoxy, nature does not make mistakes. Unfortunately, people do!

To Your Health,

# NATURAL PROGESTERONE

By John R. Lee, M.D.

*The following is a transcript of a talk given by Dr. John R. Lee at the 1994 FACT Annual Cancer/Nutrition Convention. The text has been edited for space considerations without altering Dr. Lee's original meaning.*

John R. Lee: I think that the information I'm going to give you about progesterone and cancer fits very well with the theme of this year's meeting, "Healing the Host." I think you've all had enough talks now that you're convinced that cancer and other diseases come about from imbalance and that the ability of the host to heal itself is absolutely important no matter what disease you're talking about. In fact the actual diagnosis, as you found out yesterday from the doctor who was telling us about Oriental medicine, is not so important as the balance and the condition of the host.

This is going to be a talk about natural progesterone and its help in protecting someone against cancer. We ought to start with a couple of definitions. These might seem remarkably simple to you and unimportant, but believe me in the present confusion about female hormones, people are mixed up in a lot of their definitions. So the first definition I want to talk to

you about is what the word progesterone means. I usually use the adjective "natural" progesterone to make the listener realize I'm trying to say something quite specific. Progesterone refers to one single molecule, a hormone made by the corpus luteum of the ovary as a result of ovulation. The ovary normally makes 2 hormones. It makes estrogen for the first 2 weeks of the month and at ovulation the follicle that produced that egg becomes a little yellow body on the surface of the ovary. That yellow body in Latin is *corpus luteum* and that is the factory for the synthesis of progesterone.

There is no hormone named estrogen. Estrogen is a class name, like apple. There's no apple named

apple. There's a Jonathan, a Winesap, a Delicious and so on. And in estrogens you have estrone, estradiol, estriol, and 20 other estrogens. In progesterone it's one molecule. Now that molecule can be extracted from 5,000 different plants. Plants make oils called saponins, and one of these is a sterol called diosgenin. It's very easy to extract from wild yams and other plants. Diosgenin in the presence of HCL and a little warm water converts to progesterone—the identical molecule that the ovary makes.

So natural progesterone exists. Now why do I make such a point about this? It's because typical doctors—and I'm talking about 99% of all the doctors you're going to come in contact with are going to understand progesterone to mean one of the synthetic progestins that are marketed. They're synthetic analogues that are somewhat similar to progesterone

in the fact that they can do something in the uterus that progesterone also can, that is, to maintain a secretory endometrium which I'm going to tell you about. **Progestins don't necessarily do anything else that natural progesterone does and they are loaded with side effects.**

So if you talk to the doctor about progesterones, make sure he knows you're not talking about the synthetic analogues.

Let us talk about cancer. Everybody knows what cancer is, right? No, we don't know. The average person thinks of cancer as a tumor or a growth, a foreign growth that has to be cut out, burned out, destroyed by chemotherapy or something like that.

Cancer is one of your own cells. Some minor change has occurred. Something has gone out of balance in that particular cell and it's multiplying at a slightly increased rate and it doesn't necessarily differentiate into the type of cell it was designed to be. So it's a slight increase of multiplication rate, then a slight loss of differentiation. It is merely a sign, the symptom of a disease; it is not the disease. It is a symptom of an imbalance that has occurred.

You don't have to take my word for this. I came across this in *Lancet* and sent it to Mrs. Sackman some time ago. It was in *Lancet* of February 26, 1994, called "Rethinking Cancer." It's by Dr. Allen B. Astrow, St.



Vincent's Hospital and Medical Center in New York, NY., Department of Medicine. He's a cancer specialist and he says, "After a 25 year War on Cancer, with a growing armamentarium of effective anti-cancer drugs, ever more radical treatment strategies, spectacular advances in our understanding of the molecular mechanisms of oncogenesis, **mortality rates from cancer in the US are rising.**"

We've lost the war, using these techniques. They do not work. He argues that a new view has to be generated and offers the approach taken by Schipper et al: "Cancer cells, far from being foreign invaders, are an intimate part of ourselves, essentially normal cells in which proportionately small changes in genes have led to changes in their behavior. The treatment strategy should be to "reestablish intercellular communications." The restoration of order begins with the establishment of communication mechanisms within the cell. We call it rebalancing. They're getting around to that.

So in the case of progesterone and the cancers associated with estrogens and progesterone, the idea of rebalancing is the prime concept to have in your mind. In the present mind-set of mainstream medicine—there's no connotation of anything good or bad, just mainstream—there is a syllogism which runs like this: Estrogen levels fall at menopause. Women's illnesses increase at menopause, therefore, all women who complain of anything at menopause should be given estrogen. That is the sum total of the thinking that goes on in American medicine!

But what's wrong with this syllogism? Well, I recently came across a paper given by Dr. Graham Colditz from Brigham and Women's Hospital in Boston and he has an interesting graph. This graph represents the amount of estrogen made by women prior to menopause. The middle of the graph represents the amount of estrogen made by women after menopause. The graph represents the amount of estrogen that women have in them when they're supplemented with additional estrogen. When women go through menopause, their estrogen level does not drop down to zero. It merely drops below the level that's necessary for them to have a monthly accumulation of bloody lining which is then shed out. It's no big deal and in third world countries, countries that

have not been industrialized, including countries like Poland, Czechoslovakia, India, all through China, Africa, Central America and so on, they have no word in their language for hot flashes. They do not have a word for post-menopausal osteoporosis. They do not recognize that anything happens at menopause except you don't have to put up with monthly periods anymore.

But here in the United States, what do we see? We see that as women approach menopause they develop fibrocystic breast disease, breast cancer, uterine fibroids, endometrial carcinoma and cancer of the uterus.

**The average person thinks of cancer as a tumor or a growth, a foreign growth that has to be cut out or burned out, destroyed by chemotherapy or something like that.**

They tend to get a lot of fat around their hips and in their midsection. They tend to get depressed. They retain water and fat. They tend to have high blood pressure, to be tired—the doctors call them hypothyroid. They lose interest in sex and for every one of these symptoms the doctor thinks he is

going to cure it with estrogen.

The fact is that the progesterone that the ovaries should make every month essentially begins to fall in the mid-30s of the typical woman in an industrialized country. They still have their monthly periods. They're still producing estrogen. Their periods get a little longer and a little irregular, but they're not ovulating every month and if they're not ovulating, they're not making progesterone.

Dr. Jerilynn Prior, at the University of British Columbia, Vancouver, first measured the estrogens and progesterone levels of female marathon runners, and found that they developed osteoporosis when their estrogen was still high. But they had stopped ovulating. Their progesterone had fallen and that's what brought on their osteoporosis. They were estrogen dominant, progesterone deficient.

She thought at first it was due to the strenuous nature of the exercise, that it was using up all the energy of the person and not enough energy was left to ovulate. However, Dr. Prior and others have recently shown that many non-athletic women also experience anovulatory periods. That is, many women in their mid-30's have low progesterone levels long before menopause. This is true in all of the industrialized countries. This is an epidemic in the North American continent and in Western Europe. Thus it is common for many women 15-20 years prior to

menopause to be estrogen dominant due to progesterone deficiency; and they experience a wide variety of symptoms for which our doctors routinely prescribe more estrogen.

There's something screwy here. The balance is out of whack and the doctors are not even measuring serum progesterone levels and don't even know what the out of whack is! This is a syndrome that I call estrogen dominance.

When we look at the known effects of estrogen, we find that estrogen is the sole cause of fibrocystic breast disease. It causes water retention and fat retention and this is why it's given to steers which are sold by the pound. This imbalance is the number one cause of the fibroids; it's the only known cause of cancer of the uterus. It has the ability to cause proliferation of the lining cells in the endometrium. These cells multiply faster than at any other time in their life for 2 weeks. Then, normally, progesterone should be produced, ovulation should take place, producing progesterone which stops the proliferation, stops the cells from multiplying so that they mature in a secretory phase. I heard Dr. Philip Incao's metaphor for this process, that it's like an apple growing that still stays green, but at a later stage it matures and becomes red. The progesterone causes the maturing of this lining and becomes what's called the secretory phase. It's now ready to receive a fertilized egg.

Estrogen is the substance that stimulates proliferation. It does this in the uterus and in the breast. Progesterone is the one that brings maturation, makes it mature, brings it back into balance. Think of that.

So now what do we have? We have an epidemic of breast cancer and cancer of the uterus in the US. We have evidence that it occurs during the time in your life when estrogen is dominant and progesterone is not being produced at the ovulation time. Women are progesterone deficient and estrogen dominant.

How did I come to this conclusion? Why haven't we heard about this? Why isn't this in the headlines? This goes back to 1979. I heard a talk by Ray Peat on the nature of progesterone. I'd been in practice for some 25 years at that time and I had a lot of women patients in 25 years who had osteoporosis. For instance, your 40-year-old patients are suddenly 65.

It happens overnight. And these women had osteoporosis and a subgroup of them couldn't take any estrogen because they already had had breast cancer or cancer of the uterus and their osteoporosis was pretty bad. I heard from Ray Peat about this cream that had natural progesterone in it. I read all of his literature, all of his references. I found more references indicating no side effects. This had been used in cosmetics and creams for 20 years. So I told these women to get this cream and start dabbing it on.

At that time we also had the opening of a clinic that had the means of testing mineral density of the bones using dual photon absorptometry. It wasn't expensive, no x-ray involved, very accurate. I followed these women for 3 years and discovered that without any estrogen at all, their bones all got better, every single one of them! Their bones got progressively stronger. We're not talking 2% or 5% or something like that. We're talking 15, 20, 30% more bone.

I'd also followed the ladies who were on estrogen. Despite their estrogen and despite their calcium and vitamin D and whatever else they were doing, their osteoporosis was getting progressively worse. So I reviewed all the literature on osteoporosis and found that estrogen has never reversed osteoporosis. Never! There's no study ever showing that giving estrogen by itself reverses osteoporosis. It merely delays bone loss, whereas here for the first time in history these patients

who were just on progesterone, their bones were getting stronger. At the same time they were showing me that their fibrocystic breast disease was going away, their fat was dissolving, they had more energy, their thyroid problem was relieved, they weren't retaining water as much, they were feeling better than at any time in their life. I'd get these cards from the women saying, "My back is better, I can do my gardening and nothing is hurting anymore. By the way, my husband thanks you too." Libido was coming back!

I decided that the estrogen folks should have a little progesterone, too. Then I discovered from them that when they first added the progesterone, their estrogen side effects increased for the first couple of weeks or the first month. Some developed breast swelling and some a little water retention. I found I had to reduce

**I've been following these women now for 14 years. Not one has ever had a recurrence or a late metastasis.**

their estrogen amount to get them in balance. In some of them I reduced their estrogen down to zero. In fact, the majority went down to zero. Some went down to very tiny amounts compared to what they were on before and there was no vaginal dryness, no breast problems, nothing when they're on the progesterone and then their bones began to get better too.

I learned all these things from the patients. If you listen, you learn from the patient. They're wonderful observers of what's going on. They were out telling other people. I wrote some papers about this. I gave some talks to our local staff at the hospital. They all said, "My God, isn't this amazing." Some of them would treat their mothers, mothers-in-law or maybe their wives, but they wouldn't want to step out of line and actually treat a patient and be known to their colleagues for doing something as screwy as giving them a cream you can get over-the-counter.

I wrote several papers and then discovered that doctors never read the papers anyway. The way things are, none of these papers would be reviewed in the journals that the doctors are getting. Then I wrote a book and, while I don't have any product to sell, I did make some of these books available to be sold on the subject of natural progesterone. And through the Women's Underground this book is selling all around the world. I think we're creating a revolution.

It turns out that progesterone has more functions in your body than merely setting up the uterus to receive a fertilized egg. First of all, the whole business of the re-creation of the species involves more than just a fertilized egg. Progesterone protects that embryo throughout the whole nine months of gestation. The production of progesterone at the time of conception actually rises. The ovary is stimulated to make more progesterone and as the embryo develops, the placenta develops. The placenta takes over the production of progesterone and raises the production from 20 mg a day to almost 400 mg a day! There is no hormone in your body that is made in the quantity of progesterone. It is for the purpose of bringing about the full maturation and development of the baby.

Progesterone has a second function which is equally remarkable. It is a precursor to all the other major steroid hormones. It's the precursor to all the

cortisones that the adrenal gland makes. It's the precursor to aldosterone. It's the precursor to the testosterone, estrone, estradiol and the estriol. It is the primary precursor for all the other hormones. There is no other element like this. No other hormone sits at such a significant place in the biosynthesis of other hormones.

The third function of progesterone is also equally amazing. It has many intrinsic properties for which the mechanism is not yet known. For instance, it facilitates the action of thyroid hormone. It helps with prevention of high blood pressure. It supports the cell membrane so it doesn't allow sodium and water to cross the membrane. It is a natural anti-depressant. It accumulates in brain cells at a level 20 to 25 times

higher than in the blood serum. It's necessary for survival after a stroke, for example. It's a very very important hormone totally neglected by medical practitioners to-

day who insist on using the synthetic progestins.

Now, let's get back to the cancer business. We've already agreed that estrogen is the only known cause of cancer of the uterus. This can be blocked by sufficient progesterone. It can also be blocked by the synthetic progestins, but not as well. The natural progesterone is better.

We know that a woman is protected from having breast cancer if she has multiple pregnancies. In multiple pregnancies you have long periods of time where progesterone is the dominant hormone. In breastfeeding the ovaries do not start raising estrogen. So if a woman combines pregnancies with some time of breastfeeding, her breasts will be much protected against the estrogen effects.

What about other cancers? Consider the Johns Hopkins study reported in the *American Journal of Epidemiology*. How could you test the cancer protection of progesterone? One good way would be to measure women's estrogen and progesterone levels and then divide them into 2 groups: one that has normal progesterone levels and one that isn't making enough progesterone. We'll call it "normal progesterone" and "low progesterone." You give a clinic 20 years to accumulate a number of people and then you follow them for another 20 years to see what happens.

This is what Johns Hopkins did. They ran the test

**These petrochemical residues are in the fat of the animal and anyone who eats that type of meat is eating all of these compounds and they are all potent estrogens.**

for 40 years. They found when the "low progesterone" group was compared to the "normal progesterone" group, the women in the low progesterone group had 5 1/2 times the risk of breast cancer. This was not explained by differences between ages at menarche, when they started, or by menopause or the history of oral contraceptive use, the history of benign breast disease, or the age at birth of the first child. None of the other factors dislodged this ratio of 5 1/2 times more breast cancer in the low progesterone group. Then the test said, when they looked at the "low progesterone" group for all types of cancers, that women in the "low progesterone" group experienced a 10 fold increase in deaths from neoplasms compared to the "normal progesterone" group.

So having a proper level of progesterone prevents 9/10ths of all the cancers that would have occurred in these women.

So the test that one would desire on this has already been done. As it turns out, I didn't even know about this when we started in 1981. But I had all these women patients who already had cancer of the breast and cancer of the uterus and couldn't take estrogen and just out of my pure ignorance I gave them all progesterone. I've been following these women now for 14 years. Not one has ever had a recurrence or a late metastasis. None of these women has had any problem with their past cancers at all. So we're talking hundreds of women that I've seen and none of them have had any problem.

Since I retired, I've had this question asked of me so many times: what if a woman had breast cancer and the cancer was tested for whether they had receptor sites for estrogen and progesterone and they were positive for progesterone? Well, you all know how hormones work, I think. They're made by one organ or gland in your body and they float through your bloodstream. They're relatively small. They float out through the extracellular fluid and they can float right through the cell membranes. They only work if they combine with some receptor that is already designed to be there, like a lock and a key. If the receptor is there—it's called a ligand—the hormone binds with it. They float up to the chromosomes in the cell's nucleus and find the one gene site into which they fit to produce their intended effect. It turns

on the chromosome to produce some effect or some hormone or some action in that cell and then it's released and disconnects and floats on and so on.

My point is that hormones only work if the receptor site is there. When the doctor calls me and says, Mrs. So-and-so had a breast operation, she had cancer. The cancer shows as progesterone positive. Should she be on progesterone? I say, if she is receptor site positive, that's the only way the progesterone could ever work. Whereas if it's estrogen-site positive, then she should not have estrogen because it causes the cell to multiply. What does progesterone do? It causes it to stop multiplying. So from my point of view, from all the evidence I've seen, even if it's progesterone positive, that is, the receptor sites are there for progesterone, the patient is a perfect candidate to use progesterone.

There's one other major factor in this problem. You all know that the incidence of these cancers is rising. Part of it might be explained by the fact more and more women are estrogen-dominant earlier in life. These progesterones are available in raw natural foods such as yam and soy, whereas in our processed food supply they're not there. In other parts of the world where less processed food is used they're not having their follicles blocked. Why do the follicles burn out in the industrialized countries?

What has happened in the last year or so is the discovery of all these xenoestrogens. That stands for foreign estrogens. In the environment are residues of substances from petrochemical fertilizers, insecti-

**So in the case of progesterone and the cancers associated with estrogens and progesterone, the idea of rebalancing is the prime concept to have in your mind.**

cides, herbicides, poisons of different kinds, plastics, polycarbons, polyphenols, polycyclic hydrocarbons, polychlorinated biphenols. You have dioxin, kepone, lindane—I've made a tremendous

list of all these. There have been numerous articles in magazines such as *Science News*, *Time*, *Newsweek*, *Life*. There's a book out by the Greenpeace organization. Grain crops are sprayed with herbicides or pesticides. They're all fat soluble. They enter into the grain. These are then eaten by animals. The animals concentrate these petrochemical residues in the fat. Anyone who eats that type of meat is eating all of these compounds and they are all potent estrogens. They have a phenol ring just like the A ring of the molecule of the estrogens.

These particular products are more powerful than your own natural estrogen. They are potent at nanogram levels. A nanogram is a billionth of a gram. All through different species of animals in the US, Canada, England, Scotland and so on, you have a gender change, you have loss of reproductive capability, you have congenital deformities occurring, you have animals that will change their sex. We have female seagulls nesting with other females and male seagulls with other males. The alligators down in Lake Apopka in Florida are found to have atrophic testes and very small penises. The ovaries of the females are found to be giant size and so on. Something is very strongly stimulating them. They all report that the follicles in the ovaries are burned out by this.

Q: Can we get progesterone by eating certain foods?

JL: Yes, it could be done with foods, but the best way is to use the progesterone that's put in the creams. It's a cream you put on your skin. Many different companies are sending me their brochures on their progesterone products now, but I'm not in a situation to evaluate them. Some companies disguise the amount of progesterone.

There is no known harm from progesterone at these doses. The most it can do is, if you're still having periods, to take it out of phase with your cycle. You could mess up the timing of your period. That would be the maximum problem you could get into with progesterone. During pregnancy, remember, you make 400 mg a day. With these creams you can get your 20 mg a day just as your ovaries make very easily.

The cream may not continue to be available through health food stores because of the work that I did on osteoporosis and fibrocystic breast disease. They're fearful of selling it because, someone in a store who's not familiar with all this might say that it's going to make you superman or superwoman. They're trying now to sell through doctors' offices, or through pharmacies, or through clinics or healers.

Q: What happens to the bones when you use progesterone?

JL: Actually, what happens when you give the synthetic one, the bones appear to respond for a while but then the bone isn't quite as well made and at most one can only get a 5% increase. If you've lost 25% or

30%, a 5% increase doesn't do much, whereas with natural progesterone you can regain all of the loss.

Q: I understand the wild yam is used in other cultures for fertility and birth control?

JL: You see, if the progesterone is used early in the month, it can work as a form of birth control. If you give it later in the month, it works to make sure that the baby survives. So it can be used either way and people who have had this in their culture for many years know just how to use it for whatever effect they want.

I wanted to say one more thing about progesterone. It is unique among all the other hormones in that it creates an elevation of your temperature. It's thermogenic. This is what the Roman Catholic Church uses to tell when you ovulate. When the progesterone surge first occurs, everybody will have a slight increase in temperature. You have these people going around with a slightly low temperature, depressed, with very low energy and their doctors often think that they're low in thyroid or hypothyroid. All they needed was the progesterone. This business of a little fever is part of the inflammation response which has a benefit in helping you cleanse your body of toxins, fight off infections and even stop cancers. Isn't that interesting? These signs of progesterone being ben-

eficial are all there and have all been neglected.

**Progesterone has a second function which is equally remarkable. It is a precursor to all the other major steroid hormones.**

Q: Is there any occasion where testosterone is useful for breast cancer?

JL: It would be identical to progesterone so it would be useful. Testosterone has other side effects: you'll be able to sing tenor or bass in the choir and you'll get to shave every once in a while.

Dr. Peter Ellison of Harvard has been doing some work for the World Health Organization (WHO) because he developed a way to measure the hormones in women by using the saliva. He has shown that you can get a more accurate level of the functional level of estrogen and progesterone by measuring it in saliva, more accurately than through the blood. It's logical and less expensive. So he has been monitoring estrogen and progesterone levels and finds that the estrogen levels in America today tend to be quite a bit higher than in other countries. With menopause the fall of estrogen is greater in the US and other industrialized countries than in the more agrarian "Third

World" countries. Progesterone levels are remarkably stable in agrarian countries whereas, here in the US, women's progesterone falls to levels quite close to zero, even lower than that found in men. Peter Ellison's work has just been published in London by WHO.

Q: What do you think about tamoxifen?

JL: Tamoxifen is a weak-acting estrogen, synthetically made, which will occupy the same receptors in breasts and elsewhere in your body as regular estrogen, but being weak-acting it will tend to inhibit your own estrogen from working, or, if you're taking some estrogen, it will inhibit that. However, it is estrogenic by itself and it does increase your risk of endometrial cancer and in addition it's toxic to the liver and it has some toxic effects on your eyes.

So giving it to postmenopausal women makes no logical sense at all. Other countries view this as another American joke.

Q: My doctor has had me on tamoxifen for some time. Are the negative effects irreversible?

JL: Maybe it can be stopped and reversed if you take the progesterone. I recommend you get a copy of my book because I doubt you're going to be able to get through to your doctor what we're talking about today. But if he reads the book and sees its references, it might be effective.

Q: I've taken that Pro-Gest cream. Three years ago I said I have to do something. All my bones were porous? I had a depression and flashes and all that, and I found out how to use Pro-Gest and it worked wonderfully for me for 3 years. I was becoming dependent on it. I didn't even read the instructions. I applied it everyday. Now I have gone into herbs that have the wild yam, and different herbs and I started taking them about a week ago fearfully, but they are great. I feel like I'm taking Pro-Gest, even better. And I want to know if herbs would be a good substitute for the Pro-Gest? They do have wild yam.

JL: Many of these companies are putting wild yam in herbs. I'm asking them if the herb extract actually includes progesterone or not. A lot of them do. Occasionally the amount we need is really quite small. It could well be that one or two milligrams would be sufficient. Some people may need more. It depends on how much estrogen you're being asked to

balance. A woman may be at the level where she just needs the progesterone and doesn't need any estrogen.

Q: How do you measure for progesterone?

JL: One way is to test for the serum progesterone level. However, the doctor rarely does that. He'll have to be asked to do that. The other thing is that the "normal" ranges commonly listed are not normals, per se, but merely typical among supposedly normal people in our particular population. It is probably wiser to go on how your body is working. The woman becomes very sensitive to her need. When she says that she feels just as well on the herbs, I don't doubt it at all.

Q: Is there an age limit?

JL: No, my patients were from 35 to 85 and I tell everybody, once they find the dose that works for them and their bones are getting better and they feel

fine, I want them to stay on it 'til they are 96 and then we'll reevaluate!

Q: On the Pro-Gest, you say to use it 3 weeks and then go off?

JL: Right. It turns out that the receptor sites for all the hormones have a kind of time period where if you keep them stimulated continuously all the time, they will eventually tune down the response. The monthly cycle of the hormones that nature devised is undoubtedly the best.

So I tell people to be on it for 3 weeks or maybe 3 1/2. Then go by the calendar month and they can be off 4 or 5 days. After that, they can resume the process again. That would be sufficient.

Q: Does it increase the period?

JL: No, it does nothing to increase the blood flow. That's the function of estrogen. So, postmenopausally you go on progesterone and just follow the calendar month.

RS: John, you heard Michal Ginach (recovered cancer patient) speak this morning. You know she was suffering from infertility. Is it possible because she had those thermos-cooked whole grains which contain natural hormones that she restored the hormonal balance, that it improved her progesterone level and also helped her to become pregnant?

JL: Absolutely. That preserves the hormone.

RS: You know I knew it worked, but I didn't know why. Thank you, Dr. Lee.☸

*Michal Ginach, a recovered breast cancer patient, was a speaker at the 1994 FACT Annual Cancer/Nutrition Convention. We are pleased to present her talk here, transcribed from the original tape and minimally edited for space considerations.*

Ruth Sackman: I want to introduce our next speaker, a recovered cancer patient. I'm so glad she's here. I've asked her to speak for over a year, but she has been very hesitant about taking the microphone. She has become brave and called after I'd filled the program to say she was willing to come. I said, "That's all right, I will make room for you."

Now, the reason I was so anxious to have Michal on the platform, which I hope she'll explain to you, was because of the trial she went through making a decision to move from conventional therapy into the so-called alternative area. This lovely lady is Michal Ginach. I'm so delighted you're here.

Michal Ginach: I am delighted, too. I cannot come here without saying a word about Ruth. It has been important to me in my recovery and I don't think I'd be here if it wasn't for her. I don't know how to thank her. But I thought that coming here and telling you this story is my modest way of thanking Ruth.

It's right. I have hesitated to come and talk to you because I didn't want to be presented as a recovered cancer patient because I don't see myself as recovered, even though my diagnosis was 12 years ago. I think cancer is a fight that goes on, it's never over. So I don't see that the job is done and now I can go back to eating badly and living a stressful life, go back to all the bad habits. I think that every moment of my life I have to keep remembering that I have to choose life over death. But I think that what I have to tell you may be helpful to somebody here. So I thought it's worthwhile to say to people that it's not like regular medicine—that you take a drug and that's it and it's over. FACT is offering a different understanding of what this disease is like and what it means to us. It's different in the sense that it's not just, "take a drug and go home and go do everything that you used to do." You have to change everything about your life if you are to make it.

**RECOVERY  
FROM CANCER  
A PSYCHOLOGICAL AND  
PHYSICAL JOURNEY  
By Michal Ginach**

I'm invited here not only because I'm a recovered cancer patient. It's also because I chose not to take chemotherapy for breast cancer. I'm a breast cancer patient and a breast cancer patient is offered chemotherapy prophylactically, even if the nodes are negative. They recommended chemotherapy to me, too.

I was 32 at the time of my diagnosis. I went to a doctor at Sloan-Kettering, the top oncologist in breast cancer, to consult with him. He said to me I have "65% chance of survival." I didn't know then that he was talking 5-year-survival and in my heart I was praying for 10 years. He said "survival." He never explained what he meant, but he said, if you don't take chemotherapy, your chances of survival are 65%. If you do take it, your chances of survival are 85%. He said very emphatically, "I put my 40 years experience on the line. Do it!"

It was very hard not to do it, I tell you. I don't know how many of you are cancer patients. If you're not a cancer patient, you have been to doctors. You know how hard it is not to be a good girl to a doctor. Not to do what the doctors say is so hard, almost as hard as not being a good girl to your mother and father. Very hard, especially when somebody says something like this, "I put my 40 years..." And he's the top oncologist of Sloan-Kettering. **I tell you it was very hard.**

But you know what helped me not to do chemo? I was walking down 2nd Avenue after meeting with him and I was just imagining to myself how my life would look like from now on. I would go to visit him once a week. I would come home, nauseous to death, throw up until I wanted to die even though he may promise me survival, lie awake at night to expect the results of the next test and just basically sit there and wait for my cancer to come back.

Also, I thought to myself, so what is he offering me? He tells me my body's not good enough to do anything basically. "We have this wonderful drug that will poison you totally. Also, by the way, it will kill your cancer, too."

I thought, so what will I do? Would I use

chemotherapy for the rest of my life? That didn't make sense to me. It just didn't make sense to me that the body that is already shattered can recover with chemotherapy. I wouldn't have a cancer if I didn't have a problem with my immune system. I can either live another year or 2 with these drugs, with a quality of life that I don't even want to consider, or I can think of what else I can do. I didn't want to live like this. I didn't want to be a chemotherapy patient because the life that they offer—even though they make a promise to prolong your life—was just unbearable to me.

But another thing: I had an experience before with doctors because I was trying to conceive for many years and wasn't able to. I suppose that it was for a purpose that I had this experience. It helped me to decide not to use chemotherapy. What I learned with my infertility problem was that doctors can do a lot of harm. They mean well, they do the best they can, but they can do a lot of harm because they have very powerful tools and they have **no trust in the body**. They think that their tool is the only way that is going to heal you.

What I learned about doctors was to use the information they gave, but make my own decisions. They were not there to make decisions for me. They were there to give me information. So I got what he had to say as information. That's what he thinks. I don't believe in God like Doris Sokosh, but I do believe in something and I also believe in the body. I believe now; I didn't believe when I was with cancer at the age of 32.

It was very hard to believe that my body could do anything right. I was very disappointed with my body for betraying me like this. So in this stage it was very hard to believe that my body could do anything positive for me. And yet, I felt that it was the only chance I could take. It was the only thing I could choose because I wouldn't want to live a life with the other choice which the conventional way offered me.

I think that's what FACT, that's what Ruth offered me. It's not only not to take the chemotherapy, what they offer you is to be your own agent of survival. It's not somebody else, it's not from outside. It's you. It's your struggle, it's your fight. You're going to make it. It's a very hard step to take; cancer patients have maybe the hardest decisions to make.

When I didn't take the chemotherapy, I didn't

know if I was choosing life or choosing death. I just chose what made sense to me and what I thought was the only way I could go. But at the time I didn't know that it would not lead me to death. It was a possibility that my body could not recover and that I would not stand here 12 years later and talk to you. That's why I'm saying that a cancer patient has a very difficult decision to make and my feeling was that we have to choose the life that we can live and whatever it means to each of us.

That's why I'm a psychotherapist and people come to me with this decision to make at times. I never tell them what to do because I think it's a decision each of us individually has to make according to what we can live with. I could not live with chemotherapy and I could not live with making this doctor my total authority, putting all my trust in him and sitting at home shivering and waiting for his word. I could not take that position. It felt to me that I had to take a fighting stance and I thought FACT offered this to me.

FACT offers this to each and every one of you, if you're open to it, if you want to make the choice. What they really offer is the opportunity to do what feels right to you. I cannot tell you how important this was for me. It really was the most important thing that happened to me. Sometimes I feel that maybe I'm privileged, that I was lucky to have cancer at that early age because it gave me an opportunity to stop and think about my life and what did I do so far that was wrong and what should I do differently. I have to thank also my therapist, Dr. Jane Goldberg, who really helped me a lot.

But the physical aspect of recovery is very important. I didn't leave the colema board 1 day for 5 years. And still, to this day the colema board is my road to living. I think that **detoxifying** is the most important thing, at least to me. I'm not here to say to you what's right, but to me the colema board was very important and still is. I cannot live without it.

But I think the emotional aspect was very important to my recovery because I think that cancer patients tend to be nice people, people to whom **other** people are very important. As I said, it's hard to be a bad girl to the doctor. It is very hard to be a bad girl to other responsibilities that we have in our lives. It's hard to be bad people to a family,

to a husband, to children, to people at work.

I think one thing that I learned was absolutely crucial for me and without it I would not be here today—I would be dead today. I think that if I took chemotherapy, I would be dead if I didn't learn this lesson. The lesson is that you have to listen to the body and you have to make changes, to say "no" at some point to your loved ones even though it means to be bad to them. I don't know if it's really bad, but not your usual nice, very reliable, very responsible self. Because if you're always responsible to other people, then you can slowly die. You have to listen to what you can do, what your body is allowing you to do.

People come from different backgrounds. From where I came from I cannot tell you how difficult this was, not just to be wonderfully responsible, reliable and nice. It's still hard. It's not a struggle that is over. I feel that a cancer patient has to struggle with issues every moment, every time you have to decide whether to answer a phone call or to go to a meeting that you said you would go to, to do a certain thing or to cook a meal for your family or to read a story to your child. Each time you have to think, can my body do it now? I have to go lie down on the slant board for 10 minutes. It seems very trivial, but I don't think it's trivial. It's very important for cancer patients always to ask the question, what's right for me? What should I do now? At least that's what brought me here.

I just started to say about the emotional aspect. I think that at times it's too difficult to do this on your own to make this transition from being a nice girl to take what I need into consideration, too. It doesn't mean that I became a monster about my responsibilities.

I have a practice, I have children, I have a husband, I have a home. It's not that my life is over. I have been able to not only maintain a life, but to improve my life in a lot of ways. What I'm saying about the emotional thing: it's sometimes too difficult with this condition, this dutifulness attending to other people's needs instead of attending to your own needs. It may be too difficult to do

it on your own. I think that's a reason for cancer patients to get help.

It is my therapist's theory that there's something in our psychological immune system that is not quite working as it should in the sense that our psychological immune system will not tell us when to stop, when we are too tired or when this situation is too poisonous or too harmful to us. We take on more than we should. The same way that we take toxins in from the environment more than we should, we take in too much emotional toxin and we have to train our alarm system to sound off when it should.

I think most of us need help with it. I think that in my recovery, in my process of recovery, the emotional aspect has been very important, especially as a mother. I see there are a lot of women here and I'm sure it's very hard to say no to your children. It's harder than to say no to your husband sometimes. I'm not saying that it's easy to say no to people at work or to friends. But with children I tell you it's very hard. I think that without help I would not have been able to get well.

By the way, I wouldn't have these children if I took the chemotherapy. The first thing this doctor told me was that I would lose my period and that will be the end of my chance of having children.

When I was diagnosed with cancer, it was on December 29, 1982; on December 29, 1983, I gave birth to my first child which was the anniversary of the day of my diagnosis. Interesting. To me this child was a gift of life in a way that sort of confirmed that the choice that I had made was the right choice, even though it was only a year after my diagnosis. I still didn't know if I would make it or not, but this child that was given to me was the most wonderful thing that ever happened to me. I thought that was a gift for making the choice that I did. If I had done it differently, I would not have this child. I just feel very lucky and privileged to have been given the chance to make the choices that I made and to be here to tell you of it. Thank you very much.

RS: I think one of the bonuses of changing her



dietary program and her attitude, too (because we always feel the psychological aspects can be what has contributed to the problem and therefore, has to be cleared up), but the bonus was that she suffered from infertility and now has two daughters.

MG: That's right. And not only my cancer healed. I also had colitis. The healing is total, not specific.

Q: Did you have a mastectomy?

MG: Yes, I did have a mastectomy. I did call Ruth. I got Ruth's number right after my diagnosis. She told me that I don't need to take a mastectomy, but then I was too scared to listen to her. Now, I regret it, but it's too late. So I had my mastectomy, then I had to choose between chemotherapy and FACT. I chose FACT!

RS: I remember the struggle.

MG: It's very scary.

RS: Since Michal won't tell you this, I must because I think it's important. She had a mastectomy, but chose to nurse her children so that they could have the advantage of mother's milk. She worked it out and it worked fine, didn't it?

MG: Just fine. There was no problem. I nursed both my children a year each.

Q: How did you hear about FACT?

MG: A friend of mine gave me the number.

Q: What diet did you follow?

MG: I followed the diet that Ruth recommended. I was very, very religious about it. I felt that my life depended on it. I didn't go a day without a colema. I kept this diet without any deviation for 5 years. After that I allowed myself to stray here and there, but I still keep to this diet. It's still my diet.

RS: It's not too radical. It's the kind of diet one can live with.

MG: Absolutely. No fried food and a lot of raw food, carrot juice everyday.

You know what I recommend? Having a dog because I find that you walk out 4 times a day, take a deep breath, you walk out of your life. I find that this is a new discovery! It's very helpful. Also, I do yoga which I find very helpful. And what else?

RS: Did you find the Saturday meetings helpful?

MG: Yes, at the time Ruth was running a nutrition group that was very helpful because it gave me a lot of information quickly about how to do things.

Also, it helped me emotionally because it's a very scary time and meeting regularly with Ruth and other patients is helpful—especially with you, I would say. It was very helpful.

Q: You say the colitis also went away?

MG: Absolutely, in 3 months I had no more colitis.

Q: Why do you say now you wouldn't have had the mastectomy?

MG: Because I understand cancer differently. The tumor is not the problem. The tumor is the body's way of encapsulating the cancer cells. So, why get rid of a breast for a tumor? You have to take care of the cancerous process of the body. Once you have done that it either will stay there encapsulated or the body will dissolve it itself. The conventional way of thinking is that the tumor's going to kill you. The tumor is not going to do anything to you. It's the cancerous process that you have to take care of.

Q: What is your daily diet like?

MG: I have the thermos-cooked cereal in the morning. Did you hear about that? I usually have a salad at lunch, although it's better to have the heavier meal at lunch like we do in the Middle East. But here I'm not at home and I cook for the family every day so I eat with them. I usually have either fish or beans or... By the way, for my kids they like more normal-looking diet. So I get meat, too. But I get it not treated with hormones or antibiotics and I get organic chicken. I will have a salad in the evening with either fish or chicken or beans or rice or baked potatoes, too.

That's the basic diet. Carrot juice everyday. Absolutely. How much? It's not up to me. I drink one very large glass. And my kids as babies used to drink carrot juice in the bottle. Kids just take what you give them.

Q: What is organic chicken?

MG: It's free-range chicken fed with organic grains—no hormones or anti-biotics—that's what it means. You can get it either in the market or in a health food store or you can get it frozen. Ask for it.

Q: You used the colema board every day?

MG: Every day. And when I was on a fast, I used it twice a day.

Q: Was the colitis bleeding?

MG: Yes. It was bleeding very heavily. That was the most outstanding symptom that I had, the bleeding. That's very scary, too. I had all these

x-rays and everything, so I had a serious case.

Q: You can get Bell & Evans chickens which are organic in the A & P and Grand Union.

RS: That's true. Now you can get some organic beef in Grand Union. You can get Coleman's Beef in Sloans. A lot of the stores are starting to carry the organic meat at a little higher price, but not that much.

Q: What about water? Do you use filtered water for the colema?

MG: It's better if you can get distilled water. But the colema uses 5 gallons of regular water.

RS: It's too much of a struggle to use distilled water for a colema.

Q: How did you detoxify?

MG: I use the colema everyday. When I was pregnant and breastfeeding my children, I couldn't fast. I don't recommend fasting when you're pregnant because you don't want toxins to run into the system. But as soon as I finished breastfeeding I started fasting. I did the Walker fast a few times. I still occasionally do 3 days of the Walker fast. Whenever I feel that I'm too toxic, I do this fast.

Q: How do you know when you are toxic?

MG: First of all, I feel that I don't want to eat. When you don't want to eat, your body tells you you don't want food. But sometimes I get headachy, I get sickly feeling, sort of depressed and tired. You feel just not your regular energy.

Q: Did you do coffee enemas?

MG: No, I did not. Maybe I did once or twice in the beginning.

Q: What is the Walker fast?

MG: The Walker fast is just a 3 day citrus fast. You can find it in the *Fresh Vegetable and Fruit Juices* book by Walker.

Q: With epsom salts?

RS: It doesn't have to be with epsom salts. It's in a book by Norman Walker which is called *Fresh Vegetable and Fruit Juices*, which you'll find on our book table. It's the bible of this movement, actually. It's the basic book. Walker was a sick man as a young man. He survived until he was 117 years of age. I keep saying this to people. He died normally. That may be rarer than one thinks. He went to bed one night, didn't wake up in the morning. He was functioning normally, wrote a book just 6 months before he died.

Thank you, Michal.☘

## Letters

Dear Ruth,

Thank you for your assistance. I know we only owe \$5.00, but here is \$25.00. Please use these dollars as you see fit, but one thought I have is that I'm sure there are folks in our situation that may not be able to send the \$5.00. It would be nice to send them your packet of information at "no charge."

Thank you again.

Sincerely, E. G. Z

*Thank you for your contribution. It is FACT's policy to send out the packet to those who cannot afford it and contributions such as yours help up to continue this practice.*

Dear Ruth Sackman,

I want to tell you how much I appreciate your giving me of your precious time when I called to tell you that after taking antibiotics for a tooth infection, I developed a burning sensation in my rectum. You advised that yogurt should be taken with antibiotics. I took yogurt and the rectal bleeding, when I moved my bowels, has stopped to a great extent. When my doctor prescribed a salve for the rectum, I developed severe pain in the skin around my vagina. So I discontinued the salve.

In view of the above and other things I do not approve of in the medical profession generally, I would very much appreciate if you would give me the name, address and telephone number of a naturopathic M.D. in mid-town for which I am enclosing a self-addressed, stamped envelope.

I am enclosing a check of \$100 to FACT for the wonderful work you are doing in helping people in stress and giving so much of yourself and your precious time.

I treasure the FACT pamphlet you issue. You give such valuable information. The article from the New York Times entitled "Making a Living Off the Dying" touches the strings of one's heart, not only for the financial burden on people and bleeding Medicare, but particularly for the suffering of humans in prolonging life through suffering and then having nothing to prevent that.

With love and appreciation, S.Z.

Dear Fact,

We appreciate your journal.

We note you visit various clinics and centres. If you should feel like coming to Canada, we feel you will be very interested in what we are doing. Cancer is not really a problem for us. There are other things which can delay recovery, but we are pretty well on top of these things as well. Our success rate is something in excess of 98%.\*

Everything is done with nutrition and energy therapy.

Yours sincerely, B.W.

*\*Ed. note: This is a most unusual claim. Before this resource is acceptable, serious evaluation and investigation would be required.*

Decades ago when a strong link was uncovered between cigarette smoking and lung cancer, there were those who said that until some absolutely irrefutable study proved the connection, they would continue their tobacco habit. Many of these "stalwarts" have become statistics in the epidemic of lung cancer.

Likewise, today there are many who consider the movement to eliminate toxic chemicals from our environment—pesticides, fungicides, herbicides, etc.—mere hysteria whipped up by a few leftover 60's zealots who don't understand the realities of life in our advanced industrial society. They claim there exists no definitive research proving beyond a shadow of a doubt that a single chemical pollutant can cause cancer. They claim that the trace amounts of thousands of chemicals that are found in our food, air and water—that accumulate in our bodies over time, and affect the more vulnerable members of society (the young, the elderly, etc.) disproportionately—are of "negligible risk."

But for others, the writing is on the wall. Every day we hear stories in the press and broadcast media from which to glean that something extremely sinister has been set in motion by the chemical onslaught of the last 50 years—a level of pollution for which the human body was never designed and has never before experienced in the history of the earth. Let's look at just a smattering of these stories.

- For years residents of Nassau County, New York have been pressing health officials to figure out why their area has breast cancer rates way above the national average—112 per 100,000. vs. 94.7 nationally. Grass roots groups finally exerted pressure to get officials to explore the cancer/environmental link and the results show a significant relationship. One study found that women living near chemical plants between 1965 and 1975 had a 60% higher chance of developing breast cancer after menopause. The findings have ignited demand for more research on industrial pollution in other Northeastern states which as a region has the highest breast cancer rate in the nation.

As to be expected, health officials tried to point up

the inconclusiveness of the study. A *New York Times* article (April 1994) quoted one such functionary: "Here's a case where we see an association and that's an important piece of research, but it doesn't translate to any one individual needing to be concerned at this point."

- From Israel a report from the Dec. 1991 newsletter of the Environmental Research Foundation: "Recently, conditions in Israel have shown that chlorinated chemicals (in this case, pesticides) may be an important cause of breast cancer. In Israel in the 1960's and 1970's, breast cancer in young women was increasing." When it was found that three carcinogenic pesticides were measured in cow and human milk, a crescendo of public protest brought a ban in 1978, and thus rapid reduction in all these contaminants. During the decade 1976-1986, the death rate from breast cancer **dropped sharply** among Israeli women 44 or younger. The death rate among older Israeli women, however, continued to rise, a fact scientists attributed to exposure to earlier contamination.

exposure to earlier contamination.

- The same newsletter in 1992 mentioned a Washington, D.C. symposium in which scientists discussed evidence that tissue biopsies of women with cancer showed elevated levels of DDT, DDE, and PCB's—chlorinated hydrocarbons from pesticides. **These chemicals mimic or alter reproductive hormones in the human body which can lead to a host of problems**—suppressed immunity, infertility, birth defects, etc. Dr. John McLachlen, director of the Laboratory of Reproductive and Developmental Toxicology at the National Institute of Environmental Health Sciences, said researchers are now certain that these chemicals act like estrogens in animals. (Estrogen dominance—and therefore, according to Dr. John R. Lee, progesterone deficiency—is now a recognized risk factor for breast and endometrial cancers.) Lest naysayers forget: human beings are part of the animal kingdom.

- Evidence of havoc wreaked by these hormone-mimicking pesticides is flooding the scientific highway. *Science News* reported that exposure to PCB's during fetal development "can turn animals that should have been males into females (SN:1/22/

## IN OUR OWN BACKYARDS!

by Consuelo Reyes

94, p. 56).

- From the same issue of *Science News*: a study administered vinclozolin—a systemic fungicide used to protect fruits, vegetables, ornamental plants, and turf—to pregnant rats. The offspring exhibited a wide range of reproductive abnormalities such as undescended testes, a cleft phallus, infertility, hypospadias (a partially unfused phallus). The most exposed males developed a “vaginal pouch”—a characteristic female structure.

- To calm the tumult a study, reported in the *New York Times* (April 20, 1994), claimed to have found “no evidence that breast cancer is caused by pesticide residues that accumulate in body fat.” In a letter to the editor of the *Times* Samuel S. Epstein, M.D., professor of environmental and occupational medicine at U. Illinois School of Public Health, wrote that the study was seriously flawed. He noted, for instance, that DDE and PCB levels were measured in blood samples taken as long as 25 years before the diagnosis of breast cancer!

- *The Baltimore Sun* reported (Jan. 1992) that an unusually high occurrence of children near the Texas/Mexican border were born without brains—a very rare defect known as anencephaly. Unable to explain this as some statistical fluke, the Centers for Disease Control and other state agencies along with groups of doctors and scientists have launched a full investigation into a possible pollution link. It appears that many of these border towns may be feeling the effects of years of unchecked industrial growth. Open sewers have been found to contain toxic wastes and human refuse, while factories continue to spew fumes and leak chemicals into the atmosphere.

- According to a study cited in the *Journal of the National Cancer Institute*, dogs whose owners used 2,4-D (a commonly used herbicide) on their lawns 4 or more times a season were twice as likely to get malignant lymphoma as dogs whose owners did not use the poison. Earlier studies of farmers using herbicides have consistently linked its use to “higher rates of non-Hodgkin’s lymphoma, which the National Cancer Institute says has had the second fastest increase in incidence of all human cancers in the US over the last 15 years.”

- Not even trees can escape the effects of chemical contamination. A *New York Times* article (Aug. 1994) noted that the death rate of some of our oldest, most majestic trees in Eastern US forests—some over 300

years old—is three times the natural rate. Dr. Loucks, an ecosystem scientist at Miami University in Ohio speculates that pollution—from auto exhausts, industrial waste, acid rain—is coming from as far away as Dallas, Houston, St. Louis and Chicago.

If pollution is killing our heartiest and most beautiful trees, what lies ahead for other forms of life? And what of all the other great “advancements” in modern science now touted by industry and sanctioned by our government “watchdog” agencies (FDA, EPA, USDA, et al.): fruits and vegetables gene-engineered to withstand the assault of ever more toxic pesticides; Bovine Growth Hormone (or BST) given to cows to increase milk production despite the rise in mastitis and other health problems to the animals; irradiated foods to extend shelf life while creating in the process new lethal compounds untested by time?

There is a great chemical experiment going on and earthly beings are the prime guinea pigs. Perhaps, the effects we’re seeing now are just the tip of a colossal iceberg—the beginnings of a vast disfigurement and weakening of all living species. Evidence thus far certainly seems to indicate that something is horribly shortsighted about the way our great industrial society is functioning. History teaches that the sooner we acknowledge our mistakes—the better.

If these “news bites” disturb you, let your voice be heard! Stay informed about legislative environmental initiatives (or lack thereof) and express your opinion to your Congresspeople. Join consumer and grass roots groups to apply pressure to companies that manufacture toxic chemicals and stores that sell the products contaminated by them. Support sustainable agriculture and organic produce. Question every blanket statement of “New, safe and effective” or, in the face of the facts, “No cause for concern.”

To use a very tired but apt refrain: “The writing is on the wall!”

### **CAVEAT EMPTOR!**

**When a doctor suggests a particular treatment or therapy, it's important to tell him/her specifically that you are trying to make “an informed decision” and, therefore, would like to have all relevant information pro and con. The doctor knows that he is legally bound to present the facts to you.**

# BOOK REVIEW by Consuelo Reyes

## *Natural Progesterone: the Multiple Roles of a Remarkable Hormone* by John R. Lee, M.D.

The reader in search of a "great read" might not pounce at once on a book entitled *Natural Progesterone: The Multiple Roles of a Remarkable Hormone*. But make no mistake about it: this is a "page-turner" of landmark proportions, a first-rate drama which kept me (for one) enthralled during hours that my body would have normally preferred a less conscious state.

John R. Lee, M.D. (see cover story p. 3) is a family physician who serendipitously embarked on a journey 25 years ago that took him from the fertility rites of pagan cultures to fetishes of today's Trobriand Island tribes to the myopia of modern biochemistry. What he discovered sheds brilliant new light on a great mystery of our time: why is it that women today are increasingly suffering from hormone-related complaints and diseases—PMS, breast cancer, endometrial cancer, fibrocystic disease, osteoporosis, infertility, hot flashes, loss of libido, etc.? And what can be done about it?

Dr. Lee found that women from traditional non-Western cultures suffered basically none of these female disorders. Indeed, there were no words in their language for such conditions. For these women menopause was no big deal! So why, he wondered, are women from Western industrialized societies prey to a virtual epidemic of hormone-related ailments?

Not to give the cliffhanger away, suffice it to say that the trail leads to natural progesterone—the hormone that balances estrogen in the female reproductive cycle—as the missing link. Dr. Lee explains that it is estrogen dominance and progesterone deficiency that causes symptoms like water retention, mood swings, bone loss, weight gain, etc. and over time puts women at higher risk for breast cancer, osteoporosis, and the plethora of other female problems. The reasons behind progesterone deficiency have everything to do with our modern lifestyle—a stark affirmation of the principles that FACT has long celebrated: that Mother Nature provides all the materials necessary for good health, reproductive and otherwise—if we will only allow it.

But Dr. Lee adds yet a timely twist: estrogen

dominance is endemic today not only because of unbalanced living—denatured diet, stress, etc.—but the increasing assault on our bodies by xenoestrogens—petrochemical residues in pesticides, fertilizers—PCBs, DDT, DES, etc.—now understood to act like estrogens in the bodies of all living species—animals and humans, male and female—and thus, play havoc with hormonal balance. These toxic substances are contaminating our food, air and water to a degree unprecedented in history. Is it any wonder our bodies are showing the effects?

Don't let the molecular hieroglyphics or the multi-syllabic terms bog you down. This is powerful stuff—must reading for every person and every person's doctor! A revolution is brewing and this book may be the catalyst. ❀

*This book is available on the FACT Book List p. 19.*

## RECIPE

### Carob Banana Cream Pie

Crust:

1/2 lb. dates (or raisins or figs)

1/2 lb. freshly ground almonds (or walnuts)

1/4 lb. shredded coconut

Soak dried fruit for at least one hour. Save the soak water. Blend the fruit to a puree (use some soak water). Set aside 1 cup of puree. Mix the remainder of the puree with the groundnuts and coconut until you get a dough consistency. (Reserve some nuts and coconut for decoration.) Press the crust mixture into a pie plate.

Filling:

5-6 frozen bananas

1 ripe unfrozen banana

1/2 cup carob powder

Run the frozen bananas through a Champion juicer (homogenization feature) or use a blender and add some of the soak water from the fruit. Spread 1/2 of the banana cream into the crust. Spread the cup of fruit puree over the banana layer. Mix the remaining half banana cream with the carob powder. Mix very thoroughly. Spread this layer on top. Decorate with banana slices, ground nut and coconut. Place pie in freezer until 15 minutes before ready to serve. YUM!

*(From Ann Wigmore)*

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