

CANCER FORUM

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

How pollution attacks the body

Toxic chemicals and noxious gases, at high enough levels, penetrate the body's defenses and attack a variety of organs.

1 Lower lungs

Nitrogen oxides damage immune system, leaving lungs vulnerable to viruses and bacteria. Asbestos causes cancer and ozone inflames lung tissue.

2 Upper lungs

Sulfur dioxide irritates and damages tissue. Manganese, magnesium, beryllium and zinc also build up.

3 Brain

Lead causes hyperactivity and impairs hearing. Carbon monoxide and mercury also cause damage.

4 Blood

Carbon monoxide displaces oxygen. Fluoride and cadmium build up.

5 Heart

Carbon monoxide causes angina, other heart troubles.

6 Fetus

Lead causes brain damage. Carbon monoxide can cause low birthweight.

7 Liver

Chlorinated hydrocarbons like DDT build to dangerous levels.

8 Kidneys

Mercury and cadmium build up.

9 Bones

Fluoride and lead concentrate.

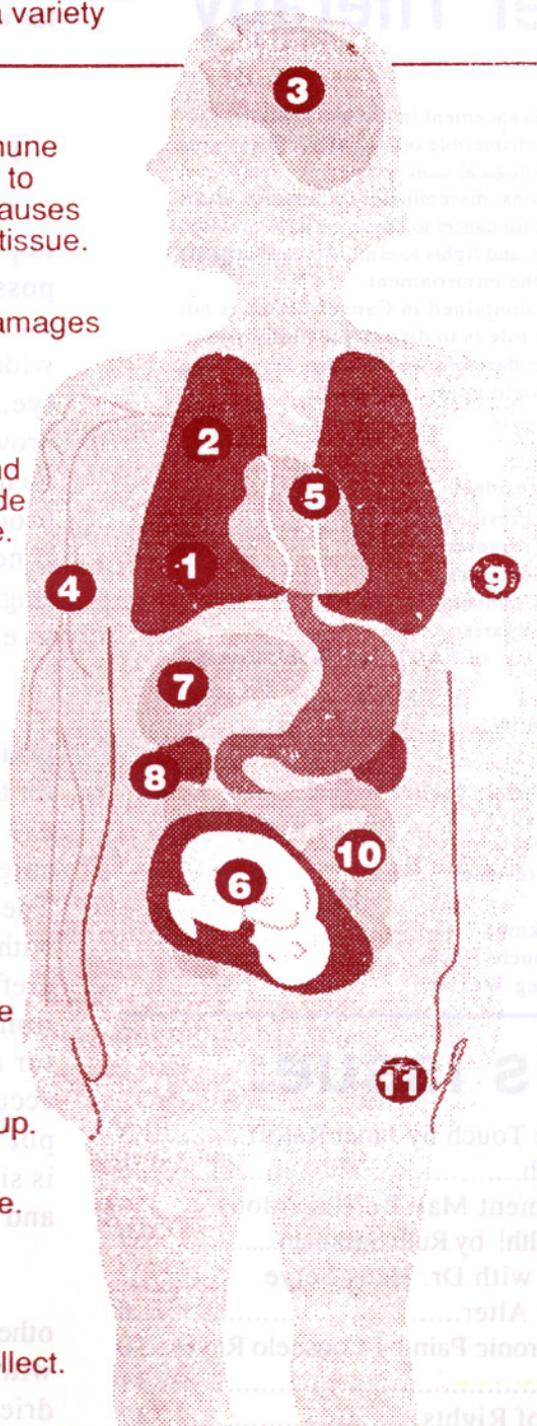
10 Intestines

Fluoride and lead build up.

11 Fat

Chlorinated hydrocarbons collect.

SOURCE: The Boston Globe



KRTN Infographics / ANTHONY SCHULTZ

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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This recipe for thermos-cooked grains is being repeated in this issue of Cancer Forum because it was mentioned in the transcript of Michal Ginach's talk at the 1994 convention published in the last issue of the magazine and many readers were unfamiliar with it. It was an important part of Michal's regimen.

THERMOS-COOKED CEREAL

The most wholesome way to prepare foods is to preserve all of the natural elements to the degree possible. Using a thermos to prepare cereal saves these precious elements. All that is necessary is a wide-mouthed thermos and whole grains, such as, rye, barley, wheatberries, corn, millet, buckwheat, brown rice, oats, etc. rye, barley, oats and buckwheat do not need to be ground before the thermos-cooking process, but the others will not soften adequately if not ground beforehand. The grains can be used singly or combined for different tastes. It is interesting to experiment to achieve various flavors.

To prepare the cereal, put 3 tablespoons of the grain in the thermos and add one cup of hot water for the average portion. If more or less food is desired, use a ratio of 1/3 cup of water to 1 tablespoon of cereal. Let stand overnight or for about 8 hours. The result will be equivalent to a prepared cereal without the loss of its nutritional value. Some people prefer to use the cereal in its whole form as it comes from the thermos. Others prefer to put it in a blender for a consistency closer to what they have become accustomed to. If the cereal needs to be rewarmed, put it in a bowl and warm it over hot water. (This is similar to using a double boiler except that a pot and a bowl are used.) Do not overheat!

Since salt is to be avoided by the cancer patient, other seasonings need to be employed. Try flavoring with raw honey, or soaked dates, or raisins, or other dried fruits. Bananas and/or other fresh fruits can be added.

That Feminine Touch

Are men suffering from prenatal or childhood exposures to "hormonal" toxicants?

By JANET RALOFF

Second in a two-part series

Sex hormones orchestrate myriad biological activities throughout our lives, beginning with the initial signaling for certain fetal tissues to differentiate into structures that are quintessentially male or female.

But gender — both its physical expression and its characteristic behavior — traces more to the relative concentrations of various sex hormones circulating in the body than to the mere existence of certain dominant ones. For example, women produce some androgens, or male hormones. Indeed, a woman's body synthesizes estrogens from androgens such as testosterone. Similarly, though estradiol is the animal kingdom's primary estrogen, or feminizing hormone, it plays important roles in both men and women.

At no time does an imbalance of sex hormones produce more obvious results than during fetal development. Too much estrogen at the wrong moment can turn an organism with male genes into what to all outward appearances is a female. Similarly, an overabundance of androgens can produce the sex organs of a male in a fetus with the genes to be female.

Our genetic inheritance tends to oversee the production of sex hormones so that these mix-ups don't occur. But increasingly, scientists are finding, we have been seeding our environment with chemicals that can inadvertently alter or mimic the activity of feminizing hormones.

These agents are everywhere. Many — such as pesticides — contaminate our drinking water and foods. We unsuspectingly breathe others in urban air. A mother may even unwittingly pass some hormone-mimicking pollutants on to her child — via the blood she supplies a fetus before birth and the breast milk with which she later feeds her newborn (SN: 4/26/86, p.264).

A growing appreciation of the ubiquity of these "environmental hormones" has increased concern that large and un-

timely exposures to them may send gender-bending signals to males. In fact, some severely affected animal populations — principally birds, fish, and alligators — have already begun to exhibit the emasculating effects of these pollutants (SN: 1/8/94, p.24).

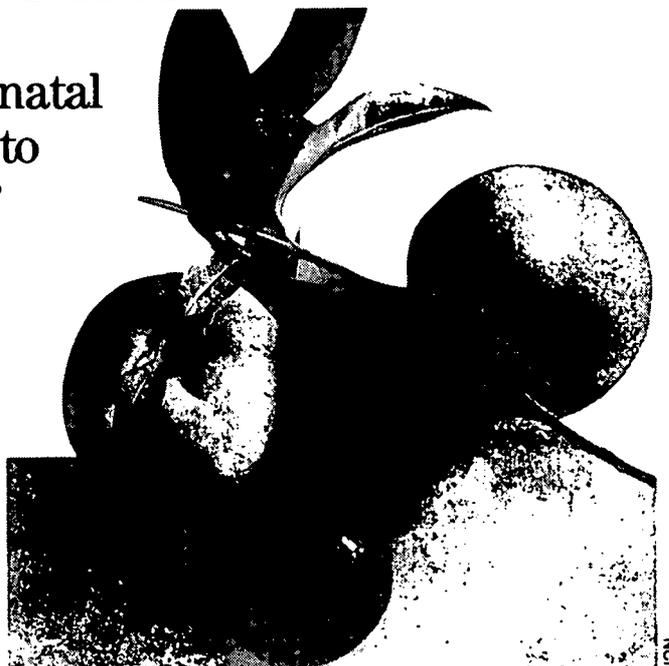
Researchers also have linked coincident declines in fertility in these and other populations to the pollutants' disruption of endocrine function.

Today, data tying similar reproductive abnormalities in humans to hormone-like pollutants remain scanty at best. However, signs are mounting that some males of our species may already have begun to suffer ill effects.

Early in human development, genetic programming must signal if a fetus is to be male. If it is, observes Richard M. Sharpe, a reproductive physiologist at the Medical Research Council's Center for Reproductive Biology in Edinburgh, Scotland, then the genes will "broadcast" certain chemical communications that result in the secretion of male hormones. These signals effectively flip a series of molecular "switches" that turn on male development.

If nothing happens — that is, no switches are flipped — a female will result. Explains Sharpe, feminine development "is what we call the default pathway."

Today, researchers still seek to identify the precise mechanisms of this female-to-male transformation. However, Sharpe says, animal studies show that if a fetus receives too much estrogen — for example, if its mother has been administered a natural or synthetic estrogen during the critical period when genes attempt to express masculinity — "then you disrupt



Produce sold in U.S. markets often contains trace residues of pesticides, some of which can affect hormone function. Studies show that a single peach, for example, can carry residues of up to six different pesticides (SN: 7/3/93, p.4).

this switch from female to male."

In humans, the male reproductive tract begins developing between about the seventh and 14th weeks of pregnancy. If external hormones appear sporadically or in low concentrations during this time, the disruptions they cause will not necessarily trigger a complete reversal of an individual's apparent gender. Rather, they may exert subtle changes, ones that play out later in life.

Nor are estrogens the only agents that can elicit gender-bending effects. Any chemical that blocks the activity of certain androgens can also foster feminization by preventing the developmental changes those androgens control. For instance, a male fetus depends on certain androgens to direct the development of its external genitalia.

With the growing ubiquity of pesticides and other pollutants possessing the functional attributes of female hormones, our environment effectively bathes us in a sea of estrogens. This realization has led Sharpe and endocrinologist Niels E. Skakkebaek to propose that estrogenic pollutants may underlie some disturbing trends affecting the male reproductive tract.

Last week, the pair chronicled these trends and their possible molecular underpinnings at "Estrogens in the Environment," a federally sponsored international conference in Washington, D.C.

For instance, many industrialized countries have witnessed recently a sharp rise in testicular cancer, notes Skakkebaek, chief of the University Department of Growth and Reproduction at Rigshospitalet in Copenhagen, Denmark. Some of the first data heralding this increase emerged in his country, which has maintained a national cancer registry since 1943.

There, the incidence of testicular cancer has more than tripled over the past 50 years, he observes. And the frightening thing, he says, is that the rate of increase continues to grow. Moreover, he notes, strong data demonstrate similar increases in Scotland, the United States, and other Scandinavian countries.

Sperm counts also have fallen in the last two generations. Skakkebaek and his co-workers conducted a meta-analysis of previously published studies on semen quality. The international data, from studies involving 14,947 men, indicate that the average density of sperm has fallen from 113 million per milliliter (ml) of semen in 1940 to just 66 million per ml in 1990.

In the January 1992 BRITISH MEDICAL JOURNAL, Skakkebaek's team noted that because the volume of semen available in these men at any given time has also dropped an average of 19 percent, the 50-year drop in sperm count has been more

precipitous than sperm density alone would indicate.

Another worrisome trend is the apparent increase in the incidence of undescended testicles in newborn males — a condition known as cryptorchidism. Though formed near the kidneys, both testicles should migrate down, into the scrotum by birth. Few countries maintain registries on this condition, but Skakkebaek noted that two British studies have documented a near doubling of the number of boys born with at least one undescended testicle — from about 1.6 percent in the 1950s to 2.9 percent in the late 1970s.

Though undescended testicles usually complete their migration within a year or two after birth, some never do. Men with undescended testicles are unable to make sperm. Moreover, even individuals who were temporarily cryptorchid during infancy face an increased risk of fertility problems in adulthood, Sharpe notes.

Then there are hypospadias, congenital abnormalities of the urinary tract. During fetal development, the penis initially possesses an open groove down its entire length. Before birth, that opening should fuse closed to form an internal channel known as the urethra. Boys born with only partial fusion of that groove need surgery to correct the problem.

Birth registries in England and Wales

document that hypospadias more than doubled between 1964 and 1983.

At least some of these trends may be related, Skakkebaek says. His own studies have identified an apparent link not only between undescended testicles at birth and testicular cancer in adulthood, but also between semen quality (such as low sperm counts or abnormal sperm) and testicular cancer.

Moreover, he points out, all these changes "could be the consequences of fetal events." Testicular cancer, undescended testicles, hypospadias, and poor-quality semen have been reported in the male offspring of women who during pregnancy received treatment with diethylstilbestrol (DES), a potent synthetic estrogen, he notes.

"We got more fuel for this estrogen hypothesis in late 1991," Skakkebaek recalls. It was then that he learned of work at the National Institute of Environmental Health Sciences in Research Triangle Park, N.C. This research showed that certain environmental contaminants can emulate the reproductive effects of estrogen and DES in male animals.

The previously unexplained male reproductive trends suddenly started to make sense, Sharpe says. It became clear "that a surprising number of chemicals that we've managed to pollute our environment with are estrogenic," he says.

Manliness: The Sertoli cell connection

Early exposure to hormone-like pollutants may confuse or tinker with male development in a host of ways. One of the most obvious is by limiting the generation of Sertoli cells, says Richard M. Sharpe of the MRC's Center for Reproductive Biology in Edinburgh. In fact, he notes, production of these cells "is the very first change that happens when a fetus takes the male developmental pathway."

Named for the 19th century Italian physiologist who first described them, Sertoli cells reside within the testicles. In the fetus, these cells direct the development and descent of the testes, control the development of germ cells, and control the cells that secrete the hormones responsible for masculinization. Sertoli cells continue to play an important role in adulthood, when they nourish the early germ cells as they mature into sperm.

Throughout each sperm's 10-week maturation, Sharpe notes, "the Sertoli cells look after its every need."

As such, he says, "I would argue that the Sertoli cell is the most important cell in the male body."

Production of Sertoli cells continues beyond birth, although "for how many years, we're not quite sure," Sharpe says. Because each cell can nurture



Circular cross section of seminiferous tubule from rat testis. Wedged shoulder to shoulder along the outer edge and down toward the center of the tubule are Sertoli cells (stained brown). In adults, these cells nurture maturing sperm.

Michael Miller

only a fixed number of sperm at one time, the fewer Sertoli cells that ultimately form, the smaller the testes will be — and the lower a man's production of sperm.

What's more, the number of Sertoli cells an individual produces can be limited by reducing his secretion of follicle-stimulating hormone (FSH). And, at least in young animals, FSH is "exquisitely sensitive to inhibition by exogenously administered estrogen," Sharpe and Niels Skakkebaek noted last year in the May 29 LANCET.

Mullerian inhibiting substance (MIS), another hormone, is produced by Sertoli cells. This hormone's primary role is to cause a regression of fetal structures known as Mullerian ducts. Because the failure of these ducts to regress has been associated with undescended testes, abnormalities in MIS production may play a role in cryptorchidism. Disturbance of MIS production could, therefore, impair normal testicular descent or other aspects of male reproductive development, Sharpe and Skakkebaek argue.

Though studies have shown that over the past five decades sperm counts have been falling — and cryptorchidism rising — Sharpe notes that "we have no data on what Sertoli cell [counts] were in men 50 years ago. So we have no way of proving that these changes are due to a drop in Sertoli cell number." However, he told SCIENCE NEWS, "that would be your prime suspicion."

At a meeting in Washington, D.C., last week, Sharpe said his laboratory is initiating a research program to identify the full cascade of physiological events that normally fixes an individual's maleness. In addition, his team will be looking to establish what factors can interfere with that process and when — and how that may ultimately play out in terms of reproductive success.

— J.A. Raloff

Among these, he notes, are "a lot of the chemicals that we started making in large quantities from the 1940s and '50s onwards, and which are very resistant to degradation," including polychlorinated biphenyls (PCBs), DDT, and the breakdown product of certain detergents.

"I'm not trying to be alarmist," Sharpe told *SCIENCE NEWS*, but when it comes to the male reproductive risks posed by hormone-like pollutants, "the data show there's reasonable cause for concern."

A paper in the October ENVIRONMENTAL HEALTH PERSPECTIVES (EHP) lists 45 environmental contaminants or classes of agents that have been reported to cause changes in reproductive and hormone systems. They include eight herbicides, eight fungicides, 17 insecticides, two nematocides, and a miscellaneous category that includes metals, toxic industrial by-products, and commercial chemicals, such as styrenes.

Though releases of many substances on this list, including the toxic pesticides DDT, heptachlor, and kepone, have been banned or severely restricted in the United States, such compounds continue to pollute the environment.

Indeed, a pair of papers in the January ENVIRONMENTAL SCIENCE AND TECHNOLOGY (ES&T) reports on diverse occurrences of such organochlorine pesticides — from

residues in seals in Siberia's Lake Baikal to those in sediments in a bay that provides fish for Portland, Maine. These compounds even show up long distances from where they were used. For example, detectable levels of such pesticides appeared in an Antarctic penguin, a third ES&T paper reports.

Others of the listed organochlorines remain in widespread use. For instance, 2,4-D is the largest-selling broadleaf herbicide in North America, with some 60 million pounds of it and its chemical analogs applied annually in the United States alone. While this agent has not been shown to be directly estrogenic, work by Ana Soto, an endocrinologist at Tufts University School of Medicine in Boston and a coauthor of the EHP paper, has shown that nonylphenols are.

These compounds can leach out of some plastics (SN: 7/3/93, p.12) or form during the natural environmental degradation of certain surfactants known as nonylphenol polyethoxylates (SN: 1/8/94, p.24). Soto notes that an estimated 360 million pounds of these surfactants are sold in the United States each year for use in products ranging from dishwashing liquids to toiletries and pesticides.

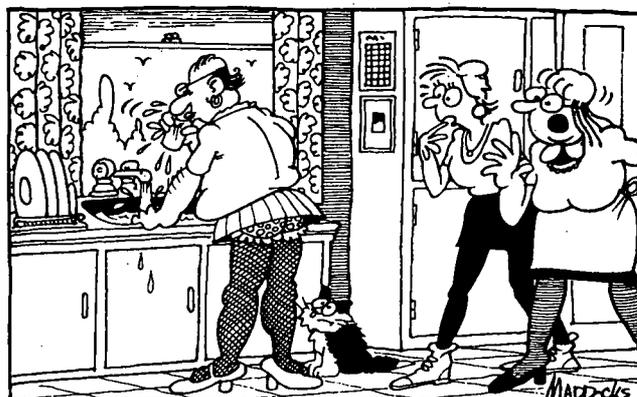
Most of the agents of greatest immediate concern, however, are no longer allowed to enter the environment in large and relatively uncontrolled quantities. And this may contribute to a false sense of security about the threat these agents pose, argues another coauthor of the EHP paper, zoologist Theo Colborn of the World Wildlife Fund in Washington, D.C.

"My big concern now is that by lowering levels [of these pollutants] in the environment, the substances may be present in such small amounts that we cannot even trace them," Colborn told *SCIENCE NEWS*. "They may be there, and we won't even know it."

Soto shares that concern. "Most compounds with estrogenic effects are not present in the environment at levels that alone would produce an effect," she notes. However, unpublished studies by Soto now indicate that if humans are exposed to enough such chemicals, or if enough of them accumulate in the body, they can combine to cause undesirable effects.

For instance, Soto reported at the meeting last week, by taking 10 estrogenic chemicals and combining each of them at one-tenth of their effective dose, "you now have an effective dose."

Moreover, because chemical structure offers few clues to what may prove estrogenic, environmental hormones can be identified only by methodically testing,



"I've warned your dad about the female hormones in the water supply — but he won't listen."

Express News Papers/Archive Photos

one by one, the most widely used chemicals, she says.

Her lab, one of the few that does such testing, has just unmasked the estrogenic alter ego of three widely used pesticides: dieldrin, toxaphene, and endosulfan. Dieldrin and toxaphene are no longer legal in the United States, but "endosulfan remains the nation's most widely used pesticide," Soto says.

Nor are all environmental agents that affect reproduction estrogenic. For instance, benomyl, a systemic fungicide that's used on everything from rice and tomatoes to apples and grapes, "really affects the testes," Soto says; it causes the premature release of cells that would have become sperm. However, Soto notes, benomyl's not an estrogen. Other agents, like dioxin, may actually inhibit estrogen, she notes. Yet in rodents, dioxin feminizes — both physically and behaviorally — males exposed prenatally (SN: 5/30/92, p.359).

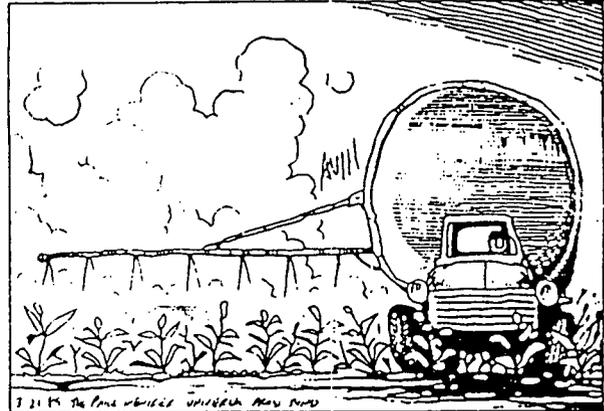
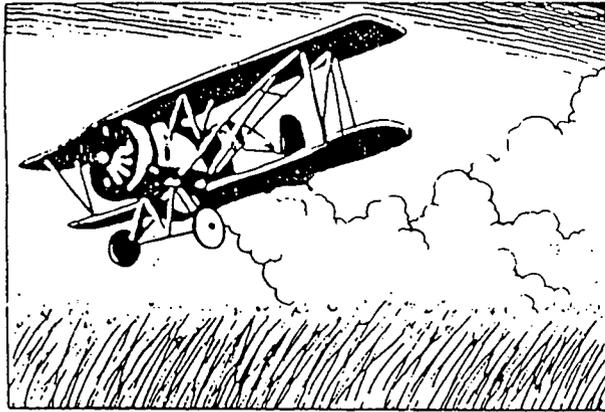
Society's preoccupation with cancer has led to regulations requiring that any new chemical be withheld from the marketplace until it passes screening tests that indicate it will not foster malignancies. No rules yet require a similar test of a new or existing chemical's ability to mimic or affect reproductive hormones.

The result of that omission, Soto charges, is that the economic cost-benefit analyses that today play an important role in determining which toxic chemicals remain on the market — and for how long — fail to capture the cost of exposing wildlife and its stewards to hormone-mimicking toxic chemicals.

"We have just begun to open the door of discovery concerning the noncancer health effects of the synthetic chemicals that in the last 50 years have become an integral part of our life," says Colborn. The take-home message from these new studies, she believes, is that "we need to take these effects as seriously as, if not more seriously than, cancer."

Indeed, argues Soto: "What is the economic cost of having a generation that cannot reproduce?" □

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Science News



a word's worth

Physician is a word derived from the Greek root *physike* which means literally “purge” or “cleanse.” A good dictionary will include figurative meanings from the Greek such as “cure, health, nature.”

At first the gap between “purge” and “nature” or “health” might seem closer to an abyss, but the Greeks knew exactly what they had in mind. In Hippocrates’ time—before the days of pharmaceutical companies, the *Physicians Desk Reference* (PDR), Tums, Advil and all the like—doctors observed that internal cleanliness was the key to glowing health. They saw that when the body was relieved of daily wastes and poisons, a person who basically lived and ate in tune with nature enjoyed a healthy state of being—the natural birthright of man.

Sickness, these doctors noted, developed when the internal balance was disturbed by the stress and strains of daily living. Bodily processes did not function as efficiently, including the organs of elimination, and toxins built up causing the symptoms of disease. A physician was the one who assisted in giving the physic or purge, thus relieving the overload and—along with

proper diet and rest—allowing the patient to heal. The *physician* who practiced this art of medicine was no doubt much revered.

Today the word is sadly bereft of its roots. Physicians are still with us, but the *physike* has been largely relegated to the revelling of etymologists in their dusty dictionaries—“old-fashioned” or “weird” notions of a pre-modern age. The physician we know (and too often worship) is basically one taught to restore a patient’s health with medications that do nothing to rid the body of its poisons. The concept of internal cleansing is no longer the centerpiece of healing. Instead of working with the natural *physiology*, today’s modern physicians have mastered the art of matching drugs to ailments—drugs that block natural functions to temporarily relieve symptoms while adding to the toxic load.

As the 21st Century fast approaches, we might well ask where and how it was that those who take the Hippocratic Oath have disconnected from the wisdom of this etymology? We might well ask for our word’s worth!

YOUR GOVERNMENT MAY BE HAZARDOUS TO YOUR HEALTH!

Although there are many voices claiming cancer is not an epidemic, unfortunately true statistics refute this typical claim. The reality is that over one million persons become cancer victims each year. War doesn't take as many lives as cancer!

There appears to be considerable evidence that chemicals approved by our government protection agencies are a contributing cause in spite of their constant disclaimers that there is not enough scientific evidence for them to take action. They always deem it necessary to do a long term study. Rather than considering the mounds of evidence as enough cause to outlaw seemingly dangerous chemicals until they can be proven safe, these agencies maintain a reverse policy of sanctioning the use of suspect chemicals **until proven unsafe!**

Dr. Daniel Petrylak, an oncologist at Columbia Presbyterian Medical Center in New York City in discussing the increase in testicular cancer and the lower sperm count in males says, "It is possible that whatever environmental factors are causing sperm counts to go down may be causing cancer to rise."

Many resources repeat this type of comment suspecting environmental pollution as a cause of the cancer rise. Dr. Samuel S. Epstein, professor of occupational health at the University of Illinois and author of a number of books, has long campaigned against the careless overuse of chemicals that ultimately end up in the human environment. A survey by a cancer organization on Long Island, New York showed a larger number of breast cancer victims in areas with greater levels of chemical pollution.

Our government agencies insist upon keeping their heads in the sand, ignoring all the cancer-causing danger signs and there are many. If these watchdog agencies refuse to protect us, then we need to take our own action to effect a change, and we can do it if we act together! Only concerted action by those who care will achieve our much desired results.

One of the most affective organizations fighting chemical pollution is Food and Water, Inc. They are activists who make no compromises with industry or government at the expense of human lives. They don't waste their effort pleading with legislators. They zero in on the violating industry by organizing boycotts or asking their membership to contact the CEO's of companies to register their complaints. This technique has been very successful in many instances. One typical example has been the experience of Vindicator, the irradiation plant built in Florida, at great expense that has now changed its name. Food and Water

members warned that irradiated food was unacceptable to them and it can be assumed that it had an impact that forced the name change. Because of Food and Water's constant vigilance and their membership's responses to an organized grass roots action, they get results.

This system requires people-power. It can only be successful as a joint effort. Food and Water can organize the activity, but its success depends upon numbers. Numbers represent dollars to industry. I urge you to join Food and Water so that your voice added to others will have the impact needed to control the violations that our government is guilty of.

Today Food and Water is attacking two very specific areas: the recombinant bovine growth hormone (rBGH) that is used to increase milk production and the Environmental Protection Agency's (EPA) effort to repeal the Delaney Amendment, a law that controls the use of cancer-causing pesticides in food and water. EPA wants to allow pesticides with a "negligible risk" factor as acceptable. For those of us who have lost someone because of cancer or are presently suffering from cancer, zero risk is the only acceptable yardstick. **Not one death is tolerable!**

The rBGH campaign has already produced a concession from Land o' Lakes, a large milk processing company. Land o' Lakes has agreed to supply a line of products without rBGH under the trade name Superior Brand. It certainly should not be impossible to get compliance from the milk processors as they have nothing to gain from the use of rBGH. If dairy processors refuse to use the milk from injected cows, it seems logical to conclude that the dairy farmers will discontinue the use of rBGH. Your effort can make this happen! Put forth the effort by joining Food and Water.

Although the Food and Drug Administration (FDA) and Monsanto, the producer of rBGH, proclaim the safety of rBGH, Monsanto concedes that the substance has some complications. It causes mastitis in cows for which antibiotics are used and then found in the milk. This practice risks the development of new resistant strains of bacteria. Another complication is that rBGH can cause sterility. Can anyone claim unconditionally that this will not affect a generation nurtured from birth on milk from rBGH treated cows?

—Ruth Sackman

You can reach Food and Water by calling 800-EAT-SAFE or by writing to Food and Water, Inc., Depot Hill Road, RR1 Box 114, Marshfield, Vermont 05658-9702.

MIND OVER CHRONIC PAIN

By Consuelo Reyes

Over 10 million Americans across the entire age spectrum experience pain in their lives on a daily, crippling basis. In fact, too often the unrelenting pain becomes a way of life for the family and friends of these people, as well as the patient. Traveling from doctor to doctor in search of miracle cures and powerful drugs, they soon learn that nothing helps for very long.

But in an article in the *New York Times* ("Helping Families Deal With Chronic Pain," Aug. 26, 1985) Georgia Dullea tells how many individuals and their families have found lasting help and hope for their circumscribed lives from pain clinics that emphasize the psychological aspects of dealing with chronic pain.

Ms. Dullea focuses on a couple in their 30's, Bill and Phyllis Kingery, whose lives were immobilized by Bill's immobilizing back pain. Mrs. Kingery would come home night after night from her secretarial job to find her husband, a former construction worker, wedged into a reclining chair, a heating pad on his back. Some evenings she would ask how he was feeling and hear him reply that the pain was bad. Other times he would be too drugged to give a report, and in a way, she admitted, she was relieved not to hear about it.

"I knew he was using three different doctors to get pain drugs and I knew they weren't helping him anymore," Phyllis recalled, "but I was feeling so bad for him I shut my eyes."

According to her husband: "That hot pad was permanently implanted in the recliner. Our life revolved around my pain. We never went anywhere unless I had a handful of codeine."

However, since his discharge about 8 months ago from a 4-week program at the Mayo Clinic's Pain Management Center, Mr. Kingery has abandoned his heating pad, the drugs and the habits that he learned were contributing to his agony. "If I catch myself complaining now," he says, "I know I've blown it because there's nothing she can do about the pain."

His wife has also changed: "They taught me at the

center that I was behaving like an alcoholic's wife. I no longer ask about the daily aches and pains. Now we talk about his classes at the community college, about our jobs and having children some day, all the normal things we never talked about because his mind was on the pain."

According to Dr. Russell Portenoy, co-director of the Unified Pain Service of Montefiore Medical Center and Albert Einstein College of Medicine: "One of the least recognized and probably most crucial factors in chronic nonmalignant pain is the patient's relationships, not only with a spouse, but with other family members."

Dr. Portenoy says that "For a significant percent of patients, not all, chronic pain has become a style of life. It is the way one lives in the family and interacts with the world at large, by being chronically in pain. The patient and spouse develop a kind of organic relationship always revolving around the pain."

These clinics, therefore, usually involve the spouse to help break down so-called "pain behavior" — emotional factors that perpetuate the cycle of pain. Clinicians have found that pain can persist long after its cause when a patient is being rewarded by special attention and sympathy and not expected to take on responsibilities. These clinics help reshape behavior by a variety of treatment modalities including acupuncture, zen, biofeedback, physiotherapy, relaxation techniques and group psychotherapy. Many programs require a hospital stay, others are done on an outpatient basis. Most confront each case with a team of specialists—physicians, nurses, psychologists and physical and occupational therapists—and most involve spouses or others living with the patient.

At the Mayo Clinic where Mr. Kingery was treated, coordinator Mary Jane McHardy emphasizes that candidates for this kind of approach suffer from chronic pain for which there is no medical or surgical treatment, such as back, abdominal, arm or leg pain or headaches. "We don't treat anybody with arthritis or cancer or anything fatal," she says, "because we tell people to ignore pain and they probably need to pay attention to it."

Ms. McHardy says that the key to managing chronic pain is physical conditioning "and learning you're not going to break if you're physically active." Mr. Kingery now rides a stationary bicycle twice a

day and walks at least two miles. Through biofeedback he has learned relaxation techniques to reduce discomfort and coping strategies to deal with it.

Instead of living in his living room recliner, he now attends a community college classroom where he is studying restaurant management and commutes to a part-time job. The couple now go out to dinner and the movies. As Ms. McHardy puts it: "You've got a choice of staying in bed and hurting or going out and having fun and hurting, and that makes the pain go away."

Spouses are taught valuable lessons on how to encourage activities and attitudes that reflect a healthy outlook. They also learn to be neutral to excessive complaints and other pain-related behavior. This can be difficult for overly mothering spouses who for years have hovered about, fulfilling every need, taking on every responsibility, empathizing at every turn. Experts say that most of these caretakers mean well, though some may be motivated unconsciously by a desire to keep the spouse dependent.

The other extreme is the spouse, who is often oblivious to the other except in times of suffering. This spouse can foster pain behavior by inattentiveness just as much as the spouse who is overly solicitous.

Dr. John Loeser, director of the pain clinic at the University of Washington School of Medicine, noted that studies have been done to predict case outcome according to personality traits of the patient's spouse. **The outcome, it seems, is better predicted by the spouse's personality than the patient's:** "Clearly, the spouse plays a role in the perpetuation of pain behavior," Dr. Loeser said, "but the role varies dramatically from case to case. There is no simple answer."

The success of these pain clinics should certainly give new hope and energy to the millions of people trapped in the vicious cycle of chronic pain. As the Kingery's experience shows, it is possible to take control of one's life even in the face of daily debilitating pain. Their case is also further proof that healing has less to do with the sheer mechanics of the body and more with the integration of the many planes of our humanness—the physical, psychological, emotional and spiritual aspects of every day existence. ❀

Letters

Dear Ruth:

Please continue to furnish me your *Cancer Forum*. Your article "Common Sense About Calcium" on p. 6 was excellent. You referred to a letter to the editor by me in *Medical World News*. I enjoyed your article, learned something, and only wish to inform you that my last name is "Silverstein" and not "Silverman."

Feel free to reproduce-copy-publish or distribute the enclosed as often as you so choose.

Sincerely, H. Robert Silverstein, M.D., F.A.C.C.

Dear Mrs. Sackman:

Thank you for the issues of *Cancer Forum* and all the valuable life-saving information, and for reminding me that my subscription expired with this last issue. Please find enclosed my check for the renewal.

Again, thank you for all the great work you are doing for public service. God Bless You!

Very gratefully yours, J.Z.

P.S. Thank you for clarifying the "Essiac" controversy. All sources claim to have the only true formula. Some charge outrageously high prices; others, such as Flor-Essence from Flora, a normal price for an herbal formula. I am going to investigate if it is the same you mention in your last issue.

Cancer patients have inquired about it, and some of those I know are obtaining very satisfactory results from a highly expensive source. So many people claim to have known Rene Caisse, I must add that the above formula that is helping cancer patients contains more than the 4 basic herbs.

Again, thank you for precious info on Cartilade, DMSO, hydrogen peroxide, etc., the unnatural products that are said to kill cancer cells.

Dear Ruth,

Isn't serendipity wonderful? I read the enclosed *Lancet* commentary just minutes after reading your super piece in the *Cancer Forum* that arrived in the same mail. The symmetry of your views and those of the *Lancet* writer (Alan B. Astrow of St. Vincent's Hospital and Medical Center, NYC), is so perfect that I thought you would like to read it. It's about time for conventional medicine to "rethink" the cancer problem.

Best wishes, John R. Lee, M.D.

Dear Ruth,

Here's a check to help with your work. Start my subscription with Winter. I never get the June issue because we move up north for 3 or 4 months.

Marshall is fine — really into golf big time. It was 1973 when he got melanoma - right after I got my R.N.! Now I'm a massage therapist and having a great time with it.

Love, L.H.

National Campaign Against Toxic Hazards

↳ People's Bill of Rights

People in this country have the right to be safe and secure in their homes and workplaces, we have the right to bring up our children and live our lives free from harm imposed by toxic substances that have been brought into our communities, neighborhoods, workplaces, schools and farms by others, without our knowledge and without our consent. We have the right to clean air, clean water, uncontaminated food and safe places to live, work and play. We have the right to require our government to be accountable and industry to be responsible. We have the right to action and to public policy that will restore to us that which has been taken away and to stop the needless and unjustifiable attack on our lives, families, homes, jobs and future that come from the imposition of toxic substances in our environment.

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People have the inherent right to be safe in their homes and workplaces. Our children have the right to grow up strong and healthy, not diseased, deformed or to die before they've had a chance to live, to be safe in their schools, free from cancer-causing asbestos or other hazards, and to play in their backyards free from erupting chemical pits or contaminated soils. We have the right to be free from exposures, imposed on us against our will, to poisonous substances that can cause birth defects, cancer, sterility, genetic damage, miscarriages and still births.

Right to Know.

We have the right to know what poisons other people, industry, corporate polluters and government have decided to bring into our neighborhoods and workplaces and the right to know how these chemicals can affect our health, our environment and exactly what they intend, if anything, to do about it.

Right to Clean Up.

We have the right to safe, total cleanup of hazardous sites and spills, to have the cleanups take place quickly with our neighborhoods, homes and environment restored to the way it was before the polluters chose to contaminate them with chemical poisons.

Right to Participate.

We have the right to participate, as equals, in decisions affecting our lives, children, homes and jobs on the matter of exposure to hazardous wastes. We have the right of access, without cost, to information and assistance that will make our participation meaningful and to have our needs and concerns be the major factor in all policy decisions.

Right to Compensation.

We have the right to be compensated for damages to our health, our homes and our livelihoods. The responsible parties must compensate us for the cost of cancer treatments, care of our birth-defected children, the loss of our farms and jobs, livestock and the burial of our loved ones.

Right to Prevention.

We have the right to public policy that prevents toxic pollution from entering our neighborhoods by using existing technology beginning at the source—a technology that will provide jobs, business opportunities and conservation of valuable resources. Our workers have the right to safety equipment and other safety measure to prevent their exposure in the workplace.

Right to Protection and Enforcement.

We have the right to strong laws controlling toxic wastes and vigorous enforcement of those laws, not backroom, sweetheart deals. If a child dies from exposure to chemical poisons in the environment, someone must be arrested and prosecuted for manslaughter.

By the Citizens Clearinghouse for Hazardous Wastes, P.O. Box 926, Arlington, VA 22216 (703) 276-7070
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BOOK REVIEW by Consuelo Reyes

The Cancer Puzzle , An In-Depth Explanation of Cancer and Its Prevention, Treatment and Causes by Alan Young (Frank Amato Publications, PO BOX 82112, Portland, OR 97282, 1993, 204 pgs., \$14.95)

Alan Young, born and educated as a lawyer in England, emigrated to the United States in 1939 and became vice-president of one of America's largest corporations. But instead of continuing his high-powered career, he chose to retire early and devote himself to teaching, writing and spiritual healing—work which brought him into close contact with many cancer patients struggling to make sense of their disease.

The story of a such a career transformation sounds like grist for an interesting, perhaps enlightening book. But for some reason Alan Young chose to look at the "giant jigsaw puzzle," that is, to make the whirlwind tour of the whole shabang of conventional and non-conventional cancer theories and treatments, leaving scant chance for—contrary to his long-winded subtitle—any real "in-depth explanation." The result—yet another cancer compendium written by a writer with no clinical experience, filled with inaccuracies and myopic conclusions, and guaranteed to confuse and stress the resources of weary patients, their families and friends.

It didn't have to be this way. Young seems to possess a passion and sensitivity for the broad philosophical landscape: that the rise in cancer incidence is directly related to man's increasing out-of-synch-ness with nature ("This relentless pollution of the water, soil and air by the release of poisonous chemicals in enormous quantities and the continuing massive destruction of the world's forests is more than the planetary immune system can handle"); that healing has to do with finding peace within the multi-planes of existence—mind/body/spirit. From this instinctual base he might have delved into the personal odysseys of those he has worked with. Instead, the allure of the "Big Story" is too intoxicating; he becomes another jack-of-all-angles and master of none.

Readers of *Cancer Forum* have heard this refrain too many times before. The "kitchen sink" approach marks no distinction between non-toxic, biologically-sound therapies (which FACT supports) and the plethora of "alternatives" that may, indeed, be toxic and tumor-reduction-oriented like conventional treatments (and which FACT cannot support). A few examples: Young enthuses on the yew bark extract Taxol—evidently just coming on the scene at the time of his writing—as an "exciting" development in natural chemotherapeutic agents. Yet now, only a year afterward, newspaper articles tell of researchers trying to downplay the drug's

significance and expressing concern about its side effects. Touting the potential of immunotherapies as a safer, more natural approach, he alights on monoclonal antibodies as the most promising variation—the one immunotherapy which uses chemotherapy and which FACT cannot support as biologically-sound!

Young repeats the shallow conclusion of other writers of similiar books that, because many animals produce Vitamin C naturally, and man "has lost" this ability, therefore, megadoses of C must be a good and safe idea. In so rapid a rounding of all the bases, he has no time to ponder the thought that perhaps the natural selection process—nature in its greater wisdom—had something else in mind and that huge doses of synthetic chemicals are not the magic answer.

By the time we come around to the emotional side of things, which should have been this author's strong suit, Young again circumnavigates the area with racey rehashes of other work in the field such as that of Dr. Bernie Siegle, Norman Cousins, etc. Then, suddenly, fast forward to Eastern philosophy—chakras, reincarnation,—a rush hour tour of all the New Age hot spots. The effect is dizzying, if not comic: one moment blurbs on "expert" views of highly technical medical treatments to boom! a few lines on "soul development" and past life regression—sure to leave more than a few readers breathless and clinging to the earthly plane.

The author does manage to get in a few interesting insights. Discussing the typical cancer personality, he notes that studies show schizophrenics and retarded people have lower incidence of cancer because, he posits, they are presumably freer to act out their fantasies than repress. And he is on the mark about the profile of the cancer survivor: "...survivors are those who are kept well informed by their doctors and who participate in all decisions regarding their treatment. They approach it from the point of view that it is their life and their body so they have every right to be in control if they wish." Not new perceptions, but certainly worth highlighting.

What kept me going through all 197 pages was the question of where or when we would hear the meat of Young's own experience. Alas! No beef! We never do find out what it is specifically the author did or does with cancer patients and what he personally has learned. Perhaps he doesn't value his own work; perhaps he fears appearing unknowledgeable about the work of others. Why do writers not write about things they know instead of grabbing for the big glossy picture—in this case, a panorama that flirts with the life or death of readers? This is the real puzzle of *The Cancer Puzzle*. ❀

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