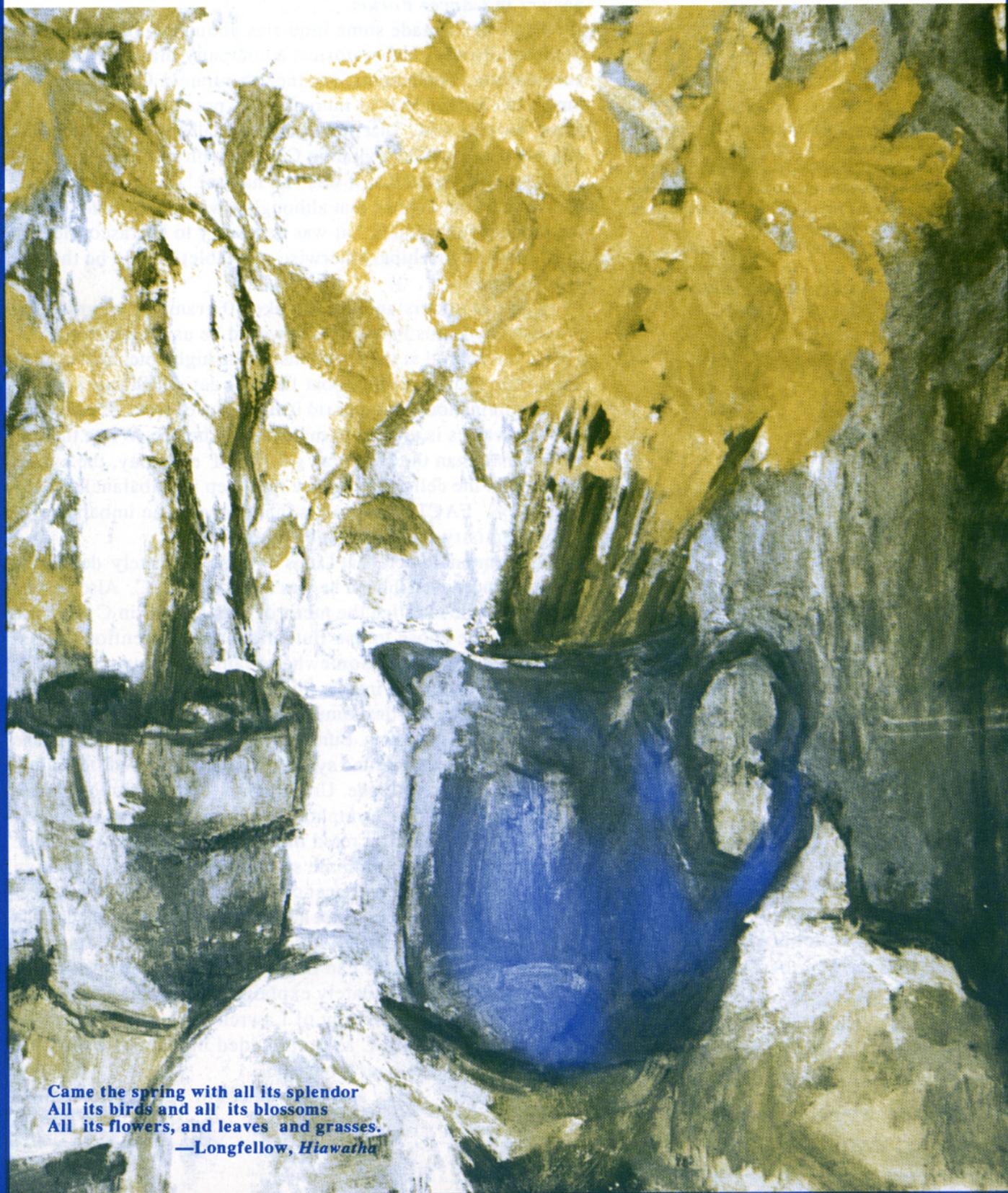


CANCER FORUM

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



Came the spring with all its splendor
All its birds and all its blossoms
All its flowers, and leaves and grasses.
—Longfellow, *Hiawatha*

Foundation for Advancement in Cancer Therapy

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

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Dear Reader,

I received a letter from a chiropractor asking why I negated the use of high potency vitamin C as advocated by Linus Pawling but accepted immunotherapy as it is used at Burton's immunology center. It is a question that others might have so it deserves an answer in *Cancer Forum*.

Years ago I made some inquiries about vitamin C because Standard Process Laboratories, a company that specializes in very natural supplements, produced a vitamin C tablet of only 5mg and claimed that to increase the potency it would have to use ascorbic acid. That prompted me to call one of the companies that produced a 500mg vitamin C tablet with rose hips and used a label which stated that it was "all natural." I learned from the person to whom I spoke that although it was appropriate to label the product "all natural," it was necessary to add ascorbic acid in addition to rosehips, otherwise the tablet would be the size of a golf ball.

You can understand that to take 30 grams of vitamin C as proposed by Linus Pawling one would be using ascorbic acid. This is not natural in the pure sense. The high potency has other flaws. The body uses only about 150mg a day which puts a burden on the elimination system to rid itself of the excess. Elimination of body wastes is crucial in maintaining health. When there is more waste than the body can get rid of each day, the excess is stored in the cells. This is the first step in imbalancing body chemistry. FACT's position is that cancer is an imbalance in body chemistry that needs rectifying.

It is important to note that Linus Pawling ultimately developed prostate cancer even though he was using vitamin C. Also despite the fact that he extolled the merit of using vitamin C as a cure for cancer, he chose to use flutamide, the conventional prostate cancer treatment. Somewhat strange don't you think?

If one is under the impression that at Burton's immunology clinic in Freeport, the immune substance is of a foreign nature, it is a mistaken assumption. Burton's technique deblocks the immune system. When the immune system is overstimulated, the clinic depresses it with cortizone. Unfortunately, that technique is not biologically sound. Lymphokines is another type of immunotherapy. These are secreted naturally by a healthy immune system and a healthy immune system will not harbor foreign substances. It considers cancer cells foreign. Sadly, the cancer patient's immune system is not actively seeking out cancer cells and processing them for elimination. Therefore, adding natural immune substances can boost the body's control.

I hope this reply adequately explains the reasons why FACT supports the immunotherapy of Lawrence Burton and not the high doses of vitamin C as propounded by Linus Pawling. If not, I would like to hear from you.

My sincere wishes for your good health,

Cancer and Nutrition

An Interview with Harry Sackren, M.D.

We are pleased to include the following transcript from the radio program Bread & Roses which aired on WBAL-FM radio in the late 1970's. Ruth Sackman, President of FACT and Charles Bell, FACT board member, appeared regularly with host Dave Metzger to discuss health issues and answer listener phone calls. Despite the passage of time the information remains fundamentally sound in all its basic aspects and is an important corrective to the pseudo-concepts that are passed off today as wholistic.

Dave Metzger: Welcome to *Bread & Roses*. With me this afternoon are members from the Foundation for Advancement in Cancer Therapy: Ruth Sackman, President, Charles Bell, Vice President, and a special guest, Harry Sackren, M.D., who is a nutritionist. Today, not surprisingly, the program is going to be focusing on nutrition.

Charles Bell: Thanks, Dave. We've had five or six programs with B & R so far and it's been a real nice opportunity to familiarize people with the approaches that our organization is trying to bring to the attention of the public. We also like to constantly keep in mind that the first thing we'd like to be able to do is to dissolve our organization if orthodox medicine could come up with some reasonable cures and reasonable solutions to the cancer problem.

The reason we exist and the whole purpose of our effort stems from the fact that the cure rates for cancer are deplorably poor, running roughly 8%. There are exceptions to it, but really very little progress has been made in the last 20 years since the "War on Cancer" was announced. Consequently, orthodox medicine, we feel, has to bring much greater latitude to the types of therapies that are considered, and not just stick to the radiation, chemotherapy and surgery which are characteristically almost the only tools used.

Our organization is aimed primarily at dealing with what would best be called biological or non-toxic healing modes where people learn, hopefully, how to prevent cancer and how to deal with the illness in other ways if they are afflicted. We make no claims for cures, no suggestion that there's an easy path, that it's simply routine and straight forward to get rid of cancer. However, we do think that these alternative approaches should be given much greater consideration than they are by the

orthodoxy and we're happy today to have Dr. Harry Sackren join us. He is a nutritionist with many years experience and has experience also in dealing with cancer patients.

We have touched on the problem of toxicity. Dave, as you know, toxicity from our viewpoint has a great deal to do with the generation of cancer in the first place and this toxicity usually comes, primarily, from very bad eating habits and the excessive use of chemicals in food, in the workplace and in one form or another in the environment. Today is our first opportunity to take a more in depth look at the problem of cancer in relation to nutrition. So, I think I'll turn to Ruth and we can proceed from here.

Ruth Sackman: Recently, there was an item that appeared in the newspapers quoting Dr. Geo B. Gori of the National Cancer Institute in which he stated that the cancer patient, even in a debilitated state, can probably manage from 1-5 years providing there's good nutritional support. We sent for the material from NCI and it's most interesting because they're going to go into the whole background of cancer to determine how nutrition may cause cancer, how it may prevent cancer and how it may cure cancer. This has not been completed. Unfortunately, the amount of money that's been given to that particular department, which is called Diet, Nutrition and Cancer Program, has been fairly limited, but we think Dr. Gori has been doing an excellent job.

I want to read one little quote from this paper and then spend most of the time with Dr. Sackren, who's had a nutritional practice now for 40 years. "Specifically, with respect to cancer, there is an increasing number of studies relating dietary and nutrient excesses and deficiencies and imbalances to cancer development. For example, cancers of the stomach, colon, gastro-intestinal tract, pancreas and liver have specifically correlated with dietary and nutrient intake." Dr. Sackren, I wonder if you want to give us some idea what you've been doing for these many years.

HS: Well, I have found in my years of practice that food, that is, the nutrients that the body takes in, is exceptionally important and in fact, it is most important in prevention of disease and in the attempt to bring the patient back to health. I have used it not only in cancer but in other disorders.

It is obvious now nutrition is basic. I don't see how it could have been overlooked all these years by so many because actually the body is made up of cells and the cells are made up of nutrients. To assume that the body is just taking in every one of those nutrients all the time in the proper manner and the proper combination is silly because food has been changing—the preparation of food, the growing of food, every aspect of food has been altered. So it is very important to watch and study what the individual takes in. Furthermore, food has been changed in so many ways. We now have additives to food in the form of chemicals of all kinds. Now we have found that they are definitely related to cancer.

RS: Do you feel those additives are cumulative?

HS: Well, I have no evidence myself. It seems to me logical when we found DDT in fat tissues accumulated in the body. I think there have been quite a few studies that show there's been accumulation of many of these additives. I feel very strongly that they not only are destructive to the cells and the liver which have to receive the food and break it down to their nutrients and in the process have to detoxify the chemicals which have come in with the food. So that's sure to leave some destruction to liver cells. Furthermore, there is tissue which must accumulate these chemicals. I'm sure that there is a destructive effect.

RS: We might find this out later, but we have to protect ourselves now. In other words, what everyone looks for is that definitive scientific evidence in order to make an official statement, but we could be suspicious even now about some of these elements in the food, don't you think?

HS: I agree. I think this is very important because if we wait for scientific evidence, the whole present generation will be affected perhaps disastrously before we wake up—witness this sudden interest in nutrition by the NCI. The evidence has been accumulating and it's only now—and I believe it is really due to the pressure of the public because I have found that the lay person nutritionally is far ahead of the medical profession—the public is demanding attention so they have to respond.

CB: An example might be given, too: DES which was used for some years for women for fertility and now it has turned out some 12-15 years later that it tends to lead to vaginal cancer in girls.

RS: And DES was being used in cattle feed and by injection, you know. FDA had taken some action against it, but the ranchers went into court and overthrew the

FDA's decision. But finally DES was banned, so it is no longer in the meat supply but it has been replaced with another hormone which could be just as bad or even worse. While an agency has to wait for scientific evidence, I don't think we have to, do you?

HS: We certainly don't. For example, saccharin all these years has been used and they now find that it has carcinogenic properties. Estrogen has been used and that has problems. But the damage is done. I have a patient who brought her daughter with her. The mother had DES and her daughter is suffering now from a precancerous condition. Why should we wait for that.

“...non-biological substances added to food may be a potential hazard and therefore, the emphasis is on whole, natural food.”

I think we have to assume—it may be wrong—but I think it's correct to assume that non-biological substances added to food may be a potential hazard and therefore, the emphasis is on whole, natural food.

RS: Now, what foods are the most important in the diet?

HS: I have found that the body does not tolerate proteins too well. Proteins have to be broken down in the liver into the various amino acids and then utilized. The pancreas has to supply the enzymes to take care of the proteins. Although a certain amount of protein is necessary, it seems that the cancer patient does better with whole grain carbohydrates like the cereals, vegetables, soups, legumes, fresh salads and fresh juices like carrot juice and other juices and fruits and fruit juices and later on a little bit of fish and perhaps a little bit of chicken. I have found an adequate amount of protein is perhaps 45-50 grams daily.

RS: So it's a low protein diet?

HS: Yes, low protein, high carbohydrate. Not too low, but as much as a patient can tolerate.

RS: You treat any sort of disease?

HS: Yes.

RS: In other words, you're promoting nutritional support for the individual more so than treating a disease.

HS: That's correct.

RS: It's our impression that the raw foods are an important part of the diet. Do you agree with that?

HS: There's no question about that. Raw foods have the enzymes and all the minerals and vitamins and the various other substances about which we know very little. As soon as you cook food, you do change the character of it although a certain amount of cooked food is necessary, such as baked potatoes. I feel the more raw foods a patient can take in the form of juices or salads, the better.

RS: Is a ferment essential?

HS: In Europe they use fermented products and it seems that the lactic acid in the fermented product does help the digestion and makes the food more assimilable. Whether it is due to a certain small bacillus, a digestive organism there, whatever the reason is, it seems to help. Many of these cancer cases seem to have very low gastric juice so this seems to help. Sometimes in Europe they can get the yogurt or the beet juices which are fermented.

RS: There's not that much on the market here. I think there are two companies providing the fermented vegetable juices—Biotta and Eden.

HS: Yes, however, those things are already canned and it would be better if we could have it fresh. Some people in Europe use sauerkraut which is fermented cabbage.

RS: Aren't these things important to provide the proper intestinal flora.

HS: Ah, very important because I believe that an altered intestinal flora are probably the cause of the initiation of the cancer. The intestinal flora are changed by many things: first, when the individual takes an inadequate amount of fiber in the food we know that the flora change. The person gets constipated. We also know that the bile acids and bile bacteria secreted from the gall bladder area and the ducts do change and they can change into precursors of carcinogens or they can form substances which can easily change into carcinogenic substances. So that is important.

I find that white sugar for any number of reasons does tend to change the flora in the intestinal tract detrimentally. The flora of the intestinal tract are very important and when the flora change, they produce substances in the intestinal tract which go into the liver and the liver has to cope with this unexpected and non-biological toxic substance and has to discard it.

DM: Dr. Sackren, can you define what flora is to the listeners?

HS: Well, a baby is born with flora. Our intestinal tract is full of germs, but they are friendly germs. A baby has bifida germs which help to digest perhaps protein substances or other substances. The flora produces certain vitamins. Vitamin B12, I believe, is produced in the intestinal tract.

As soon as you change to a high protein diet, you're changing to putrefactive bacteria, a different type of bacteria which the body is not really accustomed to. So you have to deal with new waste products—the skatol,

the indole and all the substances which used to be measured in the urine. Today somehow it's been neglected but it's very important.

RS: Don't the antibiotics and the preservatives in the food destroy that good bacteria, too?

HS: Yes, the antibiotics will change the flora. In fact, some people who are very sensitive to it will be affected by diarrhea or other symptoms. So even doctors advise that you should take a form of lactobacillus which was used by the nutritionists many years ago. Now the doctors are giving it with their antibiotics.

CB: There are a couple of products on the market now, while we're mentioning that; there are 2 or 3 different brands of acidophilus culture which you can buy and take a tablespoon a day and a couple of brands of the bifidus. At least I know one from Germany. Those can help to restore the flora. I've learned from my reading that whey is very useful in that regard because the lactose in the whey apparently causes the acidophilus to flourish.

HS: I feel that both are important. But I feel that if, for example, you take the bifida and continue to eat the

protein and the sugars, you're not going to have enough benefit. If the patient doesn't change the diet, the acidophilus will not help.

RS: I think the most insidious things are the preservatives in the food which destroy germs but also destroy the good intestinal flora too,

and most people aren't aware of that.

HS: I think that's very true. I haven't seen any work on that, but I believe it's so. It's powerful enough to kill bacteria, so why not?

RS: Of all kinds, good and bad.

CB: I know of studies where people were very healthy despite the fact they were taking in an insufficient amount of vitamins—the vitamins were manufactured in the body by friendly bacteria. So I guess that really carries a great deal of power in terms of general health.

RS: Do you have any reservations about the use of megavitamins for a cancer patient or do you prefer low potency material? Don't you feel it's most important to get the elements the body needs from the food first?

HS: Yes, I think that's very important. I have found that patients come to me with bushel baskets full of high potency vitamins and minerals and still are very sick, so basically it means getting on a good diet first and then if you want to add some of the minerals and the vitamins and the enzymes perhaps it can be beneficial.

However, to answer your question, I have found that

in the cancer case, if they get on a proper diet and they get on the detoxification program, that is where they change the bacteria in the lower bowel and improve the liver function by getting rid of the irritating substances in the liver. Then I think they don't need supplements or very little.

CB: It's interesting that Dr. Alan Nitler from the West Coast says very much the same thing. He takes the biological approach that anything in unusual doses is potentially unbalancing in the body and he includes vitamins in that.

HS: I agree with him.

CB: What do you do in a case when you're confronted with someone who is really pretty far gone as far as cancer?

HS: Here's what happens. There are far advanced cases. They come and they've had chemotherapy for a whole year. They come to me only because the patient isn't able to swallow anything, they are nauseous. They cannot take any food. That means that the liver is very far gone. It isn't the cancer, it's the liver from the toxicity—swollen perhaps and not able to function. That is a problem. What I do in a case like that is give them instant proteins made from a good source—low temperature and enzymatically active, tasty. I put it in freshly made carrot juice and give the patient an ounce or two at a time until they can get other food down. But those are extreme cases.

CB: Isn't it true then for the type of nutritional program that is a positive approach, it certainly is important to catch the patients before their biological resources are depleted, before they're on their last leg?

HS: The real answer to cancer in our society is going to be prevention. That's the end that I'm working toward. I feel that every time a patient is put on a good program, at least what I think is a good program, I feel that individual is forestalling the onset of cancer. At least the chances are increased many fold.

RS: You know it was interesting that you said to give a good quality protein with the carrot juice. I think it has been found that although the cancer patient should have a low protein diet, that they also have a protein deficiency because the pancreas has not been able to metabolize the protein for a long time, has not been able to get the protein to the cell level.

HS: There are very few good proteins, as you know, at least in my experience. When a patient is able to take food, I think they don't have to have much concentrated

food like meat, fish or eggs. They can get nourishment from all their vegetables. They get it from their potatoes, the various vegetable juices.

CB: So I guess we've talked about prevention as the most promising thing to do, Dr. Sackren. Unfortunately, we're in a time when 1 out of 3 people is going to have cancer, so our organization, of course, as much as we try to do about prevention, we are always confronted with people with desperate situations who have already exhausted their health and their money going through the rigorous treatments that they're offered these days. So it's a situation where they suddenly wake up and say I should be doing something about nutrition.

DM: Okay, we have some phone calls coming through. WBAI, you're on the air.

Caller: I think it's an excellent program and a really important discussion and wish you'd have more programs like this. I had a question for Dr. Sackren. If people are eating a balanced diet and the information is available about what these types of diets are, wouldn't vitamins and supplements really be harmful?

H.S.: I agree with you that the more wholesome a diet a person takes, as you say, the less the need for these large doses of vitamins. But there is a place for it in medicine.

CB: I'd like to add one more comment if I could. I saw a study by Dr. Richard Passwater, biologist, stating that

“I have found that patients come to me with bushel baskets full of high potency vitamins and minerals and still are very sick...”

gorillas in the natural state eat greens in huge quantities and get all the vitamins and minerals their bodies require.

Caller: I'd like to mention a magazine that published some of the best

information about traditional eating habits and cancer, etc. It's called the *East-West Journal* and for years now they've been talking about the importance of natural diet in cancer...

RS: That's fine, but I think they concentrate on the macrobiotic diet and from our experience we don't feel that that is properly balanced.

Caller: I happen to participate in this type of diet myself and I know of hundreds of others who do.

RS: We do, too, and we've also gotten calls from people who have been on strict macrobiotic diets who have developed problems and because we are a cancer organization I have to make that statement.

Caller: I have a condition known as congenital hepatic fibrosis. I was wondering if this can be equated to cancer and if so can this diet be beneficial?

HS: The diet that I outlined would be beneficial in your case along with other types of liver disorders, even

though yours is not really related to cancer. But a low protein, easily digested form of diet with its high vitamins and minerals would be excellent, as I see it, for a condition like yours.

RS: We must understand that this is not a case of the doctor taking care of your particular disease, but it's nutrition for every kind of problem.

Caller: I'd like to know what is the prime difference between proteolytic enzymes and digestive enzymes and where can the proteolytic enzymes be obtained? One other question about vitamin A in reference to cancer?

HS: Proteolytic enzymes are the enzymes in the body, particularly in the pancreas which digest proteins. There are also fat-digesting, starch-digesting enzymes. There's a little protein-digesting enzyme in the stomach, the pepsin, but that is not as significant. You can buy proteolytic enzymes in a health food store. There are also other proteolytic enzymes, like bromelain which is a pineapple type of enzyme. These are vegetable enzymes, not enzymes produced by animals.

Vitamin A, you asked about, is quite important. Vitamin A—we don't know exactly how it works—but the liver stores it and then utilizes it in many ways. Vitamin A has been shown to improve the immune mechanism of the body. It's the mechanism that helps resistance for the individual. We use a lot of carrot juice in the treatment of cancer. Carrot juice contains carotene which is a precursor, which is made into vitamin A in the liver. If your liver is working, you get your vitamin A built up that way. The more carrot juice you take, the less vitamin A you need to take additionally.

RS: Isn't it true that some cancer patients have difficulty metabolizing oil because of weak liver function so that oil-based vitamin supplements like vitamin A might not be appropriate for them?

HS: That is correct. In the individual with cancer the pancreas seems to be functioning poorly so that their fat-digesting enzyme is also inadequate. They cannot absorb oil and assimilate it, so they're best off with the carrot juice. Carrot juice seems to be a marvelous food element. It's almost to me like a botanical. It works beautifully. It really is basic.

Caller: I'd like the name of the organization again that Dr. Sackren belongs to and how can I subscribe to the best possible journal, get the best possible diet available today?

CB: Our organization has been invited to talk on B & R from time to time and Dr. Harry Sackren is a guest of ours, but in no way represents us. He is a professional that we think very highly of. We can give you our name and telephone number. Our name is the Foundation for Advancement in Cancer Therapy. The number is 212-741-2790. We publish a magazine called *Cancer Forum*.

Caller: If low protein is called for, is dissicated liver in that class and if the pancreas is not functioning properly, would a pancreatic enzyme be advisable?

HS: The dessicated liver is not taking the place of a protein. It is serving to give you certain minerals and vitamins in the liver and perhaps some liver elements which we as yet know nothing about. Pancreatic enzymes are very helpful. I use it in cases where I feel the pancreas is inadequate to take care of the protein ingested. Of course, you realize that the less protein you take, the easier it is for the pancreas

to supply enough to digest the protein. However, you also must be careful not to consume too little protein.

Caller: How many grams a day protein do you think are necessary for average height and weight?

HS: There's a great bit of dispute on that. In medicine there are many who say 120-150 grams is not too much. On the other hand, you find certain people who go on a vegetarian diet who go as low as 20-25 grams a day. I think there's no hard and fast rule. I think every case is different, but I find many of my patients, most of them do very well with a moderately low intake, perhaps 45-50 grams a day. But it's not only the number of grams a day of protein, it's the quality of the protein that you eat that makes a big difference and what is utilized or assimilated into the cells.

Caller: Have you heard of the method of producing bacteria from seeds such as rye, etc. to soak in warm water for a few days?

RS: Yes, that's something that Ann Wigmore developed, called Rejuvalac. It's fine.

Caller: Is it healthful?

RS: Yes

CB: It seems to be very healthful in building up the acidophilus culture.

Caller: Have you heard of using the acidophilus culture to predigest certain foods like seeds?

CB: You mean, making a culture from the seeds?

Caller: Yes, like kind of a yogurt from vegetable sources.

RS: Oh yes, we've known of yogurt and cheese being

“I feel that every time a patient is put on a good program, at least what I think is a good program, I feel that individual is forestalling the onset of cancer. At least the chances are increased many fold.”

made of nuts, too.

CB: There are all kinds of fermented products throughout the world. Every culture seems to have 3 or 4 things that they make by fermentation, even from the fish out in Southeast Asia—doesn't smell so good, but it's good for you.

Caller: I have allergies and I cannot eat raw vegetables. I have an excellent appetite. For proteins I have an egg everyday, very little milk. I do eat cottage cheese and that's it. I don't know what to do about the fact that I can't eat raw vegetables. I take B and C vitamins and I tried taking One-A-Day Plus, but that doesn't agree with me.

HS: I have found that allergies have become a greater and greater problem in our society now. I believe that a lot of it is due to the preservatives, additives and various chemicals in food. It has done something to our immune system. I think in your case it

would be difficult to tell you just what to do, but I have found that you can take some vegetables. You can't be sensitive to everything. If you can't take the raw vegetables per se, you can make a

blended type of salad. You can take a vegetable and either juice it or put it in a blender and you get the minerals and the vitamins.

Caller: My husband is a cancer patient. He has cancer of the lung, it's secondary, it came from his kidney. His kidney was removed and 3 years later they found cancer in his lung. He's on very high doses of vitamin C. They were pushing chemotherapy on him and he refused to take it. He didn't want anything to do with it. So the least we did, I give him high vitamins. I want to know what other vitamins would be useful for a patient with lung cancer? For the last year the cancer is stationary. I think it's the vitamin C that's making it stationary.

RS: Well, you certainly can enjoy nutritional support with a good nutritionist.

CB: In other words, an overall program, not simply vitamins.

Caller: He stopped smoking and he's on a pretty good diet, but I thought there might be other vitamins...

RS: There's no way the doctor can prescribe a program over the telephone. It is the kind of thing where you need a total program: there's acid/alkaline balance, a proper ferment as we talked about for intestinal flora, you need a controlled protein intake, enough roughage. The protein sometimes isn't being utilized. The doctor knows and he'll suggest either a digestive enzyme or a proteolytic enzyme to try to get the protein through the system.

It is not the kind of question that we're in a position to answer on the telephone. A doctor would have to look at a cancer patient to establish a good nutritional program. It's a total program. Everything that the body requires. It must be designed individually.

HS: Let me just conclude this by saying that in my program, the additional vitamin supplements are the last part of the program, not the first.

Caller: I'd like to know how do you know what brand or what type of vitamins? Some say "natural" or "organic" some say "chelated." How do you know which one to pick?

CB: That's a very tough question. The clever promotional people are busy trying to use the right words like "natural" to camouflage a lot of ingredients that aren't the best. This is a case of the buyer beware. The greatest

amount of caution and thoroughness is necessary to evaluate what is really reliable, well-made, if you want a natural supplement. There's no ready answer here.

RS: Doctors usually do know.

I know Dr. Sackren uses good quality vitamins in his practice. You cannot try every vitamin that's on the market. Many of them have coloring, sugar, binders, preservatives—as many as 30 different things in one product that is still labeled natural providing it has about 5% natural ingredients in it and the FDA considers that a natural product. So it is sometimes wise to deal with a doctor when you're dealing with nutrition. Nutrition is much more potent than most people realize.

CB: I'd like to give a little example and that is, a popular yogurt here in NYC is constantly being advertised as "natural" and there's about 30% sugar in it. Of course, the argument can be made that sugar is natural, when sugar is really a chemical.

Caller: Don't they have to state that sugar is in it?

CB: Sure. They do, but the point is in all the promotion they keep stating that this is a "natural" yogurt. What they mean is there's nothing clearly identifiable as a chemical in it, but obviously sugar as it's manufactured today is really a chemical product.

DM: I'm afraid we're out of time so we're going to have to go. Ruth could you give the phone number.

RS: Thanks, Dave...212-741-2790.

DM: I want to thank Ruth Sackman, Charles Bell and Dr. Harry Sackren for being with us today for the program. ❀

RUTH SACKMAN'S NOTEBOOK

Chaim Kass
and
Ruth Sackman
in the
FACT office



Something to Keep an Eye On

FACT had an interesting visitor from Israel at the end of January that I feel *Cancer Forum* readers would like to know about. Mr. Chaim Kass, a pharmacologist, developed an herbal compound called Alzium from ancient herbs found in the bible. His goal was to create a medicine for colds, flu and viruses.

In 1993 Dr. Arnold Freeman, chief of hematology and pediatric oncology at Children's Mercy Hospital in Kansas City, Mo., obtained some vials of Alzium to test its efficacy against model tumor cells. After 2 months he found that the compound had substantial tumor-killing effect in vitro. Ultimately, this led to a trial on 30 cancer patients with encouraging results and no evident side effects although the limited period of time leaves the final judgement of toxicity inconclusive. Since the compound had already been tested on people, it led to more widespread use with additional patients.

Mr. Kass brought along to our meeting one of the patients on Alzium. She looked fit and felt confident that the remedy was working for her. It was important to meet one of the patients, but that cannot be a final evaluation. Previously, I was also able to talk on the telephone to a woman who had exhausted all conventional treatment and had already developed ascites (fluid retention), a sign of advanced cancer. A video tape brought by Mr. Kass shows her in good health and functioning normally 18 months from the start of her recovery. This is significant! Mr. Kass also left some printed case histories of recovered patients which were impressive, especially since they were carefully documented. Mr. Kass is not prone to exaggerations. He is low key. A fact which I appreciated.

We at FACT always wait at least 5 years, getting feedback from a considerable number of patients before

we add a new treatment to our list of resources. The evidence we have so far about Alzium is inadequate for us to feel secure about the final outcome, but I feel it shows promise and Mr. Kass includes nutrition and detoxification in his program, so the focus is on repairing the host, not just reducing the tumor. He appears to be on target although judgement is still premature. I feel readers of *Cancer Forum* should be aware of Alzium's existence. I will certainly keep you informed as new information develops.

On the Line

Calls! Calls! Calls! Today FACT is inundated with calls from people who have no concept of why alternative cancer systems are important. They have no understanding of the physiology of using good, safe alternatives. I am sure that misunderstanding is due to the overwhelming amount of information culled through books, periodicals and broadcasts generated by enthusiastic people who are confused themselves.

A safe, non-toxic, biologically-sound alternative should aim at restoring the **host's** health, restoring resistance to the production of additional cancer cells, activate the immune system and detoxify the body from any accumulation of carcinogenic substances.

The confusion in callers' minds is that they think they get the best of both worlds if they take chemotherapy and an alternative simultaneously. Chemotherapy will depress the immune system and defeat the benefit of any system designed to enhance immunity.

The original intent of the alternative movement was to preserve the integrity of the body, using only non-toxic therapies, thus doing no harm. The original intent was to use non-toxic therapies **in lieu of** radiation or chemotherapy.

I take most of the calls that come to the FACT office. It is not my role to negate a doctor's instructions to a patient. If they call saying they have decided to take chemotherapy, but also want an alternative referral, I will respond to their request even though I know the chosen pathway counteracts the benefits. The final choice is the patient's. What is destructive is the mountain of misinformation disseminated by people without actual personal experience or knowledge about the resources that is leading the cancer victim to believe that the harm of chemotherapy and radiation can be offset by alternative therapies. The alternative treatments might provide limited benefit against the poison of chemotherapy but not total benefit. ☼

There are many ways to deal with new ideas. One would be to welcome them with open-minded investigation. Another might be to stigmatize the purveyors of new “heretical” notions that dare to shake the status quo and perhaps threaten the egos of the status quo keepers.

In other words, shoot the messenger. The history of medicine is rich with examples of great messengers who did get shot! And, unfortunately, the practice continues today. Here are just a few examples:

Ignaz Semmelweis, M.D.

One of the more bizarre stories concerns Ignaz Philipp Semmelweis, a bright, young Hungarian doctor who in the early 19th century became an administrator at the Vienna General Hospital, the main teaching hospital for the University of Vienna Medical School. He was extremely troubled by the fact that women who came to the “lying-in” clinic to give birth were dying of childbed fever at rates that far exceeded that of women who had their babies at home.

After painstaking investigation, Dr. Semmelweis came to the conclusion that the problem could be solved by simply requiring doctors to wash their hands before helping women in labor. Childbed fever, he realized, was the result of lack of good sanitary procedures, e.g., the then common practice of doctors going directly from their classes dissecting corpses to delivering babies with only a wipe of their hands on their bloody black coats.

When Dr. Semmelweis set up bowls of a chlorine solution for handwashing before deliveries, his colleagues and staff found the whole idea ridiculous and they ignored his instructions. As he tried to disseminate his ideas in Vienna and other cities in Europe (as childbed fever was a problem in most hospitals throughout the continent), he was chastised not only for his suggestion but for not submitting his findings in the proper format to the proper journals of the day or for not expressing himself in the most eloquent language (Semmelweis was a Hungarian of simple origins and values and so had never striven to master

the “Hoch Deutsch” or “Proper German.”)

Ignaz Semmelweis died in his late forties, an extremely frustrated man. It was a generation or so later before the washing of hands by doctors became de rigueur in all hospitals. Today, of course, childbed fever is essentially non-existent.

James Lind, M.D.

In the 16th century it was first observed that scurvy—a scourge of unknown causes that was a far more common cause of death than cancer—could be cured by eating fresh fruits and vegetables. The disease was especially common among sailors out at sea for long periods of time. When in 1753 Dr. James Lind, a British naval surgeon, wrote a book based on his studies of the fresh food cure, the British Admiralty, regarding his ideas as completely outlandish, shelved Lind’s solutions. Forty-eight years later the Admiralty decided to try giving daily rations of fresh

limes to all sailors at sea and the disease disappeared from the British Navy!

But the British Board of Trade remained sceptical. The idea that something as simple as limes for such a dread illness apparently appeared suspect. They refused to follow the Admiralty’s example until 70 years later in 1865—after observing the absence of scurvy among Navy seamen and continued deaths of merchant seamen—the Board finally passed a regulation requiring daily limes for the merchant marine!

Since scientists today have determined that Vitamin C is the most active ingredient in lime juice, it is commonly believed that Vitamin C deficiency is the cause of scurvy. But there are other elements in fresh foods that are important, as Dr. Lind’s work suggests, and that science has perhaps yet to discover. In earlier times Indians brewed tea made from pine needles that saved sailors suffering from scurvy who had arrived on American shores.

Dr. Carlos Findlay

In the 1870’s Dr. Carlos Findlay, a Cuban physician, did extensive research into the cause of yellow

Medicine and the Fine Art of Vilification

by Consuelo Reyes

fever. Finally he concluded that the disease was the work of the mosquito. But when he attempted to share his findings with his colleagues, he was literally laughed off the medical meeting platform.

Years later Dr. Walter Reed, a U.S. Army pathologist and bacteriologist, realized that Dr. Findlay's work may have merit so he assembled a team of researchers to test the theory at an Army garrison in Havana, Cuba, where yellow fever had broken out. After several researchers and volunteers were bitten by infected mosquitos and died, the theory was proven! In 1901 the Army took action to remove the cause—the aforementioned mosquito—and within 90 days yellow fever disappeared. Walter Reed Medical Center in Maryland was named as a memorial to Dr. Reed and his work; Dr. Findlay and his work is recalled as a mere footnote.

Sir William Arbuthnot Lane, M.D.

Another interesting case was that of Sir William Arbuthnot Lane, M.D., a highly respected physician/surgeon in early 20th Century England who was knighted for his great surgical skills and innovations. He enjoyed a worldwide reputation for his mastery of the surgical art, traveling to the United States and the Continent to demonstrate his techniques for other doctors to learn.

Fairly early on in the course of his work Dr. Lane discovered that after an operation removing a diseased part of the colon of a wheelchair-bound rheumatoid arthritis patient, the patient recovered from the debilitating joint disease. Not one to jump to conclusions without thorough understanding, Dr. Lane quietly began to investigate how it could be that surgery in one part of the body could cure a problem in a seemingly unrelated area. Ultimately he concluded that because of constipation or poor bowel function—"poor drainage," as he termed it—a colon could become loaded with putrefied material and thereby, pollute other parts of the body via the bloodstream causing many kinds of chronic degenerate conditions.

When the good doctor finally presented his conclusions to his esteemed colleagues, they thought the whole idea that what was going on in the colon could have anything to do with problems in other parts of the body was absolute nonsense. Perhaps they

thought the brilliant surgeon had gone senile! Dr. Lane was suddenly discredited and the wisdom of his long distinguished career ignored.

The sad part of this story is that the medical community has yet to adopt Dr. Lane's warning that poor elimination of waste is responsible for many of the diseases of civilization. The concept of detoxification as an integral part of a comprehensive biologically-sound healing program—a concept which FACT has supported for over a quarter century—has yet to penetrate the orthodox consciousness, preferring the rush to discover miracle drugs and single substances to alleviate the ills of mankind.

Max Gerson, M.D.

Max Gerson, a doctor who immigrated to the U.S. to escape Hitler's Germany, documented his work with cancer patients in a book entitled *A Cancer Therapy—Results of Fifty Cases*. He treated patients successfully by focusing on the host instead of the malignant cells. His primary tools to help the body repair the imbalance that was causing the production of malignant cells were nutrition and detoxification.

When Dr. Gerson tried to encourage the medical establishment to examine his methods, he was met with harsh criticism and harassment. Today with the incidence of cancer rising at epidemic levels and the "cure" still illusive, the prevailing orthodoxy has yet to consider his work worthy of careful clinical study. Dr. Gerson died in 1959, but many of his patients are still alive today to celebrate him.

Samuel Epstein, M.D.

Today there are numerous living examples of the medical establishment's closed minded mindset. Dr. Samuel Epstein, professor of occupational and environmental Medicine at the University of Illinois Medical Center and author of several books including *The Politics of Cancer*, speaks out frequently about the need to focus on correcting the causes of cancer. He has extensive documentation implicating environmental pollution in the tremendous increase in cancer that has occurred in this century.

Instead of an open-minded attitude toward his work, the National Cancer Institute's response, as Dr. Epstein says, was to "vilify me personally." While Dr. Epstein persists undaunted in speaking his mind,

LETTERS

the pattern of attacking the person instead of dealing with the ideas remains all too alive and well.

Peter Duesberg, Ph.D.

Dr. Peter Duesberg, an extremely well-credentialed scientist—professor of Molecular and Cell Biology at UCal-Berkeley; elected to the National Academy of Sciences in 1986 for his landmark genetic mapping of retroviruses, recipient of the prestigious seven-year Outstanding Investigator Grant from the National Institutes of Health (NIH)—was, as he says, the “darling” of the medical establishment until he challenged the HIV-causes-AIDS hypothesis on the basis of his experience with retroviruses. Soon he became the object of constant ridicule and attack by Dr. Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases (NIAID), and others and his research grant was not renewed.

Dr. Duesberg believes that AIDS is not a viral infectious disease, but rather is due to an immune breakdown brought about by destructive lifestyle habits, particularly overuse and misuse of recreational and prescription drugs. He continues to write and speak out about the need for a broader approach to treatment than lethal drugs like AZT. After billions of dollars and years of research utterly failing to cure AIDS as a viral problem, wouldn't it be wise to try some new ideas and judge them according to their own merits, particularly when they come from so impressive a resource? Or must we wait another generation or so after countless more deaths and dollars to look seriously into the logic of courageous men like Peter Duesberg?

Caution is, of course, important. FACT has always operated under the principle that a bandwagon of new ideas should not be immediately jumped upon. Careful examination, sometimes involving years of patient feedback, may be necessary to decide the merits.

But caution is very different from intransigence and vilification has no place in the scientific arena of healthy open-minded inquiry. Our current medical protocols were paved with formerly “off-the-wall” ideas. Let us hope in the years ahead that decent men and women with fresh ways of looking at difficult problems will receive a more open-minded hearing in the hallowed halls of medicine than they did in the musty corridors of yesterday—and today! ❀

Dear Mrs. Sackman,

Happy New Year, I am thinking about all the help I got from you during the past years. Your help has meant a lot to me, maybe more than you know.

May Hashem bless you with a glowing year to come, filled with good health, happiness and honor, abundance and prosperity.

Thank you for everything that you have done and do for me.

Sincerely, P.S.

Dear Ruth,

Greetings and best wishes.

I'm getting to know my stomach a little better. It has to be free of roughage—spices and anything hard. The hiatal hernia is not open enough. There's a lump—tissue—in the center, below the hernia. It feels soft but when I press down on it, there's some pain goes upward. I've had a blockage in the past.

The kerosene gives me soft stools and diarrhea-type elimination. Enclosing a donation of \$25.00 and am grateful that I have you to turn to.

Sincerely, M.E.

To Whom It May Concern:

I am 87 years of age. Two months ago I was told I had lymphatic cancer stage II. I received this information from my doctor, a family doctor, also from an oncologist. This was determined by having a lymph node cut out of my right groin and sent to a pathologist. He found it to be cancer. The oncologist wants me to receive chemotherapy. These treatments I would receive in her office. I rejected chemotherapy due to my age, and having recently suffered a mild stroke. I am not receiving any treatment. I do not have any pain, nor do I feel sick. My appetite is good. Any suggestions would be appreciated.

Sincerely, F.J.K.

We sincerely regret that we cannot provide adequate replies to problems as serious as cancer by mail. They need more individualized consideration. It is best to call FACT at 212-741-2790 between the hours of 10:00 AM and 4:00 PM Mon., Tues., Thurs., or Fri.

My dear Mrs. Sackman,

I have just moved from Natick, Mass. to the above address. The enclosed check is to renew my subscription of *Cancer Forum* which is always loaded with vital information.

Thanks so much and please don't forget to send my copy of *Cancer Forum* to the above address in Florida.

God bless you. Love always, T.V.

*We appreciate T.V.'s notification of her new address. It is always wise to let us know your change of address as soon as possible so that no issues of *Cancer Forum* will be missed. Our bulk mail is not forwarded.*

BOOK REVIEW by Consuelo Reyes

LifeGuide—Your Guide to a Longer and Healthier Life—How to Avoid the Illnesses Created by Modern Man, by David Perlmutter, M.D. (LifeGuide Press Publishers, Naples, FL, 1993, 225 pp., \$ 14.95)

As the sub-subtitle of this book suggests, Dr. David Perlmutter, a neurologist, has the right idea as to what's causing today's epidemic of chronic diseases: "Illness," he says, "is not conceived as a single disease with a specific cure, but rather as an expression of disharmony with the natural world."

In each of his 20 short, very readable chapters the doctor attempts to unravel one of modern civilization's baffling health questions—from arthritis, breast cancer, mercury fillings, insomnia to headaches, hypertension, Lou Gehrig's disease, etc. He has some significant light to shed. For instance, debunking the current wisdom on osteoporosis as due to a dietary calcium insufficiency, he explains the disease in terms of poor eating habits, namely high protein in the form of excess meat which increases acidity in the blood, causing the body to neutralize the system by drawing calcium from the bones. He notes that calcium, one of the most abundant nutrients in the food supply, is further lost by excess caffeine, alcohol, salt, sugar, as well as the use of certain common medications. In a balanced diet of whole unprocessed foods, he notes, much smaller daily doses of the mineral than conventionally recommended are needed because absorption is so much more efficient.

The problem with *LifeGuide* is not in its presentation of the problems, but rather in some of the solutions offered. Despite the author's emphasis on natural lifestyle—good diet, exercise, relaxation, etc.—each chapter in *LifeGuide* ends with a laundry list of suggested vitamin and mineral supplements, including megadoses of some nutrients. FACT has found that great care needs to be taken in the use of supplements—megadoses can cause imbalances that lead to health problems; all but the finest quality supplements can contain binders, fillers, preservatives, etc. that overload the body. Ironically, in all his lists Dr. Perlmutter fails to mention the one supplement which FACT has found to be perhaps the most necessary today—an enzyme supplement as a digestive aid for metabolizing vital nutrients like vitamins and minerals!

The book suffers also from the all-or-nothing syndrome, e.g., all animal foods are "bad;" vegetarianism is the absolute "good." It would be nice if things were so simple, but our experience at FACT over 25 years has shown that many people, perhaps because of genetic disposition, need small amounts of good quality flesh protein (preferably organic) in order to thrive.

LifeGuide contains some valuable insights into the causes of our disease-ridden society. Unfortunately, like so many books today of the wholistic bent, it offers solutions that differ with those that FACT would be comfortable supporting and so we regret we cannot add *LifeGuide* to our Book List.✿

Recipe

Raw Almond Butter*

Dr. Bernard Jensen calls almonds "king of the nuts." Almonds are the only alkaline nut, high in protein and easily assimilated. But nutritious nut butters can be made with any raw nuts or seeds—walnut, Brazil, hazelnut, pecan, cashew, sunflower, pumpkin, sesame, etc. The amount of added oil will probably be less than that needed for almonds which is a relatively un-oily nut. You'll need to experiment to find the right nut:oil ratio.

1 1/2 cups raw almonds (preferably organic)
2-4 tbsp. good quality cold-pressed mild-tasting oil
such as safflower or almond oil

1. Put nuts in a blender and chop well. Shake nuts from sides (or stir up from the bottom with a rubber spatula to loosen.)
2. Add a few tbsp. of oil. Blend on low setting, adding more oil until desired consistency (scraping from sides with spatula, if necessary). Put in a container and refrigerate. (After a few hours oil may rise to the top. Stir in or just pour off.)

Nut butters are great for snacks or hors d'oeuvres: stuff into celery sticks, dates, baby tomato shells, mushroom caps, etc. or spread on slices of fennel, raw turnip, banana, kiwi. . . . Mix with carob powder, shredded coconut, honey and roll into "fudge" balls. Add water to make nut cream over cereal or more water for a shake with banana and nutmeg. Mix into soups to thicken or make a sauce for steamed veggies (stir in steaming water and herbs). Or—what the heck—eat straight from the jar!

* *With thanks to Todd Cornwall*

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- (66) How a Health Program Improves Host Resistance
- (141) What We Do at Tallmogarden to Strengthen Host Resistance

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- (55) Rebuilding the Immune System

Peter H. Duesberg, Ph.D.

- (133) The Role of Drugs in AIDS

Edwin Flatto, M.D.

- (151) Exercise—A Vital Tool for Restoring & Maintaining Health

Jorge Estrella, M.D.

- (79) Improving Host Resistance With Cellular Therapy
- (91) Cellular Therapy for the Improvement of Host Resistance

- (154) Cell Therapy

- (164) Jorge Estrella, M.D.: Immune System, Cancer and Cell Therapy

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- (167) Charlotte Gerson: The Gerson Therapy

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- (169) Duncan McCollester, M.D.: Autologous Immune Therapy for a Variety of Cancers—Developmental Studies

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- (150) The Colon—Key to Immune Integrity

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Recovered Cancer Patients, Personal Case Histories

- (6) Michael Whitehill (Thymoma)

- (80) Betty Fowler (Skin Cancer)

- (16) Pat Judson (Colon Cancer)

- (41) Richard Mott (Lung Cancer)

- (43) Kay Windes (Breast Cancer)

- (58) Walter Carter (Pancreatic Cancer)

- (98) June McKie (Lymphosarcoma)

- (99) Bernard Nevens (Colon Cancer)

- (108) Kay Windes (Breast Cancer)

- (112) Louise Greenfield (Breast Cancer)

- (119) Bernard Nevins (Colon Cancer)

- (125) Louise Greenfield (Breast Cancer)

- (132) Pat Judson (Colon Cancer)

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

- (146) Tom Buby (Lymphoma)

- (147) Doris Sokosh (Breast Cancer) and Lou Dina (Lymphoma)

- (155) Neta Conant (Breast Cancer) and Kay Windes (Breast Cancer)

- (158) Moshe Myerowitz (Liver Cancer)

- (159) Doris Sokosh (Breast Cancer)

- (165) Greg Hagerty (Hodgkins)

- (170) Lou Dina (Lymphoma)

Panels of Recovered Cancer Patients

- (44) Doris Sokosh (Breast Cancer), Daniel Friedkin (Testicular Cancer), Ruth Williams (Melanoma)

- (67) Jeannie Glickman (Ovarian Cancer), Betty Fowler (Skin Cancer), Daniel Friedkin (Testicular Cancer)

- (45) Pat Judson (Colon Cancer), Doris Sokosh (Breast Cancer)

- (72) Hy Radin (Spinal Cancer), Doris Sokosh (Breast Cancer)

- (161) Doris Sokosh (Breast Cancer) and Michal Ginach (Breast Cancer)

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- (173) Stanley Bass, D.C.: Testing Nutrition Theories with Mice

- (174) Jorge Estrella, M.D.: Boosting the Body's Healing Ability

- (175) Ruth Sackman: Caveats on Alternative Health

- (176) William H. Philpott, M.D.: Role of Magnetics in Cancer

- (177) Philip Incao, M.D.: Rational Approach to Healing

- (178) John R. Lee, M.D.: Xenobiotics—Endocrine Disturbance

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