

CANCER FORUM

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

What if everything you thought you knew about AIDS WAS WRONG?

“I have been positive, healthy and not on any medicines since being diagnosed positive back in 1984. I can't use my full name as I am a fitness trainer and most people think that HIV=AIDS and leads to death — not exactly good for business!

“I attribute my wellness to refusing doctor's orders, listening to my body and practicing a pretty good diet. Love and support from family help, too.”

—Jaime P., West Hollywood, CA

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“I tested positive in 1989 and have been living in wellness without the meds for 10 years, something that still shocks people even though I've always been just fine. After watching my friends on AIDS drug therapies get sick and die, I decided that HIV drugs are poison and you can't poison yourself back to health. I learned to do nothing ‘for HIV.’ Instead, I focus on being healthy.”

— Kim Freitas, Los Angeles, CA

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“What came as a bigger shock than testing positive was learning that no one was interested in investigating any natural cures. What it boiled down to was, if it wasn't a drug, they didn't want to know about it. By 1992 I had learned enough to convince me that AIDS was the greatest medical error of all time.”

—Ed Lieb, New York, NY

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“When I tested positive in 1988, I was told I had only three years to live. Twelve years later, I'm doing just fine. I have never taken any AIDS drugs even though they were suggested and even pushed.

“In 1996 I got married — five years after I was supposed to be dead! I'm very alive and healthy and wish people would listen to me and other people like me for a change. Fear and isolation is what really kills people who test HIV positive. I fully believe that the HIV=AIDS hypothesis is a violation of our rights to life and liberty, and that ignorance is the real epidemic.”

—Michele M., Monterey CA

—from *What if everything you thought you knew about AIDS WAS WRONG?* by Christine Maggiore

Foundation for Advancement in Cancer Therapy

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Dear Reader,

It saddens me to inform our readers that Dr. Bernard Jensen has died. We have lost one of the foremost authorities in the nutrition field. He was also the foremost authority in iris analysis. But, more importantly, he was dedicated to helping people regain their health and educating them to maintain their health. We are so fortunate that he left us a legacy of his prolific writing. His work will be treasured.

Because of his integrity and true concern for people, I held him in great esteem and was blessed to be able to call him my friend. His genius will be sorely missed. I had hoped that one day he would be the catalyst to train the medical community in quality nutrition to correct the chaos that exists in nutrition information today. Be at peace, my dear friend.

IN MEMORIAM
DR. BERNARD JENSEN, D.C., Ph.D.
MARCH 25, 1908—FEBRUARY 22, 2001

There is an excellent article by Dr. Philip Incao in this issue of *Cancer Forum* about HIV/AIDS and the germ theory (page 8). Concurrently, I want to emphasize the review of Christine Maggiore's book about HIV/AIDS (page 12), The AIDS scourge, because of questionable information, needs to be seriously reevaluated. A positive diagnosis with conventional treatment is equivalent to a death sentence! And it is creating untold havoc with people's lives that many scientists and doctors feel need not necessarily be the outcome.

I would like to suggest to our readers, if you know someone, who has had a positive HIV/AIDS diagnosis, urge them to read this book before starting treatment. One should be in a position to make an *informed decision*. Surely, the medical community would encourage that.

To your health,

Ruth Sackman

INTESTINAL HEALTHCARE by John H. Jeffries., M.D.

Many of the tenets of holistic medical practices from years ago are finding their way into regular medicine and in the long run the public can only benefit. I am old enough to remember some of the acrimonious dialogue between different groups of physicians. That was when the role of cholesterol in cardiovascular disease was suggested and hotly contested. So although we have come a long way, we are still bringing things from our whole person medicine's past. Holistic is far from being a new field. Today we are finding many of the precepts still valid as they are being "rediscovered."

All this of course is by way of leading you into another aspect of medicine which has never entirely passed away, and even now is being rediscovered.

In 1981 a news article appeared in the *Daily News* which cited some data from medical researchers in San Francisco. Their university was studying the fluid taken from the breasts of some 1,481 females. In part the article stated: "The study revived a turn-of-the-century idea that toxic substances produced in the bowel can have damaging health effects. The study indicated that those who were severely constipated tended to have abnormal cells in the fluid extracted. It was further stated that such cells may indicate an increased rate for developing breast cancer. The cellular abnormalities occurred five times as often in women who moved their bowels fewer than three times a week than those who did so more than once a day."

Around the turn of the century and before, emphasis was placed on good eliminative practices to insure optimum health. Children were taught about good bowel habits and the parents followed through and kept tabs on their youngsters. Mothers and grandmothers even a couple of generations back were aware of the problems which accrue from poor elimination. Any child who became ill in those halcyon days and who did not have a tummy

ache was sure to be dosed with something or other to make sure the digestive system was properly functioning.

Who among my generation can fail to remember the ugly taste of a good dose of castor oil ... Good? Younger children usually got Castoria which was fairly easy to take, but you knew you had arrived when the castor oil bottle came out. You could mix it with anything and it still tasted bad. I always wondered how it could be that adults always took other things, but the kids got castor oil. Whenever we protested we were told how lucky we were. When our parents were young, they had to take Black Drought.

Enemas were also frequently resorted to in the home at the first sign of anything resembling a childhood disease or other illnesses. More than one

With chronic constipation or incomplete elimination we can have a bacterial putrefaction in which detrimental compounds are reabsorbed into the system.

"little shaver" had to fight back the urge to run away and join the circus when he felt ill because he knew what was coming. In those days there were few attempts to fake an illness in order to stay home from school. You

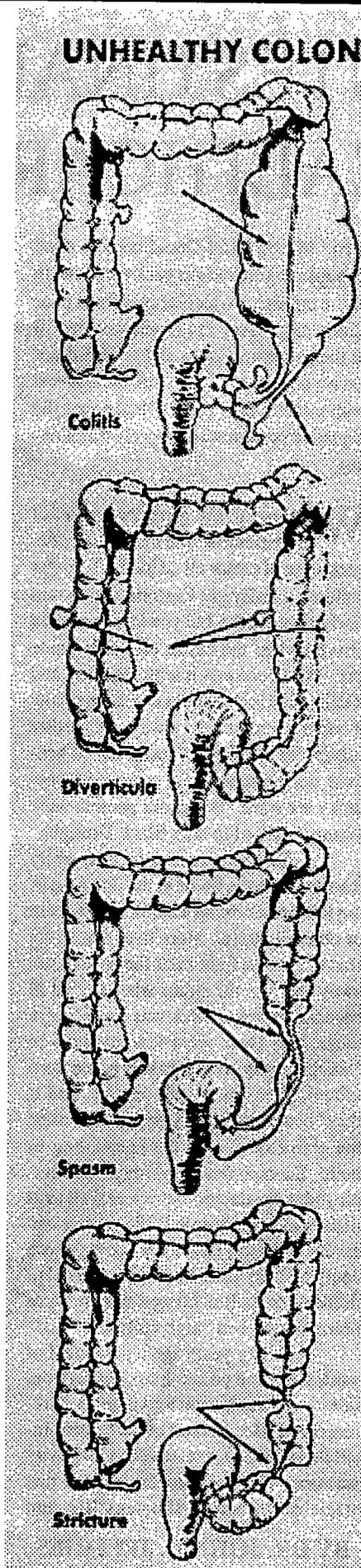
knew your parents, and if they "bought your story," out would come the castor oil bottle, the enema bag or both! Enemas were also frequently employed in the doctor's office as well as at home and in the hospital. More advanced clinics of the day (and a few today) which could be truly called holistic used colon therapy or colon lavage which were promptly dubbed "high colonics."

Many years ago a great deal of work was done on autointoxication from intestinal putrefaction by a number of researchers. Metchnikoff of the Pasteur Institute in Paris, a researcher on longevity was one. His early studies showed that stasis putrefaction shortens life and causes early senility. He experimented on various forms of acid producing bacteria in the gut. Dr. Paul Gyorgy of the Institute of Nutrition, Academy of Medical Sciences of the U.S.S.R., the discoverer of vitamin B6, was another

who spent time working with acidophilic cultures. Another pioneer was Dr. John Harvey Kellog of the Battle Creek Hospital and Sanatorium. Battle Creek was totally holistic and well known. A place which stressed good nutrition, good elimination, proper diet, and bacterial flora. These subjects were researched and the knowledge gained was applied. Many ideas developed were way ahead of their time. The story has been told that Dr. Daniel DeFoe, the physician who delivered the famous Dionne Quintuplets in Canada, telephoned Dr. Kellog at the Battle Creek Hospital and Sanatorium to tell him that he was about to lose two of the babies because of poor bowel conditions. Dr. Kellog sent off an acidophilus culture for their use. A week later Dr. DeFoe called back. He felt, "Dr. Kellog had saved the babies' lives with the acidophilus culture."

INFANT NUTRITION

When a new life comes into the world, it is fed by the mother. The first product from the breast is colostrum. This is the first substance which is ingested by the infant. It helps to promote peristalsis in the bowel. Moreover, it provides an acid environment in the colon. Within a short time the first bacteria will enter the infant's digestive system. A colon which is acidic allows for the development of acidophilus bacteria, a friendly bacteria. An alkaline colon tends to pave the way for a not so friendly bacteria known as B.coli to set up



housekeeping.

The colon or large intestine will eventually contain a flora. This is a covering layer of microorganisms which live in the large intestine (principally) of man and this layer of flora plays a very important role in health and disease. These bacteria do a recycling job in Nature. They are capable of performing some complex chemical reactions. All life on this planet is influenced by bacteria. They are capable of producing some of the deadliest substances on the face of the earth through their metabolites. It has been estimated that the number of varieties of bacteria, fungi and other "critters" found in the colon is between four and five hundred. Research has tended to show that the mucous secreted by the intestine has an influence on the kind of bacteria we grow there.

Lactobacillus bifidis predominates in the infant colon where it helps keep the child from developing a number of infant diseases along with mother's milk since antibodies from the mother are passed along to the infant through her milk. One important substance that provides a health media for growing this acidophilic bacteria by providing an acid media is lactose (milk sugar).

As the child grows older, a change of diet takes place and proteins are added at the expense often of lactose. As the less friendly B.coli enter the intestine they have the capability of taking charge if other conditions are right. Should constipation occur and conditions become just right in the colon, the B.coli start to act

on the partially digested protein and putrefaction can occur. The protein is acted on by the bacteria and the by-product of this whole thing is the production of toxic substances.

Pioneers in holistic medicine from an earlier age started something which is still being carried on today by some. The amazing number of patients made well from a variety of diseases and conditions by reconstructing the health of an unhealthy and partially functioning colon would fill volumes. In our overly fast society, bad bowel habits and eating habits, a speed up in stress related activities, deadlines to meet, both parents working, kids in Day Care Centers and Latch Key children it is a small wonder that man is in deep trouble. So wound up in the cares and pressures of this world that we are probably robbing ourselves of a quality of life and hastening our entrance into the next.

Somehow, over the past two or three decades we have developed an attitude in medicine whose premise is that what is normal for you is O.K. If you have an elimination every second or third day, that is just fine. No problem.

Not only has this made for rich proctologists and internists, but it has set the stage for more dire problems. Grandma's logic has gone out the window in some circles.

THE COLON

The colon is not only a tube, but an organ which is trying to do important work. It is both tough and delicate at the same time. Think of a wood burning stove pipe. They draw off a lot of smoke and particulate matter into the atmosphere. The surprising thing about them is that they can develop a crust of black sooty substances up to a couple of inches thick (depending on how dry the wood is and the type of wood) and still function. This, despite the crust of the by-products of combustion. Similarly the colon can also collect around the interior wall of the gut, around the periphery or within the haustra (series of ongoing pouches). The poor unsuspecting patient may have regular elimination and

still have a buildup around the bowel. All that goes into the body does not always come out of the body. I am not talking about occasional simple constipation. With chronic constipation or incomplete elimination we can have a bacterial putrefaction in which detrimental compounds are reabsorbed into the system.

Eventual pressure alone will influence the upper gastrointestinal action and create stress on the upper g.i., liver, gall bladder, pancreas and portal circulation. The bacterial action, the thinning out of the intestinal wall, the lining of the intestinal wall with a coating of material, which should have been eliminated all work together, to make the patient a virtual chemical factory producing dangerous toxins which are absorbed into the body.

The colon or large intestine is a tube about 5 to 6 feet in length in the adult. It is something in the shape of an inverted "U."

The cellular abnormalities occurred five times as often in women who moved their bowels fewer than three times a week than those who did so more than once a day."

The small intestine empties into the colon at the ileum over on the lower right side of the abdomen. The colon travels up the right side of the abdomen (ascending colon) to the hepatic flexure (named for the liver) and crosses the abdomen to the left passing slightly downward and rising slightly higher on the left side ((transverse colon)) in proximity to the spleen and travels down the left side of the abdomen (descending colon) to the "S" shaped portion known as the sigmoid colon to the rectum.

Food substances are chewed and swallowed and transported to the stomach where it is converted to chyme. It passes through the ileocecal valve at the end of its run through the small intestine and is known as chyle as it passes into the large intestine. At this point it contains casein, starch, fat droplets, cellulose, partially digested meat fibers, mucin, bacteria, certain salts of calcium, magnesium, iron, potassium, sodium, phosphoric acid, stercobilin derived from bile salts, mucous and cells thrown off from the intestinal walls. It is about 70% water and 30% other products including bacteria.

We have already indicated the importance of a healthy bacterial flora comprised of a preponder-

ance of acidophilus. Certain foods such as coffee, chocolate and highly refined sugar can retard the maintenance of acidophilus and antibiotics can kill off the normal flora and permit unfriendly organisms to grow unchecked (*Candida albicans* for example). Birth control pills and steroid hormones can stimulate overgrowth of the wrong microorganisms. Each time a patient needs antibiotics, the patient should have follow-up care with therapy appropriate to re-establish the friendly bacterial culture. This is seldom done.

I am not opposed to antibiotics or steroids and prescribe them when I feel they are indicated, but the fact remains that special care is taken as follow-up therapy to insure the reestablishment of a healthy

flora. Similarly, I do not believe every case of occasional constipation will lead to autointoxication. On the other hand chronic constipation or retained material left in the bowel too long with the wrong kind of bacterial action can start the putrefactive process rolling.

TEXAS LOGIC

I shall never forget the retired school teacher from Texas who was very outspoken and could always be counted on to "tell it like it is." There was no doubt that she was the "backbone" of her family and whose word was law. She was normally docile and even refined until something needed changing or corrected. At that point she unlimbered her heavy artillery and let fly. One day she dropped by the office to make an appointment for her daughter-in-law. I asked her what I needed to see the young lady for. She narrowed her eyes and pursed her lips and replied: "She is a toxic idiot." I was unsure whether or not she was joking. "She is nuttier than a fruit cake! Her elimination is once a week or less. She has breath which could peel off your wall paper and she is too dumb to come in out of the rain. She looks like she died a month ago and they forgot to bury her." Mrs. W. had made the problem abundantly clear.

I could hardly contain myself waiting to see my

The amazing number of patients made well from a variety of diseases and conditions by reconstructing the health of an unhealthy and partially functioning colon would fill volumes.

first "toxic idiot." Certainly my education, internship and residency in general practice and diagnosis had been in some way deficient. When the young Mrs. W. showed up, I found a sallow complexioned young woman who was a trifle spacey and suffering from fatigue. Her energy index was slightly better than a lemur. Checking her abdomen, I found the colon to contain several large hard masses. Her urine showed a heavy concentration of indican. Her blood count and hemoglobin were

low. Her hair was dull and she had a history of PMS. Later the elder Mrs. W. called to inquire. "Was I right, Doctor?" "Well you certainly did the right thing in suggesting she come in." I answered. I suggested that her insurance company

would probably question a diagnosis of "Toxic Idiocy." "You just call it what you want to doctor, but in my part of Texas we know what it is and what to do for it." The young woman was treated after x-rays were taken and after a time all of her symptoms left her as normal habits were established.

Many holistic physicians, those who treat the whole person and not just the disease process, treat all kinds of problems of the digestive tract and the internal organs. In each case, the need for a well functioning clean healthy colon and a healthy bacterial flora is one of the first orders of business along with the other necessities of treatment. Treatment is varied. It may include colon washing, implantation with acidophilus and lactose culture, ingestion of *B. acidophilus*, increase in roughage, or bulk; prescription of hydrophilic compounds, substances supplying mucin, enzyme therapy, chlorophyll, barley juice, flax seed, psyllium husks, fasting and many others. All this and retraining if necessary to insure that elimination is brought up to good health.

Call it what you will, putrefaction, autointoxication, or plain common sense, the colon is not just a tube, and besides, who wants to be a toxic idiot?

Dr John H. Jeffries is a family physician in Cascade Locks, Oregon.

Test Yourself

ENZYMES. How much do you know about them? Test yourself and find out. A score of 15-17 is excellent; 12-14 is good; 9-11 is fair; 8 or below means you need to study more!

Do you know that vitamins and minerals are not metabolized without enzymatic function? If a vitamin deficiency occurs, instead of taking more supplements, first see that there is adequate enzyme activity. These wonderful microscopic elements are the catalysts to break down our food components to make them available for energy, cell production and cell repair.

1. Without enzymes, we could not breathe, digest food or move the various parts of our bodies: a) True; b) False.
2. About how many different kinds of enzymes are in the human body? a) 24; b) 58; c) 1,000; d) 4,000.
3. Most of the names of enzymes can be identified by words ending in: a) ose; b) ase; c) gos; d) mas.
4. Enzymes are a class

- of: a) Fats; b) Carbohydrates; c) Vitamins; d) Proteins.
5. The heat used in cooking destroys all enzymes: a) True; b) False.
6. Saliva and pancreatic juice do not contain any enzymes: a) True; b) False.
7. Trypsin and chymotrypsin, which are proteases, are necessary for breaking down: a) Carbohydrates; b) Fats; c) Protein; d) Starch.
8. Lactase, which is found in the intestines, digests the sugar in: a) Apples; b) Catsup; c) Milk; d) Meat.
9. Lipase, secreted by the pancreas, moves to the small intestine to break down: a) Minerals; b) Fats; c) White blood cells; d) Sugars.
10. Enzymes are so small they cannot be seen by the most powerful light microscope:

- a) True; b) False.
11. Phenylketonuria, a congenital disorder, develops when an infant is unable to metabolize: a) Vitamin K; b) Fructose; c) Phenylalanine; d) Peanuts.
12. Although enzymes are generally attached to proteins, others are often attached to: a) Trace minerals; b) Lipoproteins; c) Complex carbohydrates; d) Macrophages.
13. Physicians use enzyme-containing medicines to: a) Clean wounds; b) Dissolve blood clots; c) Check allergic reactions; d) Diagnose certain diseases; e) All of the above.
14. Fresh fruits and vegetables are not suitable sources of useful enzymes: a) True; b) False.
15. Digestive enzymes consist of stomach acids and: a) Pepsin; b) Amylase; c) Bile; d) Trypsin; e) All of the above.

16. Many coenzymes react with: a) Blood plasma; b) Hair follicles; c) Vitamins; d) Prescription drugs.
17. Digestive enzymes might help how many Americans who have digestive complaints? a) 20 million; b) 150,000; c) 2,500; d) 3 million.

ANSWERS:
1. a) True
2. c) 1,000
3. b) use, as in lactase
4. d) Proteins
5. a) True
6. b) False
7. c) Protein
8. c) Milk
9. b) Fats
10. a) True
11. c) Phenylalanine, an essential amino acid
12. a) Trace Minerals
13. e) All of the Above
14. b) False; he recommends that we consume more raw foods
15. e) All of the above
16. c) Vitamins
17. a) 20 million

BETTER NUTRITION for Today's Living / October 1990

Rethinking The Germ Theory

by Philip F. Incao, M.D.

Before he died, Louis Pasteur acknowledged the error in his thinking on his Germ Theory, making the following statement: "Le germe n'est rien, c'est le terrain qui est tout." ("The germ is nothing, the terrain is everything.")

About 3 years ago I first met Christine Maggiore, who is HIV-positive, lives in Los Angeles and wrote the book, *What if everything you thought you knew about AIDS WAS WRONG?* I found her story very compelling, and was further impressed when Peggy O'Mara, the editor/publisher of *Mothering* magazine, strongly and openly supported her in the publication. I then decided to inform myself better about AIDS and soon learned what a Pandora's box of superficial thinking, misinformation and bias existed in the mainstream coverage of the issue.

I learned about Valerie Emerson of Maine, an HIV-positive lady with 4 children, 2 HIV-positive and 2 HIV-negative. Her HIV-positive daughter died after a long course of anti-HIV drug therapy and Valerie decided to stop giving the drugs to her three-year-old son, whereupon his condition markedly improved. She was taken to court by the state for refusing drugs for her son. Two expert witnesses came to her defense (pro bono) and she won the case! On appeal to the Maine Supreme Court, a panel of 7 judges, she won again! I have met and gotten to know the two expert witnesses, David Rasnick, Ph.D., and Robert Giraldo, M.D., and have learned much from them about the various errors and deceptions in the mainstream views and treatment of AIDS. The worst and most incredible of these errors is that all of the anti-viral drugs used to treat HIV and AIDS are extremely toxic, immunosuppressive and are sooner or later lethal. Yet this is not recognized because the drug toxicity symptoms are always attributed to the effects of the HIV virus!

So the horrible Kafkaesque outcome is that thousands of patients have died of drug toxicity misdiagnosed as AIDS who might have lived much longer if they had chosen to deal with their HIV by

improving their life-style and strengthening their immune system in natural ways. This deception continues because doctors are taught that the "viral load" and the number of CD4+ T cells in the blood are accurate prognostic signs when in reality they are useless for prognosis and worse than useless for monitoring the effects of treatment.

These tests are worse than useless because when the numbers look good they deceive the doctors into believing that their patients are doing well even when they are slowly dying from cumulative drug toxicity!

Christine Maggiore's book reviewed in this issue of *Cancer Forum* is likely to be unbelievable, even shocking, for many readers. Yet, the history of medicine is full of examples of serious systematic errors which for a time became incorporated into medical practice on a very large scale, and which caused harm or death to many patients before they were corrected. The late professor of medicine, Eugene Robin, M.D., in his book, *Matters of Life and Death: Risks vs. Benefits of Medical Care*,¹ coined the term "iatroepidemic" to describe the harm caused by these systematic errors.

He listed a sample of twenty-four iatroepidemics, from DES in pregnancy to frontal lobotomy for mental illness.

Dr. Robin explained that iatroepidemics often follow a predictable pattern: "A practice was introduced into medicine on the basis of a fundamentally unsound idea or poorly interpreted experience. The practice took hold without adequate studies to establish its efficacy and then developed a life of its own. It was supported by a group of experts whose opinions encouraged its continued use. Their own reputations or positions partially depended on the practice and when challenged, they leaped to its defense. As a result, changes were slow

to come. Because the idea was fundamentally unsound, many patients were harmed. This process, repeated time and again, fosters iatroepidemics... At any given time, most [iatroepidemics] are hidden. Unless and until special circumstances arise, they remain unidentified."

If history proves that Christine Maggiore, Peter Duesberg, Ph.D., and other AIDS dissidents, including the courageous HIV-positive people quoted on this issue's cover, are essentially correct in their view of the AIDS phenomenon, then we will have borne witness to one of the greatest iatroepidemics of all time. And when historians seek to answer the question, "How could we have blundered so badly?" I think our popular obsession with the germ theory of disease will have to bear a good deal of the responsibility.

Reality is usually a lot more complicated than the simplistic half-truths we easily become accustomed to believing. The human mind seems to gravitate toward simpler explanations of phenomena, and hesitates before complexity. The germ theory of disease is just such a neat and simple explanation of the complex nature of inflammatory, contagious illness.

The eminent microbiologist René Dubos, who died in 1982, once said that the conventional wisdom regarding "...the relation between patient and microbe is so oversimplified that it rarely fits the facts of disease. Indeed, it corresponds almost to a cult — generated by a few miracles, undisturbed by inconsistencies and not too exacting about evidence."²

Dubos was fond of pointing out a fact that is almost always overlooked in our popular concept of infectious diseases. It is that all of us are often "infected" with so-called "nasty" bacteria and viruses, but we only seldom get sick. Most of the time we harmoniously co-exist with our germs and we harbor moderate numbers of them in a stable relationship.

The germ theory arose from the consistent observation that certain states of acute illness like TB, diphtheria or scarlet fever were accompanied by the rapid proliferation of certain specific germs far beyond the small numbers generally found in healthy people. The all-important question was,

are the germs proliferating because they are feeding on certain substances produced by a diseased body, or are the germs invading, attacking and causing the body to become diseased? The microscope could not resolve that question.

In the case of germs, the turning point in the argument may have been the famous outdoor public experiment in which Pasteur killed a number of sheep by injecting them with a culture of anthrax bacilli. This experiment provided great suggestive power to convince human minds that germs were indeed deadly predators, but the result still left open the logical possibility that the sheep died not from the attack of microscopic predators, but simply from the toxic, poisonous effect of a strong concentration of anthrax germs.

Since Pasteur, germs have increasingly come to be identified in the public mind as hostile, savage predators on humankind, against which our best response is to kill them before they kill us. It is not difficult to see how this mental image of our body as fair game for hordes of attacking mini-predators, somewhat like microscopic piranha fish, could lead to what Dubos described as "almost a cult." Psychologically the obsessive power of such a mental image derives from its ability to tap into the deepest and darkest fears of the human unconscious mind. Before such powerful fears, logic and rationality break down. Three diagnoses, infection, cancer and AIDS, have the greatest force to inspire unreasoning, disempowering fear in us and to compel us to accept treatments designed to eradicate the encroaching evil, often doing us more harm than good.

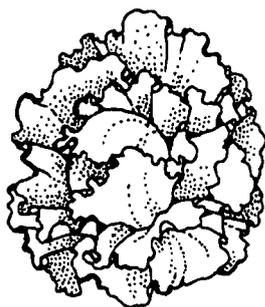
The renewal that the art and science of medicine so greatly needs will only come as medicine learns to base itself, not on concepts which inspire fear and the desperate need to control an imagined outer evil, but on concepts which inspire self-knowledge, compassion and the courage to learn from our often painful experience.

¹Robin, E.D., MD *Matters Of Life & Death: Risks vs. Benefits Of Medical Care* The Portable Stanford, Stanford Alumni Association, Bowman Alumni House 1984.

²Dubos, R.L. "Second Thoughts on the Germ Theory"; *Scientific American*, Vol. 192, No. 5, May, 1955, pg. 31-35.

Recipes

By Consuelo Reyes



Savory Slaw with Sesame-Ginger Dressing

4-6 servings

Slaw ingredients (use organic if possible):

2 medium beets, shredded (may be lightly steamed)

2 medium carrots, shredded

1/2 small cabbage head, shredded (any type of cabbage is fine)

1 medium turnip or rutabaga, shredded

Dressing:

2 tablespoons raw tahini

1/4 teaspoon mustard powder

1/2 teaspoon dried dill weed, basil, or other available herb

about 1 tablespoon lemon juice

about 1 teaspoon fresh ginger, peeled and minced
distilled water

1. For dressing, place ingredients in a small bowl, mix well, adding enough water to make smooth consistency, about the thickness of buttermilk.
2. For slaw, toss all vegetables together in a large bowl. Pour desired amount of dressing over vegetables and toss lightly. Set aside in refrigerator for an hour or so.

Sunny Salad

3-4 servings

1/2 cup apple juice concentrate

1/4 teaspoon ground cinnamon

1/4 teaspoon ground aniseed

1/4 ground clove

2 tablespoons lemon juice

1/4 cup apples, shredded

2 fresh apples, sliced

1 cup berries

1 cup melon balls

1 kiwi, sliced

1. Combine juice concentrate, spices and lemon juice in a small bowl.
2. Combine fruit in a serving bowl. Pour juice mixture over fruit and toss. Refrigerate for at least 4 hours, tossing occasionally

Fennel Cole Slaw with Pecan Dressing

6-8 small servings

Slaw:

1 1/2 cups cabbage (green or red), finely shredded

1 1/2 cups fennel, finely shredded

1 1/2 cups carrots, grated

3/4 cup fresh sprouts

1/4 fresh cilantro or parsley, finely chopped

Dressing:

1/3 cup sesame or other mild-flavored oil

1/3 cup raw pecans

3 tablespoons lemon juice

2 tablespoons raw honey

1. For dressing, combine oil, pecans, lemon juice and honey in a blender until smooth.
2. For slaw, mix all ingredients together. Toss with dressing.

Avocado/Apple Salad

3 Servings

1 Golden or Red Delicious apple

3 tablespoons fresh lemon juice

3-5 black walnuts, coarsely chopped

3 ripe avocados

3 tablespoons plus 1 teaspoon extra virgin olive oil

1. Peel, core and dice apple. Toss with 2 tablespoons lemon juice; set aside.
2. Cut avocados in half lengthwise. Using a melon-baller, scoop out avocado pieces. Place avocado in a bowl, add olive oil, remaining tablespoon of lemon juice, then toss lightly with apples to mix.
3. Place a portion of avocado mixture in the center of each of four serving plates. Sprinkle with walnut pieces and serve.

Letters

Dear Mrs. Sackman:

Enclosed is a check to renew my subscription to *Cancer Forum*, which I always read with interest. Today the thyroid/calcium/osteoporosis connection especially caught my attention, having just swallowed a calcium pill, also the warnings on soy and canola oil. (I take medication for hypothyroidism and have osteoporosis.)

M.G

Dear Ruth,

FACT is important. The work you are doing is important. Health and well-being are important. I am important. Above all, you and your spirit and perseverance. They are truly important!

All best wishes for the New Year to you and your staff.

Sincerely, F.K.

Dear Sirs:

Could you please send me a copy of *Water Can Undermine Your Health* by Dr. N.W. Walker?

Also, I am an M.D. in Texas and had contact with Ruth Sackman in 1982-83 during the time that my first wife died of breast cancer. I will never forget the time that she took with me and I will always be deeply grateful.

I am an Internist, but I have finally decided to practice alternative medicine. I would appreciate any information packets you may have which might be of use to me and to my patients.

Sincerely,

Albert Fleury, M.D.

P.S. I am a friend of Philip Incao, M.D.

Thanks Ruth,

Appreciate you! Enclosed \$25.00 check for 2 subscriptions to send to me and for a \$5.00 information packet.

I so often want to share, but don't want to give up my magazine and I want to copy it all! (Too much!) So with the 2nd copy I'll loan it to different people and they will see how they can subscribe. How's that for a plan?

K.G.

P.S. I got your last *Cancer Forum* today and read it entirely already. I also changed my life when I learned from Dr. K. 25 years ago.

Dear Staff Members,

Enclosed find a check of \$25.00 for the renewal of my yearly subscription. Please take notice of my change

of address, since I don't want to miss any of your *Cancer Forums*.

FACT has come a long way since it's inception in Detroit in the 60's I believe and it will continue to grow until it reaches its summit.

I'm very proud to have been one of its early subscribers. May God bless you all!

Sincerely, M.M.

Dear Mrs. Sackman,

I am sending not only my check, but also my gratitude and profound admiration for all the wonderful work you and FACT have been doing over the years.

So many of us have had the good fortune to benefit from your efforts. It was an extraordinary stroke of luck for me to have found my way to FACT seven years ago, and through you to Betty Fowler. I think of you often, and send you loving thoughts.

Warmly, L.S.

Dear Mrs. Sackman:

Your issue of *Cancer Forum* Vol. 16, No. 9/10 is so informative that I want to order 20 copies to give to my friends and acquaintances.

Enclosed is my check for \$10.00.

Yours truly, Dorothea M. Linley, M.D.

Dear Ruth,

With the onslaught of articles on cancer proliferated by the media, your publication *Cancer Forum* puts a spin on reality on this issue of cancer. You can't pick up a newspaper or listen to a news report (especially today in New York City) without being bombarded by statistics re: cancer survival.

My feelings of depression were immediately dispelled as soon as I began reading Ruth Sackman's Notebook.

Sincerely, R.P.

Hello Ruth Sackman, President:

Best greeting from here Africa. I hope and trust that our Lord Jesus Christ is caring for you and giving you the humble time that you can spread the word of truth in this last generation.

Aim of writing this missive to you is that I need to obtain your materials especially spiritual materials and also those ones which you publish which gives an aid to chemicals or remedies of cancer and many other diseases. I was instructed by Ann de Michael of Narrow Path publishers to send my address to you.

"May God bless you as you include me on your mailing list. Remember I am independent minister.

Joseph Myauma Oskike, Kenya, East Africa

Book Review

What if everything you thought you knew about AIDS WAS WRONG? by Christine Maggiore (The American Foundation for AIDS Alternatives, 11684 Ventura Boulevard, Studio City, CA 91604, 2000, 126 pp.), \$10.95.

This well-researched book, with detailed scientific evidence of the flaws of claims made by the powers in charge of officialdom, hopefully will put to rest the mistaken notion that HIV/AIDS is the disease that the medical community and lay people have been led to believe. This misinformation is playing catastrophic havoc with people's lives.

What Ms Maggiore has done in this book is compile irrefutable evidence and presented it in a fashion that the medical and scientific community will be hard-pressed to negate, which doesn't mean some of them automatically will not try to do just that.

I am more partial to books, written in lay language, that appeal to common sense — which is not always that common. Unfortunately, the type of book I prefer usually informs but doesn't have the impact on the people who are conditioned to scientific evidence and references before they can accept a change and right a wrong.

The book begins with Christine Maggiore's horrendous experience with an AIDS diagnosis that was ultimately responsible for this treatise. The book closes with interesting, thought-provoking, anecdotal experiences of people who chose not to be victims of out-of-control pseudoscience. These voices should be heard as they defy the establishment concept of HIV/AIDS. Instead they are being ignored.

I think it is appropriate to close this review with the comments of a physician quoted by Ms. Maggiore that verifies why I feel this book may be the effective catalyst in making a change in the HIV/AIDS chaos:

"Until recently, I was a physician at the University of Alabama at Birmingham, the number-one funded AIDS research center in the country. Before January of 1998, my knowledge of AIDS was typical; I knew that HIV caused AIDS because that's what the textbooks said. I had no reason to

think otherwise and never knew or cared that anybody thought differently. I ordered this book on a whim, but once I started reading it, I didn't stop until I hit the back cover.

"I used to think that medical research wasn't politically directed and financially motivated and that pharmaceutical companies wouldn't compromise patient well-being for profit. I used to think the FDA was there to protect the American public. Now I know better. Now I tell the story of AIDS to anyone who will listen."

—Rob Hodson, M.D., Former professor of anesthesiology, University of Alabama, Birmingham. —Ruth Sackman

The Touch — Epidemic of the Millennium, created by Steven-Elliot Altman, edited by Patrick Merla. This is a Write Aid project with proceeds to benefit the charities, F.A.C.T. and H.E.A.L., (ibooks, distributed by Simon & Schuster, Inc., New York, 2000), 347 pp., \$14.00.

Touch — skin to skin contact with others — is one of the most powerful and basic needs of human beings, as with all living creatures. Studies have shown that animals deprived of physical contact for long periods of time develop frantic, neurotic behavior that can be assuaged by the touch of even an actually-simulated species companion. Likewise, much human research has concluded that touch — if only with a devoted pet — is valuable in alleviating depression, reducing stress symptoms and blood pressure.

But touch carries with it the panorama of emotions — from the friendly handshake to the violent hand-to-hand combat, from the passion of a kiss to the terror of contagion. What happens when human beings are deprived of this touch because others perceive danger? Such has been the case with people afraid to shake hands with AIDS patients or embrace loved ones suffering from cancer or other illnesses. What is lost by the deprivation and what is gained by daring to touch in spite of societal ta-

boos and threats — rational or irrational — to personal health?

These are the questions that drive *The Touch*, a fascinating, highly original collection of short stories conceived by Steven-Elliot Altman, himself a gifted science fiction writer. Steve spent over 5 years organizing this project, as the dedication reads: "For every individual who has ever suffered societal alienation, of any sort, due to afflictions beyond their own control." He asked an impressive assembly of fellow sci-fi writers to compose short stories based on a set of rules for a fictitious "Deprivers Syndrome," wherein certain individuals "for reasons still under scientific investigation" have the ability to cause adverse reactions in others by the mere act of skin to skin touch. The rules set forth the general characteristics of the affliction, consequences, warnings, preventive measures, even anecdotal evidence of occasional consciousness expansion, etc. Writers applied these "facts" to imagined life situations, thus producing, in effect, 23 case histories.

While not specifically about cancer or the usual health topics of books reviewed in *Cancer Forum*, *The Touch* deals with issues that anyone with a disease condition may face. The stories are riveting and profound. Moreover, the whole volume is a labor of love, the proceeds of which benefit two charities which are all too familiar with these issues: The Foundation for Advancement in Cancer Therapy (FACT) and Health Education AIDS Liaison (HEAL). All the contributing writers graciously donated their work for this cause because they believe in Steve and the concept.

Needless to say, we are deeply honored and grateful to Steve and everyone at the Write Aid project for including FACT in this endeavor. I won't attempt to single out any particular story because this is the kind of book that's defies easy explanation and I wouldn't want to "deprive" anyone of the experience of fresh discovery. I'd suggest you just pick it up, open to any story and fasten your seat belts! Odds are you will not stop reading until you come to the conclusion.

—Consuelo Reyes

Besides book stores, *The Touch* is available on the website: <deprivers.com>

Quantum Focus — The Quick, Mind-Powered Total Program For Self-Improvement, Healing and Happiness by Michael Ellner, Ph.D. and Richard Jamison, Ph.D. (Instant Improvement, Inc., New York, 1997; to order: Productivity Enhancement, P.O. Box 457, Cliffside Park, NJ 07010), 394 pp., \$ 32.95.

Any book that promotes relaxation is a welcome edition to my library! **Quantum Focus** by Michael Ellner and Richard Jamison does this and more through a series of guided meditations that help release the body's innate healing powers and, thereby, change patterns that may be getting in the way of more healthy, happy ways of living. A series of 46 short, easy-to-follow sections address the gamut of very "today" issues: from self-esteem, self-forgiveness to fear of driving, flying, water, failure, success, change, death; from improving memory, finances, golf to programming dreams and losing the nail-biting habit!

Michael Ellner — founder and President of H.E.A.L. (see above review *The Touch*), long-time crusader against the bogus HIV/AIDS dialectic, has devoted his professional life to helping others help themselves. This book is an outgrowth of his experience and it shows

—Consuelo Reyes

* * * * *

*What is more gentle than a wind in summer?
What is more soothing than the pretty hummer
That stays one moment in an open flower,
And buzzes cheerily from bower to bower?
What is more tranquil than a musk-rose blowing
In a green island, far from all men's knowing?
More healthful than the leafiness of dales?
More secret than a nest of nightingales?
More serene than Cordelia's countenance?
More full of visions than a high romance?
What, but thee Sleep? Soft closer of our eyes!
Low murmurer of tender lullabies!
Light hoverer around our happy pillows!
Wreather of poppy buds, and weeping willows!
Silent entangler of a beauty's tresses!
Most happy listener! when the morning blesses
Thee for enlivening all the cheerful eyes
That glance so brightly at the new sunrise.*

—from *Sleep and Poetry* by John Keats

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