

CANCER FORUM

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



Close your eyes,
Count to 10,
Relax....

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,

The mind and body are linked. I believe this is the wisdom of Nature. Knowing this, we can send positive messages to our bodies and they will respond. It also means that we have to avoid negative attitudes. Stress, as Hans Selye, M.D. writes in his book, *Stress and Distress*, "plays havoc with the whole endocrine system." Or, as others have said, "It is the enemy of healing."

I find many cancer patients are very conscientious about carefully following a program even to the point of obsession, yet they do not do well. They don't know how to relax. Their mind is in a turmoil trying to achieve perfection or doubting their ability. Their body is then in the same turmoil! The endocrine secretions become skewed; the food is not broken down to its microcomponents and unfortunately becomes unavailable for healthy cell production and repair.

If it is impossible for someone to gain emotional control or if circumstances outside of a person's control cannot be relieved, then it is wise at least to take steps to protect against a negative impact on the body. It can be done. With relaxation techniques, such as meditation, biofeedback, counselling, hypnosis or special exercises, the body will get relief, though temporary. But there is no limit to the frequency that the patient can apply relaxation techniques to give the body the opportunity to relax so that it can accomplish its normal function.

If you want to be a survivor in good health, send your body the message.

To your good health,



HYPNOSIS AND SELF HYPNOSIS IN HEALING

Gérard V. Sunnen, MD

The psychological well-being of patients, in or out of the hospital, is of paramount importance, not only for humane considerations but for reasons connected to health and recovery: patients do better when undergoing procedures and operations, or when negotiating the side effects of treatments, if they are relaxed, rested, and feeling optimistic and hopeful.

The Science of Human Adaptation

The science of human adaptation to stress and trauma is clearly demonstrating the importance of psychological factors in achieving success. Until recently, however, assisting patients to negotiate the labyrinths of their medical trajectories, consisted of supportive or suggestive approaches, emphasizing relaxation in any one of its physical, psychological, and emotional dimensions. A relaxed patient, it was correctly thought, had a better chance of being a successful patient.

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The new science of psychological adaptation goes a step further. Its premise incorporates the notion that beyond relaxation, the mind, through its innate capabilities, can proactively contribute to the organism's response to stress. Within this perspective, the successful patient is one who can relax and, in addition, who can mobilize special mental processes to gain mastery of medical procedures and operations from the time of their planning to full recovery.

The study of these beneficial mental processes borrows from different yet related disciplines: namely hypnosis, self hypnosis, and meditation. In

all of these disciplines the mind makes use of special pathways to communicate within itself.

The Language of Hypnosis

Hypnosis extends the range of influence of the conscious mind. To contact the unconscious mind and the deep physiological functions of the body, hypnosis utilizes communications, which because

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of their special characteristics, may be called the language of hypnosis.

Communication venues for hypnosis include affirmations and mental images. The mind continuously creates mental images. They appear in consciousness in many varieties with wide individual differences. Not necessarily visual in form, mental images can involve all the senses. Images are more likely to have therapeutic impact if they incorporate emotions. Positive images tend to be synergistic with wellness and energy; in the mind they resonate with self confidence, self esteem, optimism, and creativity. So-called negative images which include negative scenarios about the future and allow feelings critical of oneself, tend to be inhibitory to self expression, enticing guilt, pessimism, and fatigue. Therapeutic mental images carefully select their ingredients to respect the unique psychological makeup and imagery style of each individual.

No one can say for sure why negative images exist in the first place. After all, on the surface of things, they do not appear to do much good. Why would such depression-promoting mental processes as negative self esteem exist if they do not (by surface observation) benefit the organism? Whatever the admittedly complex answers to these questions,

the fact remains that negative mental images are universally observed in the human psyche. Negative mental images find their home in the repositories of the unconscious mind and are usually absorbed through the repercussions of unfortunate

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experiences and relationships accumulated during a lifetime. They can exert nefarious influence upon the process of mastering medical stress. It is helpful to discover and understand them so they do not detract from therapeutic thrust.

Although the mind's output of thoughts, emotions, memories, and images has been likened to the continuous flow of a stream, this is not to say that the mind remains a passive experiencer of its own creations. In this analogy, streams can be altered to change their course and can even be played with to channel them into new territories. The executive functions of the mind describe mental capacities that enable the evaluation of information, the direction of attention, and the planning for future action. This executive branch of the mind can also devote its energy to allow the type of mental images it wishes to favor and to discourage those it wants curtailed. A closely related mental dimension, creativity, has the therapeutic capability of spawning entirely novel thoughts and images.

Boundless Neural Pathways for the Mind

Mental events have their corresponding resonance in the circuitry of the nervous system. Dr. W. Penfield in the 1930's, stimulating discreet locales of the exposed brain cortex in conscious patients undergoing neurosurgery, demonstrated how thoughts, emotions, and memories, many of which

were hitherto unconscious, could be brought into consciousness by pinpointed electrical instigation. It was deduced, as Dr. Sigmund Freud predicted, that each thought owns its proprietary neural circuit. While this notion is not globally false, it is equally true that each mental event has nervous system ramifications that connect it to all other areas of the brain. Visual, auditory, somesthetic, and the still uncharted vast association areas are all communicating neighbors. Synesthesia describes the phenomenon of the simultaneous experiencing of different senses. Through the existence of awesomely intricate feedback networks, every one of our nervous system's billions of cells interactively communicates with all others.

Our grasp of the nervous system is undergoing rapid metamorphosis. Diagrams of its anatomical and biochemical networks are constantly upgraded toward sophistication. Whereas several decades ago only a handful of neurotransmitters — those molecules that determine the flow of cell to cell message transmission — identified themselves, there are now hundreds. It is known that the nervous system is constantly in flux biochemically and even anatomically, and that every experience leaves an imprint unto its very fabric.

**Relaxation decreases
the background noise
of the mind.**

While every neuron connects in some way to every other cell in the nervous system and projects its influence into the most delicate tendrils of its outer reaches, it also interfaces with all organ systems from heart and endocrine, to gastrointestinal and immune. Recently, the field of psychoneuroimmunology has gathered extensive data to show the closely interlaced relationships of nervous and immune systems to mental functions.

Mental images, through these neural pathways, are thus able to travel from their sites of origin to transport their messages into the entire matrix of the organism. As messengers, therapeutic mental images have the remarkable potential to impart their beneficent influence to the core physiology and the

biochemistry that sustain our life.

Approaches to Self Hypnotic Skills

The cornerstone ingredients of self hypnosis are relaxation and the universal ability to construct mental pictures. Relaxation decreases the background noise of the mind. In relaxation, the body adopts natural rhythms of repose, and the mind allows its spontaneous creation of thoughts to slow down. Within this tranquility, creative imagination finds opportunities for sustaining mental images that project intensity and therapeutic direction.

Self-hypnotic communications have greater impact if they involve a variety of senses. In so doing, they recruit more areas of the brain. Pictorial images correspond to the activity of visual and visual association areas in the occipital lobes. Adding language or music recruits auditory regions around the temporal lobes. Integrating movement invites participation of the parietal lobes. Very importantly, emotions animate the limbic system and its wealth of connections to autonomic neural networks and to the neuroendocrine system.

Certain techniques have the capacity to deepen relaxation and to heighten the impact of mental images. Hypnosis is a special state of mind permitting the experiencing of relaxation in its most profound realms. Awakened is a freedom of mental actions to flow beyond the confines of the waking state. While relaxation is generally believed to be the mere dissolution of tension, it actually embraces the most subtle attributes of human experience. Relax-

Hypnosis is a special state of mind permitting the experiencing of relaxation in its most profound realms.

ation is a long continuum comprising physical and mental components. Beyond the dissipation of tension, the body drifts into a state where breathing slows down to become deeply abdominal; heart rate assumes a mellifluous cadence and blood pressure decompresses; and EEG rhythms shift into cerebral harmony. In the exploration of relaxation, the mind enters layers of feelings that traverse calm

and move into peacefulness, finally entering states that, because of their essence, may be called spiritual. Indeed, it may be said that relaxation knows no limits in its depths nor in its boundaries.

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ences similar to those searched for in hypnosis. As in hypnosis, deep relaxation is created and the ability to summon mental directives is enhanced. Mental images thus achieve clarity, focus, and steadfastness; and energizing feelings such as self confidence and self mastery are more easily conjured. In self hypnosis, however, the individual acts both as guide and experiencer solely through the impetus of self regulation. Self hypnosis gives patients the opportunity to develop a sense of self determination toward their condition. With practice, the patient can become a self hypnotic virtuoso with possibilities of gaining increasing mastery over their symptoms. In meditation, a close relative of self hypnosis, the thrust for self transformation is more likely to seek the attainment of experiences, which by nature of their universality, may be called transcendental or mystical.

A Pulmonary Cancer Exploration

A persistent cough of a few months duration increasingly irritated this engaging 46 year old

realtor. When the cough became mildly productive and took on accompanying pain, she sought consultation. The process of investigation eventually demonstrated an egg-sized lung mass in her right upper lung. She had not smoked for many years, a fact that added to her initial disbelief in her diagnosis. A biopsy was inconclusive but her imaging studies were highly suggestive of a neoplasm. She would have to undergo a surgical exploration with possible tumor excision. A thoracotomy was scheduled. She had spoken to the surgeon but admitted that, in the throes of her emotional turmoil, she had either omitted to ask the proper questions, or failed to process them clearly. Her mind straining under excess anxiety had retained only the most ominous eventualities. She remembered being told that she would be intubated during the operation and that a portion of her lung might have to be removed. Great concern came upon her. She recalled, as a

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little girl, the intensity of her fright being stuck in a smoky elevator. Would she be able to breathe freely with this tube in her throat? How much of her lung would they take out? Could it leave her breathless subsequent to, or even during the operation?

The procedure was explained to her once again. A diagram was drawn to show her how the operation would proceed. There would be wide patency of breathing conduits. She was told that the greater the relaxation of her entire respiratory system, the easier air would flow.

A method of hypnotic induction which may be called the arm drift was used. With her permission her wrist was taken and her arm brought straight in front of her, in the image of a piece of wood floating on a lake. Eyes closed, she was asked to let her arm float and to create the feeling in her mind's eye that a sense of comfortable heaviness was beginning to fill it, growing more so with each breath. As the strength of her mental image increased, it was

suggested, her arm would follow its directive. Her arm, feeling ever heavier, slowly drifted downward until it came to rest on her lap. This pleasant feeling of heaviness could now begin to drift into her other arm, into all her muscles, and finally into her entire body. In this way mental images were shown how to travel into autonomic networks and she could now tap into their therapeutic possibilities.

Therapeutic affirmations were then invited to dispel her fear-laden images. She would be calm and composed in the days preceding the operation. She could visualize herself feeling rested in the hospital, sleeping well, and unbothered by the activity of the personnel. During the procedure she would not fight with operative interventions but would easily move through them. Her breathing would be cadenced and unhurried.

Everything proceeded as in the imagination's best scenario. Before the operation she noted her surprise at her lack of any anxious concern. In the hospital, she was able to observe all the activity around her with a mental attitude of interest, and even at times of amusement. The surgeon had known about the relaxation training of his patient. She called the day after the procedure to report that she had seldom seen a patient so relaxed. As a consequence, she said, the operating team was less challenged and time was saved.

In the recuperation phase, the patient used self hypnosis to accelerate healing. Initially bothered by shortness of breath with exertion because of the resection of a portion of her lung, she worked on building her pulmonary reserve. Pain with movement of her right shoulder due to scar formation and the severing of nerves was modulated so as to permit gradually greater ranges of motion. Fleeting yet persistent feelings of being a partial invalid based upon thoughts of having a cancer diagnosis were prevented from taking hold. She progressively replaced them with feelings consonant with her core spiritual convictions. ❀

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VICTORY OVER OVARIAN CANCER

Dear Ruth,

Here is a copy of a brief history of my cancer that I give to several friends who have cancer in hopes they will get help to prevent a recurrence.

Gratefully,

Mary Jane Holmes.

P.S. Update — Navarro test last week very good.

In February, 1995, I was diagnosed with advanced ovarian cancer. The tumor count (CA-125) was a whopping 4375. Normal count is 35 and under. After surgery, strong I.V. chemotherapy followed. Since the chemo was not working well, the doctor remarked, "We can rule out a cure." Ten treatments were required instead of the usual six. Finally, I gained remission. Oral chemo followed for well over a year. When I asked to be relieved of the oral chemo, the doctor refused, stating that the cancer would return as soon as the chemo was stopped. At that point, there would be very little they could do for me. However, I had a good chance of getting leukemia since I had had so much chemotherapy. That visit on December 2, 1996 was my last. (A couple of months later I stopped the oral chemo.)

I had been reading several books on cancer, many from the local health food store and joined 2 excellent organizations (listed below). Through these I learned a most important fact: that cancer is not just a local disease, but a whole body ailment. In order to prevent recurrences it is necessary to rebuild the whole body that has been weakened by disease and the treatments. Otherwise, there is an enormous likelihood that the cancer will recur again and again. Most doctors ignore this. So, I checked in at a hospital for immune system enhancement.

Hundreds of thousands of cancer patients are now examining alternative and complimentary therapies. Many of these non-conventional approaches are helping to save lives. However, we must be very discriminating about the choice. Most

of us (myself included) are not qualified to make that choice. The organizations listed below have helped thousands of patients make the right choices for their situation. Most referral services charge \$300, or more. These organizations do this for free. They depend upon donations. You will find them very helpful, compassionate and as close as your telephone. Both of these organizations provide excellent information on the understanding of cancer and how we can help ourselves.

Despite my doctor's dire predictions back in 1995, I am well and enjoying a busy, active life. I still go to a local oncologist just to "keep track." He is amazed at my health, does not understand what I am doing (mostly diet at this point) and doesn't seem to want to know.

I am thankful to the Lord who has allowed me this privilege of extended good health and hope this has been of assistance to you.

God bless, Mary Jane Holmes

Center for Advancement in Cancer Education
Foundation For Advancement in Cancer Therapy
(F.A.C.T.)

* * * * *

*Every single blade of grass,
And every flake of snow,
Is just a wee bit different.
There's no two alike, you know.*

*From something small like the grains of sand
To each gigantic star;
Each was made with this in mind,
To be just what they are.*

*How foolish then to imitate.
How useless to pretend
When each of us comes from a Mind
Who's ideas never end.*

*There will only be just one of me
To show what I can do
And you should likewise be quite proud
There's only one of you.*

—Author Unknown

THE IMPACT OF EMOTIONS ON HEALING

By Leo Roy, M.D.

Recognition of the role of emotions in body function is not new. We see it every day in so many cases. The impact of emotions on a case of cancer had a particularly strong impact on my memory.

One evening, many years ago, I gave a lecture on nutrition. I had been introduced as having taken special training in cancer therapy with Dr. Max Gerson, the American pioneer in cancer therapy; with Rene Caisse, the Bracebridge nurse responsible for the development of a special herbal formula (called Essiac) that had cured many thousands of cases of cancer in the 1920's and 30's. The introduction also mentioned my experience with several clinics in Europe, including a stay with Dr. Alexander Berglas, the head at that time of the Cancer Research Department of the Pasteur Institute in Paris.

A lady approached me. She asked if I could help her overcome a cancer of the breast. She had real fears of the conventional treatments of radiation/chemotherapy. She had refused three separate doctors who had insisted there was no other way for her than radical surgery.

The tumor in the left breast was about the size of a lemon. Upon obtaining a good health biography and after a thorough examination, I realized that this patient did not have the capability to follow any kind of treatment. I deemed it unlikely that she could derive much benefit other than palliation from whatever I could offer her.

Here was a timid, rather weak, negative, discouraged, demoralized, sensitive, emotionally unstable and mildly schizoid type person. Still rather attractive at forty years old, she had never been married.

Her liver test revealed that the organ was strained and inadequate. There were many nutrient deficiencies, poor habits, and general toxicity.

Simple adrenal gland tests showed that they were so underfunctioning that I did not believe she could make the multiple daily constant decisions required in order to take the many pills, undertake exercises, strict regimes, a thorough detoxification program, changes in lifestyle, and develop positive attitudes — all of which she would be required to follow for years in order to develop host resistance and bring about complete healing. Any more details would add little to the overall understanding of this case.

Because of her fear of pain, fear of following any other treatment, her great sensitivity — because of religious and nutritional convictions — I rationalized that it would not be right to refuse her. There did not seem to be any other place that she could or would then go.

The only approach that I could see or justify, in my mind, was to put her on a palliative, supportive regime that would keep her free of pain, sustain her vitality and make possible a relatively normal life style for a considerable time — maybe even for a few years. I prescribed a normal cancer diet of live, raw, natural, alkalizing foods — mainly vegetables, fruits, grains, seeds and nuts.

The remainder of the regime consisted of a detoxification program, aided by glandular extracts — thymus, liver and mammary — digestive enzymes, general all around vitamins and minerals, some exercises, special electropulsating currents, and as much positive encouragement as I could give her during her weekly office visits.

To my surprise, over the next six months the tumor decreased slowly and noticeably in size. Nothing I had prescribed could possibly have such beneficial effect. She never even carefully followed all the recommendations of the program. At almost every visit I was puzzled. Her progress was constant. After six months the tumor was the size of an orange seed. Our worries seemed over.

Then a routine examination revealed that the small lump had started to grow again. Repeated examinations confirmed this. I confronted my patient, "What has happened? What has changed in your life? What is going on?" Taken aback by my

challenge, she broke down and started to cry. She told me that she had been engaged. She had said nothing to her fiance for those many months. As the lump had almost disappeared she felt she could now reveal her condition. She could reassure him at the same time that she was well. She did this. By this time he had probably realized the other difficult aspects of her nature. He walked out; he abandoned her.

It became clear that she had been living in a world of fantasy, hope and love. This world had been strong enough to give her morale a tremendous boost. These people have a tendency and an ability to draw and drain life force and energy from those close to them. They use and live on other's vitality — almost like a parasite. I knew this. But I had not been able to conceive to what extent this can happen. The love-energy, the force of her dreams, the vigor of a loved one had been powerful enough to change the whole metabolism of her body to help it to literally destroy a tumor.

Then followed another aspect of emotions — the impact of negativity, despondency, demoralization — then despair, resentment and bitterness. The tumor regrew despite the fact that all the treatments were intensified. She was given remedies that could resist and destroy a cancer. Nothing helped more than would a simple glass of water.

In her mind, she had nothing to live for. She didn't really want to live. Hope had turned to apathy. Love had turned to hate. Her hatred even turned against me. Hadn't I promised to cure her? The way her mind worked, she had seen the tumor fade. Was this not proof that I had assured her I could cure her? Now I had failed her; I had deceived her. After a year, the breast had blown up into a huge cauliflower. She quit her job — and her treatments. She went to bed — brooded and vegetated.

After months of immobility and depression her bones decalcified. One day she got up to go to the bathroom — stumbled — fell on a thigh bone. It broke. She was taken to the hospital. She never came out. ❀

The Station

by Robert J. Hastings

Tucked away in our subconscious is an idyllic vision. We see ourselves on a long trip that spans the continent. We are travelling by train. Out the windows we drink in the passing scene of cars on nearby highways, of children waving at a crossing, of cattle grazing on a distant hillside, of smoke pouring from a power plant, of row upon row of corn and wheat, of flatlands and valleys, of mountains and rolling hillsides, of city skylines and village halls.

But uppermost in our minds is the final destination. On a certain day, at a certain hour we will pull into the station. Bands will be playing and flags waving. Once we get there so many wonderful dreams will come true, and the pieces of our lives will fit together like a completed jigsaw puzzle. How restlessly we pace the aisles, damning the minutes for loitering—waiting, waiting, waiting for the station.

“When we reach the station, that will be it!” we cry. “When I'm 18.” “When I buy a new 450SL Mercedes Benz.” “When I put the last kid through college.” “When I have paid off the mortgage!” “When I get a promotion.” “When I reach the age of retirement, I shall live happily ever after!”

Sooner or later we must realize there is no station, no one place to arrive at once and for all. The true joy of life is the trip. The station is only a dream. It constantly outdistances us.

“Relish the moment” is a good motto. It isn't the burdens of today that drive men mad. It is the regrets over yesterday and the fear of tomorrow. Regret and fear are twin thieves who rob us of today.

So, stop pacing the aisles and counting the miles. Instead, climb more mountains, eat more ice cream, go barefoot more often, swim more rivers, watch more sunsets, laugh more, cry less. Life must be lived as we go along. The station will come soon enough.

— from the *Daily News*

RUTH SACKMAN'S NOTEBOOK

Dear Ruth Sackman:

Enclosed is a check for \$9.50 for the book Arthritis, Rheumatism and Osteoporosis, an Effective Program for Correction through Nutrition by Bernard Jensen.

I have noted that your list of tapes shows several by Dr. John Lee. Do you have an address where I could write Dr. Lee? I have a couple of questions from one of his books, as to why the drug ACTONEL does more harm than good. My doctor has prescribed this drug for osteoporosis and wants to know what evidence Dr. Lee has to make this claim. My doctor seems willing to hear what Dr. Lee says, but his book gives no details why the drug is bad, nor does it mention any clinical studies, etc.

There is some talk that soy products are very bad, now that soy is used in just about everything. Is it just the unfermented soy products that are bad? I am using a Shaklee soy protein, which is made from fermented soybeans. Would this be okay in your opinion? It's maddening trying to figure out what is all right anymore.

And one more thing, canola oil seems to be in everything and now I am reading that it is not good either. Do you know if there are any documented studies to prove this?

I can well imagine how busy your schedule is, but if you can help me in any of the above, I will be most grateful. Sincerely, C.B.

I'm presenting this letter in *Cancer Forum* in the hope that we can create a more realistic perception of FACT. It is also a way to reach a larger group of people than possible by answering individual letters. I do not have the time, nor should it be necessary to spend the time required to go through our files or back issues of *Cancer Forum* to provide the requested information.

FACT prints only carefully investigated material in *Cancer Forum* as we feel an obligation to our readers to correct the vast amount of

misinformation being disseminated about alternative cancer therapies, nutrition, etc.

There are going to be doubters; they have the privilege of ignoring the material and following a different path, but I am not comfortable trying to convince them of the value of the information we offer. If the logic of what we are saying is not enough, I do not wish to expend my energy trying to prove myself to skeptics.

We have printed material in our magazine about canola oil to protect our readers from harm. This oil is actually rape seed oil. It was originally used only as an industrial lubricant because it contains erucic acid which is too toxic for human consumption. Someone decided that it could be made less toxic through genetic engineering and, thereby, increase sales. The operative word here is *less* — less toxic, but still toxic! The hype to get acceptance leaves the impression that canola oil is valuable to reduce cholesterol. This is typical of hucksters who latch onto an individual's needs and fears to attract attention to market their product.

Soy, another of the products lauded without enough long-term investigation, is an enzyme inhibitor. Even the best food cannot be metabolized without good enzymatic function. Poor metabolism eventually can, and no doubt will, lead to abnormal cell production. This is an unnecessary risk as other beans and grains will provide the same isoflavones and genestein as soy without the enzyme inhibition factor.

The writer asks about Dr. John Lee's claim that the drug, ACTONEL, prescribed for osteoporosis, does "more harm than good." It is easy to find out about adverse reactions to medication by looking it up in the *Physicians Desk Reference (PDR)* which is usually found in a medical library, or the doctor may have his own copy. It is a doctor's obligation to inform the patient of any adverse reactions. The patient is entitled to know of any negative information about medication prescribed by a physician. Without it one cannot make an *informed decision* which the law claims must be provided or the doctor can be held liable.

I hope this article has added to your health knowledge and will help you to be a wise medical consumer.

WHAT IS SELF-HEALING?

by Ann Wigmore, Ph.D.

Let me share my vision with you: I see a world without sickness, sorrow, or mental disturbances, in which we are living in perfect balance and abundant health and harmony. Let us join together, trusting Nature, with our Creator as our guiding strength. All things are possible.

We have presently come to a point in our thinking about food, health and longevity where we recognize that the body has the innate ability to quickly and easily eliminate all disease. The fact is, we are biological beings, we live in a natural world, and we cannot escape the need to nurture and care for our bodies without paying the price of poor health. We must turn back to nature in order to give the body the means to self-healing.

It is clearer now than ever before that food, activity, and *thinking* build and maintain the health and vitality of our bodies. Thought and activity into either illness or well-being depends on our own efforts, and in the kind of nourishment we provide.

Through all of the complex molecular mechanisms used by the body, the biological machine, in digestion and metabolism, we determine the health of the tissues, bones, and every tiny element of our body through the nourishment we take in. During each seven year period, all of your cells are replaced with new ones. By your lifestyle, you either add to or subtract from their stores of vitality. In illness or premature aging, for example, a build-up of toxins in the blood and tissues results from poor food choice, *misdirected thoughts*, and a lack of activity. Coupling this to a lack of nourishment in the food, the cells are damaged and partly starved by toxins, creating the preconditions for localized or widespread degeneration and symptoms of illness. This also creates an environment in which germs and viruses can more easily set in.

Therefore, illness can be viewed as a signal that

we are in need of rebalancing. The body simply needs to do some internal housekeeping. If one responds correctly to the problem, by eliminating its cause, then one can recover in far better shape than before the problem arose.

We especially want to provide the most effective procedures for people with any degenerative disease, including AIDS and cancer, using easy-to-digest balanced nourishment. Every person, no matter what their illness, can improve the body's self-healing abilities through a lifestyle change.

I have developed the Living Foods lifestyle through my experience with many people suffering from life-threatening diseases. I have found that enzymes in Living Foods are particularly critical for recovery from various stages of AIDS. Successful return to health has been consistently experienced by people following the simple Living Foods lifestyle.

I would like to create a demonstration project to bring relief to as many people with AIDS as possible. The project should be carried out in a controlled scientific manner to substantiate the effectiveness of the procedures. Collaboration with medical doctors is important.

We need people willing to join hands to promote, build, nurture, and comfort our golden opportunity to save each life that wishes to live. To implement this research it will be necessary to find facilities, equipment, and a location. We need to give people the chance to make choices about their nourishment. We, who are most concerned with health, can now do something different. The alternative approach works and has even been gaining praise from scientists. We need to be prepared to venture into the educational path, the most important task of all.

Ann Wigmore, Ph.D., (1909-1994), guru of "Living Foods," founded the Hippocrates Health Institute in Boston, Mass, in 1963. For decades she taught students/patients how to prepare raw foods to treat illnesses or simply create vibrant good health. "Dr. Ann" popularized the idea of home sprouting and originated the use of wheat grass juice in a comprehensive health program.

Letters

Dear Ruth,

On behalf of all of us at TWEEZERMAN, we are proud to enclose a check for \$1,800.00 for your organization.

This money was raised through our Breast Cancer Awareness campaign of 2001 in which we used our number one product, the Slant tweezer. We printed our tweezer with the famous pink ribbon and sold these tweezers through our worldwide distribution to raise money for local breast cancer organizations. Enclosed is a special edition pink ribbon tweezer for your use.

We originally found out about your organization in 1999 through an employee's personal situation and recommendation. We are very impressed with the work your organization does and are happy to support you through our breast cancer awareness initiative.

Warm regards, Lisa Bowen, President

Dear Ms. Sackman:

Misplaced your notice to the effect I hadn't contributed to FACT for more than a year. Did not realize it and thank you for reminding me. Am enclosing check in amount of \$25. Please restore my name to the roster.

All good wishes.

Very truly yours, R.C.

Dear Ruth,

We are still here and the work load has had to be shared with caring for family 86 and 99 years of age. Also, we find dark windy nights with cold temp. People hesitate coming out for lectures. Now we are in Spring we hope to continue enlightening members. I'm hoping our message is gaining interest, but people are still wanting a magic pill. Enclosed a little check. Wish it could be more—you deserve it.

Marge Chizmar for CBN (Council for Better Nutrition)

Dear Ruth,

I'm so grateful to you for your advice over the phone. As you will recall, you helped me with many factors regarding my daughter's illness—it being non-Hodgkins Lymphoma. We are working diligently to keep her on your regime.

Thank you, Ruth, for your kindness, your patience and your knowledge.

You made me feel that I can call you at any time and get the answers that I need so very much. I am sending my strongest wishes—through the miles—for good

health for you and your staff.

Very sincerely, S.P.

Dear Mrs. Sackman,

I mailed a check for \$300 and forgot to request a receipt for tax purposes. Would you please mail a receipt?

I am an advanced ovarian cancer survivor since February 1995. After surgery and nearly two years of chemo, I was given a completely negative prognosis.

I left my doctor team December 1996, did lots of reading on alternative treatments including your FACT and *Cancer Forums*. Today I am enjoying excellent health and constantly giving out FACT and *Cancer Forums*.

Many believe I am "just lucky." NOT SO! I constantly work on "the diet" and healthy lifestyle, as I believe the tumor is only the symptom of a malignant body. Hard to convince when doctors do not consider this.

Well, I thank the Lord for people like you who are spreading the truth and hopefully saving lives. I wish I lived closer and could meet you. I will continue to support FACT.

God bless, M.J.H.

Ed. Note: Your cancelled check will serve as a tax receipt.

Dear Mrs. Sackman,

Enclosed is my check, a donation that only meagerly represents my continuing gratitude to you and FACT for the wonderful work that you do.

It's now eight and a half years since I was diagnosed and—thankfully—found my way to FACT. Had I obediently submitted to what conventional medicine had to offer, I surely would not have followed the path that led me to total health, nor would I have become a psychotherapist. Now, in this capacity, I often refer to FACT the cancer patients with whom I work, certain that they will be given the same type of competent, kindly help that I received when I was so desperate to believe that I could heal.

Thank you for all that you do!

With love, Laura Saul, Ph.D.

Dear Mrs. Sackman,

I wish to thank you for sending issues of *Cancer Forum* even though my donation is overdue.

I also wish to thank you for spending a long time on the telephone discussing a diagnosis, not yet confirmed, of ovarian cancer. This was 15 years ago. The diagnosis was happily, false, but you made an admirer of me for life.

Sincerely, J.F.

Recipes

White Bean Dip

- 1 1/2 cups white beans, cooked
- 1 garlic clove, peeled
- 1/2 Tbs. lemon juice
- 2 Tbs. plus 1 teaspoon cold-pressed olive oil
- 1 tsp. minced fresh rosemary or thyme, or a few pinches dried, or 2 teaspoons ground cumin

1. Put beans, garlic and lemon juice in a blender or food processor. Turn machine on and add 2 tablespoons olive oil in a steady stream. Process until smooth.

2. Just before serving, stir in the herbs and drizzle with the remaining teaspoon of olive oil. Garnish with a few herb sprigs if you like.

Serve with raw veggies. Keeps in the 'fridge up to 2-3 days.

Cabbage/Bean Soup

- 1/2 cup dried beans (red kidney or navy)
- 6 cups distilled water
- bay leaf
- 1/2 tsp. caraway seed
- 2 cloves garlic, sliced
- 1 medium onion, sliced
- 2 cups green or red cabbage, coarsely chopped
- 2 stalks celery, cut in 1/2 inch slices
- 1 small turnip or rutabaga, sliced
- 1 medium carrot, thinly sliced
- 1 medium potato with skin on, cut in quarters
- 3 Tbs. cold-pressed olive oil

1. Soak beans overnight in a soup pot with 2 cups of the distilled water. The next day, add another cup of water, bay leaf, caraway, and bring to a boil. Simmer for 1 - 1 1/2 hour until beans are tender.

2. Add the last 3 cups of water plus garlic, onion, cabbage, celery, turnip, carrot and potato. Bring to a boil and simmer until vegetables are just tender (15-20 minutes). Turn off heat.

3. In a blender pour in several cups of the soup liquid and the potato quarters and fresh or dried pars-

ley (opt.). Purée, then add the mixture back to the soup pot. Stir in olive oil and serve.

Variations: Instead of caraway, try cumin, aniseed, or fennel seed.

Millet Pilaf

- 2 cups cooked millet (1 cup uncooked)
- 1-2 tsp. dried mint
- 2 Tbs. or so chopped fresh parsley
- 1 Tbs. or so chopped scallion
- 1-2 Tbs. chopped red, yellow or green pepper
- 1 cup chopped tomatoes

Dressing:

- 2 Tbs. cold-pressed olive oil
- 2 Tbs. fresh lemon juice

1. Mix oil and lemon juice in a bowl.
2. Combine millet, mint, parsley, scallion, pepper, tomatoes in a large bowl and toss with dressing. Yields 4 side-dish or 2 main-course servings.

Variations:

#1: Add 1/4 cup currants (or raisins), 2 Tbs. pine nuts.

#2: Add 1 cup cooked chickpeas or raw green peas.

#3: Add 1 cup bite-sized pieces of chicken, turkey, beef or a combination.

#4: Substitute bulgar or brown rice for millet.

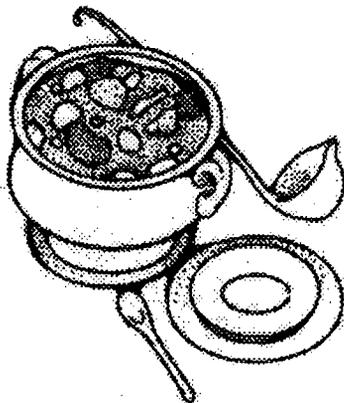
Gingered Sweet Potato Mash

- 1/4 cup heavy cream, preferably organic
- 3 Tbs. finely chopped, peeled ginger
- 3 Tbs. finely chopped garlic
- 2 pounds (about 3 large) sweet potatoes

1. Wash and cut sweet potatoes into 1/4 inch thick slices (no need to peel skin if organic). Steam until tender in center when pierced with a knife. Place in a saucepan.

2. Mash garlic and ginger in a bowl, mix into cream.

3. Add liquid to sweet potatoes in the saucepan. Turn heat to low and mash everything together, adding a little steaming water if a smoother consistency is desired. Serve warm. Makes about 4-6 side-dish servings.



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- (80) Betty Fowler (Skin)

- (41) Richard Mott (Lung)

- (43) Kay Windes (Breast)

- (58) Walter Carter (Pancreatic)

- (98) June McKie (Lymphosarcoma)

- (99) Bernard Nevens (Colon)

- (108) Kay Windes (Breast)

- (112) Louise Greenfield (Breast)

- (119) Bernard Nevins (Colon)

- (125) Louise Greenfield (Breast)

- (132) Pat Judson (Colon)

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

- (146) Tom Buby (Lymphoma)

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

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

- (158) Moshe Myerowitz (Liver)

- (159) Doris Sokosh (Breast)

- (165) Greg Hagerty (Hodgkins)

- (170) Lou Dina (Lymphoma)

- (179) Greg Hagerty (Hodgkins)

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

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

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

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

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

- (189) Doris Sokosh (Breast), Lou Dina (Lymphoma) and Daniel Friedkin (Testicular)

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