

CANCER FORUM

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



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 patients; provides financial assistance; and fights to eliminate carcinogenic substances from the environment.

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Dear Reader,

FACT has always felt that being an intelligent medical consumer is essential in the process of regaining and maintaining health. Therefore, we try to provide as much information in *Cancer Forum* as we can to achieve that goal. This issue has two articles that provides an insight into the role of the pharmaceutical industry in providing information to medical schools. Many doctors limit their knowledge to what the pharmaceutical industry offers, but many doctors adopt other values and move in new directions.

When you make the choice that is right for you, the partnership with the doctor achieves the best results. The intelligent medical consumer provides accurate information about their symptoms, takes direction efficiently, reports accurately back to the doctor and senses if the protocol is right. The patient achieves his/her goal. and both patient and doctor feel a sense of accomplishment. The important thing to remember is that you, the consumer have choices.

We want to collect case histories of recoveries, not only from cancer, but other health problems, to be printed in *Cancer Forum*. We are also interested in your comments, so don't hesitate writing to FACT. Your experience and your letters can be very helpful to others who can relate to them and not feel alone.

To your health,

Ruth Sackman

Medical Journal Cites Misleading Drug Research

By Denise Grady

Reports of research on drugs tend to exaggerate the drugs' benefits, making them sound better than they really are, according to an article and editorial published in *The Journal of The American Medical Association*.

The exaggeration occurs for several reasons: positive results tend to be published more often than negative ones, researchers sometimes publish the same study more than once and some poorly designed studies slip through the safety net of journal editors and expert reviewers who should screen them out.

The misleading information harms patients because doctors rely on it to make decisions about treatment, said Dr. Drummond Rennie, a deputy editor of the journal and author of the editorial.

Decisions based on misinformation may result in patients being given an inferior drug or a new, expensive one that looked good in a study, but that is really no better than older, cheaper medicine.

"Ultimately, the patient is short-changed," Dr. Rennie said in a telephone interview, adding that although there were no precise figures on the amount of misleading research, he suspected it was widespread.

His editorial and the journal article take researchers to task for studies on drugs used to treat rheumatoid arthritis, post surgical vomiting, depression, schizophrenia, and immune deficiency resulting from cancer. Much of the research, like drug research generally, was financed by pharmaceutical companies, which often stand to benefit from the false impressions.

But Dr. Rennie attributed the problem not only to drug companies, but also to researchers and the institutions that allow shoddy research, and to jour-

nal editors and scientific reviewers who do not discern or blow the whistle on flawed or deceptive studies.

"Peer review does its best, but it's only as good as the people doing it, and the honesty of the people doing it," Dr. Rennie said, referring to the system in which journals ask experts to review papers being considered for publication.

Dr. Rennie and the other authors, Dr. Helle Krogh Johansen and Dr. Peter C. Gotzsche, of the Nordic Cochrane Center in Copenhagen, described several sources of distortion in medical research. One is "publication bias," meaning that studies showing positive results from drugs are published

faster and more often than studies showing neutral or negative results, which may never be published. The net result is that the medical literature is skewed toward studies that show drugs in a favorable light.

Dr. Kay Dickersin, an associate professor of community health at Brown

University who has extensively studied publication bias, said that many scientists had blamed journal editors for refusing to publish negative results, but that she and her colleagues had found that the scientists themselves held back the findings.

"Hardly any were submitted to journals, so they couldn't blame the editors," Dr. Dickersin said. "When we asked why, the major reason they gave is that the results just weren't interesting."

A second problem is that researchers sometimes publish the same data more than once, without letting on that it has ever been in print before. That may mislead doctors into thinking that there are more positive studies of a given drug, including more patients, than there really are.

"It's good for everybody — except patients and readers," Dr. Rennie said, noting that the extra pub-

Studies of another drug, risperidone, used to treat schizophrenia, had been published multiple times in different journals under different authors' names.

lications made ambitious researchers look more productive and provided more studies for drug companies to hand out to doctors.

In his editorial, Dr. Rennie described ondansetron, a drug that was being studied to prevent vomiting after surgery. Researchers analyzing the literature found 84 studies involving 11,980 patients — or so they thought. Some of the data had been published twice, and when the researchers sorted it out, they realized that there were really only 70 studies, in 8,645 patients.

The duplicated data, they concluded, would lead to a 23 percent overestimate of the drug's effectiveness.

Studies of another drug, risperidone, used to treat schizophrenia, had been published multiple times in different journals under different authors' names. The same thing had been done with studies of drugs to treat rheumatoid arthritis, with some having been published two or three times, and one published five times.

Dr. Michael O'Connell, deputy director of the Mayo Clinic Cancer Center in Rochester, Minn., an expert on clinical trials, said: "To publish the same data again with entirely different authorship, as if it were an entirely different data set, is reprehensible. Readers would conclude there were two different studies that strengthened the conclusions."

In their paper, Dr. Gotzsche and Dr. Johansen described still another problem: a study design that seemed to stack the deck against one of the drugs being tested, in essence guaranteeing that the other would look superior.

The two drugs were amphotericin B (made by Bristol Myers Squibb) and fluconazole (made by Pfizer), both being tested to prevent fungal infections in patients. The researchers looked at 15 studies done during the 1990's, including 12 in which Pfizer had participated by providing grants, statistical analyses or other help.

At first, the studies appeared to show that fluconazole, a newer drug, worked better. But when the researchers analyzed the studies more closely, they discovered that the majority of the patients had been given amphotericin B orally; the drug is supposed to be given intravenously and is not effective taken by mouth. In addition, some of

the trials included a third drug, called nystatin, and the results for nystatin and amphotericin had been lumped together. But nystatin was known to be ineffective, and so combining the results for the two drugs made amphotericin B look bad.

When Dr. Gotzsche and Dr. Johansen sorted out the studies and the contributions made by the various drugs, they concluded that fluconazole was actually no more effective than amphotericin B.

When they tried to ask the authors about the design of the studies, some ignored the requests, and others said they no longer had the data. Pfizer contacted by *The Journal of the American Medical Association*, declined comment.

In a telephone interview, a spokeswoman for Pfizer, Mariann Caprino, said she did not have the data on the individual studies and could not explain the reasoning behind them.

Dr. Bert Spilker, senior vice president for scientific and regulatory affairs at PhRMA, a trade group for drug manufacturers, said: "We don't have a perfect situation. It probably can be improved."

He suggested that medical journals require authors to disclose formally whether their papers had been published elsewhere in any form, and to include that declaration in the published report. In addition, he said, the institutional review boards that approve studies at the hospitals where they are conducted should evaluate them more closely to make sure that they are designed properly.

The best solution to publications, many researchers and journal editors say, would be to require that all studies be logged into a central registry when they begin. That way, scientists can track them.

Dr. Rennie said, "You can call the investigators up and say, 'whatever happened to that study you began?' and they might say, 'It was a disaster.' And then you can ask, 'Why didn't you publish it?'"

Some drug companies have begun to register their trials, but others resist, partly for fear of revealing information that their competitors might use.

"They have proprietary interests, which I respect," Dr. Dickersin said. "But there is a larger interest here of society as a whole."

Reprinted from the New York Times

YOUR DOCTOR'S DRUG PROBLEM

By Arnold S. Relman

The rising cost of prescription drugs are driving the current debate about medicare reform. Yet Republicans and Democrats alike may be unaware of a primary reason for this inflation: doctors are taught about drugs by agents of the pharmaceutical industry, which works hard to persuade them to select the newest and most expensive medications — even in the absence of scientific evidence that they are any better than older, less costly ones.

Despite the increase in direct-to-consumer advertising, patients still rely on their doctors to choose which prescription drugs, if any, they should take. But what few of them know is that often their doctor's judgment is influenced by the companies that sell the drugs. Most medical practitioners nowadays learn which drugs to use, and how to use them, mainly from researchers paid for by the companies selling the drugs being discussed, and most of their talks emphasize the medical benefits of those drugs. Some of this information is useful, but much of it is simply marketing disguised as education.

Of course, the companies sponsoring continuing medical education programs deny that sales promotion is their intent. They say they merely want to help "educate" doctors by giving financial and technical help to the institutions offering the programs.

To its shame, the medical educational establishment tolerates this state of affairs. Medical schools, professional associations and hospitals that offer continuing education programs accept grants from the pharmaceutical industry and frequently allow the industry to suggest topics and speakers and help with preparation of the

...doctors are taught about drugs by agents of the pharmaceutical industry, which works hard to persuade them to select the newest and most expensive medications — even in the absence of scientific evidence that they are any better than older, less costly ones.

programs. They are reluctant to do anything that would jeopardize the industry's support.

As for the doctors attending these industry-sponsored educational programs, they like the slick presentations, which often use industry-supplied teaching materials. They also like the low or nonexistent fees, the free food, and the numerous small gifts given out at the commercial exhibits that often accompany big education events. And naturally they are confident that their own independence is wholly unaffected by all of this — although surveys reveal that they are less sanguine about other doctors' ability to resist industry's blandishments.

But the companies providing the support wouldn't pour money into education unless they were confident of a return on their investment.

And there is evidence that industry-sponsored programs increase the writing of prescriptions for the sponsor's products.

In this way, doctors are led to believe that new and expensive drugs are much better than older and less costly generic drugs. Sometimes this is true, but not nearly as often as the pharmaceutical industry wants doctors to think. That's why it spends so much money on helping with the "education" of doctors.

So it is not merely that the pharmaceutical industry is using doctors to sell its products. Medical schools and other educational institutions are not teaching doctors how to use drugs wisely and conservatively. Until they insist that the pharmaceutical industry stick to its own business (which can include advertising but not education), we are unlikely to get the help we need from our doctors in controlling runaway drug expenditures.

Reprinted from the *New York Times*

Arnold S. Relman, professor emeritus at Harvard Medical School, is former editor *The England Journal of Medicine*.

OUR HEALING CAPABILITIES

by David Barouth

Modern Medical Practices:

It is becoming well known (though still hard to believe) that the state of health of the people of the United States is among the worst of all the countries in the world. The diseases of degeneration (slow or "chronic" diseases) are what we suffer from. It is now estimated that one out of three of us will have cancer, and that figure is rising, making it truly a modern day plague. This is despite the fact that more research, technology, manpower and money are spent on health here than anywhere else in the world. Not only have these efforts failed, they have produced the very effects they are supposed to be alleviating — suffering, sickness, and death in proportions hard to believe... The number dying from prescriptions by private doctors is unknown. The total number of deaths from prescription drugs, antibiotics, and unwarranted operations every year, far exceeds the number of Americans who died in the Viet Nam War.

All life forms have inherent in their organisms the function of self-maintenance and repair. The visible manifestations of the function of the self-repair are what are usually called the symptoms of disease. It is these "symptoms" which medical treatment is usually aimed at, thus making it an actual interference with the natural healing function of the body, and most likely causing some chronic condition later on.

Said Lao Tzu over 2000 years ago:

Quick action bruises,

Quick grasping loses.

Therefore, a sane man's care is not to exert

One move that can miss, one move that can hurt.

Our Healing Capabilities:

To most of us, the experiences of our cuts healing (with or without iodine, mercurichrome, band-

aids, lemon juice, etc.), our bruises and swelling subsiding, our fevers and colds running their course and ceasing (with or without aspirins, antibiotics, etc.), and our broken bones healing, are so commonplace that we generally ignore them and gain no understanding from such events.

With the aid of the microscope, medical researchers have been given the privilege of observing life on the cellular level. The most immediate and striking observation of living organisms at the microscopic level is that they are made up of individual, living, single-celled organisms, which live in some surrounding fluid environment. The various organs and tissues of our bodies are made up of an association of these individual cells whose shape is

usually specific to the organ or tissue. Brain cells, for instance, resemble pyramids; connective tissue cells, called fibroblasts, are spindle-shaped or star-shaped; and epithelial (skin and lining) cells are either flat, cubical, columnar, or many-sided. The overall co-

operation among all the various cell communities (organs and tissues) results in the existence of individuals such as ourselves.

In the case of the aforementioned cuts, bruises, fractures, and other injuries, the cells in the immediate area, as well as those further away, immediately adapt their functions to the new circumstances. The area is first protected, then regeneration of the tissue begins. Tissue can actually transform itself into tissue of a different kind. For example, in a fracture, muscle may become cartilage, and finally bone. The healing operations of the body appear to be carried out in an orderly manner, process following process until the task is done. Cells of all different varieties carry out specific functions like workers constructing a building.

When there is injury to an organ or, as it hap-

pens today, it is surgically removed, other organs will adapt themselves to the new situation and carry out the required functions. When half of the thyroid gland is removed, the other half will enlarge, generally more than necessary. When a kidney is removed, the other one enlarges. The composition and pressure of the blood, the temperature of the body, and many other physiological states are kept constant by continuous adaptive functions of the cells in response to the changes of the outside world (the process known as homeostasis). Cells carry out functions in preparation of future needs as well as present ones, as in the case of children and pregnant women.

All functions seem to be carried out to ensure the longest possible survival of the organism given the situation it finds itself in. How such an association of cells takes place is the most profound of mysteries. From birth to death, the organism resulting from this association of cells will manifest its own unique characteristics, which seem to grow more and more pronounced as time goes by. And yet, the physical body is made up of chemical substances which, through the process of metabolism, are constantly being taken from the physical environment, utilized, and discarded, so that after a few years the body has been completely changed. On the physical level, an individual living being would more accurately be described as an event...or a process. Consciousness, thinking and memory are what give us our sense of individual continuity. These factors have been associated with the brain, but no scientific proof as to how these functions are carried out have ever been found. The brain also is an association of individual cells, the chemical composition of which is ever-changing, making memory especially an unexplainable phenomenon. Memory remains today a major scientific mystery.

To consider this phenomenon called life as nothing more than the result of atoms randomly banging into each other for a long time is quite a theory. So considering the transitory nature of the material elements of living organisms, we may say that they behave *as if* led by some great Principle. And this is never more true than in times of healing.

Many healing techniques, both ancient and modern, have come to light in recent years in re-

sponse to the now visible failures of the modern medical establishment. It is likely that the general health would improve if their use were more widespread. They do not oppose natural healing processes as do modern medical techniques such as drug therapy, which aims at stopping symptoms (and pain), and leaves the cause unconsidered (and unremedied). The amount of things we can do that have healing value (such as reflecting on our actions, taking a walk, breathing deeply, listening to truly beautiful music, or taking the pause that refreshes — prayer) is unbelievable.

Disease is, then, nothing to fear. It is the result of our unwise living, and not of malignant germs as medical research theorizes. It may perhaps be life's greatest teacher. We need just know that it is our nature to heal. We need exert no effort for it to go on. It is aided by faith, peace, rest, no food, or pure food in small quantities, introversion and reflection. It is hindered (but only hindered) by *doubt, worry, agitation*, too much food, impure food, drugs, lack of understanding, and most doctors, although it is well known that the mere presence of a doctor sometimes gives a patient such relief that healing rapidly follows.

Nature will, however, kill us at the expense of healing us, which is to say that the healing process itself, if radical enough, can cause death. Science has discovered that living cells are potentially immortal, as long as their surrounding fluid environment is changed periodically so that they do not suffocate from their own waste products. Why is it then that we die? This, science has never explained. The meaning of each person's death is very unique.

*"The cultured might think him heathenish,
This man of few words, because his one care
Is not to interfere but to let nature renew
The sense of direction most men undo."*

From Lao Tzu, *The Way of Life*

* * * * *

It is enough for me to reflect upon the marvelous structure of the universe which we can dimly perceive, to humbly try to comprehend *even an infinitesimal part of the intelligence manifest in Nature.*

— Albert Einstein

Sluggish Thyroid

Q. I think I may have low thyroid. I'm sluggish a lot. Is there a way to tell whether I do? How do I boost it?

A. Dr. Joseph E. Pizzorno, Jr.: Due to the difficulty of detecting low thyroid function even with blood tests and the varied symptoms it can produce, the condition often goes undiagnosed. The common symptoms include lethargy, fatigue, weight gain, depression, low body temperature, dry skin, headaches, menstrual problems, recurrent infections, constipation, and sensitivity to cold.

Thyroid deficiency (hypothyroidism) is surprisingly common. According to blood tests, between 1 and 10 percent of adults are hypothyroid. However, when researchers use a functional test of thyroid activity, the incidence is closer to 25 percent.

One reason that functional tests show a greater incidence of low thyroid than blood tests do is that blood tests measure thyroxine, or T4 (which accounts for 90 percent of the hormone secretion by the thyroid), yet the form that has the most bearing on our cells is triiodothyronine, or T3, which our cells make from T4. This means that even though you have normal levels of thyroid hormone in your blood, you can be thyroid-deficient because your cells are not converting it to the more active T3.

Natural Health

Brain Altering Drugs

Antidepressants
Antihistamines
Antipsychotics
Barbiturates
Beta-blockers
Calcium channel blockers
Digitalis
Glaucoma eye drops
Incontinence medications
Muscle relaxants
Painkillers
Recreational drugs like marijuana and

cocaine
Sedatives
Sleeping pills
Tranquilizers

*From the book, Astonishing Medical Miracles,
By James Balch*

Thin Air

"It is estimated that the air breathed by our ancestors contained 36-38% oxygen. After World War II (and a century of industrialization), the level was measured at 22% by Swiss scientists, who have since been monitoring it carefully. The level for 1989 was 19.8%."

Little Known Facts About the Incredible Human Body

- In normal digestion, the stomach produces hydrochloric acid strong enough to burn a hole in a rug.

- The heart pumps 2000 gallons of blood a day.

- Blood journeys endlessly through 60,000 miles of vessels, going out from the heart and back to it in less than a minute.

Do Bugs Bug You?

Dr. David Pimentel, professor of ecology and agricultural sciences at Cornell University: "Every year in this country, we have about 110,000 pesticide poisonings—not deaths—and about 25 deaths." Routine agricultural spraying in this country kills 67 million birds a year, he said, and about 74,000 dogs and 15,000 cats. The damage to bee colonies and to crops that fail because of lack of pollination amounts to \$320 million a year, he said

Dr. Pimentel: "People are afraid of bugs—and most of them are good."

Mis-lead

Meanwhile in London researchers are close to finding a cure for cancer: Dr. W. Blair Bell announces that cancer should be treated with lead injections.

From 1925 the Year in Review by Christopher Buckley in the New Yorker, Feb 20, 1995.

OUR BODIES' OWN CANCER CURES

Live smart — and there's a chance you can prevent some cancers.

This means “eat properly, get enough rest, avoid excessive stresses and strains.”

The key: “Destroying the killer before it starts,” says Dr. Antonio Rottino, director of Hodgkin's disease research at St. Vincent's Hospital in New York City.

[Ed. Note: The late Dr. Rottino was doing immune research before the importance of immune function in cancer was either understood or recognized. Dr. Lawrence H. Burton learned immunotherapy working for Dr. Rottino. This led to the establishment of Burton's immunotherapy clinic in the Bahamas.]

Sound simple? It's based on evidence that the body is constantly defeating invading cancers as a routine process, Dr. Rottino told the Health Insurance Institute.

It's no secret that a healthy body will overcome most cancers in its own way.

According to the septuagenarian researcher, the average person's body is finely geared to search out cancer cells as they are formed.

“There are many invaders,” he says, “which can cause cancer: smoke, chemicals, drugs, even excessive sun or X-rays.”

But it is only when the body's superior defenses have been exhausted — and in most healthy people this is rare — that a malignancy will ever have a chance to grow.

Dr. Rottino believes that finding the cancer early, holding it in check by nutritionally rebuilding body defenses may be the key to curing cancer.

When the body's defenses are operating properly, he says, they produce “cytotoxins” as part of their normal function — and destroy the foreign matter which is cancer.

This is basically why Dr. Rottino is convinced that almost always cancer can be prevented by maintaining a healthy body.

To do this he recommends a balanced diet, natural foods without preservatives, daily exercise “and the proper daily amount of necessary vitamins

and minerals.”

He is strongly against excessive alcoholic intake and suggests you “avoid cakes, sweets, refined breads, soda and colas which have no nutritional value and which may contain harmful additives.”

Dr. Rottino says the body's defenses against cancer are “handled by cells such as lymphocytes and macrophages, humoral antibodies — the Marines or front line troops.”

He explains: “They migrate to the enemy — the foreign object which has invaded the body tissues — then through complex methods attack by producing cytotoxins which destroy the enemy.”

This type of “warfare” is going on constantly within the body which has billions of cells that continuously reproduce. Some of the cells that reproduce are abnormal.

Dr. Rottino continues: “Because of outside influences, some cells develop properties that are foreign to the body.

“It is the lymphocytes within our defensive network that recognize the abnormal proliferating cells. And that's the point where the battle begins.

“Simply put, if the lymphocytes in this situation are suppressed or if their numbers are reduced, the cancer has its beginning. Then it is extremely difficult to stop.”

But based on current nutritional findings and his years of research in the cancer field, Dr. Rottino adds:

“It's about time that we in the field of medicine and research paid more attention to nutrition — time we sat down with those people who know about nutrition and utilize what they have to offer.

“We simply must admit that we need help from qualified nutritionists who specialize in an area that most doctors have rarely had time to seriously pursue.

“It would be wonderful, for example, if some qualified individual in the field of nutrition would come to me and say ‘How can I help you?’

“But mainly, we've got to get together to give the body a chance to do its job.”

From *Modern Maturity*

Beyond Immunology

by Dr. Ronald J. Glasser

Medically speaking, we are living today in the age of immunology. Yet for all its successes, despite its breakthroughs in treatment and diagnosis, there is a growing sense that something terribly vital is missing. We know that the whole man is greater than the sum of his parts, and there is a feeling that in treating him only as a condition, as a heart attack or a kidney infection, doctors have substituted the technology of medicine for, to use an almost forgotten term, its art.

It has been known for decades that mice, after being in nothing more than a stressful environment, when placed in a tub of water will give up swimming and drown well before any unstressed mouse, and that rats crowded together will mysteriously absorb their fetuses rather than give birth. What about the patient who wants to die, or is convinced he is going to die, and does die in spite of medical efforts that have regularly saved others with exactly the same physical condition?

Medicine might be able to ignore this other side of things, but you and I can't, because we know, even if our surgeons and internists don't, that we are connected with our bodies, that the catch in our breath when we are startled, the tension in our guts when we're worried, the exhaustion we feel from our anxiety, are as much a part of our illnesses as are the bacteria and viruses which attack us — and can, in fact, be just as debilitating, just as deadly.

Physicians have always attempted to control diseases by conquering them from the outside. But there are today, as there have always been in every generation, those few doctors who see that what has been accepted and what is practiced is no longer enough, that new theories must be proposed and new actions taken. They believe in the bending of our own minds to the task of our own personal survival.

At a southwestern medical center, a specialist in the treatment of cancer, himself a victim of ulcer disease, came to sense that the fault might be *his* rather than his stomach's. He wondered, too, about other diseases and, in the early 1970s, he started on a daring experiment.

Today, he continues to treat his cancer patients with the conventional radiotherapy, cobalt machines and antimetabolic drugs. But he also tells them what

their antibodies are, what they look like, where they are made. He tells them about their cancers, about how the antibodies are molded to couple with the antigens on the surface of their tumor cells. He tells them about their white cells, their T and B lymphocytes, and how in their particular case their immune system, despite all its efforts, has been beaten back and then overwhelmed by their cancer cells.

When they understand their disease and the avenues over which their cure could come, the physician begins to teach them to meditate — not on spiritual concerns, or on their wish for comfort, but on themselves. He has them visualize the wildly growing cancer cells within their otherwise healthy bodies, and then he has them do something that had never been done in medicine before — he has them meditate on the battle between themselves and their disease. He tells them to turn inward, to think of their antibodies, to try consciously to will them toward their tumors, to make their killer lymphocytes take up a more vigorous attack.

Very few physicians are really comfortable with what this doctor is doing; but since his cases are so hopeless, since they know so little can be done anyway, and since his efforts do include the normally accepted medical treatments for cancer patients, he is left alone.

There are other researchers out at the borders of medical thought trying to do similar things, trying against much resistance and the usual age-old prejudices to close the last great gap in medicine, the distance that has grown between our diseases and ourselves. Because of their experiments, the idea of the conscious control of our immune system does not seem so far-fetched anymore. To use our minds to will our white cells into a more efficient attack against our infections, to stop transplant rejections voluntarily, does not seem so bizarre a notion.

There are a growing number of facts available that show plainly that we are as much a part of our own diseases as we are of our health, that we should be able to and indeed can help ourselves. The task of the physician today is what it has always been, to help the body do what it has learned so well to do on its own during its unending struggle for survival — to heal itself. For it is the body, not medicine, that is the hero.

Reprinted from the book *The Body is the Hero*
by Ronald Glasser.

RECIPES

Orange Nog

8 oz. fresh orange juice
1 organic egg
raw honey to taste

Put orange juice and egg in a blender and whip until foamy. Add honey to taste and whip again briefly. Serve over ice.

Variation: In a blender put 8 oz. distilled water, juice of 1 lemon, egg, and honey to taste. Whip to froth and serve over ice.

Almond Apple Shake

3/4 cup apple juice
1/4 cup fresh cream
1 tablespoon raw almond butter

Place all ingredients in a blender and whip until frothy. Chill and serve.

Coconut Milk

Blend one part fresh, grated coconut meat with 2 parts distilled water and raw honey to taste. Strain. Chill "milk" before serving with a dash of grated nutmeg.

Cucumber Soup

2 large cucumbers, peeled, cut in chunks
1/2 avocado
1 tsp. lemon juice
1 tsp. fresh dill
opt.: handful cherry tomatoes

Blend cucumbers, avocado, lemon juice, dill until smooth in a blender. Add tomatoes (opt.). Chill and serve.

Avocado Roll

1 medium-sized avocado

1/2 cup celery, finely chopped
1 teaspoon fresh lemon juice
several medium-sized lettuce leaves (e.g. romaine, red leaf)

1. Mash the meat of the avocado. Mix in celery and lemon juice.

2. Lay out the lettuce leaves and place some of the avocado mix down the middle of each. Roll the lettuce leaves up and hold together with a toothpick.

Date Butter

1/2 pound dates, pits removed, soaked overnight in distilled water
1/4 cup raw almond butter

Remove dates from water and put in a bowl. Add about 2 tablespoons of the soaking water and mash until mixture is fairly smooth. Blend in almond butter. Spread on banana or cucumber slices or use as filling for celery sticks, tomato shells, etc.

Yogurt Sherbet

1 3/4 cups whole organic maple yogurt (such as Seven Stars)
2 organic eggs
2 bananas, preferably very ripe
about 1/2 cup fresh strawberries (or other fruit such as mango, pineapple, peach, etc.), coarsely chopped
distilled water

1. In a blender put yogurt, raw eggs, bananas, fresh fruit. Blend for a minute or so until puréed. Add raw honey or maple syrup to taste. Add enough distilled water to make about 30 oz. Blend another minute. Pour in a plastic container and chill in freezer about an hour before making the sherbet.

2. Before freezing in a 1-quart capacity ice cream maker: stir the chilled yogurt mixture until smooth. If you like, add chopped pieces of fruit or nuts in the last few minutes of the process. The yogurt sherbet keeps in the freezer several weeks, that is, if extreme restraint can be exercised!

LETTERS

Dear Ruth,

I am enclosing a check to cover a contribution and 2 tapes.

You always give such solid information in your publications that it is easy for me to be receptive to your advice.

Thank you so much for doing such important research and passing it on to us. I am most grateful to you. You are truly helping to keep people well.

Very sincerely, S.P.

Dear Ms. Sackman,

I would like to thank you for all your support and your cooperation in regard to cancer. You have been such an inspiration and help to all of us.

I started with breast cancer in 1983 and in 1988 it metastasized to the spine. Several ups and downs ever since 1988 kept me in touch with you. Right now I am undergoing a serious upset. Only God knows what happens next.

Thank you for all your help. May God bless you.

Love A.E.

Dear Ruth,

I'm ordering two more of your books as my copy has gone west to Oregon to a friend—she is a geriatric nurse practitioner who worked as a consultant for Neighborhood Shop in the Bronx. She is very impressed with your book. I am, too.

Enclosed is a check for \$40 for two more copies of *Rethinking Cancer*.

Please give my regards to Betty Fowler. I have appreciated her help.

Thanks, T.T.

Dear FACT,

I value the *Cancer Forum* and read it from cover to cover almost immediately. Please keep me on your subscription list. I did renew in April. Enclosed is the cancelled check. (Current issue stamped "Subscription Expires With This Issue").

Thank you so much! M.G.

Dear Ruth,

Thank you for FACT, for being there for people like me. Enclosed is my check so that I can update the info.

I've read up on metabolic typing and I need an accurate evaluation of my 'type' so I can use the right diet. Already started some diet modification and juicing. Am taking steps to deal with the excessive stress at work.

Will call you after I reread the packet. J.B.

P.S. I'm going to buy your book this weekend.

Dear Ruth,

Just received the back issues of FACT. You asked that I let you know as soon as I receive them. Thank you so much.

I'm enclosing the new address. A small change as of last month. Please change that.

Was wonderful talking to you on the phone, and thank you so much for caring — you're an angel! I feel fine so far — the CT scan showed an enlarged lymph node. Another scan due in February. You mentioned something about a diet? I take a lot of homeopathic supplements still.

God bless you.

To good health — Thank you so much, N.M.

Dear Mrs. Sackman and Staff,

Check enclosed for \$19.95 for a copy of your long awaited book.

Hope you are well. We are still doing fine, keeping busy. Thanks again for all the help you gave to us when we needed it.

Sincerely, H.& F. MacL.

Dear Ruth,

Reading *Rethinking Cancer* I was overcome with joy: Ruth Sackman has written a book that every person working to restore their health should read over and over and over again. This work explains the alternative process. Ruth spells out why it is important to eat organic foods in harmony with one's genetic inheritance; why it is important to drink pure water free of fluoride and why it is important to do enemas, colemas/colonics, cell cleanses, liver-gall bladder flushes. Removing toxins/wastes from the body improves strength and energy.

I strongly urge everyone who wants to discover and understand the process of how to overcome cancer read *Rethinking Cancer*. Carry on Ruth! I have one favor to ask you: Write another book!

Love, Betty Fowler

Dear FACT,

I look forward to receiving and reading *Cancer Forum*. Continued good health and good luck to all — you help so many!

I miss the annual conventions — they were so educational. I'm kind of isolated from info here in Westchester County.

Check for \$18 enclosed.

Sincerely, D.B.

Book Review by Consuelo Reyes

Should I Be Tested for Cancer? Maybe Not and Here's Why by H. Gilbert Welch, M.D., M.P.H., (University of California Press, Berkeley 2004), 224 pp., \$ 19.95.

“Early detection saves lives!”

This is perhaps one of today's most oft chanted medical maxims, but is it right? According to H. Gilbert Welch, M.D., M.P.H., medical professor at Dartmouth Medical School and co-director of the VA Outcomes Group in the Department of Veterans Affairs, the issue is far more nuanced than the hype would suggest. His new book, *Should I Be Tested for Cancer?*, is unique and important because it gives readers what they don't usually want: no easy answers. What he does provide is valuable, rarely heard information, much of which would indicate that testing can bring serious problems and may not produce intended benefits.

To be clear, we're talking about routine screening for healthy people (e.g., mammograms, PSA, pap smears, etc.) — not tests for those with specific symptoms (another discussion, but also with many shades of gray....).

Dr. Welch does not propose that early testing shouldn't be done, but he does tell another side: “Tests can be wrong, people are made to worry unnecessarily, some are treated unnecessarily, and some are even harmed by treatment.” False-positives, he explains, are rife, due in part to today's hi-tech equipment able to detect the most minute abnormalities to the point where something aberrant can be found in just about anybody! How to interpret this is far from exact science. While pathologists can easily distinguish big invasive cancers from normal tissue, they often disagree about whether small deviations will ever become a problem. Faced with ambiguous reports, many doctors tend to err on the side of “problem,” perhaps out of fear of lawsuit.

Dr. Welch says: “Most of us think of it [cancer] as a deadly disease if left untreated. But there are also microscopic cancers that will never cause problems. We all have abnormal cells, but most of us will not die from cancer.” He posits that a disagreement among pathologists is actually a good thing, indicating something so small, so slow-growing, that watchful waiting, rather than heading down the treatment path might be the safest, most

reasonable response.

Another myth-buster: there really is no scientific proof that treating “cancer” early does save lives. Welch says that the conclusive randomized studies simply have not been done. Early detection, however, does enhance the 5-Year Survival rate which doctors tout to persuade patients of the efficacy of treatment. But that's only because the timing starts earlier on more questionable “cancers.” The facts are mortality rates have not substantially improved. This implies that early intervention primarily prolongs anxiety rather than improves overall survival.

Though conventionally-oriented, Dr. Welch freely acknowledges the limits and dangers of standard treatments and he sees that there's a whole lot the medical establishment does not understand about cancer and its progression. His comments about the dubious value of genetic testing are also refreshingly outside the orthodox box.

So, whether to screen or not to screen? The bottom line is it's a choice that depends on an individual's philosophy of life more than any quantifiable scientific evidence. Dr. Welch urges each of us to ask ourselves : do I want to spend my life pursuing disease *or* pursuing health? This is something doctors cannot decide. It's important to understand the culture of doctors, Welch counsels. They can't go wrong calling for more tests or be sued for recommending aggressive treatment. Most doctors assume patients seek absolute certainty and expect everything to be checked out. Patience is not always their strongest suit (“When in doubt, cut it out.”). Find a doctor willing to dialogue and let him/her know you understand there are downsides to testing and do not want unnecessary exams. Ask the doctor why he thinks the test is necessary, what are the risks, what course of action would follow if positive. Take time to think through decisions — acting quickly is overrated.

For all those befuddled about how much they need to know about what's going on inside their bodies (and that's a lot of people today), *Should I Be Tested for Cancer?* is a smorgasbord for thought. It's also an exceptional volume because it respects the reader's ability to accept and handle uncertainty. After all, doctors are only humans and, even in this complex, highly specialized age, each of us is still responsible for what we do with our bodies and how we choose to live our lives.

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