

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

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Dear Reader,

You deserve an explanation for the delay in receiving this issue of *Cancer Forum*.

I entered the hospital for minor surgery to correct a tear in a previous surgery done years ago. It was supposed to be a 2-day procedure. Due to the fact that the hospital was corporate-owned, a fairly new phenomenon, I was discharged a day before I was ready. The 2 day procedure became a 3-week hiatus from the FACT office.

A corporation's priority is profit. Patient service takes second place. Not a very good idea. Corporations also seem to dictate to the doctor as to what they can order for the patient.

It is common practice for patients to have a bowel movement after surgery or they should not be discharged. My doctor ordered an enema, but the hospital changed it to a suppository. The suppository did not work. Nevertheless, I was discharged after the designated 2-day stay.

I went from the hospital to a nursing home for a short stay before returning home. When the doctor there realized that I hadn't had a bowel movement and the stomach was hard, he decided to order an X-ray. The X-ray showed a bend in the bowel that blocked elimination. It was no wonder I was in pain.

I was rushed from the nursing home by ambulance to another hospital closer to the nursing home. The bowel function gradually corrected under proper care. Because of the complication, pain and tension, I developed a black stool. A sign of bleeding. A gastroenterologist did an endoscopy and found a bleeding ulcer which I realize was caused by the ordeal.

This was my personal experience with corporate ownership. It was quite a shock. It is obvious that something has to be done to set standards or profit will deprive patients of desperately needed quality health service.

Hope my experience will put the reader on the alert if they need hospital care.

To your good health,



See book review of Dr. Don Sloan's book, *The Corporate Takeover of Healthcare — Practicing Medicine Without a License!* on page 13.

THYROID OFTEN HIDDEN CAUSE OF WEIGHT GAIN, TIREDNESS

By Henry Sobo, M.D.

A new estimate reveals that thousands of Americans may be secretly suffering from an undiagnosed underactive thyroid. Why is it so hard to get your doctor to diagnose this common complaint, with its long list of symptoms? The answer may lie in the inexact nature of the blood test called TSH, commonly used to make the diagnosis.

In 2003, the American Association of Clinical Endocrinologists formulated new guidelines for the interpretation of thyroid blood tests. They stated that, as traditionally interpreted, the tests left many patients undiagnosed. Although some doctors are aware of the new interpretation, many are not. This leaves many people being told by their doctors that their thyroid function is normal.

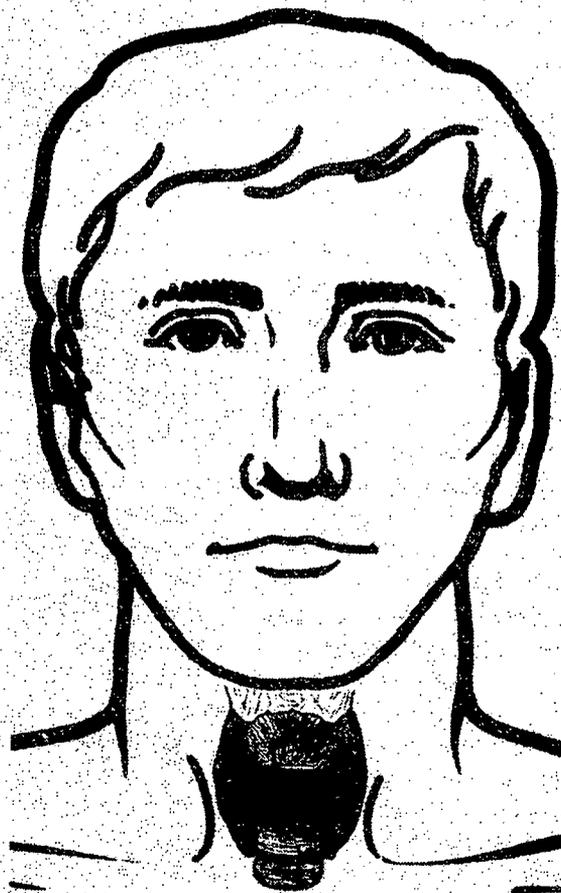
THYROID-CAUSED DISEASES

RANGE WIDELY

The following paints a picture of what people with a thyroid problem notice about themselves. If a person's thyroid has become underactive, which is quite common in general, and even more in women over 40, he or she will frequently feel fatigued and may have gained weight, despite an unchanged diet. Other common symptoms are weakness, dry skin, puffi-

ness of face and eyelids, feeling cold, a tendency to bruise more easily, depression and constipation. Loss of hair, even on the arms and legs and under the arms, means you should think thyroid. Some patients also report hoarseness and some difficulty swallowing.

The effect on the body of the thyroid hormone involves so many functions that many other symptoms may also occur. Menstrual problems such as irregular periods, PMS, or infertility may be a consequence of hypothyroidism. Is your cholesterol elevated? This too, may be a sign of an underactive thyroid. Before taking medication to control cholesterol, it may be wise to consider whether it might relate to an underactive thyroid.



Thyroid Gland

with a long history of use is called Ashwaganda. Animal studies have demonstrated its ability to help raise the level of thyroid hormones. Along with the importance of providing the nutritional building blocks necessary for thyroid hormone

NATURAL SOLUTIONS ARE AVAILABLE

For some cases of borderline hypothyroidism, a nutritional and herbal approach, utilizing the mineral iodine and the amino acid tyrosine, may be beneficial, without resorting to actual thyroid hormone therapy. Kelp contains iodine and is utilized in nutritional formulas that support the thyroid. Such formulas may also contain Vitamins A, C, E and Zinc, all of which are associated with optimizing thyroid hormone function.

The herb coleus helps the body to utilize the mineral iodine so that it is properly taken up in the thyroid gland, promoting hormone synthesis. Another herb

production, there is also the issue of the thyroid's "receptors" that allow the thyroid hormone to actually produce it actively within a cell. The herbs Rosemary and Sage assist this part of the complex process by which the hormones act on the body.

AVOIDING THE DISRUPTORS

Finally, along with these non-pharmacologic approaches, it is important to remember that endocrine "disruptors" — environmental pollutants, heavy metals and a range of substances — may hamper hormone function. Avoiding exposures and detoxifying from excess exposures may be a key element in optimizing thyroid function.

In summary, it is important that the underdiagnosis of hypothyroidism be understood and acted upon. Since thyroid hormone plays a part in overall body metabolism and so many functions of the body, there is a very wide array of signs and symptoms that may alert a patient to the possibility that this may be an important disorder that should be checked by their doctors. For a person to be properly empowered so that they may act upon this knowledge, it should be recognized that many doctors, if they rely entirely on the usual screening test for hypothyroidism (the TSH blood test), may tell their patients they do not have a thyroid problem, based on those test results being within the normal range. In such a case, the patient must be assertive enough to find a physician who recognizes the latest developments in the diagnosis and treatment of this problem.

Henry C. Sobo, M.D.

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Ruth Sackman's Notebook

MORE ON HYPOTHYROIDISM

Hypothyroidism has become more widespread in recent years and unfortunately unrecognized. Therefore, doctors rarely consider doing a thyroid test routinely as they would a regular physi-

cal exam. Consequently, the condition is left untreated.

The medical community seems to have been trained to avoid treating the thyroid unless the TSH (thyroid test) is outside of the normal range. What does one do if the test result registers within the normal range but thyroid function is inadequately serving the body's needs because of hypothyroidism? Low thyroid function manifests in a multitude of uncomfortable symptoms as mentioned in Dr. Sobo's article, including inadequate calcium metabolism which physicians certainly recognize as a serious problem resulting in osteoporosis.

There is a logical reason why low thyroid has become more common. Some of the chemicals approved by the Food and Drug Administration mimic estrogen. This causes a hormonal imbalance which in turn affects the endocrine system. Since the thyroid is one of the endocrine glands it is affected. The chemicals are usually referred to as "Endocrine Disruptors." Not only do the chemicals play havoc with the endocrine system, but they create havoc in both male and female reproductive systems. Men are suffering from low sperm count and women are finding it harder to conceive.

Dr. Sobo suggests a number of natural ways to counteract hypothyroidism. I would like to add one that resonates well with people needing thyroid support. It is the use of glandular supplements specific for the thyroid. There may be an advantage to glandulars compared to some of the other materials. The glandulars have the ability to repair the thyroid by substituting healthy cellular material for the weaker cells.

To get a diagnosis and a receptive response, you may have to seek a doctor such as Dr. Sobo in your area, otherwise the doctor may not be willing to provide a prescription for Armour's thyroid if those mentioned are not adequate.

Hypothyroidism requires attention or the deficient function may produce other more serious problems.

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Be careful reading books about health. You could die of a misprint.
—Mark Twain

THE HEALING BODY

NETWORK SPINAL ANALYSIS (NSA)

By Dani Stekel, D. C.

Walking down Broadway on the Upper West Side I get this wonderful sense of community which few neighborhoods in this incredible city still share. Oh sure, there's a little enclave here and there but nothing compared to this genuine part of New York. There is Pullash and Shiri, the Sushi restaurant workers from Bangladesh. Adel from the bagel place, and Ken from the copy shop. We all are different yet the same. A mass of humanity in a research lab called the West Side. I ask myself what I have to bring them, being the "new kid on the block."

Having recently opened my chiropractic practice, and eager to reach out to the community with my vision of better health, I extend myself to these people who will now be my neighbors. I have an incredibly important message to share, and am concerned about it being received properly. People have answered me with responses that range from sincere excitement about the message to total apathy. The message I am to share is so simple, yet so far reaching. Its simplicity is beautiful, but sometimes people need to hear a message with more complexity for them to see the value in it. They need to hear that the funding behind the message had an endless line of zeroes attached to its price. They need to see that incredible technology was utilized with the message, so that they can say the procedure was 'the latest' or it was "cutting edge." For these people, I wish them the best and continue on with my message, delivering it to others within my community who just want more...more life quality.

To these people, I tell them that healing is different than curing. That we were born with a wisdom within our bodies which should allow us to heal from most events given the proper environment to be able to heal. What a wonderful concept. You mean our body-minds are actually intelligent? You bet. Able to heal under most circumstances if under the proper environment, with or without medication? I should think so. Switch-

ing to a healing paradigm of health we may begin to understand that having a fever, many times is our body's intelligent way of killing off a foreign body and can be very necessary. We may begin to understand that symptoms in general can be a great way of letting one know that they are indeed healthy.

I once heard a story about two men who go to a restaurant and order the same food. That night one is violently ill. He is vomiting, running a fever, diarrhea...not a pleasant experience. The other man feels fine. Morning comes and the person who seemed to be ill according to his symptoms is fine, the other one is dead. Why, you ask? Well we learn that the man who was suffering and in pain was in that state because his body was ridding itself of the toxic food which he had eaten. The other man's body wasn't functioning as well. It was as if a fire had been set off in his body, with the fire alarm broken. The man had no idea there was a fire raging in his own body, and ultimately it consumed him.

The message is simple. Our symptoms are not always a good measure of our health. One can be symptom free and at death's door, while another can be going through a healing process and temporarily riddled with symptoms, achy chest, fever, headaches, and it is very possible that his body is actually functioning normally at its optimum level.

Through our nervous systems we experience life. The goal of chiropractic is to reduce the tension in the nervous system, so that people can experience life with the greatest clarity possible. Clarity is not always comfortable. Sometimes health can be very uncomfortable. But ultimately quality of life comes with a clearer nervous system, and the ability to express more of our potential. Potential to live better physically and emotionally. This is chiropractic, and this is the message I bring to you. So the next time you reach for the aspirin, ask yourself the question, "am I really taking care of my health or am I ignoring the fire alarm while my house is burning down?"

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Lyme Disease – The Nuclear Virus

By Monroe E. Burton, D.C.

With the spring comes the outbreak of billboards, newspaper articles and exhibits about Lyme Disease (sometimes referred to as Son of AIDS) and how to protect yourself against the Death-Dealing Deer Ticks. But the book *Deadly Deceit*, by Jay M. Gould and Benjamin A. Goldman (New York: Four Walls Eight Windows, 1990), presents a different story. Here the authors show that the “disease” resulted from a radiation leak at the Millstone Nuclear Power Plant in Waterford, Conn., a few miles east of Lyme in 1975, and the deer-tick theory was hoked up as a cover story.

During the mid-1960’s, as the authors describe, there was a boom in the construction of nuclear power plants, with little attention paid to safety. Among the new reactors built were Three Mile Island, Peach Bottom and Millstone. These had been among the most troublesome, with Millstone second to Three Mile Island in emissions of fission products. Millstone started operating in 1967, and Haddam Neck, 25 miles northwest, in 1971. After 1970, researchers began to notice increases in cancer mortality rates varying inversely with the distance from the reactors.

Between 1970 and 1975, cancer mortality increased by 58% in Waterford Township, home of Millstone, by 44% in New London, 5 miles east, and 12% statewide. After 1975, cancer mortality statistics for these areas disappeared.

Lyme Disease, named after the town of Old Lyme, 10 miles west of Millstone, was first reported in November 1975 when two children were diagnosed as having juvenile rheumatoid arthritis. The parents also reported that there were other cases of the same condition in the town of Lyme. In 1975, which was the year of a massive radiation leak from Millstone, the number of cases in Connecticut, now called Lyme Disease, was 59, and by 1985 it had increased to 863, mostly in Middlesex and New London Counties. For some

reason, the disease was referred to as tick-borne rather than nuclear-power borne. Lyme disease was said to be “carried” by a spirochete that had not been harmful to humans before 1975.

A flier from the Hunterdon County (N.J.) Health Department titled “Lyme Disease — An Emerging Public Health Concern,” describes Lyme Disease as an infection caused by a spirochete, a type of bacterium, “carried” by ticks and “transmitted” to animals and humans by tick bites. The flier refers to Lyme Disease as “a great imitator” because of its “ability to mimic a wide variety of other illnesses.” From 3 to 32 days after the tick bite, flu-like symptoms develop such as fever, headache, fatigue, muscle aches, stiff neck or vomiting, and in about 50% of cases, a rash, either at the site of the tick bite or elsewhere on the body. To add to this, the flyer states serious complications can arise if the illness is left untreated. Early symptoms disappear but are followed by more serious problems later. These complications can include chronic arthritis, heart problems and nervous system disorders. The Lyme spirochete is said to be implicated in birth defects, miscarriages and delayed development in children. The recommended treatment is oral antibiotics for early infections and intravenous antibiotics for long-term infections. Chronic cases may require extended antibiotic treatment.

Another and more elaborate brochure, from the American Lyme Disease Foundation, Inc., suggests the best way to control ticks is to use insecticides such as Durban, Sevin and Tempo. Apparently the only safe environment is Astro-turf lawns with plastic shrubbery, under a dome saturated with insecticide and nuclear radiation, that is not a habitat for any known life form.

The reason that Lyme Disease is called a “great imitator” that mimics a wide variety of other illnesses” is that Lyme Disease is an imaginary illness, and the symptoms it “mimics” are those of toxicity, poisoning and radiation sickness.

The original Lyme Disease was radiation sickness from the 1975 leak at the Millstone nuclear power plant. Similar symptoms, described as flu-like, which are recognizable as supplemen-

tary processes of waste elimination, are the body's defenses against poisoning. In particular, flu-like symptoms are attributable to insecticide contamination. In that way, the recommendation of pesticide use to defend against ticks is self-fulfilling. The time of year that most Lyme cases are reported coincides with the spring and summer orgy of poison spraying that is done as a Reverse Rite of Spring to deaden the re-emergence of Nature's life force which is so threatening to character-armored people.

The authors of *Deadly Deceit* suggest that radiation caused the spirochete, claimed to be tick-borne, to mutate and therefore cause Lyme Disease.

What about the mysterious spirochete? Since bacteria are pleomorphic, that is, they change form as their culture medium changes, nuclear contamination produced as a new kind of biologic waste material that the bacteria adapted themselves to culture and decompose. It is the toxic environment and not the spirochete that causes sickness.

In conclusion, the most rapidly-growing diseases at the present time, besides Lyme Disease, according to the popular media, are AIDS, Epstein-Barr Virus, *Candida albicans*, Herpes and Septicemia. These are all immune-deficiency conditions, whose rise coincides with the general deterioration of the living environment. Chief offenders are high and low level radiation; poisoning from pesticides, drugs and industrial wastes; malnutrition from chemicalized and preserved junk foods and soil depletion; and a general buildup of entropy for excessive energy consumption by the hell-fires of industry. This doesn't leave much hope, but at least you don't have to get sucked into the Lyme Disease panic and voluntarily poison yourself and your living environment any further.



Each patient carries his own doctor inside him. They come to us not knowing that truth. We are at our best when we give the doctor who resides within each patient a chance to work.

— Albert Schweitzer, M.D

VIRTUES OF RAW CABBAGE

by Dr. Albert E. Holland, Jr.

Whatever shortcomings lettuce might have, raw cabbage makes up for them in abundance. Unlike perishable lettuce, cabbage stores well without refrigeration, a factor in its generally lower cost per pound. Cato, the famous Roman historian and writer of a treatise on agriculture, was the first to recognize the value of cabbage as a protective food. He wrote a discourse on the wisdom of eating cabbage during periods when the diet consisted solely of stored foods. Romans believed that cabbage leaves, dipped in vinegar, kept them from becoming intoxicated, and it was regularly served in this manner at banquets where wine flowed freely. A study made at Stanford University (1950) indicated that cabbage juice was an effective remedy in the treatment of gastric ulcers. It was reported in *Food Research* (1952) that cabbage contains an antibiotic capable of killing bacteria, an effect that may be important in the prevention of intestinal putrefaction, although no proof is presently available for practical application of this effect.

Is Cabbage a Gas-Forming Food?

Cooked cabbage frequently causes gas in susceptible persons; the opposite applies when fresh raw cabbage is eaten. Even in the Stanford tests it was tolerated well by ulcer patients. One way to ensure freshness is to keep the unused cut portion of the cabbage head in a closed container between periods of use. Prepare only what can be consumed at a single meal if a tendency to gas is present. If these precautions are taken, very few will find fresh raw cabbage to cause gas.

Why Cabbage is Outstanding

Through the years I have met a number of persons with a propensity for cabbage and who ate unusually large amounts. Almost invariably, I have been impressed with the exceptional state of their health. I now make it a practice to question persons of outstanding health as to the amount

of cabbage they eat. It is not surprising that many such persons express a strong craving for this remarkable food.

Why is cabbage so nutritious? We can gain an insight by making comparisons with nutrients in other foods which are recognized to be outstanding sources of the named nutrients. In reading the following chart, bear in mind that in cabbage we have favorable comparisons to other foods, but the important factor is that they are all found under the same roof.

<u>1/2 Cup of Cabbage Contains:</u>	<u>Quantities in the Following Foods per 1/2 Cup:</u>
Calcium, 46 mg.	Milk, 59 mg.
Phosphorus, 31 mg.	Milk, 45 mg.
Iron, 1/2 mg.	Spinach, 1-1/2 mg.
Cobalt, 7 to 24 mcg.	Beet tops, 40 mcg.
Sodium, 5 mg.	Egg, 81 mg.
Vitamin A, 80 units	Baked potato, 20 units
Vitamin B1, 0.7 mg.	Whole wheat, .56 mg.
Riboflavin, .06 mg.	Whole wheat, .12 mg.
Niacin, .3 mg.	Whole wheat, 5.6 mg.
Inositol, 95 mg.	Beef liver, .51 mg.
Choline, 250 mg.	Soybeans, 300 mg.
Vitamin B6, .29 mg.	Beef liver, .8 mg.
Vitamin C, 52 mg.	Orange, med. size, 49 mg.
Vitamin K, 3.2 mg.	Spinach, 4.6 mg.

It is evident that in cabbage we have a particularly nutritious food. Note that the sodium content is low, a desirable feature; also that cabbage contains no oxalic acid to interfere with absorption of calcium and iron, a factor which is against spinach, green beet leaves and chard.

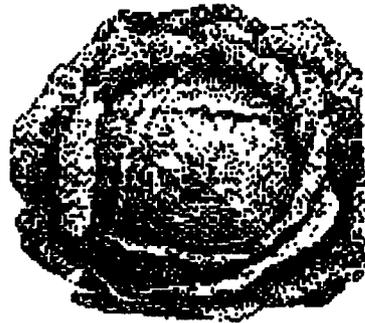
Preparing Cabbage for Table Use

Although any tasty dressing can be used in preparing slaw, one endowed with health benefits is naturally preferred. An excellent one can be prepared by using equal parts of honey, vinegar and black-strap molasses, then thinning with water to the consistency desired. This imparts a sweet-sour taste which many find appealing. This same dressing has merit as a food supplement in itself, having

a beneficial effect upon the intestinal environment and elimination.

White cabbage has superior nutritional values to red cabbage. Steamed or parboiled cabbage (cooked to a bare minimum to obtain softening of fibers) is second best to raw cabbage. It is much to be preferred to cabbage cooked for long periods of time. The quick cooking method can even be used in preparing boiled dinners.

Practically any kind of salad can be prepared with cabbage instead of lettuce, depending upon the fineness of the cut. Cabbage juice is practically never from a commercial source. It must be drunk immediately after it oxidizes. One of the best foods is by this criterion of rapid spoilage. It is a tribute to Nature's prowess that she provides whole cabbage with a protective wrapper in such a manner that it is one of the most stable foods in storage.



(Reprinted from *Importance of Creative Nutrition*)

Cabbage-Apple Salad

Mix together the following ingredients:
 shredded green cabbage
 raisins
 shredded apple
 shredded beets
 carrots slivered with vegetable parer
 May be served with Nut Cream Dressing:

Nut Cream Dressing

In blender, combine:
 1/4 cup almonds
 1/4 cup cashews
 3/4 cup water
 Blend well. If desired, add 1 tbsp. pineapple or orange juice, or one pitted date, and blend.
 Serve over fruit salads or cabbage salad.

Throw the PSA Test Out the Window!

By Dr. Rowen

Since, in the last few years, there has been quite some controversy around the PSA test and its validity, I was very excited when I read this new article from one of my heroes, Dr. Rowen.

— Isolde Boutwell, President of the Florida Chapter of International Association of Cancer Victors and Friends? (ACVF).

There is a great way to determine the health of your prostate — and fight prostate cancer at the same time. But it's not the PSA test. [Ed. Note: And I am sure it will take at least a few years before it will dawn upon the established M.D.'s.]

I've told you for years that the PSA test is one of the worst diagnostic tools you can use for prostate cancer. It's downright worthless at best, misleading and dangerous at worst. And now, two major medical articles have proven me correct.

The first article appeared in the *New England Journal of Medicine* (NEJM). And the PSA death-blow arrived in the October 2004 issue of *Urology*. This time, at last, bigwigs are taking heed of the findings. If you have had or are considering a PSA test, please read this carefully.

The NEJM article discussed a prevention trial of 18,882 men. Of these men, 9,459 were randomly assigned to receive a placebo and undergo a yearly PSA test. During the study, 2,950 of those men (aged 62-91) never had a PSA level above four mg/ml or a positive rectal exam. In other words, they never had any clinical or lab diagnosis of cancer.

The same men underwent a biopsy after seven years in the program. The results were shocking. Fifteen percent of the men had positive biopsies and 15 percent of these had high-grade cancer!

And that's just the beginning. Prostate biopsies are taken by random needle jabs into the gland. No matter how many sticks are made, there's no way to know if cancer lurks outside of the tract

of the needle. So the real incidence might be far higher.

And that brings us to the second article, which was written by Dr. Thomas Stanley, the man who originally told us PSA could be used to detect prostate cancer. The article, published in *Urology*, completely debunks continued use of the PSA for cancer screening. That's right, the man who first promoted the test has changed his mind!

He even went so far as to issue a press release saying, "The PSA era is over in the United States."

Wow, those are powerful words!

But there's more. He said, "Our study raises a very serious question of whether a man should even use the PSA test for prostate cancer screening anymore? Our job now is to stop removing every man's prostate who has prostate cancer. We originally thought we were doing the right thing, but we're now figuring out how we went wrong. Some men need prostate treatment, but certainly not all of them."

Check out those words, "how we went wrong." I want to stress them. Dr. Stanley deserves commendation for acknowledging his error. This is rarely seen in medicine.

So what should you do about PSA? First, if using PSA at all, I recommend the "free PSA" test. This test measures the percentage of PSA that is not complexed (free floating) versus PSA, which is complexed with other blood proteins. Prostate cancer tends to have more complexed PSA. The higher your free PSA test done, the lower the chances of cancer. I think this is a valuable test.

If you still decide to have a PSA test, you need to use your own good common sense. A single PSA level means little, no matter how high it is (unless it's over 15 or so). Follow it over time. If it is rising quickly and the free PSA percentage is falling, chances are higher that cancer exists. Even then, I wouldn't rush off to a biopsy. My treatment plan wouldn't change regardless of the pathology report.

If you want to prevent prostate cancer, I strongly urge you to have your Vitamin D levels checked regularly. Doing so and correcting any deficiencies, will reduce your risk of cancer by 80

percent!

Vitamin D is crucial in preventing prostate cancer. International Vitamin D experts are now calling for a revision of the RDA, as there's no evidence of toxicity in daily intakes up to at least 10,000 IU.

I routinely measure Vitamin D as 25-hydroxy Vitamin D. While most folks are within the reference range, they are far from my ideal levels of 45-50 mg/ml or 115-128 nmol/l. I currently have almost all of my male patients on a D3 supplement or cod liver oil (4,000 IU daily). I also suggest common sense exposure to sunlight. That doesn't include burning your skin.

This isn't all I do to treat the prostate, but it's a far better way to test for prostate cancer risk than the PSA test.

One final note: Several of you have asked about the AMAS test after seeing endorsements for it from other doctors. AMAS, which stands for Anti-Malignin-Antibody in Serum, is an FDA-approved test that allegedly detects non-specific cancer antigen (protein). This means that even if it does work, and is positive, that you already have cancer. But the test cannot tell you where or in what organ.

I admit, it sounds great to have a cancer screen, even if it's non-specific. However, those of us with hands-on experience with AMAS don't have a positive view of the test. The Orthomolecular Society meetings in San Francisco attract some of the brightest physicians in alternative medicine. We had an engaging discussion of our AMAS experiences and none of us were pleased.

In particular, we repeatedly found negative tests when cancer was present, and in all stages (early, intermediate, and advanced). If the test is positive, it means you may have cancer somewhere in your body. But if negative, it would tell me nothing. What good is either reading? I abandoned the test many years ago, and many of my colleagues have told me they have done likewise.

The practice of medicine has advanced so much in recent years that it is now impossible for a doctor not to find something wrong with you.

—author unknown

Book Review

by Corinne Loreto

Slanting Board — A New Slant on Health and Beauty by Bernard Jensen, Pd.D., D.C. (Bernard Jensen Products — Publishing Divison, Solana Beach, CA, 1984), 54 pp.

Dr. Jensen's book on the merits of using a slant board to improve one's health is a quick and easy read. Dr. Jensen tells his readers that in 1933 he was very ill. He found that using the slant board helped restore him to health.

He states that daily use of a slanting board will help any condition that is wrong in the body. It allows all organs to be moved back into their proper positions, particularly the prolapsed organs, and it starts the flow of blood into the head and brain area.

Without proper blood in the head you cannot have proper eyesight, your ears cannot have proper hearing, you cannot taste properly, or think properly. The average person who has an anemic condition of the brain because of the lack of blood flowing to the brain because of gravity, always has a poor memory and an inability to make decisions. To improve one's health he needs a slanting board to get blood circulating to the brain and to the other organs.

He tells of one of his patients who came to him with eye trouble. In a period of four months time, her eyesight improved considerably.

It was interesting reading about a gray-haired lady whose hair turned black because of the flow of blood to her scalp through persistent use of the slanting board.

Dr. Jensen warns that the slanting board should NOT be used in cases of uterine hemorrhage, high blood pressure, cancerous tissue, or heart disease.

I can't wait to start using a slanting board. I am eager to note any improvement in my 75 year old brain.

Slanting Board by Bernard Jensen is available on the FACT Book List, page 15.

Letters

Dear Ruth:

Pursuant to my conversation with you, I am requesting a copy of the "Info Packet." I have enclosed a check for \$5.00 for printing of these materials.

I look forward to further discussion upon receipt and review of these documents. I am confident that Dr. Albert Fleury will assist me with regard to any testing, etc.

Sincerely, Patti Hautala

Dear Ruth:

Thank you for talking to my patient, Patti Haulala. She really appreciated it and I do, too, just as I did 25 years ago when my first wife died of breast cancer. We had just moved to Hawaii and I felt isolated and uncertain. Your calls were like water in an oasis.

I am a good friend of Dr. Incao and before deciding on mainstream medicine I was very interested in anthroposophy.

I believe in your principles and I hope in the future to get more people involved. There has been a certain lack of interest in many patients here, however.

Regards, Albert Fleury, M.D.

Dear Ruth,

Enclosed please find our donation of \$1,500.00 on behalf of all of us at Tweezerman.

This money was raised from our 2006 Breast Cancer Awareness Campaign. As in years past, FACT remains one of the beneficiaries of our yearly campaign.

We are very happy to continue to support FACT in its quest to inform and educate the community.

Best wishes for a safe and healthy holiday!

Warm regards, Lisa Bowen, President

Greetings to you.

We spoke in July 2005 about my CLL (chronic lymphocytic leukemia) and also my taking Lipitor. You recommended a few doc-

tors, including Joel Fuhrman.

Since switching doctors and now seeing Dr. Fuhrman my white blood cell count has come down a little and I am off the Lipitor.

I expect to be able to report solid numbers showing progress next February.

I have read 3 books by Dr. Fuhrman and heard him lecture twice. I am very pleased and currently feel great on the diet he recommended. He is now in Flemington (NJ).

Enclosed please find a gift. Please be encouraged to keep up the good work.

Sincerely yours, R. W.

Thank you for your \$25,000.00 gift to the University of California (Berkeley) made by check on 9/8/06. As you requested, it has been distributed to the funds of departments listed below:

"Professor Peter Duesberg's
Virus Laboratory Research"

UC Berkeley is committed to teaching. Cal undergraduates have access to top faculty in every discipline. Your gift contributes to Cal's overall excellence.

Thank you for your support.

Robert J. Birgeneau, Chancellor

Gentlemen:

To help in a small way I have enclosed my contribution. I'm having a difficult time in finding information on basal cell carcinoma. The cancer is located on the nose. Do you have any information on this type of cancer? Please send me the information if you do.

Sincerely, B. F.

Dear Ruth,

I have been reading the *Cancer Forum* for over 20 years.

I found the last issue to be the best one ever. It was easy to read, easy to understand and very informative. It is a keeper.

Keep up the good work. We need you.

Sincerely, F. L.

Edit. Note: We like to get feedback. Thanks.

Book Review by Corinne Loreto

The Corporate Takeover of Healthcare in America — Practicing Medicine Without a License! — by Don Sloan, M.D. with Robin Feman (Caveat Press. Ashland, OR, 2006), 305 pp.

If you need an incentive to become a “health nut” then this is the book to read. Dr. Sloan makes a very strong case on the way the corporations dictate to doctors on the length of a hospital stay for patients. He is critical of the amount of HMO income that is used to pay the fat salaries of its executives. He says that by controlling medical services and policies nationwide, insurance conglomerates and pharmaceutical companies are Practicing Medicine Without A License. His solution is for a federally mandated health plan for every one.

If you want to get some really great health insurance for yourself and your entire family for \$35 a month, get yourself elected to public office. You will have a salary of \$158,000 a year and you will have unlimited doctor office visits of your choosing; your insurance covers all accidents, routine exams, physical therapy, labs and ex-rays, unlimited hospital stays; full prescription coverage, and unlimited specialty consultation. This is for the 535 members of Congress and add to that the 400 members in the executive and judicial branches of government.

Dr. Sloan says in 1990 the annual cost of medical care was about \$2,738 for every U.S. citizen. By the year 2004, the cost reached close to \$6,200 for the same coverage per capita. In Great Britain and Canada, with their national health services, the cost per citizen is about \$2,000. Health care costs in America are rising faster than incomes.

Some doctors will not treat patients who are Medicare recipients. They may be better off not having any treatment. Dr. Sloan says every year 250,000 iatrogenic (“induced by a physician”) deaths are the leading cause of deaths in the U.S., after cardiac diseases and cancers.

- Unnecessary surgery - 12,000 deaths
- Medication errors in hospitals -7000 deaths

- Other errors in hospitals - 20,000 deaths
- Infections in hospitals - 80,000 deaths
- Non-error, negative effects of drugs - 106,000 deaths

It was shocking to learn that if a patient brings a medical malpractice lawsuit against a negligent doctor, there are doctors who will testify in favor of the negligent doctor for a fee.

I enjoyed the joke about two doctors and an HMO executives who were at the Pearly Gates of heaven. The two doctors after being interviewed on the good they did during their stay on earth were sent to heaven. The HMO executive was told he could stay in heaven for three days then he had to go to hell.

A woman traveling to Italy lost her luggage. Her suitcase contained her thyroid medicine. She went to a drug store in Italy and was in absolute shock to learn that the same thyroid medicine for which she paid a fortune in the United States cost only \$1 in Italy.

Big Pharma has a huge lobby in Washington and is able to charge exorbitant prices for its drugs. Big Pharma says these high prices are required to pay for research and development of drugs, but they don't tell us that at least 75 percent, depending on the type of drug involved, and up to 90 percent of the R&D costs are borne not by the drug houses but by the taxpayers in the form of the National Institutes of Health.

It costs a few pennies to make a Viagra pill, but it sells for \$10 a pill. A new drug Herceptin has been developed to treat breast cancer. The clinical trials have been so remarkably positive. The sad news is that a year's supply will cost \$48,000!

Dr. Sloan calls our healthcare inadequate and says only when the U.S. government establishes a universal healthcare plan managed for service, not for private profit, will we be able to provide sufficient care for everyone.

Reading this book will make you aware of the inadequacies of our present healthcare system and what has to be done to correct it. It's educational, a lot of work has gone into writing it, but it is not pleasant to become aware of the influence big lobbies have on our elected officials.

Health Forum CDs

Recovered Cancer Patient

- (1) Lou Dina-lymphoma
- (2) Howard Maclaughlan
- (3) Paulette Cobain-Ovarian
- (4) Rita Znamarovski-kidney
- (5) Doris Sokosh-breast
- (7) Aaron Wexler
- (8) Dr. Laura Saul

Therapies

- (9) Chalotte Gerson: Metabolic Program
- (10) Philip Incao, M.D.:Anthroposophy
- (11) Pat Judson, Recovered patent on the Kelley Metabolic System
- (13) Cell Therapy

Ruth Sackman

- (14) Hypothyroidism
- (15) Internal Cleansing
- (16) Enhancing Host Resistance
- (17) Wisdom & Power of Healing

- (6) Dr. Michal Ginach-Stress
- (18) Dr. Benson Sheinkin, Displacement of the Temporomandibular Joint (TMJ)
- (19) Betty Fowler, Does Fluoride Protect Teeth?
- (20) Recovering from Lyme's Disease
- (21) Dr. Peter Duesberg (Chromosome link in Cancer Research)
- (22) Edwin Flatto, M.D, Exercise for-Regaining and Maintaining Health
- (23) Ronnie Cummins-Organic Cosumers Association
- (24) Barbara Levine, Author of "Your Body Believes Every Word You Say"
- (25) Martin Goldman. M.D. Oriental Med
- (26) Philip Incao, M.D. Inflammation

Convention Tape CDs

Ruth Sackman

- (27) Symptoms of Restoration of Health
- (28) Deciphering Cancer
- (29) Concept of Bio Healing
- (30) What Are Your Choices?
- (31) Balancing Body Chemistry

Dr. Leo Roy

- (32) Enzymes-Life's Miracle Workers
- (33) Immunity and Host Resistance

Betty Fowler

- (34) A Personal Case History
- (35) Maintaining Health Excel

Recovered Cancer Patients

- (36) Kay Windes-Breast
- (37) Walter Carter-Pancreas
- (38) Louise Greenfield-Breast
- (39) Bernard Nevens-Colon

Other

- (40) Dr. Edwin Flatto M.D.
- (41) Charlotte Gerson
- (42) Bernard Jenson

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- John Yiamouyiannis, Ph.D.**
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