

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.

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foundation for
Alternative
Cancer Therapies Ltd.

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AN ODE TO THE APRICOT

I'm a lonely little apricot,
 Growing high up in the tree;
 The furor that my seed is causing
 Is strange indeed to me.
 The FDA says, "Your seed is bad,"
 To boy and girl and mom and dad.
 How in the world could this be so,
 When God has decreed that I should grow?
 My seed was found to help the ill;
 Well, guess I'm just a better pill
 Than poisons now that man has made.
 FDA face up! Cease to raid
 The folks who try to help their friends
 By giving them a helping hand
 To let them have my seeds to eat
 As snacks and food when friends do meet.
 FDA: I've been here long before you came,
 So let me grow and keep my fame.
 PLEASE go to health and let us be
 A benefit to our community.

-- Loraine Spilker

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ALTERNATIVE CANCER THERAPIES, LTD.

Alternative Cancer Therapies supports and encourages biological cancer research, nutritional science investigations; disseminates information to cancer victims, provides financial assistance, and fights to eliminate carcinogenic substances from the environment. It is a non-profit, tax-deductible organization.

'77 convention



ANNUAL CANCER/NUTRITION CONVENTION

The Foundation for Alternative Cancer Therapies held an exciting two-day convention at the Statler Hilton Hotel in New York City on May 7, 8, 1977 at which thousands attended to hear lectures and view exhibits pertaining to non-toxic, cancer treatments and nutrition.

The theme of the convention was the wholistic approach to retaining and restoring health and speaker after speaker presented talks embracing this concept.

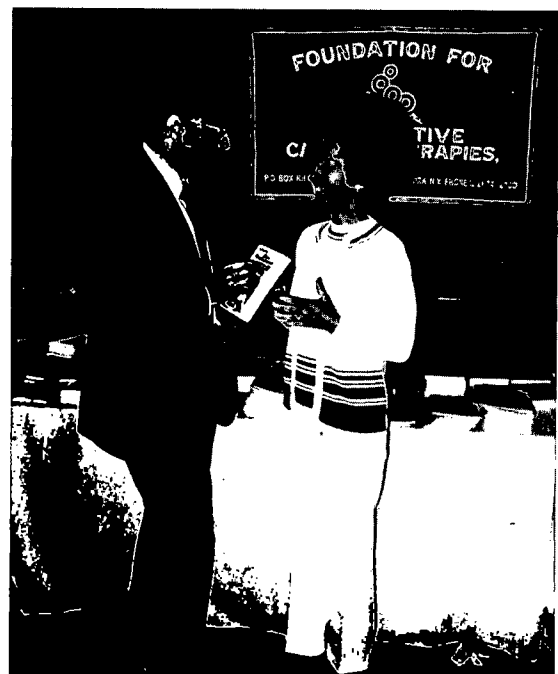
The first speaker, Charles Bell, Chairman of the Board of Trustees of FACT, noted that the climate today was more receptive toward non-toxic methods of treating cancer as the failure of radiation and chemotherapy became more obvious.

Dr. Karl Ransberger, specialist in enzyme therapy, spoke about biological and immune stimulants in cancer therapy. Although some types of immunotherapy were researched as long as 40 years ago, it is only now becoming an accepted area of serious investigation. Dr. Ransberger explained that the body usually develops cancer cells but these are killed off when the immune defenses are active. Immunotherapy is a technique aimed at stimulating the body's own defense in fighting the disease.

Because FACT supports the concept that cancer is a systemic disease, that the integrity of the body should be preserved, we were pleased to present Dr. Jose Rodriguez, a chiropractor specializing in Kinesiology. Kinesiology is a non-invasive diagnostic technique that can be used to evaluate the physical, structural and chemical state of the patient. It is a good tool to monitor a patient's progress.

Three former cancer victims, Michael Whitehill, Eydie Mae Hunsberger and Hy Radin, told of their experiences in overcoming the disease. Each of them stressed the importance of nutrition and psychological attitude. Michael Whitehill stated, "If you think you will die, you will die." All of the patients emphasized the need for raw vegetables and fruits in their diets, and the elimination of sugar, white flour, coffee, tea (except herbal tea), over-processed foods, polluted foods and non-nutritive foods.

Eydie Mae decided to forego a radical mastectomy, chose instead to spend some time at the Hippocrates Health Institute where she was introduced to the raw food program developed by Dr. Ann Wigmore. The basic elements of which are wheatgrass and sprouts.



Eydie Mae Hunsberger and Michael Whitehill

Michael Whitehill, given an 8-month prognosis, was beguiled by his wife to visit Dr. Kelley for a nutritional evaluation and diet. With some ups and downs in the beginning, he now makes following the program a way of life.

Hy Radin, whose case history was the most dramatic, was led to his understanding of nutrition by a friend who simply asked, "What have you got to lose?" After Mr. Radin was on the road to recovery, he was fortunate in finding a nutritionally-oriented doctor who monitored his progress and supported him through the difficult periods.

Dr. Bernard Jensen, world-famous Iridologist and nutritionist; John Tobe, author and publisher of a health periodical and Dr. Karl O. Aly, administrator of a 90-bed clinic in Sweden where nutrition is used for healing, spoke about the wholistic approach to regaining one's health and, more importantly, to maintaining one's health.

Continuing the theme of the total approach to recovery and respect for all the healing arts, Ruth Sackman, Executive Director of FACT, spoke about recognizing that cancer is a systemic disease and the need to correct whatever breakdown is causing the body to function improperly. For some, a change to a more balanced diet may correct a dysfunction, others will need a more intensive program to include many healing modalities before recovery is possible. She emphasized that stress plays havoc with the body's normal processes.

Adding to the understanding of the many safe and useful directions where help is available, Dr. Donald Cole, oncologist and Associate Professor of Surgery at New York University School of Medicine, spoke of his work with immunotherapy and the limits of conventional treatment.

Dr. Federico Ramos Ortiz, a specialist in cellular therapy from Mexico City, detailed his method for achieving results in some types of cancer and how useful cellular therapy can be in the restoration process.

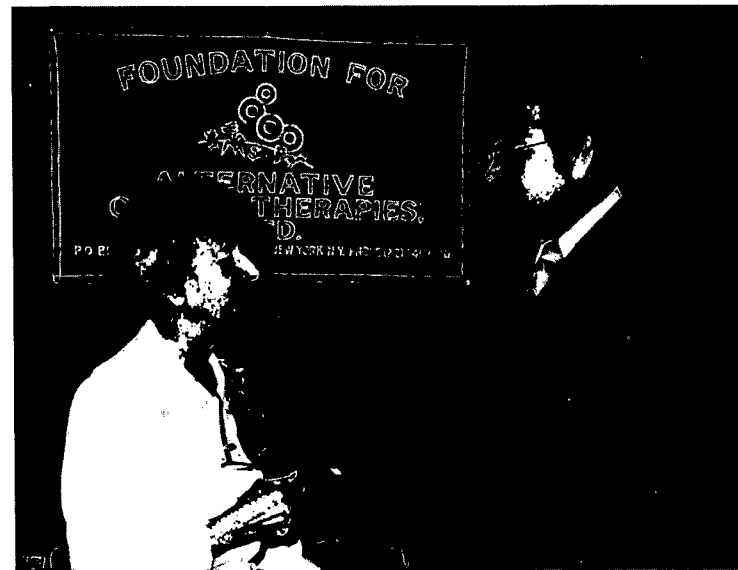
Dr. Henry Norrid, an osteopathic physician, provided another dimension to understanding the body, the musculo-skeletal structure, the circulatory system, the body's natural ability to repair



Dr. Donald Cole

and the role of the osteopathic physician in helping to effect the restoration.

Dr. Wilhelm Reich's Cancer Biopathy, a very controversial concept, was presented by his daughter, Dr. Eva Reich. In view of some of the more recent developments in understanding energy, such as, Kirlian photography which can photograph the aura, and Antoine Priore's work with electromagnetism, Dr. Reich's work should be reexamined with a more open mind. Since the



Ruth Sackman and Dr. Henry Norrid

cancer death rate rose 5.2%, no idea should be rejected without a thorough examination.

Chelation therapy, which is also controversial, was presented by Dr. Ray Evers who has specialized in it for many years. Since many doctors have agreed with Dr. Evers' work and use chelation in their practice, it deserves to be treated with less hostility by organizations such as the A.M.A. When a man is licensed to practice medicine, he is judged competent. To then, attempt to make him a puppet of a social unit with a public record of being too cozy with a vested interest, threatens the well-being of the patient. There must be a restoration of greater freedom for both the doctor and the patient to choose the therapy they consider the most suitable.

Last, but by no means least, Henry Rothblatt, Esq., spoke vehemently about government agencies interfering with the right of people to have a choice in their medical care. He had high praise for federal judge, Luther Bohanon. A new ruling by Judge Bohanon allows Laetrile treatment to be administered legally to terminal cancer patients anywhere in the United States. Following is the ORDER AND DECREE:

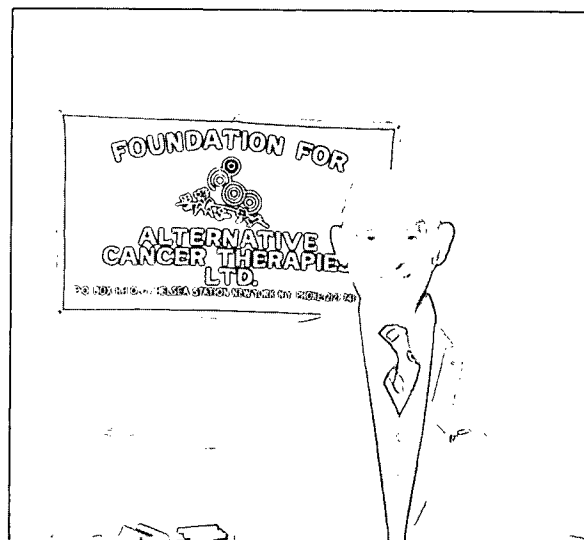
It is hereby ordered that plaintiff class in the above captioned case is certified as encompassing all "terminally ill cancer patients." The phrase "terminally ill cancer patient" refers to anyone who, in the affidavit form as hereafter described, is declared by a practicing physician (M.D.) to be terminally ill.

Such affidavit shall include the following:

1. that there is histologic evidence of a rapidly progressive malignancy in the patient possessive of a high and predictable mortality rate; and
2. (a) that further orthodox treatment would not reasonably be expected to benefit the patient; or

- (b) that laetrile will be administered only in conjunction with established and recognized forms of cancer treatment; or
- (c) that the patient has made a knowing and intelligent election to take laetrile after being fully apprised of the full range of recognized treatments available and of the fact that laetrile is considered by most cancer experts to be of no value in combatting the disease.

IT IS ALSO HEREBY ORDERED that the defendants in this action, the United States of America, its agents, agencies and instrumentalities, including, in their official capacities, Joseph A. Califano, Secretary of Health, Education and Welfare, Donald Kennedy, Commissioner of the Food and Drug Administration, and Vernon D. Acree, Commissioner of U. S. Customs Service, and their successors and agents, are enjoined from impeding or preventing the importation and interstate transportation of laetrile by any members of the plaintiff class or their duly designated agents.



John H. Tobe, publisher of the Provoker

STRESS, DISTRESS AND BIOFEEDBACK

By Dr. Keith Sedlacek

The following article is a transcript of Dr. Sedlacek's talk at the 1976 annual convention of the Foundation for Alternative Cancer Therapies. The introduction is made by Clinton R. Miller of the National Health Federation who served as Master of Ceremonies.

Clinton Miller - Our next speaker is a distinguished doctor. There are probably less than ten men in America that have his degree or his training. He is an investigator in biofeedback and Psychosomatic medicine at St. Luke's Hospital; he is in private practice and has made a few inroads into heretofore uncharted land. He has a book being published soon, "How to Kill Stress Before It Kills You."

Dr. Sedlacek: On this nice day, I'd like to talk a little about some unpleasant facts of life, that is, stress, disregulation and disease. Briefly, I want to go over a little about the history of what we consider the theory of stress-related diseases, which is commonly called Psychosomatic Medicine, that is, such diseases as migraine headaches, tension headaches, ulcers, colitis, hypertension, asthma, these kinds of diseases which very clearly relate to nervous stimuli, to physical disease and then organ damage and destruction.

Originally, the whole concept actually was coined by Dr. Hans Selye who is now in Canada and has been practicing for about 40 years. Before him, however, there was one other doctor I would like to mention, Dr. Walter B. Cannon, from Harvard University who first brought the idea and concept that through our own hyperactivity of our organs and hormones that we could cause disease. He originally called this the emergency response or the flight or fight response; that is, that's the reaction when we're frightened, scared or preserving or attempting to preserve our life. In a fight, our systems are designed for approximately 30 to 50,000 years now to provide us with the ability to flee as rapidly as possible. Our hormones, such as the stress hormones or steroids, are

put out rapidly from the adrenal glands and from our own neural activity. We are then in a position to best conserve our energy, to conserve our blood loss and to flee or fight as rapidly as possible.

We're going to talk a little more about that emergency response. This is the response that probably is the main cause for the incidence of epidemics, of such diseases as hypertension, heart attacks, strokes and more recently, it appears, we are in the midst of a diabetes epidemic.

After he had developed the emergency flight-or-fight response, not too much happened until Dr. Selye coined the whole phrase activity to stress. He was looking for a hormone which would indicate some of the reactivity of the body and what actually happened was that he found that when he injected hormones into the body, he got stress reaction. This reaction consisted of a stress ulcer. He thought he had discovered a new hormone. When he checked his results, he found that a whole variety of stimuli could cause this kind of stress ulcer - such things as X-rays, colds, stress or pressure, excess activity, noise, all of the things that we commonly refer to as stressors; almost anything that causes us to react with emergency flight-or-fight response.

Since almost any stimuli could cause this, he felt that what was really happening was that these diseases were actually stress-related diseases. Given enough stress, enough difficulty, a person who is not able to handle it physically or mentally would cause organ damage. A stress ulcer in the duodenum, which is an increase of hydrochloric acid production, is an actual physical reaction. There are other upsets and problems in the G-I system which are often misunderstood because we are not handling stress. When you get nervous you increase your hormone output. When this situation is carried on long enough without proper intervention or regulation, it produces a condition which is called disregulation. Our system, our bodies and our minds adjust to stress and turn out more hormones which starts a reactive pattern and can cause disease and finally death, either of the organ or of the person itself.

What we're really talking about in life and disease is distress not stress. Stress is all of the stimuli that go on around us. Distress is the actual disease or the disregulation that comes about when we're not handling stress properly. That's the real point of my lecture - to talk about dis-regulation and self-regulation. As I'll point out later, Biofeedback is probably the newest and probably one of the best self-regulatory systems to come along so that we can healthfully regulate our bodies.

This has been the situation for the last few years; there's been a lot of discussion about the cause of diseases; there's been a lot of discussion about the effect of diet, the effect of exercise and the effect of drugs and surgery. These are common modes used to handle stress-related diseases.

Let me give you an example with one of our more prevalent diseases -- migraine headache. Twenty percent of the people have symptoms may be fifteen or twenty minutes before the attack. In many cases, the night before or the day before, they feel restless, they feel an increase in appetite or they may feel a little depressed. Immediately before the attack, some people may see spots before their eyes, their hands may be cold, they may have nausea and vomiting. Then comes the headache. First there is a vasal constriction of the arteries in the head and then there is a vasal dilation. The arteries open up and cause a throbbing, painful headache. This is what most people call the migraine headache.

Now looking at it as a stress-related disease, you can see what happens. First a person is under stress. They may be nervous, excited about something, it doesn't really make a difference whether you're excited or unhappy. What matters is whether you can handle it or self-regulate it. If a person is nervous or excited, his arteries are going to spasm. The body tries to correct this by regulating, that is, opening the arteries which causes a painful, throbbing headache. I'll talk later how we'll treat it with biofeedback.

Traditionally the methods for treating this is to medicate in the initial period. When the ar-

tery is constricting, one medicates to open up the artery. In many cases though, if you are not early enough with the medication, you have to go through the headache. The common thing is to take a tranquilizer, an anti-depressant, or one of the vaso-dilator or constrictor drugs. If you're too late, you still have the headache.

What we'd like to do is to try to get people to reduce some of the stressors. A person develops a pattern of disregulation. They develop arteries which more easily spasm. They become fearful of an attack so that becomes the stimuli.

There are other examples, such as heart attacks and strokes.

Until recently, doctors gave more and more medication. People believe that one should be treated with a pill, medication of injection. Instead of changing the conditions or regulating stressors, we look for the pill, tranquilizer or if necessary surgery.

Now that's a little background on stress and how stress moves into distress, into disregulation and then into disease. I've tried to outline that with one stress-related disease, migraine headache.

Let me go on now and talk a little about what happened with biofeedback and how we all got involved with biofeedback and self-regulation.

B. F. Skinner felt that we could not regulate our bodies. B. F. Skinner felt that we had no control over our autonomic system. That's the nervous system that enervates everything from our head through our gut. The only evidence against that was some of the yogis that said they could regulate their breathing rate, oxygen consumption through meditative techniques.

B. F. Skinner's theories held until scientists and medical people of this country and the world felt that you couldn't change the internal regulation of our bodies or the internal workings until Neil Mueller at Rockefeller University did some very interesting work showing that rats could change their heart rate or blood pressure.

Originally we thought these patterns worked together, that is, when the heart rate went up, you probably got an increase in blood pressure.

Well, Dr. Mueller showed this wasn't so. If you could specifically train animals, you can train people with proper training procedures and proper equipment and proper therapy to increase or decrease their heart rate or blood pressure. And you can separate those out. You can increase the heart rate and decrease the blood pressure. You can decrease the heart rate and increase the blood pressure.

This was clearly demonstrated by Dr. Schwartz at Harvard University with male and female college students.

The point was that people can change the autonomic functions. Given proper training procedures we can self-regulate to a greater degree than thought. Psychotherapists and analysts did it at random and verbally but Mueller really developed the biofeedback system. He didn't call it that but called it self regulation.

Since that time in the late sixties, probably some of you have heard about biofeedback, because after Dr. Mueller did his initial work, other people became very interested in brainwaves and the idea that you could feedback brainwaves and have people change their consciousness or to relax them or to have more visual images to regulate their bodies by learning to regulate their brainwaves.

Now, about actual treatments with biofeedback. The concept is to give information back to us by our own bodies by seeing a dial or hearing a sound. The idea is to give information about our body that we are actually not aware of. With practice and skill, we are able to control or regulate our autonomic function - the internal machinery of our body.

After it was shown that you could influence and self-regulate brainwaves, the next major step and first clinical treatment came about by Dr. Elmer Green at Menniger's Foundation. He devised a simple little biofeedback machine for temperature. By putting a thermostat on the patient's hand and feeding back the information, they could send more blood or open up the arteries in the shoulder and arm and warm the hand on command.

A research project was started with about 30 housewives and an interesting phenomenon occurred. One woman, who suffered from migraine headaches, reported that she felt she was going to have a headache, did her hand-warming techniques and the headache stopped. It was tried with about four or five other people and, again, they were able to self-regulate their migraine headache attacks.

The project was expanded to 42 patients. 25 of these were able to stop their headaches entirely by learning and practicing the relaxation techniques twice a day for about 15 minutes. More interestingly, is that the few women who did stop their home practice sessions, the headaches returned. This makes sense. What was done with the vaso-dilation hand-warming was to stabilize the arteries so they were less liable to go into spasm.

Subsequent work showed that 80% of the patients learning relaxation and biofeedback techniques could self-regulate their tension.

This concept is the basis of biofeedback. After considerable practice sessions and enough information about their symptoms or disease, they learn to self-regulate the symptoms and get them back under their own control. In time the regulatory pattern and learning pattern are incorporated into their own brain and nervous system so that the machine is no longer needed.

The work which first started with headaches has expanded to many other diseases, such as hyper-activity, Reynaud's disease, high blood pressure, epilepsy and others. But most important is improvement of the autonomic nervous system.

We can now regulate and decrease sympathetic tone. This seems to be the cause of a lot of symptoms. So by teaching a person to specifically decrease sympathetic tone, they are able to decrease symptoms of distress signs they have.

Now, I think I've covered most of the work about biofeedback and self-regulation. We're interested in the person gaining or regaining control of his own body, his own emotions and then to follow through and continue that improvement. So I say to all of you, if you are not involved

with some kind of relaxation technique or meditation or biofeedback that you seriously consider it and I think it will be, hopefully, a general health policy for people instead of aspirins and tranquilizers.

About 5 years ago, Dr. Holmes and Dr. Raff out in California, wanted to make a judgement of how stress effected a person's health. They studied people's lives for a period of two years by having them keep a record of events in their lives and these were given a numerical scale. If the total was about 100 or 150, only about 30% developed a major change in their health. Approximately 50% of the people developed some disease or disorder if the range was about 200. If people had over 300 points, they found about 85% developed a serious health problem.

Now, Holmes and Raff are very clear about a point I made and I want to make it again. It is not the amount of stress but whether or not you are dealing with it. If you are not handling stress, it's probably going to handle you.

WASTE IN THE COLON

American physicians have contended for decades that it does not matter whether a person has one or two bowel movements a day or only two or three a week. That view has been challenged by British and South African medical scientists who suggest that regularity may be a matter of life and death. Too few bowel movements and too little bulk in the stools may explain the occurrence of such varied disorders as heart and gall-bladder disease, diverticulosis, varicose veins, hiatal hernia and cancer of the large intestine.

The scientists conducted elaborate experiments in which volunteers in England, India and Africa had their bowel movements clocked and their feces weighed. Among the results of the study: peoples living under primitive conditions, on diets high in indigestible fibers, passed from 2 1/2 to 4 1/2 times as much feces as sailors in the Royal Navy, and were relatively free of many of the diseases studied.

The ways in which low-weight, sluggish bowel movements might contribute to so many diverse diseases are complex and indirect. Diverticulosis - in which the large bowel is deeply pitted and fecal material is trapped in the crevices - appears to be directly related to a diet rich in such highly refined carbohydrates as white flour and sugar. Tumors, both benign and malignant, are related to biochemical and bacterial changes caused by long retention of feces.



IN MEMORIAM

Ceil Spector	Josephine Carlisi
Augusto Sliva	James Maroutsis
Murry Ginsburg	Mary Schlutow
Ben Spanglet	James Molenari
Lillian Leitner	Mr. Edward Fagan's
Diane Prieser	mother
Mary Zoubra	Howard Wolfe's
Bill Epstein's	mother
father	Gwen Koster
Fannie Metas	Carl Lumbra
Lillian Buccola	David Phelps
Joyce Major's	Stephanie Ciarlariello
mother	Sarah Falkowitz
Anne Gordon	Carl Calhoun
Paul Sparre	Michael Fabiano
Katharine Cooke	Mary Turcot
Lenore Rock	Hrant Keurajian
William Tyrka, Sr.	Catherine Mix
Joseph Borow	Aunt Mae
Earl Thomas	Ellen H. Jackson
Adam J Thoma	Marion Rosenberg



amniotic fluid

Dr. Adan Graetz is a member of the Cuernavaca community. He was born in Tel Aviv on May 4, 1928. At 25, he went to New York City where he became a student at the New School of Social Research. He met the eminent psychoanalyst, Eric Fromm, in New York and translated Fromm's book, "Escape From Freedom," into Hebrew.

Dr. Graetz followed Dr. Fromm to Cuernavaca, became interested in medicine and attended Mexico City College to obtain proper credits. He studied at Universidad Nacional Autonoma de Mexico and interned at Women's Hospital of the University of Zurich. There he learned that pregnant women with cancer usually have cancer-free babies. This prompted Dr. Graetz' investigation and research into the anti HCG (human chorionic gonadotrophin) principle in amniotic fluid.



ADDRESS OF DR. ADAN GRAETZ TO THE CANCER CONGRESS IN BADEN-BADEN, GERMANY ON MAY 11, 1976.

Ladies and Gentlemen:

I would like to apologize to you for errors in my German. I learned German as a child at home but never lived inside Germany for a time long enough to practice the language.

The point of departure to my subject, "Anti HCG as a Therapeutic Principle in Malignant Processes," is the known fact that, with very rare exceptions, a pregnant woman who has cancer delivers a cancer-free baby. I asked if nature has provided the newborn with a defense against cancer, and if so, what is the nature of this defense, and whether it can be recuperated for treatment in patients who are not newborns.

In 1965 I published a communication in the Lancet where I gave the theoretical considerations for the existence of an Anti HCG principle in human amniotic fluid at term and suggested that it may be useful in cancer therapy. The nature of the normal curve for HCG in human pregnancy which reaches its apex in the first trimester and the fact that trophoblast from the placenta after delivery continues to produce HCG in vitro caused me to ask: If the factory works for 9 months, why does the product disappear after 3 months?

My experimental demonstration of the Anti HCG principle in human amniotic fluid was pub-

lished in 1968 in my thesis in Mexico. The evidence consisted of 15 experiments which showed in vitro inhibition by amniotic fluid at term of the action of HCG in the immunological tests for pregnancy and in vivo inhibition of the action of HCG on the ovarian weight augmentation in immature rats by amniotic fluid at term. The Anti HCG fraction isolated from an alcohol-ether extract of amniotic fluid which eliminated estrogens proved to be a protein of over 200,000 molecular weight which agglutinated latex particles and HCG absorbed erythrocytes. It also destroyed completely the growth of cancerous cells in tissue culture.

It was now possible to understand the two opposing contradictory claims of acceleration and retardation in the literature about the effects of pregnancy on tumor growth: When HCG is in predominance there is acceleration of tumor growth. The normal predominance of Anti HCG during the second and third trimesters of intra-uterine life and its absorption from the fetal to the maternal circulation with the amniotic fluid, neutralizes HCG producing loosened trophoblast cells which have been demonstrated in the fetal and maternal circulation from 18 weeks of pregnancy to term as a normal process in pregnancy. This is why every normal pregnancy does not result in choriocarcinoma. It also explains the virtual absence of B cells in the pituitary during the last two trimesters of pregnancy and the atrophy of the corpus luteum of pregnancy.

The fact that the fetus is protected from cancer in the mother; the isolated, reported, unexplainable cures from cancer in women who became pregnant; the description of retardation of growth rate or the size of neoplasms in pregnancy by Enge; the use of pregnancy by the veterinarians in Malmo, Sweden in order to cure the champion setter dog "Akka" of leukemia; the good results reported by Gillet who administered extracts of bovine, amniotic fluid to his cancer patients in 1923; the instinctive ingestion of amniotic fluid by the mammalian mother at delivery; all these can be attributed to Anti HCG in the amniotic fluid.

In 1975 at the Tenth International Congress of Anatomists, Balboni, Gheri-Bryk and I discussed the experimental evidence in organ tissue culture of the effect of lyophilized amniotic fluid at term containing Anti HCG using Wolff and Haffen's method. We discussed the effect on human, metastatic lymph node of gastric cancer, on adenocarcinoma of the uterus and on breast adenocarcinoma, showing inhibition of growth of tumor cells without affecting normal cells. Not all the amniotic fluids collected at term contained Anti HCG in effective amounts.

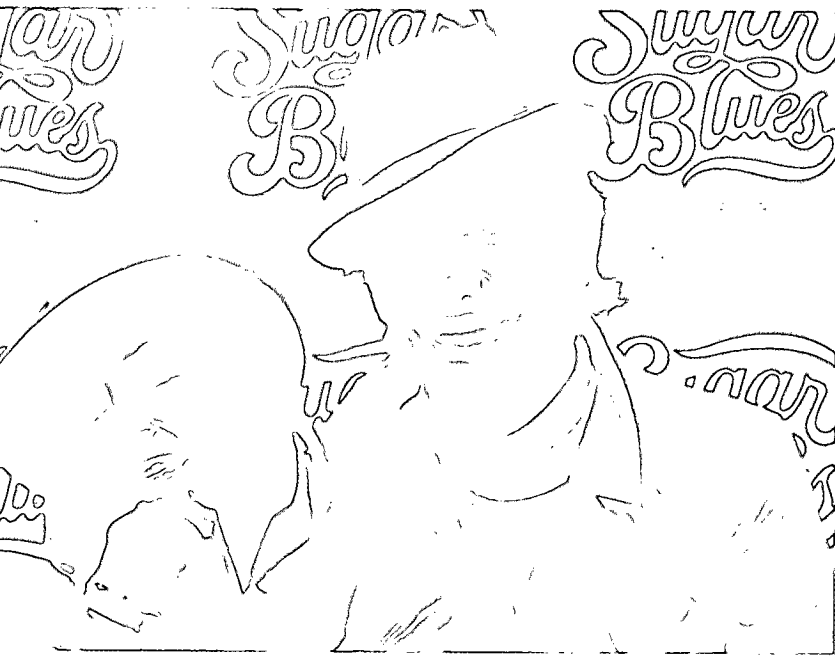
From Beard's trophoblastic theory of cancer in 1911, to a demonstration of HCG positive, immunological reaction in urine of male and female patients with malignant disease, to Dr. Hans Nieper's concept of HCG-shielding of cancer cells as an atavistic mechanism used by the normal zygote to avoid being detected as foreign protein by the immune defenses of the organism, my evidence for a physiological Anti HCG principle in amniotic fluid with carcinostatic potential opened the way for a physiological immunological alternative to surgery, radiation and chemotherapy in cancer treatment with Amnion-Anti HCG.

Dr. Nieper was the first to report clinical results in patients with breast cancer in terminal phase treated with Amnion-Anti-HCG as "extraordinary and positive." Modigliani confirmed an extreme analgesic effect. My clinical work in Mexico is too recent and too limited for a

controlled clinical assay with statistical evaluation of 5-year post-treatment survival. The best results to date have been obtained in women with operated breast cancer who developed metastatic nodes in the axilla after the operation and who took my treatment with Anti HCG instead of submitting to additional surgery. After a six-week intra-muscular treatment, the axillary nodes shrank to practically nothing. In no case were there any toxic or other undesirable side reactions. My clinical experience to date indicates that the stage of cancerous growth in the patient at which Anti HCG is administered is crucial and that further purification of the isolated fraction may be desirable.

The difficulties encountered in Italy in collecting the amniotic fluid confirmed my earlier experience in Mexico that in order to make the amniotic fluid regularly available, "Banks for Afterbirth" must be established. Work with placenta, embryonic covering membranes, umbilical cord, amniotic fluid, in my experimental bank for afterbirth in 1963 led me to develop the concept that the human being is born with a unit of spare tissue which is the afterbirth. It is my recommendation that the entire afterbirth of every future born child be picked up at birth, processed and stored in a bank for later medical therapy for the child born with it and the mother giving birth to it, and when they no longer need it - in others. I have recommended legislation that will make the mother the legal owner of her own afterbirth in order to make the banks for embryonary, spare tissue a reality. What is at stake is reserving for mankind and making available as medical treatment the ultimate resource of physiological, individual-specific, therapeutic potential by using biological forces charged with propagation of the species during intra-uterine life for the prolongation of the individual lifespan after birth, as the need arises.





SUGAR BLUES by William Dufty

Is sugar killing you sweetly? William Dufty seems to think so, and goes about convincing the reader with his well-researched book, that sugar is lethal. It not only rots our teeth, but damages the other organs of our body. To quote from his book, "Refined sugar is lethal when ingested by humans because it provides only that which nutritionists describe as empty or naked calories. In addition, sugar is worse than nothing because it drains and leeches the body of precious vitamins and minerals through the demand its digestion, detoxification, and elimination make upon one's entire system."

Mr. Dufty never connected his own poor health to his rather large consumption of sugar, or what he calls bingeing on pie à la mode, malted milk, Pepsi Cola, and chocolates. During an 18-month period while he was serving in the Armed Forces, he lived in the Vosges Mountains where the winter was cold and brutal. He ate what the natives ate during that time. There were no fancy foods, no luxuries. The natives had not tasted sugar in years. And for those 18 months he had to live without the junk foods which he purchased in the PX, he remained remarkably healthy, never even caught cold. As

soon as he returned to the States and started bingeing on his junk foods, he developed a host of diseases and not one of his doctors ever asked him what he was eating and drinking.

Years later Mr. Dufty was summoned to a lunchtime press conference and happened to sit next to Gloria Swanson. As he was unpeeling the paper from a sugar cube for his container of coffee, he heard Gloria Swanson's commanding whisper: "That stuff is poison," she hissed, "I won't have it in my house, let alone my body."

It took many years of ill health to finally convince Mr. Dufty his poor health was caused by his sugar-rich diet. He gave up sugar cold turkey. The first 24 hours of his abstinence from sugar were a bit rough on him. A sugar addict goes through the same withdrawal symptoms as a drug addict, but it was well worth it. He was rewarded with a clear complexion, weight loss and abundant energy.

Mr. Dufty says that every female sugar addict he knows does not know what it is like to have a normal menstrual period, without pain, cramps, or extreme discomfort. A young actress he knew went through three days of torture each menstrual period. Her periods became pain-free when Mr. Dufty showed her how to kick sugar. He gives many interesting examples of how health is noticeably improved when the sugar habit is licked.

I enjoyed reading about Dr. Harvey W. Wiley. Poor man. Around the beginning of the twentieth century, Dr. Harvey W. Wiley was the Ralph Nader of his time. After crusading for pure food and drug legislation for a decade, he finally undertook a public experiment in 1902 on the chemical additives used in food. Periodically, he published bulletins detailing the serious physical effects of the chemicals being used in foods. Wiley and his men started enforcing the law to the letter. Casks of fake whiskey were seized and manufacturers were dragged into court. Shipments of Coca Cola crossing state lines were seized for being adulterated and misbranded. Wiley and his Pure Food and Drug Law were conducted in the open. Food processors and rectified whiskey makers formed a united front to sabotage Wiley and

his bureau. Like Nader, Wiley became the subject of retaliatory investigations and phoney charges of the kind General Motors tried to use in the 1960s against Ralph Nader.

Wiley tried to publish a book telling the whole sordid story of how the Pure Food and Drug Laws had been scuttled from within the government. Wiley's first manuscript vanished mysteriously from the printer's office and was never published. It took Wiley ten years to write another book, and this time he carefully supervised the printing and publication of the book. Copies of the book quickly vanished from the shelves of book stores. It looked like a best seller. Yet no letters were received from readers, no congratulations, no kudos, and virtually no reviews. The books kept on disappearing, yet copies could not be found anywhere. In desperation, Dr. Wiley put the few remaining books in libraries around the country -- they disappeared from libraries as quickly as they vanished from stores. Try your neighborhood library today and see if you can find a copy. Dufty says it should surprise no one today that these things can happen, when the advertising budget for one food conglomerate is larger than the entire annual budget of the government agency charged with policing the industry.

Mr. Dufty's book is extremely well-written, in a witty, entertaining and convincing and informative manner. While the sugar industry may not love Mr. Dufty for writing this book, his readers who may learn a thing or two about nutrition will be grateful to him for his "Sugar Blues." Buy a copy fast...

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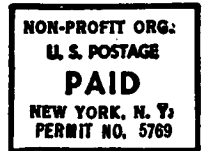
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