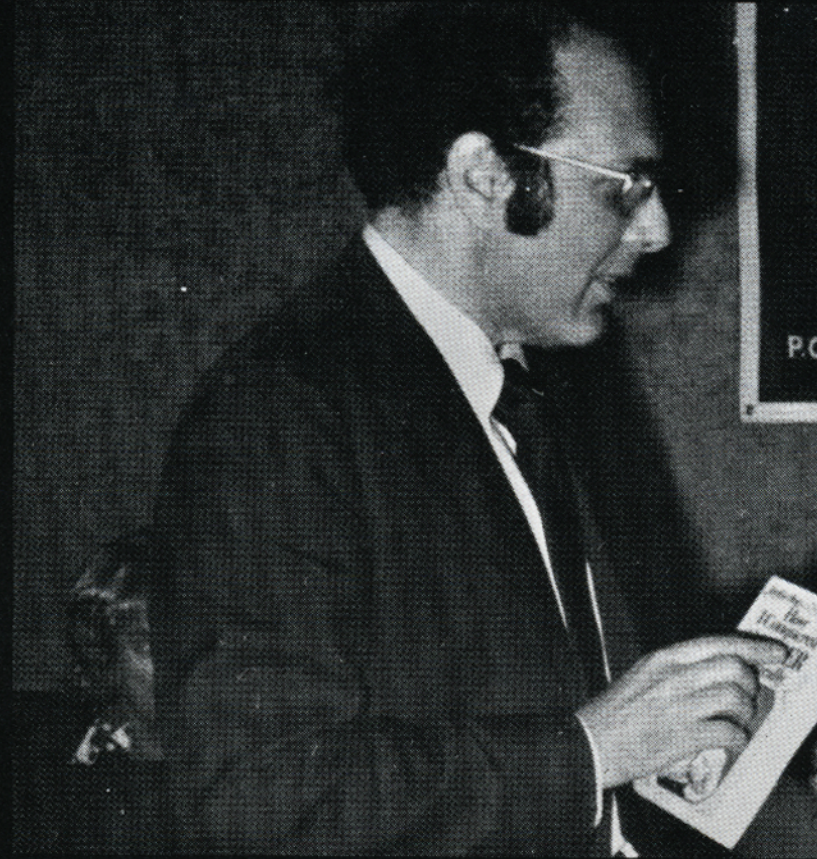


CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.

A Personal Experience



The point of the story is that we're all capable and susceptible to get any disease known to man if we don't get our bodies healthy. If you let it go to hell, it'll attack something weak and get you.



foundation for
Alternative
Cancer Therapies Ltd.

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FACT

Foundation for Alternative Cancer Therapies

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

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In recent years, there has been an enormous proliferation of non-professional practitioners who feel they can help cancer patients because of a new insight into the value of nutritional support for the cancer victim. Unfortunately, nutrition has many different meanings. Improper nutritional concepts can be most dangerous. And unsupervised nutritional changes may cause unusual biochemical reactions. Neither the amateur nutritionist nor the unaware cancer patient would know what to do under these circumstances so that the ultimate result might lead to panic and this would be a most hazardous occurrence.

Since there is no way of policing the claims made by the many novices in nutrition, we can only caution you, the cancer patient, to exercise extreme care before submitting to nutritional counselling by someone unskilled in dealing with the cancer problem. It would be much wiser to follow a regimen from a book written by a competent practitioner than to be under the care of an amateur. One can acquire a great deal more knowledge and insight into the whole nature of using nutrition from a book compiled by an experienced person than a visit with an unskilled nutritionist. And the book can be available constantly for referral.

FACT is working in the interest of the cancer patient and is more than ready to provide guidance and information. You'll find a list of chapters to the left of this page. Don't hesitate writing or calling any one of them or the national office for help. It is your best resource as it serves as a clearing house for non-toxic, cancer information. We have access to up-to-date information, useful treatment facilities, carefully selected books, etc. Everything is screened as carefully as possible and this valuable knowledge is available to you.

FACT functions in the interest of the cancer patient. Remember FACT is a non-profit organization and that no one with a financial interest in cancer can serve on the Board of Trustees. This is your safeguard against the promotion of one's own special interest at the expense of the cancer patient.

Be careful! We're here to help you.

Sincerely,



Ruth Sackman

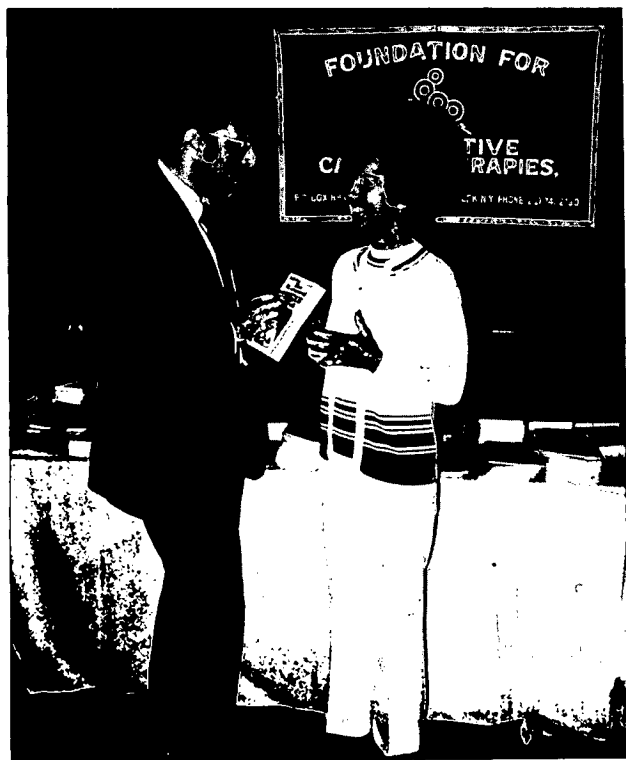
A Personal Experience with Cancer

Michael Whitehill

MC: Our next speaker is substituting on very short notice, I might add, and has been very helpful to us in that respect, but I think it will be a most interesting presentation. Mr. Michael Whitehill is a filmmaker from Vermont, but his story is, he is, in fact, a living case history of cancer recovered, and I'm very happy to introduce Mr. Whitehill who will speak to you.

Michael Whitehill: Thank you. When Ruth Sackman asked me if I would fill in for Dr. Rotino I said, "I don't have many credentials with the eminent people who are here." I added, "I'd rather not." But she said, "You've kind of got one interesting set of credentials—you had cancer and you survived. And there are some people who might be interested in your story." So, what I think I'll do is tell you what happened to me; how I found out I had cancer; how it was cured, and how I try to keep it under control. And then, if you have any questions afterwards, I'll try to answer them as best I can.

In 1971 my partner and I had just finished a



Michael Whitehill at 1977 Convention

television special in Budapest and we came back. We had signed a contract to do a series of films around the world, beginning in Africa, going to South America. They were natural science films. I was playing bridge with my partner and her parents, and I had always been very warm wherever I was. In the middle of a hand I said, "Gee, it's awfully cold in here. Could you close the window?" And everybody said, "There's something wrong with you. You've never said, 'It's too cold' in your life. Better take your temperature."

They stuck a thermometer in my mouth and said, "My God, you've got a fever. Let's take you to the hospital." They took me to the hospital and it was diagnosed as pneumonia. So they gave me a shot of penicillin, kept me there for three days; the fever went away and I was cured. A year passed and we were just about ready to get everything together and leave for Africa when I got cold again. Went to the doctor in New York. He said, "You've got pneumonia again." He found it very peculiar that a year had transpired and I got pneumonia in exactly the same place. He said, "There must be something else. I'd like to put you into the hospital and take some tests." I figured I was likely to be in the jungles or South America for two years and there weren't going to be too many doctors except witch doctors around; I'd better find out if there was anything serious.

After about a week of tests in which they stuck needles in me, took blood, gave me some pretty bad food, they said, "We cannot tell what's wrong. The only way we're going to be able to find out is if we operate and do an exploratory." That didn't please me too much. I really didn't like people cutting me up, but I figured I'd better do it.

I went into the hospital in October and my partner and my brother were in the waiting room. It was supposed to be a two-hour exploratory and six hours later the surgeon came out and told them that I had something called "malignant thymoma." Now thymoma, malignant thymoma, is a very rare cancer. It's a cancer of the thymus and what had happened is that it had metastasized and infested the entire pericardium, which is an envelope around your lung.

Now the surgeon did not tell me this. He told my partner it was about the worst infestation he had ever seen in his life to the point where, after they opened me up, he looked at it and debated whether even to bother operating at all; that he did not give me much chance. He said that as long as he had had me opened, he might as well try to get as much out as he could. After about six hours the

anesthesiologist said, "I cannot keep him alive any longer. You've got to close no matter what." So the doctor did. And he went out and told my partner and my brother that it was malignant thymoma; that the prognosis was if I responded well to treatment I had about a year. He didn't tell me this. Of course, my partner said, "Well, I have to tell him." And the doctor said, "No, I don't think that that's so wise. Don't tell him. It will only depress him. It will prolong the recovery period."

Now when I awoke, I was told that I had had some cancer. It was all removed and there were no problems. I said, "That's terrific." I couldn't wait to get out of the hospital. "When are you going to take the tubes out? I really want to get out of here," because I wasn't too happy with the mashed potatoes they were serving me at the time.

I got out of the hospital in about seven days and my partner—I keep referring to her as my partner—she's now my wife; she was my business partner, is a very determined lady. I have a habit, I did in those days, to put my head in the sand. I didn't want to hear anything. The word "cancer" unfortunately in the United States and in many parts around the world is synonymous with death. Somebody says, "You've got cancer." Somebody is really saying to you, "You're dead." And the publicity that many of the societies put out is negative publicity. And once you've got cancer, you don't want to tell anybody about it, see. You want to walk around and say, "I was ill." You don't want to mention cancer, because you know that if you say to somebody who is a loved one or a friend, "I've got cancer," they immediately say to themselves, "You're dead," and they're going to look at you like you're dead. It's like pulling a slot machine thing, you know. It's three skull and

"Well, listen, I've got to tell you the truth. I've got to tell you when the doctor said he got all the cancer out, he didn't get all the cancer out."

crossbones coming up all the time. So most of the people that I met in those days, I would not tell them that I had cancer. I'd say I was sick and that was it. And I didn't want to hear anything about cancer. If I would open up *Time* magazine, I would bypass the medical section, just in case there was something about cancer. I didn't want to

be reminded that I had it, and I was about to die.

My partner, who became my wife immediately thereafter, is a different kind of individual. She's a fighter, see. The doctor said, "He's got a year if he responds to treatment." She said, "I don't believe

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that." But she's not going to tell me, because she knows what I might do, which is flip out and say, "It's all over."

Now in those days, 1972, there was nowhere near the kind of publicity that we have now about alternative therapies. You could be operated on. You could get chemotherapy. You could get radiation or you could die. It's like a Chinese menu: pick any of the above.

Now, nobody believed in those days, or not too many people believed, that nutrition was important. That lack of stress was important. That pollution could harm you. Cancer was mysterious. A virus. Somebody came down, put his hand on your shoulder, and said, "You've got cancer." That's changed somewhat. But in 1972, to try to find any kind of alternative therapy was a tough job.

My wife went, first of all, to health food stores. And through a series of lucky circumstances, really truly lucky circumstances and perseverance, managed to get hold of Ruth Sackman, who she thought at the time was selling books. Somebody had said, "You ought to go pick up a couple of books from Ruth Sackman." And so she figured that Ruth Sackman ran a bookstore and she called her on the phone and said, "I'd like to buy these books." And Ruth Sackman said, "Come on down." And she did. And she told the story of my cancer; the fact that the prognosis was very dire, and was there anything that could be done? And Ruth of course told her many things that were possible; there were alternative methods to go into and gave her some books to read.

Now again, I have to go back to the kind of mental state that I was in. I did not want to hear anything about cancer. I just wanted to avoid it. I

must tell you a couple of other things about me too. At that time I weighed 242 pounds. My idea of breakfast was two jelly doughnuts and a quart of Coca Cola. Now I'm not exaggerating. I tell you that I would buy a quart bottle because that was my passion in life. And lunch was a cheese sandwich and about a pound of potato salad and another quart of Coca Cola, and it sounds funny but it's true. I'm really not exaggerating. And for supper I would have a pizza and some french fried potatoes, another quart of Coca Cola, a piece of pecan pie, and some coffee with a lot of sugar in it, in case my blood sugar went down. And before I went to bed, I liked ice cream a lot. And I was smoking about three packs of cigarettes a day. No exercise. The job that I was in was a very, very stressful kind of situation and now, as I look back, I remember saying when I found out I had cancer, "Why me?" which is the question everybody who gets cancer goes through—the 'why me?' stage. You feel like Job, except instead of boils you've got cancer. Now I know. In those days I didn't know, why me?

At any rate, there was no way that Georgia, who is my wife, could confront me and say, "You're really eating lousy. White bread isn't good for you." I didn't believe that. I figured it built my body 12 ways. It certainly wasn't going to give me cancer, and that pasta was good. I didn't know too many Italians who were unhappy and I figured eating all that great food. . . . She knew that confrontation wasn't going to help, so she had to seduce me. And at that time there was a doctor called Kelley, whom I'm sure you know all about, many of you do, and she said to me, "I'm not feeling very good and there is this dentist in Grapevine, Texas—Grapevine, Texas, if you can believe that—who does things in nutrition and I don't want to go down to Grapevine, Texas by myself to find out about the program. Would you come with me?" And I said, you know being macho, "Of course, my dear. I'll be happy to come down with you and hold your hand." And as we were on the plane down to Grapevine, Texas, she said, "Listen, as long as he's going to look at me, why not have him look at you at the same time?" And I said, "Well, if it will make you happy, of course." Little did I know she spent about \$800 on the telephone trying to convince him to be nice and say it was an accident that I was coming down.

So we got down to Grapevine, which is not one of your better places in the world. Any of you who've been there will verify that. You land somewhere in Texas, which is not so wonderful, and

then you take a cab to some tiny little town and nobody knows where Kelley is and after a circuitous route, the cab driver says, "Isn't he the guy that does something with cancer and is a dentist?" and you say, "Right. That's the guy." And you go into a place and . . . at any rate, Kelley tested me. Gave me a nutritional program.

Now the second step that you have to do is, after you've been examined by somebody who does give you a nutritional program, you've got to follow it. But you see, I didn't. You must remember that now, about five months had passed. I still did not know, but my wife knew. She had not had a gray hair in her head when this happened. She was never fat to begin with, but in that five-month period, her hair had started to go gray and she had lost about 22 pounds, because she knew what I should be doing. She knew I should start to lose weight and take care of myself. I wasn't doing it and she couldn't tell me that the prognosis was bad. I was blithely saying, "I had cancer. It's gone and I'm fine. I'm right back to the old habits." And in that period of time after coming back from Kelley in which I did have a reasonable program and things to do, I wasn't following it. Since that

And Ruth, of course, told her many things that were possible; there were alternative methods to go into and gave her some books to read.

time we had moved to Vermont, because another thing that she figured was bright was to get the hell out of New York City with the pollution, and to get out of the job that I was in, which was very stressful, go on up to Vermont where the air was good, where I wouldn't be subjected to all that stress.

I came down one night, about 2 o'clock in the morning, and found her sitting on the couch with half a bottle of scotch killed and crying. And that time I said to her, "Why are you crying, what is going on." At that time she could stand it no longer and she said, "Well, listen, I've got to tell you the truth. I've got to tell you when the doctor said, 'He got all the cancer out,' he didn't get all the cancer out. And when he said, 'You have no problems,' he wasn't telling you the truth.' You've got big problems, and you're going to go right down the tube unless you take care of yourself."

And at that particular point you never saw anybody go on Kelley's program as quickly in your life. I said, "Where is that sheet he gave me? Where are those food supplements and where is that enema bag?" It didn't happen quite that quickly. I mean there were three pretty bad days. Anyway, I went on the program that Kelley had put me on. Not very intelligently, because I figured that if he said, "Do it for three days at a time and take two days off," why not do it for seven days at a time? That would make it much better. And we were doing it without a hell of a lot of knowledge on what to do. It was

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just me and Georgia, and we were up in Vermont and we had the program and I was scared out of my wits. And I went on it, and I went on it full-speed ahead. And after about three weeks of being on it with the purges, with the food supplements, with exercise and everything else, I thought I was going to die. I broke out in boils. There was no part of my body that wasn't exuding something. And finally Georgia said, "Gee, I don't know what the hell to do here. I better call Ruth Sackman and say, 'He's going to die. I've never seen anybody in shape like this.'" So she called Ruth and said, "Listen, I've got a minor problem here. Mike looks like he's going to die." And she explained that I had been on that program without rest for almost a month, at which point Ruth said, "Yeah, you better stop him immediately. It took him 39 years to get in the lousy shape that he was in, and you're trying to get rid of all that stuff in one month. You can't do it. His body can't take it."

At that time we realized that you have to take your time and I went on the program in a much more sensible, reasonable way. Now all this time I was going back to my doctors in New York who were X-raying me, and they had expected that within about two months after the operation that I would then go on the chemotherapy. But during

that time there had been no reappearance of any of the cancer and they kept saying, "O.K." The first time I went back they said, "Come back in two months." The second time they said, "Well, come back in three months." The third time they said, "Well, come back in six months." Well by now a year had passed and they said, "Why don't you come back in a year?" And I said, "Terrific, I'll come back in a year." And that was almost five years ago, and there's been no recurrence. The medical profession calls it spontaneous remission. I'm perfectly willing to accept that.

Now I can tell you a couple of interesting things that I believe in. Interesting to me and again this is just a personal way of doing it. I think that the mental part is terribly important. I think that if you have cancer, believe you have cancer, if somebody that you know has cancer, if you have a negative feeling about it, you do yourself great damage. Fear is whatever glandular functions that are triggered by your mental processes. They can be positive, and they can be negative. If you're fearful, if you think you're going to die of cancer, by God, I think you probably will. If you say you're going to fight it, that isn't quite enough. If you say you're going to fight it intelligently, that's better. If you say you're going to fight it intelligently, and you go out and you do it, that's the best. And if you believe you can whip it, you've reached the highest point.

So the first thing, I think, is your mental attitude. You can make yourself sick. You can make yourself better. But not just that alone. It's tripartite. The next is nutrition. It took me 3½ years to get down to my svelte, trim figure now and I look in the mirror sometimes and I don't recognize myself. I walk by and I kinda, you know, preen like a peacock. So nutrition is important. And I never went on a diet. I never said consciously, "I'm going to lose weight." I just changed my diet to the point where it was about 80% raw foods. I ate a good mix of cereals. No sugar, no ice cream, no pizza, none of the bad things. As many of the good things as I could. As many food supplements as I felt I needed. And it took me 3½ years. There would be a month where I'd lose two ounces. But I was never hungry, because now instead of eating a half a loaf of bread which was just bulk, and being hungry five minutes later, whatever little amounts of food I would ingest I got all the nutrition I needed out of it. I was finally getting some nutrition instead of bulk. I finally found the answer. And it took me a long time, but now I don't consciously think about my weight. I never vary—a pound here, a pound

there. That's all and I stay the same.

The third thing after your mental attitude and your nutrition, is exercise. As much as you can get. As much as you're capable of doing. And I guess the fourth thing, which is really the first thing, is don't be fearful of cancer. And don't let anybody convince you that because you have cancer, you're going to die. I didn't. I don't think I am.

Now, if anybody's got any questions about what I did or wants to know anything else, I'll be happy to answer them.

Q. Did you pray?

A. Prayer? I don't like to get into that. I'll tell you, in an organized way I am a very irreligious person. I believe in an essence. I don't believe in naming him anything. I suppose, prayer in my own particular way did help, but not, not that I would name an all-powerful diety. I think what I did was I cursed the heavens for a while when I first found out I had it but—yes, I think you can say prayer, in my personal way, did it. But not to anybody in particular. Does that answer your question?

Let me tell you another thing that happened to me. After the cancer was gone, last summer, we had a series of unfortunate tragedies. My wife and I have an organic garden, naturally, because we try to eat only organic food, and the stream overflowed and washed the garden away. Totalled both our cars. We have some stray dogs that we picked up. This is in the space, mind you, of three weeks. We have three dogs and one of them almost died with a liver ailment. My cousin contracted cancer; would not listen to me, and had his lung taken out.

But the point of the story is that we're all capable and susceptible to get any disease known to man if we don't get our bodies healthy. If you let it go to hell, it'll attack something weak and get you.

My best friend's wife got tuberculosis. And then to top it all off, my wife took a ten-quart boiling cauldron of soup off the stove to freeze it, slipped on the floor, turned it over on her lap and got herself third degree burns which, you may be interested to know, she cured, I think, mostly homeopathically. I made her comfrey poultices. She refused to let the surgeons in the hospital—she was there for almost a month—put all that gunk and stuff on; we

used wheat germ oil which the nurses would put on. She has no scarring. No skin grafts. And is doing well.

Anyway, instead of being bright about it and saying, "I am under tremendous stress, now I'd better take really good care of myself," I really went to hell. I started smoking again. I had a couple of beers. I went out and had a pizza. And with all those mental things I contracted something called myasthenia gravis, which is another one of your wonderful diseases. Right? At which point the doctors said to me, "Here is something called prostigman which is a drug, which does not cure myasthenia gravis, but will control it. The only thing you have to do is take a pill every four hours for the rest of your life." I said no, I really wasn't interested in that. And they said, "My god! You must be." And I said, "No, not really."

When my wife was ready, I piled her in the car with the three dogs and we drove to California. I was with double vision; she with burns, and sitting on a rubber doughnut and the three dogs, saying, "What the hell are we doing in this car?" Right? One of the funny things was when we saw the Grand Canyon I saw two Grand Canyons and if you think that isn't frightening. . . . But we went out to California to get organic food and to go to Dr. Jensen's Hidden Valley Health Ranch, because we're a great believer in what Dr. Jensen says. And we stayed there for three months. . . . It's a long answer to your question, I'm sorry.

Then we went on a different supplemental program that Dr. Jensen, using Iridology, examined me, and the myastehnia gravis is completely gone. Again, spontaneous remission. But the point of the story is that we're all capable and susceptible to get any disease known to man if we don't get our bodies healthy. If you let it go to hell, it'll attack something weak and get you. So, when I keep saying, "I'm cured of cancer," I can get it back again. I think. . . . if I let myself go. So it's a maintenance program. But life is a maintenance program, from the moment you're born. "Nobody is going to get out of life alive," somebody once said, and I agree.

So, supplements. I have gone the whole gamut. When I went to Kelly he put me on things—he put me on enzymes and supplements; the entire B supplements. Enzymes. Protozymes for taking care of the protein. And it was a program tailored completely for my needs. I went back to see him in about 18 months and he took me off many of the supplements, because by then I was much better. My readings were higher, in less quantity and with fewer supplements. Dr. Jensen put me on even few-

er supplements, but changed them a little bit so it's a constantly changing thing. Your body does not stay the same so what supplements I was on (I was on a hell of a lot of them) I can't even remember. It changes and it's an individual thing, so what I was on probably would not help you very much. But somebody who knows what he's talking

If you say you're going to fight it, that isn't quite enough. If you say you're going to fight it intelligently and you go out and you do it, that's the best. And if you believe you can whip it, you've reached the highest point.

about, who can examine you and say, "Hey, you're deficient in this; you're over abundant in this; let's get the balance back"—I think that is the way to do it.

Q. When you went on the detoxification program, did you experience any symptoms that seemed worse than previous?

A. Yes, a lot. Tremendous boils, which were the poisons coming out. Great feelings of malaise a lot of times. I mean just no energy at all. Again which was all the toxins coming out of my body trying to get better. So, yes, there were times when you literally said, "I wish I was dead."

Q. Was there any pain?

A. Pain? No. Except from the operation itself. That was the main pain. No. No great pain.

Q. Did you use concentrates? Like what?

A. Yes. It was a complete program. Yes I fasted. I went on the program completely. Fasting. Enemas. Food supplements. Food combining. When you ask me things like that, I must be as specific as I can. These were individual programs with the supplements that were tailored to me. And every reasonable practitioner does that. One of the things that you cannot do is just pick up a book and because it worked for somebody it's going to work for you. Your body is completely different. Whatever diseases you may or may not have are completely different. So what happened to me, the only value you can get out of that, is that there is a program that can be tailored to every one of you, but it's not going to be my program, and yours may be completely dissimilar. So what happened

to me is not important except that I did go on a program. That's the important thing.

Q. Does Dr. Kelley ever come to large cities?

A. Specific practitioners I do not recommend. If you want to know things about that, people at FACT will be able to tell you how to get in touch with anybody, and I only mention their names, Kelley and Jensen, to say that those were two people I have been to. Whether they will be good for you or bad for you or good or bad for anybody, I do not know. But somewhere, and FACT will be able to tell you, there are practitioners who can help you.

Q. What kind of exercise did you go on to?

A. I weigh 171 pounds now and I weighed 242 pounds then. I was hefty. And one of the things that they did to me again, particularly, was they had to cut one of my frenetic nerves which controls the diaphragm so that only one half of the diaphragm was working and only one lung was completely working so I was short of breath. So I started by walking. Then jogging. And then I played tennis. I ski. I do any kind of exercise I can. When I went out to California after the myasthenia gravis, I jogged on the beach. Any kind of exercise you can do, that you're capable of, is terrific. But it's the sedentary existence that really hurts you.

I thank you.

In Memoriam

Zelman Kaplan
Mildred Trenka
Jacqueline Asad
Nathan Zagoria
Father of Dengeles
Walter Gibson
Mrs. Irving Peterson
Edward Brandwein
Irving Molitar
Frances Florman
Catherine Suenram
Roland M. Simons

In lieu of flowers, send a tax deductible contribution to F.A.C.T. as a memorial to the deceased. This may give life to a cancer victim. Acknowledgements will be sent to the families of the deceased and to the donors.

A Medical Dilemma

Fran Levin

At a recent symposium on Self-Care, co-sponsored by the Institute for the Study of Human Knowledge, the New Human Services Institute of the CUNY Graduate School, and the Office of Urban Health Affairs of New York University Medical Center, health care professionals pondered the crisis in medical care today, pointing out the paradox that "although our faith and resources are placed in professional medical care, our health is largely determined by factors which operate outside the medical domain." It was not intended to be an indictment of the medical profession, but a recognition of the social and historical forces that contributed to a system that is now not meeting the needs of the people.

Our preoccupation with medicine grew at a time when infectious diseases were our prime target, and doctors were trained to treat acute conditions. Now, heading the list are chronic diseases, which means that the emphasis has changed from cure to care. Unfortunately, doctors are not generally equipped to handle this aspect of treatment. One participant urged that doctors make it clear to patients what medicine per se is capable of doing and what it cannot do, and then the approach to the patient's problem can be more realistic. There must be understanding and acceptance on the part of the patient as well, that is, not to expect that some miracle drug will suddenly change the picture. Health is a very complicated process, dependent primarily on nutrition, hygiene, behavior and environmental factors that are outside the range of medicine.

A major problem it seems is that although many patients are not satisfied with the information they receive, they are afraid to ask too many questions and bother the doctor. One educator spoke about programs that were set up at Senior Citizens Centers. They tried to explore this aspect of people's fears, to encourage them to get more information, and to help them realize that if they were not satisfied with the information given, and the goals of their doctors, that they were free to find alternative methods. This is a particular problem for older people who are so conditioned to placing their faith in a medical person, and in essence, giving the responsibility for their health to someone else. It is a difficult concept for everyone to grasp—that each one in part has to take the

responsibility for his own health in that he has the choice of how he wants to be treated. In throwing the choice back to the patient, many were encouraged to widen their view and asked for speakers on Yoga, chiropractic and nutrition, to name a few.

The question of choice was part of the presentation of Dr. Victor Sidel of Montefiore Hospital. He showed a picture of a familiar advertisement captioned "If she could choose her iron therapy, she would probably choose Feosol." The question he said, is not that she would choose Feosol, but why can't she choose her iron therapy? He went on to speak about health care in China. One aspect of it is that a patient presents his symptoms and problems to two doctors simultaneously, one trained in western medicine and the other trained in traditional Chinese medicine. Of course the question arises: what if the doctors disagree? It is simple; they each present their point of view to the patient and it is up to the patient to decide on the treatment. Judging from their health care statistics, it seems that many of their methods deserve imitation.

Another interesting light was shed on the use of antibiotics for the treatment of infectious diseases when it was pointed out that tuberculosis, for example, was already on the decline when isoniazid and other antibiotic preparations were introduced. In fact, only 3% of the total fall in death rate could be attributed to their use.

Barbara Ehrenreich, known for her work in the Women's Health Movement, spoke about healing being monopolized by commercial medicine and that in the past 100 years there had been a change in the nature of medical treatment. "... What had been governed by a network of mutual concern became a commodity that could be bought and sold... and because it became a commercial venture, wrapped in technological momentum, it became abstracted from human need." A factor in this approach is the hoarding of knowledge and the establishment of lengthy training for doctors, not out of necessity, but to limit access to the profession. She alluded to the Flexner Report as verification.

Throughout the weekend talks, one could sense the element of real concern. No one spoke about scrapping the system. Obviously, it has its benefits. Health, however, is a total concept, a political and commercial issue bound into a social structure. We must move society itself in the direction of health.

Systemic Thermotherapy

Dr. D. Cole



Clinical observations by multiple investigators throughout the world support the experimental data demonstrating that systemic thermotherapy is an effective form of cancer therapy.

It is now clear that heat selectively destroys cancer cells and that the effect is dependent on the temperature and time of heat exposure. This is of great, potential, clinical importance because this is a non-lethal, non-mutilating modality which may be used alone or combined with conventional therapies to increase clinical remissions and "cures."

Since the problem of malignancy is most often a systemic rather than a local condition, it was our thesis that this technique could destroy cancer cells throughout the body without destruction of normal cells. This was accomplished using a water-filled blanket of a type similar to that developed by Dr. Robert Berman et al. Body temperature was raised to a level which would theoretically destroy cancer cells without harmful effects on normal cells. General anesthesia, as such, was not necessary.

Our experience to date corroborates the findings of others, namely, a dramatic result in terms of local and systemic tumor effect, a dramatic remission in pain, improvement in well-being and appetite, an objective and subjective remission. It is our feeling that a generalized treatment is necessary since cancer kills usually on the basis of a generalized disease. In addition, our treatment, systemic thermotherapy, offers the theoretical advantage of not using radiowaves which are potentially harmful to bone and perhaps other viscerae; and purely local rather than systemic in their effect.

Diet, Nutrition, and Cancer Program

In response to a mandate in the 1974 amendments to the National Cancer Act, the National Cancer Program has developed a Diet, Nutrition, and Cancer Program (DNCP). The purpose of the program is to develop and to disseminate information on the interrelationships between diet and nutrition and the etiology (causes) of cancer and the therapy and subsequent rehabilitation of the cancer patient.

There is already recognition that many chronic diseases such as heart, cancer, diabetes, arthritis and dental caries are directly related to diet and nutrition. An increasing number of studies have related dietary and nutrition *excesses*, *deficiencies* and *imbalances* to cancer development, as for example, cancer of the stomach, colon, gastrointestinal tract, pancreas, and liver. These have been specifically correlated with dietary and nutrient intake.

Dr. Gio B. Gori, who is head of the Diet, Nutrition, and Cancer Program, has stated publicly that nutritional support for the cancer patient can improve the quality of life and the extension of life.

Doctors Disagree on Radiation Exposure

At best, medicine is an inexact science as is evident by the controversy which exists on the safety of the use of radiation to detect and treat breast cancer.

Dr. John Bailar, a staff scientist at the National Cancer Institute, has asserted that five years of annual X-rays will eventually cause as many breast cancers as it detects and therefore represents an unjustifiable risk to study participants.

On the other hand, Dr. Benjamin Byrd, a breast cancer surgeon who is president of the American Cancer Society, emphasized that the radiation dose used in mammography is, relatively, very low—about two rads per examination.

Based on these conflicting opinions, we should use our own judgment to decide whether we want to run the risk of exposing ourselves to harmful radiation.

Distilled vs. Spring Water

The question arises constantly about which is better—spring or distilled water. The usual concern is whether or not the body needs the minerals missing from distilled water. And whether or not the distilled water leaches out valuable minerals from the system.

Dr. N. W. Walker, whose own long life gives credibility to his scientific concepts, writes in his book, *Water Can Undermine Your Health*, "The minerals in natural waters (water from springs, wells, rivers, lakes and faucets) are gross and lifeless, a kind and quality which are incompatible with the cells' needs. The cells, therefore, reject them. In due course this rejection leaves a surprising accumulation of discarded minerals which is nothing more than debris."

Dr. Walker states that distilled water leaches out these discarded, unused minerals and it is this process which leaves the impression that good minerals are being eliminated, whereas it is only a cleansing process—a process which is so essential to regaining and maintaining good health. He says that these lifeless minerals are nothing more than debris which obstructs normal function of the system.

Dr. Walker elaborates on the vitality of sea water and adds about 4 drops of Catalina (Ocean) sea water to his own drinks—water or vegetable. But this is not done because he believes distilled water needs mineral replacement but purely because the sea water is so closely related to human blood therefore providing extra vital energy to the body.

He presents a great deal of additional evidence of the harm done by inorganic minerals, unassimilated by the body and how they clog the human system interfering with its smooth natural function.

Mistaken Diagnosis. The American Cancer Society and the National Cancer Institute, in order to determine the benefits of breast-cancer screening, reviewed a number of mastectomy cases and found that 13% had surgery for benign tumors. (Half of the procedures were radical.) Another 4% of the women had unclear findings.

The pathologists reviewed 506 patients' reports and found that 66 of the women were completely free of cancer and 22 of them had an uncertain determination.

An Approved Drug!

We, at FACT, feel that all patients should be offered the opportunity to see the monograph supplied by pharmaceutical companies as represented below. In this way, they will be aware of the adverse reactions and decide for themselves whether or not to use the drug. How many people would use Bactrim knowingly? Be a participant in your medical care by asking your doctor all about the drugs he prescribes for you.

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Columnist Jack Anderson writes that Monsanto, the giant chemical manufacturer, is about to launch a high-powered public relations campaign to convince America that chemical products are good for you even though they are suspected of inducing cancer.

The Breakfast Meal

How many of you have been told that it is important to eat a good breakfast? Well, would you believe that it is better to make it the lightest meal of the day and in some instances to skip it altogether. Since we have disagreed with many established concepts about what is healthy, let's attack the big-breakfast concept and introduce a more logical one.

Are Waerland writes in *Health Is Your Birthright* "The morning hours between 4 a.m. and noon normally constitute that period of the day when the bloodstream is carrying the greatest burden of impurities, residues and products of metabolism, i.e., the period of elimination following the period when the digestive organs have been doing their work of selecting, discarding, distributing and storing up nutriment for the coming day. The bloodstream is heavily charged with waste products which would have a poisonous effect if allowed to remain in the body. People who eat meat, drink coffee or alcohol and smoke tobacco suffer most from these accumulations, which normally find their way out of the body during the morning hours; . . . So at breakfast time it is essential for health seekers to see that they cooperate fully with nature, assisting not hindering the work of the body, especially that of the eliminative organs. A large breakfast interrupts elimination which goes on until eleven or twelve noon, and it is therefore essential to choose a breakfast which requires the minimum of digestive effort and may even assist elimination."

Dr. Bernard Jensen concurs in an article entitled "Organize Your Food Habits." He writes, "In many countries, breakfast is considered the main meal because most people believe a good breakfast is necessary to get them going in the morning. They believe they have to have something in their bodies to get every organ stimulated and working. . . (and that) in that stimulated condition they are ready for work. However. . . the strength we have in the morning comes from our meal at noon the day before. . . (and) what we eat for breakfast will be reacting tonight when we go to bed. This is not the time when we should be stimulated. . . We don't want to be ready to go to work at night when it is bedtime."

He continues, "Breakfast comes from the root 'break fast'. Whenever we fast, or go without food—for instance, all night long—digestive juices flow more slowly. Therefore, when we wake we

should break the fast with a fruit juice or a light nourishing drink of some kind. Then we should have a fruit breakfast. Fruit is the proper thing to break a fast with. A little protein with the fruit is a good combination. We can also have dried fruits and carbohydrates together for the breakfast."

Cottage Cheese



1 gal. of raw milk (makes 1½ pounds)
Collander
Cheese cloth
Stainless steel bowl

Pour 1 gallon (or less if desired) of fresh, warm, raw, cow's milk into a large stainless steel bowl. If the milk has been refrigerated, warm it first to room temperature or over low heat. Set the bowl in a warm place, cover it with a lightweight towel for about 2 days until it is clabbered.

Skim off the cream and store in the refrigerator. This is cream cheese. Cut the curds into 1-inch cubes with a long knife to release more whey.

Put a little water into a large pan and place the bowl of curds into it, forming a double boiler. Heat to 115 degrees (a little warmer than body temperature). Maintain the temperature for 30 minutes stirring occasionally. It is better for it to be a little cooler than too warm.

Line a collander with cheese cloth and pour the curds into it. It is wise to catch the whey as it contains a lot of nutritional value. Let the curds drain, then rinse gently with cold water to remove leftover whey. Gather the corners of the cheese cloth and tie a knot to form a bag. Hang over a faucet or other convenient spot to drain further. It is then ready to be refrigerated.

Symptoms from an Improper Bite

Strain and energy loss to our body results from an unbalanced bite. Recent studies indicate our body may use up to 50 percent of its energy in compensation for improper position of the lower jaw. This nerve strain results in fatigue that precedes any feeling of discomfort of the jaw area by several years.

When teeth bite or occlude improperly the muscles that control the lower jaw (mandible) are strained and never relax. This strain spreads and often appears as annoying or painful symptoms in all parts of the body.

A text published in 1959 on this subject states:

"Pain symptoms from improper occlusion are so varied they often appear in the head, the neck and the body. The patients tend to visit the physician, the radiologist, the neurologist, the otologist, and the psychiatrist, in that order, seeking relief. Careful examination will make evident a diagnosis of dental origin. Muscle spasm and referred pain from an improper functioning masticatory organ are responsible for these symptoms in a high percentage of cases."

Case histories taken since 1950 definitely support this statement.

A physician stated, "This is going to alter the diagnosis, treatment and expected outcome of many baffling medical problems of this day." This was based upon observation of 1200 patients receiving corrective treatment.

A dentist with knowledge of recent developments can determine if there is stress coming from muscles of this area. A reliable test can be made by swallowing several times in succession. Persons free of stress can swallow with ease and maintain the same rate.

There are many ways of treating this condition. The method that seems to give most relief recognizes that stress in the jaw muscles means accompanying stress in all muscles of the body. Relaxing one group effects a change in other parts of the body. These releases keep occurring until the body tends to stabilize itself in a more correct position.

This correction should be done before new dentures, partials or fillings are placed. This prevents the locking-in of stress or distortion in the body. Like many treatments, early detection and correction is most desirable.

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Triumph Over Disease by Fasting and Natural Diet

by Dr. Jack Goldstein

I could not put this book down. I read it in one day. My eyes were riveted to the pages as I read how Jack Goldstein, a podiatrist went from doctor to doctor for relief of his ulcerative colitis. How his body endured the treatment, I will never understand. But, I must admit I had a feeling of *deja vu*, having been a victim of similar treatment, and like Jack Goldstein, I found my cure in fasting and adhering to a natural diet.

Jack Goldstein was close to suicide when he was introduced to the natural hygiene system of healing. He made arrangements to spend three months at Pawling Manor, Pawling, New York, and while there, under the supervision of Dr. Robert Gross, he went on a six-week fast. After the fast, he gradually went on a healthful vegetarian diet. Before long, he started experiencing a feeling of energy and well-being. Prior to the fast, Jack was having 20 to 30 bowel movements a day. After his three-month stay, his BMs were reduced to about 4 or 5 a day. When he returned home to Detroit, his wife was so impressed with the improvement in his health, that she put the entire family on a natural diet, as advocated by natural hygiene.

Of course, it took more than a three month stay to bring about a complete cure. Dr. Goldstein had to fast periodically, and I believe he still does. He could not resist going back to one of the doctors who treated him with drugs to show him what fasting and a good diet can do to restore health. The doctor unfortunately played down the role of nutrition and attributed it to his psychology.

At yet another time, Dr. Goldstein and his wife Corinne attended a meeting of the Colitis and Ileitis Foundation where they hoped to share their natural healing experience with the other people and doctors in the assembly hall. The doctors showed no interest in hearing about how fasting and a natural diet brought about a cure of his ulcerative colitis where all drugs failed. Reading this book made me acutely aware of the need for each of us to assume responsibility for his own health care, by using doctors who are open-minded about healing disciplines that don't always include chemical drugs.

Jack Goldstein's book is highly recommended to anyone suffering from ulcerative colitis, and al-

so to anyone who wishes an introduction to fasting and natural healing. It drives home the fact that one way to regain health and prevent serious disease is with a good nutrition program. Taking drugs often suppresses diseases, masks symptoms, and sometimes leads to serious complications.

To receive information by mail, please send a stamped, self-addressed, business-size envelope to Foundation for Alternative Cancer Therapies, Ltd., Box HH, New York, N.Y. 10011. A packet of information is available for \$1.00.

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