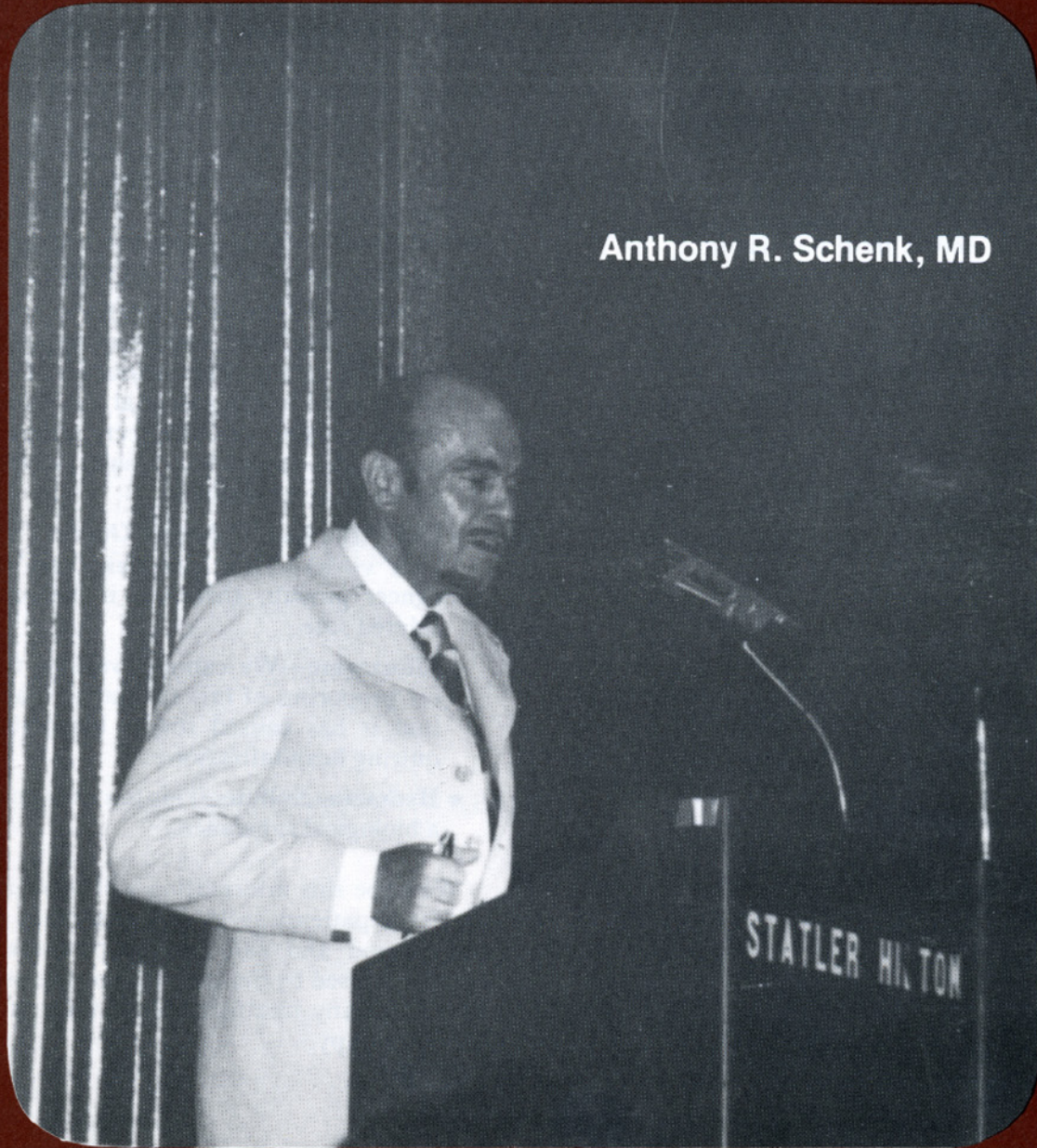


CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



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foundation for
Alternative
Cancer Therapies Ltd.

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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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A Statement of Policy

Unfortunately, some cancer programs are being promoted which are leaving the impression that they are safe, non-toxic, biologically-sound, alternative cancer therapies. Since the title of our organization includes the words "alternative cancer therapies," we feel it is important to clarify our policy about some of these so-called alternatives.

The Foundation for Alternative Cancer Therapies supports and disseminates information about non-toxic cancer therapies *only*. These must be *biologically sound* and *safe*. The following substances do not have our support because they are either unsafe or not biologically sound.

- **A-Mulsin**—This is a totally synthetic substance, quite toxic, causes alopecia (hair loss) similar to many chemotherapies. Our careful observation of this material has shown that it produces negative side effects and has not produced the hoped-for results which cancer patients are expecting.
- **BCG (Bacillus Calmette-Guerin, a tuberculosis virus)**—This treatment can accelerate cancer growth; therefore it cannot be considered safe.
- **Mitoxzime**—We cannot evaluate the chemical properties of this substance, but we know that it has caused severe hemorrhaging requiring hospitalization.
- **Hydrazine Sulfate**—This is a chemical and not a biological substance.

We hope this information will serve as a guide for those patients seeking to maintain a biologically sound and safe cancer program, without being confused by the term alternative used loosely to refer to any treatment other than radiation or chemotherapy.

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Cellular Therapy

Anthony R. Schenk, MD, PhD.

This discourse was presented before the Cancer Convention in New York at the Statler Hilton Hotel, Grand Ballroom on April 29, 1978.

This article deals with the important role of cellular therapy in the nontoxic anti-cancer treatment as: preventive therapy; therapy against existing malignancy; post-operative and post-radiation therapy, auxiliary therapy in conjunction with other biological anti-recurrent therapy.

Before we proceed to this rather intriguing chapter of cancer therapy by means of cellular therapy, it might appear indicated to summarize first the nature of cellular therapy, its indications, techniques and latest research and experimental results, to set a solid, well-understood ground for the evaluation of the forthcoming criteria.

What Is Cellular Therapy?

Cellular therapy is a parenteral application (by means of intramuscular injection with spec. canule) of suspended, specially selected and prepared fetal or juvenile organ cells from a donor to the recipient. It is a form of minitransplantation by injection under well observed and prepared conditions.

Actually, this procedure was first discovered and carried out as early as 1912 by Dr. Kuettner, but, as it unfortunately so often happens, the method was ridiculed and eventually forgotten. In 1931, Dr. Paul Niehans rediscovered the method almost by coincidence when an emergency patient, whose parathyroid gland was coincidentally extirpated, was treated under Niehans by means of desperately implanting in her a rapidly diced parathyroid gland, obtained from the nearby slaughterhouse from a young calf.

As grave as the present prognosis seemed to be, a miracle happened when the patient did not develop any significant tetanic blood-calcium drop as typical in parathyroid deficiency. The patient finally recovered satisfactorily. From then on, under the leadership of Niehans and associates, numerous experiments in that direction were performed over the years on animals and on humans.

This technique, called *Fresh Cell Transplantation or Fresh Cell Therapy*, made it imperative that cell samples had to be collected under perfect sterile

conditions from the donor, then chopped into tiny particles within a biologically conditioned time limit of 7-10 minutes, then put into a syringe with a larger than normal canule and suspended by adding saline. This mixture, called the suspension, had to be injected within a few minutes into the recipient, before the vitality of the cells "in vitro" decayed, which according to our Nobel-Laureate Professor Letree of Heidelberg, subsists fully for approximately seven minutes, but then diminishes in about 13 minutes. After that time, the quality of the cell substrate has reduced so much that it becomes unreasonable to attempt the procedure, because of several upcoming problems.

The range of cells, the formulas of the different combinations, kept increasing constantly in the pace of scientific progress! What was a great disadvantage in those times was the fact that you needed to bring your patient into the slaughterhouse's close vicinity and keep him prepared in some room for the implantation. Meanwhile, you had to go through the ordeal of getting your cell samples from a freshly killed donor animal, select them properly and sufficiently, watch for sterility and keep in the given short time limit. This frequently made for problems and meant loss of

Partial removal of the liver in rats shows under normal conditions only very slow self-repair. Under cellular therapy, however, we observe increased velocity of liver regeneration.

time because of the arrangements and also because lots of experience, skill and organization was necessary.

It was a relief when finally in 1951 the *Lyophilized dry-cell method* was perfected, which is still in use to the present day. Now you can collect all types of cells you can get hold of from the donor, sample them properly and select the largest amount of this materia prima with the purpose of quickly freeze-drying them for later production of measured amounts of ampouled cell types or cell combinations. Still, you have to work quickly in the preparation process of the product as well as during the administration procedure, but you save yourself so much hectic turmoil, as was the rule in the fresh-cell-procedure. Donor cell

samples are introduced into a portable freezing machine, speeding them quickly to the freezing point, then slowing down to one degree centigrade per minute until minus 60 C. This freezing procedure has to be done precisely; otherwise you destroy the cells' vitality. From 60 C and below you can go as quickly as you like and start simultaneously your vacuum to achieve the drying-up to practically powdery form. If this is accomplished, the dried cell substrates can be properly divided into the desired doses and combinations of cell types, ampouled and then brought to normal temperature for storage, almost indefinitely. Just adding saline with homoeopathic additions gives you a practical well defined suspension, ready to use. Additional biological substances like RNA (ribonucleic acid), CC (co-carboxylase), CSA (chondroitin sulfate-A) are being used simultaneously with cellular therapy by the foremost experts, to minimize side reactions, improve the absorption and maximize the efficacy.

Sources of donor cells are sheep, calves, pigs,

Thyroid damages, caused experimentally by methylthiouracil overdoses, can be rehabilitated by cellular therapy, when any other therapy, including hormones, fails.

horses, humans and monkeys. They are derived from the unborn fetus or the early baby stage. *Fetal cells* have the advantage that they are more easily obtained in sterile condition. Being in their prime stage, they render stronger, more effective therapeutic action and since they do not seem to have developed yet their final characteristic properties, they absorb better in the recipient's body and create none or insignificant anaphylactic reaction.

Juvenile cells have already developed more of their characteristic specific properties and are liable to create mild anaphylactic reaction, which can be controlled. You just have to know how. They have to be chosen in cases where certain cell types are not satisfactorily developed yet in the embryonic stage.

Mechanism of Action

This is not completely understood yet in spite of

all research and experiments. The method was discovered accidentally and further developed empirically, which put the van before the horse, to start out with. What is known is that *there is no cellular survival of donor cells* in the body of the recipient.

The implanted cells disintegrate in the body of the recipient to the basic primitive particles and further to specific, so to say, "earmarked" amino acids. Special ferment systems of the cell play an active role as well as parts of the plasma. Mitochondria (those are the numerous double-membraned small bodies in the cells' cytoplasm, which are responsible for the energy conversion and have their own DNA) seem to play the main role as well as minute granules of the cell nucleus. Important for the therapeutic action of the cellular therapy is obviously the totality of the administered cell unions. The old theory—that cell migration is taking place in the recipient's body after cellular therapy—is generally suspended, yet there is a possibility that mitochondria from the donor cells could eventually travel in the bloodstream of the recipient.

Therapeutic Efficacy

There were scientific controversies for many years between the pro and contra group of cellular therapy.

The contra group claimed just unspecific action, like unspecific stimulation, is being accomplished by cellular therapy, as can be done with olobentine, turpentine, sterile milk, irradiated blood etc. Injections or at best results like those, following glandular extract injections, would be obtained, or, maybe results as from hormone injections could be paralleled, but no more!

The pro group proved that there definitely is a very small unspecific action, which is very unimportant and insignificant. The main effect, however, is the *specific organotrophic* action of cellular therapy, produced by the young and undamaged RNA, DNA, mitochondria, nucleus granula and enzymes of the donor cells—in the direction of rehabilitation or reactivation or generally in strengthening of the biological activity of the organ or organ groups at which the cellular therapy is aimed. Therefore, cellular therapy does not produce those short-lasting effects, as observed in extractor hormonotherapy, but quite lasting, almost permanent effects, particularly if administered under the proper conditions with the proper preparations.

There are numerous experimental proofs documenting beyond any doubt the specific efficacy in cellular therapy. To mention just a few:

Radiation damage of the bone marrow in test animals can still be rehabilitated by bone-marrow cell therapy, even after any medication including bone-marrow extracts fail. (Letree.)

Partial removal of the liver in rats shows under normal conditions only very slow self-repair. Under cellular therapy, however, we observe increased

Cellular therapy is also very good in cases of nephrosis, myocardosis and hepatosis, for improvement of general health—and that is where the prevention of degenerative diseases, including cancer, is automatically included.

velocity of liver regeneration. When using radio-activated nuclear cell substance in the experiment, increased radioactivity can be proved in the chromosomes of the liver of the recipient.

The nonmitotic liver of the rat shows mitosis after liver-cell injection.

Recipient brain, treated by radioactive phosphorus-marked brain cells, shows distinct radioactive increase that cannot be accomplished by doses of radioactive phosphorus alone or ligated with brain-cell extracts.

Thyroid damages, caused experimentally by methylthiouracil overdoses, can be rehabilitated by cellular therapy, when any other therapy, including hormones, fails.

Tetany (parathyroid deficiency), can be cured or significantly improved for long periods of time by cellular therapy but not by extracts.

The specific organotrophic action of injected cells can furthermore be proved by the collodion particle test, which shows that organ specific antibodies are being formed by specific cellular therapy.

Female placenta cells repair post-climacteric vaginal atrophies, although they don't contain proliferatively acting hormones, nor stimulating prolactin (urinary gonadotrophin).

Male castrated animals develop the typical "castration pituitary." This can be avoided by testicle-cell injections, *not* by any other type of cell injections!

Many more proofs can be given to demonstrate beyond any doubt that cellular therapy works specifically and reconstructively, differently from the short-lasting effects of hormones, cell extracts or unspecific biological stimulants.

Significant is the impressive demonstration of a cellular culture in degenerative condition, marked by the vacuolization of the plasma and dissolving of the nuclear structure. After the application of siccacells, there was a regeneration of the plasma as well as of the nuclear structure, observed and documented in 1972 by the New York Academy of Sciences.

Indications for Cellular Therapy in General

- disturbances in biological processes;
- chronic degenerative failure;
- wear and tear conditions;
- evidence of exhaustion;
- consequences of damages from birth, disease or age;
- deficiencies, hypofunction of cells;
- arteriosclerosis.

Cellular therapy is also very good in cases of nephrosis, myocardosis and hepatosis, for improvement of general health—and that is where the prevention of degenerative diseases, including cancer, is automatically included.

It is *important* to always realize that the administered cells do *not* act as substitutes, *but* normalize dysfunctional activity. Hormones, on the other hand, can only stimulate the activity, but never normalize it.

Contraindications for Cellular Therapy

Infections, inflammations, acute or chronic toxicosis, bacterial foci are among the conditions where the therapy is not indicated.

Here is a good question: How is it that such a significant therapy could be so neglected and fought by the conservative doctors? First of all, the methods of cellular therapy were impractical at the beginning and nobody understood clearly the action of this therapy, so that many doctors were turned away. Then, as pointed out before, they were very time-consuming and consequently expensive. Eventually, just a few people learned about the continuing progress of this method with its increased simplicity of the procedure, as presented by the dry-cell therapy or siccacell therapy. These people often underestimated the more severe (so it seemed) rules during the procedure of the therapy, or misunderstood the indications or

ignored existing foci of infection, marked arteriosclerosis, etc., leading to poor or no results. This left only a very few of us who continued to pursue the matter. We are convinced, and prove it over and over again, that cellular therapy is a very important weapon in the field of medical therapy, and very often when everything else fails or when there is no other way to go, it is effective.

In this connection, I find it necessary to point out a method which was actually derived from cellular therapy and was developed by the expert Professor Dyckerhoff. It is called the *regeneresen therapy*.

Regeneresen is one or multiple specific cell-RNA. The idea is that RNA is necessary for the protein synthesis in our body. Protein cultures stop synthesis if RNA is being removed, whereas addition of the specific RNA resumes the synthesis in the culture. RNA links amino acids to build the protein, which can be demonstrated on brain and heart-muscle tissue.

RN-13 is a widely used multi-specific RNA (from 13 different organs) for geriatric use. There is also a special RN-Dyckerhoff preparation for leukemia. More formulas are being developed presently. After this introduction into cellular therapy, it is now easier to understand the principles upon which it is based, and how it acts.

These remarks are aimed at three groups of people:

1. cancer-endangered and pre-cancerous people;
2. cancer-stricken patients;
3. post-operative and post-radiation cases, and to prevent recurrent formation.

We can now approach the main topic of my discourse: "*What Can Cellular Therapy Do in the Fight Against Cancer?*"

Procedure for Group 1

Start first with the study of heredity. If one of the parents of your patient (and worse, if both), perished with any form of malignancy, then there may be a dormant trend to malignancy in the offspring and *precaution* as well as *protective measures* are most indicated. Now the time has come to analyze certain basic expressions, because the scholastic conservative medical doctors are using certain words like we biologically-oriented doctors do, but the meaning and interpretation is much different.

Under "precaution" and "protective measures," words I just mentioned before, the conservative school means: the patient should eat

well, whatever tastes good and is nutritious, stay away from stress (but the patient is not told what kinds of stress and how he or she can avoid it, so it's more or less just a matter of speech). Then the patient is asked to come every six months or so for a good examination plus X-rays, etc. This is all, and no more is suggested for cancer-precaution and cancer-protection, during the cancer-therapy and for post-operative and post-radiative cases.

Well, this is not so simple, as you might guess. The trouble is that these primitive measures don't

We must not forget that every disease process is determined by the relation of the disease and the host, which makes it extremely important if there are toxic factors which favor the disease and disfavor the host.

help your body at all, since your body keeps doing whatever it is going to do, and no X-rays or doctor examinations alone will change its course or decision. The *only* advantage you derive, if your body is going downhill health-wise, is that *early* diagnosis can often find a cancerous disorder, before you actually know it, and is often able to inform you about your pitfall. This can give you a therapeutic head-start, but that's all.

Our procedure is quite more sophisticated and effective: You continue searching now for the history of diseases which are causing the development of bacterial toxins. To be exact, it was the particular bacterias, actually, which caused the disease in the first place and only small amounts of residual bacterial toxins would remain in your system if your body had fought off this bacterial insult by its own power or aided by resistance-increasing biological medicines. But consider the facts, which are nowadays proven beyond any doubt, that considerably larger amounts of bacterial toxins result from a disease where, for example, sulfa drugs or antibiotics were employed, since these reduce the body's defense, but only incompletely destroy the bacterial invaders. The initial therapeutic result of using these drugs is faster, and concurrent complications are cut short, but there is unfortunately another price to pay for it: a low-grade residual infection which often lingers a very long time. This is in particular the

case where major amounts of bacterial toxins burden our defense for a long time—partially even permanently—depending on the type of disease-causing bacteria. A good example of it are the “modern cures” for chronic tonsillitis or infected teeth, but there are many others, too. Of further importance is the evidence of prolonged periods of chemical intoxication, again depending on the nature of the chemical, concentration and duration of the process.

Such studies are very essential, since they mostly reveal factors *favoring* malignant processes. The nature of all those toxins must be evaluated. The endotoxins and the exotoxins can be evaluated with modern techniques quite satisfactorily, so we can understand to what degree toxic damages are influencing the host.

Not only do these toxic levels, consisting of bacterial toxins, chemical toxins, endo-originating toxins (like intestinal dysbacteria) favor malignancy; they also reduce the host's defense and finally create an additional problem—namely that anti-cancerous therapy of almost any type is bound to act poorly, or not at all, depending on degree and stage of the disease.

Even now, there is not an end to the problem because complicating situations usually seem to become the rule during the course of the drug therapy, and often non-cancerous organs can be adversely affected in some uncomfortable way or other. So this is exactly what we have to avoid, otherwise we are confronted with poor therapeutic results, or eventually none at all.

It stands to reason that attention must be paid to factors such as general poor health in the first place. Damages and malfunctions of the body are as important as bad habits, vices, poor diet, overweight and overeating (this is proven by many experiments on underfed rats!), lack of activity in the physical sense and many others. From what I have observed in many years of experience, proper attention to all of these factors was lacking either because of shortness of time or underestimation of the importance of those things, or unfortunately because of absolute ignorance.

I want to emphasize at this point that the speed of malignant processes is not only determined by the nature of the cancer per se, but also by the presence of those beforementioned factors, particularly the toxins. The presence of these toxins also determines the patient's poor defense, and you can imagine what this means. We must not forget that every disease process is determined by

the relation of the disease and the host, which makes it extremely important if there are toxic factors which favor the disease and disfavor the host.

Unfortunately, too often those precautions and measures are neglected. Instead, cancer therapy is initiated instantly with two-faced chemical agents, causing tremendous side effects but *nothing* positive for the host. No wonder that we still have such poor cancer statistics. It is unimaginable how in the 20th century such primitive standard procedures are still prevalent and defended!

Procedure for Group 2 (cancer already manifest)

This involves the same basic considerations as in group 1. Again you have to turn your therapeutic attempts in the direction where you both try to hamper and hit the malignancy with whatever therapy is indicated for the particular case, simultaneously trying to favor the host's defense. So far, I have never observed any successful cancer therapy where those beforementioned postulates were not fulfilled, resulting in an extra-burdened host. Also, I believe, because of many observations that most of the recurrences in even apparently successful post-operative cases were caused by not observing those important rules in the follow-up period.

Summary of Measures:

- Strict elimination of infectious foci—chronic infections.
- Detoxication of existing toxic blood levels by means of vaccines and anatoxins of specific choice.
- Restoration of existing imbalances, blood status, defense-system, liver function, drainage, etc.
- Establishing of proper diet, vitamin and enzyme levels.
- Psychological and physical program as known.
- Defense increasing vaccines like BCG, Elpimed and biological substances like pyrogenium, ecchinacea, etc.
- Cellular therapy (see annexed chart).
- Any necessary specific therapy, as indicated.

To discuss cellular therapy alone, we can claim in summary:

Group 1 (pre-cancerous):

Cellular therapy has been shown here to be of great help as auxiliary coadjuvants. Clear statistics do not exist, since it is understandably difficult, if not impossible, to pinpoint single cases. Just the

experience over many years has taught us to believe in the many favorable observations.

Group 2 (cancer cases):

Cellular therapy is of very limited value here; only in few selected cases have improvements been observed due to the build-up of the host. Anticancerous action in this stage has not been observed to my knowledge by cellular therapy.

[Editor's note: This statement may seem like a contradiction and a negation of cellular therapy for patients who choose to follow a totally biological course to treat a malignant growth, but cellular therapy will accomplish for group 2 the same benefits which are available to group 1 and group 3; that is, an improvement in the well-being of the host which is the real goal of the treatment]

The Foundation for Alternative Cancer Therapies does not consider cellular therapy a total treatment by itself but a valuable part of the process of restoring body chemistry to optimum function.]

Group 3 (post-cancer):

In this particular group cellular therapy has rendered very favorable results, mostly due to the fact that the host has been kept in very good shape, which made cancer relapses difficult or sometimes impossible. It should be mentioned at this point that most cancer relapses are due to very poor follow-up care and, with it, gradual debilitation of the patient, provoking the law of minoris resistenciae.

Following is a chart enumerating the different types of cellular therapy being used in cancer and related conditions:

Available cellular therapy, especially for pre-cancerous and cancerous diseases:

1. From CYBILIA, Heidelberg: RESISTOCELL
A special mixture of Ampule I = fetal mesenchyma cells; Ampule II = Heparin; Ampule III = polyglucose.

All three substances are mixed together and act in a synergistically potentiating modus. They represent a specific tumor-immunotherapy with the mesenchyme activator to stimulate body-specific defenses, particularly over the RHS (reticulohistocytic S). They are being used in cases of all three groups discussed above.

2. From the Theurerlaboratory, Stuttgart: REVITORGAN #66.

A multidry-cell mixture, containing in particular

proportions Diencephalon, placenta-materna, funiculus umbilicalis, thymus juvenilis, glandular pineale, testes, gland, suprarenalis, thyroides, medulla ossea, pulmo, hepar, pancreas, ren, lien, mucosa intestinales.

This preparation is employed in cases of groups 1 and 3, not 2.

3. From Prof. Dyckerhoff: Germany.

Regeneresen, with specific RNA (Ribonucleic acid). Used for special cases (consult literature).

4. From the Prof. Niehans Laboratory, Switzerland: A fresh cell mixture.

Directly derived from a special breed of black sheep, in which experimental cancer graft was never successful. It is not completely understood how those sheep cells can possess such strong anticancerous agents and how they can be transferred to the recipient, increasing his immunity, yet numerous therapies in that sense have shown that the procedure is valuable and worthwhile of consideration. The organs used are the pineal gland, the pituitary, thymus, thyroid, liver, spleen and lymph nodes and placenta. Niehans claimed that cell membranes and mitochondria might be responsible for the increased cancer-immunity created this way in the recipient. This therapy is being used for groups 1, 2 and 3, particularly 1 and 3.

5. Bone marrow cells, mostly pre-treated.

Their use is very limited, mainly for bone cancer.

Only a small amount of literature is available. I should point out at this time that recently most promising results have been obtained with cellular therapy, using human donor cells, in the fight against cancer.

In Memoriam

Herman Zagoria	Dr. John Reed
Anne Levy	Marietta Branca
Saladin Ahmeroff	Anna Katula
Anna M. Perrino	Edie Toro Fetz
Fanny Chadderton	Prudence Chrzanowski
Annette Bear	Dorothy Drasser
Mary Zoubra	Martha Starr
Joanne Lee Berman Shapiro	

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.

Beware: Aluminum Poisoning

Edward L. Carl, ND, HMD

Some common kitchen items may be slowly poisoning you and your family.

There are reams of articles and books documenting the toxicity of aluminum when in contact with food and water in cooking utensils, aluminum foil, baking powder, etc. Those who wish to pursue the documentation may write to HEALTH RESEARCH, Mokelumne Hill, Calif., for a listing of publications on this subject.

Since orthodox medicine and literature claim that aluminum is non-toxic, it is well to periodically warn the natural health disciples of the aluminum-poisoning dangers, so that they may guard against it. Like other commercialized dangers, it is quite sneaky and busy with gimmicks to lull you into the false belief that the danger is non-existent. Now let me illustrate with a personal story.

Some 25 years ago I was cured of cancer, asthma, diabetes, sinusitis, and hemorrhoids via natural therapies. Since then, I must strictly follow a wonderful natural way of living in order to survive and maintain the natural health which was given to me so many years ago.

About 12 years ago while strictly following my natural nutrition and living program, I was surprised to notice some discomfort in my stomach. Thinking that it was something which would quickly pass with a bit of natural therapy, I confidently took some soothing herbal teas and other natural medications. But instead of passing, the discomfort proceeded to increase until after a few weeks it was a constant gnawing pain and I could detect a small lump at the site of the pain.

Needless to say, I was quite concerned about the possibility of a recurrence of my cancer. Frantically I tried every natural therapy I could think of—from colon irrigations to partial juice fasts—with no noticeable results. Then while praying one night, the thought came to my mind that somehow this pain and lump were connected with my daily breakfast of what I call a superseed cereal. This consists of a combination of sesame, sunflower, flax, and pumpkin seeds, and almonds ground fresh in a nut mill and then blended in a blender with distilled water and a bit of honey and pure

vanilla extract. I could not understand how this wonderful seed cereal, one of my main sources of natural live protein, could be any cause of my problem, but I immediately suspended it from my diet program, replacing it with an all-fruit breakfast.

Even on the first day without the cereal I felt a sense of relief, as if the pain and lump which were still present had at least stopped growing and were starting to diminish. During the next week I drank at least a pint of freshly pressed wheat-grass juice daily and by the end of the week there was not a trace of pain or lump. What a blessed relief I felt as I thanked the good Lord for this new healing.

But then I began to think of how the great super-seed cereal which had helped me successfully for many years had suddenly become a poison for my system. Now reflecting calmly without the pressure of the pain and lump, I remembered that at about the time the pain had begun, the nut mill I had been using to grind the seeds for many years broke down. Therefore at that time I replaced the broken nut mill with a new one which I purchased at the health food store. The thought flashed into my mind that the new mill might have an aluminum bowl. But I had never even considered that possible, trusting that the health food store would never handle such a product. However, I took out

What a different world this would be if all drug stores, hospitals, doctors, and insecticide companies plus the light and power companies were all owned and managed by sincere people unwilling to sell anything harmful for any price.

the new nut mill, and not finding any label stating the composition of any of the parts, I proceeded to apply what I call the Kleenex test.

First I cleaned the bowl of the mill thoroughly and then I rubbed it vigorously in one spot with a piece of white Kleenex. Since aluminum is a soft metal, it will rub off on the Kleenex, turning the white paper to a silver-grey color, and this is what happened as I repeated the test several times to be certain. So here was the answer. Each morning as I ground my seeds in the mill, they scraped off

enough aluminum to give me a delicious aluminum-poisoned seed cereal for my breakfast. No wonder my problem began then, and thank God I discovered the cause in time.

That same day I returned the mill to the health food store and told the owner of my discovery. He too was surprised since he had bought it from his health food distributor. He was most grateful for my discovery because, as he said, he was in business to help people get well and stay well naturally and not to make them sick with aluminum poisoning. He exchanged the mill for another brand which had a stainless steel bowl and returned all of his stock of the aluminum bowl brand to his distributor. As a sequel I wrote of my experience to a national health magazine which was carrying an advertisement for the aluminum bowl brand and they immediately investigated and stopped carrying this advertisement for the same reason the health store owner stopped selling the aluminum bowl mill. It was comforting to find business people sincerely interested in helping people to natural health and thus unwilling to knowingly sell any product which could produce sickness. What a different world this would be if

**Since aluminum is a soft metal,
it will rub off on the Kleenex,
turning the white paper to a silver-
grey color.**

all drug stores, hospitals, doctors, and insecticide companies plus the light and power companies were all owned and managed by sincere people unwilling to sell anything harmful for any price.

Of course with a new nut mill with a stainless steel bowl, I was able to return to my morning breakfast of super-seed cereal with all of the good results I had experienced in the years previous.

So you can see it pays to beware of aluminum poisoning by making certain that you do not use any aluminum product in contact with any food, even in boiling water for tea. Include in this warning the use of aluminum foil for wrapping food (yogurt has been known to eat holes through such foil as the acid from the yogurt dissolved the soft aluminum) and also aluminum fruit juice squeezers and garlic presses. If you love your neighbor as yourself, you will not even be willing to give such items away to an unsuspecting person who might suffer sickness as a result.

An Approved Drug!

This is another in a series calling attention to monographs showing adverse reactions to prescription drugs. It is important that patients ask their doctors just what side effects they might expect and decide for themselves whether or not to use the drug. The adverse reactions to Motrin are as follows:



ADVERSE REACTIONS

(Incidence greater than 1%)

Gastrointestinal: The most frequent type of adverse reaction occurring with Motrin (ibuprofen) is gastrointestinal (4% to 16%). This includes nausea*, epigastric pain*, heartburn*, diarrhea, abdominal distress, nausea and vomiting, indigestion, constipation, abdominal cramps or pain, fullness of the GI tract (bloating and flatulence).

Central Nervous System: Dizziness*, headache, nervousness.

Dermatologic: Rash* (including maculopapular type), pruritus.

Special Senses: Tinnitus.

Metabolic: Decreased appetite, edema, fluid retention. Fluid retention generally responds promptly to drug discontinuation.

Incidence: Unmarked 1% to 3%, *3% to 9%.

(Incidence less than 1 in 100):

Gastrointestinal: Upper GI ulcer with bleeding and/or perforation, hemorrhage, melena.

Central Nervous System: Depression, insomnia.

Dermatologic: Vesiculobullous eruptions, urticaria, erythema multiforme.

Cardiovascular: Congestive heart failure in patients with marginal cardiac function, elevated blood pressure.

Special Senses: Amblyopia.

Hematologic: Leukopenia, decreased hemoglobin and hematocrit.

"The more you think you know, the more you'd better listen. . ."

N.W. Walker

Chart of the Nerve System

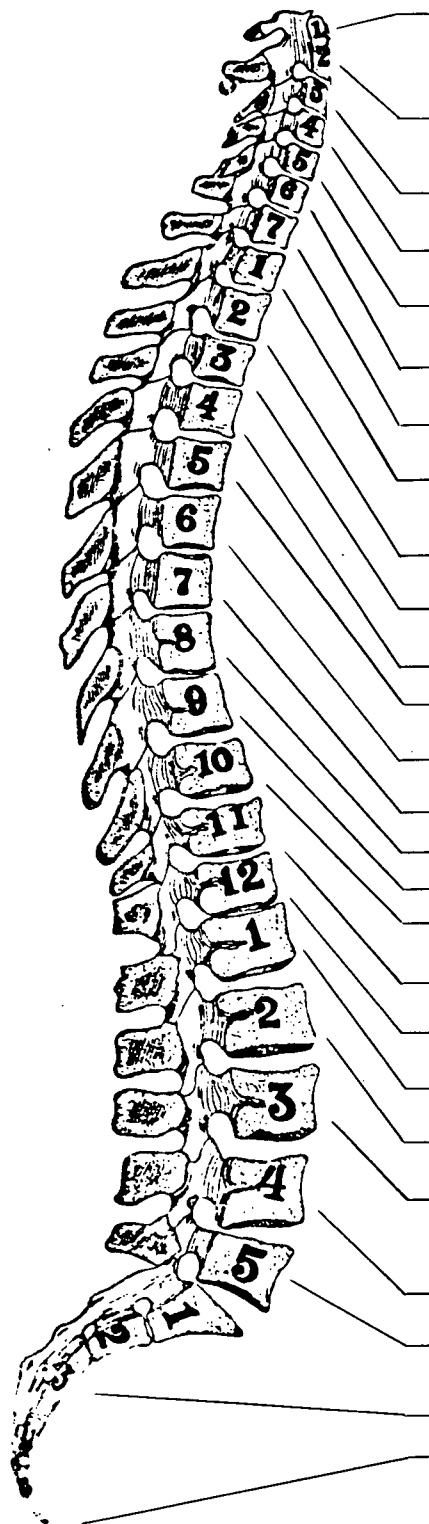
(Your Health Source)

EXPLANATION: Every part of your body is controlled by nerves, and every one of those nerves connects directly or indirectly with the spine. This chart was compiled from over a dozen standard medical text and reference books and shows in column —

A: The names of the vertebrae and nerves in the spine.

B: The areas known to receive nerve fibers from these nerves.

C: Some of the conditions that can follow a pressure on, or interference with these nerves.



A	B	C
IC	Blood supply to the head, the pituitary gland, the scalp, bones of the face, the brain itself, inner and middle ear, the sympathetic nervous system.	Headaches, nervousness, insomnia, head colds, high blood pressure, migraine headaches, mental conditions, nervous breakdown, amnesia, epilepsy, infantile paralysis, sleeping sickness, chronic tiredness, dizziness or vertigo, St. Vitus dance.
2C	Eyes, optic nerve, auditory nerve, sinuses, mastoid bones, tongue, forehead.	Sinus trouble, allergies, crossed eyes, deafness, erysipelas, eye troubles, earache, fainting spells, certain cases of blindness.
3C	Cheeks, outer ear, face bones, teeth, trifacial nerve.	Neuralgia, neuritis, acne or pimples, eczema.
4C	Nose, lips, mouth, eustachian tube.	Hay fever, rose fever, etc., catarrh, hard of hearing, adenoids.
5C	Vocal cords, neck glands, pharynx.	Laryngitis, hoarseness, throat conditions like a sore throat, quinsy, etc.
6C	Neck muscles, shoulders, tonsils.	Stiff neck, pain in upper arm, tonsillitis, whooping cough, croup.
7C	Thyroid gland, bursa in the shoulders, the elbows.	Bursitis, colds, thyroid conditions, goiter.
1D	Arms from the elbows down, including the hands, wrists and fingers, also the esophagus and trachea.	Asthma, cough, difficult breathing, shortness of breath, pain in lower arms and hands.
2D	Heart including its valves, and covering, also coronary arteries.	Functional heart conditions and certain chest pains.
3D	Lungs, bronchial tubes, pleura, chest, breast, nipples.	Bronchitis, pleurisy, pneumonia, congestion, influenza, grippe.
4D	Gall bladder and common duct.	Gall bladder conditions, jaundice, shingles.
5D	Liver, solar plexus, blood.	Liver conditions, fevers, low blood pressure, anemia, poor circulation, arthritis.
6D	Stomach.	Stomach troubles including nervous stomach, indigestion, heart burn, dyspepsia, etc.
7D	Pancreas, islands of Langerhans, duodenum.	Diabetes, ulcers, gastritis.
8D	Spleen, diaphragm.	Leukemia, hiccoughs.
9D	Adrenals or supra-renals.	Allergies, hives.
10D	Kidneys.	Kidney troubles, hardening of the arteries, chronic tiredness, nephritis, pyelitis.
11D	Kidneys, ureters.	Skin conditions like acne, or pimples, eczema, boils, etc., auto-intoxication.
12D	Small intestines, Fallopian tubes, lymph circulation.	Rheumatism, gas pains, certain types of sterility.
1L	Large intestines or colon, inguinal rings.	Constipation, colitis, dysentery, diarrhea, ruptures or hernias.
2L	Appendix, abdomen, upper leg, caecum.	Appendicitis, cramps, difficult breathing, acidosis, varicose veins.
3L	Sex organs, ovaries or testicles, uterus, bladder, knee.	Bladder troubles, menstrual troubles like painful or irregular periods, miscarriages, bed wetting, impotency, change of life symptoms, many knee pains.
4L	Prostate gland, muscles of the lower back, sciatic nerve.	Sciatica, lumbago, difficult, painful or too frequent urination, backaches.
5L	Lower legs, ankle, feet, toes, arches.	Poor circulation in the legs, swollen ankles, weak ankles and arches, cold feet, weakness in the legs, leg cramps.
SACRUM	Hip bones, buttocks.	Sacro-iliac condition, spinal curvatures.
COCCYX	Rectum, anus.	Hemorrhoids or piles, pruritus or itching, pain at end of spine on sitting.

NOTES: Very few of the conditions listed above in column C fit wholly within the control of any one special nerve. Only the commoner conditions and diseases are listed above.

Natural Hair Colorings and Dyes

M.J. Saffran

Hair dyes and colorings were used, according to records, by the ancient Egyptians, Greeks, Hebrews, Persians, Chinese, and Hindus. Henna is probably the oldest coloring preparation, followed by chamomile.

All of the formulas are natural vegetable materials, harmless to the hair and the skin *and do not cause cancer or permit it in any way.*

Hair Coloring (Blond)

Rhubarb bark 1 cup
Alcohol 2 cups
Soak the bark in the alcohol overnight, then strain.

Hair Coloring (Blond)

Honey 1/2 cup
Molasses 1/2 cup
Gum Arabic 1 tablespoon
Cook the ingredients in a double boiler for half an hour.

Walnut Hair Dye (Black)

Walnut Shells (Green) 1/2 cup
Alum 2 teaspoons
Peanut Oil 2 cups
Grind the walnut shells with the alum. Add to the peanut oil and stir over low heat until any moisture evaporates.

Dye for Gray Hair (Restores Natural Color)

Peanut Oil 1 cup
Alcohol 1/2 cup
Orange Peel, dried and sliced 1/2 cup
Add the alcohol to the orange peel, and let set in a bottle for four days. Strain and discard the peel. Add the alcohol mixture to the peanut oil and let set for two weeks before using.

Orange Flower Hair Dye (Brown)

Crushed Gallnuts 2/3 cup
Water 1 cup plus 2 tablespoons
Orange Flower Water 1 cup plus 2 tablespoons
Boil the crushed gallnuts in the water for 15 minutes. Strain, and add the orange flower water.

Hair Dye (Red)

Henna leaves, crushed 2 tablespoons
Water 1 cup
Alcohol 1 tablespoon
Crush the henna leaves and add to the warmed water; let set overnight. Strain and add the alcohol.

Hair Dye (Blond)

Elder bark 2 1/2 cups
Flowers of broom 3 cups
Egg yolk 1
Water 4 1/2 cups
Boil all the ingredients together in a pot. Skim the oil from the top of the water as it appears. Continue cooking mixture for about 30 minutes. Apply to clean wet hair, leave it on the hair for 15 minutes and then wash it out.

Always try to use organic ingredients to avoid pesticides.

Recipe

Wheat Pepitas
Raisins Nuts chopped
Sesame seeds Tangerine

Grind the wheat. Add water and raisins and allow to stand overnight. In the morning add the sesame seeds, nuts and pepitas. Top with segments of tangerine. (From NO-COOK BOOK by John H. Tobe)

This recipe can be changed by using different combinations of seeds, nuts and fruit. Use your imagination and have a taste spree.

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Adrenal Glands and the Kidneys

To appreciate the importance of the adrenal glands and their relation to the kidneys, it is necessary to recount some of the functions of the kidneys with which they are closely associated. In common with the lungs, the alimentary tract and the skin, the kidneys belong to the excretory system and the adrenals play a large part in the stimulation of all the excretory processes. In fact, they are the energizers of the whole of the body's activities, whether mental, emotional, physical or spiritual.

The urine of a healthy person consists of about 95% water and contains inorganic salts and organic waste material which includes urea creatinine and uric acid. In its role of Defender, the kidney has the ability to separate harmful substances such as table salt, stimulants, tea, coffee, alcohol, headache and iron tablets, pep drugs, animal hormones and undigested proteins from the fluids and eliminate them in the urine. That these faithful workers are unable to separate and eliminate ALL of the harmful substances is unfortunate for the patient. Permanent injury to the kidneys and the adrenals must result from the residue of these poisonous substances that are left in the system.

Since nothing depletes the adrenals as quickly as toxemia, symptoms of imbalance of these glands are easy to detect. They include dryness of the mouth; hot flushes and sudden chilliness due to circulatory troubles; muscular weakness; a sense of insecurity; a fall in blood sugar; extreme tiredness amounting in many cases to utter exhaustion, and the well-known despondency. Of this condition, it is sad to relate that sometimes neither the patient nor their medical advisers suspect adrenal breakdown.

(Adapted from the book, THE ACID-ALKALINE BALANCE by Mira Louise)

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Vaccination: The Silent Killer

By Ida Honorof & E. McBean



Ida Honorof

This was written by two investigative reporters and when you get through reading it, you will have some doubts about the safety of vaccination, and whether the public is being hoodwinked into believing that vaccination prevents disease. The authors feel that vaccination suppresses certain diseases and lays the groundwork for more destructive disease.

They tell how an unhealthy person given a vaccination could be taking just the needed additional small dose of toxins to push him over the brink to death, paralysis, brain damage or even cause the disease it was supposed to prevent.

They illustrate and draw attention to the harmful effects of vaccination which occurred during the swine flu vaccination program. Since no insurance company would underwrite the swine flu program (the insurance companies know better) the American taxpayer will be saddled with the \$1,300,000,000 damage suits for the swine flu casualties, for an epidemic which never materialized or existed. The only people who profited from the swine flu program were vaccine promoters (doctors and drug houses), lawyers and undertakers.

They also tell us that vaccines are made from decomposed protein, which in itself can cause quick blood poisoning and, "That is bad enough, but the vaccine makers then add several other drastic poison drugs to the concoction. How anyone could believe that this toxic mass of filth could be shot into the body without doing serious damage, is hard to imagine. The corrosive poisonous substance deteriorates the delicate nerves, spinal cord, brain and bodily tissue and causes various types of malfunction, disease and death."

While the vaccine promoters claim that vaccine wiped out smallpox, polio, diphtheria, typhoid and other, so called contagious diseases, the authors say this is not true. It was the introduction of sanitation (sewers, etc.) and improved nutrition which reduced disease and, furthermore, in areas where there is compulsory vaccination, invariably there is an increase of the disease people were vaccinated against.

Ida Honorof and E. McBean say that the only way to avoid disease is by avoiding the causes of disease, that the body has its own internal healing system, and the right understanding and use of this knowledge can restore our individual and national health in record time. They are calling for a full-scale Congressional investigation into the entire insane practice of immunization—but not a "fox watching the chicken investigation—there must be people on the investigation panel who have proven their dedication to humanity—doctors who practice drugless medicine, nutritionists, and dedicated and knowledgeable researchers..."

I doubt we will have such an investigation, but each of us can inform ourselves by reading additional material on vaccination and making an informed decision on whether or not to be vaccinated.

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