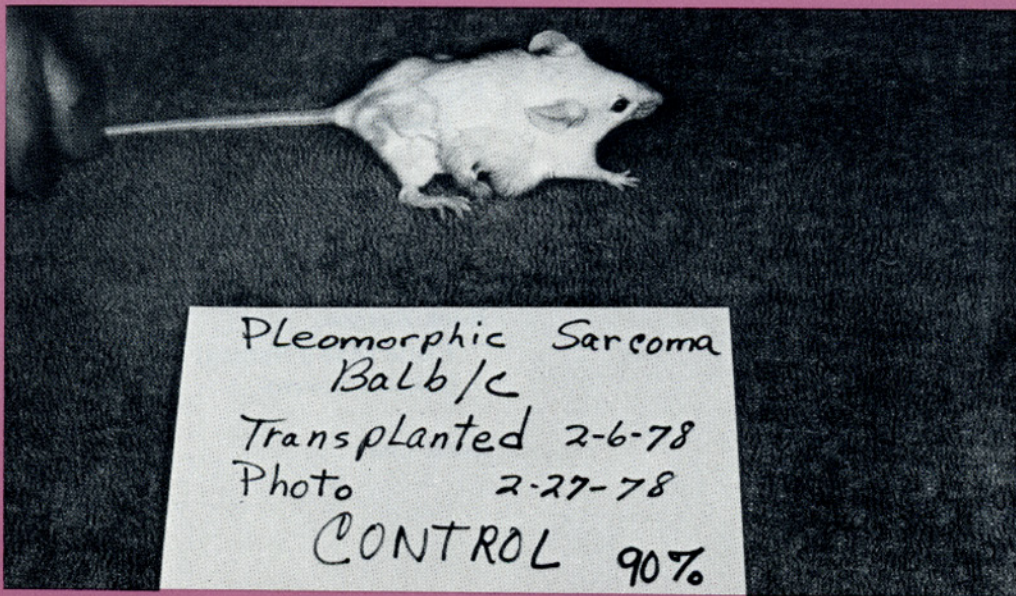
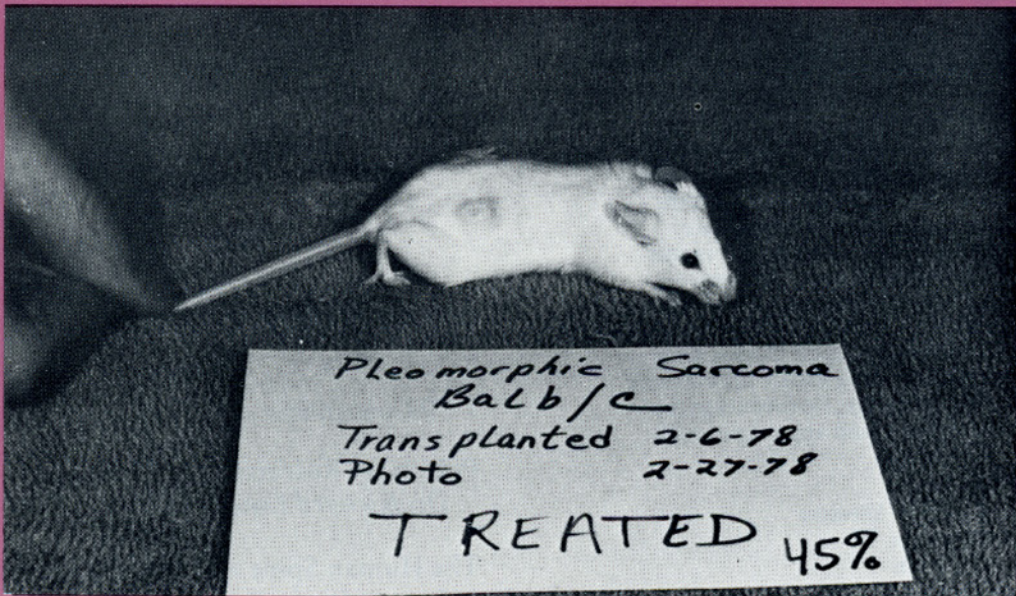


# CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.

## POISON IVY RESEARCH



foundation for  
Alternative  
Cancer Therapies Ltd.

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# FACT

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## 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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### **Special Thanks**

Irving Wexler, Editorial Assistance  
Stephanie Tevonian, Design  
Myrna Zimmerman, Typesetting  
Minerva Printing

### **IN THIS ISSUE:**

1979 Convention .....	3
Poison Ivy Research .....	6
<i>Dr. Richard Lenaghan</i>	
The Human Spine and Spinal Distortions ....	8
<i>Jerome Diniz, D.C.</i>	
An Approved Drug! .....	9
Psychological Aspects of Cancer .....	10
<i>Jane Goldberg, Ph.D.</i>	
Plaza Santa Maria and Hippocrates Health Institute of San Diego .....	12
<i>Ruth Sackman</i>	
Book Review: .....	14
<i>Eydie Mae's Natural Recipes</i> <i>Corinne Loreto</i>	
Book List .....	15

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## 1979 Convention

The Fifth Annual Convention of the Foundation for Alternative Cancer Therapies was held at the Biltmore Hotel on May 26th and 27th in New York City. The quality of the speakers was excellent. Their talks were forthright and informative. It was unfortunate that media accounts about the gasoline shortage just that weekend discouraged some attendance and kept the audience below our expectations.

Frederick I. Scott, our master of ceremonies, opened the convention with an introductory talk, then introduced Betty Fowler, a recovered cancer patient, who has been on the Kelley regimen for about five years. Her story about her struggle and achievement touched the hearts of the audience and evoked both sympathy and applause. Betty now leads an active life working full-time preparing publications for her company.

The next speaker was Dr. Richard Lenaghan. His research on mice using Rhus Tox (poison ivy) shows some exceedingly positive effects. The slides comparing the control group with the treated group indicated absolute evidence of tumor control. Dr. Lenaghan is not making flamboyant, overstated claims about his work but will continue his research, encouraging other scientists to replicate his efforts until he feels satisfied that he knows just what the protocols ought to be.

Some blood studies using poison ivy were also done on ten volunteers and their blood picture monitored by Dr. Denis M. Callewaert of Oakland University, Rochester, Michigan. One interesting aspect of the study showed that the white blood count went up markedly, which might be an indication that the Rhus Tox stimulates an immune reaction. Whatever it is, it is certainly worthy of further investigation. As you can see by the accompanying pictures, this work cannot be overlooked.

Dr. John Diamond was introduced next. He has done extensive research into behavioral kinesiology. As a matter of fact, he has just had a book published entitled, *Behavioral Kinesiology*. His talk emphasized the important role of the thymus gland in the immune process and showed how its weaknesses can be detected and how the thymus can be reactivated. Dr. Diamond graduated cum laude from Sydney University Medical School in 1957, and was awarded the Naughton-Manning Prize for Psychiatry. He has served as an Attending Psychiatrist at New York's Beth Israel Medical

Center and Mount Sinai Medical School. The work he is doing today may evoke unusual responses, but he can validate his results. More and more, we need people like Dr. Diamond who are willing to explore some uncharted fields to open up new avenues in diagnostic procedures and health repair.

After the noon break, we heard a talk by Dr. Leo Roy, a physician who practices Naturopathy in Canada. He spoke about his experience with Essiac, an herbal preparation which is now being tested in Canada. Dr. Roy gave a brilliant lecture on Sunday about his experience with Dr. Max Gerson and his own nutritional practice. His extraordinary knowledge of the chemistry of the body and its requirements was solid evidence of his long years of investigation into, and practice of the biological healing techniques. His innate sensitivity to all of nature's requirements, including a sound mental attitude, elimination of waste, good natural values, was most impressive.

Conventions arranged by FACT have always tried to present a full panel of speakers so that many facets of the body's needs for the restoration and maintenance of health are taken into account. Not all can be met at one event, unfortunately, but this is our aim. The convention also attempts to present preventative measures for maintaining health, since prevention is easier than cure. Dr. John Yiamouyiannis, a dedicated scientist ready to take a stand when his work warrants it, talked about the fluoridation/cancer link. We want to alert people to the hazard of drinking fluoridated water, and would also like your active participation in having fluorides removed from your drinking water, as well as maintaining a vigil to see that

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water in unfluoridated communities remains so.

Dr. Yiamouyiannis has done an extensive investigation and documented the cancer/fluoridation link. He has, of course, provoked the ire of the pro-fluoridationists, and that's good. To achieve the results one aims for requires constant attention, but the results are usually rewarding, so let's add our strength to the fight already generated by Dr. Yiamouyiannis.

Some treatments destroy cancer cells; some treatments, i.e. nutritional programs, restore the body's health back to its own potential. Cellular therapy is a system to aid the biological repair faster than nutrition. Dr. Anton Schenk, a specialist in cellular therapy, spoke with his usual skill, presenting the convention attendees with an

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### **Cellular therapy is a system to aid the biological repair faster than nutrition.**

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understanding of the merits of this comparatively unfamiliar healing system. Cellular therapy is available in Europe, England, Mexico and probably elsewhere, but has not been accepted in the United States. The assumption that this is because we are more advanced in healing techniques and are more careful is an illusion. Our advances are in questionable chemical medication which has been contributing to iatrogenic (doctor induced) diseases but not in non-harmful healing procedures. Cellular therapy deserves more widespread attention. It might be a valuable resource in avoiding kidney and other transplants for some patients. At least it should be considered when organs are diseased. Dialysis and transplants can always be used if cellular therapy fails.

Dr. Bernard Jensen, one of our favorite speakers, stressed the need for relaxation and faith in the body's healing ability. One of the greatest difficulties for the cancer patient is the reduction of stress after a cancer diagnosis. And stress is more likely to create ill health than to allow the body to heal. It is one reason why biofeedback is such a useful tool in a biological restoration. Dr. Hans Selye, physician, author and scientist, in writing his own experience with cancer, credits his recovery to elimination of stress in his life.

Our next speaker, Dr. Ann Wigmore, looking younger than ever after her extended stay in India at the invitation of the government, presented

slides of the Hippocrates Health Institute and explained her nutritional program, including sprouting. Sprouting provides one with the freshest, most wholesome and least expensive food sources available.

Sunday's program started with M.J. Saffan. Mr. Saffan has lectured nationwide and has had articles published in national magazines. He offered marvelous substitutes for the chemically-overloaded cosmetics and potentially dangerous hair dyes. His recipes were most welcome.

Richard Mott, who was scheduled to speak next, called earlier to say that he had had an accident requiring ten stitches in his arm. It was most regrettable, as his story is quite dramatic and it would have been encouraging for cancer victims to hear. Nevertheless, a very compelling substitute was presented. It was a slide show titled, "What Have They Done to Us?" This unusual set of slides was prepared by an ecological group in Japan. It shows irrefutable evidence of the impairment of the biological process from improper and polluted (chemically treated) food.

To follow through with the many facets of regaining health, we presented Dr. Ray Evers, Director of the RaMar Clinic in Montgomery, Alabama. Dr. Evers uses chelation therapy to improve circulation which can certainly benefit those with circulatory problems. The nutritional material one ingests has to move through the bloodstream in order to reach its proper destination—the cells.

Representing FACT, Ruth Sackman, Executive Director, explained the added attention given to and the growth of interest in alternative cancer treatments. She warned that one must become more discriminating and not assume that all alter-

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### **She warned that one must become more discriminating and not assume that all alternatives to radiation, chemotherapy and surgery are safe biological systems.**

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natives to radiation, chemotherapy and surgery are safe biological systems. Many techniques publicized as alternatives are in fact chemically derived and toxic. These are biologically unsound. FACT maintains a vigilant role in the cancer patient's interest, and is prepared to provide cancer patients with as much information as possible

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about *non-toxic* therapies, that might be useful for the particular cancer problem. We are in a unique position to evaluate the efficacy of the many therapies which are presented by getting feedback from patients. Claims are made easily; results are what counts.

Mrs. Sackman tried to make people aware that the views presented by FACT were unbiased and independent, because no one in the organization has a financial interest in cancer. The Board of Trustees and Chapter Boards are composed of people dedicated to the cancer patients' welfare. They are beholden to a rigid rule that no one with a vested interest in cancer can serve in an official capacity in FACT. FACT is extremely proud of the sincerity and integrity of those who have volunteered to serve in the organization. It is probably why we have been able to grow and earn the respect of people to whom we give assistance.

Henry Rothblatt, a nationally recognized attorney, was the next speaker. He is a most forceful advocate of freedom of choice for both the patient and doctor in health matters. This in no way means that any fool should have the right to practice on the cancer patient, nor to promote erroneous information as authentic. Well designed systems can be arranged to give the patient and doctor access to truthful reports, both pro and con, then allowing decisions to be made jointly. Some system must be found that replaces the *total* authority of a government agency which is not necessarily unbiased, with a system allowing greater participation by doctors and patients in the patient's interest. Certainly, a report by the FDA after thorough testing of a cancer therapy would have merit.

We usually include two or three recovered cancer patients on the program. They are selected carefully to be sure there is a clinically recorded diagnosis and that the years of recovery are significant. Benjamin Krotin's diagnosis of lung cancer was made about twenty-one years ago. At that time he was able to get a biological substance called Mucorhycin which is unavailable today. He spoke angrily about the government's harassment of the people involved in supplying the material to him and others. As a cancer patient, he feels it is unconscionable for his government to reject a substance without proper testing when a cancer diagnosis creates a life-and-death situation. He decried the added burden of overcoming the interference of the government in his attempt to save his own life.

Since Laetrile has received so much publicity, we felt a convention would be disappointing without someone presenting their work with it. For this reason we invited Dr. Frank B. Watts, homeopathic physician, director of the newly-opened Laetrile clinic, Plaza Santa Maria. Dr. Watts explained his service with good diagnostic techniques and careful nutrition. His slides of the clinic gave the audience an opportunity to see the place in advance of making arrangements for treatment. This helps to avoid disappointment.

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**Some system must be found that replaces the total authority of a government agency which is not necessarily unbiased, with a system allowing greater participation by doctors and patients in the patient's interest.**

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Last but not least, Dr. Donald Cole spoke about the failure of radiation, chemotherapy and surgery to produce the desired cancer cures and how this led him to investigate the work of Dr. Robert T. Pettigrew of Western General Hospital in Edinburgh, as well as others, in *whole-body* thermotherapy. In this treatment, body temperature is raised mechanically to 108 degrees without damage to healthy cells. A question which always arises is: Is there brain damage? The answer is no. The treatment can be used for many types of cancer but the doctors are still hesitant about using the technique in brain tumors, because of the narrow passage between the head and the trunk. All destroyed cells are washed out through body fluids to be eliminated through the kidneys. Proper tests are taken to determine who is and who is not a candidate for this whole-body heat therapy.

Since we do not subscribe to all of Dr. Cole's work (he is a chemotherapist) or for that matter to all of any doctor's work, we would suggest that you consult our office before making arrangements to have treatment with any of the people presented at the convention. It would be very much to your benefit to determine first if the therapy you are interested in is suitable for your cancer problem and second to learn the pros and cons of your choice.

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# Poison Ivy Research

by Dr. Richard Lenaghan

In medical literature there are cases of histologically proven malignant tumors that spontaneously disappeared. At the time the cause was quite unknown.

In the early 1960's a possible explanation for these apparently miraculous regressions was postulated. At this time it became evident that some malignant tumors were recognized by the host as being foreign; the host produced general and perhaps specific immune activity. This new concept is under intense scrutiny, the aim being to identify specific tumor substances which are capable of producing specific reactions advantageous to the host.

As might be expected, patients with deficient immune systems—whether it be secondary to congenital anomalies, or an aging process, or immunosuppressed from drugs or irradiation—are more apt to develop malignant tumors than the normal population. A classical example of this is shown in patients who, having undergone renal transplantation requiring immunosuppressive therapy to prevent rejection of the transplanted organ, are at a significantly higher risk of developing cancer than a normal group of people.

Furthermore, patients in a poor nutritional state with a large tumor load respond poorly when challenged by a specific antigen.

It has become apparent that the body's immune surveillance system is an extremely complicated process, involving formed elements; that is, numerous wandering cells—fixed as well as highly mobile—antibodies, and protein. Once the surveillance system has been challenged or activated, both general and specific responses occur, which, in summation, are advantageous to the host.

As might be expected, the immune system is widespread throughout the body, and although an initiating response may occur locally (such as in the skin), the response is not limited to that organ, but can become quite generalized. For example, a delayed hypersensitivity reaction of the skin can be accompanied by elevation in white cells, T and B lymphocytes, fever, and changes in protein metabolism.

Over the last twenty years or so I have noticed that patients with large tumor loads remaining after the removal of the primary tumor and who de-

veloped generalized allergic skin reactions have lived longer than I expected. In brief, where there was skin rash, the patient lived longer.

It seemed not unreasonable to suppose that one could, in experimental animals, modify the behavior of transplanted malignant tumors by producing allergic dermatitis. Furthermore, it seemed reasonable to use what might be described as a naturally occurring triggering substance.

Poison ivy is a well-known plant capable of producing a delayed hypersensitivity reaction in 60-80% of people exposed to it. The tar-like oil, urushiol, of poison ivy is the triggering substance. Chemically, this is a naturally occurring benzene derivative, O-di-hydroxy—benzene, with a fifteen-carbon side chain—the benzene moiety, a naturally occurring catechol.

Let us briefly compare the compound di-nitro-chloro-benzene, a drug currently being used in immunotherapy. This chemical is now being used in the management of certain malignant skin lesions as a triggering substance to cause delayed hypersensitivity reaction as manifested by a skin reaction. Di-nitro-chloro-benzene also contains a benzene ring without a complex carbon chain, nor does it include the catechol component. Nevertheless it is useful in controlling malignant and pre-malignant skin lesions.

The following laboratory experiment was arranged. In this endeavor I had the good fortune to have the aid of two well-trained laboratory technicians, Beverly Densmore and Sue Slepak.

Twenty-nine Balb-C mice (inbred strain) were divided into two groups, 19 treated and 10 control. The mice in each group were 61 days old at the commencement of the experiment. Those in the treated group were sensitized by applying crude extract of poison ivy (400 mg/ml) to the ear skin of the mice in this group. Six days later a challenge dose was applied to these mice in the same manner. One day later pleomorphic cell sarcoma (cell number significantly greater than  $10_2$ ) was transplanted into the soft tissue of the loin of both the treated and control group.

The controls and treated mice were then separated to prevent inadvertent contamination of the control group with poison ivy. The treated and control groups were managed identically except that those in the treated group were exposed to a daily challenge with the extract to maintain active allergic dermatitis.

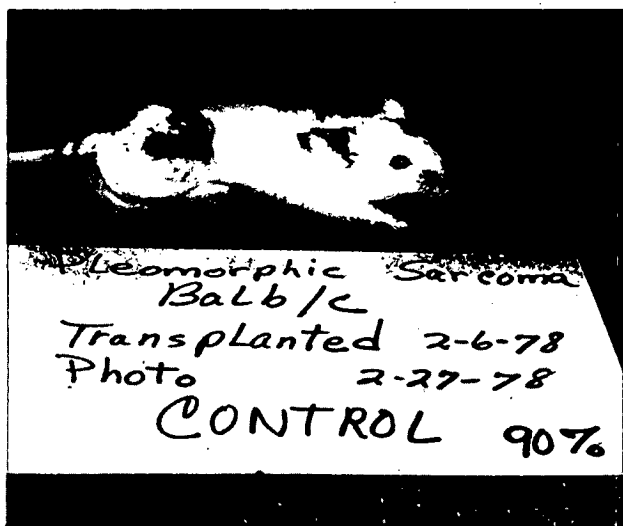
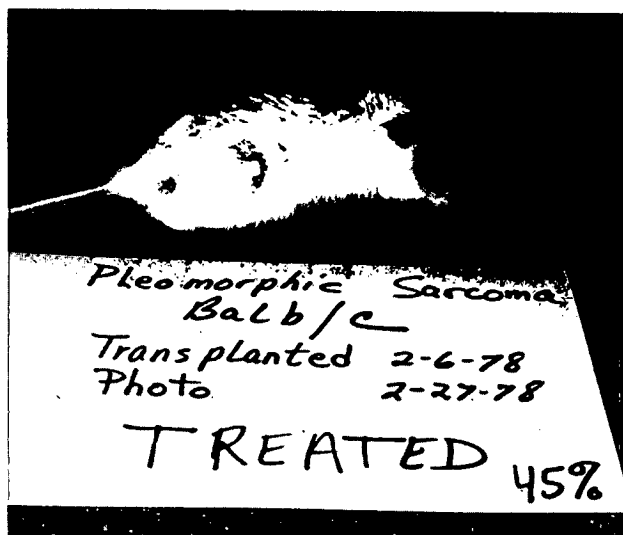
One week after transplanting, the tumors in the control group were significantly larger than those

in the treated animals. The growth of tumor in the control group advanced as expected with 100% mortality at 39 days after transplant, the mean survival time being 33.7 days. The expected survival time for this tumor as documented at Jackson Laboratories, Bar Harbor, Maine, is from 28 to 35 days. The survival time in our control animals did not significantly deviate from this expected survival time.

These pictures show the results in the controls and treated mice.

Ninety percent of the control animals had tumors of a large size—one or 10% had a slightly smaller tumor. Forty-five percent of the treated animals had tumors of a small size. No treated mice had tumors as large as in the controls, as evident in the pictures.

Initially, baseline white cell counts were done on



the animals in each group. Throughout the experiment, the white cell counts in the control group remained at about the initial level. In the treated group, however, the initial dose of poison ivy produced a 200% increase in the total number of white cells; the lymphocyte series in the treated animals that developed skin rash reactions maintained extremely high levels.

In the control animals there was 100% mortality at 39 days, the mean survival being 33.7 days. In the treated group, fourteen died, the last death occurring at 45 days, with a mean survival of 37 days.\* The remaining five of the treated animals were alive at 60 days with no clinical evidence of tumor—healthy, active, with fine coats of fur. Although this experiment is in some respects limited, it seems that the treatment significantly modified tumor growth.

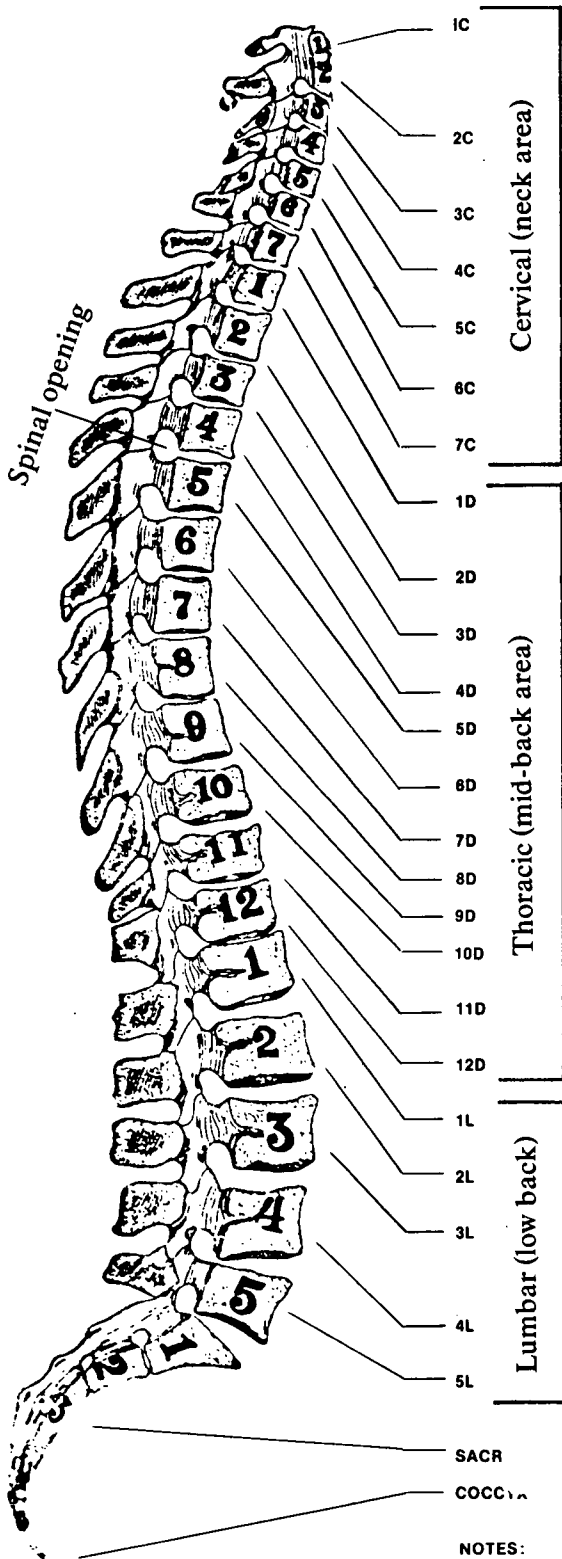
At present, at Oakland University in Rochester, Michigan, techniques are being established to compile immunological profiles on healthy human volunteers. Baseline readings will be obtained. Subsequently, the volunteers will be challenged with poison ivy. It is anticipated that 60-80% will show delayed hypersensitivity reactions, as manifest by vesicular skin rash. As evaluated on skin reaction, 20-40% will act as a control group. It is anticipated that the majority will demonstrate changes in their immune profile; if these changes can be interpreted as being potentially helpful, it would not be unreasonable to apply this method of treatment to patients with proven malignant tumor.

Stage I carcinoma of the breast is described as a carcinoma which, when assessed by the present available methods, is limited to the breast, with no evidence of metastasis to regional lymph nodes, nor any evidence of hematogenous spread. Though the breast may be removed, five years later and with no other management, 20% show evidence of metastases. It is conceivable that subjecting patients with this stage of tumor to poison ivy might significantly reduce this 20% metastatic rate at five years. To the best of my knowledge no such study has ever been undertaken. If the volunteer study provides the anticipated hard data, I shall undertake such a study on human malignancy.

\*(Ed. note:) It should be kept in mind that these mice are bred to accept a transplant, which is very different from the human system where a spontaneous breakdown in the immune system occurs. This breakdown is capable of repairing.

# The Human Spine and Spinal Distortions

By Jerome Diniz, D.C.



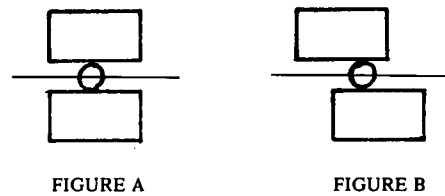
There is a definite correlation between health problems and symptoms, and the misaligned vertebrae of the spine. There are three important components to a well-balanced, healthy individual—structural or postural, chemical, and emotional—all working in harmony with each other.

Imbalance occurs when this harmony is disrupted, resulting in disease. Certain physical or somatic symptoms may have psychological origins; the reverse is also true.

### Cause and Effect

Simply stated, good posture usually means good health. Think of the muscles, bones (spine) and nerves all interdependent, interacting and interconnected, all exerting a pulling effect on each other. Here is one example: a weak muscle (often indicating a weak organ) causes spinal misalignment by pulling a bone of the spine out of place, which in turn blocks the nerves that pass through the tiny openings in the spinal vertebrae, causing nerve interference. Here is where a skilled chiropractor is trained and qualified to free the nerve system of interference, restoring normal body function and thereby removing what might be the basic cause of a health problem.

Explaining this another way, visualize two blocks of wood representing two vertebrae of the spine, one on top of the other.



In Figure A there is alignment between the one above in relation to the one below, whereas in Figure B, the blocks of wood or vertebrae are misaligned. When this happens, the two vertebrae exert pressure on tiny nerves in between them at a point in the spine. This results in what is commonly known as a pinched nerve, causing a blockage in the area, interrupting the flow of messages from the brain to the spinal chord and the



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organs (heart, lungs, kidneys, glands, etc.). The chiropractor then proceeds to remove this blockage in the spine by adjusting the vertebra back to its correct position. Communication is once again established between the brain and the spinal chord, and the signals then reach the organs to stimulate proper function again. Very simply then, when this adjustment is given, homeostasis is reestablished. Healing starts taking place, circulation is improved and nutrients are better absorbed.

Structural defects of the spine can cause abnormalities, anatomical variations and malformations of the spine. This can bring about changes in body chemistry, increase mental and physical stress, and sometimes even induce bizarre behavior patterns.

A chiropractor pays special attention to rotations, subluxations (misalignments), fixations, off-centerings and abnormal spaces between vertebrae. He analyzes and corrects spinal curvatures, such as lordosis, scoliosis, kyphosis, etc. A good example would be the very first cervical (neck) vertebrae called atlas. The atlas can be rotated in so many different directions, causing spinal subluxations. Structural defects of the spine can lead to spinal stress causing pain, spasms, inflammations, contractions, etc.

### Spinal Stress

Quite often, the areas of greatest physical spinal stress due to trauma (injury) or wear and tear are:

- The Atlas 1st and 3rd cervical vertebrae
- The 6th and 7th dorsals (mid-back)
- The 4th and 5th lumbar (low-back)

Whenever our body is under severe stress beyond its limit, compensation takes place. If stress continues further and the whole neuro-muscular system gets overloaded, it can break down; then malfunction and disease can occur.

### Compensating Mechanisms

Physical stress of the spine, muscles and ligaments brings about compensating mechanisms, creating postural defects. Example: the head tilts to one side, the shoulder raises on the other side; the hip raises on one side, so the leg gets shorter. Compensatory factors take over at this point and more body weight is shifted to the other leg to balance the body while standing or walking, etc. However, compensations usually start with mild to severe pain. This in turn causes further spinal distortions to which the body has to adapt, perhaps in a different direction this time. Existing

distortions over a period of time result in reduced range of motion.

After a further period of time, these distortions result in fixations of the spine, thus producing further distortions and other remote pathologies.

Briefly, to sum up, it may be said that spinal stress results in compensations, distortions, reduced range of motion, fixations and further spinal distortions. At this stage the patient may show symptoms of disease. A routine spinal check-up would be the best form of prevention, therapy and treatment.

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## An Approved Drug!

*Here is another in our 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 Zyloprim are as follows:*

**ZYLOPRIM<sup>®</sup>**  
(allopurinol)

### Adverse Reactions:

**Dermatologic:** Because in some instances skin rash has been followed by severe hypersensitivity reactions, it is recommended that therapy be discontinued at the first sign of rash or other adverse reaction (see *Warnings*). Skin rash, usually maculopapular, is the adverse reaction most commonly reported. Exfoliative, urticarial and purpuric lesions, Stevens-Johnson syndrome (erythema multiforme) and toxic epidermal necrolysis have also been reported. A few cases of alopecia with and without accompanying dermatitis have been reported. In some patients with a rash, restarting Zyloprim (allopurinol) therapy at lower doses has been accomplished without untoward incident.

**Gastrointestinal:** Nausea, vomiting, diarrhea, and intermittent abdominal pain have been reported.

**Vascular:** There have been rare instances of a

generalized hypersensitivity vasculitis or necrotizing angiitis which have led to irreversible hepatotoxicity and death.

**Hematopoietic:** Agranulocytosis, anemia, aplastic anemia, bone marrow depression, leukopenia, pancytopenia and thrombocytopenia have been reported in patients, most of whom received concomitant drugs with potential for causing these reactions. Zylprim has been neither implicated nor excluded as a cause of these reactions.

**Neurologic:** There have been a few reports of peripheral neuritis occurring while patients were taking Zylprim. Drowsiness has also been reported in a few patients.

**Ophthalmic:** There have been a few reports of cataracts found in patients receiving Zylprim. It is not known if the cataracts predated the Zylprim therapy. "Toxic" cataracts were reported in one patient who also received an anti-inflammatory agent; again, the time of onset is unknown. In a group of patients followed by Gutman and Yü for up to five years on Zylprim therapy, no evidence of ophthalmologic effect attributable to Zylprim was reported.

**Drug Idiosyncrasy:** Symptoms suggestive of drug idiosyncrasy have been reported in a few patients. This was characterized by fever, chills, leukopenia or leukocytosis, eosinophilia, arthralgias, skin rash, pruritus, nausea and vomiting.

## In Memoriam

Amalia LaCroix	Irma Napolitano
Jane Lane	Rudine Picht
Rose Sinagra	Morris Sherl
Esther Abramson	Alice Brichkowski's Mother
Edie Toro Fetz	Robert L. Green
Donald Driver	Zelman Kaplan
Joseph Lichtman	Romeo LeBlanc
Armando Busillo	Hyman Friedkin
Polly Terranova	Don Fowler
Steven Marcus	Irving Kaplan
Julie Brittelli	Mr. Fishman
Madeline Berliner	Judge Brahney
Steven Schuler	Mr. Bruchis
Gerard MacKenzie	Billi Franklin
Joseph Miner	Betty DiCicco's Husband
Sylvia Schachet	Paul A. Steinman's Father
Ruth Rabin	Mrs. Ann O'Mahony's Brother

*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.*

## Psychological Aspects of Cancer

by Jane Goldberg, Ph.D.

When someone we love gets sick, we usually have the feeling of wanting to help them get well. We may try to play an active role in their treatment: we will investigate all the different possible modes of treatment; we will make decisions about which treatment seems to have the most potential benefits for their illness; we will encourage them to follow a specified plan of action to rid themselves of the disease; we may even accompany them to the place where the treatment is administered.

Helping a sick person, however, is complicated business. Having the feeling of wanting to help is not always helpful. Even putting the feeling into what one would normally think to be constructive aid is not always helpful. For some people, the only way they can be helped is to not help them at all.

One cancer patient whom I treat in psychotherapy comes to mind. Her family is convinced of the merits of nutritional and non-toxic treatments of cancer. One member of the family has already been cured of a usually deadly cancer through nutrition. This patient, however, is firmly rooted in her unique eating habits. She loves fried foods, and even though those foods often give her digestive system a run for the money, she copes with this problem by making sure she is near a bathroom when she eats fried foods. She would rather see it that way than see the fact that her system is not tolerating these foods.

Her family wants her to live. They used to talk to her to try to convince her to get on a better diet. These conversations were highly upsetting to my patient. She had the feeling that they were asking her to do something she didn't want to do, and possibly felt she couldn't do. When we see rigidity of this kind in psychotherapy, we suspect that there are deep underlying reasons for holding on steadfastly to a particular pattern. This patient has not yet verbalized what her resistance is to changing her eating patterns, so I can only speculate. What she has made clear, though, is that what had seemingly been smooth interaction with her family was now turned into traumatic and angry conversations. They wanted her to do what they wanted her to do; she wanted to do what she wanted to do; never the twain shall meet.

The stress of the disrupted relationships between her and her family was becoming more toxic to her than all the bad food she was putting into her body.

If her family was to be successful in persuading her to change her diet, it was clearly not going to be through battering rams' heads. I advised the family to forget the diet and concentrate on repairing the relationship. It was difficult for me to offer this advice, because I, like the family, believe that the diet can cure my patient.

But as a psychologist, I know that cure comes from relationships. A healthy body is a body that allows itself to be influenced; a healthy mind, too, is responsive. The psychotherapist effects cure by developing a relationship with his or her patient so that he or she is in a position to influence the patient to cure. Healing medicines similarly effect a relationship with the body and influence the body to operate in ways different from its typical "sick" way.

The relationship that is the most potent may be the one that determines the course of events for a patient. My patient's negative response to food may be far more powerful than her positive response to a family who treats her curatively. Her family knew this, and this was why it was so difficult for them to stop talking to her about diet. They figured that if they didn't talk to her, there would be no chance for change; if they kept talking, then maybe—even a slight chance—she might change. Actually that reasoning was faulty. Talking to her was increasing her resistance to change.

So even after they decided not to try to get her to change her dietary habits, they knew that she still might not get well. My patient appreciated the change her family manifested, and how difficult it was for them to give to her in this way—that is, to give to her in *her* way, not *their* way. Still, the toxicity of the food may prove to be stronger than the health-giving properties of love.

Hope lies in the fact that sometimes when you develop a tension-free relationship, the relationship helps to create the proper environment for change to take place. This is why I advised the family to focus on improving the relationship. One learns to use the relationship as the tool through which one effects change. This means being sensitive to the emotional needs of the other person, not just doing what you think is best. You may, at times, have to do what the other person wants, even if you think it's not best.

Another cancer patient had the same problem

in reverse. She was committed to a detoxification program, but her family thought that she should be in orthodox medical treatment. She would go through a healing crisis and her family would get terrified and plead with her to go to a hospital and stop her program. She had to expend vital energy that should have gone to body repair on soothing her distressed family. Her woes were doubled: she had her body to repair, her own fears about her program failing, and in addition her family's stress to assuage.

Psychotherapy students are taught that resistance to change is not resolved by meeting it head-long, jumping over it, or smashing it. It is to be gently explored and understood. The patient is allowed to keep a defense pattern as long as he feels he needs it. When we attempt to repair the body through non-toxic means, we have the same attitude. It is the chemotherapists and radiologists who are in the hurry. Real cure takes time.

So does change. So when we want someone to follow a treatment plan that we believe in, but the patient doesn't want to follow, we must remember that the treatment plan will only be effective if the emotional needs of the patient are taken care of as well.

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*Hippocrates Health Institute of San Diego*

## **Plaza Santa Maria and Hippocrates Health Institute of San Diego**

by Ruth Sackman

I'm sitting in the Los Angeles Airport, waiting for my flight back to New York, ready to report to you about what's new, what's promising, what's available and simply what is interesting.

FACT always tries to have a first-hand investigation of any new opportunities that appear for the cancer patient.

The main purpose for the trip to the West Coast was to visit Plaza Santa Maria, a newly-opened Laetrile Clinic under the direction of Dr. Frank B. Watts, a homeopathic physician, and the Hippocrates Health Institute of San Diego.

Eydie Mae and Arn Hunsberger met me at the San Diego Airport when I arrived from Los Angeles. They had agreed to accompany me to Mexico to visit Plaza Santa Maria. Our first destination, though, was the Hippocrates Health Institute of San Diego, in Lemon Grove, California. This is a beautiful, restful place under the direction of Rachel Solomon, a slim, dynamic woman, who seems to have an innate sense of the biological process most likely to generate a restoration of health. She has sincere empathy for those people making the struggle. This is a raw food program specializing in wheat grass and sprouts.

I was impressed by the grounds with its many varieties of flowers, the serene atmosphere, the lecture schedule, the accommodations and the efficient arrangement of growing and processing the wheat grass into juice. The marvelous southern California climate allows the growth of the wheat grass outdoors exposed to shaded sunlight. The more we utilize nature's gifts, the better.

The room accommodations were spacious, pleasant and comfortable. Some units had balconies and fireplaces. These were the most expensive, deluxe suites renting for up to \$225.00 to \$250.00 per person per week (double occupancy was less per week per person), but there were modest facilities, such as dorms serving three in a room, for as low as \$145 per week. For those who were willing and able to work four hours per day, there was a special dorm arrangement for \$100.00 per week. Accommodations ranged from \$100.00 per week per person to \$145, \$175, \$190, \$225 and \$250. There was an opportunity for all to have the advantage of being able to revitalize their health in wonderful surroundings with healthful food.

I sat in on one of the series of lectures so essential to the whole process of getting well and remaining so. Pat Wing, a registered nurse, dealt with elimination—an extremely important function, all too often given limited attention elsewhere, but not by Pat at Hippocrates. She explained in detail, and with visuals, the four avenues of elimination—colon, kidneys, skin and lungs—and systems to make them function more efficiently. It is important to note, too, that there is a colon therapist





Dr. Rodrigo Rodriguez



Dr. Frank B. Watts



Plaza Santa Maria

renting space on the premises. If you don't already understand the value of colon therapy, I suggest you read Dr. N.W. Walker's latest book, "Colon Health". You'll then understand how difficult it is for the body to maintain health and certainly difficult to restore health as long as it is loaded with accumulated wastes of all kinds. It's like a house with crumbling plaster; you can't put up new walls until you clear away the decayed debris.

Hippocrates is far from being only for those with health problems. It is a marvelous place for busy people to use the way Europeans use health spas—to restore their vitality periodically.

Our next stop was Plaza Santa Maria located thirty minutes south of Tijuana, Mexico, on the Ensenada toll road which runs along the Pacific Ocean. It's an exquisite site with newly-decorated very comfortable rooms and some facilities with kitchens and sitting rooms for families. There is a heated swimming pool and tennis courts for guests. For those who accompany a patient but prefer to eat differently, there is a fine restaurant on the premises. Plaza Santa Maria is a resort as well as a clinic for patients wanting Laetrile therapy.

We had a long visit with Dr. Rodrigo Rodriguez, an oncologist, who impressed us greatly with his acceptance of the biological concept of cancer and, therefore, his treatment approach which coincides with the concept. Nutritional programs are designed for the cancer patient and special consideration is given to the use of non toxic materials only.

Dr. Rodriguez is a specialist in nuclear diagnostic techniques. This type of diagnostic testing should be accepted only when there is an absolute necessity for it because the diagnosis is essential for the treatment. It is important for the cancer patient to avoid, either by injection or ingestion, substances that are not biologically sound.

We talked about many things until the hour grew late; then we made our departure from Plaza Santa Maria. Arn and Eydie Mae Hunsberger talked about a doctor they had visited in Greece who claims to have a method for treating cancer successfully. As with all new information, we'll wait until we have additional feedback and conclusive evidence of the efficacy of the treatment. Arn and Eydie Mae are trying to arrange some research in the United States. This will be watched with interest and, if it shows merit, we'll be sure to let you know about it through *Cancer Forum*.

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## Eydie Mae's Natural Recipes

by Eydie Mae Hunsberger

As members of FACT know, Eydie Mae conquered cancer naturally, which means she changed her diet radically. As I recall from reading her book, *How I Conquered Cancer Naturally*, Eydie Mae was appalled at the mutilative treatment for her breast cancer and sought and found an alternative method. Basically, she adhered to a raw food diet as recommended by Dr. Ann Wigmore. This diet, of course, includes wheat-grass juice and sprouts.

Eydie Mae's recipe book is full of delectable dishes and they are rated Phase I, II and III. The Phase I foods are termed "therapeutic" and were used by Eydie Mae during her recovery. Phase II foods, termed "maintenance," include recipes now used by Eydie Mae. Some cooked foods like brown rice, pinto beans, and baked yams are used. Phase III recipes include recipes to be enjoyed by family and friends.

It is interesting to note that when Eydie Mae had her last blood analysis, the nurse exclaimed, "Wow! That's the blood test of an 18-year-old girl in perfect condition!" The total protein figure read seven, which is considered perfect. Many people contemplating a vegetarian diet are concerned about a protein deficiency. Eydie Mae's protein was derived from all the foods she eats, but the largest contributors were avocados, sunflower and sesame seeds and sprouts.

Following are two of her recipes:

### AVOCADO STUFFED CELERY

1 avocado	Sweet pepper
2 onion slices, chopped fine	Powdered herbs or vegetable seasoning

Mash avocado. Combine with onion and seasoning. Stuff celery stalks and serve.

### GARBANZO BEAN SALAD

1 clove garlic	1 c. sprouted garbanzo beans
½ head romaine lettuce	¼ tsp. oregano, 1 tsp. kelp
1 bunch leaf or red leaf lettuce	1 T. apple cider vinegar
2 or 3 stems of fresh dill	¼ cup olive oil
2 green onions, sliced fine	

Rub the sides of your salad bowl with fresh cut garlic. Wash and drain greens thoroughly. Break into bite-size pieces. Cut off feathery leaves of dill and discard the tough stems. Add dill, green

onions, and garbanzo sprouts to greens. Sprinkle with kelp and oregano. Toss well with vinegar and oil.

Eydie Mae also tells her readers how to grow indoor greens. If the current gasoline shortage continues and the farmers cannot get their produce to market, we may all be forced to grow our own food. This may turn out to be a blessing in disguise.

This recipe book, along with her other book, *How I Conquered Cancer Naturally*, which tells how Eydie Mae overcame malignant breast cancer without having a mastectomy, should be read by all women who fear mutilative surgery for breast cancer.

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