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FACT

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Whole-Body Hyperthermia

A Talk by Dr. Donald Cole at the Annual Cancer/ Nutrition Convention of FACT on May 29, 1979

Dr. Donald Cole

Ruth Sackman: I'd like to introduce you to our next speaker, Dr. Donald Cole. He is associated with several New York City Hospitals, is Director of the Wholistic Health Center in Floral Park and Director of Oncology and Surgery at the American International Hospital Clinic in Zion, Illinois. He is also a chemotherapist, surgeon, oncologist and heat therapist. We subscribe to the heat therapy only.

Dr. Donald Cole: As Ruth mentioned to you, the heat therapy is actually whole-body hyperthermia. I think it would be of some interest to you as to why we became involved with that, because as oncologists and chemotherapists, etc., why should we be interested in heat. I think the problem of statistics will show how we came to this field and why we think it is a very valuable adjunct to the whole cancer scene.

Cancer of the breast is thought to be, among most oncologists, surgeons and others in the medical profession, one of the easiest types of cancer to treat; that is, in terms of the way it can be handled. Certainly, it is one of the most frequent forms of cancer. And it seems to be on the rise. We think perhaps that the reason we do so well is that it's detected earlier and also because the American Cancer Society and other organizations produce voluminous information on self-examination, mammography and other techniques. The final figures are very interesting. Fifteen percent of women, according to the hardest statistics, who develop cancer of the breasts will do as well if they have no treatment at all.

If a woman develops a lump in the breast; should she have mammography? There is a great deal of evidence that would indicate that she should, and there is a great deal of evidence that mammography contributes to the development of cancer. When a woman is told that a tumor has developed in her breast, she can go to any center she wishes and get one of about four different opinions—all different, and all at large, respectable centers. She could have the lump removed and a diagnosis made of cancer, let's say. Then, perhaps, have no treatment, or, at another center, have X-ray therapy, or at still another center have a radical mastectomy, or at another place have a modified radical, or at another place have a super radical, or at another place have the opposite, breast biopsy. Very interesting. Now, at certain centers they will say she should have chemotherapy. If she has conventional, traditional, acceptable—the best chemotherapy—her life expectancy from the time that chemotherapy starts is ten and a half months. We are not talking about cures. Now once chemotherapy starts, then the question comes up; "What about the quality of these ten and a half months, and how long would she last if she didn't have it?" Now if she had positive nodes, no matter what we do, her chances for a five-year survival, under the best circumstances, is about 30%, and of course they continue to diminish after five years. If she has negative nodes after five years, she has a 70-75% chance of surviving, and then this diminishes as time goes on. If she has X-ray therapy, there is no improvement in the survival rate at all. In fact, one wonders whether the quality of life is as good with the X-ray treatment, in addition to primary treatment. At many centers, X-ray treatment is now really being abandoned after breast removal for cancer. So you can see that if this is the best we

. . . there is no question that heat can destroy cancer cells and, for a variety of reasons. . . we really don't know for sure, it doesn't destroy the normal cells at the time it destroys the abnormal cells.

can do, it is really a far cry from what we would like to do and certainly what the patient should like to have done.

I don't have to tell you that removal of the breast is a mutilating procedure for most women and they find it hard to cope with. I think it's a constant fear in women that, some day, they may have to face it.

The ideal part of this treatment to me, on a theoretical basis, is that it answers two of the deficiences in most cancer therapies. One, it is not mutilating, and it is non-toxic. Secondly, you are treating cancer as though it is a disease of the body.

If you take the statistics today on the average patient population with cancer of the breast and compare it with twenty years ago, there is no improvement in terms of how many women will live and how many will die, how they will die, etc. None whatever. Now, I want to remind you why I started out by saying we think that we can do the best in this situation. If we start to talk about conventional treatment for cancer of the lung, esophagus, pancreas, and on and on, the results are nowhere near as good as with breast cancer.

Now many of you may ask, or you should ask, "Why is this true?" I've heard that Gabe Pressman in the recent TV shows that he has had on Channel 5 on "WHAT'S NEW IN CANCER," asked the question initially, "How come in twenty years the cure rate has increased 2% at the expenditure of, I think, 42 billion dollars?" No one has the real answer of why, but we feel the answer lies somewhere in the following fact: that cancer is *not* a local disease.

In fact, what I just heard Dr. Watts say, and consequently, if we direct our attention to a local problem, when the problem is really a generalized problem, obviously this might explain one of the problems in the cure rate, or survival rate. In addition, we, as surgeons, always feel that the best thing is to remove the cancer. If you have a tumor, get rid of it; if you have a cyst, get rid of it. I'd like to add that I believe this is correct. As time went on and surgical procedures could become more extensive with improvement in anesthesia and nursing care, it certainly appeared that the best thing to do was to remove more; and if you removed more, then you had a better chance of removing all of the primary cancer which is certainly not visible to the surgeon. And yet, no matter how much we removed, the patient still went on and died of cancer. In fact, one of the attitudes in our clinic was that if the surgical procedure, by its very nature, had to be mutilating in terms of what the surgeon had to do to remove all of the tumor, in his best estimation, that's already a sign that it is going to be a failure. No matter how much you remove, the patient would still go on to die, because cancer had spread beyond his knife: because it had gone into his bloodstream, and would be deposited accordingly. So with surgery not answering the problem, X-ray therapy was added, and X-ray therapy of course increased the local field of destruction, but didn't solve the basic problem. In fact, the complications from the additional X-ray therapy adds one other dimension since it is a very destructive force to normal tissues as well as abnormal tissues. Consequently, many complications come about, just from the additional X-ray therapy.

In addition, when given in certain areas, you may damage the bone marrow which is the main source of the immune response. So when these things didn't work, chemotherapy came on the scene and what we thought (I thought so too) was the answer to the problem. But, you see, there is no chemotherapy drug which is specific for cancer. Chemotherapy drug, when it works, is specific for living cells. In many situations, naturally, it will go to the normal cell and destroy that without ever affecting the abnormal cell because we can't pick out which cell it will effect. So, we decided the best way was to give as much of these poisonous drugs as

Many times chemotherapy can destroy the normal cells without affecting the abnormal cells at all.

the body could sustain, and theoretically when the body started to react with what we call toxicity, or side-effects, that meant you could go no further, or you might kill your patient. But, hopefully, you would not have destroyed too many normal cells but all of the abnormal cells. But it doesn't work that way. Many times we can destroy the normal cells without affecting the abnormal cells at all.

And to make matters worse, the effect of these destructive agents, just like X-ray therapy, is to go to the bone marrow, and affect again the source of the immune response.

In order to do a successful transplant—a bone marrow transplant, a renal transplant, you name it —you must first destroy the immune system in the patient, because if you don't they will reject the transplanted organ and destroy it; and what we do to destroy the immune system for the transplants is to use—cancer chemotherapy drugs. So, we destroy the immune response to allow the patient, not a cancer patient, to have an organ transplant. In fact, I heard just recently that a patient was brought in for a renal transplant, they destroyed her immune system and in doing it (over a two-week period), she suddenly developed pulmonary nodules—evidence of metastasis, or put in another way, she had cancer that was not detectable. She was having a renal transplant for a different reason, and her own immune response had apparently been successful in sustaining the cancer. So it had not been evidenced clinically, but when the immune system was destroyed, she died of metastatic cancer. The incidence of cancer in patients, incidentally, who have had transplants, who have had destruction to their immune system, is greater than in the overall population, as one would expect.

There are many cases on record of patients with terminal cancer of the lung who developed abcess or septecemia, and if they survived, a certain percentage would go into remission. Obviously, the fever had done something to the cancer.

We are taught, as oncologists, that today probably all of us get cancer or have cancer all the time, or are exposed to cancer, or it is in our body incidentally. I am sure that's true. So what is amazing is that we can do as well as we do in certain cancers like Hodgkins, leukemia, in terms of geting any remissions, because in order to get a remission we have to use high doses of drugs which will destroy the immune system and yet we do get a remission; but that's why we don't usually get a cure.

Now with these things in minds, and certainly at Ruth's insistence, and because of our own frustrations, we decided to listen to someone who wasn't an oncologist or an M.D., which of course, is a disgrace to admit. She told us about the work of Dr. Pettigrew in Scotland and then Dr. Larkin in this country. It certainly was fascinating and we decided to look into it and came up with a lot of interesting facts. First, that there is no question that heat can destroy cancer cells and for a variety or reasons I can think of, a lot of logical reasons but we really don't know for sure, it doesn't destroy the normal cells at the time it destroys the abnormal cells.

This has been proven at the National Cancer Institute and at various institutions. It has been proven in tissue cultures, and also in living animals and humans. In fact, the Japanese, this past year, at their cancer research institute demonstrated that an elevation of the temperature in cells could affect the cancer versus the normal; and at what levels the cancer cell would be destroyed. They demonstrated this at approximately 40 degrees centigrade where the cancer cell would be destroyed (about 75% would be destroyed) and the normal cells not affected. They went up another degree and it was close to 90% destroyed. And another degree; it was close to 100% destroyed. As they went over 40 degrees, the normal cell metabolism was starting to slow down but it was not destroyed. In other words, we are talking in the neighborhood of 106 to 107.5 degrees Fahrenheit. So when you hit the top level of about 107.5, the cancer cells were all destroyed, the normal cells' metabolism had been slowed down considerably, but were not destroyed.

We think this may be related to the fact that the cancer cell is an avaricious cell and metabolizes at a very rapid rate to start with. I guess you can just push this so far and it explodes—it can't handle it. Now, there has been a lot of work that demonstrates the effect of fever in disease. In fact, recently there was some work done in Georgia in which they demonstrated in animals with pneumonia or a pneumonia-like process, the animals that had fever with no treatment of the fever, provided it didn't go to dangerous levels (which would be like over 104°) did better than those that had their fever treated with antibiotics or with aspirin-like compounds, where the fever would be reduced. They didn't recover as fast from their infection—put another way—that the fever we feel in a living being is a method of treatment of disease rather than just a sign of the disease. Now, Dr.

Coley, in his work with the Coley toxin, which is really another form of fever therapy, had remissions. There are many cases on record of patients with terminal cancer of the lung who developed abcess or septecemia, and if they survived, a certain percentage would go into remission. Obviously, the fever had done something to the cancer.

Now, in whole body hyperthermia, what we are talking about is elevating the temperature to 107-108° Fahrenheit range, and hopefully the temperature of the tumor to this range. There are two forms of hyperthermia in general. There is the local hyperthermia in which a machine has been built using microwave, where they can locally increase the temperature of the tumor and they can put a thermometer into the tumor to indicate the elevation and also the destruction of the tumor and theoretically only the tumor will be affected by the heat but no other part of the body. But this violates two principles, we feel. First, the microwave is a destructive force which can and does destroy all the tissues in the neighborhood where you are pushing it through, and secondly, again what we are really doing is trying to remove the local tumor; or put it another way, we are using another form of X-ray therapy. So, if you destroy the tumor, like you can with an X-ray beam with a lot of patients, most cancer patients will go on to die of their cancer and, likewise, they will after local hyperthermia.

The other system is called whole-body hyperthermia or systemic thermotherapy, which is really elevating the temperature of the entire body. We call it the core temperature which is what we are interested in—the temperature within the rectum and the esophagus. The temperature which is produced externally has to penetrate through all the tissues in order to get to the core.

There are several ways to produce this heat. We think the best way is a method that we are using, which is using water-filled blankets that the patient is wrapped in. And these water-filled rubber blankets are attached to a machine which can push this heat to 140° or higher, or it can cool it right down through an air conditioning unit if it becomes necessary. It must be done under some form of light anesthesia because the temperature is intolerable if the patient is awake. The anesthesia we use is the lightest we can use. It is called a non-surgical plane. In other words, the patient cannot have any form of surgery with this form of anesthesia, because it would be too light; they would be awake and would feel the pain.

We now have a hyperthermia room with several machines with all sorts of monitoring devices in order to check the patient's responses of their vital organs, their liver, kidney, heart and lungs. All of this is monitored to be certain of what is going on because obviously this is a stress situation. We are using it in all forms of cancer but with certain requirements—mainly that the patient is cleared medically just as they would be for a surgical procedure. The patient requirements we feel, in order to make the procedure perfectly safe, revolve mostly around the heart, the lungs and the brain.

If the patient has had a recent heart problem, or if the patient's ability to handle oxygen is 50% or less than normal, we would not go ahead with the procedure, because with the speed-up of the metabolism, the pulse rate goes up, the heart rate goes up, and breathing goes up and they have to be able to handle this safely.

. . . the animals that had fever with no treatment of the fever, provided it didn't go to dangerous levels (which would be like over 104°), did better than those that had their fever treated with antibiotics. . .

We have now done about 220 procedures in some 190 patients. We have not done enough of any specific category except breast and lymphoma to really talk to you in terms of any valid statistics, but the National Cancer Institute and Dr. Pettigrew and others have done enough of the sarcoma group to state that this is a group that does respond quite well to the treatment. I might add that this is a form of cancer that usually does not respond to anything. If the patient is a good risk, in our opinion, for this procedure, the chances of their responding to hyperthermia in cancer of the breast are in the neighborhood of 60 to 65%. Now I am talking about patients who have had everything before they had hyperthermia. That's a very high figure. Mind you, if a lady comes in with a lump in her breast and is stricken with cancer and it is removed with the best procedure you have available, and her nodes are negative, her chances of surviving 5 years are in the neighborhood of 75%. We are talking about the failures of that procedure and everything else.

In the lymphoma group, actually, at this point, our statistics are even better. We have only done about 15 of them. To give you valid statistics in other areas where we have only done one or two is meaningless. Because if you have got a success with only one, it is 100% but it really does not mean anything in terms of the overall statistics, but we do know enough about it to feel that it is a very worthwhile technique (that is, whole-body hyperthermia) in the treatment of cancer. Naturally, we would like to use it right from the beginning, but medically-legally we always have to tell the patient that they had to have every other available, so-called worthwhile technique prior to the hyperthermia or refuse it. And certain of our patients have refused anything further in the so-called conventional areas. I say that with tongue in cheek because when we first started using hyperthermia, most of our colleagues felt it was almost like witchcraft. However, I was pleased to hear recently that the new president of the American Cancer Society mentioned hyperthermia as one of the newest and sophisticated available tools in the treatment of advanced cancer.

There are several programs now going on in this country, and other countries. Recently, some of the third party insurance carriers have reimbursed patients for this procedure.

We think that our results justify this as a method of treatment of advanced cancer. We recommend this procedure be done a minimum of three times. However, many patients who have responded after one or two times will refuse a third treatment. There is no magic in the number three. It's just that Dr. Pettigrew had developed a technique this way, and the National Cancer Institute (Larkin and others), have utilized three as a minimum, and that's why, I guess, we jumped on the bandwagon, figuring that many treatments would be better than few—but I guess it is not necessarily true that you do it several times. I might say that Pettigrew has done it 26 times on one patient over a several year period when the tumor started to come back. The ideal part of this treatment to me, on a theoretical basis, is that it answers two of the deficiencies in most cancer therapies. One, it is not mutilating, and it is non-toxic. Secondly, you are treating cancer as though it is a disease of the body rather than as though it is just a disease of the local primary tumor site, which it really is not. Because if it were, most of the patients that do develop cancer would be cured whereas in reality it is just the opposite.

Items of Interest

Chemotherapy, or treatment with drugs, sometimes completely, *though temporarily*, relieves symptoms and shrinks tumors when other types of treatment are of no benefit.

From Cancer, *a pamphlet published by the U.S. Department of HEW.*

* * *

Theophrastus Bombast of Hohenheim, Doctor of both medicine and professor, greetings to the students of medicine. Of all the disciplines, medicine alone, through the grace of God and according to the opinion of authors divine and profane, is recognized as a sacred art. Yet, few doctors today practice it with success and therefore the time has come to bring it back to its former dignity, to cleanse it from the leaven of the barbarians, and to purge their errors. We shall do so not by strictly adhering to the rules of the ancients, but exclusively by studying nature and using the experience which we have gained in long years of practice.

Who does not know that most contemporary doctors fail because they slavishly abide by the precepts of Avicenna, Galen, and Hipocrates, as though these were Apollo's oracles from which it is not allowed to digress by a finger's breadth. If it pleases God, this way may lead to splendid titles, but does not make a true doctor. What a doctor needs is not eloquence or knowledge of language and of books, illustrious though they be, but profound knowledge of Nature and her works. The task of a rhetorician is to bring the judge over to his opinion. The doctor must know the causes and symptoms of the disease and use his judgement to prescribe the right medicine.

Thanks to the liberal allowance the gentlemen of Basle have granted for that purpose, I shall explain the textbooks which I have written on surgery and pathology, every day for two hours, for the greatest benefit of the audience, as an introduction to my healing methods. I do not compile them from excerpts of Hipocrates or Galen. In ceaseless toil, I created them anew upon the foundation of experience, the supreme teacher of all things. If I want to prove anything I shall not do so by quoting authorities, *but by experiment and reasoning thereupon....*

From a formal address by Paracelsus to his students in Basle on June 5, 1527

Are Germs the Real Problem? Pasteur vs. Bechamp

There is a school of thought about germs that differs extremely from the widely held theory based on Louis Pasteur's concept of germs. And Pasteur's theory is what most of our medical care is based on. At about the same time that Pasteur's theory was accepted, a Dr. Anthony Bechamp and others disagreed with Pasteur, but their views, though logical, were somehow obscured by the more exciting presentation by Pasteur.

Bechamp claimed that germs were part of nature's design for health and not for causing disease. Germs, he said, were nature's scavengers and appeared only when the soil (meaning the body's polluted condition) was conducive to their existence. He asserted that the emphasis should be placed on cleaning the soil instead of attacking the germs.

There have been many statements by very competent scientists about this problem and I'd like to present some of these views.

In the book, *The Stress of Life* (Mc Graw-Hill, 1956), Dr. Hans Selye, the foremost authority on stress and its effect on the human system, writes: "Let me point out here parenthetically that Pasteur was sharply criticized by many of his enemies for failing to recognize the importance of the terrain (the soil in which disease developes). They said he was too one-sidely preoccupied with the apparent cause of disease: the microbe itself. There were, in fact, many debates about this between Pasteur and his great contemporary, Claude Bernard: the former insisted on the importance of the disease-producer, the latter on that of the body's own equilibrium. Yet Pasteur's work on immunity induced with serums and vaccines shows that he recognized the importance of the soil. In any event, it is rather significant that Pasteur attached so much importance to this point that on his deathbed he said to Professor A. Rénon who looked after him: "Bernard avait raison. Le germe n'est rien, c'est le terrain qui est tout." ("Bernard was right. The microbe is nothing, the soil is everything.")

Sometime more recently, Rasmus Alsaker, M.D., wrote an article titled, *The Master Key to Health*, in which he states: "The objection may be made that much illness is caused by bacteria, and that we cannot prevent the inhalation, the inbibing and the eating of these microorganisms—tiny vegetable sustances—that multiply within the body and cause havoc known as disease. But this objection is not valid for the reason that bacteria has to have a fertile soil in order to grow and multiply to an extent that will cause disease. So long as the body is maintained in excellent condition, the blood being pure and balanced, these harmful bacteria cannot flourish within the body. We know how to prevent bacterial diseases. It is done by making the body so healthy that no little germ or aggregation of germs can upset its equilibrium.

"This may be somewhat contrary to general belief, but it is a fact. It is quite within our ability to remain well."

Dr. Julian Baldor, a surgeon, in a speech before the Florida League of Humane Progress, talked about Dr. Bechamp as one of the greatest scientists of all time. He said, "Dr. Bechamp proved that our bodies become hostess to a germ only after chemical and mechanical changes have damaged our system and that as long as our bodies and tissues retain a high vitality and resistance, a germ, infection or disease will not make progress; and furthermore, the disease organism will not survive after its entrance in a healthy organism. For an example, we see flies on a manure pile, and other parasites also. Some of these parasites may be dangerous and capable of producing disease under favorable circumstances. If, however, we remove the pile of manure, the parasites disappear at the same time. Which do you think is the more intelligent: To fight disease by swatting flies or to remove the pile of manure?"

"Bernard avait raison. Le germe n'est rien, c'est le terrain qui est tout." ("Bernard was right. The microbe is nothing, the soil is everything.")

For anyone who wants to add to their information about Bechamp's concept of germs, an interesting article was published by the International Academy of Preventive Medicine in the July 1977 issue of their publication. (Volume IV, No. 1.) Their address is 10409 Town & Country Way, Suite 200, Houston, Texas 77024.

The Importance of Carbohydrates

Dr. Jack Soltanoff

Dr. Jack Soltanoff

Many men and women regard carbohydrates as if they were poison, condemning an important food substance which is essential for health and is a staple for three quarters of the world.

There are five food essentials without which the body cannot function: carbohydrates, proteins, fats, minerals and vitamins. If one of these should be missing from your diet for any length of time your health would suffer serious consequences.

In the minds of most of us carbohydrates are synonymous with fattening foods.

However, large amounts of carbohydrates can be consumed without putting on weight if one only knows how.

Carbohydrates are our main source of energy. The reason why so many people are frightened of them is that they are so easily converted into fat.

There are three kinds of carbohydrates: a) sugars, b) starches, c) cellulose and related substances.

The largest amount of carbohydrates in human food is found in starch, the form in which plants store most of their food reserves; for example, unripe green apples or bananas contain considerable starch which gradually converts into sugar as the fruit ripens.

This is why unripe fruit can give you a stomach ache or indigestion. Starches unlike sugars cannot be easily digested unless heated. That's one reason for those with limited digestive powers to steam or cook their grains and vegetables.

If you look at the starch of a grain or potato through a microscope you will see that it is enclosed in tiny granules or capsules which burst when heated, releasing the starch, which can then be digested more easily.

Toast, which is heated again after baking is more easily disgested than untoasted bread because heat converts the more complex starch into a simple starch-dextrin.

When sugars and carbohydrates are ingested, enzymes convert them into glycogen which is stored in the muscles and liver. Physical work or exercise cause glycogen to pass into the bloodstream as a fuel.

Should you consume more starch and sugar than your body requires, the excess is stored in the liver. If there is too much for the liver to accommodate, it accumulates under the skin in fatty layers, clogs the heart and other vital organs and prevents the free flow of blood.

For those of you who think that a high protein diet is preferable to carbohydrates you should know that the human digestive system is not able to digest and assimilate the extremely large quantities of animal protein necessary to maintain proper body balance.

After 30, most people become less active BUT keep on eating and drinking just as they did earlier. Starches and sugars are then stored in the body as fat.

And you become rounded in the wrong places as fat accumulates mainly on stomach and hips.

When humans hunted for food this was nature's way of storing the surplus. Sometimes days and even weeks passed without replenishment and the body had to fall back on these reserves.

Today they are rarely if ever called upon. Nevertheless we keep on adding and adding to these reserves. The result is obesity followed by degenerative disease, which is common in our society.

Carbohydrates are not bad for you but our present mode of living is.

Excessive starch or sugar makes us obese.

The solution is to alter your diet so that you obtain sufficient nourishment without eating too much of either.

There is scarcely any article of food that does not contain starch or sugar in some form. I frequently come across patients who feel they are existing on a totally "carbohydrate-free" diet consisting of

only protein plus fruit and vegetable salads.

No one has ever explained to them that apples contain 13 percent carbohydrates, pears 14.1 percent; plums 20 percent; cabbage 4.8 percent and even that innocent lettuce leaf 2.2 percent.

It is virtually impossible to live on an exclusive carbohydrate-free diet unless you exist on flesh foods only—and an all-meat diet, especially if it contained no fat, would upset your body metabolism so that in a short time you would become quite ill. (Your body does have the capacity, in emergencies, to convert proteins into carbohydrates.)

To recap, although sugars and starches are essential for your well-being, too much can be harmful.

For example, diabetes which thrives on excessive consumption of refined carbohydrates and sugars, and cataracts, which often go hand in hand with diabetes, are very much on the increase in our society.

Should the diabetes be cured or controlled, the cataracts tend to clear up also, as they are nourished by the same blood as the pancreas (the organ involved in diabetes) and the rest of your body.

Many people think that rye crackers or toast are less fattening than bread.

This is a common fallacy.

Because these are consumed dry, much smaller amounts than bread and butter are eaten so that less starch is consumed; consequently far less is stored in the liver and under the skin.

For those of you who think that a high protein diet is preferable to carbohydrates you should know that the human digestive system is not able to digest and assimilate the extremely large quantities of animal protein necessary to maintain proper body balance. For example, to maintain the body in reasonably good working order would require about six pounds of lean meat per day. Consumption of such large quantities is of course impossible.

According to Vilhjamur Stefansson, the famous Artic explorer, in an article entitled "Adventures in Diet," Eskimos who eat from 10 to 20 pounds of meat, blubber and fish per day, supplemented by some berries, predigested moss and lichen found in the stomach of reindeer, fall apart rapidly after age 50 and rarely live beyond 60. At age 50, Eskimo women look 80.

Your body converts carbohydrates into sugar to help provide muscular energy. Honey, brown sugar and white sugar provide instant energy and are consequently of value to an athlete if taken a few minutes before an event. This has led to the belief that "sugar is good for you."

BUT white sugar is a worthless food nutritionally and may even be termed a slow poison and nerve and body irritant.

Athletes requiring extra energy before a contest would do better with a handful of dates, raisins or currants an hour or two beforehand. These are all rich in natural sugars, are assimilated rapidly and do not bloat.

Like all starches, they must be well chewed, almost to a liquid state.

Vegetable salads and fresh food in abundance are one of the secrets in controlling weight because they contain carbohydrates in the form of cellulose and pectins, some of which cannot be broken down and absorbed by humans but help increase the bulk of the large intestine acting as roughage to help maintain normal bowel function.

Ruminants (cows) have special intestinal structures and bacterial flora which enable cellulose to be digested.

Fruits in particular contain carbohydrates in the form of pectin, which seems to have some beneficial effect on arthritic conditions in certain people. Apples are especially abundant in pectin.

When eating ANY form of carbohydrates, always chew thoroughly because the first stage of digestion always starts in your mouth when a substance (enzyme) in your saliva, amylase, converts the starch into maltose.

The process continues in your stomach where the starches and sugars convert into a solution. If your carbohydrates are not broken down properly by thorough chewing, they tend to ferment (rot or decay) in your stomach, causing foul smelling gas, acidity, lassitude and headaches.

Younger people can bolt their food quickly and get away with it because vigorous exercise burns up carbohydrates rapidly. However, as you age and do less and less exercise, the abused digestive organs gradually grow weaker and health problems of one kind or another are certain to follow.

Summarizing: CHEW! CHEW! CHEW!

Doctor Soltanoff, a West Hurley, Woodstock, N.Y. and Boynton Beach, Fla. chiropractor and nutritional counselor, does not prescribe or diagnose. He reports on various fields of health and welcomes questions from readers.

Reprinted from The Provoker.

Be Careful with New Drugs

Herbert S. Denenberg

Item: On May 3, 1979, press reports headlined a *New England Journal of Medicine* article reporting that men who had been given Tagamet, an anti-ulcer drug, showed some reductions in their sperm count.

Item: On May 11, 1979, a British medical journal raised questions about a possible link between Tagamet and gastric cancer.

Smithkline Corporation, the manufacturer of Tagamet, claims the sperm count study is inconclusive and that the possible cancer link is "without scientific foundation."

But whatever the conclusion on these two studies, there is a larger lesson that emerges from these two reports. There is always some unknown risk when anyone uses a relatively new drug such as Tagamet.

It was introduced on August 17, 1977 by Smithkline Corporation as a "major breakthrough in the treatment of certain gastrointestinal diseases" including ulcer.

As soon as the drug was put on the American market, there were reports of new adverse reactions to Tagamet. For example, on August 3, 1978, the *New England Journal of Medicine* published a brief letter that claimed Tagamet had caused "moderately severe and persistent diarrhea" that resulted in substantial disability and dehydration.

On September 8, 1978, a highly regarded newsletter for physicians, *The Medical Letter*, concluded: "Tagamet continues to be useful and generally well tolerated for treatment of duodenal ulcers, but many adverse effects have recently been published. Mental confusion, particularly in elderly patients, may be the most troublesome of these."

All of this is not intended to pass judgement on Tagamet, but only to caution all consumers that *there is serious risk, some known and some unknown, when any drug is used, especially a new drug, which has not had time to have the full range of its adverse effect revealed, catalogued, and understood by the medical profession.*

Sometimes, the dangers of a drug are well known and well reported. Yet it may continue to be used on a massive scale by phsicians. The classic example of this Chloromycetin, the chemical name of which is chloramphenicol.

Dr. Richard Burack of Harvard said that the drug's potential toxicity had been known to the medical profession since the early 1950s. Dr. Burack said that if the drug had been used only for its intended and appropriate purpose only about 10,000 American would have received it each year. Yet, he noted that Congressional hearing in November of 1967 found that as many as four million Americans were getting the drug each year.

The drug killed many people, was considered extremely dangerous, and yet was widely used for trivial purposes; such as the treatment of acne, minor infections, and the common cold.

One of the reasons this drug was widely overprescribed was becuase it was highly advertised, and virtually rammed down the throats of doctors and patients by pharmaceutical advertising.

The parallels to Tagamet are not complete, but they are instructive. Tagamet has been subjected to an immense amount of advertising, and it is an important part of the profit picture of Smithkline Corporation, just as Chloromycetin was an important part of the profit picture of its owner, Parke, Davis & Company.

Sometimes, the dangers of a drug are well known and well reported. Yet it may continue to be used on a massive scale by physicians.

Consumers have to protect themselves against possible adverse reactions due to the power of pharmaceutical advertising by asking more questions when they are offered a prescription.

Here are some specific rules that make sense:

Rule one. Ask the doctor why the drug is being prescribed and about its specific dangers and benefits. Make sure the prescription makes sense for you and your medical problem.

Rule Two. Make sure you understand exactly how to take the drug. It's a good idea to take notes. You're not likely to remember the specific instructions hours later when its's time to take the drug. You magnify the dangers of drugs by not taking them correctly.

Rule Three. Don't pressure a doctor to prescribe a drug. There are enough pressures on the doctor coming from the pharmaceutical industry without adding your own silly pressures. Some doctors will do what the patient wants, even against sound medical judgement.

Rule Four. If any unexpected problems develop,

get hold of the doctor immediately and ask him how to proceed.

Rule Five. Use a good pharmacist as double-check on a doctor. A skilled pharmacist can advise you on how to take and store drugs, can often answer questions, and can protect you from mistakes of your physician.

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Caveat Emptor *is offering a free introductory copy of its current issue to readers of* Cancer Forum. *Write to Caveat Emptor, 17 Freeman Street, West Orange, N.J. 07052.*

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 Tagamet are as follows:

Tagamet
cimetidine

INDICATIONS: 'Tagamet' (brand of cimetidine) is indicated in the short-term (up to 8 weeks) treatment of duodenal ulcer; and in the treatment of pathological hypersecretory disorders (i.e., Zollinger-Ellison syndrome, systemic mastocytosis and mutiple endocrine adenomas). Concomitant antacids should be given as needed for relief of pain. Studies to date do not provide evidence of the safety of cimetidine in uncomplicated duodenal ulcer beyond 8 weeks.

CONTRAINDICATIONS: There are no known contraindications to the use of 'Tagamet'.

PRECAUTIONS: In a 24-month toxicity study in rats at dose levels approximating 9 to 56 times the recommended human dose, benign Leydig cell tumors were seen.

These were common in both the treated and control groups, and the incidence became significantly higher only in the aged rats receiving 'Tagamet'. Reproduction studies in animals have shown no evidence of impaired mating performance or fertility.

Lack of experience to date precludes recommending 'Tagamet' for use in pregnant patients, women of childbearing potential, nursing mothers or children under 16 unless anticipated benefits outweigh potential risks; generally, nursing should be discontinued in patients taking the drug.

Symptomatic response to 'Tagamet' therapy does not preclude the presence of a gastric malignancy.

ADVERSE REACTIONS: Diarrhea, muscular pain, dizziness, rash, mild gynecomastia. A few cases of reversible confusional states have been reported, usually in elderly and/or severely ill patients. A few cases of neutropenia have been reported, but no causal relationship could be established. Increased serum transaminase and creatinine, as well as rare cases of reversible fever and interstitial nephritis, have been reported; these cleared on withdrawal of the drug.

Recipe

RAW CELERY SOUP

From *Recipes for Life* by Dr. Ann Wigmore

½ cup fresh celery juice
½ cup fresh carrot juice
½ lemon, squeezed
½ tomato, chopped
2 to 4 tbsp. minced pepper
2 to 4 tbsp. minced onion
2 to 4 tbsp. minced celery
1 clove garlic
1 tsp. each: almond meal, sesame meal, cold pressed oil

Blend juices and meal till creamy, then add oil. Add finely chopped vegetables for taste and texture. Serves 2.

In Memoriam

Walter Berlow
Edith Toro Fetz
Mary Fulginiti
Isabel Simonofsky
Isidore Reisman
Maria Castiglia
George Montagna
Michael Whitehill
Meyer Goldberg
Mimi Back
Philip Coleman
Morris Wymiszner
Jessica & Arthur Ben Bernstein

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.

Book Review Corinne Loreto

A Barefoot Doctor's Manual

A Barefoot Doctor's Manual is an English translation of the official Chinese Paramedical Manual, and, as such, it is a rather thorough medical manual. The book begins by telling the reader about the workings of the human body, starting from the cell unit, how cell groups form tissues (such as muscle, skin, etc.) and tissue groups form organs (such as the heart, liver, kidneys, etc.) and organs assuming a similar function combine to form a system. An example is the *digestive* system formed by the alimentary canal, the stomach, large and small intestines, the liver, gall bladder, etc. which is responsible for the digestion of food in the human body. Descriptions of all systems are given—the *circulatory* system, the *respiratory* system, the *nervous* system, and the *endocrine* system, etc.

The second chapter deals with hygiene and the reader must remember that the book was written for the Chinese farmer.

The third chapter is an introduction to diagnostic techniques and here I will quote from the book: "To recognize and understand disease we must be in close contact with the patients and *study them with care.* Through case histories and *thorough* physical examinations, the physician is able to obtain significant data." Then a very extensive list of instructions is given in making a diagnosis. This is not a hit or miss diagnosis and this type of examination would take at least an hour.

The fourth chapter discusses acupuncture techniques for various health problems. There is also an extensive section on herbal remedies, and the conditions they are used for. Since we are a cancer organization, I was most interested in the section on malignant tumors. The section lists the symptoms of the various cancer sites, for example:

Cancer of the Cervix

- Seen mostly in women over 40 years old.
- Incidence may be related to chronic cervicitis.
- Menorrhagia (profuse menstrual flow) may be present, as well as frequent body discharge from vagina.
- Easily metastasizes toward other pelvic organs.
- Lower abdominal pain and backache may be present.

Lung Cancer

- Chronic cough that never gets better. Blood in sputum. Seen mostly in older males.
- Chest pain and hemothorax noted in late stage.
- Enlargement of nodes in the hilum, sometimes metastasizing to distant organs via the bloodstream.

The herbal prescriptions for cancer in the book might prove to be useful and helpful, but not being familiar with the herbs, I can't comment on their efficacy.

What struck me about the book, which is really a textbook for a Chinese paramedical, is that it brings home the marvelous and intricate workings of the human body, and it reinforced my belief that it is wrong to just have a diseased organ treated—the entire body must be treated. All organs of the body are fed by the same bloodstream and only by cleansing and properly nourishing the bloodstream, are real cures and abundant health going to be achieved.

As we become more knowledgeable about the workings of the human body and learn that while drugs may be useful in emergency situations, they merely suppress symptoms and do not cure disease, we will seek doctors who use natural healing methods. I am gratified to see a swing in that direction already.

I recommend this book because it is a concise manual, which does an excellent job of educating the reader about the workings of the human body in easy-to-understand language.

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Running Press
38 South 19th Street
Philadelphia, Pa. 19103
$10.95.

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