

CANCER FORUM

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Contents

Understanding Alternative Cancer Therapies . . .	3
Interview with Ruth Sackman	
Protein	12
Health Gems	13
Book Review	14
Book List	15

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Understanding Alternative Cancer Therapies



Ruth Sackman

The following is a transcript of a taped talk given by Ruth Sackman at the Annual Cancer/Nutrition Convention of the Foundation for Alternative Cancer Therapies. Although it has been edited to make it more readable, it in no way has changed its content.

MC – Frederick Scott. Ruth Sackman is the Director of the Foundation for Alternative Cancer Therapies and has been a dedicated and tireless worker in helping you and me and cancer patients to find our way through the information that is available and helping us to help ourselves learn more about cancer and the biological treatment of it. It is very hard to express briefly the dedication that she has shown and the debt I think that we owe her for that effort. I hope that you will get more of that in her talk today. She is going to discuss understanding the use of alternative cancer therapies. I'd like you to give a warm welcome to Mrs. Ruth Sackman.

Ruth Sackman. It's nice to be here and nice to see all of you. As I'm sure you know, we run this convention in your interest, not in ours.

We are terribly troubled at the lack of understanding that people have when they are looking for a therapy outside of radiation and chemotherapy, that is, when they are looking for a biological alternative. (Please note: I will be referring to the alternatives as biological alter-

natives because some of the cancer therapies are not non-toxic, therefore, we do not support their use. Using a toxic substance would interfere with the body's ability to make a repair.) We're troubled by the lack of understanding and simultaneously the enormous amount of misinformation that is being disseminated under the so-called banner of alternative cancer therapies. A lot of the programs are untested, or produce meager results, or have not been used long enough to evaluate or are outright harmful for long term recovery. Yet many unskilled people are promoting these therapies to cancer patients who are grabbing at straws and afraid to ignore any suggestion for fear the ignored therapy will be the very one to perform the miracle.

Cancer is of such a nature that one can survive with treatment, without treatment, minimal treatment, different kinds of treatment, for as long as 4 to 6 years and probably then get into trouble. To attribute the success of a treatment without patiently waiting for years to evaluate the results is extremely incompetent. And to assume that one person's success with a program makes it a viable method for all is also incompetent.

There is the mistaken assumption that the reduction of the tumor represents a cancer cure. Tumors have been removed surgically, destroyed with radiation and reduced with chemotherapy, and yet, none of the conventional centers are claiming a cure for cancer. If they use the term "cure", it is meant to designate five-year-survival. And five-year-survival is not achieved in all kinds of cancer. So getting rid of the tumor is not the solution to the cancer problem. If it were, there would be no point in our existence, nor would research have to be supported by raising funds as the American Cancer Society is doing.

We're here because we feel there's a different and better concept for treating cancer, and that is: dealing with the individual's body that is producing those abnormal cells. If the correction is not made there, then there is an enormous likelihood that the cancer will recur again and again, no matter what therapy is used and that applies to biological alternatives as well as conventional therapies. People read a lot or hear a lot about Laetrile and think all they have to do is get the magic potion, get the proper injections, do as the doctor orders and they are well on their way to recovery. We could go through all of the various therapies and make the same com-

ment about them. There is a group of botanicals (Hoxsey, Iscador, Bamfolin, Tekarina, Essiac, etc.) Then there is a group under the category of immunotherapy. They can give a boost to the immune system. It's an excellent assist in any situation where there is cancer. We're not minimizing its value, but again, if it reduces the tumor but it doesn't correct the breakdown in body chemistry or it doesn't correct the system that is producing those cancer cells, it is going to provide limited usefulness.

People read a lot or hear a lot about Laetrile and think all they have to do is get the magic potion, get the proper injections, do as the doctor orders and they are well on their way to recovery.

This is the point that we have not been able to get across to cancer patients, doctors, people who are disseminating information without knowing what the biological process is, people who are writing dramatic stories about cancer cures with alternatives, and others lecturing from platforms. We can appreciate that they are trying to help the cause. Nevertheless, without proper understanding, without the people who want to use other therapies knowing what to expect, grievous errors can be made. Anyone can set himself or herself as a holistic healer without any in-depth knowledge of what works and without understanding how to make biological repair to a body in need of careful attention.

Just because a person arranges a nutrition program it doesn't mean that he or she can correct a biological dysfunction. There are other factors that need to be taken into account.

We find a lot of people dealing with nutrition. It is important to know what kind of nutrition they are using. Is it a generalized type of nutrition that offers the patient every kind of supplement without determining the individual need? Unnecessary supplements can imbalance body chemistry as much as a deficiency. And it complicates the problem further by overloading a weakened system of elimination. Some vitamin

supplements can exacerbate the very illness you're trying to cure. That's a complicated process to explain. But, we do have a paper on "Essential Synergism" which might help to explain it more clearly.

There are also some dietary systems achieving good results for particular problems but not necessarily for cancer. For example, Pritikin is doing very well with heart conditions and arterial problems. There are doctors using megavitamins for schizophrenia and hypoglycemia but these systems are not appropriate for cancer.

Some patients might need a great deal of supplementation with others needing only limited supplementation.

We've had calls from patients who tell us they have been on nutritional programs that didn't work. When we try to refer them to a competent resource, they are no longer receptive to the nutritional concept. What most of the nutritionists don't know and are incapable of determining is whether nutrition alone will restore the breakdown or whether the body requires additional assistance. Another think that needs to be understood by the practitioner is toxicity. The manifestations of toxicity are unusual and unpredictable and one needs to know how and when to adjust the program.

There is the mistaken assumption that the reduction of the tumor represents a cancer cure.

I'd like to give you an example of a patient who was suffering from macular degeneration. This is a disease which causes loss of vision. It is a degenerative problem and is incurable with conventional therapies. The patient is in the audience and has been a friend of mine for 30 years, so I don't think he will mind if I tell his story. My purpose is to show that nutrition alone is not always the answer to the restoration of health and that the methods the body uses to eliminate its waste are unpredictable and can even be frightening. He spent 3 years seeing some of the best ophthalmologists in New York City and the answer was always the same — nothing could be done. He finally said, "I'll do

anything if I can only stop losing my eyesight. I would be satisfied if it doesn't get worse." It not only hasn't gotten worse but has improved considerably. He can read again, drive his car and has gone back to teaching; things he could no longer do.

This was accomplished by seeing a very competent nutritional doctor, weekly treatments by an osteopath and a correction of the temporomandibular joint. If his problems were not diagnosed properly and any one of the services omitted, the results would probably not be as good.

He also had reactions to the biological change, by having *severe* nosebleeds. This could be frightening for many people, especially those who were being counseled by inexperienced nutritionists who don't understand the biological process. My friend had excellent guidance and remained calm because he understood that this was one of the ways that the body was discarding some of its accumulated waste. His wife, although it was explained to her too, couldn't contain her fears and was relieved when the bleeding no longer occurred. I hope you can see from this minor example that making a biological repair is not simplistic, nor is it for inexperienced practitioners. If any of you are looking for help, you need to check out the training and experience of anyone who is practicing nutritional counseling.

Just because a person arranges a nutrition program it doesn't mean that he or she can correct a biological dysfunction. There are other factors that need to be taken into account.

When we make referrals — to a doctor, a clinic, an osteopath or any other kind of health resource — we try to be certain that the referral is applicable to the individual and to the particular problem. We're quite knowledgeable and yet we may not be correct one hundred percent of the time so you can imagine, what can happen with amateur or untrained people who are disseminating information. It is most unwise to

accept those referrals unless you check out the resource very carefully if you have the skill to do it. There is no degree required to be a nutritional consultant. One doesn't have to have authorization. What I'm trying to say to you is you must be very cautious. A nutritional system is much more complicated, much more serious and much more potent than most people realize.

Unnecessary supplements can imbalance body chemistry as much as a deficiency. And it complicates the problem further by overloading a weakened system of elimination.

As a matter of fact, I was talking to one of the doctors who has a great deal of experience and he told me there are some situations where he would not want to get involved because he knows recovery is impossible. But, let some of these amateurs learn about the cancer patient's need and the next thing you know, they're gung-ho, up to the elbows, into a situation where a properly trained practitioner wouldn't dare tread. You know the saying "Fools rush in where angels fear to tread?" It's the truth in this area and it's not because they don't mean well. It's because nutrition sounds so innocent. I can remember when I was first introduced to better nutrition and my enthusiasm after recognizing its merit. But I had no idea how potent it was to stimulate biological changes. But today, after 10 years of active work in FACT and conferences with top-grade nutritional practitioners and feedback from cancer patients with a variety of nutritionists, it is possible to know what should or should not be done, which programs work and which do not, which doctors get the best results and which program is the most appropriate for the specific problem.

That 10 years of experience is available to people looking for an alternative cancer therapy.

I would like to make another point. Many people come to these conventions who do not have cancer themselves but look for the names and addresses of the doctors who appear on our platform and then proceed to refer patients with cancer to someone whose work they do not

know in depth. We'd like to discourage that. If you know a cancer patient who is seeking a biological cancer program, for their sake, it is best to refer them to the organization so they can have the advantage of all of the information that they need, and from people who know and have all of the resources, and know how to apply them.

Incompetent referrals waste a patient's time and money and it may not include all of the services needed in order to effect a recovery.

My purpose is to show that nutrition alone is not always the answer to the restoration of health and that the methods the body uses to eliminate its waste are unpredictable and can even be frightening.

Suppose the patient needs the service of three different resources, or perhaps there is a biological dysfunction such as poor thyroid function, poor absorption, circulation impairment, or any number of problems which cannot be handled with nutrition alone. Without the proper diagnosis and correction, the nutrition program will fail no matter how good it is. Breakdowns which aren't always evident from a superficial examination must be attended to to make a biological repair to a body that is producing abnormal cells. These things are important and experienced practitioners can make the proper determinations to see to it that the whole system works harmoniously and, in this way, the patient derives optimum benefit from a program.

I ought to talk too about some of the alternative cancer therapies and some of the weaknesses and strengths of the various systems. Some of these therapies are incomplete by themselves but still have merit if used in combination with a nutritional approach that sustains and repairs. Let's start with Immunotherapy as practiced by Dr. Lawrence Burton and systemic chemotherapy. Both of these systems seem to have a good track record in reducing the size of a tumor but if there is no biological repair made to the system that produced those abnormal cells in the first place, then there is no more possibility to produce a

real cure from the immunotherapy or heat therapy than from a surgical excision of the tumor. At Dr. Burton's clinic, they have no system to effect a biological repair. They are not knowledgeable about nutrition nor does Dr. Burton want to include it in the immunotherapy program. He is very forthright about the fact that he wants to collect data about the effect of the immunotherapeutic method that he is using and that if a nutritinal program is included, the results might be attributed to the diet instead of his technique.

Cellular Therapy, which will be presented at this convention by Dr. Schenk, is a very useful tool to assist the body in affecting a biological repair faster than nutrition can do it alone. But this does not preclude the use of nutrition to sustain and maintain the improvement derived from the therapy. In some research that was done by placing debilitated cells in the proper medium, it was found that the cells responded to the cellular substances faster than to nutrition and this is the very process that one attempts with cellular therapy. I hope this doesn't leave the impression that nutrition is a limited part of the repair process because it is the most essential. Our bodies survive on the nutritional elements. Unfortunately, we live at a time when the doctors have not been taught nutrition properly in the medical schools. They've been taught to treat symptoms after they develop but not nutrition to maintain health and prevent disease. The doctors, who are doing nutritional work, have had to take time out from their practice to investigate and study nutrition. This requires a considerable amount of time. Dr. Alan Nittler, who wrote a book about his work, took a year off from his medical practice to prepare for his nutritional practice.

We're quite knowledgeable and yet we may not be correct one hundred percent of the time so you can imagine, what can happen with amateur or untrained people who are disseminating information.

A little time ought to be spent today to talk about hydrazine sulfate and A-E Muslin. These are very often referred to as alternative cancer

therapies and this is unfortunate and confusing. I want to *emphasize* that they are not *non-toxic* substances and FACT does not support the use of anything but biological materials. Anything that is toxic will add to the burden that is creating illness and hamper the reversal of the health problem. The body's need to eliminate the already accumulated toxins is already overtaxing the system of elimination; to add to the problem usually makes it impossible to correct the biochemical breakdown. I cannot stress forcefully enough the hazards of not dealing properly with accumulated toxins. Perhaps this example will make an impression that will have an impact so that toxicity will be taken into account in the process of trying to restore one's body back to health: There was some research done at Rockefeller Institute where a Dr. Carrel tried to keep some chicken heart cells alive by giving them competent nutrition. He accomplished his goal and discontinued the experiment after 22 years. An interesting byplay that should not be ignored was that if he forgot to feed the cells for a day or two, the cells survived without any difficulty. But if he forgot to remove the waste from the medium, the cells began to sicken or debilitate. This should teach us that toxicity is not tolerated by the human organism over a long term. Toxicity as John H. Tilden, M.D. says, is really the one and only disease. It may manifest itself in many ways and have different names, nevertheless, the basic cause of disease is toxicity.

The body's need to eliminate the already accumulated toxins is already overtaxing the system of elimination; to add to the problem usually makes it impossible to correct the biochemical breakdown.

Small amounts of poison can accumulate in the system over a long period of time. It's an insidious process. We are exposed to this unfortunate condition on a larger scale than ever before. There's deliberate pollution of our food supply and it's sanctioned by the Federal Food and Drug Administration (FDA). They have not necessarily tested the additives allowed to be placed in our food supply so, in order to cover their inadequacy, they place them on a special

list which is called the GRAS List. It simply means generally recognized as safe. I think the standard should be *proven* safe before anything is added to food that the human being ingests. Or water.

Small amounts of poison can accumulate in the system over a long period of time. It's an insidious process.

We are putting a great deal of emphasis on fluoridation at this convention because Dr. Yiamouyiannis has proven its carcinogenicity by showing the increase in cancer in fluoridated cities. Frederick Scott spoke about it this morning. Then Dr. Albert Schatz' talk was about fluoridation. Tomorrow, Dr. John Yiamouyiannis will again talk about fluoridation and I am going to call your attention to it, too. The government is trying to fluoridate every community in the United States by making a ten-year appropriation of funds for every small community to use to put fluoridation into effect. We were made aware of this activity last year, too late to have any impact on stopping it. The reason we didn't know about the appropriation is that it was hidden in such a fashion that nowhere did it specify that the money was for Fluoridation. All the antifluoridationists have been alerted now so we hope to have a greater impact this year. If we lose this year, we will again rally our forces to continue this important fight. Fred Scott represented us in Washington by joining a group, which included Dr. Yiamouyiannis, in cornering legislators to present our opposition to poisoning our water supply. Strangely, there is no hue and cry from the public demanding fluoridation and yet our government is very forceful and insidious about pushing it. I want to urge all of you to make an effort to rid your water of this impurity by seeing your elected representatives or letting them know of your opposition by mail or phone.

There are a number of substances that have been used for a long time which come under the heading of botanicals. These are the herbals. They can provide the body with an assist in loosening up toxins and removing them, stimulating liver function, as well as stimulating glandular activity. There are some other areas which

need attention such as structural alignment, nerve relaxation whether through massage, biofeedback, visualization or any technique that reduces tension so that the body can function as normally as possible. One wants to create a milieu in which the glands secrete their hormones and digestive materials adequately and eliminate their waste products. Tension can block these important processes.

I want to leave some time for questions. If I have left out something you are particularly interested in this will give you the opportunity to have it covered.

MC Fred Scott: If you have some questions about how the Foundation for Alternative Cancer Therapies works or how the concepts can be implemented, this is your opportunity to clear them up. Please go to the microphone so we'll have the questions on tape as well as the talk and the answers.

One wants to create a milieu in which the glands secrete their hormones and digestive materials adequately and eliminate their waste products. Tension can block these important processes.

RS: For those of you who are unfamiliar with the way we work, we have a telephone in our office which is manned for long hours. Trained people are available to answer your questions and discuss your problem. We prefer to have the cancer patient call himself or herself unless it is impossible because of poor health or because their language is different. We have found, over the years, that we get a much clearer picture of their condition, their attitude toward a biological program, and which program they prefer since there are choices in most instances. I answer the phone most of the time but others do so too. We also have chapters in other cities with competent people serving there. The people who are providing help in the chapters are alert to everything that comes into the New York office, and are dedicated and very capable. If they were not, we would take steps to change the situation.

Question: How do you evaluate a particular therapy, biological therapy, and how do you evaluate the physician or doctor or counselor who uses it?

Answer: We have found through experience that nearly all of the people, who were doing some sort of biological therapy, felt very secure that their approach was the total answer for everybody except if the person was very sick. We found we could evaluate the results better through the patients. In other words, we use a great deal of patience, maintain a close watch on the patient's progress, find out the strengths and weaknesses of a program and try to make an appropriate referral based on our long years of experience.

Question: If someone gives you a case history, how do you advise him or her of the best approach?

Answer: From past experience, and acquired knowledge about cancer, and in-depth knowledge about the doctors and clinics, and knowledge about the results with various conditions, we apply all of that know-how to make referrals to the cancer patient. We do not advise. We spell out for them all the collected data about the resource most applicable to them and let them make their own choices. The amount of information we have is extensive. Our contact has been with experienced people world-wide. We don't claim to have the precise answer for everyone, but no other group has more. Many callers and letter writers naively ask us to give them all the data we have, not realizing that we would have to ship them a filing cabinet and then some.

MC Fred Scott: I'd like to add a bit to amplify on that reply. The difficult thing is trying to fit a particular treatment or approach to the individual taking into account their finances, energy level, their emotional response and other factors. It is also very difficult to codify the way we do this. We would like to do it, and we might try to do it, through a book. To make a referral properly, you need to know very specifically the patient in the case, and you need to know something about the overall approach of a particular practitioner and that is something that is very difficult to present in a word. As much as is possible, given the circumstances, we determine

the positives and negatives of each situation and give the patients choices that are most fitting for them. People respond based on their own temperament.

RS: What we need to do is put our vast experience and knowledge into a book. This would make information available to a larger group of patients and practitioners.

Question: Perhaps that's along the lines of what I was going to ask. I thought that perhaps you have a center. Do you treat people in a center that they could come to? And also, do you have seminars that the public can come to?

RS: Well this convention is actually a seminar that you can come to and learn a great deal. Last year we had a series of special seminars. We expect to institute them again. It was a series of five seminars — each one about 2¼ hours long. You can add up that time and realize how much time was needed to get most of the information across to the group. It wasn't all but it was a very substantial amount. We dealt with nutrition, non-invasive diagnostic techniques, detoxification, food preparation to preserve the natural nutrients, non-toxic therapies such as immunotherapy, cellular therapy, fever therapy, botanicals (Hoxsey, Laetrile, Iscador, Essiac, Tekarina and others that are not as readily available) nutritional programs, and also conventional therapy.

Question: Do you have a treatment center?

Answer: No, we do not have a treatment center but serve as a clearinghouse for many different resources and health practitioners.

Question: I am sort of concerned about the name change to biological therapies, because I think there ought to be some emphasis placed on stress. I don't think it's just stress. It's the way we cope with stress, because one person can have a divorce and cope with it very nicely, while another one is just devastated by it. So in the name of biological therapies, I wonder if you could add something which would make it mean that you also include psychological processes.

RS: It's a very good point. We don't ignore stress. Let me call your attention to a doctor who is speaking tomorrow morning, Dr. Barry

Bates, who will deal with this very subject. We'd like to have a group to which we can make referrals for cancer patients with a trained leader who doesn't try to help the patient adjust to dying but to adjust to living.

I'd like to explain why we're so sensitive about the term alternative. When we took the term as part of our title, it was never used to characterize nontoxic therapies. The word created the acronym FACT for us, but we couldn't foresee at that time how applicable and easy it would be for others to adopt it. It is now used for practically all therapies that are not radiation, chemotherapy or surgery and it is not reserved for only those systems that are nontoxic, which creates confusion for our organization, since we support nontoxic therapies solely. The word is used by people and groups to the point where FACT is confused with them as though they are part of our activities or that we endorse whatever is being said.

Question: For those of us in the audience who are relatively healthy and don't have cancer, what advice would you give to us?

RS: To maintain your health?

Q: Yes.

RS: First of all, we have to do whatever we can to see that we are not ingesting carcinogens and other pollutants that are added to our food supply. The quantities may be small but sometimes one uses many foods with the same additive and in this way ingests beyond the intended dose. Your water is very important. It should be distilled in order to have the safest water. Wells and aquifers are too polluted to trust and some of the chemicals cannot be detected with the present technical equipment. The hardest thing to control is the air but if you have other things corrected, the body will tolerate this abuse. Now, the food you eat should be balanced and a great deal of it should be raw so you get the benefit of all of the natural nutrients without destruction of the enzymes from heat and loss of minerals thrown out with the water. The protein intake should be on the low side and come from sources that do not contain carcinogenic hormones or antibiotics. Complex carbohydrates are very nourishing and can be prepared simply so as to retain all of their food value. A good ferment is appropriate in order to maintain good

intestinal flora in case there are preservatives in the food. The ferment can be yogurt or similar products, good quality sour kraut, rejuvelac, or some of the fermented juices. Even cheeses have the kind of bacteria needed, but this doesn't mean to take them in large quantities. This is a general idea of a more healthful diet. Exercise, rest and relaxation have to be part of the life style too, as well as active waste elimination.

Question: How do you account for a 2-year-old child that's nursing on the most perfect food there is, supposedly, breast milk, getting cancer, as opposed to the 60-year-old Bowery bum who is drinking alcohol and picking up cigarettes out of the gutter and yet still manages to survive and live without cancer, while the young child gets cancer?

RS: There's something about the Bowery bum's constitution that is strong. They are born with it and can withstand a great deal. I'm going to say something that you might be sensitive to and is sensitive for me. The 2-year-old can start with a vulnerability to the disease acquired from the parents. I don't want to leave you with that answer and feeling guilty so let me tell you something. I lost my daughter to cancer. She died of leukemia. I was X-rayed just before she was born because it was discovered she was breeched. After she died, my husband and I found many instances which claimed that X-ray to the fetus harms the gonads of the baby and produces leukemia. We were fortunate that she didn't get leukemia earlier, that she had enough vitality, enough energy or whatever it was, to be with us as long as she was. That may help you to understand.

MC: Can I add to that in terms of what those of us can do who do not have diagnosed cancer. I'd like to present it that way because cancer is, as I understand it, the end result or the manifestation of a long-term degeneration. In other words, it didn't happen yesterday. It started a long time ago. What we can do, in effect, is assume that we've got the beginnings of it, because it appears from everything I have been able to evaluate, that the potential is there amongst all of us; that the life process is, in fact, involved with the cancer process. The fact is that it can manifest itself, as you point out, in a two-year-old child.

I read of a case by a physician who was very careful in taking care of the mother, doing a very good job in arranging a nutritional program with which the mother abided by conscientiously. Yet, the child developed leukemia early in life. By continuing his investigation, the doctor was able to determine what the problem was. It turned out, as a matter of fact, that milk was the problem in this case. The tendency was there — some weakness was there — and it was exacerbated by the milk. If the tendency wasn't there, some people could probably live a long time without taking care of themselves.

RS: Appropos of this discussion, last year we showed a group of slides we had gotten from Japan. They showed a group of monkeys which were fed food which had been sprayed or grown with chemical fertilizers. This feeding was new to them. After a matter of only a few years the offspring were born with many strange deformities which were both internal and external. This can surely be equated with what is happening to human beings in our present chemicalized environment. Young people probably have to be more careful today than many of us who are older and may have had a better opportunity to develop a stronger constitution.

Question: At one point, in the beginning, you mentioned the fact that many of the Medical Schools, if not all, do not have a required nutrition course. That if they do, it's an elective. Do you, yourself, know of any schools in the United States or Canada that do emphasize nutrition?

RS: You mean quality nutrition. No, I don't.

Question: Well, I guess I can give a plug for the school that I attend as well as to let other people know and you, in particular. There are three schools in the United States and one in Canada. The longest, most well-established school is located in Portland, Oregon. It's called the National College of Naturopathic Medicine.

RS: Oh, I was talking about conventional medical schools. I'm well aware of the Naturopathic Colleges.

Question: It's still a medical school.

RS: Well, in a different sense. We're aware of those schools and their enrollment is growing all the time which shows the trend.

Question: I have two questions. Number 1. Are there any group sessions for therapy or rap sessions where patients can share their ideas with one another and their experiences and are they affiliated with your organization?

Number 2. During the past few weeks there have been some articles about interferon and I was curious about your Foundation's beliefs, whether that is one of the alternatives that you recommend and the availability of it.

RS: Interferon would have to be classified as a biological therapy. We would find it acceptable if it was used with a nutritional and detoxification system that could affect a repair to the biochemical breakdown. It is available through research centers sponsored by the American Cancer Society.

Now, about the cancer patients exchanging experiences. Years ago, when we were still quite naive, probably the first year we were in existence, some of the cancer patients wanted the kind of communication you are talking about so we began to introduce them to each other. We got to the point of introducing about 7 or 9 patients to each other when we began to get some very uneasy feelings about the situation and rightly so. These were amateurs exchanging information and each cancer patient had a way of wanting to listen to another cancer patient. What they were doing amongst themselves was to disseminate very poor quality information, unfortunately. There were some of that group that we felt could have done better than they did and so we discontinued the sessions. Even today, when someone calls us, and says, "Can you give me the name of a person to whom I can talk?" We tell them that we prefer not doing so because it hasn't worked well. They can accept it or feel we are trying to weasel out of a situation. We can't help it if they don't accept the fact that what we are doing is in their interest.

Question: I'd appreciate it if you can mention any experiences or knowledge you have about people with temporomandibular joint problems, because I think that structural stresses can often make or break a patient — they often are a crucial factor in a person's recovery.

RS: Absolutely. Dr. Jose Rodriguez will be talking tomorrow about temporomandibular joint problems or TMJ as it is usually referred to. The displacement of the joint can throw the body chemistry off. We have some printed matter by Dr. W. B. May which explains this clearly and carefully. If the joint is out of place it can block circulation and nerve signals. It can stress the spine thereby throwing the spine out of line, which, in turn, can block nerve signals to the various organs. This can now interfere with the secretion of hormones, digestive juices, the autonomic nervous system, elimination, and other essential biological functions.

Question: I have a question regarding a young child. My friend just had a baby who was born with cancer and none of the techniques that we know of in terms of correcting diet or stress or anything are applicable and they started immediately giving the baby chemotherapy. We're frantic about what can happen with the baby, and we wonder what kinds of alternatives there are?

RS: Well, first, we never interfere in a doctor/patient relationship. There is no way that we will tell an individual who calls not to take chemotherapy, not to take radiation or not to take surgery. The only thing we can do is give them information about those techniques and what side effects they produce, what harm can come of using poisons or radiation. For instance, you can radiate a small child's spine and the child will probably not grow.

Question: They did refuse radiation, but they didn't see any alternative.

RS: We won't tell them not to take conventional therapy, but if *they* choose not to use conventional therapy and call us, we will tell them what is available for them and what is most applicable in the particular situation. That choice has to be made by them.

MC: Thank you very much, Ruth. That was a very interesting talk.

PROTEIN

The controversy over high protein versus low protein seems to have abated. Now, perhaps, we can examine the protein picture more realistically. It is one of the essential nutrients but that doesn't mean that large quantities are better than adequate amounts. Too much protein puts a strain on the body's protein digesting capacity.

The recommended daily allowance (RDA) is 56 grams (about 2 ounces) for a male with allowances for the man's size and degree of activity. The RDA for a non-nursing, non-pregnant female is about 46 grams with allowances for size and activity. This is equivalent to about 1.6 ounces.

Excess protein, according to Prof. med. Lothor Wendt, is stored around the cell membrane. This excess protein can reach a density which can block cell permeability so that it cannot absorb nourishment or oxygen competently. It is one of the reasons why nutritional doctors use pancreatic enzymes as part of a nutritional regimen. The other reason is to replace the enzymes if the pancreas has been overworked and is not producing enough enzymes for protein metabolism.

It might be useful having the following list of protein values as a guide for protein intake to be sure one is getting an adequate amount without overdoing it. And it is also wise to avoid being too rigid or too careful because this builds tension and tension plays havoc with the endocrine system. Small amounts differing with the RDA are not significant and will not make the difference between health and sickness, so relax.

Variety provides the body with greater value because there are other ingredients besides protein in the food which nature has meant for the human system, and many different proteins will provide the body with all of the essential amino acids necessary for building healthy cells.

NUTS (2 ounces)	APPROX. GRAMS
almonds	10
brazil nuts	8
cashews	9
filberts	7
pecans	5
walnuts	8
LEGUMES (2 ounces)	
peanuts	16
dried peas	15
dried chickpeas	11

dried lima beans	4.5
GRAINS (2 ounces)	
barley	5
millet	5
brown rice	4
bran	8
rice polish	7
rye	7
wheat	8
raw wheat germ	16
1 cup of milk	9
1 ounce of meat	7
1 egg	6
1 tablespoon of peanut butter	4
1 slice of whole wheat bread	3
1 cup of spinach	5
1 stalk of broccoli	6
1 medium baked potato	3
1 cup of yogurt	8
3 1/2 ounces of most cooked vegetables	2 to 4

Some of the figures were computed from COMPOSITION OF FOODS by Heritage Press and from an article by Dr. Jean Meyer.

Dear Mrs. Sackman:

As a representative of our cooperative community, I am thanking you for your thoughtful, forceful yet plain-speaking presentation on "Balanced Nutrition for Better Health" at last Tuesday's night meeting. The interest shown by the audience and particularly the questions they raised underscored how effectively your ideas impressed them.

This positive reaction was reconfirmed by the comments made in the days that followed to some of the Board Members. Several times we were asked about a return visit by you. Truly, to some, it was a significant meeting.

May I, again say "Thank you" for giving your valuable time and 'know-how' to our community group?

Cooperatively yours,
Ruth Berkan

HEALTH GEMS

"If anything is true about nutrition, it is that no one knows all the answers, but certainly, when man first appeared on this earth, there were present all the cyclical food chains necessary to nourish man and all the animals and plant life on the land, in the waters, and in the air."

— Bernard A. Bellew, M.D.
and Joeva Galaz Bellew

"Food, to sustain life and health and to permit growth, must be organic in form. Inorganic substances, even though used in small quantities, stimulate, but at the same time may also poison insidiously."

— Henry Bieler, M.D.
in *American Laboratory*, May 1976.

"A greater understanding of the chemistry of the brain has uncovered a direct link between our feelings and the body's control of pain. New discoveries have suggested how personality traits may contribute, on a biological level, to the development of heart disease or cancer. And there are signs that the manipulation of emotional states by means of such techniques as meditation may actually have the power to diminish pain, enhance our well-being and prevent many kinds of sickness."

— Dr. Robert Ader, professor of psychiatry
at the University of Rochester School
of Medicine.

Dr. Benjamin Ershoff, a colleague of Dr. Emory Thurston, has shown that rats fed poison but placed on a high fiber diet survived without harm. If the fiber is taken out of the diet, they become ill and die. He demonstrated that fiber binds the toxins to aid in their elimination.

According to Finnish researchers, Jonna Kuusinen and Markku Heinonen, psychologists, a good hot shower or bath can do as much for you mentally and physically as the most elaborate sauna.

Thomas Sydenham, one of the greatest of all physicians, who, in the seventeenth century, wrote that disease was "an effort of Nature striving with all her might to restore the patient by elimination of morbid matter."

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Corinne Loreto

“Choices — Realistic Alternatives In Cancer Treatment”

Marion Morra & Eve Potts

The title of the book, I feel, is a bit misleading. It does list alternative treatments for cancer, i.e., the conventional alternatives — surgery, chemotherapy, radiation, and a brief mention of hyperthermia. There is also a small reference to holistic healing. FACT feels that the real alternative to conventional treatment of cancer is the biological approach.

The book may be useful in broadening one's knowledge of the different treatment centers which specialize in treating different kinds of cancers, and in making one aware of what the side effects of chemotherapy and radiation are. A lot of questions about cancer are answered: how it is diagnosed; that it is not catching; the various stages of cancer; the different types of cancer, and the various types of treatments available.

The section on nutrition for the cancer patient in this book is not one we would recommend to a cancer patient.

While FACT feels that conventional treatment of cancer is sometimes indicated to buy time for the cancer patient, the purpose of FACT's existence is to disseminate information on biological treatments which restore the cancer patient's body chemistry. This is done by detoxification (eliminating poisons from the body) and then adhering to a diet which will purify the blood stream and build healthy cells to replace the diseased cells. The answer to curing or con-

trolling cancer is in reactivating the body's immune defense system. This is where FACT feels the answer to cancer lies. Treating cancer with surgery, radiation and chemotherapy is treating the symptoms of cancer without *correcting* the cause — an imbalance in body chemistry.


Fortunately, more and more doctors are increasing their knowledge of nutrition and, hopefully, in time, nutrition will play a major role in the cancer patient's treatment. Let us not forget that cancer is not an easy disease to cure. There are cancer cases so advanced that even the best nutrition in the world will be of no benefit in saving the patient's life, but a program of detoxification and good nutrition can be useful.

As Dr. Tilden said, “There is only one disease — a toxic bloodstream. Clean up the bloodstream and regardless of what name you give the disease, disease, it will be cured.”


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