

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



"Fantasia For Two Flutes"

AARON OLSHAN



foundation for
Alternative
Cancer Therapies Ltd.

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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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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.

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In order to receive information by mail, please send a stamped, self-addressed business-size envelope to Foundation for Alternative Cancer Therapies, Ltd., Box HH, New York, N.Y. 10011.

METABOLIZATION
(THEY USE FOOD FOR ENERGY AND GROWTH)

EXCRETION
(THEY PASS WASTE)

ORGANIZATION
(THEY CAN PLAN)

REPRODUCTION
(THEY MAKE OFFSPRING)

ALSO KNOWN AS:

- MITOSIS
- PROLIFERATION
- FISSION

THIS IS WHAT CELLS DO IN YOUR BODY.

THEY ALL HAVE SPECIAL JOBS AND WHEN ONE DIES, IT'S REPLACED, ONE FOR ONE - IT'S CALLED "REPLICATION."

CELL DEATH

CHEMICAL MESSAGE

NEW CELL

* EXCEPTION
NERVE CELLS - YOU ONLY GET ONE SET.

IF A CELL STARTS MAKING NEW CELLS THAT AREN'T NEEDED - IT'S "REPRODUCING," AND THIS IS TROUBLE.

CELL DIVISION
(PROLIFERATION, MITOSIS)

IF THE CELL DOUBLES 20 TIMES - IT WOULD THEN BE A SMALL TUMOR THE SIZE OF A SPECK - LIKE THIS

20 TIMES

1,000,000 CELLS

YOUR "BODY-MIND" (AUTONOMIC SYSTEM) KNEW THERE WAS TROUBLE SINCE THE FIRST "REPRODUCING" CELL.

IT WAS SPOTTED BY A FLUID IN YOUR BLOOD (LYMPH), WHICH CONTAINS A DEFENSE FLUID, (ANTI-BODY)....

LYMPH

ANTI-BODY

THE ANTI-BODY SAW THE WASTES FROM THE "REPRODUCING CELL"....

LYMPH

ANTI-BODY

WASTES (ANTIGENS)
• TOXINS
• ENZYMES
• PROTEINS

...AND SURROUNDED IT TO PROTECT THE BODY....

WASTES (ANTIGENS)

ANTI-BODY (DEFENSIVE FLUID)

THIS AIDED THE BLOOD'S "DEFENSIVE CELLS" TO SPOT IT AND TAKE IT TO A DESTRUCTION AREA...

DEFENSIVE CELLS
(ALSO KNOWN AS:)

- WHITE CELLS
- LEUKOCYTES
- BASOPHILS
- EOSINOPHILS
- NEUTROPHILS
- MONOCYTES
- LYMPHOCYTES

DESTRUCTION AREA

... SUCH AS THE:

LYMPH SYSTEM - THYMUS & NODES

KIDNEYS, SPLEEN, LIVER, ETC.

AFTER THE CELL HAS BEEN EXAMINED TO FIND THE BEST WAY FOR DESTRUCTION...

THYMUS (CHIEF OF THE LYMPH SYSTEM)

CANCER CELL

"SPECIAL DEFENSE CELLS" ARE MADE AND THEY "EAT UP" (PHAGOCYTOSIS) THE "REPRODUCING CELL" AND ITS OFFSPRING

SPECIAL CELLS (WHITE CELLS)

REPRODUCING CELLS

LIVER
SPLEEN
THYMUS
ETC.

THIS WOULD MEAN YOU JUST HAD WHAT IS CALLED **CANCER**, YOUR BODY BEAT IT - AND YOU NEVER EVEN KNEW.



BUT - LET'S NOW SUPPOSE THAT YOUR BODY'S DEFENSE SYSTEM WAS WEAK FOR SOME REASON, AND COULDN'T HANDLE THE "REPRODUCING CELL".



THIS IS WHAT MIGHT HAPPEN - THE CELLS WOULD KEEP DIVIDING.

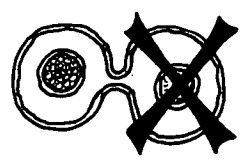
- 1,000,000
- 2,000,000
- 4,000,000
- 8,000,000
- 16,000,000
- AND SO ON -

IT'S CALLED "EXPONENTIAL GROWTH"

NOW, THE TUMOR WILL GROW ACCORDING TO HOW FAST THE CELLS DOUBLE - AND - HOW MANY CELLS YOUR BODY'S DEFENSES (IMMUNE SYSTEM) CAN DESTROY. LET'S USE 1 TUMOR CELL AS AN EXAMPLE

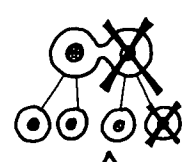


IF THIS CELL DIVIDED ONCE AND THE BODY DESTROYED EITHER ONE - THE GROWTH OF THE TUMOR WOULD BE "ZERO", ITS SIZE WOULD NEVER INCREASE.



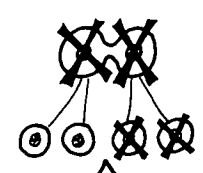
50% DESTRUCTION RATE

IT IS ONLY WHEN THE BODY CAN'T GET RID OF 50% OF THE CELLS - THE TUMOR GETS LARGER....



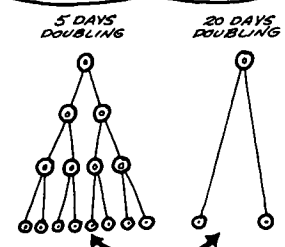
TUMOR GROWING

...IF THE BODY IS ABLE TO GET RID OF MORE THAN 50% - THE TUMOR WILL GET SMALLER.



TUMOR SHRINKING

SOME TUMORS TAKE YEARS BEFORE THEY'RE TROUBLE - SOME ONLY MONTHS.



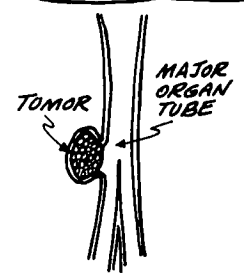
20 DAYS LATER

*A TUMOR THAT'S CALLED "BENIGN" ISN'T DANGEROUS TO LIFE OR HEALTH

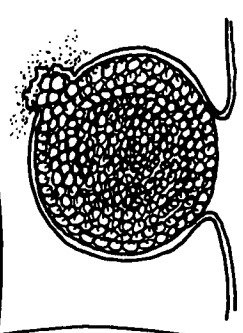


BUT KEEP AN EYE ON 'EM - THEY CAN BECOME CANCEROUS.

"MALIGNANT TUMORS" ARE INVASIVE - THEY GO INTO AREAS WHERE THEY AREN'T WANTED OR NEEDED



THEY CORRODE - THEY BREAK DOWN TISSUE.



THEY ERODE - AND IN TIME THEY MAKE THE WHOLE SYSTEM WASTE AWAY.

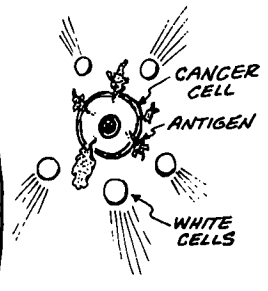


LET'S LOOK AT SOME OF THE SURVIVAL TRICKS OF CANCER CELLS - THEY SEEM TO KNOW NOT TO GIVE OFF TOO MUCH ANTIGEN. WHY?

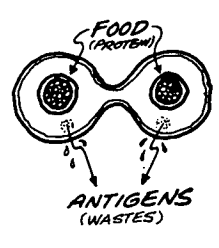


WASTES (ANTIGENS)

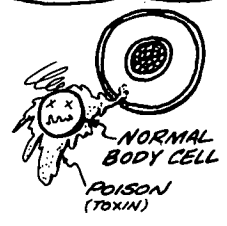
BECAUSE IF THEY DID, THE BODY'S DEFENSE SYSTEM WOULD GO ON AN ALL-OUT ATTACK AGAINST THEM.



SO, THEY JUST TAKE THEIR TIME AND EAT ENOUGH FOOD (PROTEIN) TO BE ABLE TO DIVIDE, AND SLOWLY Ooze THEIR ANTIGEN OUT OF THEIR WALLS.



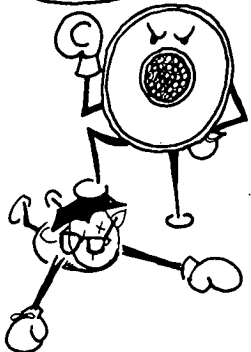
THE CANCER CELLS ALSO GIVE OFF POISONS THAT PARALYZE THE NORMAL CELLS OF THE BODY INTO NOT "REPLICATING" ONE FOR ONE.



SO THE BODY GETS WEAKER AND WEAKER AS THE CANCER CELLS GET STRONGER AND STRONGER (MORE VIRULENT)....



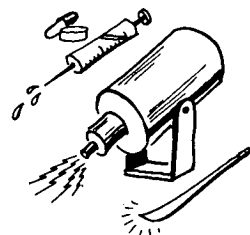
... AND IN TIME COULD WIN THE BATTLE.



NOW, LET'S SEE WHAT IS BEING DONE TO CHANGE SUCH AN OUTCOME.



THE TREATMENTS OF CANCERS USUALLY ARE: CHEMOTHERAPY, IRRADIATION, OR SURGERY. LET'S LOOK AT THEM ONE AT A TIME.



CHEMOTHERAPY- THIS MEANS TREATMENT OF DISEASE & ILLNESS WITH CHEMICALS.



ORAL (BY MOUTH)

INTRA-VEINUS (BY NEEDLE INTO VEIN)

INTRA-MUSCULAR (BY NEEDLE INTO MUSCLE)

THERE'S TWO MAIN TYPES OF DRUGS USED.

ANTI-METABOLIC

&

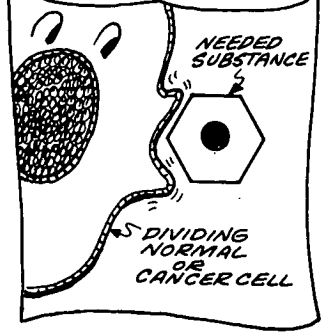
ALKYLATING



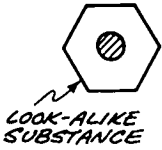
HOW DO THESE "CELL KILLING" DRUGS WORK?



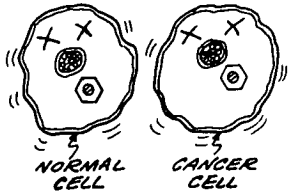
IF THEY'RE "ANTI-METABOLITES" THEY DO THIS - CELLS NEED SPECIAL THINGS TO DIVIDE.



THE DRUG GIVEN LOOKS ALMOST LIKE THE NEEDED THING - BUT, IS JUST VERY SLIGHTLY DIFFERENT AND IS USELESS FOR THE CELLS NEED.



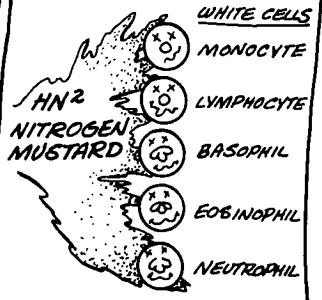
THE DIVIDING CELLS ARE FOOLED AND TRY TO USE THE "LOOK-ALIKE" TO MAKE PROTEIN (DNA) NEEDED FOR DIVISION; THEY FAIL AND DIE.



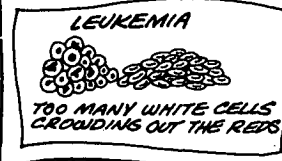
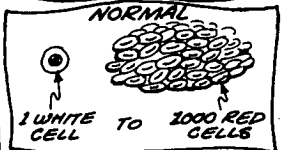
THE ALKYLATING DRUGS, THEY CAME ABOUT FROM WORLD WAR I WHEN MUSTARD GAS WAS USED (HN² - NITROGEN MUSTARD)



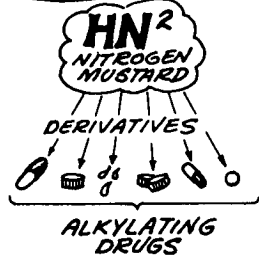
AND IT BECAME KNOWN THAT THIS CHEMICAL REDUCED THE NUMBER OF WHITE CELLS IN THE BLOOD.



SO THE MEDICAL WORLD FIGURED THEY COULD USE IT AGAINST LEUKEMIA (TOO MANY WHITE CELLS), AND...



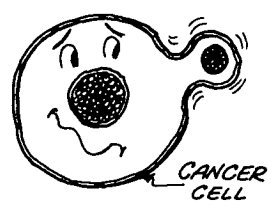
IT WAS FOUND TO HAVE AN EFFECT ON OTHER CANCERS ALSO. SO DIFFERENT TYPES WERE MADE AND THESE ARE KNOWN AS "DERIVATIVES."



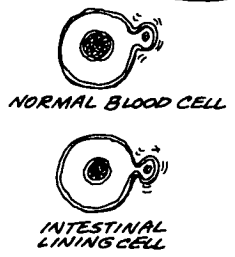
THOUSANDS OF DRUGS HAVE BEEN TRIED - APPROXIMATELY 27 HAVE BEEN FOUND USEFUL.



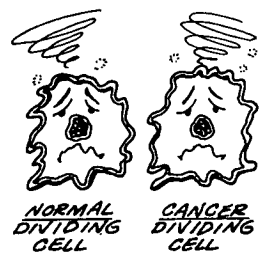
THEY ALL HAVE THE SAME DESIRED EFFECT. THEY INTERFERE WITH DIVIDING CANCER CELLS.



BUT, SINCE MILLIONS OF "NORMAL" BLOOD AND INTESTINAL LINING CELLS ARE ALSO DIVIDING PER MINUTE,....



THEY SUFFER THE SAME EFFECTS AS THE CANCER CELLS.



IF YOU WISH TO KNOW "SPECIFIC INFORMATION" ABOUT A DRUG....



...ASK THE DOCTOR WHO PRESCRIBED IT-

WHAT IT:

- IS?
- DOES?

WHAT'S THE:

- DOSAGE?
- SIDE EFFECTS?

ETC.

OR LOOK IN THE "DRUG ENCYCLOPEDIA & THERAPEUTIC INDEX" AT YOUR LOCAL DRUG STORE OR LIBRARY.

CYTOSXAN (H) Oncolytic (Mead Johnson)

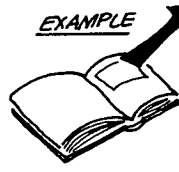
Generic Name: Cyclophosphamide.
 Chemical Name: N,N-bis (2-chloroethyl)-N', -propylene phosphoric acid amide monohydrate.
 Graphic Formula: CC1=CC=CC=C1OP(=O)(NCC1)NCC1

DESCRIPTION: A cytotoxic agent of the alkylating type, chemically related to the nitrogen mustard. Available in two forms. For injection: clear, colorless solution, 50 mg/5 ml or 200 mg or 400 mg of cyclophosphamide with sodium chloride, sterile water to be added before use. For oral administration, white tablets with blue backs each containing 50 mg of cyclophosphamide.

ACTION AND USES: In suitable cases, Cytosxan exerts a destructive effect on cancer cells that is reflected by subjective or objective improvement or by both. Evidence of improvement may include decrease in pain and other symptoms, increase in strength, improved appetite, and regression in size of neoplasm. For use in palliative therapy of certain malignant neoplasms, particularly some of those arising in reticulo-endothelial and hematopoietic systems and certain solid tumors. Types of cancer which have proved relatively more susceptible to therapy include Hodgkin's disease, certain lymphomas and lymphosarcomas, leukemia (acute and chronic) and breast carcinomas.

ADMINISTRATION: Orally, intramuscularly, intravenously, intraperitoneally, intravesically. Treatment must be individualized and adapted on the basis of hematologic response, toxic reactions, symptomatic improvement, and change in size of the tumor. In using leucopenia as guide, dosage is usually adjusted to keep white cell count between 2000 and 4000. Therapy should be interrupted when leukocyte count falls below 2000 or platelets below 100,000. Consult manufacturer's brochure for details.

CAUTIONS: Contraindicated in the presence of severe leukopenia or thrombocytopenia or when the bone marrow is extensively infiltrated with malignant cells. Therapy should be controlled according to individual response, especially for patients who have had recent treatment with radiation or with a cytotoxic agent, for debilitated patients and for patients who have undergone surgery in preceding 2 or 3 weeks. Manufacturer's brochure or package insert should be consulted before using Cytosxan. Systemic side effects are less severe than with nitrogen mustard. Nausea and vomiting are common but these side effects are usually not severe. The vomiting can usually be controlled with an antiemetic. Temporary sterility may occur. (Degree of hair follows discontinuance of treatment.) Mild diarrhea of short duration has been reported occasionally with intravenous administration. Leucopenia is an expected effect of Cytosxan therapy. It is used as an index of response and as a guide to dosage. Thrombocytopenia may occur, particularly after large doses and in patients previously treated with radiation or cytotoxic agents. Radiation in cyto-



REACTIONS TO "CHEMOTHERAPY" ARE CALLED "SIDE EFFECTS."

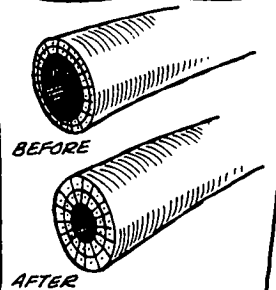


IN THE FIRST FEW DAYS OF THERAPY THERE MAY BE - NAUSEA AND VOMITING.



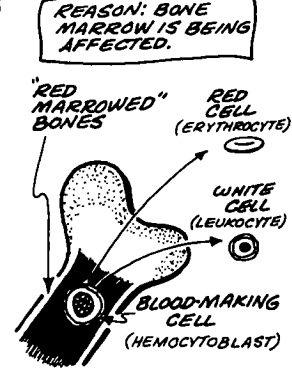
REASON: INTESTINAL LINING CELLS ARE BEING AFFECTED.

MUSCLE WEAKNESS AND NUMBNESS OF HANDS AND FEET.



REASON: VEINS, ARTERIES AND CAPILLARIES ARE REDUCING SIZE.

DECREASED BLOOD-MAKING BY THE BONES (ANEMIA).



HAIR LOSS - BECAUSE HAIR CELLS ARE CONSTANTLY DIVIDING.



TEMPORARY STERILITY - BUT POTENCY IS STILL OKAY.



REASON: MENSTRUATION AND ABILITY TO GET PREGNANT TEMPORARILY STOPS.

RASHES & ITCHINESS



REASON: SKIN CELLS ARE BEING AFFECTED.

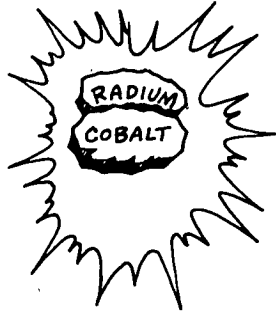
ALL THESE "SIDE EFFECTS" MOST OF THE TIME, CAN BE REVERSED BY YOUR DOCTOR.



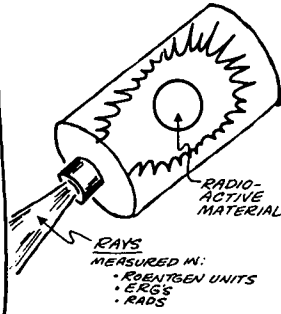
IRRADIATION - THIS IS ALSO A "CELL-KILLING" TREATMENT. HERE'S HOW IT WORKS.



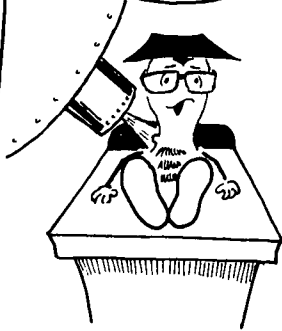
A MATERIAL THAT IS RADIO-ACTIVE....



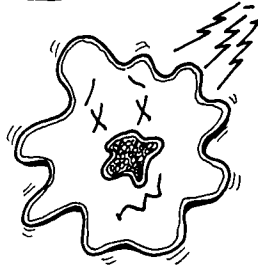
IS PUT INTO A LEAD-SHIELDED CASE THAT HAS AN OPENING....



AND THE RAYS COMING FROM THE OPENING ARE DIRECTED AT THE CANCER....

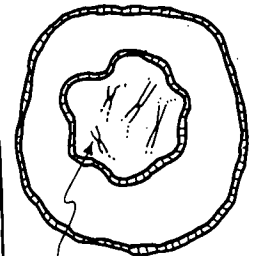


.... THE EXPOSED CELLS TAKE IN THE RAYS ENERGY



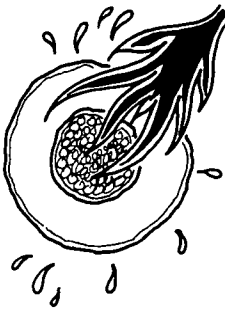
THE EFFECT IS EQUAL TO MILLIONS OF VOLTS

THE "INNER STRUCTURES" ARE DAMAGED AND MANY CELLS DIE.



CHROMOSOME DAMAGE

HEAT WAS THE BASIC DESTROYING FORCE



IF THE TOTAL BODY IS GIVEN TREATMENT THE PATIENT MUST BE VERY CAREFUL OF INFECTION - BECAUSE THE DEFENSE SYSTEM (WHITE CELLS) HAVE BEEN GREATLY DECREASED.



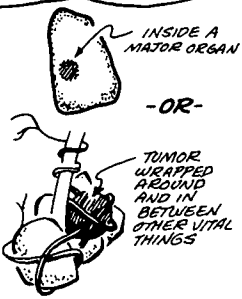
SURGERY - IS USED WHEN IT'S BELIEVED THAT ALL THE CANCER IS IN ONE SPOT....



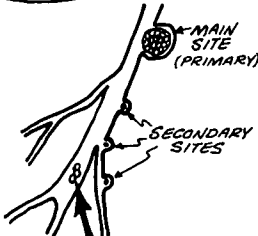
AND IS "OPERABLE;" (ABLE TO BE REMOVED).



"INOOPERABLE" IS WHEN FOR ONE REASON OR ANOTHER THE CANCER CAN'T BE REMOVED....



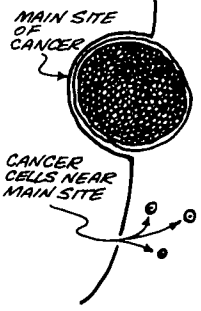
OR, WHEN CANCER CELLS HAVE MOVED TO OTHER PARTS OF THE BODY AND SURGERY WOULDN'T HELP.



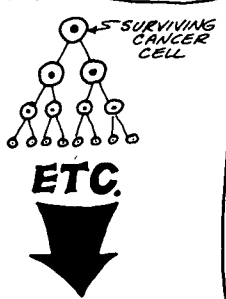
SURGERY THAT'S CALLED "RADICAL" IS WHEN MUCH TISSUE IS REMOVED AROUND THE EFFECTED AREA.



THIS IS DONE TO HOPEFULLY INSURE THAT EVERY CANCER CELL IS REMOVED.



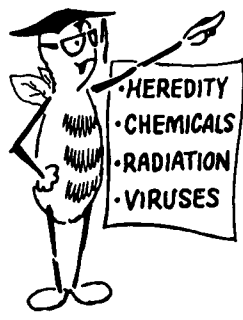
BECAUSE, IF ONE IS LEFT BEHIND THE WHOLE THING STARTS OVER AGAIN



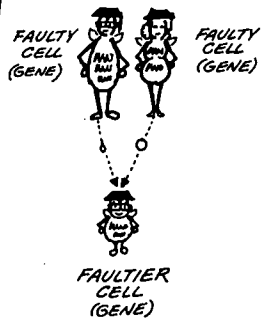
THEN MORE SURGERY MAY BE REQUIRED.

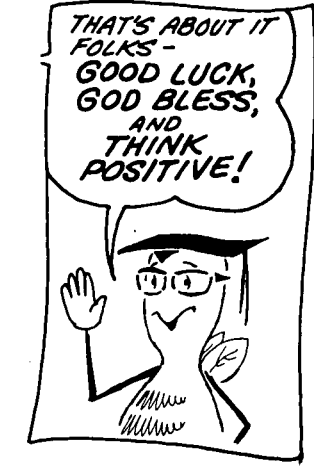
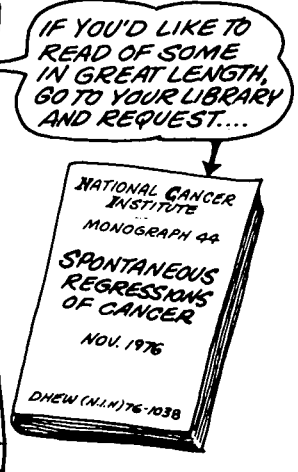
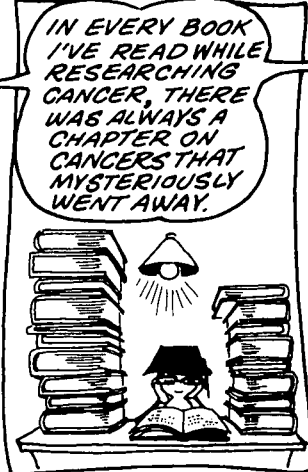
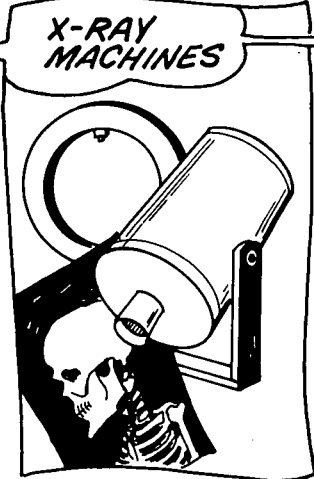
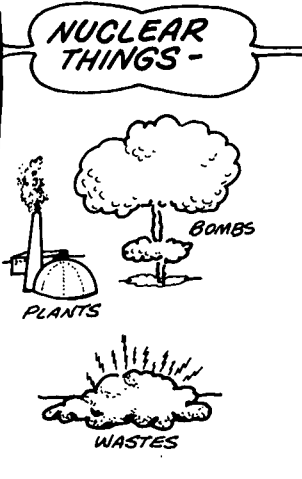
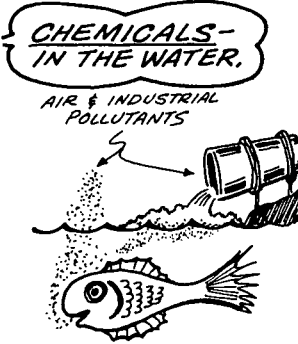
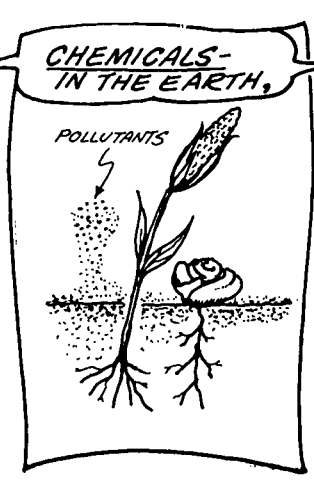
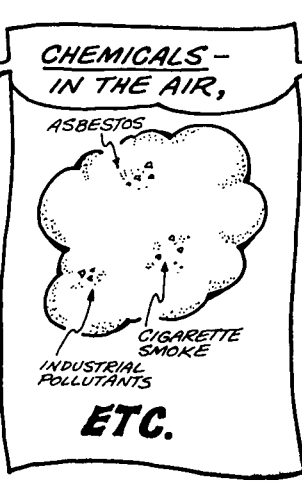


HOW DO YOU GET CANCER? WELL, THERE'S FOUR POSSIBILITIES.



ONE! YOUR ANCESTORS (HEREDITY).





John Prinkey is an award-winning artist who uses his talent to explain complicated things. On his job, he has used his illustrations to make it easier to understand complex engineering data.

For three years, after working hours, he spent time in medical libraries, using a medical dictionary to understand the technical papers, to prepare the text in "Taking the Mystery Out of Cancer." Mr. Prinkey also interviewed about 30 cancer specialists, some patients and their families.

He was struck by the lack of knowledge that patients have about their disease and treatment, and noted that a simple explanation helped to ease their anxiety. So, with the aid of one of his comic strip characters, "Bee Smart," he created his booklet on cancer which we have reproduced with his permission, making some minor changes to fit the allotted space.

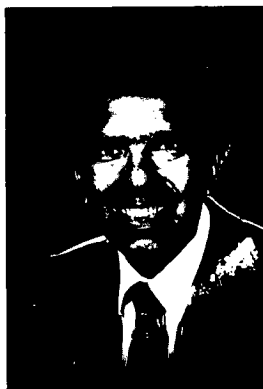
Flouridation

ABOUT THE AUTHOR: Frederick I. Scott, Jr. and his wife and colleague Viola operate F.I. Scott & Associates, a firm providing marketing, editorial, and writing services for technical products. He is Consulting Editor (after 12 years as Editor) of American Laboratory and International Laboratory publications for chemists and biologists, and a founder of Group Technology, Ltd., marketing books and products for microcomputers.

A 1950 graduate in chemical engineering (Johns Hopkins University), Fred obtained an advanced degree in management engineering in 1956 (M.S., Newark College of Engineering). In addition, he has completed courses in electronic technology, experimental design, sales engineering, computer programming, and microcomputer interfacing.

Fred has been employed as a research and development engineer in chemical processes and materials for electron devices (receiving and power tubes and guidance devices). He moved into sales and marketing of nuclear detection devices in the mid-1960s and subsequently managed the production and sale of electrolytic capacitors before undertaking the marketing operation. In addition to being editor of the two publications, Mr. Scott was an independent medical sales representative until leaving the New Jersey suburbs of New York for the beautiful Blue Ridge mountains of Virginia in 1979. He has coauthored papers on spectroscopy and is a member of the American Chemical Society, Analytical Division; Institute of Electrical and Electronics Engineers; the New York Academy of Science; and the American Association for the Advancement of Science.

In the mid-1970s, Fred developed a deep interest in the role of nutrition in health and disease and has written extensively on the subject in editorials.



The strong evidence against the efficacy and safety of the practice of fluoridating public water supplies continues to be ignored by those charged with the responsibility for public health measures. The disingenuous actions of some scientist advocates of fluoridation and the general antipathy of science journals toward open examination of the subject raises serious questions regarding the objectivity constantly proclaimed for science. Perhaps the weight of evidence cited by proponents refers to the physical weight of the endorsements and not to a preponderance of scientific evidence.

■ The most recent weighty but nonresponsive presentation occurred at Congressional hearings held in February 1980. Officials of the Center for Disease Control of the Department of Health and Human Services appeared before the U.S. House of Representatives Subcommittee on Labor/Health, Education, and Welfare Appropriations to request \$9.5 million (\$3 million above 1980) for a fluoridation grant program. This program aims to assist communities in starting fluoridation of public water supplies. Its goal is to reach "more than 700 communities by the end of 1981 and, over a ten-year period, to reach near-universal fluoridation of approximately 8600 currently fluoride-deficient water systems." Representatives William H. Natcher (D., KY), Chair of the Subcommittee, Robert H. Michel (R., IL), and Silvio O. Conte (R., MA) questioned Dr. William Foege, Director of CDC, and his colleagues regarding the safety and efficacy of fluoridation and about allegations that tax dollars were being used to promote and influence local communities to fluoridate. CDC personnel minimized this latter allegation but did not deny it.

The CDC officials were asked to cite (author, title, journal, and date) 1) one laboratory study showing that 1 ppm of fluoride added to drinking water was effective in reducing tooth decay, 2) one blind or double-blind study with a human population showing that 1 ppm of fluoride in drinking water was effective in reducing tooth decay, and 3) one study demonstrating that fluoride at 1 ppm in drinking water was safe for human consumption. The CDC people did not respond then or subsequently to those specific requests. They did submit references to six recent evaluative studies in human populations claiming reductions in decayed, missing, and filled (DMF) teeth of 50%-60% along with 56 U.S. and 23 foreign publications purporting to demonstrate efficacy and six studies purporting to assure no significant correlations between fluoridation and increased mortality from cancer or other chronic diseases. With such a volume of supportive references, one would expect adequate documentation of claimed benefits and safety. Few persons, whether scientist or nonscientist, would be inclined to pursue the intense examination of those references needed to assess their validity. Yet, when examined critically and under cross-examination, the chorus of support for fluoridation is seen to rest on inadequate and distorted evidence. Such examinations in this country and abroad are resulting in the rejection of fluoridation.

Although in this commentary it is obviously not possible to conduct the necessary inquiry, several occurrences are useful in assessing the case. In 1978, following a lengthy trial, Judge John P. Flaherty issued a decree prohibiting the addition of fluoride to the water supply treated by a Pennsylvania community (Aitkenhead, et al. v. Borough of West View et al., Court of Common Pleas of Allegheny County, PA, 11/16/78). Fluoridation continues, however, during an appeal on the basis of jurisdiction only. The decision has not been overruled or even challenged on the substantive merits of the case. Among the witnesses were representatives of the U.S. Public Health Service, the National Cancer Institute, and the British Royal Statistical Society.

Subsequently, in a letter to a mayor who inquired about his decision, Judge Flaherty stated that, in his view, the evidence contained in more than 2000 pages of testimony and exhibits was compelling that the addition of sodium fluoride to the public water supply at one part per million was extremely deleterious to the human body and that a review of the testimony will disclose no convincing evidence to the contrary. He received hundreds of letters, many from dentists and physicians, all concurring with his decision. Although he had given scant thought to the matter of fluoridation prior to the case, he acknowledged receiving quite an education and noted that the proponents of fluoridation do little more than try to impugn the objectivity of those who oppose it.

In his decision, Judge Flaherty cited as significant the testimony of Dr. D. R. Taves, a witness for the proponents, defender of fluoridation, and an investigator on several Public Health Service grants. Dr. Taves was asked to shift his role from that of scientist to that of doctor of medicine and to state whether he would recommend that fluoride be added to the public water supply. After a long and evidently unsatisfactory colloquy extending over many pages of testimony, Taves was asked if his testimony was that he recommended fluoridation of public water supplies. Taves replied, "I don't want to state on that." This is the same Dr. Taves who was the principal author of the section on fluoride in a report of the National Research Council (NRC) Committee on Safe Drinking Water published by the National Academy of Sciences (NAS) in 1977. No counterbalancing experts were on the committee to present opposing evidence, much of which was consciously omitted from the report although it had been brought to his attention (Waldbott, G.L.,

Burgstahler, A.W., and McKinney, H.L., *Fluoridation: The Great Dilemma*, Coronado Press, Lawrence, KS, 1978, p.337-342). Some evidence that raised questions regarding the safety of fluoridation was included. That evidence was examined in some detail and rejected as being inadequately documented. The authors concluded that there was no generally accepted evidence that anyone has been harmed by drinking water with optimal fluoride concentrations. Despite this extensive experience, though accompanied by questionable forthrightness, this investigator and proponent of fluoridation was unwilling under oath to affirm a recommendation for the measure.

In earlier Congressional hearings, satisfactory evidence for the safety of fluoridation was not evinced (Hearings on the National Cancer Program, Part 2, Fluoridation of Public Drinking Water, held before the Subcommittee on Intergovernmental Relations of the Committee on Government Operations, 95th Congress, First Session, Sept. 21 and Oct. 12, 1977, p. 232ff). Rep. L.H. Fountain, Chair of the Subcommittee, concluded the hearing with the observation that the question of carcinogenicity or lack of it remained unanswered for fluoridation (p. 319).

In a 210-page report prepared for the Ministry of the Environment of the Province of Quebec, Canada (Nov. 1979), the Advisory Committee (of medical doctors, engineers, and scientists) on the Fluoridation of Water for Consumption concluded that fluoridation poses serious dangers to health and that it has not proved to be a very effective deterrent to dental caries. Dr. Philip R.N. Sutton (D.D.Sc.), Academic Associate, University of Melbourne and formerly Senior Lecturer in Dental Science, reviewed the scientific criticisms and fluoride dangers in a personal submission to the Committee of Inquiry into the Fluoridation of Victorian Water Supplies (Australia, Aug. 1979 and Jan. 1980). His 24-point, 284-page review notes the same pattern cited here regarding valueless endorsements, nonresponsive official and scientific agencies, grossly exaggerated claims, uncontrollable total intake levels of fluoride, ignored and unrefuted dangers, and the increasing rejection of fluoridation by governments, particularly in Western Europe, following evaluation or reexamination.

In a proponent-funded followup study of a much-touted experiment, children in fluoridated Newburgh, NY were found to have a statistically significant greater incidence of low hemoglobin anemia and cortical bone defects than in the unfluoridated control city of Kingston, NY ("Newburgh-Kingston pediatric findings after ten years," *J.Amer. Dent. Assoc.*, Mar. 1956, p. 296-306).

The claimed benefit of lower dental costs is not borne out by study either. The American Dental Association reported in Feb. 1972 on the detailed comparison of dental incomes made by the University of Illinois Dental School (Douglas, B.L., et al., *J. Pub. Hlth. Dent.* 31, 273-81, 1971). The data showed that, in fluoridated cities, the dental patient required 4% more of the dentist's time than in nonfluoridated cities and paid 11% more, while the dentist netted 17% more. In other reports, dental costs for the ten most fluoridated states (average of 90.6% of the population drinking fluoridated water) are shown to have increased 237% over the period 1958-1970 compared to an increase of 214% in the ten least fluoridated states (average of 15.5% of the population drinking fluoridated water, *Facts About States for the Dentist Seeking A Location, and Survey of Dental Practice: 1958-1970*, Amer. Dent. Assoc. Bureau of Economic Research and Statistics, 211 E. Chicago Ave., Chicago, IL 60611).

While the EPA sets a 1.4-2.4 ppm temperature-dependent maximum limit for fluoride in potable water, the USPHS assures that 1 ppm is safe with no apparent concern for the wide variation of intake by water, food, and air. Meanwhile, others show that airborne levels of only 5-ppb damage pine needles within 30 days and that cattle are decimated at less than the 40-ppm tolerance level set by NAS for forage (Krook, L., and Maylin, G.A., *Cornell Vet.* 69, Suppl. 8, April 1979; Raloff, J., *Sci. News* 118, 3, 42, July 19, 1980). Continued investigation delineates the adverse effect on cattle of fluoride emissions even lower than Federal and NY state environmental limits. Forage containing 9-25 ppm of fluoride contamination from such permissible emissions results in chronic debilitating fluoride poisoning (the herds must be destroyed), evidently because the cattle are exposed *in utero* and during the first months of life, the most critical period of skeletal growth (Crissman, J.W., et al., *Cornell Vet.* 70, 183-192, April 1980). The NAS studies were made on 3 to 4-month-old calves exposed to dietary, but no airborne, fluoride. Curiously, the same investigators reporting 40-ppm to be safe in forage report 1 ppm safe in water for humans. Despite the vital significance of these findings, NAS feels there is insufficient evidence to recommend any changes in these standards and apparently plans no determined action regarding them (correspondence between Dr. Albert W. Burgstahler, U. of Kansas and Dr. Philip Ross (NRC) 6/23, 7/22, 7/25, 7/30/80).

Although *Consumer Reports* is not a scientific journal, its March 1969, and July and August 1978 articles on fluoridation are cited widely by scientific and lay proponents of fluoridation. The claims in those presentations are exhaustively refuted with journal citations by H. Lewis McKinney, Ph. D. (a coauthor on the Waldbott book) in *National Fluoridation News* xxiv, 3, 3 (July-Sept. 1978) Route 1, Gravette, AR 72736. Dr. K. Takahashi, M.D., a statistician and previously Associate Professor, Department of Medicine, Tokyo University, examined the scientific literature in detail at the behest of several consumer groups in Japan and presented his findings before an International Seminar sponsored by the International Organization of Consumers Unions in Hong Kong, Jan. 6-10 1980. His examination of the data reported in the scientific studies cited by *CR* and others revealed significant deleterious but previously unmentioned effects and serious flaws in some of the conclusions drawn from the studies.

■ Thus, under careful examination of original data, cross-examination under oath of scientific proponents, and critical followup assessments of effects, neither the efficacy nor the safety of fluoridation has been demonstrated. Nevertheless, it seems impossible to engage the scientific community or the public health authorities in any effort to examine the subject.

The reexamination of subjects on which strong recommendations have been made challenges one's commitment and integrity. If, as scientists and public health advisors, we can't muster the courage to meet those challenges, perhaps we should all take up a more honest profession such as used car sales or TV repair where at least the *results* of our services are unequivocal.



HEALTH GEMS

From the Tacuinum Sanitatis which was a medieval Latin translation of the approximate text of the writings of the Arabian physician Ibn Botlan. Ibn Botlan died approximately 1068. The first Latin translation may have been as early as the eleventh century. A translation dated 1266 is found in the Marciana Library in Venice.

The Physician Speaks:

"The Tacuinum Sanitatis is about the six things that are necessary for every man in the daily preservation of his health, about their correct uses and their effects. The first is the treatment of air, which concerns the heart. The second is the right use of foods and drinks. The third is the correct use of movement and rest. The fourth is the problem of prohibition of the body from sleep, or excessive wakefulness. The fifth is the correct use of elimination and retention of humors. The sixth is the regulating of the person by moderating joy, anger, fear, and distress. The secret of the preservation of health, in fact, will be in the proper balance of all these elements, since it is the disturbance of this balance that causes the illness . . .

"Fever is a mighty engine which Nature brings into the world for the conquest of her enemies".
Thomas Sydenham (1666).

"It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has." *William Osler, M.D.*

"Diseases are the result of long-developing processes which begin early in life and finally lead to saturation of the body with toxins. Improper eating, living and thinking habits are the prime cause of this degeneration. The same type of toxin when localized in a joint causes arthritis; when localized in the liver, hepatitis; in the kidneys, nephritis; in the skin, dermatitis; in the pancreas, diabetes; in the brain, insanity." *Sir James Mackenzie, M.D.* extracted from *Food is Your Best Medicine* by Henry G. Bieler, M.D.

"Le germe n'est rien, c'est le terrain qui est tout."
(The microbe is nothing, the soil is everything.)
Louis Pasteur

We must stop looking upon our body as though it is a factory that can process stones, chalk, iron shavings, sea shells, egg shells, synthetic chemicals and other non-food material even though the substance has been made into a tablet or added to the food supply and labeled a dietary supplement.

"Enzymes are found in raw food; they are destroyed by heat over 120 degrees." *Drs. J.J. & N. Hajek*

Give us serenity to accept what cannot be changed, courage to change what should be changed, and wisdom to know one from the other.

Thermos Cooked Cereal

The most wholesome way to prepare foods is to preserve all of the natural elements to the degree possible. Using a thermos to prepare cereal saves these precious elements. All that is necessary is a wide-mouth thermos and whole grains, such as, rye, barley, wheat-berries, corn, millet, buckwheat, brown rice, oats, etc. Rye, barley, oats and buckwheat do not need to be ground before the thermos-cooking process but the others will not soften adequately if not ground beforehand. The grains can be used singly or combined for different tastes. It is interesting to experiment to achieve various flavors.

To prepare the cereal, put 3 tablespoons of the grain in the thermos and add one cup of hot water for the average portion. If more or less food is desired, use a ratio of 1/3 of a cup of water to 1 tablespoon of cereal. Let stand overnight or for about 8 hours. The result will be equivalent to a prepared cereal without the loss of its nutritional value. Some people prefer to use the cereal in its whole form as it comes from the thermos. Others prefer to put it in a blender for a consistency closer to what they have become accustomed to. If the cereal needs to be rewarmed, put it in a bowl and warm it over hot water. (This is similar to using a double boiler except that a pot and a bowl are used.) Do not overheat!

Since salt is to be avoided for the cancer patient, other seasonings need to be employed. Try flavoring with raw honey, or soaked dates, or raisins, or other dried fruits. Bananas and/or other fresh fruits can be added.

Importance of Good Water

By Carl Webb

Why worry about water? Because contaminated water can threaten your family's health. Over 200 water-caused epidemics occurred between 1961 and 1973 — nearly 55,000 ill, 22 died.

The daily intake of water is essential for life itself. Medical authorities stress the importance of drinking eight cups of water daily because this is the amount required to maintain the body's proper water balance. Even a physically inactive adult uses eight cups of water daily because water is needed in all the body's chemistry, and it is used constantly.

We're really fortunate in having a body that recycles the water we drink; if this was not true, we would spend most of our time drinking endless gallons just to stay alive.

Water is present in all living body cells. It helps in the digestive process to break up, soften, and transport food particles. The blood, which is 90 percent water, circulates nutrients.

Water performs many other life-sustaining functions such as controlling body temperature through perspiration. Regardless of a person's daily activity, he will ordinarily lose about two cups of water through his sweat glands.

During manual labor and strenuous sports, the body undergoes much stress and is bent in many ways. Water acts as a lubricant, the same way oil prevents wear and tear in machinery parts.

It is very important to drink more water when exercising because this minimizes dehydration from sweating. Drinking water frequently while exercising maintains the body's stamina and prevents fatigue, even a possible physical collapse. Stress is less on the circulatory system during sports activities. This is because the water is helping the blood carry energy-providing carbohydrates to the body's cells.

During illness, it is important to drink more water to help control any fever which may be present.

Hot weather calls for an added intake of water to help regulate temperature and prevent overheating. This should be cool water but never iced water which is a shock to the throat bacteria which act as a control against harmful germs and virus. If you wonder where your summer cold came from (along with sore throat), think back

to all those ice cold drinks you consumed when you were overheated.

The food we eat daily ordinarily contains about one quart of liquids.

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A Letter

Dear Mrs. Pinkerton:

Thank you so much for answering my letter in reference to the nutrition diet for cancer patients. Louie's Mother, Jean Scarzello, was thankful also. We started Louie on the diet as soon as possible and got an appointment with a nutritional doctor. He was put on a program with vitamins, herbs, special prescribed liquids, etc. Then we had him take special mind control courses. It was very difficult for him because the chemo had affected his body in many bad ways. But his family and I worked with him and helped him prepare his meals. He exercised as much as he could, not over doing it. For about a month he did quite well on the diet. He was very happy to be off the chemo and out of the stupid cancer hospital every other week for shots of chemo, blood tests, spinal taps, radiation, and so many other awful things.

While he was on the diet we went to the Olympics with his Aunt and Uncle, we played racquetball, went skiing a few times, ice skating, and had some goods times together. But he was on chemotherapy for so many months that his body wasn't able to cure itself. If we had started the diet in the very beginning maybe we would have had enough time. But because of the chemo, time was not available. We are very happy that we did not go through with the bone marrow transplant the cancer hospital wanted to do to him. They would have had to make 200+ holes (with needles) in his brother's back and put his bone marrow in Louie — a disadvantage for his brother. But the most ridiculous thing about the whole process is that Louie would have to spend 3 months in isolation. Louie wouldn't have lasted more than two weeks without me and his family to hold him and talk to him, to help him through that period. And during that 3 month period of isolation, his body was not able to catch an infection because he would be without any resistance at all. Any germ, cold, etc., getting in his room and he would die. And the third reason was after the 3 month period there is no sure answer that his body would accept the bone marrow. His mother and I saw absolutely no hope at all doing that program. It is an *experiment* on a human body allowing Louie to drag on 3-4 more years with a mind of his own in a body he doesn't understand.

So, with putting him on that nutrition diet, he was able to live his months as a person. God took Louie as a whole person that lived each of

his remaining days to the fullest. And that is one thing he couldn't do on chemotherapy.

We all miss Louie very much but we don't look at his death as the end. He has an entire new life with happiness, love, and tranquility in God's kingdom.

Most important, he enjoyed the last days of his life. He even asked me to marry him. So we had many wonderful things happen, and we did many activities in his last months that we wouldn't have been able to do if he stayed on the chemo.

Thanks so much for your well-appreciated suggestions in your beautiful letter. Again, Mrs. Scarzello says thanks.

Love, Laura Wilczynski

PS Instead of flowers at the wake, Mrs. Scarzello asked people to donate their money to the Alternative Cancer Therapies, the one you are familiar with. A thousand dollars or more was sent. We were very proud.


He went away on May 14, 1980.


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