

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



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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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“Unrelenting . . . Medical Advice” from 1823

Discovered by Albert Schatz, Ph.D.

The following letter to the Editor appeared in the December, 1823, issue of *The Christian Journal and Literary Register* (Volume VII, No. 12, pages 367-370). It was reprinted there from the *Portsmouth Journal*.

Mr. EDITOR — I am told it is the boast of the common law, that there is no wrong without a remedy. As you are supposed to have some knowledge of the laws under which we live, I take the liberty of laying before you the following case, to which I crave your immediate attention. The grievance, of which I complain, is the unrelenting persecution of my good-natured friends, in the way of *medical advice*. It has already reduced me to a skeleton, and if I have no relief, it will, in three weeks more, bring me to the grave.

I am — or rather a month ago I *was* — a young man in good health and cheerful spirits. It is true, I was never robust and athletic; but on the other hand, I have seldom been visited with sickness. I am engaged in a business which gives me a comfortable support, and leaves me some leisure for the cultivation of letters, and the enjoyment of society. I passed my days in a state of enviable happiness, till one fatal morning some of my kind friends fancied that I *looked sick*. — From that hour my days were numbered. I am even now hastening to the tomb.

On one of the bright mornings which we had in June, and after a warm night, I rose from bed somewhat languid, and a little paler than usual. After sipping a cup of tea for breakfast, I was walking slowly through Market-Street, with my hands behind me, enjoying the pure breeze which was beginning to blow from the northwest; when I was met by two friends, who stopped and exchanged with me the compliments of the day. Methinks you look a little pale, said one; you had better try a *cold bath*. Nothing invigorates the frame like a salt-water bath.

Provided it be a *shower bath*, interrupted the other. But in my opinion nothing is so fatal to health as plunging the whole body into cold water. It checks perspiration — impairs digestion — produces cramp — and —

Good morning, I exclaimed, rather abruptly; I believe I shall try neither at present.

Continuing my walk for a few minutes longer, I called at the house of a friend, with whom I was in habits of familiar intercourse. I found him at breakfast with his family. His wife, a fine motherly looking woman, with a large shawl thrown over her shoulders to protect her from the morning air, was pouring out the coffee; while the eldest daughter was watching a little urchin, whose ruddy cheeks and laughing blue eyes showed how much comfort he derived from the huge bowl of bread and milk he was in the very act of devouring. In the simplicity of my heart, I related the conversation I just had in the street.

My friend shook his head slowly, and fixing his eyes upon me with a very solemn expression: “There is something in it. You *are sick*, my dear fellow. You must *ride on horseback*.”

You must drink *pearl ash and cider* in the morning to give you an appetite, added his wife.

You should drink *milk*, exclaimed the daughter, looking significantly at the chubby cheeks of her little brother.

Tansy and wormwood pounded together, is a thousand times better, said a maiden aunt — at the same time laying down her knitting. Take a little *tansy*.

Spearmint is better, interrupted the mother anxiously.

A *little tansy*, I say, and *fresh rue*, resumed the aunt — Yes, and *catnip*, said the daughter; aunt Dorothy always uses catnip.

My dear ladies, I exclaimed, spare me. I am not sick, and —

Come, said my dear friend, who had now finished his breakfast, and perceiving that I had with difficulty kept my countenance during these various prescriptions — I will walk with you: and taking me by the arm, we set forth together.

“How are you, my good fellow?” was the rough salutation of the first man we met. It was Captain X. My friend replied to his greeting very cordially: but shook his head as he looked at me.

Aye — I see how it is, said Capt. X — Poor fellow — consumptive. But never mind, *take a voyage* and all will be well.

I thanked him for his kindness, and passed on: and for the first time in my life began to fancy that I felt something that was a little like a pain in my side — but I was not certain.

A few steps onward we met Mr. Q. long, lank, and lean, the very image of famine. He accosted us with a languid bow, and glancing his eyes at me, — “A very fine morning this, sir, especially for those who, like you and I, are dying of dyspepsia.”

Dyspepsia! sir — I never had it in my life.

Ah, I understand. You are a *bon vivant*, and you cannot bear to be deprived of the pleasures of the table. But you must come to it. You must take *prepared chalk and rhubarb* every morning for breakfast, and drink *liquid magnesia* instead of coffee. At dinner, you must eat only an ounce of beef and half a cracker; but at supper you may indulge freely in *lime water*. Lewis Cornaro, sir —

Was a model beyond my imitation, I exclaimed somewhat pettishly — and passed on.

I was by this time near the door of Mr. B. — and seeing the bright eyes of Mary at the parlour window, I ventured, though it was early, to make a call upon her. As I turned to the door, a chaise that was passing raised a cloud of dust, that filled for a moment my eyes and throat. I entered the room with a slight cough.

Ah, that cough of your's, said Mary's mother — it will bring you to the grave.

Nothing but the dust, said I.

This answer seemed to awaken all her sympathy. She said something about the flattering nature of certain disorders, and proceeded at once to get me a dose of *Balsam Tolu*. Her kindness was so importunate, that resistance was vain; I took the glass, and was in the very act of raising it to my lips, when the door opened and three ladies entered, two of them with black hoods, and the third with spectacles.

I am a lost man! I muttered to myself. But Mary was near, and I thought I read in her eyes some hope of life.

One of the black hooded ladies immediately addressed me. You do well to take care of yourself, sir. You look as if your lungs be affected. Have you ever tried onion tea?

Never, madam; I am not sick, and I detest onions. Ah, you must not be too squeamish, where health is at stake. Three tumblers of *onion tea* taken hot, every forenoon, at 11 o'clock, would soon relieve you. There is no trouble in it. — Take only a peck of onions —

And make them into a *good poultice*, interrupted the other black hood, and wear them upon your breast all the time, and you will soon

be well. Nothing opens the pores, and relieves a cough, like an *onion poultice*.

I turned a despairing eye upon Mary. An onion poultice, and a morning call! Shades of AEsculapius! —

If you talk of poultices, said she with the spectacles, my prescription is buttercups and vinegar. Take a handful of buttercups —

And drink *rosemary and honey*, said the first black hood.

That is good, said the second, but *butter and molasses is better*. Or *flaxseed tea*, said Mary's mother.

Or *wheat-bran*, said Mary, with boiling water poured over it, and sweetened with loaf-sugar. You love *wheat-bran*, I know.

There was a little archness in her manner that led me to suspect she was not above half serious. I made her a lowly bow in token of acknowledgement.

As I slowly raised my head, I perceived that the lady with spectacles was regarding me very earnestly.

Poor young man! how feeble! You must wear a plaster upon your back — a little *burgundy — pitch* —

Or a *backboard*, said Mary; laughing.

Don't sport with human life, said the second black hood, gravely. Your friend here must be careful, or he is not long for this world. But if he follow my prescription —

If he will follow mine, interrupted Spectacles — Take a wine glass of *Cayenne pepper* and a *pint of alcohol*.

— And by all means *bottles of boiling water* at your feet when you go to bed, said Mary's mother —

— And a *flannel night-cap*, said Mary.

Double flannel, said the first black hood; or a petticoat would be better still.

And a *pair of stockings around your neck*, said the second hood.

Woolen stockings, added Mary.

And drink during the night about two gallons of *boiling cider*, said Spectacles, solemnly.

And a spoonful of *tocacco tea* every ten minutes, said Mary.

Child, child! said Spectacles sharply, you talk foolishly.

A poultice of *burdock leaves* for the feet —

No — *rye meal and cider*, interrupted the second hood.

No, no — *mustard seed and vinegar*, said the third, eagerly. I remember that —

Human patience could endure no more. I started from my seat, made a hurried bow, and left the house with so much precipitation, that as I passed over the steps I stumbled and nearly fell.

Have you sprained yourself? said a gentleman who was passing. If you have, take a little *opodeldoc* —

Chemical embrocation, said she with the spectacles, running to the door.

Rub it with *flannel*, said the first black hood, pressing behind her.

Take a *pailful of wheat bran*, said the second, coming out on the steps; mix it with boiling water, stir it well with a mould candle, and —

Take a walk with me to Newcastle this afternoon, said Mary.

This, Mr. Editor, is but one forenoon of my miserable life. Go where I will, I hear nothing but potions and plasters, flannel gowns, burdock, and mullen. My very night dreams are disturbed. It was only last night I thought our majestic river was converted into a stream of catnip tea, while the blessed stars above us were suddenly changed into calomel pills.

If there be a remedy — alas, I sicken at the word — let it be administered speedily.

Yours in extremis,
WILFRED

Flying for the Life of It

Tom Goodwin is one of more than 425 private pilots who are ready to participate in errands of mercy. The pilots, who come from 42 states, belong to AirLifeLine.

The idea for the unique service was born on a beautiful day in 1979. Goodwin, a Sacramento businessman, was enjoying the view below as he sat at the controls of his plane. An inspiration came to him.

"I thought there must be a way to channel the energy of guys like me, who were just buzzing around burning up fuel, into something worthwhile," he recalls.

It occurred to him that lives were sometimes lost because vital organs or rare blood types could not be quickly transported to where they were needed. Why not mobilize private pilots

and their aircraft to provide that service on a voluntary basis?

AirLifeLine was born. The non-profit organization, which is just over 2 years old, works with doctors and hospitals to provide the needed emergency service.

During the first year of operation, the agency's pilots flew 15,000 air miles and took part in 38 missions. Each pilot freely gives his time and the use of his plane, providing his own fuel.

One member pilot found himself involved in a middle-of-the-night drama as he transported a kidney more than a thousand miles to another state.

AirLifeLine participated in two airlifts of doctors, nurses, and medical supplies and equipment to a remote village in southwest Mexico. The surgeons and their teams performed desperately needed operations which restored sight to 74 needy people. AirLifeLine will furnish pilots and planes for two similar missions during this year.

Goodwin feels that there are many private pilots who would welcome the opportunity to use their skills to help others. Bill Conway, the administrative director, pointed out that they couldn't carry very sick patients as the planes were not equipped as ambulances, but could transport medical personnel and supplies. At present there are chapters in Iowa, Nevada, Arkansas, California and, on the East Coast, a chapter covering Washington, Maryland, and Virginia.

AirLifeLine brings together the pilots and the opportunities for humanitarian service.

Anyone interested may contact: AirLifeLine, Suite 302, 1005-8th Street, Sacramento, CA 95814. (916) 442-6230.

Regulation of Cancer

By Melchoir Dikkers, Research Biochemist

The regulator gene produces a specific cytoplasmic product, the repressor, which inhibits protein synthesis. Mutation in the regulator gene results in the production of an inactive repressor. This leads to the start of cancer.

Excessive amounts of zinc and copper are harmful as they can induce cancer by producing electrochemical processes in chromosomes, together with cysteine and histidine (amino acids).

Especially zinc is a highly carcinogenic metal during mitosis (cell division). Destruction of nucleotides pairs seems to be necessary for the development of cancer. The inception of cancer takes place in the duplication of D.N.A. Small amounts of heavy metals are involved with cysteine and tryptophane in the inception of tumors.

Zinc and copper are very significant in the coiling and uncoiling of D.N.A. molecules, but excessive zinc and copper, accumulated in civilized man's body from drinking water and foods containing these metals are harmful, as they can induce cancer by producing electrochemical processes in chromosomes. Zinc and copper form with cysteine and histidine (amino acids) in a bind of a network around the chromosomes.

We must pay serious attention to the highly carcinogenic properties of zinc of which full evidence has been attained only recently.

Cancer patients show considerable higher copper values than healthy persons, according to Doanth (Copper and cancer, 1971. *Protectio Vitae* 1-71 (81). Cysteine and tryptophane have the greatest relative photochemical lability of amino acids and so they are the most effective carcinogens. (Birks, J. B. *Nature* 190, 232. 1961) (Schoental, R. J. *Chem. Soc.*, 1683. 1949).

The investigation of Prof. E. Halme shows the significance of tryptophane and its metabolites in the development of cancer. Tryptophane metabolism in cancerous animals is apparently disturbed.

In all cases examined the malignant tumor tissue contained tryptophane and cysteine, unlike the residual protein in normal tissue. This is very characteristic of these tissues.

There are numerous examples which show that tryptophane and its metabolites are located in just those tissues in which cancer develops. The carcinogenic mechanism might involve an intermolecular resonance between a carcinogen and some important cellular constituents, mainly cysteine, tryptophane, zinc and copper.

Hypercupremia (increased copper) in cancer has been described by many authors. General hypercupremia is present in 74 to 84 per cent of cancerous patients. In normal practice, it appears to be a valuable contribution to diagnosis if it can be observed at an early stage of carcinoma.

Reprinted from *Herald of Health*.

If you are too busy to relax, then you are too busy!

David Lambrecht — 1963

by Robert Lambrecht

David was operated on the latter part of 1963 and found to have a grade 3 astrocytoma on the brain stem. The tumor was not removed entirely so follow-up treatment with x-rays was done at Temple University (operation was performed at Abington Memorial Hospital) which produced partial blindness.

David experienced a short time of well-being for about three months, then started to get worse until he was in a "vegetable state." All kinds of unorthodox remedies were tried although our knowledge was limited, such as: raw juices, calves' liver juice, etc. We discovered Krebiozen in March of 1964. At this time, the patient had lumps up and down the spine, could not sit at the table to eat, and threw up when he ate. These acute symptoms materialized in a matter of 1 or 2 months and at his worst he was on his back with no control over his faculties.

I called the surgeon before heading out for Chicago. He suggested putting David back in the hospital locally and to ask for morphine or to take him back to Abington. We replied, "He can just as well die at home." The surgeon ultimately wanted to prosecute Dr. Andrew Ivy who administered the Krebiozen.

A slow gradual recovery was observed as the Krebiozen melted away all those lumps. David was not able to bend his back or sit up for many months so we carried him outside on nice days on two shutters from the house.

Dr. Ivy was always interested in the progress of his patients and our son was no exception. David didn't need a doctor for several years, then a lump on the buttock became infected so we had to put him back in the hospital (Abington). The neurologist asked if we were still giving him "that stuff."

David was placed in school with retarded kids and after a few years we succeeded in putting him in Overbrook School for the Blind in Philadelphia where he graduated. He has about 10% vision.

In 1971 we decided, on our own, to cut back dosages gradually from the 3 per week he was getting to see if he would be able to go without Carcalon (new name for a very similar product to Krebiozen) or at least only one per week. This was a mistake and David had to be hospitalized

FLUOROURACIL

(5-Fluorouracil)



WARNING

It is recommended that FLUOROURACIL be given only by or under the supervision of a qualified physician who is experienced in cancer chemotherapy and who is well versed in the use of potent antimetabolites. Because of the possibility of severe toxic reactions, all patients should be hospitalized at least during the initial course of therapy.

These instructions should be thoroughly reviewed before administration of Fluorouracil.

DESCRIPTION: FLUOROURACIL (Roche (5-fluorouracil)) is a fluorinated pyrimidine belonging to the category of antimetabolites. Fluorouracil resembles the natural uracil molecule in structure, except that a hydrogen atom has been replaced by a fluorine atom in the 5 position.

ACTIONS: There is evidence that the metabolism of Fluorouracil in the anabolic pathway blocks the methylation reaction of deoxyuridylic acid to thymidylic acid. In this fashion 5-fluorouracil interferes with the synthesis of deoxyribonucleic acid (DNA) and to a lesser extent inhibits the formation of ribonucleic acid (RNA). Since DNA and RNA are essential for cell division and growth, the effect of Fluorouracil may be to create a thymine deficiency which provokes unbalanced growth and death of the cell. The effects of DNA and RNA deprivation are most marked on those cells which grow more rapidly and which take up Fluorouracil at a more rapid pace. The catabolic metabolism of Fluorouracil results in degradative products (e.g., CO_2 , urea, α -fluoro- β -alanine) which are inactive. Following an intravenous injection, no intact drug can be detected in the plasma after 3 hours. Approximately 15 per cent is excreted intact in the urine in 6 hours, of which over 90 per cent is excreted in the first hour. Of the injected intravenous dose 60 to 80 per cent is excreted as respiratory CO_2 in 8 to 12 hours.

INDICATIONS: Fluorouracil is effective in the palliative management of carcinoma of the colon, rectum, breast, stomach and pancreas in carefully selected patients who are considered incurable by surgery or other means.

CONTRAINDICATIONS: Fluorouracil therapy is contraindicated for patients in a poor nutritional state, those with depressed bone marrow function, or those with potentially serious infections.

WARNINGS: THE DAILY DOSE OF FLUOROURACIL IS NOT TO EXCEED 800 MG. IT IS IMPERATIVE THAT ALL PATIENTS BE HOSPITALIZED DURING THEIR FIRST COURSE OF TREATMENT.

Fluorouracil should be used with extreme caution in poor risk patients with a history of high-dose pelvic irradiation, previous use of alkylating agents, or who have a widespread involvement of bone marrow by metastatic tumors, or impaired hepatic or renal function. The drug is not intended as an adjuvant to surgery.

Usage in pregnancy: Safe use of Fluorouracil has not been established with respect to adverse effects on fetal development. Therefore, this drug should not be used during pregnancy, particularly in the first trimester, unless in the judgment of the physician the potential benefits to the patient outweigh the hazards.

Because the risk of mutagenesis has not been evaluated, such possible effects on males and females must be considered.

Combination Therapy: Any form of therapy which adds to the stress of the patient, interferes with nutrition, or depresses bone marrow function will increase the toxicity of Fluorouracil.

Therapy is to be discontinued promptly whenever one of the following signs of toxicity appears:

Stomatitis or esophagopharyngitis. At the first visible sign. Leukopenia (WBC under 3500), or a rapidly falling white blood count.

Vomiting, intractable.

Diarrhea, frequent bowel movements or watery stools.

Gastrointestinal ulceration and bleeding.

Thrombocytopenia, platelets under 100,000.

Hemorrhage from any site.

PRECAUTIONS: Fluorouracil is a highly toxic drug with a narrow margin of safety. Therefore, patients should be carefully supervised since therapeutic response is unlikely to occur without some evidence of toxicity. Patients should be informed of expected toxic effects, particularly oral manifestations. White blood counts with differential are recommended before each dose. Severe hematological toxicity, gastrointestinal hemorrhage and even death may result from the use of Fluorouracil despite meticulous selection of patients and careful adjustment of dosage. Although severe toxicity is more likely in poor risk patients, fatalities may be encountered occasionally even in patients in relatively good condition.

ADVERSE REACTIONS: Stomatitis and esophagopharyngitis (which may lead to sloughing and ulceration), diarrhea, anorexia, nausea and emesis are commonly seen during therapy.

Leukopenia usually follows every course of adequate therapy with Fluorouracil. The lowest white blood cell counts are commonly observed between the 9th and 14th days after the first dose, although uncommonly the maximal depression may be delayed for as long as 20 days. By the 30th day the count has usually returned to the normal range.

Alopecia and dermatitis may be seen in a substantial number of cases. Patients should be alerted to the possibility of alopecia as a result of therapy. Since the alopecia is reported to be reversible, special measures do not seem to be indicated. The dermatitis most often seen is a pruritic maculopopular rash usually appearing on the extremities and less frequently on the trunk. It is generally reversible, and usually responsive to symptomatic treatment. Photosensitivity, as manifested by erythema or increased pigmentation of the skin, has been observed on occasion. Also noted were photophobia, epistaxis, euphoria, acute cerebellar syndrome (which may persist following discontinuation of treatment), and nail changes including loss of nails.

DOSEAGE AND ADMINISTRATION:

General Instructions:

Administration of Fluorouracil should be only intravenously, using care to avoid extravasation. No dilution is required.

All dosages are based on the patient's actual weight. The ideal weight is used, however, if the patient is obese or if there has been a spurious weight gain due to edema, ascites or other forms of abnormal fluid retention. It is recommended that, prior to treatment, each patient be carefully evaluated in order to estimate as accurately as possible the optimum initial dosage of Fluorouracil.

Dosage:

Twelve mg/kg are given intravenously once daily for 4 successive days. The daily dose should not be more than 800 mg. If no toxicity is observed, 6 mg/kg are given on the 6th, 8th, 10th and 12th days unless toxicity occurs. No therapy is given on the 5th, 7th, 9th or 11th days. Therapy is to be discontinued at the end of the 12th day, even if no toxicity has become apparent. (See CONTRAINDICATIONS and WARNINGS.)

Poor risk patients or those who are not in an adequate nutritional state (see CONTRAINDICATIONS and WARNINGS) should receive 6 mg/kg/day for 3 days. If no toxicity is observed, 3 mg/kg may be given on the 5th, 7th and 9th days unless toxicity occurs. No therapy is given on the 4th, 6th or 8th days. The daily dose should not exceed 400 mg.

A sequence of injections on either schedule constitutes a "course of therapy."

Maintenance Therapy: In instances where toxicity has not been a problem, it is recommended that therapy be continued using either of the following schedules:

1. Repeat dosage of first course every 30 days after the last day of the previous course of treatment.
2. When toxic signs resulting from the initial course of therapy have subsided, administer a maintenance dosage of 10 to 15 mg/kg/week as a single dose. Do not exceed 1 Gm per week.

The amount of the drug to be used should take into account the patient's reaction to the previous course and be adjusted accordingly. Some patients have received from 9 to 45 courses of treatment during periods which ranged from 12 to 60 months.

HOW SUPPLIED: Fluorouracil Roche is available in 10-ml ampuls, as a colorless to faint yellow aqueous solution containing 500 mg 5-fluorouracil, with pH adjusted to approximately 9.0 with sodium hydroxide. Boxes of 10.

Note: Although Fluorouracil ampul solution may discolor slightly during storage, the potency and safety are not adversely affected. Store at room temperature (59°-86° F.). Protect from light. If a precipitate occurs due to exposure to low temperatures, re-solubilize by heating to 140°F. with vigorous shaking; allow to cool to body temperature before using.

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again at Abington Hospital for 10 days. The doctor there wanted to perform a craniopathy once again because "they couldn't find anything else wrong with him." At this point in our journey, we had to let them know that we had much more faith in Carcalon than in their methods.

After about a week of booster doses on Carcalon under Dr. Ivy's direction, we slacked off when David started to look "bug-eyed." In 30 days he seemed better than ever and rode his bike once again.

Dave has been working as an animal attendant for a laboratory for the past three years and is doing alright.

Stress & Healing

By Lee Lewit

Stress! As cancer patients, we hear the word constantly. The researchers tell us that stress has a focal role in the process of diminishing the immune system's capacity to destroy malignant cells before the disease becomes clinically apparent. After the disease is clinically diagnosed, we are told that we must eliminate stress in order to allow the body to make a biological repair. How paradoxical and how impossible. The words, "I'm sorry, it's malignant" tap for all of us who have heard them the deepest levels of disbelief, terror and helplessness. We've all known someone who "seemed healthy as a horse one day and was dead the next" or someone who "died a slow and terrible death" from cancer. We want neither option. We want to live out all our years in optimum health. And so the stress really begins. If we are feeling well (sometimes better than we have in years because of our improved nutrition and detoxification), we hear the sometimes quiet, sometimes nagging voice wondering "Is IT silently growing?". If we are feeling badly, the voice can torture us with "Is this toxicity, a healing crisis' or is IT not so silently growing?" What do we do in order to achieve what seems impossible — eliminate stress?

I have struggled with, and am still struggling with this problem since I had a confirmed biopsy of stage 3 breast cancer a year and a half ago. I am not claiming that I am cured of cancer. At this stage I can only claim that I am at the begin-

ning of a long process which I know will go on for years; that if I am faithful in following all the facets of my program, I may have a chance of someday being cured — not in remission, not stable but totally free of the disease.

At this moment, I am coming out of a period of toxicity. If you had spoken to me 2 weeks ago, I would have called it metastasis. I feel that this experience has got to parallel the experience of every one of us who is trying to affect a biological repair. And so I would like to share the periods of stress and the periods of triumph, in order for those of us on this road to become more knowledgeable and therefore feel a little less alone with the symptoms of healing. Most important, I hope it might make us all experience much less stress.

I have kept a diary this past year and a half. I hope to be able to write in coming issues of *Cancer Forum* about all the symptoms of healing I've experienced. I have been amazed at how many there have been; how strange and unexpected some are; how some have amazed and amused me; how some have terrified me; how some have become old friends. At this point, let me recount the most recent.

After a period of heavy toxicity this summer (which I will talk about in a future article), I experienced 4 weeks of feeling like I was in shining health. I looked 15 years younger, my color was glowing, my energy level was what it had been at 20. I am 50. I made numerous future plans for my life. I flaunted my glowing self in front of friends and relatives who had warned me I was "committing suicide by going the alternate route."

Then it happened. Just as I was convinced that I had "licked it," I was laid low. One Sunday, I felt tired, bone tired after walking just 3 blocks. The bones of my feet and ankles ached. The following day, after sleeping for 10 hours, resting and detoxifying, I felt worse. My color had become yellowy gray. I had developed black circles under my eyes. My face was gaunt. None of this really frightened me because these were what I considered "old friend symptoms." They had come and gone before. A week later, a small pain in my left knee began to intensify and the hip joint of the same leg hurt when I swiveled it. These were "stranger symptoms" — I had never had them before. And so the nagging voice of anxiety had a clear field in which to shout, "Metastasis! Breast cancer goes to the bones.

This is it." Several days later, I developed a small, dry cough which went on day after day . . . "clearly" lung metastasis. The unceasing circle of worry began . . . "How can I tell . . . only x-rays will tell . . . I don't want x-rays . . . How can I tell?" Anxiety and then stress, stress and then anxiety.

During this period, I intensified my detoxification routines — more colonics, more saunas, more juices, the chiropractor, the osteopath. The joint pain increased and the glands under my arm and in the jaw area swelled and were painful. Eight days later my cough began to break. For the next week I coughed up mucous. I had several bright red nose bleeds, one rather severe. Nose bleeds are 'old friends' by now. "Alright," I thought, "Maybe I don't have lung cancer; maybe the cough was a symptom of getting rid of old toxins in the lung and head area. But what about the joint pain?" I felt a purge and fast were in order. The day after the 4 day purge and fast, the back of my painful knee broke out in large bumps which oozed for 2 days. When they healed the knee pain was minimal. The glands had shrunk markedly. The hip pain remained for awhile and then ceased. Some questions I have asked myself are, "Was the knee pain associated with an old automobile injury? Was the cough associated with osteopathic cranials which might have loosened old mucous?"

Where am I now? I am in a much better place emotionally because my "stranger symptoms" are in the process of becoming "old friends". My color is better. No black circles under the eyes and an increased energy level. I'm calling this a healing crisis. Of course this is hindsight. But I am convinced that if we have enough of these experiences behind us and the physiological knowledge to try to figure out what is happening, our stress level can be diminished so that we will not worry ourselves to death before we heal.

In the next article I will describe my first healing crises when all symptoms were still strangers and enemies.

Recipe

Johannes Kuhl, M.D., of Germany created a diet regimen using large quantities of lactic acid (fermented) foods to treat cancer patients and he has had considerable success. A Swiss firm is considering the publication of one of his books in

English. We look forward to it and FACT will add it to the book list as soon as it is available.

The following recipe for sauerkraut, a lactic acid food, was tried by a number of our members who called it "delicious." We hope you find it delicious too. The recipe was reprinted from Dr. Ann Wigmore's book, *Recipes for Longer Life*. The book contains useful, wholesome and attractive recipes to make your eating pleasurable and healthful. If you want to purchase the book, you'll find it listed on page 15 with the rest of our carefully selected books.

SAUERKRAUT

Sauerkraut is a vitamin-producing food which has been a boon to us for centuries, regulating our digestive processes, overcoming vitamin and mineral deficiencies, stimulating our bodies to a longer life, and above all, providing us with all the benefits of green and leafy vegetables at all times of the year — as well as adding to our diet substances which other vegetables lack.

Sauerkraut supplies food lime and iron — bone and blood builders — and other vitamins and essential minerals. The pleasant, sour taste has a stimulating effect and helps the appetite. Elemental and frequent cases of intestinal catarrh are relieved by sauerkraut juice soup.

There are a great number of persons who cannot digest cabbage easily and who are troubled by "gas." We suggest that they try sauerkraut. In many cases, sauerkraut is easier to digest and causes no aftereffect. Each person must judge for him/herself whether cabbage or sauerkraut is the food which agrees best with his or her digestive system.

In plants and fruits provided us by Nature are a great abundance of all the vital ingredients needed to replenish our bodies. The surface of the earth was once covered with vegetation. There was a great variety of self-seeding plants which drew sustenance from the earth and multiplied with great vigor. Although we knew nothing about vitamins and calories in those early times, we managed to survive because our everyday diets included necessary amounts of both. The Divine Force directed ancient inhabitants of this earth to select from the abundance of wild plants precisely those foods which contain what is necessary for life and health — the green, leafy plants, such as cabbage, which guarantee a long and disease-free life.

It was left to our ingenuity to select from among those many and varied plants those which could be stored without spoilage, in order to provide ourselves with essential foods during the non-productive seasons of the year. Widely used was sauerkraut, the fermented dish made from cabbage. Even today, sauerkraut means health to many peoples of the world, as well as an extraordinary sense of well-being, an economical and satisfying food, an easily-digested vegetable which combines in a most savory manner with other foods, and also — as indicated by the experience of centuries — a food which seems to prolong life.

For people of earlier times, sauerkraut was a tremendous discovery. They knew instinctively that life was jeopardized unless at least one green-leaf plant was included in their diet. In northern regions of the world, where winter came early and stayed late and the bare earth was covered for months with a thick blanket of snow, sauerkraut meant life for man until spring came again and the soil could produce foods to supply his needs. Sauerkraut was a substitute for fruits which could not be grown or stored in the wintertime. It was a substitute for the many plants grown in the garden or gathered in the fields which could not be stored in winter without spoiling.

Cabbage is truly a remarkable plant. There is no other vegetable to compare with it. It is easy to cultivate and grows almost anyplace where the summer is humid and fairly long. It is truly Nature's gift to mankind.

Sauerkraut is another fermented food that is served at the Institute for lunch. The following is my recipe for this delicious and healthful food. It obviously makes a large quantity, and you may want to reduce the amounts used to suit your needs.

Dr. Ann's Pink Sauerkraut

In advance —

Shred about 14 heads of cabbage — half red, half green — and set aside about 10 of the outer leaves.

Mix in bowl 5 level tablespoons each of kelp powder and dried juniper berries (ground, except for a few to be thrown in whole).

Add about 6 ounces of wakame.

Then —

Put three inches of the shredded cabbage into a five-gallon pail or other non-breakable container. Sprinkle over this a heaping tablespoon of the kelp/berries mixture, and on top of that spread one cup of the wakame mixture. Pound all of these with a pestle or other pounding instrument until the juices flow.

Repeat this procedure in three-inch layers until all the ingredients are used.

Cover with the 10 outer cabbage leaves.

Place a plate on top of leaves and a weight on top of the plate. Cover the whole with a dish cloth.

Leave at room temperature for about seven days, depending on climate and season. Before removing sauerkraut, skim residue from side of container. Store in jars in your refrigerator until used. The sauerkraut will keep about one month.

The book can be ordered from FACT. Refer to book list on page 15.



ENJOY THE JOURNEY

by Louise Sanders

Skies may not always be clear and bright;
That doesn't matter, my friend.
Enjoy whatever happens
From beginning to the end.

If you fall on your life's goal,
It is a matter of time, just when
Life will find a balance —
You will rise again.

It's the effort and the struggle
That achieve a worthwhile dream —
Knowing when climbing mountains
Things are better than they seem.

Yes, friends, enjoy the journey
Wherever it may be.
Do not be anxious; surrender.
It will work out perfectly.



CARROTS & CANCER

VOLUNTEERS WANTED: 200,000 doctors needed to further test beta-carotene as a protection against cancer. Doctors, you have only to take a 30-milligram beta-carotene capsule every other day: a small price to pay for cancer prevention.

Why have the researchers at Harvard Medical School made this request? Because the evidence continues to mount—and continues to impress. There is *something* very healthful in beta-carotene, a rather amazing nutrient found naturally in certain vegetables and fruits (see chart, page 64). Beta-carotene is a cancer fighter or inhibitor, and the ramifications of this fact are beginning to cause excitement throughout the world of American medicine.

Indeed, there currently are 324 research studies on file with the National Cancer Institute at Bethesda, Md. These establish, rather clearly, that when most people follow diets rich in beta-carotene—a chemical found in carrots, dark green leafy vegetables, deep orange winter squash and yams, apricots, cantaloupes and peaches—there is a blocking or inhibition of certain types of cancer, including lung cancer—and even in people who smoke cigarettes.

This is especially good news to oncologists, doctors who treat cancer victims. For in 1982 alone, lung cancer will kill more than 110,000. This is the most virulent of all cancers; more than 90 percent of those who contract it are dead within five years. Currently, lung cancer is the No. 1 killer of men, and the speculation is that, sometime in the 1980's, it will become the No. 1 killer of women as well. The reason? More women are smoking, and with the introduction of low-tar cigarettes, they are smoking more.

Now, in a major new research effort, scientists at Harvard are asking 200,000 male doctors to take part in a federally funded, \$3.7 million, five-year study that may help to determine whether the risk of some cancers can be effectively thwarted by beta-carotene. The project's principal investigator, Dr. Charles H. Hennekens, said the call went out to physicians "because of their ability to as-



The Surprising Connection

Beta-carotene, a rather amazing nutrient, is found in carrots, spinach and other common foods. And it just may prevent some cancers.

By **SUSAN B. GRAVES**

sess medical evidence and provide reliable information on any illness [complication] that may develop."

Some doctors already are getting their beta-carotene. Dr. Lewis Clayton, medical director of the American Lung Association, says, "I eat so many vegetables, especially carrots, I keep looking at my skin to see if it has turned yellow."

Dr. Clayton is not a vegetarian; he is merely following good health habits, and for him that also means being a non-smoker. He adds: "We don't know how beta-carotene helps protect the body against lung cancer. There are many questions that need to be answered by further research. However, there is sufficient evidence to recommend that everyone, especially cigarette smokers, increase consumption of foods rich in beta-carotene."

For the people so hooked on nicotine that they *can't* quit, increasing the intake of carotene, according to Dr. Clayton, may be a simple, inexpensive way of perhaps offsetting one of the many serious risks of cigarettes.

WHAT IS BETA-CAROTENE?

Just what is this nutrient, beta-carotene? It is the most common and powerful form of carotene, the name given several hydrocarbon pigments. Further, carotene got its name because it was first identified in carrots. A chemical action in the body converts it into vitamin A.

Vitamin A, then, has naturally figured into the research and debate over beta-carotene and cancer, but it does not belong to the group of chemicals known as carotenoids, as do carotene and beta-carotene. Vitamin A—found in some fruits and vegetables and also in animal products such as milk, eggs and liver—is essential for the health of tissues called the epithelium, the cells that coat the body's inner and outer surfaces.

CAROTENE & CANCER RESEARCH

Several recent studies have dealt with carotene and lung cancer. A notable one was headed by Dr. Richard Shekelle, director of epidemiology and bio-statistics at Rush-Presbyterian-St. Luke's Medical Center in Chicago. He and his colleagues took data gathered about the dietary habits of almost 2,000 middle-aged male employees of Western Electric Company in Chicago and related eating patterns to medical histories over a 19-year period. Of 488 men whose diets were high in carotene, only two developed lung cancer—as compared with 14 in the low-carotene group.

Other research would seem to substantiate the Western Electric investigation. The largest study to date involved 8,000 Norwegian men who responded to questionnaires about their smoking and dietary habits over a five-year period. Dr. Eric Bjelke, the principal investigator, of the Norwegian Cancer Registry in Oslo, found that low consumption of vegetables was linked with a high rate of lung cancer.

And in a study of the dietary habits of over a quarter-million Japanese, Dr. Takeshi Hirayama found that risk of lung cancer was reduced by half in subjects who ate green or yellow vegetables daily, compared with those who ate them less frequently. Dr. Hirayama

is chief epidemiologist of the National Cancer Center Research Institute, Tokyo.

These epidemiological studies — that is, studies of the incidence and distribution of disease in a population — are, by their very nature, open to criticism. There are just too many factors beyond the control of researchers. In contrast, variables are easily controlled in animal experiments. To clear up some of the unavoidably murky conclusions, there have been to date a number of studies testing beta-carotene on cancers induced by chemicals in laboratory animals. In every instance, a protective effect was found.

Still, many question the carotene-cancer connection. For example, Dr. Philip White, director of the Department of Food and Nutrition of the American Medical Association, concedes that the carotene research is promising. But he insists that "it is premature to jump to the conclusion that increasing carotene consumption will prevent cancer." His statement serves to underline others' belief that the pro-carotene evidence needs further substantiation.

Asked if he eats lots of carotene-rich vegetables, Dr. White replied, "I always have." His reason is that they are essential to a well-balanced diet, not that he hopes to fend off cancer.

Excessive amounts of carotene can cause carotendermia, an otherwise harmless condition characterized by yellowing skin. Fortunately, the yellow color soon disappears when carotene intake is curtailed. Toxicity tests on laboratory animals and humans show that, even in large doses, carotene has no serious adverse side effects. This is because it is converted to vitamin A only as the body requires it and, unlike vitamin A, doesn't accumulate in the liver. In large doses, vitamin A can be highly toxic, causing, among other things, severe liver damage.

Because beta-carotene has shown evidence of being a cancer inhibitor, scientists are also seeking to determine whether vitamin A might help halt cancer. In the opinion of Dr. Michael B.

Sporn, chief of the Laboratory of Chemoprevention at the National Cancer Institute: "People should not rush out and buy vitamin A in the hope of preventing cancer. The vitamin A available over-the-counter is not effective in this way."

Involved in intensive research on vitamin A and synthetic substances that are similar, Dr. Sporn has recently reported considerable success in preventing as well as arresting or reversing the development of malignant cells in animals. He has observed that, conversely, experimental animals deficient in vitamin A have an increased susceptibility to chemically induced cancers. Still, he

Carotene Pluses

Until medicine has a fuller understanding of the disease, the average consumer will persist in looking for ways to minimize the cancer risk. The question becomes: How can anyone be sure that he or she is eating enough carotene to stay healthy? Dr. Shekelle recommends that everyone eat one or two servings of fruits and vegetables high in carotene. Each serving (of one-third to one-half cup) ideally should be eaten with a little butter or with a meal otherwise containing some animal oil, which aids in absorption of the nutrient.

Even if carotene doesn't turn out to be the "miracle nutrient" researchers and inveterate cigarette smokers hope for, there are other good reasons for eating fruits and vegetables rich in carotene:

- They supply minerals and other vitamins, especially C and B-complex — indispensable to maintaining health and fending off infection and disease.
- Along with other foods high in fiber, they act as "nature's broom," aiding in digestion and elimination. Recent medical research suggests they may also reduce the risk of colon and rectal cancer and may lower cholesterol levels.
- They aid in weight loss, as they are low in calories and high in nutrients.
- They are vital as a source of vitamin A. In adults, the

most common sign of vitamin A deficiency is a strong reaction to glare along with night blindness. Without adequate vitamin A, nails peel, split or become ridged; hair loses its luster and becomes dry and brittle; skin becomes blemished, dry or prematurely wrinkled. In children, vitamin A deficiency shows up in retarded growth, impaired development of bones and teeth, mucous-membrane disorders, increased susceptibility to infection and, in severe deficiencies, xerophthalmia — a disease that, unchecked, leads to blindness.

While further confirmation of the anti-cancer effect of carotene is required, a carotene-rich diet can't hurt. It possibly could help a great deal. ■

Reprinted from Family Circle, July 1982

Carotene in Common Foods

FOOD	SERVING	CAROTENE (micrograms)
Carrots	1 cup, cooked	9,765
Collard greens	1 cup, cooked	8,892
Spinach	1 cup, cooked	8,748
Squash, butternut	1 cup, cooked	7,872
Squash, hubbard	1 cup, cooked	5,904
Cantaloupe	½	5,544
Beet greens	1 cup, cooked	4,440
Broccoli	1 cup, cooked	2,320
Apricots	1	1,734
Squash, acorn	1 cup, cooked	1,722
Papaya	1 cup	1,470
Prunes	1 cup, cooked	1,302
Peaches	1 large	1,218
Squash, yellow	1 cup, cooked	636
Watermelon	1 cup	564
Squash, zucchini	1 cup, cooked	432

• These figures include all carotenes; beta-carotene predominates. Multiply by 1.67 to get the equivalent in International Units of vitamin A.

points out that his research "... is not like proving that a vaccine works. It is much more complicated."

The doctors in the Harvard study will be taking large doses of beta-carotene in capsules. The nutrient has been available in this form for a while, for use in treating a rare disorder involving sensitivity to sunlight. Does this mean we should all run out and buy beta-carotene pills?

Dr. James Moore of Purdue University predicts that there may indeed be a rush to market the nutrient as a "cancer-preventive" in drug and health-food stores. However, most doctors advise those who want to increase their intake of beta-carotene to turn to natural food sources instead.

Estrogen—How Safe?

CORINNE LORETO

About 10-million women of child-bearing age take "The Pill" which contains estrogen. Not known, is the number of women taking estrogen for other female problems. In spite of this extremely wide usage, relatively few of estrogen's side effects are recognized by either the people using it or the people dispensing it. Yet estrogen appears to have far-ranging nutritional and metabolic consequences for a significant number of its users.

In addition to altered sugar and fat metabolism, the body's use of folic acid (a B vitamin also called folacin), vitamins A, B-6, B-12, and C, as well as copper, zinc, and various protein components has been found to be altered by ingestion of "The Pill" or estrogen. Deficiency of vitamin B-6, is reported as fairly common and some medical scientists think this lack is related to the mental depression some women experience when they begin taking oral contraceptives. Also, folic acid deficiency has been associated with a particular type of anemia with intestinal absorption defects found in a small number of women users.

If all this is known, why isn't more said about it? Some physicians, of course, are just not up to date on the latest nutrition research and may not associate such complaints as intestinal upset with the use of estrogen.

Estrogen also brings about changes in the chemical content and secretions of the vaginal area, producing an ideal soil for the growth of germs.

Inserts in packages of estrogen warn, however, that prolonged use of estrogen may inhibit the secretion of certain hormones of the anterior pituitary gland. That should give you pause. Scientific observation has demonstrated how fearfully and wonderfully the human body is made and how delicate its physiologic balance. Interfering at any single point with its mechanism or its dynamics may cause changes far distant from the original point of interference. For example, if an endocrine substance naturally produced in the body is given artificially, the gland making that hormone may shut itself down. In the case of estrogen, the anterior pituitary gland stops secreting its ovarian-stimulating hormone. Once that internal

governor controlling estrogen secretion is not working, who can judge what is the right dose to give? An excessive use of estrogenic hormones may produce oversecretion of mucus at the neck of the womb and thus a secondary inflammation of that area. Furthermore, so well documented are the findings that estrogens cause stimulation of breast tissue and of the tissue lining of the uterus that the package inserts must carry the warning to physicians that estrogens should not be used in women with a personal or familial history of mammary or genital cancer—dread word!

Is there any basis for worrying that estrogens can cause cancer? Yes, there is. Dr. Roy Hertz, Chief of the Reproductive Research Board of one of the National Institutes of Health at Bethesda, Maryland, says so quite bluntly. After discussing the experimental data on the carcinogenic action of estrogens, when asked whether the prolonged use of estrogens in women before the menopause could eventually cause cancer, he answered, "...We are ill advised to ignore the mass of observations clearly relating...estrogen to the pathogenesis of breast cancer in both humans and animals."

Listed below is a summary of reasons why estrogen should not be taken:

1. Altered sugar and fat metabolism
2. Nutritional consequences
3. Changes in chemical content and secretions in vaginal area, producing ideal soil for growth of germs; cause oversecretion of mucus at neck of womb (cervix) and thus a secondary inflammation of that area.
4. Long-term use of estrogen may cause endocrine imbalances.
5. May be carcinogenic, or stimulate the growth of dormant cancer cells in body.
6. Women with high blood pressure, run the risk of suffering a stroke, or blood clotting problems.

Above information excerpted from articles in *Caveat Emptor*, July, 1974; from "The Medicine Men" by Leonard Tushnet; and from *Rodale's Health Bulletin*, Sept. 18, 1971.

To receive information by mail, please send for the packet listed on page 15. The cost is \$2.50 plus \$1.00 postage mailed third class (may take up to 10 days). If you prefer first class delivery, the cost is \$2.00 plus postage.

“The Prevention of the Diseases Peculiar to Civilization”

by Sir W. Arbuthnot Lane, M.D.

FACT has expended considerable effort and expense to have this book re-printed. Sir. W. Arbuthnot Lane was one of England's most famous physicians and surgeons. The effort and expense are well worth it. Sir W. Arbuthnot Lane tells us exactly what happens in our bodies when foods we eat stagnate in the large intestine, spill over into the small intestine and the resulting micro-organisms and their toxins (the degree of their virulence is determined by the length of time food has been stagnating in the large intestine) get into the bloodstream and attack various organs of our bodies.

To prove this point, Sir W. Arbuthnot Lane tells of an experiment Dr. Alexis Carrel carried out in which he succeeded in growing living tissues in microscope slides. Every day he furnished the living tissues with nourishment and every day he removed the products of the digestion of these cells. When he removed the waste products from the cells daily, they grew and thrived. When he left the waste material there for a day, the cells did not thrive so well. If he left the waste there for two days or longer, the cells became languid and feeble. If the waste products were kept longer, the cells died.

Dr. W. Arbuthnot Lane saw the end results of constipation when he operated on patients and realized that if constipation could be avoided, then disease would be kept to a minimum. He was quoted as saying at a medical conference, “Gentlemen, I will never have cancer. What I will do to prevent cancer, anyone can do.”

In countries where natives adhere to a natural diet — one rich in fresh fruits and vegetables, there is little or no cancer. *Cancer is a disease of civilization.* “To find races which are quite free from constipation and all its dire consequences it is necessary to consider such as are uncontaminated by association with the food and habits of the white man.

“The fecal matter collecting and stagnating for an excessive period of time in the big bowel or cesspool becomes permeated by an excessive number of micro-organisms which normally in-

habit this portion of the bowel and which tend to assume an unusually virulent type; or other more dangerous micro-organisms may develop in the decomposing contents. These micro-organisms irritate and inflame the mucous membrane, causing painful spasm of the muscle wall, and this inflammatory process readily involves that little worm-like body, the appendix.

“This infection of the stagnating contents of the colon by virulent micro-organisms is most marked in its commencement where the contents tend to stagnate longest. These micro-organisms readily escape from the large bowel and entering the end of the small intestine grow there rapidly in its sterile contents. In proportion to the level of infection of the material in the small intestine, from which the body obtains its nourishment, in that degree is there picked up by the blood vessels and lymphatics a larger amount of micro-organisms and of deleterious matter than the liver is able to deal with effectually. In consequence of this impregnation of the blood, there is carried by the circulation to every cell in the body blood impregnated more or less extensively with the toxins or poisons they produce.”

These toxins cause considerable irritation to the epithelial surface of the skin and if the condition persists for a length of time, ulceration may take place. This ulcer if chronic, tends to develop into cancer, the cause of which is regarded by some observers as micro-organisms — but this is denied by others. There is no consensus of opinion as to what organism, if any, produces cancer.

Sir W. Arbuthnot Lane, MD impeaches constipation as the cause of all the ills of civilization. He says the greatest of all physicians, Hippocrates, used to urge upon the citizens of Athens that it was essential that they should pass large bulky stools after every meal, and that to insure this they had to eat abundantly of whole-meal bread, vegetables and fruits.

This is an excellent book and it belongs in the library of everyone interested in natural or biological healing.

Order from FACT, Box HH, Old Chelsea Station, New York, NY 10113. Price \$2.00 + 75¢ for postage.

Books

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