

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



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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National Headquarters

F.A.C.T., LTD.
Box HH, Old Chelsea Station
New York, N.Y. 10011
Tel: 212-741-2790
Ruth Sackman, Executive Dir.

F.A.C.T. Chapters

Philadelphia F.A.C.T.
Post Office Box 48
Wynnewood, Pennsylvania 19096
Tel: 215-667-4808
Susan Silberstein, Pres.

Boston F.A.C.T.
Box 906, 104 Charles Street
Boston, Massachusetts 02114
Tel: 617-720-1120
Linda Cohen, Pres.

Pat Judson
Post Office Box 882
Dearborn, Michigan 48121
Tel: 313-277-1108

Special Thanks

Arlene Sackman, Cover Art
Tony Ciappina, Design & Layouts
Compositype Studio, Typesetting
Minerva Printing

IN MEMORIAM

Jean Flynn	Matteo DeFalco
Barney Berkens	Enes Bassi
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Ann Nusbaum	Melescio C. Quesada
Hayworth I. Farlow	Howard Goodman
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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.

Assumptions have been made that the above names represent patients who have died using an alternative cancer therapy. We would like to correct that misunderstanding. Contributions are made by friends of FACT wanting to help FACT while simultaneously expressing their sympathy to the family of the deceased. Many of the above listed names are unknown to us; the persons may have died of something other than cancer.

Acknowledgement cards can also be sent to honor someone's birthday, anniversary or any other special occasion.

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Important. See Correction, Bottom of Page 14.

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 for postage.

Chemotherapy Side-Effects Can Include Cancer and Death

CYTOXAN

(Mead Johnson & Co.) A dangerous drug which can cause death. This FDA-approved "anti-cancer" drug actually can also cause cancer, namely secondary malignancies. According to the FDA-approved "safety" data: "the possibility of secondary malignancy, based on available data, should be considered in any benefit-to-risk assessment for the use of the drug." In addition to causing cancer and death, numerous side-effects can occur from this drug, including destruction of immune systems, leukopenia, hemorrhage, gonadal suppression, resulting in amenorrhea or azoospermia, possibly "irreversible". The drug is not represented to be cancer-curative.

ADRIAMYCIN

(Adria laboratories, Inc.) The FDA-approved data on "safety" states that special attention "must be given to the cardiac toxicity" exhibited by this drug. Such labeling data further states that "Congestive heart failure and/or cardiomyopathy may be encountered several weeks after discontinuation" of therapy with this drug, and that cardiac failure is often "not favorably affected by presently known medical or physical therapy for cardiac support." According to such labeling, there is a "high incidence of bone marrow depression" and administration of the drug "may result in superinfection or hemorrhage." Numerous severe and body-damaging adverse reactions are also listed in the approved labeling, including acute nausea and vomiting, phlebosclerosis, severe cellulitis, vesication and tissue necrosis (death), fever, chills and anaphylaxis. The drug is not stated to be cancer-curative.

ANDRUCIL

(Adria Laboratories, Inc.) According to the manufacturer's FDA-approved "safety" data, this is a "highly toxic drug with a narrow margin of safety." It is further stated that "severe hematologic toxicity, gastrointestinal hemorrhage, and even death may result" from use of this drug, despite "meticulous selection of patients and careful adjustment of dosage." "Myelosuppression" (bone marrow suppression,

particularly spinal) "almost uniformly accompanies a course of adequate therapy" with this drug, according to the aforesaid FDA approved labeling. Other and severe dangerous effects are also described in such labeling. The alleged benefits are stated to be "palliative" (i.e., "affecting relief, not cure").

BICNU

(Bristol Laboratories, Division of Bristol Myers Co.) According to the FDA-approved "safety" data for this drug, "delayed bone marrow toxicity" is the major toxicity. Other and serious side effects and adverse reactions are also listed. Additionally, the drug causes cancer, the FDA-approved labeling stating "BICNU is carcinogenic in rats and mice, producing a marked increase in tumor incidence in doses approximating those employed clinically." Alleged "benefits" are stated to be "palliative."

CeeNU

(Bristol Laboratories, Division of Bristol Myers Co.) The FDA-approved "safety information" for this drug lists as the "major toxicity" delayed bone marrow suppression. The official labeling also lists cumulative myelosuppression as an effect which can result from this drug. It is also stated: "Neurological reactions such as disorientation, lethargy, ataxia (failure of muscular coordination) and dysarthria" (impaired speech) "have been noted in some patients receiving CeeNu. "Alleged benefits" are stated to be "palliative."

DTIC

(Dome Division, Miles Laboratories, Inc.) The "safety" data approved by FDA for this drug states: "Leukopenia and thrombocytopenia may be severe enough to cause death." According to FDA-approved labeling, more than 90% of patients are affected with the initial few doses as to anorexia, nausea and vomiting, among other things. The drug is not stated to be cancer-curative.

MUTAMYCIN

(Bristol Laboratories, Division of Bristol Myers Co.) The FDA-approved "safety" data for this product states: "Bone marrow suppression, notably thrombocytopenia and leukopenia, which may contribute to overwhelming infections

in an already compromised patient, is the most common and severe of the toxic effects of Mutamycin." "Elsewhere in the FDA-approved labeling, it is stated that such bone marrow toxicity occurred in 64.4% of a group of patients tested. It is also stated that: "About 25% of the leukopenic or thrombocytopenic episodes did not recover" (i.e., died). Among the other "undesirable side effects" listed in the FDA-approved labeling are "headache, blurring of vision, confusion, drowsiness, syncope" (i.e., temporary suspension of consciousness), "edema, thrombophlebitis, hematemesis, diarrhea and pain." In addition, this "anti-cancer" drug causes cancer, with an increase 50% to 100% in cancer tumors, the official FDA-approved labeling stating: "Mutamycin has been found to be carcinogenic in rats and mice. At doses approximating the recommended clinical dose in man, it produces a greater than 100 percent increase in tumor incidence in male Sprague-Dawley rats, and a greater than 50 percent increase in tumor incidence in female Swiss mice." This drug is not alleged to be cancer curative.

MUTALANE

(Roche Laboratories) In addition to numerous adverse reactions which are caused by this drug, it is also cancer-causing. According to the FDA-approved "safety" data, leukemia, among other things, has resulted from "Mutalane therapy." Animal tests reveal other forms of cancer caused by administration of the drug, according to the approved labeling.

MITHRACIN

(Manufactured by Pfizer Laboratories for the Dome Division, Miles Laboratories, Inc.) The FDA-approved "safety" data for this product states: "Severe thrombocytopenia, a hemorrhagic tendency and even death may result from the use of Mithracin." It is further stated that a detailed analysis of the clinical data in 1,160 patients treated with the drug "indicates that the hemorrhagic syndrome is dose related." The manufacturer also noted, with FDA approval, that with recommended "doses of 30 meg/kg/day or less for 10 or fewer doses there is an "associated drug-related mortality rate of 1.6%" (16 patients per 1,000 receiving the drug are killed by the drug, in other words, not their cancer). The FDA-approved death rate from this drug rises to 5.7% (or 57 per 1,000) however, with a higher

dosage of "Mithracin" noted in said approved labeling. The approved labeling also designates a veritable host of other dangerous side effects. The drug is stated not to be cancer-curative.

FUDR

(Hoffman LaRoche, Inc.) According to the FDA-approved official labeling in effect as of August 1, 1978: "Severe hemotological toxicity, gastro-intestinal hemorrhage and even death may result from the use of FUDR despite meticulous selection of patients and careful adjustment of dosage . . . fatalities may be encountered occasionally even in patients in relatively good condition." Numerous other adverse effects of this dangerous drug include functional gastro-intestinal, mucosal gastrointestinal, hematologic, dermatologic, miscellaneous clinical reactions, laboratory abnormalities and procedural complications of regional arterial infusion, nausea, vomiting, diarrhea, enteritis, stomatitis, and localized erythema, anemia, leukopenia, and others. Alleged "benefits" are stated to be "palliative".

FLUOROURACIL

(Hoffman LaRoche, Inc.) The official FDA-approved "safety" labeling in effect as of August 1, 1978 states: "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." Numerous other adverse and dangerous reactions and side effects are also listed in such official labeling. Alleged "benefits" are stated to be "palliative" only.

METHOTREXATE

(Lederle Laboratories) The "safety" data contained in the FDA-approved labeling for this product states that "sudden death has been reported from use of Methotrexate." It is also stated that the drug "may produce marked depression of bone marrow, anemia, leukopenia, thrombocytopenia and bleeding." It may be "hepatotoxic" (liver damaging) and cause "liver atrophy, necrosis" (death), "cirrhosis, fatty changes, and periportal fibrosis," it is also stated that this drug, approved by FDA for its "safety", may have an "immuno-suppressive action" (i.e., destroying the immune systems of the body). Listed as "common adverse reactions" are included ulcerative stomatitis, leukopenia, nausea

and abdominal distress, malaise, decreased resistance to infection, depigmentation, alopecia, hemorrhage from various sites, vomiting, diarrhea, gastrointestinal ulceration and bleeding, renal (kidney) failure, infertility, abortion, severe nephropathy (kidney disease), blurred vision, paresis (paralysis) and convulsions, ataxia, dementia, precipitating diabetes, osteoporotic effects (calcium leached from the bones), abnormal tissue cell changes, and others. The drug is not stated to be cancer-curative.

BLENOXANE

(Bristol Laboratories, Division of Bristol Myers Co.) The FDA-approved "safety" data for this product states: "Pulmonary fibrosis" (i.e., progressive fibrous degeneration of the lung) "is the most severe toxicity associated with Blenoxane." It is further stated that in approximately 1% of patients treated with Blenoxane, "the nonspecific pneumonitis induced by Blenoxane progresses to pulmonary fibrosis, and death. Although this is age and dose related, the toxicity is unpredictable." The same FDA approved mortality data is repeated elsewhere: "Approximately 1% of patients treated have died of pulmonary fibrosis." Numerous other dangerous and harmful effects of this drug are also listed in the FDA-approved representations. The drug is not stated to be cancer-curative.

Can Cancer Develop in a Healthy Body?

Cancer is like any other disease, in that the individual's level of resistance plays a major role in its etiology and prognosis.

Nerve interference causes a body to function at a state less than its physiological optimum. Does that affect resistance? Let's check Burrows **Textbook of Microbiology**, Tenth Edition, p. 250:

"Whatever resistance to disease an organism may possess by virtue of species, race and the like, is profoundly influenced by its physiological state. In general, resistance is at its height when the organism is functioning normally in every respect and is reduced by a variety of factors which interfere with and alter the normal physiological state."

In order to have high resistance, you need a body free of nerve interference, of disease, in

order for our resistance to disease to be at its optimum.

How does this relate to cancer? Well, it just makes sense that a body that's functioning normally would be in a better position to check any abnormal functions within it.

However, in our world of scientific empiricism common sense seems to make more sense if it comes out of the mouth of a person who has letters after his name. So, for those among us who are overeducated, the late Dr. George C. Pack of Cornell Medical School and New York's Memorial Center for Cancer, one of the nation's top cancer specialists, reports that almost everyone of us has cancer during his lifetime and most of us recover, never knowing we've had it:

"Somewhere in the bloodstream there are immune factors, whatever they may be, that curb cancers in somewhat the same way antibodies fight the entry of other diseases. Sometimes the immunity fails, of course. People die of cancer — far too many do. But it's worth remembering that most people do not."

And for those of us who are super overeducated, **TIME**, March 19, 1973, p. 65:

"Sir Frank McFarlane Burnet, an Australian, and Dr. Lewis Thomas, president of Memorial Sloan-Kettering Cancer Center, suggested a relationship between the immune system and the cancerous growth. They postulated that in addition to protecting the body from invaders, the immune system has the duty to police cell growth and prevent the survival and replication of abnormal or "outlaw" cells.

As Burnet and Thomas saw it, the body, in which cells are continually replicating themselves, produces anywhere from tens to hundreds of abnormal, genetically different and potentially cancerous cells each day. Ordinarily, the immune system recognizes these biological fifth-columnists as "foreign" because they are genetically different; it destroys them before they begin dividing and reproducing. But when the defense mechanism is weakened, for whatever reason, it fails to do away with the errant cells, either because it cannot recognize them or because it is incapable of attacking them.

The intelligent person, upon reading the above statements, should have the question "why?" on his lips: "Why do people recover from cancer?" "Why do some people not recover from cancer?" "Why can the body fight off cancer in some people and not in others?"

Why, indeed do some people have the ability to fight off diseases of all kinds, including cancer, while some people do not? And we know the answer today, as we knew it 80 years ago:

This body, created by a Universal Intelligence and run by an innate intelligence was meant to work in perfect health if the intelligence that has created it and sustained it is permitted to do its job without interference. Interference to control of the body results in dis-ease and lowers the body's ability to function properly.

Recently modern science has discovered that the body, oddly enough, has the ability to combat cancer on its own. Scientists are now working busily trying to determine what systems, areas, cells, chemicals, etc. in the body fight off cancer. The aim of their experimentation, of course, is to try to stimulate the body's anti-cancer factors, or to artificially administer various concoctions that will in some way imitate what the body is perfectly capable of doing on its own — if it would only work right.

Burrows **Textbook of Microbiology**, Twentieth Edition, p. 397:

“Cases of spontaneous regression of human tumors and the occurrence at times of slow-growing tumors suggest that an active immunological response may be holding the growth in check. Additional evidence for the importance of an unimpaired immune response comes from the patients with immunological deficiency diseases . . . the use of immunosuppressive therapy in prevention of transplant rejection is accompanied by increased incidence of neoplasia.”

What we all know, and what modern researchers have failed to state (in so many words) is that a body functioning at its optimum, as innate intelligence intended it to function, is the best prophylactic against cancer that we have.

The causes of cancer are considered to be many: the environmental pollution of our air, water (fluorides and chlorine) and foods has to be fought on a community level, but other causes of cancer can be dealt with individually.

Internal pollution of possible cancer-causing agents such as various prescription and over-the-counter (OTC) drugs and vaccinations are, however, within our individual means to combat. But the cause of cancer is the same as the cause for the other 2000 or so diseases of mankind: Disease, a body not working right. A body suffering from dis-ease cannot destroy a silently growing cancer within itself as well as a body free from dis-ease.

As the **TIME Magazine** cover story on cancer, March 19, 1973, p. 64, stated, “surgery usually results in unsightly and handicapping mutilation, radiation can destroy healthy as well as cancerous tissue, and chemotherapy produces unpleasant and dangerous side effects.”

We do not know if the cure rates of cancer treatment are because of or in spite of medical care. We do know that medicine has no cure for cancer and that many medical treatments for cancer today actually cause and spread cancer (cobalt therapy, x-irradiation, surgery).

Ultimately, the decision of what to do with one's body is always the choice of the individual.

Cancer does not suddenly attack us as we're walking down a dark street. Nor does it insidiously creep inside of our breasts, or prostate, or bone marrow while we're sleeping.

Cancer is the result of a body not working correctly for many many years. Cancer comes from within, just as health comes from within. Which do you want to express?

(Sorry we are unable to credit the author with this article, since we don't know who he/she is.)

The Merits of Honey

One of our oldest health publications, Herald of Health, had to discontinue publication because it didn't have enough subscribers. This magazine provided substantive health information, not gimmicky, over-dramatized stories of miraculous cures with some slickly, over-promoted new development that cannot stand the test of time.

From time to time, reprints from Herald of Health by such authors as Dr. Norman W. Walker, Edwin Flatto, M.D., Drs. J.J. and N. Hajek, etc., have appeared in Cancer Forum. One well-researched item printed in one of the late issues of Herald of Health about honey and sugar deserves to be printed and reprinted to reach a wider readership.

Following is the item which was printed in The Question Box, which was a regular feature under Dr. Edwin Flatto's byline:

Q: In the July, 1980, issue of *Consumer Reports*, the following is stated under the title, *In The Land of raw milk and honey*: “As we pointed out in our report on sugar (*Consumers Reports*, March 1978) all sugars — honey, sucrose, fructose, et al — are about the same. All

increase the incidence of tooth cavities, may help promote obesity, and provide little or no nutrient value other than calories." Is this true and do you agree with these statements?

A: Somebody had better tell the publishers of *Consumers Reports* to have their nutrition editors, or whoever does their research for them, to do their homework. The above statements are entirely untrue.

How many minerals are in sugar? How many vitamins? How many enzymes? Honey contains 25 different kinds of sugar, including: Fructose, Glucose, Levulose, Trebolose, Meletoze, Dextrose (Dextro-glucose), Maltose (among the other reducing disaccharides), Kojibiose, Isomaltose, Nigeroze, Malturose, Isomaltotriose, Eriose, Theanderose, etc. In fact, with all the advances in analytical science, 5 per cent of the ingredients in honey remain unknown. Honey contains: Aluminum, boron, iron, iodine, potassium, calcium, silicon, lithium, magnesium, manganese, copper, sodium, nickel, tin, osmium, titanium, sulphur, zinc, chlorine, phosphorus.

Honey also contains the following vitamins: Thiamine, Riboflavin, Nicotinic acid, K, Folic Acid, Biotin, Pyridoxin, and 7 vitamins of the B complex group. It also contains aminoacids, Carotene, Dulcitol, Acetylcholine, etc. Also many important enzymes and other vital factors.

Tooth decay is caused by *bacteria*. Bacteria cannot live in honey. Honey contains an antibiotic, inhibine, which kills virus, fungus, and bacteria. (When they opened King Tut's tomb, honey was still there unspoiled and edible after 5000 years).

Honey turns into energy and is not "empty calories" as the case with sugar. Honey is predigested by the bees and goes into the bloodstream in 15 minutes, while sugar, a chemical, sacharose, is completely undigestible, absolutely dead. It takes up to 4 hours, depending on the individual's metabolic capacity, of hard work by the human system to invert and convert this chemical, saccharose, into simple, digestible forms of glucosides, and then assimilate it, exhausting that system, especially the islands of Langerhans of the pancreas resulting in arthritis, diabetes melitus, obesity, heart attacks, cancer, etc.

All this applies to unheated honey. When honey is cooked, the natural enzymes are killed and made unavailable.

Enzyme Deficiency — A Key to Disease Prevention

By Ron Rendleman

Neanderthal man accidentally dropped a slice of dinosaur meat into the fire one night and the story of enzymes began. If he hadn't been so careless, we might very well be eating only raw food today — and be the healthier for it.

Food cooked above 118 degrees F. (which was probably the fate of the dinosaur meat), kills enzymes. Then the pancreas, salivary glands, stomach and intestines must come to the rescue and furnish digestive enzymes (protease, lipase and amylase) to break down the protein, carbohydrates and fats.

To do this, repeatedly, the body must "rob" enzymes from other glands, muscles, nerves and blood to help in the demanding digestive process. Eventually there will be a deficiency of enzymes in these areas and *this*, important scientists throughout the world believe, is the real cause of various allergies and diseases. It is unfortunate that the medical profession in America and other countries have paid scant attention to the significance of food enzymes.

According to Professor Schaefer of the Mayo Foundation, the pancreas of Filipinos and Malays is 25 to 50 percent heavier than that of Occidentals. When we recall that cooked rice is the staple food of these people, commonly eaten three times a day, we begin to see the reason. Professor Jackson of the Dept. of Anatomy, University of Minnesota, has shown that rats fed for 155 days on an 80 percent cooked food diet, resulted in an increased pancreatic weight of 20 to 30 percent.

The answer is that the pancreas and body cells are forced to work harder on a cooked food diet. This extra activity can be destructive. In many case studies of diseases, the pancreas has been found to be in a state of atrophy.

To say that the body can easily digest and assimilate cooked food properly may someday prove to be the most grievous oversight yet committed by science. Cooked food passes through the digestive tract more slowly than raw food, tends to ferment, throws poisons back into the body causing gas, heartburn, headaches, eye trouble and many more serious conditions. It begins to collect on the walls of the large in-

testine. Only bulky, fiber-type raw food will exercise the intestine adequately, moving out small particles from pockets and elbows of the colon.

The great emphasis in recent months on putting fiber into the diet is because the "experts" are realizing finally that the American diet is woefully lacking in roughage. But equally important, the colon must be kept free from putrefaction and repetition of the autointoxication cycle. Grains, raw fruit and vegetables, bran used daily and some dairy products will change intestinal flora and give good results.

Once-a-day elimination is considered constipation by the late Dr. J.H. Kellog and other prominent researchers. A coated tongue is a sign of autointoxication. Lab results show coatings produce mold, yeast and bacteria indicating low resistance to disease. Colon cancer is second only to lung cancer as a killer in America and is related, in varying degrees, to eating enzyme deficient cooked food.

Another problem with undigested cooked food is that it often passes into the blood stream as an unsplit molecule and is deposited, as waste, in various parts of the body. If it is a fat molecule, we know it as cholesterol; if calcium, arthritis; if sugar, diabetes.

Most heart physicians would say that the diet of the primitive Greenland Eskimo, consisting of up to 10 pounds of meat and animal fats a day, is harmful. But the Greenland Eskimo does not suffer from high blood pressure, kidney stones, or heart trouble. Since he does not use fire, the raw food he eats contains all the enzymes necessary to split every last molecule he takes in.

It is possible that every known degenerative disease may have its origin in enzyme deficiency. Just a few of the respected men who believe that cancer is linked to enzyme deficiency are: Dr. Franz Bergal of London, Dr. R.A. Holman, University of Wales; Dr. Van R. Potter, Professor of Cancer, University of Wisconsin; Dr. Harold Manner, Loyola University; Professor William T. Salter, Yale Medical School, and Dr. Edward Howell, who pioneered research in the benefits of food enzymes.

Researchers have proven conclusively, with many different animals, that cooked food, even when fortified with "organic" vitamins and minerals, failed to prevent diseases suffered on an unfortified diet. Interestingly, when animals are fed a diet of only raw food, they thrive.

If a farmer were to plant a seed in the ground, he would not cook it first because he knows

cooked seed is devoid of all life; its enzymes are dead. Enzymes, found in all animal and vegetable cells, in extra-cellular juices — such as the blood and other fluids of the vegetable and animal organism — are specialized protein substances which speed up and create chemical reactions. These particles of matter are charged with what Professor Moore, of the University of Oxford, called "biotic energy." Every breath we breathe and every move we make involves enzymes. It's the enzymes in a steak that will heal a black eye in hours instead of days. It's the enzymes that cause seeds to sprout, leaves to change their color in the fall. Enzymes are the prime movers and motivators of every natural, normal function on the face of the earth. Science cannot make a synthetic enzyme because it is life itself.

As Dr. Edward Howell aptly puts it, ". . . it's just as if you inherited a certain amount of money and didn't save any. If you spend it all, you won't have any more money in the bank. It is the same with enzymes. You inherit a certain enzyme potential and it must last a lifetime. Although the body can manufacture enzymes, the more you use your enzyme potential, the faster it is going to run out. . ."

Assuming that smoking, air pollution and insufficient exercise play a role in diseases of all types that claim increasing numbers of Americans each year (like cancer where the rate has jumped from one out of twelve to one out of four), we cannot deny that there is a common denominator. That common denominator is the food eaten for nourishment. Not to question this at the onset of investigation into the cause of disease is an insult to human intelligence.

Your chances of *not* getting a serious disease are much better if you eat as much *raw* food as possible. (Avocados, bananas, and mangoes are particularly rich in enzymes and the highest source is sprouts.) If you eat cooked and raw food at the same meal, Dr. Howell advises taking one to three enzyme supplements *during* the meal — not afterward. Or the capsules can be opened and sprinkled on the food. [Ed. note: Not pancreatic enzymes.] These enzyme supplements can save your valuable body enzymes.

When raw food is eaten, the released enzymes immediately start breaking down the food. They have approximately ½ hour to work in the stomach, before the acidity drops too low. Here the food enzymes are inactivated and pepsin and hydrochloric acid take over to further digest the

proteins. When a plant enzyme supplement is taken, it functions the same as enzymes released from raw food.

Plant enzymes differ substantially from animal enzymes (pancreatin). Pancreatin, derived from secretions of an animal pancreas, functions best in the alkaline media of the small intestine. It is presently being used in important cancer research.

Unripe papaya, pineapples and the aspergillus plant are excellent sources of enzymes. The enzymes extracted from papaya and pineapple (papain and bromelin) are proteolytic enzymes. These work on proteins exclusively: Aspergillus plants have different strains which allow protease, amylase and lipase to be extracted from them, assuring digestion of fats and carbohydrates as well as proteins. The enzyme supplement you choose should contain all the enzyme groups to ensure maximum benefit for digestion of any cooked food.

But to get back to Neanderthal man he is our most convincing argument for taking enzyme supplements. Fossil remains have definitely established that he was afflicted with an extreme form of crippling arthritis.

Herbal Stimulants for the Liver

by Ruth Sackman

Max Gerson, M.D., directed a cancer clinic in Nanuet, New York, for many years. There he treated mostly terminally ill cancer patients using a system of diet and detoxification to correct the breakdown in body chemistry that caused cancer-cell production. He found that when cancer-prone mice were autopsied, the livers showed deterioration long before a diagnosable tumor appeared. Because of this, he concluded that the liver function was responsible for the cancer and needed improvement, so he applied techniques to enhance and repair the liver activity. As part of the repair program — which often achieved good results — he used raw liver juice, an oil-free diet (except for a small amount of linseed oil to provide the essential fatty acid) to keep the liver from overworking, and coffee enemas to stimulate bile flow to encourage the liver to eliminate accumulated waste.

The liver is probably the most important organ in the body, because it has to perform so many

vital functions. It certainly is the largest. And Nature's intelligent design has provided it with the ability to regenerate.

Liver Function

- It metabolizes carbohydrates, proteins, fats and minerals.
- It extracts glucose from the bloodstream which it synthesizes into glycogen that it stores to be available to the body when needed.
- It stores B₁, B₂, A, D, E and K.
- It regulates body heat.
- One of its most important functions, and one that should be of concern to cancer patients, is its ability to remove the products of decomposition (toxins) from the bloodstream.

Dr. William D. Kelley writes in his instructions to cancer patients: "The liver is the major organ of detoxification. Here, in addition to metabolic wastes, is where chemical pollutants, environmental contamination, food preservatives, etc. are removed from the body. You should be just as concerned or more concerned about the condition of your liver as you are your heart."

Since the liver must be depended on to a great degree to help in healing the body, it is appropriate to use any technique that will encourage the liver to give the body the service it requires. One way is to stimulate liver function by using herbals. Most of these are medicinal herbs and not to be confused with herb teas. Following are some herbals that effect liver function and perform other useful actions:

Dandelion — This is one of the milder herbs and easily obtainable. It not only stimulates the liver but also the pancreas, spleen and lymphatic glands. It's useful as a salad green. And it contains nutritive salts that purify the blood and reduce acids in the bloodstream.

Cascara Sagrada — This herb is well-known as a cathartic. Its value to the cancer patient is its ability to increase the secretion of bile from the liver, thereby helping the liver to dump its toxic waste into the intestinal system for elimination through the colon. To prepare the decoction, use 4 teaspoons of the powdered bark in a quart of boiling water. Allow it to steep for 1 hour. Drink 1 or 2 cups a day, 1 hour before meals or on an empty stomach.

Licorice Root — This herb acts as a blood purifier, mild laxative and liver stimulant. It has a natural sweetness which makes it easier to drink.

Lobelia — This is a much stronger medicinal herb. It is only mildly laxative but more effective in stimulating the liver and lymphatic system. Lobelia is prepared by mixing one ounce of powdered lobelia with 1 pint (2 cups) of water, bringing it to a boil, letting stand for 15 minutes. The dose is 2 tablespoons every four hours. I would suggest that 1 tablespoon every four hours is sufficient and it is best to take the lower dose, as lobelia is quite potent.

Culvers Root — This herb is stronger than lobelia. One should be prepared for reactions if this is the choice. Culvers Root stimulates bile flow. Bile is a strongly alkaline substance which neutralizes acid in the intestines.

I would suggest that if you want to use herbs for healing that you use a good herbal book for continual reference. FACT has just added a book by Dr. Joseph Kadans, *The Encyclopedia of Medicinal Herbs* to the book list.

Not only is Dr. Kadans' knowledge extensive but he has included a locator index which makes selecting the herb for a specific problem very simple. The book is \$1.95 and can be ordered from FACT. Please add postage of \$1.00. See book list on page 15.

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HARD WORK is an accumulation of easy things you didn't do when you should have.

Constipation Was My Problem

by Fran Whalen

One year ago this November, I was given what is probably the most devastating news one can imagine: "I'm sorry to tell you, Ms. Whalen, but that lump we removed from your breast is malignant. But, there's no need for alarm, we'll just remove the breast, examine the lymph nodes and see how far spread it is. And, you might as well stay right here in the hospital, since you already have the bed. I'll operate tomorrow."

My skin tingles now as I vividly remember that scene and my thinking, "But there must be another way." I remember feeling completely at the mercy of others, feeling like a fish out of water. I felt helpless, intimidated, uninformed. Being uninformed was, of course, the very basis for all those other feelings. Here I was facing something as dread as cancer, and I didn't have the slightest idea of what it is or where it came from, nor were there too many other people around me who could define this. How could I make a decision as to what to do about cancer with so little information? I know I must get that information. I remember being obsessed by this thought. But where to go, whom to contact, how to get help? One day, while I was alone, my eyes fell upon a recent edition of *Prevention Magazine* and it hit me like a bolt of lightning — if anybody knows another way to deal with cancer, they will.

My call to *Prevention* resulted in my contacting FACT and an introduction to Ruth Sackman. Thus began a fact-finding excursion. A whole new array of ideas were spread before me — biological repair, diet, lifestyle, supplements, relief of stress, detoxification, etc. Dr. William Kelley's book, *One Answer to Cancer*, made a lot of sense to me. His explanation of cancer and his corrective measures through a metabolic approach intellectually appealed to me. Emotionally, however, I was scared to death. Like so many others at this point, I was pulled between worrying about time and having a doctor "save me," and following what made sense to me intellectually. Finally, I decided on the Kelley program and here it is one year later and I am feeling physically great and mentally positive.

Among all the information that I acquired this past year, it turns out that the link between bowel dysfunction and breast cancer is of para-

mount importance. This would never have occurred to me. I had always considered myself healthy. I was extremely active and busy raising a family, participating in community affairs, working a full-time job — very capable at getting things done. Of course, in order to get all these things done, it was necessary to take short cuts. Whenever I felt hungry, it wasn't convenient to prepare a meal, so a hamburger or a candy bar would do. As a matter of fact, candy bars played a major role in my diet. But even worse, there was never enough time to allow for elimination. I would get up just in time to rush off to work — no breakfast and no time for sound personal habits. This was a constant pattern for me.

I mentioned that I considered myself healthy. That is, except for such minor ailments as chronic constipation, heartburn, gastritis, hemorrhoids and varicose veins. All of these symptoms I found are related to a poor condition of the bowel tract. But little did I know this and when I visited a doctor, the only thing he would say was for me not to worry. It's perfectly normal to have bowel movements every 3 or 4 days.

Normal! How far from the truth. Years ago, a group of 57 leading physicians from Great Britain, in discussing alimentary toxemia, pointed that out: "It may be said that almost every chronic disease known is directly or indirectly due to the influence of bacterial poisons absorbed from the intestine. The colon may be justly looked upon as a veritable Pandora's box out of which comes more human misery and suffering than from any other known source. The colon is a sewerage system but by neglect and abuse it becomes a cesspool. When it is clean and normal, we are well and happy; let it stagnate and it will distill the poisons of decay, fermentation and putrefaction into the blood."

The following item, as well as others similar to it, recently appeared in many publications:

"A new study by University of San Francisco medical researchers has revived a turn-of-the-century idea that toxic substances produced in the bowel can have damaging health effects. The study's findings also support recent suggestions of a link between a diet high in fat and low in fiber and an increased risk of developing breast cancer. The study of 1,481 non-nursing women showed that those who are severely constipated tend to have abnormal cells in the fluid extracted from their breasts. Such cells have been found in

women with breast cancer and, the researchers suggested, may indicate that the women face an increased risk of developing cancer. The cellular abnormalities occurred five times as often in women who moved their bowels fewer than three times a week than in women who did so more than once a day. Chronic constipation is often the result of a diet high in protein, fat and refined carbohydrates (sugars and refined flour) but low in such fibrous foods as whole grains, fruits and vegetables."

Now that I have become aware of the extreme importance of colon-cleansing, I feel confident that this technique along with other important healing procedures will help me to be relatively healthy for the rest of my life.

Carob Fudge

1 lb. black mission figs
(soaked 1-2 hours)
1 lb. cashews (soaked 6-8 hours)
1/4 lb. dates (soaked 1-2 hours) and pitted
3 tbsp carob powder
1/4 lb. walnut pieces

Put figs, cashews and dates in blender or cuisinart, blend until smooth. Add carob and walnut pieces, stir until well mixed. Pour into pan. Spread evenly. Garnish with walnut pieces. Refrigerate.

Variations:

For Carob Fudge Bars: Put a layer of chopped walnuts (if they are rinsed first they will stick together) in the bottom of the pan and use the fudge as a second layer. Garnish with more walnuts. Refrigerate and cut into bars when chilled.

For Coconut Carob Drops: Add 1-2 cups of coconut to fudge. Form batter into balls and roll in coconut. Refrigerate.

For Mint Fudge: Add ground peppermint or peppermint oil at the same time as the carob. Try other spices, i.e., anise, clove, etc.

ENJOY!

From: Hippocrates World Health Organization

IF YOU THINK DRUG THERAPY DOESN'T IMPACT ON NUTRITIONAL STATUS...

How often do you consider the possibility of a drug-nutrient interaction when your patient exhibits an unexpected response to medication? If it's infrequently or rarely, then here's something to think about.

Many drugs—especially when administered for long periods—can alter a patient's nutritional status and decrease the effective utilization of nutrients. These interactions can result in drug-induced changes in nutritional status by influencing food intake (hyperphagia or hypophagia), by causing malabsorption syndromes, or by antagonistic actions against vitamins and other compounds leading to specific nutrient deficiencies.¹ Without acknowledging and controlling their potential deleterious effects on nutritional status, certain types of drug therapy can lead to iatrogenic malnutrition and place your patient's health and well-being in jeopardy.

Reference: 1. Roe DA: *Resident & Staff Physician* 27: 42-48, July 1981

...THINK ABOUT THIS.

VITAMINS
Clinically essential.



Vitamin Communications
Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

HC0 1630

Does one need any more verification of the harm of drugs than this ad by Hoffman-LaRoche which appeared recently in a medical publication? I found the ad intriguing, so I decided the information should be reprinted for wider circulation.

Natural healers have been saying for years that there was harm in taking drugs carelessly but their view produced a great deal of skepticism. Here we have a drug-manufacturing company not only claiming but advertising that drugs interfere with food utilization and can "cause iatrogenic malnutrition." Hoffman-LaRoche, Inc. deserves congratulations for this contribution to understanding the importance of supplementary nutrition for patients on medication.

Ten years ago when nutritional support was suggested to patients on drug therapy, many of the physicians angrily discouraged their patients from improving their diet with the admonition that it might interfere with their drug response, or that their conventional diet was substantially good.

We're grateful for the changing attitudes as represented in the ad and by many items reported in the press about how diet and special food patterns might prevent cancer and other degenerative diseases. It makes our role so much easier.

“METABOLIC ECOLOGY — A Way to Win the Cancer War”

By Fred Rohé

Essentially, this book is Dr. William Kelley's nutritional program to fight cancer. Fred Rohé worked closely with Dr. Kelley in writing this book and had unlimited access to case histories of cancer patients who were on Dr. Kelley's metabolic ecology program. Dr. Kelley says that this book is an exact, up-to-date presentation of his work, and that it supersedes his own earlier book, *One Answer to Cancer*, which he says will not be reprinted. I think that is too bad. There is room and a need for both books in the biological approach to treating cancer.

Metabolic Ecology is considerably more detailed, but advocates the use of many food supplements which may unfortunately intimidate some cancer patients. Dr. Kelley's book *One Answer to Cancer* was a good introduction to holistic healing for the uninitiated.

Aside from the many food supplements recommended, this is a very important book. It explains Dr. Kelley's theory relating the cause of cancer: "Cancer is fundamentally a deficiency of pancreatic enzymes." Page 100 contains an interesting analogy between diabetes and cancer, i.e., "A diabetic can live a long, useful life and never die as the result of diabetes. A cancer patient can live a long, useful life and never die as the result of cancer." Controlling cancer by a metabolic program is not an easy task. It takes strong determination, discipline, and a strong will to live and belief in the nutritional program. Dr. Kelley says his anti-cancer system has five basic steps and all five steps are equally important:

1. The anti-cancer diet
2. Supplemental nutritional support
3. Body detoxification
4. Neurological stimulation
5. Emotional and spiritual harmony.

Raw foods play an important part in the anti-cancer diet, as do raw vegetable juices. Any cancer patient's first step, as Dr. Kelley puts it, if necessary, should be to sell the stove and buy a juicer. Carrot juice is essential regardless of what

else is used. Generous use of juices made from carrots, raw beets, potatoes, greens, zucchini, dandelion, etc. is highly important. In the event some of you don't know why the juices are so important, it is because less effort is required on the part of the body to digest the juices; and they work more potently to nourish the cancer patient with minerals, vitamins and essential enzymes.

It is encouraging to FACT to see that the public is becoming increasingly aware of the importance of a good diet, with the emphasis now placed on an abundance of fresh fruits and vegetables and whole grain cereals.

FACT considers this book a very important addition to the library on the biological treatment of cancer, and recommends it highly.

HEALTH GEMS

"... We feel that the condition of the liver and kidneys, especially the liver, is what tips the balance for health or disease, and that these organs cannot do their proper jobs unless the nutrition of the individual is adequate in every respect." — *Victor H. Bagnall, D.O.*

"It has been said that cancer is nature's revenge for eating and living artificially." — *Victor H. Bagnall, D.O.*

"It is more important what kind of person has the illness than what kind of illness has the person." — *Anon*

"... The best defense against cancer is your own body's resistance to it" — *Vera Gorodilov, chief immunologist at the famed Gersten Cancer Institute in Moscow.*

"If you raise somebody's Life Energy, whatever the body can do to heal itself will occur." — *John Diamond, M.D.*

"Normal function of body organs and tissues is maintained only when nerves are free of irritation, when communication lines are open between brain and body tissues and organs. It is easy to understand, then, that when nerve irritation is present, interrupting normal communication from the brain to various parts of your body, lowered resistance exists, allowing invasion of external environmental factors." — *Dr. Michael Chimes, Jr., D.C.*

1982 Cancer/Nutrition Convention

- FREDERICK I. SCOTT, Vice President of FACT,
FACT: The Cancer Patient's Resource
- RUTH SACKMAN, President of FACT, *The Importance of Effecting a Biological Repair and How to Accomplish it*
- RICHARD MOTT, A Recovered Cancer Patient,
A Personal Case History
- DR. ANTON SCHENK, Cellular Therapy Specialist,
How Cellular Therapy Effects a Biological Repair
- DR. BERNARD JENSEN, Iridologist and Nutrition Specialist, *Tissue Cleansing Through Bowel Management and Nutrition*
- DR. THOMAS FRAZIER, Surgeon, Oncologist,
The Principles of Hyperthermia and Hyperthermia as an Alternative
- RUTH SACKMAN, President of FACT, *Cancer Causes and Prevention*
- DR. JANE GOLDBERG, Psychologist, *How Stress Hampers the Normal Function of the Body*
- DR. WILLIAM D. KELLEY, Nutrition Specialist,
The Importance of Metabolic Individuality
- BARBARA SEED, A Recovered Cancer Patient,
A Personal Case History
- PROFESSOR ALBERT SCHATZ, Microbiologist, Biochemist, *Food and Water Pollutants Unsafe for the Cancer Patient*
- DR. LEO ROY, Nutrition Specialist, *Individualized Nutrition for the Cancer Patient*

1981 Cancer/Nutrition Convention

- FREDERICK I. SCOTT, Master of Ceremonies,
Fluoridation: Its Effect on Health
- DORIS SOKOSH, A Recovered Cancer Patient,
A Personal Case History
- BRUCE MOLHOLT, Ph.D., Research Scientist,
The Effect of Food, Water and Air Pollution on the Body
- KARL OTTO ALY, M.D., Director of a Nutritional Clinic in Sweden, *Better Nutrition for Better Health*
- LEO ROY, M.D., N.D., Nutrition Specialist,
The Individuality of Diagnosis and Treatment
- ALBERT SCHATZ, Ph.D., Biochemist, *Fluoridation, the Great Brain Robbery*
- DR. WILLIAM D. KELLEY, Nutrition Specialist,
Individualized Metabolic Therapy for the Cancer Patient

- PAT JUDSON, A Recovered Cancer Patient,
A Personal Case History
- KURT EBERT, Ph.D., Chief of Clinical Neuropsychology at Temple University Hospital, *The Cognitive Control of Internal States: Biofeedback, Hypnosis, and Autogenic Training*
- RUTH SACKMAN, Executive Director of FACT,
Symptoms Associated with the Restoration of Health

1977 Cancer/Nutrition Convention

- MICHAEL WHITEHILL, A Recovered Cancer Patient, *A Personal Case History*
- DR. JOSE RODRIGUEZ, Kinesiologist, *Balancing the Endocrine System by the Use of Kinesiological Procedures*
- EYDIE MAE, Recovered Cancer Patient,
How I Conquered Cancer Naturally
- DR. KARL O. ALY, Director of Tallmogaerden,
The Waerland Dietary System and Its Special Cancer Therapy
- DR. BERNARD JENSEN, Iridologist and Nutrition Specialist, *Moving the Whole Body to Health*
- DR. HENRY NORRID, Osteopathic Physician,
Osteopathy in Health and Disease
- V. EARL IRONS, Long-Time, Health Advocate,
The Colon - Mirror of Your Health
- DR. DONALD COLE, Physician, Oncologist,
Modern Concepts in Cancer Therapy
- DR. EVA REICH, Daughter of Dr. Wilhelm Reich,
The Cancer Biopathy
- HY RADIN, A Recovered Cancer Patient,
A Personal Case History

Miscellaneous

- DR. KEITH SEDLACEK, *Biofeedback*
- DR. LAWRENCE BURTON, *Immunology*
- DR. ANN WIGMORE, *Wheat Grass & Sprouting*

Correction

Volume 6, No. 7/8, page 3, second column.

In the fourth paragraph, a comma should have been omitted after raw-milk. The sentence should read: It consists mainly of raw vegetable juice followed by raw blended salad, whole salad without dressing, whole fruit, raw-milk unsalted cheese, raw unsalted nuts, and some seeds.

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