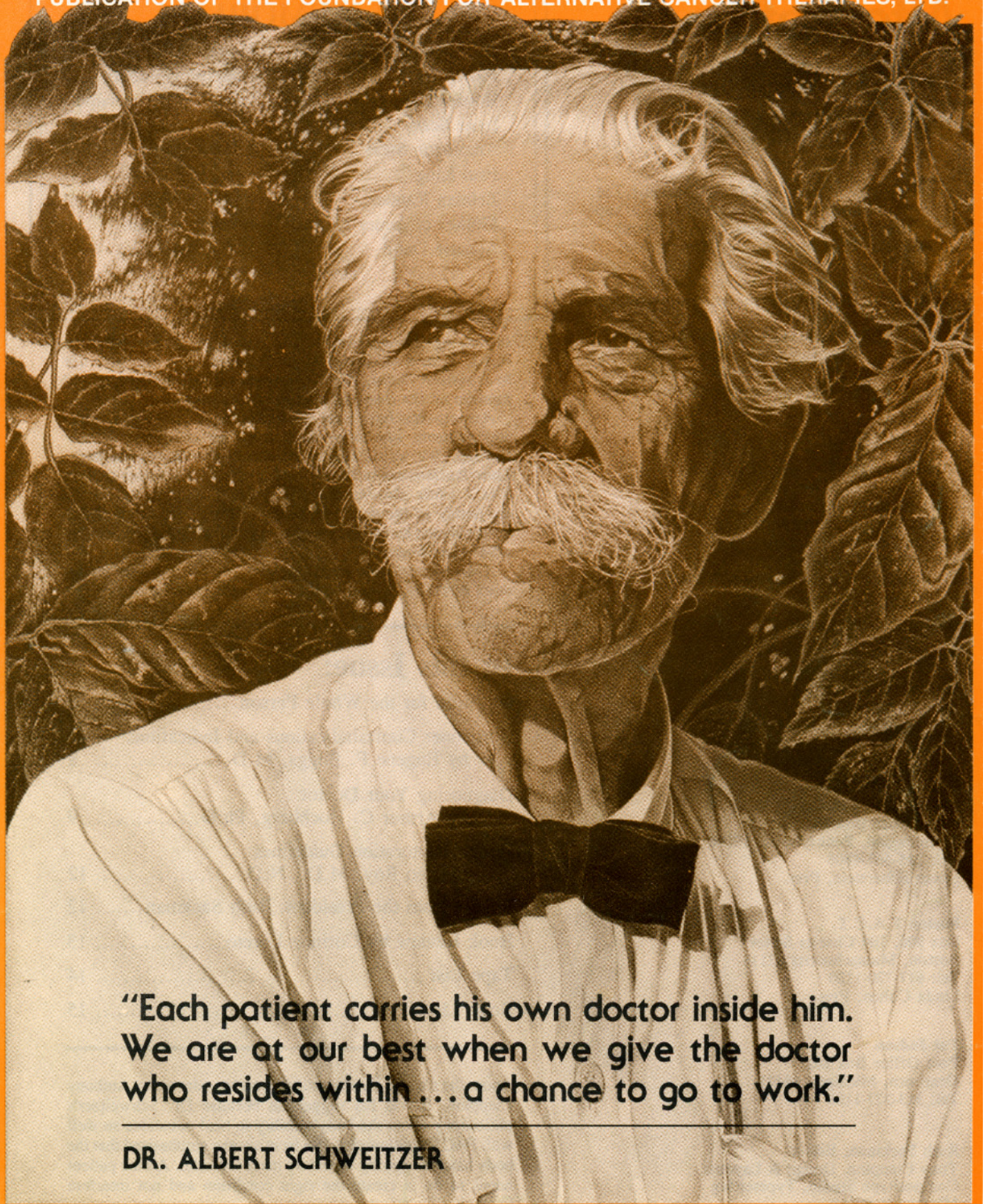


# CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



**"Each patient carries his own doctor inside him. We are at our best when we give the doctor who resides within... a chance to go to work."**

---

**DR. ALBERT SCHWEITZER**



# 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.

The material contained in *Cancer Forum* is not copyrighted. Our role is to disseminate information as widely as possible; therefore, we encourage the reprinting of articles, but would appreciate credit.

### Board of Trustees

Ruth Sackman, Executive Director  
Martin M. Fall, Treasurer  
Leon Sackman, Librarian  
Rhoda Koepfel, Counselor  
Corrine Loreto, Secretary  
Pat Judson, Vice Chairman  
Prof. Albert Schatz, Scientific Advisor

### 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

Ruth Sackman, Editor  
Tony Ciappina, Design & Layouts  
Compositype Studio, Typesetting  
Minerva Printing

## IN MEMORIAM

Cora Vischer	Andrew Musacchio
Morris Sherl	Madelyn Goldberg
Homer LeRoux	James D. DiGirolamo
Irene Sears	Tillie Blonstein
Antoinette Steib	Allison Slocum
Paul King	Anne Handshuh
Zelman Kaplan	Walter Abeson
Mother of James Richard	Martin Kiekman
Annette Delin	Arthur Munson
Norman Pollack	

*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.*

## In this Issue:

Nutrition for the Whole Person .....	3
Cortisone: Contraindications and Indications by Eugene F. Boggs, M.D. ....	8
Diagnosing Your Doctor by Arthur C. Hochberg, Ph.D. ....	9
Health Restoration Guidelines by Leo Roy, M.D., N.D. ....	12
Report from the President, Ruth Sackman .....	12
Book Review by Corinne Loreto .....	13
Tape List .....	14
Book List .....	15

*About the Cover:* This beautiful cover was drawn by Anthony Ciappina. It was his suggestion because Dr. Schweitzer's philosophy about the body's ability to heal coincides so well with FACT's philosophy. We have always emphasized that the body has the capacity to restore itself to health. All the patient needs to do is create the right condition and not interfere in the body's effort.

---

## Nutrition for the Whole Person

"The physician should not treat the disease  
but the patient who is suffering from it."

— Maimonides, 800 years ago

Simply put, trophology is the study or discipline of nutrition. The expression is lifted from the Greek *trophe*, meaning nourishment, and *logos*, word or study. In these fast-moving times, with a veritable flood of newly learned detail about human physiology pouring in on us, there is no shortage of facts. The difficulty lies in making these facts meaningful, in applying them. Thus one who wishes to be a student of applied trophology may take in abundant facts from reliable sources available to him, but more importantly one must learn to put them in perspective. This journal attempts to help the thoughtful health-care professional do just that, always within the basic framework of good balance and common sense, with an eye to the whole person.

### THE SPACES FILL IN

The information deluge may be just beginning. The biologic revolution is still young. In his delightful series of essays entitled "The Lives of a Cell," the accomplished physician and researcher, Lewis Thomas notes: "It is a curious, peaceful sort of revolution, in which there is no general apprehension that old views are being outraged and overturned. Instead, whole, great new blocks of information are being brought in almost daily and put precisely down in what were empty spaces. The news about DNA and the genetic code did not displace an earlier dogma; there was nothing much there to be moved aside. Molecular biology didn't drive out older, fixed views about the intimate details of cell function. We seem to be starting at the beginning from scratch."

Reflect on that pioneer of molecular biology, Dr. Royal Lee. Today one can only note the empty spaces are being filled in. We have sound physiological and biochemical rationale to support even those empirical approaches which he found to have clinical validity. Take, as an example, the prostaglandins, first found in the prostate, seminal fluid and vesicular glands. They are now known to be of very wide distribution in mammalian tissues, in the kidney, thyroid, spleen, endometrium of the uterus, and so on. Dr. Lee anticipated their discovery and arachidonic acid as their precursor by some thirty years! These and other exciting new developments deserve to be given attention in the future. But in this issue we would like to set forth some simple premises on which someone may build who wishes to master the art of applied trophology.

A basic truth is that man is integrally linked to his

food supply and intake. His organ systems biochemically respond to changes in intake, but always within the parameters laid out genetically for the function of the organism. Thoughtful physicians or dentists may wish to avoid introducing foreign or alien substances into their patients unless they cannot avoid it. Drugs simply do not have single effects and may produce a multitude of undesirable effects, known and unknown. One must always remember the whole patient. If this is true with drugs, it must also be true even when one uses so-called natural substances. Let us start our examination of basic concepts by a simple review of vitamin function.

### MEGAVITAMINS — CONTRADICTION IN TERMS

What is a vitamin? It is an organic substance required in minute amounts to sustain the normal metabolic processes of life, which the body cannot make for itself — at least in sufficient quantity. Vitamin function is essentially coenzyme function. That is to say, when a vitamin enters the body as a component of food, it travels to the cells that need it and is converted into a coenzyme form if it is not already in that form. It attaches to a protein made within the cell called apoenzyme. The complete combination of apoenzyme and coenzyme serves the vitamin function of catalyzing metabolic reactions. When the cell is making apoenzyme at maximum capacity, any extra coenzyme cannot possibly serve its vitamin function because it cannot bind to apoenzyme.

A basic fact emerges. By definition, megavitamin therapy is a contradiction in terms. That is not to say it does not have an effect on the organism. It does. But that effect must be a chemical one. Megadosages can serve only as chemicals and not as vitamins. It may achieve certain results, but let us not make the mistake of assuming that result is a natural one or that it will not produce side effects that are undesirable.

### EXCESSIVE FAT-SOLUBLE VITAMINS

Once one grasps the concept of megadoses as having chemical rather than vitamin effects, it is not surprising to learn of side effects from excess ingestion of even substances previously thought to have no toxicity. Let us first look at one of the fat-soluble vitamins in that category, vitamin E. With large doses there are reports of inflammation of the mouth, chapping of the lips, muscle weakness and/or cramps, gastrointestinal disturbances, hypoglycemia, increased bleeding tendencies and degenerative changes. In large dosages vitamin E antagonizes the action of vitamin A, perhaps explaining reports of blurred vision in recipients of megadose therapy. Headache, nausea

and fatigue are also reportedly side effects of megadose therapy with vitamin E.

This should not be surprising. The vitamin E-deficient animal presents a baffling array of apparently unrelated histopathologic sequelae. Obviously vitamin E is not a substance with single effects. Evidence mounts that it is not simply a biological antioxidant but a component of multiple enzyme systems. Too, interaction between various vitamins has been demonstrated, as with vitamin A compounds and other members of the lipid class. Vitamin A metabolism is linked with that of coenzyme Q, vitamin E, vitamin D, the sterols, and the biosynthesis of squalene (intermediate in cholesterol production). This again emphasizes the fact that a single vitamin has more than one specific function. This is part of the difficulty in researching the exact functions of various substances. Truly Royal Lee was correct in describing vitamin activity as "wheels within wheels."

Effects of excess vitamin A ingestion are well known, but a review may be helpful. One of the main functions of vitamin A is to maintain membrane integrity by providing cross-linking between the lipids and proteins. Excessive amounts of vitamin A combine with membrane lipoprotein and cause instability. Arctic explorers eating large quantities of polar bear liver experienced such toxicity. The syndrome is characterized by drowsiness, headache, dizziness and diarrhea, caused mainly by cerebrospinal fluid pressure. Increased blood levels of vitamin A are found in persons with lipid nephrosis and glomerulonephritis. These patients are intolerant even to ordinary amounts of this vitamin. Chronic ingestion of inordinate amounts of vitamin A result in a cirrhotic liver syndrome that includes portal hypertension. Other results may be hypercalcemia, swelling over the long bones and premature epiphyseal closure. Early signs may include coarse sparse hair, alopecia of the eyebrows, dry rough skin, and cracked lips. Fatigue and lethargy are common, and there are reports of irregular menses and emotional flareups. Joint pains or bone pains may be noted especially in children.

The effects of vitamin D toxicity are also well known. Current thinking suggests this substance could be classified as a hormone rather than a vitamin. The kidney functions as an endocrine organ in converting prohormone vitamin D to at least one active hormone. There is homeostatic control of metabolism of the active metabolite in the liver, depending on the blood level of vitamin D-3 (cholecalciferol), which is formed in human skin by exposure to the ultraviolet radiation of sunlight. Its metabolism in the kidney depends on blood calcium levels. Early signs of toxicity are weakness, fatigue, lassitude, headache, nausea, vomiting or diarrhea. Finally soft tissues show evidence of

calcinosis, while bones become osteoporotic. The kidney is especially affected, with polyuria, polydipsia and pruritus present. In such cases, clinicians suggest not just the discontinuance of the vitamin, but putting the patient on a low-calcium diet and keeping the urine acid.

Vitamin K toxicity generally results from the use of water-soluble synthetic analogues. Such derivatives act as oxidants in the body, causing red blood cell instability and hemolysis.

### IS IT NATURAL?

One may ask the question as to whether similar amounts of "natural" vitamins would produce the same effects, since ingestion of such large amounts would have to involve synthetic sources. It is an interesting question that leads to another basic concept that should be appreciated.

The reader is doubtless familiar with the pitfalls of assuming something is "natural" just because the label says so, or because the names of natural substances appear on it. For the benefit of the reader not familiar with the practice, we note the following. A person purchases for himself or a patient "natural rose hips vitamin C" tablets. What could be more natural? The fact is rose hips may contain 0.1% vitamin C, up to 2% by some claims. To get milligrams per tablet up to label specifications, the manufacturer adds plain old synthetic ascorbic acid, the same used in standard pharmaceutical tablets. Otherwise one would have to produce a golf-ball size, tennis-ball size, or larger tablet depending upon the label milligrams per tablet.

A similar situation exists with regard to vitamin E products. The label or product advertising may loudly proclaim the source for its vitamin E is vegetable oils and is therefore not synthetic. That may be perfectly true. Yet the capsule must be made small enough to swallow. And therein lies the rub. To concentrate the amount necessary for the milligrams or international units per capsule on the label, the manufacturer must use various chemical solvents for extraction and separation. On top of this, the capsule itself may contain a preservative so it will not turn rancid. An additional point: the vegetable material used in such "natural" products may be and usually is grown with the usual chemical fertilizers and pesticides.

A complete discussion of the theoretical implications of synthetic or process-adulterated supplements is beyond the scope or space of this journal. Yet the very possibilities must pose some intriguing questions for the thoughtful reader.

### EXCESSIVE WATER-SOLUBLE VITAMINS

It is a mistake to assume that water-soluble vitamins can produce no side effects because they are not stored

in the body. Adverse effects may be common, although not always recognized as such. Let us take a few examples to make the point.

Niacin (nicotinic acid) is currently being employed in megadosages for schizophrenia and other ailments. Aside from the obvious effect of flushing or vasodilatation, there are also reports of its causing tachycardia, fainting, hyperglycemia, skin rashes, itching, nausea, ulcer activation and disturbed liver function, just to list a few such conditions. The medical profession has also used niacin to lower serum cholesterol and to prevent myocardial infarction. A well controlled study was set up on a national level, the Coronary Drug Project. The results were published in a major journal of that profession (JAMA 231:360-381, 1975). The conclusion? Taking megadosages of niacin to lower serum lipid levels had no effect on preventing heart attack. Interestingly, there was a greater incidence of cardiac arrhythmias in the niacin-treated group as compared with the placebo group.

Let us not lose sight of a fascinating point: as do certain drugs, megadosages of niacin may indeed lower serum lipids. The question is, is this good, is it desirable? If at the same time serum lipids are merely driven into the tissues, such action is certainly not desirable. A figure on a blood test may appear to be within so-called normal limits, but what is the net effect to the person? Again, the human organism must be looked at as a complex whole. One must beware the pitfall of looking for even the "natural" agent that will reduce serum A or raise the level of serum B, without considering the possible far-reaching effects on, say, serum C or D — not to mention enzyme systems X, Y, Z.

Pyridoxine, vitamin B-6, was once thought incapable of producing side effects. Evidence now indicates it is capable of producing liver disturbances, adding to earlier reports of convulsive disorders in children from pyridoxine excess. Even this surface scratching will doubtless cause the reader to pause before thinking that the B vitamins are incapable of producing adverse effects.

Again, it should be noted that vitamin B products are often formulated in a similar fashion to what we have considered relative to vitamins C and E. That is to say their "natural" composition must be open to question. Synthetic products are often added to natural bases in order to bring milligrams per tablet to higher levels. One may also question the source and treatment of the natural base.

Rather than involve ourselves in current controversies over vitamin C, let us again set forth a few simple points. Consider the phenomenon of rebound scurvy, which occurs when large dosages of vitamin C are abruptly discontinued. If one is ingesting, say, fif-

ty times the amount biologically utilizable, the mechanism for destruction may be operating at fifty times normal. When one stops the megadose, destruction of ascorbic acid continues. Thus rebound scurvy occurs. This may not be dangerous in an adult, but may be serious in the case of a pregnant mother taking it in megadoses. Her infant is born with a catabolic mechanism operating to deal with the excess vitamin C from maternal circulation. When the baby goes on its own diet, the result is rebound scurvy. The principle is possibly applicable to overingestion of other vitamins as well.

Megadoses of vitamin C have precipitated gout in patients with high serum uric acid levels. Such doses have untoward effects on bone metabolism in experimental animals and can lead to increased urinary excretion of oxalate in humans, with the danger of renal stone formation. Megadosage has activated hemolytic anemia in predisposed subjects, such as ethnic groups with glucose-6-phosphate dehydrogenase (G6PD) deficiency.

This is not to suggest that larger-than-physiologic doses may not have an effect on such entities as the common cold, the infectious processes, and so on. It merely serves to illustrate the basic concept presented in this issue: megadosages serve chemical rather than pure vitamin functions and this must be recognized for what it is. Some such chemical functions may be desirable; others may be detrimental or obscure the underlying problems of the patient. It is also reasonable to conclude there may be far-reaching unwanted metabolic effects that are as yet unknown.

#### POTENCY — A VALID CONCEPT?

In view of this line of reasoning, it seems sheer folly to look for the label with the highest milligrams or the most ingredients per tablet. As a matter of fact, one has to challenge the usage of the term "potency" in this connection. One cannot accurately refer to an item with lower milligrams per tablet of a substance as being lower in potency than something with a higher figure on the label. It is clear that more is involved. According to Webster, potency refers to the ability or capacity to bring about a particular result. Thus, if a substance or combination of substances has the ability or capacity to bring about a desired result, that substance or combination is potent.

It is noted with some sadness that young physicians fresh out of even nonmedical schools will ask supplement manufacturers or suppliers for the highest potency product, with — and note the expression — "pharmacological" dosages. In the case of the chiropractic or naturopathic physician, this denies their professions' rich heritage of attempting to care for the human organism without pharmacology. One can only

hope such expressions are mere slips of the tongue, and that the seeker of his patient's health is really looking for a physiological effect. Maimonides' wise advice echoes through the centuries: "The physician should not treat the disease but the patient who is suffering from it."

### ILLUSTRATIVE THOUGHTS ON ZINC AND COPPER

In the last few years there have been numerous articles published even in conservative medical journals relative to the use of zinc in wound healing, hypogeusia (diminished capacity of taste) sexual maturity, skin lesions, and so on.

An editorial in *The Lancet* (January 28, 1978) called attention to yet another aspect of zinc metabolism, under the heading "A Radical Approach to Zinc." It stated: "In enzymology zinc already has a venerable past. Carbonic anhydrase, a zinc-protein, was the first metalloenzyme to be identified; and the score of zinc enzymes is now over eighty. Their functions are so varied that they defy categorizing: no metabolic pathway of any importance, from alcohol detoxication (sic) to nucleoprotein synthesis, could exist without them. It is now suggested that, in addition to these varied enzymic roles, zinc also intervenes in non-enzymic, free-radical reactions — in particular, that it protects against iron-catalysed free-radical damage. . . . Iron-catalysed free-radical oxidation is known to be inhibited by other trace-metal complexes (notably by ceruloplasmin), by metalloenzymes (catalase, peroxidases, superoxide dismutases), and by free-radical scavenging antioxidants (vitamin E)." (Incidentally, superoxide dismutase is a zinc-manganese metalloenzyme, just one of many such.) A magic bullet?

The journal observes the first human disease specifically attributed to zinc deficiency was acrodermatitis enteropathica, an inborn metabolic disorder. It notes the possible relevancy of the disorder's affecting a tissue most continuously exposed to ultraviolet radiation, the skin. Noting that very little can be taken for granted with either trace elements or free radicals, the editorial continues: "In the same speculative vein one may note that of all human organs it is the eye which has the highest zinc content; and that seminal fluid, the body fluid with the highest zinc concentration, is the only one in which cells must survive outside the body if they are to fulfill their physiological function. Zinc may prove to be rather less prominent in protecting against iron-catalysed free-radical damage than has been suggested, but if the suggestion catalyses a 'radical' approach. . . it will have served a useful purpose."

Earlier this year the conservative *Journal of the American Medical Association* published a report entitled "Evidence of Copper and Zinc Deficiencies."

Using atomic absorption spectrometry, researchers measured copper and zinc intake in hospital patients and made comparisons of twenty diets made from conventional foods. They concluded that hospital and American diets in general seem to be low in copper and zinc "in comparison with current estimates of the respective requirements." (JAMA 241:1916-1918, 1979) Some theoretical implications concluded the report. "Natural and controlled experiments with animals can serve as guides in a search for human disorders. Among the more important abnormalities in animals produced by copper deficiency are (1) anemias, (2) defects in connective tissue leading to abnormalities of arteries and bone, (3) degeneration of brain and spinal cord secondary to abnormal myelination, and (4) myocardial degeneration. Zinc deficiency has produced (1) growth impairment and delayed maturity, (2) skin lesions, and (3) reproductive failure and fetal abnormalities. If diets in the United States frequently contain too little copper or zinc, some of the consequences must be common." Ironically, many current texts flatly state copper deficiency is unknown or impossible.

Our point, however: without careful thought, the unwary physician could start assuming a magic bullet has been found. He might routinely suggest a copper supplement or a zinc supplement for all his patients. He could fall into the trap of looking for a product with the highest potency. Yet uncomplicated deficiencies of single nutrients are usually not found in humans. Once again, one must look at the patient as a whole. The old adage could apply, "A little knowledge is a dangerous thing."

Sure enough, reports are coming in of side effects following zealous but indiscriminate administration of zinc. Interestingly, zinc is known to produce copper deficiency in experimental animals. Reports have been published of hypocupremia, lowered serum copper levels, produced by administration of zinc. High plasma copper levels with low plasma zinc levels have been reported in zinc-deficient dwarfs from the Middle East and in sickle cell anemia. Thus some researchers suggest a reciprocal relationship between zinc and copper. Both elements may compete for similar binding sites in the tissues.

According to reports by other researchers, a high ratio of zinc to copper in the body may be the basis by which most of the known risk factors for coronary heart disease exert their influence. High concentrations of zinc (or copper deficiency) have been shown to produce connective tissue abnormalities in the blood vessels of experimental animals. Cirrhosis, apparently protective against coronary heart disease, is reportedly associated with a decreased zinc-copper ratio in the liver.

These facts could either be foolishly ignored or be wisely put to a useful purpose. As an example, the relationship between zinc and copper in humans may suggest that zinc could be beneficial to persons with hepatolenticular degeneration or other conditions associated with the toxic effects of too much copper. It can easily be seen that zinc supplementation by itself, without carefully considering all factors, may produce a number of unwanted effects, however.

### PROTEIN PROBLEMS

A final example of the hazards of not putting all the facts into perspective and applying them: the ill-fated liquid protein diet fad. No one can successfully argue about the need for protein. Proponents of the diet reasoned that if carbohydrate is restricted, then the body must burn up its stores of fat for fuel. Readers are doubtless familiar with the media-publicized furor over this diet. We wish only to take note of an interesting point of physiology. How do researchers produce severe magnesium deficiency in the animal model? High protein diets are used. The resultant magnesium deficiency produces an inevitable loss of potassium not correctable by administration of potassium alone. Also produced is cardiac myopathy characterized by myocardial cell necrosis. Even with vitamin and mineral supplements (excluding magnesium, of course) rats on such a diet die by cardiac arrhythmia or grand mal seizure after ten to fourteen days. Again, there is no magic bullet.

Space does not permit a detailed discussion of theoretical or real problems associated with the administration of large or unbalanced amounts of vitamins, minerals and related substances. It may require a little digging, but such information is available in current texts, published literature and even careful clinical observation. Some basic thoughts should stand out clearly from this discussion, however.

### CONCLUSIONS

(1) Megadoses of vitamins do not serve a vitamin function. Rather, they serve as chemicals. Their effects at the organ, cell and subcellular level must be recognized as such.

(2) "Potency" cannot be established by comparing milligrams per tablet as a criterion.

(3) Aside from the question of synthetic versus natural, the whole concept of what is "natural" is open to question.

(4) The thoughtful physician must be cautious about looking for the quick, single or simple answer to the patient's apparent problem. He must wisely look to the organism as a complex whole.

In 1877 the English biologist Thomas Henry Huxley wrote his treatise, "On Elemental Instruction in Physiology." In it he said: "If a little knowledge is dangerous, where is the man who has so much as to be out of danger?" With the exciting rush of new facts of physiology flowing in daily, the new author of this journal does not presume to be out of danger. Yet as the first-century Latin poet put it, even a dwarf can see far when he stands on the shoulders of giants.

*Reprinted from Applied Trophology.*



Susan Silberstein

## Susan Silberstein, Ph.D. Wins Jefferson Award

On March 15, KYW-TV, sponsor of the local Jefferson Awards for Public Service, announced 4 winners for 1983. Among them was Susan Silberstein, Director of the Delaware Valley Chapter of The Foundation for Alternative Cancer Therapies. She established the Chapter after the death of her husband from cancer six years ago.

The winners were selected from over 300 nominees by a panel of judges.

KYW-TV honored the local Jefferson Award winners at a banquet March 24 at the Riverfront Restaurant in Phila., hosted by Malcom Poindexter and Pat Ciarrocchi of "EYEWITNESS NEWS." "EVENING MAGAZINE" covered the banquet live. The 4 winners received the bronze Jefferson Award medallion the following day, on KYW-TV's "PEOPLE ARE TALKING." The medallions were donated as a public service by the Franklin Mint.

The Jefferson Award is a national competition established 12 years ago by Robert Kennedy and Jacqueline Kennedy Onassis to honor individuals who have performed extraordinary public service. As a local winner, Silberstein is also eligible for the national competition and a \$1,000 cash award.

---

# Cortisone: Contraindications and Indications

By Eugene F. Boggs, M.D.

*Emphasis is placed on the damage done by this drug, such as addiction, withdrawal difficulties and on the surgical hazards.*

## Side Effects of Cortisone and ACTH Compounds:

1. Psychoneurosis
2. Sodium Retention and Edema
3. Diabetes
4. Pancreatitis
5. Addiction
6. Surgical Hazard
7. Lowered Resistance to Infection

We have seen the most noteworthy discoveries, such as sulfa-chemotherapy, a long list of antibiotics, and more recently, ACTH and cortisone publicized in the most extravagant and injudicious way. The effect: an impatient public has been led to believe we can cure anything and do it right now. The end result: multitudes of disillusioned laymen and many cynical nihilistic doctors.

Cortisone, the agent under special consideration, will relieve painful swollen joints. Intra-articular hydrocortisone injections will practically relieve for varying lengths of time. Dr. Russell Cecil has commented that cortisone is the answer in less than 10% of these problems. Dr. Walter Bauer has very recently emphasized the hazards rather than the benefits of this drug.

Rheumatoid arthritis etiology still remains obscure and its treatment is still in the "try and try again" state.

A great diagnostic error is made by failing to differentiate rheumatoid arthritis from the very common degenerative arthritis. Rheumatoid arthritis occurs from 8 to 80 in both sexes, the incidence being highest in the female. It may be very insidious in onset, or very rapid. The course is usually one of long-drawn-out invalidism with flexion-contraction deformities common.

Cortisone does not *cure* rheumatoid arthritis but suppresses it. The nutritional status suffers with *concomitant anorexia, muscle wasting and secondary hypochromic anemia*. These facts all must be considered in treatment.

A very high percentage of the women patients are childless. For some obscure reason, they marry mates who accept their invalidism and continue to be oversolicitous.

Many rheumatoid arthritics in a state of invalidism remain cheerful and happy, at times euphoric. The

seclusion of invalidism and the ministrations of husband or family over the years are accepted, and life is tolerated with an air of passive resignation that excites the wonder, pity, and every horror of those about them.

## CORTISONE ADDICTION

There is great risk in cortisone administration for patients with psychoneurotic tendencies. The transitory euphoria and improvement are generally followed by fixed addiction; and let it be emphasized strongly at this point that cortisone is an addictive drug. Withdrawal is followed by a disastrous exacerbation of all preceding symptoms plus intense psychoneurotic reactions. Cortisone is notorious for its bad side effects, disturbing the psycho-emotional status.

One of its specific actions is a resolution of fibrous tissue and actual inhibition of fibroplasia by the fibroblasts. Rheumatoid arthritis is characterized by excessive production of fibrous tissue or *pannus*, which overgrows the joint surface and obliterates the joint spaces. Obviously, cortisone would act immediately and rapidly in causing resolution of pannus and hence the dramatic picture of the stiffened cripple "kicking up his heels."

What about the withdrawal phase? Fibrolysis ceases; fibrosis begins to return; the euphoria and heightened optimism produced by cortisone disappear, and the old symptoms reappear. The patient does not know whether to "cuss, complain or cry." In many with serious psychoneurotic taints and even submerged psychotic tendencies, fulminant psychic changes appear. Our population is now littered with cortisone cripples, psychic and musculoskeletal.

Prolonged administration of cortisone reduces the size of the adrenal cortex and thus produces chronic adrenal exhaustion or acute adrenal failure and collapse. Patients who have been on cortisone for any length of time are surgical hazards. An increasing number of cases of deaths during surgery or soon thereafter are being reported. A surgical wound may not heal or heals with difficulty. It is wise to advise a surgeon of the history of cortisone intake of any patient referred.

Rheumatoid arthritics all seem to exhibit a deficiency in the absorption and assimilation of iron. Parenteral liver plus B<sub>12</sub> seems to accelerate the beneficial effects of iron by mouth.

High-potency vitamins with trace minerals, a high-protein diet, tonics to stimulate appetite, systematic graduated exercises, and physiotherapy may add to the patient's comfort. Whole blood transfusions help greatly in severely debilitated cases.

*Reprinted from Clinical Medicine.*



---

## Diagnosing Your Doctor

By Arthur C. Hochberg, Ph.D.

*Dr. Hochberg has been in the field of psychology for the past 14 years. He treats all psychologically related illnesses such as stress, anxiety, depression and hypoglycemia using a nutritional approach including vitamins, minerals, herbs and diet. By combining nutrition and psychology he has been able to help many patients to become free of symptoms and to lead happier lives.*

---

**Inasmuch as the patient is a human being and the doctor is a human being, a patient has the right and capacity to make an evaluation of the person who is treating him or her.**

---

When was the last time you questioned what your doctor did? Do you always accept what he says as gospel truth? Why is it that we rarely question what doctors do? For many years this country had doctors who possessed 'heart' qualities in addition to technical skills. This type of doctor has practically vanished from the health scene. They have been replaced by highly technical specialists who give patients a minimum of their time or of themselves. It is important for those seeking medical help to search out doctors who are capable of treating the whole person, not just a person's illness. People do have a choice. They have the option to choose who they want to treat them. You do not have to accept treatment without questioning it.

Inasmuch as the patient is a human being and the doctor is a human being, a patient has the right and the capacity to make an evaluation of the person who is treating him or her. Why don't you sit down and make a brief assessment of your doctor and his performance in terms of certain attributes that I consider fundamental to a truly human medical practice?

Some of these attributes you may never have thought about in relation to your doctor and may have never heard discussed, but they are essential for your well-being.

### *How honest is your doctor with you?*

This is a very touchy area because doctors usually think that they know what is best for the patients. This includes how much information

should be shared with them. This is the area that brings out some of their greatest arrogance. They might know the technical information, but I am not so sure that they always understand the human dynamics behind what the patient needs to know.

For example, I had a 53-year-old female patient suffering from cancer. She was very ill, and knew it. She was gradually going downhill, psychologically as well as physically. After speaking with her for a period of time I realized that it was not so much the illness that was getting her down, but the fact that her doctors were not honestly discussing with her all the aspects of her illness. She wanted to know. She wanted to know because she wanted to take part in helping herself get well. She did not want to play a passive role. I discussed the situation with her attending physician, pointing out the patient's need to be more of a participant. He agreed to have a more open dialogue with her. Consequently her entire attitude took a better turn, and she was able to deal with the cancer from a position of greater strength and courage.

Honesty on the part of the doctor enables the patient to free-up that active part of his or her natural resistance which will help to fight an illness. It is very difficult for passive patients to get well, because they are not bringing out their instinct to fight for their own health. Doctors need to help patients by being honest, and, by so doing, bring into play a part of the healing process which, even though much subtler, will often turn out to be the most significant and useful part of treatment.

### *How aware is your doctor of alternative healing methods?*

For each illness there may be more than one treatment possibility. Because each person is an emotional and spiritual entity, in addition to being a physical one, doctors must look to all three dimensions in order to gain the maximum healing perspective. The same treatment may not work for all patients, nor may it always work for the same illness.

Doctors need to have a broad spectrum. They cannot limit themselves to thinking that the most accepted treatment methods are the only ones that work. Some patients need to be treated by methods which may not have the full backing of the entire medical community. But if that is what the patient needs and wants, and if it is non-toxic and if it is available, then it is incumbent upon

---

doctors to use that treatment or to refer the patient to someone who is skilled at it.

*Do you experience your doctor as a compassionate human being?*

In their attempt to be objective and technically correct, doctors often overlook the deeper human qualities within a patient. By doing this they are also overlooking their own untapped capacity to treat patients with a good deal of love. Love is another one of those tools that the good practitioner must carry in his treatment bag.

A 71-year-old woman with cancer which had spread to the liver was coming to see me on a weekly basis for psychotherapy. After a few sessions it became apparent that there was a good deal of anger within this patient. She was not angry at her children, she was not angry at her relatives or her friends or even herself. Who was she angry at? She was angry at her treating doctor. Why? Because his emotional response to her was flat and unaffectionate. She did not get any sense that he cared about her as a human being who was struggling for her life. Because she did not feel this love coming from him she did not totally either trust or carry out fully his treatment procedures. So he, the doctor, was defeating his own purpose in many ways by not expressing the compassion and concern which the patient needed to feel from him. We are not condemning the doctor here. We are simply saying that he needs to reach into his treatment bag and use this love to help treat his patients.

*Does your doctor care what you eat?*

Nutrition is such a major factor in a patient's health that it cannot be overestimated. It is absolutely essential that each doctor see the connection that nutrition has to health. I have had many patients who have been helped just by changing their nutrition around.

No two patients have the same nutritional needs. Some patients have to stop eating meat because they have a poor digestive system and a high potential for coming down with a degenerative illness. Other patients have to start eating more fruits, grains, nuts and seeds because their entire nutritional approach has not been working — they have been eating too many junk foods, white flour products, white sugar products and other foods which tend to deplete vitamins and minerals from the system. Others have to stop or reduce their intake of alcohol, nicotine and caffeine because of the damaging effect they are

having on the patient's glandular and autonomic nervous system — they cannot concentrate, they are losing sleep, and they are showing increasing signs of impatience and irritability. Still other patients may need an even more specialized intake of nutrients, vitamins, minerals and herbs because they are showing hypoglycemic or hypo-adrenal symptoms.

In these days of increased knowledge about nutrients, it is necessary that each doctor be acquainted with these findings and above all be aware of the role that nutrition plays in a patient's overall health.

*Does your doctor recognize stress as one of the causes of your illness?*

In the same way that no two patients have the same nutritional needs, it is also true that no two patients have the same levels of resistance to stress. It cannot be denied that stress is a causative factor in a great many illnesses which are being treated just by medical means. It reduces our natural resistance and immunity to illness. Illnesses that may lie dormant for years will show up when a person is put under a stress condition which is beyond his or her capacity.

Many times I have seen patients who have been in excellent health for a long period of time become very ill after the loss of a spouse through death or divorce. Perhaps this would first show up as increased tension, headaches or insomnia, but if the stress were not reduced, these would develop into more serious symptoms such as arthritic or cancer symptoms.

Stress can be a serious problem because it is often made more complex by the overuse of tranquilizers on the part of practitioners. The tranquilizers will often temporarily reduce the symptoms, but they never really get at the root of the problem. They simply mask it. The patient becomes very dependent on these drugs and might even become addicted. Then they have the problem of overdependency on drugs, in addition to the original stress-causing factors. The problem becomes more and more complex, and the patient is caught in a vicious cycle.

A 47-year-old executive of a small business firm came to see me with symptoms of hyper-irritability and extreme fatigue. He also complained of an increased amount of physical symptoms which were being treated by the use of drugs. His life was very tense, and he was under extreme pressure on his job. He never relaxed. He found it impossible to 'just do nothing.' He always had to be doing something, and he always



put himself into situations where he carried a maximum amount of responsibility. This was the way he was brought up, and this was the way he had always operated. He said, "Doc, this is the only way I know how to do things."

I understood this perfectly, given his lifestyle and background, but I felt that it was imperative to point out to him that if he continued with this type of stressful lifestyle he was headed for a severe physical or emotional breakdown. He could not keep going at this pace. His body was losing its resistance. The present symptoms he was experiencing were, in a way, telling him that he had to slow down and reduce his level of responsibility.

Within a two-week period, he hired another executive to take over half of his responsibilities. He left work at 5:00 each day and began a program of regular physical exercise. I did not have to see this patient very long. He was bright, and he saw the connection between his stressful lifestyle and the physical symptoms he was experiencing.

#### *Is your doctor afraid of death?*

This is one of the aspects most overlooked by all practitioners, whether they be orthodox or engaged in alternative methods. It is absolutely impossible for a doctor to understand what a suffering patient is going through unless he or she fully understands and is in contact with his or her own personal view of death. This is not a morbid topic. This is not a subject reserved only for psychologists or psychiatrists. This is a subject which pervades all aspects of treatment.

I had a 53-year-old male patient dying of cancer of the urinary tract. It was very clear that he was dying. Everybody knew it, especially the patient. Not one time during the visits by the treating doctor was the topic of death ever brought up. It was in the minds of the relatives, and it was in the mind of the patient, although nobody ever spoke about it. The doctor merely proceeded according to standard operating procedures. He did not speak to the issue, and the issue had now become the issue of dying.

By not dealing with the reality of the circumstance, the doctor missed the opportunity of enhancing his own treatment. I am not saying that he could have saved the patient's life by bringing out the reality of the patient's death, but I am saying that he could have helped ease the tension and the insecurities that all were feeling by simply raising the subject. He might have been very surprised to see that the patient and

the relatives were ready and very eager to embrace this issue. This alone could have helped ease the suffering of all parties involved.

Doctors must remember to make available to their patients all possible procedures at their command. If they themselves are afraid of death, their patients will not feel free to express their own feelings and experiences relating to death. They will suffer more, and be without any emotional or spiritual comfort during their last days. It is important for doctors to be honest with themselves, relax their clinical objectivity, and share some of themselves with those whom they are treating.

#### *Does your doctor believe in you as a self-healing organism?*

All healing is not in the hands of the doctor. In truth, the actual healing takes place from within the patient. The doctor can serve as the catalyst. He can provide the technical skills and the know-how of the human organism. What he cannot provide is the willpower within the patient which will fight for his or her life. That resistance to the illness can be stimulated and grow only within the patient. The doctor's role is to be aware of the reality of this capacity, to realize when it is beginning to function, and above all to allow it to take place.

Doctors must not interfere with the patient's innate system of survival. They must not deaden it by the overuse of toxic chemicals, and they must not deaden it with the overuse of their own clinical pessimism.

I have had a good number of patients who had been given very short times to live many years ago, and are still around to tell the tale. Now what happened? Why are they not dead? They are not dead because from somewhere deep within themselves there had been triggered the reversal process. The disease or illness had been turned around. It had reached its bottom point, and from within the patient came the understanding and realization that he or she could in fact play a very major role in his or her own healing process.

If the doctor allows this to happen, his life as a practitioner will be made a lot easier because he will realize that he has a companion in the treatment process, that companion being the patient.

#### *Do something about it.*

Once your assessment is complete, if you find your doctor lacking in some or all of these characteristics, do something about it. Above all,



don't be afraid to talk to the doctor. Explain your real concerns and express any doubts you may have about the treatment you are receiving. Give your doctor the opportunity to share with you that which he or she does not ordinarily take the time to do.

If the doctor does not respond or shows a lot of resistance or even antagonism, then find another doctor. Choose with good judgment a doctor who has the courage and sensitivity to understand that you are a human being first and that you deserve to be treated as more than a machine with a broken part.

*Reprinted from Vegetarian Times/Well-Being*

## Report from The President

By Ruth Sackman

We owe you an explanation for the long delay in publishing this magazine. I am sure you will be sympathetic and appreciate what we have been doing with the time. Morton Povman, a member of the Health Committee of the New York City Council, introduced a resolution to open hearings on fluoridation. Since we are concerned with the *fluoridation/cancer* link, FACT participated actively in presenting the dangers of fluoridation (as a matter of fact we were the most active participants) and collected signatures on letters and petitions urging our city council persons to take a second look at using fluorides in the New York City water system.

Our bodies are being bombarded with all sorts of chemical pollutants to the point where we can no longer tolerate the assault. Fluoridation of the water adds to the problem having a detrimental cumulative effect. Dr. John Yiamouyiannis, an outstanding biochemist, did an epidemiological study which concluded that fluoridated cities have a higher incidence of cancer deaths than unfluoridated communities. He determined that the increase was about 10,000 additional deaths per year. Since fluoride can be used by anyone who cares to, by taking fluoride orally, it is outrageous to force this toxic drug on the entire population of a city whether it serves them or not, or whether it harms them.

The results of the hearings that were held have not been made public as yet. When they are, we'll inform our readers.

Collecting signatures opposing fluoridation will continue. We expect to reeducate the public, in time, so that the voters will put pressure on their legislators to discontinue providing fluoride through the public water system.

## Health Restoration Guidelines

By Dr. Leo Roy

### SPECIAL FOODS TO ENHANCE HOST RESISTANCE AND HEALING IN CANCER

**Raw Foods** — Never more than undercooked, to supply food enzymes, life forces and healing factors.

**Asparagus** — Rich in vits; A, B-1, 2, 2, C, calcium, phosphorus, potassium, iron, etc.

**Brewers Yeast** — Rich in proteins, vits B, chromium (for insulin production), magnesium, iron, phosphorus, selénium, nucleic acids — for chromosome integrity.

**Rice Bran** — Rich in vit B, trace minerals (for enzymes). Enhances immunity & antigens and resistance to abnormal cell growth.

**Endive** — Rich in potassium, calcium, phosphorus, vit A, chlorophyl. Stimulates activity and secretion of saliva, bile. Cleanses liver.

**Grapes** — Rich in potassium. A good alkalizer. A body and blood builder. Stimulates spleen, liver, digestion (enzymes). Eliminator of some toxins.

**Wheat Bran** — Rich in trace minerals, calcium. Fiber for B.M.'s. Increases body poison absorption & elimination.

**Cucumbers** — Rich in potassium, iron, magnesium, silicon. A detoxifier. Enhances flushing of gall bladder, liver and kidneys.

**Kelp** — Rich source of multi minerals and trace minerals from the ocean.

**Papaya** — Rich in Digestive enzymes — to handle foods and toxins, body wastes.

**Peppermint Tea** — Enhances stomach production of enzymes — improves digestion. Helps nausea. Strengthens stomach. Relieves headaches, intestinal gas. Rich in potassium, magnesium. Relaxes nerves, heart.

**JUICES** — Made from fresh, organic (pesticide and chemical free) foods — as much as possible.

**Apple** — Rich in potassium, magnesium, calcium, phosphorus, iron, silicon. Aids digestion. Slightly laxative — detoxifier. Aids liver, nerves.

**Carrot** — Rich in vits A & D, potassium, calcium, iron, magnesium, manganese, sulphur, chlorine, phosphorus. Energizing. Cleansing. Soothing.

**Beet** — Liver cleansing enzymes. Rich in zinc.

## Don't Let Cancer Throw You

By W. H. M. Stover

Bill Stover says: "There is no such thing as an incurable disease," and, who should know better than he. He successfully conquered cancer of the larynx. Bill Stover used his voice to earn his livelihood and when doctors told him he would have to have surgery for the removal of his cancerous larynx or he would be dead in six months, he refused the surgery and turned to religion. Religion helped Bill Stover overcome his excessive tension, and, along with religion, he adopted a philosophy which brought him peace of mind. He also described his doctor as an artist — a man who works with his hand, head and heart.

Bill Stover also knew that no doctor is God. He cannot, therefore, know all the answers. He was so weak and in need of building blood, that he would eat a filet mignon sandwich at noon everyday. (This was 25 years ago and all beef did not necessarily contain DES in those days.) He knew there was iron and blood building properties in grapes, so he drank grape juice several times a day. He also took yeast tablets. When his throat was raw and sore, he would take some horehound candy, and he experienced good effects from taking wild cherry honey. A humidifier to which he added a few drops of benzoin helped reduce his throat irritation so that he could sleep at night.

In his book, he says he doesn't know how much good any one of these old-fashioned remedies did his cancerous throat. He says he does know the horehound candy kept him from coughing by day and the fumes from the tincture of benzoin eased his throat, enabling him to get some sleep. He got a lift from the yeast tablets and water; experienced a feeling of well-being from the wild cherry bee's honey; enjoyed and got strength from the steaks and grape juice. Somehow, somewhere he got a new supply of blood.

Bill Stover says as soon as he began to get rid of the tensions and bitterness in his life, he began to get rid of cancer — he was healed through faith and prayer.

Bill Stover has written a really inspirational book and it can help any cancer patient adopt the right mental attitude in his fight against cancer — a disease which turned out to be not so incurable for Bill Stover. Today, 25 years later, he is very much alive and well.

While Bill Stover's nutritional regimen worked well for him, it does not necessarily follow that everyone with a cancerous larynx will be helped by adopting his specific program. We all have different body

chemistries, and each system responds differently; nonetheless, the book makes for interesting reading, and once again shows how cancer was conquered the natural way without mutilating surgery.



## Toxemia: The Basic Cause of Disease

By John H. Tilden, M.D.

I have read many books on natural healing, and this is one of my favorites. Dr. Tilden very clearly states that our doctors are barking up the wrong tree looking for so-called "cures" for diseases, since, he says, there is only one disease and that is *toxemia* — a toxic bloodstream produced by years of wrong eating, overwork, tobacco, consumption of alcoholic beverages, etc. Remove the cause of any disease — whether it be overeating, intoxicating beverages, coffee, smoking, overwork — and your own body will throw off the disease. The name of the disease is relatively unimportant, one disease is very much like another, caused by *toxemia*, attacking different organs in different people. He extols the value of fasting to cleanse the bloodstream, and adequate rest.

Dr. Tilden pounds into the reader the one disease theory which I find very plausible. Here is a direct quotation from his book:

"In a few words: Without toxemia there can be no disease. I knew that the waste products of metabolism were toxic and that the only reason why we were not poisoned by them was because they were removed from the organism as fast as produced. Then I decided that the toxin was retained in the blood when there was a checking of elimination. Then the cause of the checking had to be determined. In time I thought out the cause. I knew that, when we had normal nerve energy, organic functioning was normal. Then came the thought that enervation caused a checking of elimination. Eureka! The cause of all so-called diseases is found."

Enervation checks elimination of the waste products of metabolism. Thus retention of metabolic toxin is the first and only cause of disease.

Those who would be freed from the bondage of medical superstition should study *Toxemia Explained*.

# Tapes

\$5.00 each; \$50.00 for 12.

Mail to FACT, Box HH, Old Chelsea Station, New York, NY 10011

## 1983 Annual Cancer/Nutrition Convention of The Foundation for Alternative Cancer Therapies

INTRODUCTION, and VICTOR EARL IRONS,  
*Colon Health.*

RUTH SACKMAN, *Cancer Update.*

DR. RICHARD BLASBAND, *Reich Therapy Research.*

BETTY FOWLER, *A Personal Case History.*

DR. LUELLE HAMILTON, *Osteopathy: A Tool for  
Total Well-being.*

FILM-EXPLORING THE SPECTRUM.

EDWARD BERK, *Botanicals for the Restoration of  
Health.*

DR. ARTHUR HOCHBERG, *Stress Can Cause Cancer  
and Undermine Treatment.*

DR. LEO ROY, *Enzymes: Life's Miracle Workers.*

KAY WINDES, *A Personal Case History.*

Dr. KARL HYNES, *Applied Kinesiology.*

DR. EDWIN FLATTO, *Diet and Exercise, Essential  
Keys to Restoring and Maintaining Health.*

## 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 Manage-  
ment 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 Neuro-  
psychology 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. HEITH SEDLACEK, *Biofeedback.*

DR. LAWRENCE BURTON, *Immunology.*

DR. ANN WIGMORE, *Wheat Grass & Sprouting.*

---

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.

---



# Books

Add \$1.00 for postage and handling on all book orders. Make checks payable to FACT, Ltd. and mail to FACT, Ltd., Box HH, N.Y.C. 10011. Add \$2.50 for first-class postage.

- Bieler, Dr. Henry G.: *Food Is Your Best Medicine* (\$2.95)
- Buchman, Dian Dincin: *Herbal Medicine* (\$7.95)
- Diamond, Dr. John: *Behavioral Kinesiology* (\$8.95)
- Fere, Dr. Maud Tresillian: *Does Diet Cure Cancer?* (\$4.95)
- Gerson, Dr. Max: *A Cancer Therapy, Results of Fifty Cases* (\$9.95)
- Harris, Ben Charles: *Compleat Herbal* (\$2.95)
- Harris, Ben Charles: *Kitchen Medicine* (\$1.75)
- Haught, S.J.: *Has Dr. Max Gerson a True Cancer Cure?* (\$1.75)
- Hay, Dr. William Howard: *How To Always Be Well* (\$1.75)
- Heede, Dr. Karl O.: *Sure Ways to Health and Joy of Life (Waerland Dietary System)* (\$1.00)
- Heritage Press: *Composition and Facts About Foods* (\$5.95)
- Hunsberger, Eydie Mae: *How I Conquered Cancer Naturally* (\$2.95)
- Hunsberger, Eydie Mae: *Eydie Mae's Natural Recipes* (\$2.95)
- Jensen, Dr. Bernard: *Blending Magic* (\$4.50)
- Jensen, Dr. Bernard: *Doctor/Patient Handbook* (\$3.50)
- Jensen, Dr. Bernard: *Nature Has a Remedy* (\$9.95)
- Jensen, Dr. Bernard: *Health Magic Through Chlorophyll* (\$3.95)
- Jensen, Dr. Bernard: *Seeds and Sprouts for Life* (\$1.75)
- Jensen, Dr. Bernard: *Vital Foods for Total Health* (\$5.25)
- Jensen, Dr. Bernard: *Tissue Cleansing Through Bowel Management* (\$5.95)
- Jensen, Dr. Bernard: *My System* (\$3.50)
- Jensen, Dr. Bernard: *You Can Master Disease* (\$4.95)
- Jensen, Dr. Bernard: *Science and Practice of Iridology* (\$22.50)
- Jensen, Dr. Bernard: *Slanting Board* (\$1.50)
- Kadans, Joseph: *Encyclopedia of Medicinal Herbs* (\$1.95)
- Kelley, Dr. William Donald: *One Answer to Cancer* (\$2.50)
- Kittler, Glenn D.: *Laetrile, Control for Cancer* (\$1.50)
- Lane, Sir W. Arbuthnot, M.D., *The Prevention of the Diseases Peculiar to Civilization* (\$2.00)
- McNaughton Foundation: *Laetriles, Nitrilosides in the Prevention and Control of Cancer* (\$3.00)
- Nolfi, Kristine, M.D.: *My Experience with Living Food* (\$2.00)
- Ott, John N.: *Health and Light* (\$2.95)
- Ramos, Dr. Federico: *Treatment of Cancer with Cellular Therapy* (\$1.00)
- Rohe, Fred: *Metabolic Ecology* (\$5.95)
- Shelton, Dr. Herbert M.: *Food Combining Made Easy* (\$1.95)
- Stickle, Robert W.: *Cancer, One Man's Fight to Control Malignancy* (\$2.50)
- Tilden, Dr. John H.: *Toxemia, The Basic Cause of Disease* (\$1.95)
- Tobe, John H.: *Cancer, How To Prevent and Gain Remission* (\$10.95)
- Waerland, Are: *Health Handbook* (\$6.95)
- Waerland, Are: *Health Is Your Birthright* (\$3.00)
- Waerland, Ebba: *Cancer, Disease of Civilization* (\$1.50)
- Waerland, Ebba: *Rebuilding Health* (\$1.45)
- Walker, Dr. N.W.: *Your Fountain of Health* (\$.95)
- Walker, Dr. N.W.: *Becoming Younger* (\$4.50)
- Walker, Dr. N.W.: *Colon Health* (\$4.50)
- Walker, Dr. N.W.: *Diet and Salad Suggestions* (\$4.50)
- Walker, Dr. N.W.: *Raw Vegetable Juices* (\$2.25)
- Walker, Dr. N.W.: *Vibrant Health* (\$4.50)
- Walker, Dr. N.W.: *Water Can Undermine Your Health* (\$4.50)
- Warmbrand, Dr. Max: *How Thousands of My Arthritis Patients Regained Their Health* (\$1.65)
- Wigmore, Dr. Ann: *Be Your Own Doctor* (\$3.95)
- Wigmore, Dr. Ann: *Recipes for Life* (\$8.95)
- Enlarged Information Packet (\$2.50 + \$1.00 postage)
- Dr. John Yiamouyiannis: *Fluoride, The Aging Factor* (\$11.95)
- Cancer Forum (official publication of Foundation for Alternative Cancer Therapies, Ltd.)  
13 back issues \$5.00

---

FACT is a non-profit organization.

All proceeds from book sales are used by the Foundation for Alternative Cancer Therapies for your benefit.

---

The books on this book list are very carefully selected. The nutrition books are based on *clinic experience*, not theory or laboratory work.

---

Foundation for Alternative Cancer Therapies, Ltd.  
P.O. Box HH, Old Chelsea Station  
New York, N.Y. 10011

Non-Profit Org.  
U.S. Postage  
**PAID**  
New York, N.Y.  
Permit No. 5769

ADDRESS CORRECTION REQUESTED

Please notify us if you change your address. Our non-profit mail will be returned to us at a charge of 25¢ and you will miss copies of Cancer Forum until your address is corrected. This mail is not forwarded.

-----  
Foundation for Alternative Cancer Therapies, Ltd., Box HH, NY, NY 10011, Tel: 212-741-2790  
To help us help you and to support alternative cancer therapies, make your most generous, tax-deductible contribution to FACT. We plan to send receipts only upon request, to ensure more funds for FACT programs. If you do wish a receipt check here.

(please check amount)

\$1,000     \$500     \$100     \$50     \$25     \$10     Other \$\_\_\_\_\_

Please make checks payable to FACT

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contributions of \$10.00 or more include a subscription to the informative CANCER FORUM  
Your cancelled check will serve as proof of your deduction. Thank you.

*A copy of the last annual financial report filed with the New York State Board of Social Welfare may be obtained upon request by writing to: New York State Board of Social Welfare, Office Tower, Empire State Plaza, Albany, NY 12223 or Foundation for Alternative Cancer Therapies, Ltd., Box HH, Old Chelsea Station, New York, NY 10011.*