

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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Dear Reader:

This issue of *Cancer Forum* has two main themes. One is the value of garlic and the other is adequate elimination of the body's wastes.

There might be a tendency on the part of the reader to consider using odorless garlic as a substitute for the natural product, but don't. There is a vast difference. Firstly, it is the allicin that creates the well-known pungent odor. Allicin is one of the important components that makes garlic such a special healing element.

Secondly, the garlic is made odorless by taking fresh garlic bulbs and dipping them in a solution of acids. They are allowed to soak for two or three days and then are dried. The method used to make the garlic odorless seems to kill the enzymes. Since enzymes are the catalysts to make the micro-elements available for circulation to the cells, this would make the product questionable and there might also be the likelihood that the acids will increase the body's toxicity.

Colon health is one of the last frontiers to be incorporated into our thinking about the restoration of health. Since pollutants in the air, food and water are cumulative, it is nearly impossible to restore one's health until the body is relieved of the toxins that might have produced the illnesses. Adequate elimination of daily waste and accumulated waste will free the body to effect a repair to a system that has been unable to maintain its health but has been degenerating. Internal cleanliness is more important than external cleanliness.

Ruth Sackman, Pres.

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Use of Garlic in Anti-Cancer Therapy

By Patrick Woloszyn, M.D.

Patrick Woloszyn, M.D., obtained his B.S. in Chemical Engineering from Clarkson University in 1978 and his degree in medicine from the University of Texas Medical Branch in 1985. He presently lives in Corpus Christi, Texas with his wife Lydia and their two daughters, Anna and Bethany. Dr. Woloszyn works for the Texas Department of Health. He has a keen interest in the nutritional approach to illness.



Dr. Woloszyn, wife Lydia and daughter Anna.

The medicinal effects of garlic have been known for thousands of years. Some early Greek and Roman writings listed it as a treatment for dozens of health problems, including hypertension, infections, and interestingly, tumors.

Although garlic continued to be used as an antibiotic and anti-hypertensive agent throughout the years, there seems to be little recorded about its use in cancer till recently.

In 1957, two researchers at Case Western University (then called Western Reserve University) published a preliminary report describing their research using garlic extracts to inhibit tumor-growth! Garlic extracts had been found to inactivate certain sulfur-containing enzymes. The author theorized that garlic

might inhibit tumor growth because of the abundance of sulfur-containing enzymes (more specifically, sulfhydryl enzymes) found in some rapidly growing tumor cells.

The researchers injected 5 million sarcoma ascites tumor cells into the abdomen of white mice. The cells were incubated in a solution for 15 minutes before injecting them into the mice. The mice were divided into several groups. Group A used saline (salt water) as an incubating solution. Group B used a solution containing a sulfur-containing amino acid found in garlic. Group C used a solution containing an enzyme found in garlic. Group D solution contained both the amino acid and the enzyme.

“After 300 days all of the mice in group D were still alive with no signs of cancer.”

One hundred percent of the mice in groups A,B and C developed tumors and died within 16 days. After 300 days all of the mice in group D were still alive with no signs of cancer.³

The same researchers also administered some garlic extracts intravenously to some mice who had previously received intra-peritoneal injections of tumor cells. The IV treatment seemed to delay the onset of tumor growth and, in some cases, prevent tumor formation.

“Garlic has also been shown to protect colon cells from carcinogenic changes due to 1,2 dimethylhydrazine.”

If the enzyme was heated to a 56° C (133° F) prior to reacting it with the amino acid, tumor growth was not inhibited. The amino acid used in this study was alliin (s-allyl L-cysteine sulfoxide). In the presence of the enzyme alliinase, it is converted to allicin. This is the same reaction that occurs when garlic is crushed and the familiar odor of allicin is released.

Dr. Benjamin Lau at Loma Linda School of Medicine has also conducted quite a bit of research on garlic. In a recent study³, he injected bladder cancer cells into the hind legs of laboratory mice and measured the tumor growth. He compared four different forms of immune therapy by injecting the immunotherapy agents into the same location as the cancer cells. One single injection of garlic extract was found to result in much smaller tumors. If multiple

injections were used, tumors did not develop and no cancer cells were found on microscopic exam.

In the same study, it was found that giving garlic extracts by another route (intraperitoneal instead of intralesion) resulted in some but not complete inhibition of tumor growth.

Another study, comparing extracts from three herbs (garlic, ginseng, and ciuwjia) showed all to have some ability to protect liver cells from damage due to carbon tetrachloride, a known cancer-causing agent.⁴ Extracts from ciuwjia were found to be most protective followed by one of the garlic extracts.

“If multiple injections were used, tumors did not develop and no cancer cells were found on microscopic exam.”

Garlic has also been shown to protect colon cells from carcinogenic changes due to 1,2 dimethylhydrazine⁵ as well as to protect stomach cells from benzopyrene.⁶ Similarly, onion extracts have been shown to have anti-tumor properties when used in a skin cancer study.

Many of the studies on cancer prevention with garlic have been funded by the National Cancer Institute. Presently, federally-sponsored research is being conducted on this topic at Ohio State University and New York University Medical Center.

“While garlic alone is not a substitute for a holistic approach to cancer, its benefits seem too great to ignore.”

One important point that should be kept in mind is that the chemistry of garlic is very confusing. The sulfur-containing compounds change very readily into compounds with different chemical structures. Using different temperatures and solvents to extract the compounds results in different end products.⁸ Also, the products are not pure compounds; they are a mixture of different compounds (unless additional chemical purification is used).

Some of the above research used chemically-extracted garlic compounds while others used synthetic compounds. Some have even used commercially prepared garlic products similar to those available at health food stores.

Based on a review of these studies, it appears that there are several anti-cancer compounds available from garlic. Some of these compounds may not be particularly beneficial for certain cancer types. It would seem reasonable that in order to maximize benefit, one could consume garlic prepared in different methods (boiled in soup, raw, baked etc.)

While garlic alone is not a substitute for a holistic approach to cancer, its benefits seem too great to ignore.

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8. The Chemistry of Garlic and Onions, Eric Block. *SCIENTIFIC AMERICAN*; 3-85; pp.114-9.

Tips On Garlic

- Look for firm, plump bulbs with clean, dry, unbroken skins. Do not buy spongy garlic.
- Store garlic in a dry, cool place in an open container. Need not be refrigerated.
- Eating fresh parsley or any chlorophyll-loaded food will cleanse the breath of garlic's effects.

Additional Garlic Research

An interesting article entitled "Study Indicates Garlic Helps Ward Off Cancer" appeared in the April 13, 1987 edition of the "Daily News." It seems that among the diseases that this ancient bulb may offer protection against is cancer.

Dr. Tarig Abdullah of the Abkar Clinic and Research Institute of Panama City, Florida has stated that the white blood cells taken from persons who ate raw garlic killed 139% more tumor cells in the test tube than did like cells from those who ate no garlic. Furthermore, tests on another group of volunteers showed that the white blood cells of those who ate garlic which had been cold-dried for two years killed 159% more tumor cells than those of the control group.

These findings were presented by Dr. Abdullah at the annual meeting of the Federation of American Societies for Experimental Biology. He also expressed the opinion that garlic "kills a broad spectrum of disease-causing organisms from viruses to bacteria to protozoans" and feels it warrants further exploration.

Garlic Recipes

Uncooked Tomato Sauce

1 pound of good quality tomatoes	1/8 cup of olive oil
1/2 cup of fresh basil, chopped coarsely	2 cloves of garlic, chopped fine

Place chopped garlic in solid bowl and add oil. Let stand 30 minutes for oil to absorb garlic flavor. Place tomatoes, basil in food processor. Chop coarsely with frequent on/off action. Add garlic/oil preparation. Season with oregano.

Garlic Broccoli Salad

1 bunch of fresh broccoli	2 teaspoons of chopped fresh garlic
1/4 cup of homemade mayonaise	grated rind of lemon, if it is organic
	a little sea salt (optional)

Peel stems and cut in 1/2-inch slices. Cut remaining broccoli into bite size pieces. Broccoli may be cooked if it is left crisp. Mix broccoli with remaining ingredients and enough mayonaise to coat.

The Untreated Live Longer

For decades there has been a great deal of controversy within the medical community over what kind of medical treatment is most efficacious in treating cancer. Latest findings reveal all conventional medical treatment for cancer is virtually worthless.

The late Dr. Hardin B. Jones, Professor of Medical Physics and Physiology at Berkeley, California, made a study lasting 25 years of the lifespan of cancer patients, and had concluded that **untreated**



DR. HARDIN JONES

patients do not die sooner than patients receiving orthodox treatment (surgery, radiation and chemotherapy), and in many cases they live longer. Dr. Jones delivered his bombshell report at the American Cancer Society's (11th) Science Writers' Seminar (March 28-April 2, 1969), in which he confirmed what he had written as early as 1955, in his classic paper, "Demographic Consideration of the Cancer Problem," published in *Transactions of the New York Academy of Sciences* (Series II, Vol. 18, pp. 298-333).

In his 1955 paper, Dr. Jones demonstrates how cancer studies are manipulated (he politely calls them "bases" and "errors") in order to make it appear that the treated cancer patients live longer than the untreated. Referring to one particular study on breast cancer, he says: **"Cases that died during treatment, or closely following treatment, were discarded because of the possible effect of the severity of treatment."** (p. 316).

In 1969, before the American Cancer Society's Science Writers' Seminar, Dr. Jones pointed out that the failure of past survival studies were that they did not take into account that the worst, inoperable cases were left in the groups that were untreated. Thus many cancer studies were based on research done with operable and "healthier" cases, giving the mistaken judgment that surgery and radiation were of value in cancer treatment. When Jones corrected for such bias statistically he found that the life expectancy of untreated cases of cancer were greater than that of the treated cases. Dr. Jones concluded that **"evidence for benefit from cancer therapy has depended on systematic biometric errors."**

After almost 40 years as a cancer researcher, Dr. Jones found, for example, that survival in breast cancer is 4 times longer *without* conventional treatment. he stated, **"People who refused treatment lived for an average of 12-1/2 years. Those who accepted other kinds of treatment lived an average of only 3 years. Beyond the shadow of a doubt, radical surgery on cancer patients does more harm than good."** (*The Naked Empress*, Hans Reusch, p. 74)

It is important to note that no refutations of Dr. Jones' work have appeared, while on the other hand, his studies have been supported by other researchers, as a search of the Science Citation Index reveals.

Even the *Journal of the American Medical Association* took note of the phenomenon when, in its February 2, 1979 issue, it published an article on the diagnosis and treatment of breast cancer by Dr. Maurice Fox, a biologist from the Massachusetts Institute of Technology. On the basis of studies carried out at the Harvard School of Public Health, Dr. Fox found, among other things, that:

- 1. Radical mastectomy was no better than simple lump removal.**
- 2. Breast cancer was diagnosed twice as frequently in 1975 as in 1935. The death rate was also double, showing no progress had been made.**

- 3. Those who refused medical procedures had a lower mortality rate than those who submitted.**

- 4. Early detection meant accelerated treatment and early death.**

Thus, according to Dr. Jones and other researchers, it appears that medically sanctioned cancer treatment dramatically shortens the lives of cancer victims, while, we might add, increases their pain and suffering to an intolerable degree. After all, **treatment can actually spread a cancer and spur the growth of deadly metastases.** These metastases are actually inhibited by the primary tumor, according to the studies of Dr. Michael Feldman and his colleagues at the Weizmann Institute in Israel in 1978. **Radiation is itself well recognized as cancer-causing and chemotherapy is not only devastating and injurious, but ineffective!** An article in *The Lancet* (official journal of the British Medical Association), March 15, 1980, entitled "Failure of Chemotherapy to Prolong Survival in a Group of Patients with Metastatic Breast Cancer," stated:

"Overall survival of patients with primary breast cancer has not improved in the past 10 years, despite increasing use of multiple-drug chemotherapy for treatment of metastasis. Furthermore, there has been no improvement in survival from first metastasis, and survival may even have been shortened in some patients given chemotherapy.... Actuarial survival analysis ... reveals no prolongation in overall survival, despite the increased use of multiple-drug chemotherapy for metastatic disease. The survival of the 78 patients who received chemotherapy from first detection of metastases (including single-agent chemotherapy) was no better than that of the 80 who did not receive chemotherapy. There was also no improvement in survival for those who received multiple-drug chemotherapy (66 patients).... The fact that regressions of breast cancer had no influence on overall survival must reflect the inadequacy of present-day chemotherapy."

Obviously, cancer patients have no knowledge of the inefficacy of chemotherapy (they would not permit it if they did), but its brutalizing effects upon the body are so well known that it is no small wonder that we now have reports of cancer patients refusing to subscribe to it. **As many as 85 percent of cancer patients who are prescribed chemotherapy pills do not take them,** according to findings of a study conducted by Dr. Alexandra Levine of the Kenneth Norris Center Hospital and Research Institute in Los Angeles (*U.S.A. Today*, February 4,

1985). **And why should they?** "After all" says Dr. Levine, "We are telling them, 'Take the medicine. It will cause side effects, but we don't know if it will help.'"

And what are those "side-effects" cancer patients are encouraged to ignore? *Cancer Forum* (Vol. 1, No. 1-2) lists 13 drugs used in chemotherapy and their consequent side effects (as listed in the drugs' package inserts for physicians), which include: destruction of immune system, leukopenia, hemorrhage, gonadal suppression, bone marrow depression, phlebosclerosis (hardening of the veins), severe cellulitis, vesication (blistering), tissue necrosis (death), fever, chills, nausea, prolonged vomiting, partial or total hair loss, lethargy, disorientation, ataxis (inability to coordinate muscle movements), dysarthria (impaired speech), anorexia, enteritis, stomatitis, erythema (morbid redness of skin), anemia, liver failure, kidney failure, **cancer and death.**

The above is just a **partial** listing of the hideous side effects of chemotherapy. Is it any wonder that cancer patients are refusing to partake in this form of cancer treatment?

In view of all the foregoing information, it is reasonable to conclude that any alleged claim of improvement in cancer survival rates due to conventional medical treatment may be attributed to the fact that cancer patients are **not** following doctors' orders.

ADDENDUM

The prospects for improvement in cancer survival under conventional medical treatment seem no brighter today than they were at the turn of the century, or when the "War on Cancer" began in 1971, despite drug and medical propaganda to the contrary. below is a comparison of cancer statistics provided by *Cancer Facts and Figures*, published by the American Cancer Society.

1971 ISSUE	1984 ISSUE
1 in 4 get cancer	1 in 3 get cancer
2 in 3 families affected	2 in 4 affected
mortality rate 1 in 6	1 in 5 (22% increase)
33% survive 5 years	38% survive 5 years

Hence, the only improvement in 14 years since the "War on Cancer" began (and billions of dollars spent) appears to be in survival rates. But many prestigious scientists and doctors dispute this. Here are two:

In the September 18, 1984 *New York Times* and in an article in the September issue of *Science '84*, Dr. Hayden Bush, director of a regional cancer center in Ontario, Canada, made the following points (paraphrasing):

There is no real advance in cancer treatments. If there was, we'd see an improvement in mortality rates. What has happened is that there is now an emphasis in early diagnosis which starts the "survival clock" sooner. So that even with no real change in survival duration there would be an apparent improvement in survival rates by starting the clock at an earlier time due to early diagnosis.

Dr. John Baylor, an official of the National Cancer Institute, a Harvard bio-statistician, and a consultant to the *New England Journal of Medicine*, said on the *Today* show in December 1984:

A lot of early lesions that are not cancer at all are being counted as cancer through these early detection methods. These people will go on to lead a normal life anyway — the lesions will clear up by themselves. But they include these cases as cancer thus polluting the pool of real cancer patients and making it seem that survival rates have risen.

The above article clearly demonstrates the futility of conventional medical treatment for cancer. This raises the question, what alternatives are left to the cancer victim?

Bowel Toxemia: A Dusty Old Concept Reconsidered

By Patrick Donovan, R.N., N.D.

The colon and the concept of "bowel toxemia" have long been considered as having a major influence in the etiology and perpetuation of disease. The overall condition and state of health of the colon was thought to directly relate to the overall condition and state of health of the whole person. The importance of colon irrigation and detoxification in the maintenance of health and prevention of disease, therefore, was respected and practiced since the earliest of formalized medical disciplines (Hippocrates, early Egyptian and Tibetan medicine). With the advent of "modern medicine," however, the importance of the colon and the practice of detoxification and colon irrigation in the treatment and prevention of disease have been shelved away in some dark, dusty hospital storeroom with the rest of the antiquated ideas and devices, to make room for sigmoidoscopes, colostomy bags and other instruments of the "modern" bowel resection. Through the years, only a few clinicians have been wise and persistent enough to brave the dust and darkness, realizing the value of these ideas. Lately, though, more and more prac-

tioners of contemporary medicine are also venturing through the dust, their curiosity stimulated by the results of recent medical research.

Recent scientific research has begun, and is continuing, to reveal new information supporting the role of the colon and "bowel toxemia" in the etiology and propagation of many diseases such as cancer, autoimmune and immune-complex mediated diseases (rheumatoid arthritis, nephritis, lupus, thyroiditis, myasthenia gravis, and others), inflammatory diseases (colitis, thrombophlebitis, pancreatitis, meningitis, psoriasis, eczema), migraine headaches, asthma and allergies, liver disease, diabetes and AIDS.¹⁻⁴² This is due to the local and systemic effect of bowel toxins in different tissues and organs. If colon health is compromised in any way (irritated, inflamed, or ulcerated), the microfloral homeostatic environment disturbed (candidiasis, or overgrowth of other pathogenic organisms), or there is increased putrefaction due to prolonged fecal transit time and constipation, there may be a greater release of toxins from the bowel into the systemic circulation.⁹

"The importance of colon irrigation and detoxification in the maintenance of health and prevention of disease, therefore, was respected and practiced since the earliest of formalized medical disciplines (Hippocrates, early Egyptian and Tibetan medicine)."

WHAT ARE BOWEL TOXINS?

Bowel toxins include macromolecules (large, intact, undigested proteins), organic amines, bacterial protein-lipopolysaccharides (endotoxins and exotoxins), bile acid metabolites (secondary bile acids), cholesterol, carcinogens and other tumor promoting substances, and other biproducts of incomplete digestion and putrefaction. It has been clearly demonstrated that many of these toxins are absorbed by and transverse the normal intestine intact in sufficient quantities to be immunologically recognized (antigenic) by the body.⁴²⁻⁵³ This recognition causes activation of different immune functions such as the formation of immune complexes and the activation of complement (a non specific component of the immune system). The activation of complement results in the release of many factors which cause and augment inflammation. The formation of immune complexes, especially if they reach systemic circulation,

can result in immune complex deposition in many different tissues including the brain.^{9,54,55} When these complexes are deposited they can compromise the normal functioning of these tissues and organs resulting in inflammation, pain, swelling, fibrosis and the release of oxidative products. The long term effects of these reactions, especially if chronic, result in crippling diseases, organ dysfunction and failure, and accelerated aging.

Other toxins, which are primarily bowel localized, are mainly the metabolites of bile acids (secondary bile acids) formed by bacterial activity, and cholesterol. They have been shown to be promoters of colon cancer and are implicated in the pathogenesis of breast cancer (two of the most frequently occurring cancers in the U.S.).¹⁻⁸ By modifying colonic cell proliferation, they can stimulate mutagenicity in the gut and when reabsorbed they can have a stimulatory and mutagenic effect on breast tissue. Their concentrations are increased by slow fecal transit time and constipation, high fat diets and a deficient intake of fiber and other plant derived bile acid and cholesterol

"The liver processes and eliminates the toxins through the bile and is the most important of the filters because it receives the blood (portal circulation) as it comes directly from the bowel."

binders – factors also implicated in the cause of other cancers such as prostatic and pancreatic cancer.¹

THE LIVER AND THE RETICULOENDOTHELIAL SYSTEM

An important endogenous protective mechanism from systemic toxemia is the liver and the reticuloendothelial system or RES (a system of immuno-active cells called macrophages located in different tissues of the body, particularly the liver, spleen and lymph nodes, and lungs). The liver and RES act as a sort of filter, filtering out the toxins.^{41,56-59} The liver processes and eliminates the toxins through the bile and is the most important of the filters because it receives the blood (portal circulation) as it comes directly from the bowel. This means the liver is primarily responsible for preventing the introduction of toxins into systemic circulation. However, if the liver is compromised in any way from inflammation,

fatty infiltration and degeneration, excessive alcohol consumption, drugs and chronic toxin overload (which itself can cause many of the pathologies mentioned), these toxins enter systemic circulation and generate disease.

WHAT CAN BE DONE TO MAINTAIN A HEALTHY COLON AND PREVENT BOWEL TOXEMIA?

Any therapeutic regime should approach toxemia from every possible parameter and should include both an oral and rectal approach.

1. Establish a Health Diet

First and foremost in an effective regime is the establishment of a healthy diet and nutritional baseline to work from. A healthy diet means one high in fiber and complex carbohydrates from fresh, whole, unprocessed vegetables, grains, legumes, and fruit and low in fats of all types. Protein should preferentially be obtained from grains, legumes, fish and skinned, white-meat fowl instead of red meat, eggs, and milk products and should be eaten alone or with green, leafy vegetables to maximize digestion.⁹ The link between the high-fat, high-simple carbohydrate, and low-fiber diet and degenerative diseases such as cardiovascular disease, cancer, diabetes, diverticulitis and others, is now well recognized.

2. Decrease Fecal Transit Time

A. The increase and supplementation of fiber in the diet (oat bran and other brans, pectin, psyllium seeds and husks, flax seed, etc.) is the best natural way to shorten fecal transit time.

“An important endogenous protective mechanism from systemic toxemia is the liver and the reticuloendothelial system or RES.”

B. Mild, natural laxatives, such as rhubarb, senna and cascara may be used when necessary and in small amounts, to encourage peristalsis and defecation. However, they should generally be avoided. Dependencies on cathartics and be established and precautions should be taken.

3. Decrease The Formation And Absorption Of Toxins And Increase Their Elimination

A. Again fiber is helpful, particularly oat bran and pectin, both of which can bind cholesterol, procarcinogenic bile acid metabolites and endotoxins.^{9,60}

B. Natural plant compounds such as phytosterols and saponins, found in many edible plants, are effective binders of cholesterol, bile acid metabolites and endotoxins as well. The phytosterols can decrease the carcinogenic activity of secondary bile acids in the colon thereby reducing the risk of colon and breast cancer.^{61,62} The saponin (sarsaponin) from *Smilax officinalis* (Sarsaparilla) is a strong binder of endotoxin and was demonstrated to significantly improve psoriasis, a condition known to include high levels of circulating endotoxins.^{6,3}

C. Bentonite clay is also a strong binder of endotoxin in the gut.⁶⁴

“Any therapeutic regime should approach toxemia from every possible parameter and should include both an oral and rectal approach.”

D. Fasting is a very effective way to decrease the toxin load in the colon, especially when those toxins are dietarily related. It can also be effective in eliminating further irritation of the bowel mucosa when there is active inflammation.

4. Decrease Any Ulceration, Inflammation Or Irritation Of The Bowel Mucosa Which Can Make It More Permeable To Toxins/ Promote Healing

A. Demulcents (mucilagenous substances that soothe mucous membranes on contact) *Althea officinalis radix* (Marshmallow root) and *Ulmus fulva cortex* (Slippery Elm bark) are effective and very well-known, widely-used demulcents. They are particularly employed in the treatment of ulcers and colitis to sooth inflammation and promote healing.⁶⁵

B. Anti-inflammatory Agents

Glycyrrhiza glabra radix (Licorice root) is an effective anti-inflammatory and demulcent extremely effective in the treatment of gastric and duodenal ulcers in a number of studies.⁶⁶⁻⁷¹ Its marked anti-inflammatory activity is similar to cortisone but without the significant side effects of elevated cortisol levels.

Skutellaria baicalensis (Chinese Skullcap) is another effective anti-inflammatory agent traditionally used for the treatment of inflammatory diseases and diarrhea.^{72,73} Flavonoids present in this plant function similar to the flavonoid drug disodium chromoglycate, inhibiting the formation and release of potent, endogenous inflammatory compounds. These flavo-

noids are also potent antioxidants effective in reducing lipid peroxidation and total cholesterol and fat content in the liver.^{74,75}

C. *Astringents* (substances that cause tissue to contract and/or precipitate the tissue proteins to stop bleeding and oozing and encourage healing)

Hammamelis virginiana cortex (Witch Hazel bark) is a strong, effective astringent traditionally used as an antihemorrhagic and anti-inflammatory in the treatment of diarrhea, colitis and hemorrhoids.

Chlorophyll is also an effective astringent and can enhance the regeneration and granulation of wounds and ulcerated tissue to promote healing.

Hydrastis canadensis (Golden Seal) is another astringent agent traditionally used in the healing of wounds and ulcerations.⁶⁵

“...there is increased putrefication due to prolonged fecal transit time and constipation, there may be a greater release of toxins from the bowel into the systemic circulation.”

5. Prevent The Proliferation And Overgrowth Of Pathogenic Microflora In The Bowel

A. Besides its astringent qualities, *Hydrastis* can help balance intestinal flora. *Hydrastis* contains the alkaloid berberine (3.5-4%). Berberine has significant antibiotic and antifungal activity effective against *Candida* and other pathogenic bacteria.⁷⁶⁻⁸³ It has remarkable antidiarrheal activity, demonstrated in a number of clinical studies to be effective in relieving infectious diarrheas such as cholera, amebiasis, giardiasis, salmonellosis, and others.⁷⁶⁻⁸³ An added asset of berberine is its immune stimulating activity on the macrophages of the RES system involved in the filtering and elimination of toxins.

B. Including many fermented foods in the diet such as miso, sauerkraut, yogurt and keifer, can be beneficial in suppressing the growth of pathogenic organisms while populating the gut with beneficial bacteria like *Lactobacilli*.⁸⁴⁻⁸⁶

6. Decrease Any Spasming Of The Colon And Encourage Normal Peristalsis.

A. *Matricaria chamomilla* (German Chamomile) has a long and successful history of use in treating colonic spasms, colic, diarrhea and indigestion. It is considered the “mother of the gastrointestinal tract”.⁶⁵

SUMMARY

It is interesting how medicine has come “full swing”, in that the new medical research is substantiating many of the “antiquated” ideas about health and disease. So, as “modern medicine” begins to brush off the dust and reacquaint itself with some old forgotten friends the concept of bowel toxemia and the importance of colon health.

A formula I suggest as a rectal infusion/retention enema or colon irrigation in the prevention and treatment of bowel toxemia and inflammatory bowel disease (colitis, proctitis, Chron’s disease) is:

TOXIN BINDERS

Sarsaparilla radix (4:1).....	500 mg.
Bentonite powder	500 mg.

DEMULCENTS

Althea radix	400 mg.
Ulmus cortex	400 mg.

ANTI-INFLAMMATORIES

Glycyrrhiza radix (4:1).....	500 mg.
Skutellaria (4:1).....	300 mg.

ASTRINGENTS

Hammamelis cortex	400 mg.
Chlorophyll (water soluble powder) ...	500 mg.
<i>Hydrastis rhizoma</i> (12% alkaloids)	300 mg.

ANTI-SPASMOTICS

<i>Matricaria</i>	500 mg.
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in 250 ml. of an isotonic mineral solution.

If you would like to have the extensive list of references that accompany this article, please send us a self-addressed stamped envelope, and we shall be happy to send them to you.

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Constipation and Breast Cancer

Years ago doctors blamed all sorts of diseases on constipation. Recently, statistical correlations suggest that there may be something valid in this theory. Nicholas L. Petrakis and Eileen B. King, physicians at the University of California, have found that women who have two or fewer bowel movements per week have four times the risk of breast cancer. The doctors studied more than 5000 women.

To quote Dr. Petrakis, “We found that 5% of women having one bowel movement a day would have abnormal dysplastic cells, while 10% of women having fewer than one bowel movement per day would have abnormal dysplastic changes in cell character of the breast fluid.”

Thermos Cooked Cereal

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

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

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

Although fruits, vegetables and nuts contain excellent quality fiber for roughage, the fiber in whole grains are superior. The whole grains are loaded with vitamins, minerals and enzymes. What happens when you put one of the grains in soil and water it? It will produce a new plant with new grains because it is alive.

Colon Health

By Ruth Sackman

This is a transcript of a taped lecture given at the Vegetarian Hotel in Woodridge, New York by Ruth Sackman.

Let us start this lecture with an introduction to some work done many years ago by a noted British doctor by the name of Sir William Arbuthnot Lane,

Since most doctors use enemas for detoxification, we have prepared this paper as a guide.

How to Take An Enema

Equipment required is an enema bucket or bag. If the tube attached to the bucket or bag has a bone tip, a 20- to 30-inch colon tube should be added.

One should be relaxed. The most comfortable position is on one's back with the colon in a flat position, or on one's stomach if preferred. Since it might be difficult for some people to get up from a prone position, taking a hands and knees position will achieve the same effect. It is helpful if you can raise the buttocks so that the water, through gravity, can flow to the transverse colon. In this way, more of the colon can be cleaned.

Fill the bucket or bag with water at body temperature or slightly below. **DO NOT USE SOAP.** When the bucket is filled, place it higher than the body. Lie down on a bath rug or large towel near the toilet if it is convenient. The tip of the tube can be lubricated with any edible oil. Insert the tube into the rectum as far as it will go without discomfort and allow the water to enter the colon to the point that the bowel signals that it wants to evacuate. Get up and sit on the toilet letting whatever waste is ready for elimination to start emptying the colon. Usually this signal starts when about 2 or 3 cups of water have been taken.

After the first elimination, fill the container again and allow the water to enter the colon a second time. Repeat this procedure until you feel the elimination is complete. This technique is similar to, but not quite as effective as, a high colonic so it should not be considered a substitute.

The colon will usually take about one quart of water and possibly more. Each system is different and one's individuality should be taken into account. The enema should always be done comfortably without any stress to the colon.

a pioneer designer and leader in making surgery safe, decent and of perfect design. I think I mentioned him at yesterday's lecture. He was a surgeon. He came from a family of surgeons. He was well-known, not only in England, but in Germany and the United States. When he was invited to present his innovative techniques, the gallery of the OR (operating room) was filled with people anxious to acquire the new skills he presented.

Dr. Lane developed new surgical instruments and was recognized by the medical community as an outstanding physician. He was eventually knighted by the royal family.

I purposely give you all of these credentials so that there is no question about his link with the medical community. He was quite conventional, not off-beat.

At one point in his career, he had a most unusual experience, an experience that led him to the conclusion that nearly all chronic, degenerative diseases (arthritis, rheumatoid arthritis, diabetes, *cancer*, multiple sclerosis, etc.) stemmed from "poor drainage." What he meant by poor drainage was that the body was not eliminating its waste competently and nearly all of it stemmed from poor elimination from the colon. It is as though a sewer is blocked up which then backs up into the blood stream and the glandular system.

Dr. Lane came to that conclusion when he was about 60 years of age because he had a patient who was confined to a wheel chair with rheumatoid arthritis. The man was found to have an inflammation in the colon which needed surgical excision. It was removed and subsequently the man came into his office without the wheel chair. Lane could not understand this phenomenon but being a maverick, an innovator, an investigator, he had to know why it had happened.

In his early years in medical school, he used to do

"...an experience that led him to the conclusion that nearly all chronic, degenerative diseases (arthritis, rheumatoid arthritis, diabetes, *cancer*, multiple sclerosis, etc.) stemmed from "poor drainage."

frequent autopsies to find many answers to health problems. He learned that the body adapted to its environment so concluded there was a connection with the removal of the inflamed area of the colon and the relief of the rheumatoid arthritis. He began to use surgery of the colon successfully with other rheumatoid arthritis patients and ultimately taught the technique to his students. He concentrated on the rheumatoid arthritis for a long time. Eventually, he began to relate other health conditions to the colon.

Although Lane as a surgeon might have been biased toward using systems other than surgery to cure

a health problem, he concluded there was a possibility that cleansing the colon might accomplish the same results. If you are my age you might remember there was a time when people talked about using mineral oil to improve their health. That came from Dr. Lane. I do not think that mineral oil was the right tool to use but we are dealing with a concept this man had to clean the waste products out of the body, to see that the sewage system was clear.

What happens if it is not? When the fecal matter sits in the colon for too long a period of time, it putrefies. It has a tendency to get dry and hard. If you have ever seen the stuff left by dogs, it gets as

"The colon stretches to accommodate the day's waste and sometimes creates heavy bulges which cause the colon to stretch and narrow in some areas. This condition causes the bowel to lose much of its muscle tone."

hard as a marble. If the waste sits in the colon too long, the same kind of thing can happen in people. It gets as hard as cement and adheres to the colon wall or forms pockets which is loaded with the material. The colon stretches to accommodate the day's waste and sometimes creates heavy bulges which cause the colon to stretch and narrow in some areas. This condition causes the bowel to lose much of its muscle tone. We have pictures of X-rays of the colon in the office showing the bulging and narrowing. Unfortunately, this happens because of the diet we Americans have used for a long time, and I'm not talking about those people who have been eating here at the hotel, but many people have been eating food that does not contain enough roughage. It was not until Dr. Dennis Burkitt went to Africa to study the native diet there and told the world that there wasn't enough fiber in the British and American diet that people began to pay attention. There were health professionals who said this long before Dr. Burkitt but the information wasn't given any consideration.

We need to pay more attention to the condition of the colon. For one thing, there is a portal vein in the colon. A vein, you must understand, is part of the blood-carrying system. The portal vein will absorb fluid that remains in the colon. That is its role. When waste material enters the large intestine at the point of the appendix, it is in a very fluid state but by the time it is evacuated it is usually a solid stool. This is because the portal vein has absorbed the liquid

from the bolus. If the colon is full of putrefied waste, food that doesn't move through adequately because the muscle tone has broken down, the fluid will be loaded with toxins and they will be absorbed by the portal vein. If the muscle tone is good, the stool will be carried to the point of elimination in a matter of hours.

If the muscle tone is poor, it will not move through muscular action, but the waste of each meal will wait until a subsequent meal pushes it along to the point of elimination. The process might take anywhere from 2 to 4 days or longer. This is the transit time. Even though the elimination may take place daily the individual with long transit time should be considered constipated.

When Dr. Dennis Burkitt and Dr. Gordon Latto, a man I had the privilege of meeting, went to India to investigate the vegetarian diet, they found that the people eliminated their waste three times a day. The medical community, the hospitals and the government all cooperated with them by providing records and patients for the investigation. What they found were healthy colons, with healthy color and *no colon cancer*. Piles were more common which is nothing compared to cancer.

Most people eat bad food. One doctor who spoke from our platform referred to the food as pastes — pasta, pastries, etc. These paste foods clog the colon and may cause it to prolapse (i.e., the muscle tone gets flabby just like a double chin and stretches down into a U toward the pelvis).

I had a young woman come into my office who was suffering from many ailments. She was under 30 years of age. Someone was concerned about her health so he wanted her to learn more about colon health, and knew we had some books that could help. She moved her bowels once every two weeks. Her doctor told her not to worry as that was probably her schedule. The medical community has never felt that it was urgent to eliminate one's waste at least daily, yet here she was in poor health and she could not accept the fact that it might be caused by poor waste elimination. It is hard to relate poor health to poor bowel function because the body does not react immediately but accumulates the toxins. They load the blood stream, the lymphatics, form mucous pockets of toxic substances, until the body attempts to eliminate through other channels. The body tolerates a lot of abuse until it is so overloaded it notifies you that it is in trouble by getting sick. Unfortunately, one rarely connects the present illness with the years of abuse.

It is my opinion and the opinion of practitioners

who were and are involved with restoring host resistance through biological means, a polluted colon is the seat of many health problems and the problem can be remedied through careful diet, colon cleansing, exercise and stress reduction. These are simple, safe ways to preserve health and prevent disease. It is easier to prevent cancer than to treat it.



Don't Be Afraid To Fail

You've failed many times, although you may not remember.

You fell down the first time you tried to walk.

You almost drowned the first time you tried to swim, didn't you?

Did you hit the ball the first time you swung a bat?

Heavy hitters, the ones who hit the most home runs, also strike out a lot.

R. H. Macy failed seven times before his store in New York caught on.

English novelist John Creasey got 753 rejection slips before he published 564 books.

Babe Ruth struck out 1,330 times, but he also hit 714 home runs.

Don't worry about failure.

Worry about the chances you miss when you don't even try.

Gall Bladder

Stomach

Duodenum Pylorus

Splenic Flexure

A HEALTHY COLON

Hepatic Flexure

Transverse Colon

Ascending Colon

Outline which would appear in the X-ray picture of a truly HEALTHY COLON.

NATURE'S PERFECTION

The famous Harvey W. Kellogg, M.D. of Battle Creek, Michigan, once said:

"Of the 22,000 operations I personally performed I never found a single normal colon and of the 100,000 performed under my jurisdiction not over 6% were normal."

Ileo Cecal Valve

Small Intestine

Descending Colon

Sigmoid

Appendix

Rectum

Anus

HONEY: NATURE'S MEDICINE

"When I had glaucoma I couldn't read a line nor look at TV and had to wear double, colored glasses, relates Marion Steward of Venice, California.

After reading an article in LET'S LIVE magazine about Mr. Bohlender regaining his eyesight after being blind for 4 years because of cataracts, I started using honey in my eyes. I used pure unfiltered, unheated, wild honey every second night. Six months later I could read for 15 minutes, look at TV for an hour and discard the double, colored glasses. Honey has strengthened my eyes and removed the inflammation. I use my clean little finger with a small amount of the honey, draw out the lower lid, and place the honey in the eye. The sting subsides after a minute.

Honey contains natural sugars produced in the nectars of flowers and gathered by the bees for food - commonly known as fruit sugars: dextrose and levulose. Dextrose is an energy sugar ready for almost immediate assimilation into the blood stream, while levulose must be acted upon by the liver to be converted into dextrose and thus made available for later energy fuel. Honey contains: vitamin B-1, B-2, C, Enzymes, minerals, including sodium potassium, calcium, magnesium, iron, copper, sulphur and manganese. It is practically a predigested food.

Honey is used as a food, as a flavor, as medicine - honey and lemon for coughs, applications for burns act as a bacteriacide, sometimes relieves pain and has a mild laxative effect for some people.

Dr. Robert Bloomfield of Chelsea, England wrote to the A.M.A. Journal (Vol.224p905), "I have been using pure honey for the past few months in the accident and emergency department where I work, and I have found that, applied every two or three days under a dry dressing, it promotes the healing of ulcers and burns better than any other local applications I've used before.

It can also readily be applied to any other surface wounds, including cuts and abrasions, and I can recommend it to all doctors as a very inexpensive and valuable cleansing and healing agent."

Letters

Just a little note to let you know how much I appreciate your help. God Bless you all. Enclosed is a little gift to help the foundation keep up the good work.

Sincerely yours, J.C.

Long after you've read these words of appreciation, I will still be thinking of how very thoughtful you were. Thank you very, very much. T & R

I must congratulate you and your staff for the excellent and informative information contained in the summer issue of *Cancer Forum*, Vol. 8, No. 9/10.

I save and value all your *Cancer Forum* publications, however, the latest publication comprises many topics! M.S.

Thank you for a very interesting convention. My husband and I were able to be there for both days. We learned many new alternatives and met social and pleasing people. Mr. & Mrs. M

I herewith enclose check for \$100 - contribution to FACT. This is given in honor of Ruth Sackman with a heart full of love and thanks for the great help she has given me. Bless you for the work you are doing in the "C" field. R.S.

Enclosed find my tax-deductible contribution in the amount of \$25.00, and am happy to do so for the wonderful work you are doing. I hope to be able to go to the conference next year. S.S.

Enclosed find check in the amount of \$25.00. My husband and I attended the June Cancer Seminar in Philadelphia, our first, and we are amazed at what we heard and learned. I, myself, have lung cancer. You may be hearing from me for some information! A.C.

Book Review

Book Review by Susan Silberstein

Light, Radiation and You

By John Ott

Over a lifetime of investigations which produced more than sixty publications in the field of photobiology, John Ott has explored the biological effects of light and low-level radiation on living creatures. In *Light, Radiation and You*, he covers some of the more recent data since the publication of *Health and Light* in 1973, which we recommend also reading for a more complete background picture.

In the later book the author points out that humans are continually being exposed to potentially serious health hazards from ionizing radiation. Coming from the assumption that all substances give off differing electrical wavelengths which affect the energy field of every living cell and from the hypothesis that negative ions energize the body whereas positive ions produce fatigue or depression, Ott demonstrates the harmful influences on general health and behavior from various electromagnetic stimuli in our modern environment. His last chapter, "What the Average Person Can Do," offers helpful suggestions to aid the reader in obtaining the maximum benefit from, while avoiding the disadvantages of, technological progress.

In this very readable book replete with photos, correspondence, an extensive bibliography, and fascinating references to scientific and medical studies, Ott emphasizes the need to include lighting as a variable in all scientific research. Of particular interest to this reviewer is the second part of the book, in which the author deals primarily with cancer, concluding that light is the "missing link" in cancer research.

Citing British research linking exposure to fluorescent lighting and malignant melanoma, as well as various other studies relating numerous mutagenic and carcinogenic effects to fluorescent light, Ott also mentions several spontaneous remissions among cancer patients who changed their daily routines from artificial indoor lighting to outdoor sunlight. According to Ott, although proof of the influence of light on tumor development has been clearly demonstrated in scientifically controlled studies in various major medical centers, resistance to change in cancer research by medical review committees prevails. The most serious fallacy in orthodox medicine's approach to cancer, he laments, is its opposition to new ideas that remain unsupported in the "literature." As we move to the 21st century, let us hope for greater "enlightenment."

Book Review by Corinne Loreto

Traditional Foods Are Your Best Medicine

By Dr. Ronald F. Schmid

My book review cannot do justice to this book which covers every aspect of well-being. It comments on the different food groups, the effects of exercise, and the pros and cons of taking vitamins, minerals and supplements. It even tells the reader the purpose for all the various tests that doctors give patients. It is one of the most thorough books on achieving or maintaining good health.

In the beginning of his book, Dr. Schmid tells us that the human body has an inherent ability to heal itself. He says, to think of a cut or a broken bone. Given time, the cut heals, the bone mends.

He says arthritis develops because of years of improper eating and in order to heal arthritis, the conditions causing it must be changed. His book provides a way to participate in one's own care through nutrition. And he points out that the great experts in health have often not been physicians, but rather people possessed of a certain wisdom about the human body, a wisdom understood, lived, and taught to the next generation. Much of his book is about such wisdom.

In his book, Dr. Schmid refers to a book written by Weston Price, *Nutrition and Physical Degeneration*. Dr. Price was a dentist who during his years of practice noticed problems in the children of his patients that the parents had not experienced. Besides having more decay, in many children, the teeth did not fit properly into the dental arch and were, as a result, crowded and crooked. Various explanations seemed inadequate, so Dr. Price began suspecting changes in nutrition were responsible.

Dr. Price noticed the condition of people's teeth reflected overall health. He decided to search among primitive people for a factor which kept their teeth healthy. His discoveries may surprise you. He found no tooth decay or misshapen dental arches and crowded teeth, when the natives kept to their diet, but when they ate the white man's food, they developed tuberculosis. If they returned to their native villages and ate the native diet, they recovered.

Dr. Price's studies showed that whenever natives used large amounts of refined foods for a long period of time, decay in their teeth was rampant and tuberculosis prevalent. But, the natives who stuck to their native diet had a natural immunity to disease.

Tribes eating grains-based natural foods had well formed dental arches and resistance to infectious diseases, but their resistance to dental decay, physical development, and strength were inferior to tribes eating more animal source foods. The people strongest physically and often 100 percent resistant to dental disease were herdsmen-hunter-fisherman.

Dr. Schmid does not feel our meat is at all comparable to the quality of meat we ate decades ago. Our cattle are now treated with antibiotics, hormones, and their feed loaded with pesticides.

Milk is also not as healthful as it would be if it were not pasteurized.

His chapter on fish is interesting. He says to limit the amount of tuna you eat because the tuna fish grows so large there are higher concentrations of mercury and PCBs than in most other fish.

Some of the other interesting notes I jotted down in reading this book are: Periodontal disease in middle aged and older adults all indicate disturbances in calcium metabolism. Elimination of commercial dairy products and refined carbohydrates and inclusion in the diet of raw vegetables enhances results; arthritis is aggravated by eating citrus fruits. Caffeine and the heart: it increases blood pressure, which may drop 20 or more points within a few weeks of abstaining from coffee even if no other changes are made.

I heartily recommend this book. It will increase your knowledge of natural healing.



Resources For Items At Discount

SPROUT HOUSE will send you a free catalog with many items useful for the cancer patient available at discount prices. They have seeds for sprouting and sprouting equipment, juicers (including the Norwalk), air purifiers, distillers, biofeedback equipment, blenders, dehydrators, and many additional items. Write to Sprout House, 40 Railroad Street, Great Barrington, MA 01230 or call 1-413-528-5200.

David Herman, owner of Durastil of New York, Inc., is offering FACT members an opportunity to buy distillers and accessories at 55% off list price until the end of March. You can send for their brochure by writing to Durastil of New York, Inc., 100 Steamboat Road Store, Great Neck, N.Y. 11024 or call 1-516-829-6034.

Update

A number of years ago we listed a vitamin test developed by Dr. Herman Baker and gave you his address which at that time was the New Jersey Medical School in Newark. The test was being done by Dr. Baker. Since then it has been taken over by a laboratory. The test is now being done by Vitamin Diagnostics, Inc., Lawrence Harbor, N.J. The telephone number is : 1-201-583-7773. This test is available through doctors only as it is with all laboratory tests. Your doctor can call the laboratory for detailed instructions.

BETA CAROTENE CONTENT OF FOODS (Source USDA Handbook No. 456)

FOOD	SERVING SIZE	VITAMIN A VALUE (IU)*
Apple	1 small raw	120
Apricots	3 raw	2,890
Asparagus	1 cup	1,220
Banana	1 medium	230
Beans, Green	1/2 cup	340
Bran Cereal	1/2 cup	1,410
Broccoli	1/2 cup	1,940
Brussel Sprouts	1/2 cup	405
Cantaloupe	1 cup cubes	2,720
Carrots	1/2 cup slices	8,140
Cauliflower	1 cup	80
Collard Greens	1/c cup	7,410
Corn Kernels	1/2 cup	330
Grapefruit	1/2 medium	80
Grits (corn)	1 cup	150
Kale	1/2 cup	4,565
Orange	1 medium	400
Orange Juice	4 ounces	250
Peach	1 large	2,030
Peas, Green	1/2 cup	430
Pepper, Green	1/2 cup strips	210
Pepper, Red	1/2 cup strips	2,225
Prunes, Stewed	1/2 cup	1,065
Shredded Wheat	2 biscuits or 1 cup bite-sized	2,590
Spinach	1/2 cup	7,290
Squash, Winter	1/2 cup mashed	6,560
Sweet Potato	1 5-inch	9,230
Tangerine	1 medium	360
Tomato	1 medium	1,110
Tomato Juice	6 ounces	1,460
Turnip Greens	1/2 cup	4,570
Watermelon	1 cup diced	940
Zucchini	1/2 cup slices	270

*IU: International Units of Vitamin A activity from carotenes.

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