

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



Doris Sokosh

Foundation for Alternative Cancer Therapies

Foundation for Alternative Cancer Therapies, Ltd. is a non-profit, tax-deductible organization. It supports and encourages biological cancer research, nutritional science investigations; disseminates information about non-toxic treatment for cancer to cancer victims; provides financial assistance; and fights to eliminate carcinogenic substances from the environment.

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IN MEMORIAM

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In lieu of flowers, send a tax deductible contribution to F.A.C.T. as a memorial to the deceased. This may give life to a cancer victim. Acknowledgements will be sent to the families of the deceased and to the donors.

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

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

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Ruth Sackman

From The President

By Ruth Sackman

At my suggestion, the Philadelphia Chapter of FACT arranged a meeting with Congressman Robert Borski of Pennsylvania, a member of the Select Committee on Aging, often referred to as the Pepper Committee. The purpose of the meeting was to discuss our opposition to the so-called "Quackery Bills."

A FACT delegation consisting of a physician, the president of the Philadelphia FACT Chapter Dr. Susan Silberstein, and two of the Philadelphia Board members, a representative of the Older Women's League (OWL), constituents of the congressman, and two members of the National Board of FACT (including myself), met with Congressman Borski. The bills discussed were HR 6049, HR 6050 and HR 6051 which were introduced in the 98th Congress which expired in January.

Our opposition to these bills stems from the fact that we are suspicious that they are aimed at destroying the new health movement since legislation already exists empowering federal agencies to seek out and penalize quackery. Following is a summary of the bills and the reasons for our opposition and suspicions.

HR 6049 – This bill authorizes the creation within the National Library of Medicine of a clearing house for consumer health education and information.

FACT – We question: who will be authorized to prepare the information describing the medical facts? Will it be a group biased against alternative healing methods or will it include practitioners experienced

with alternative health systems? The improper evaluation and categorization of new health techniques may label them improperly and make them illegal. This bill alone, if deliberately designed to discredit the health movement, can destroy its growth and effectiveness.

HR 6050 – This bill increases the penalty from \$1000 to \$5000 for "those who willfully sell or offer for sale drugs, devices or medical treatment knowing that it is unsafe or ineffective or unproven for safety or efficacy." Its supposed intent is to penalize deliberate fraud.

FACT – We too support any system that penalizes deliberate fraud, but we do not think raising the penalty from \$1000 to \$5000 will deter the deliberately fraudulent practitioner from his nefarious activity. The language "unsafe or ineffective or unproven for safety or efficacy" may be applied improperly to holistic health practitioners while ignoring the fact that nearly every FDA-approved drug in the Physician's Desk Reference (PDR) has a risk factor. And Sidney Wolfe, M.D., of Ralph Nader's organization claims that a large number of the drugs are ineffective as well as unsafe. Aren't we correct in assuming that the "health movement" is the target of this bill.

HR 6051 – This bill is designed to establish a strike force on "health and quackery and to coordinate the efforts of federal agencies to curb the sale and promotion of fraudulent health remedies."

FACT – Who will be named to administer this strike force? Will it include holistic health practitioners, nutritionists, etc., or will it be a lynching party? A strike force made up of people inexperienced and unfamiliar with the new alternatives or hostile to them, we are suspicious, would attack unconventional practitioners and therapies.

At the present time, these bills have died in committee because they were not voted upon during the 98th Congress. It was Congressman Borski's considered opinion that they would be reintroduced to the 99th Congress which is now in session. He has agreed to keep FACT informed if and when they are presented to the new Congress. May we suggest that you watch for information about the bills. FACT will publish an update as soon as it is available.

FLASH! As we went to press, we learned that Congressman Claude Pepper does not intend to reintroduce HR 6049, HR 6050, or HR 6051 to the 99th Congress.



"Photo taken by an Irish lass the way she saw me in her homeland."

Duck Book Health – or, Who Are The Quacks?

By Russell J. Down, M.D.

Can you take me seriously? Who am I?

I'm a 50-year-old American medical school graduate, establishment-trained, confirmed generalist, now pursuing the present-day shift in concepts of health care in anticipation of 21st century medicine. I don't practice vegetarianism or any other "ism," and my health suggestions do not spring from any brand of fanaticism, but I'm curious by nature and intrigued by new alternatives to main-stream – probably out-moded – assumptions. As a scientist I offer suggestions only if scientific evidence confirms or at least strongly suggests effectiveness or a sound rationale, and most of these recommendations are "heads you win – tails you don't lose" propositions.

My conviction that a radical departure from established medical patterns is now required stands upon many facts such as the following:

1. The U.S.A. was first in health among the 93 civilized nations in 1900, second in 1920, and 27th in 1978.
2. Once past infant and child mortality, a 15-year old in 1900 had a longer life expectancy than a 15-year-old American has today.
3. Thirty million U.S. women are regular users of potent tranquilizers and antidepressants.
4. One of every 13 women in the U.S. contracts breast cancer, and the survival rates are unimproved since 1930.
5. The cost of medical care in the U.S. now equals 10% of the GNP.
6. By 1985 an average day's stay in a U.S. hospital will cost \$400.

But what else is there? One good insight into current alternatives is the item from a newsletter of an institute directed by my friend "Patch" Adams, M.D., which reads as follows:

Hard Health Path

Medical model
Focus on care
Physician-oriented
Hospital based
Medical school
preeminent
Obsessed with
technology
Intolerant of alternative
healing methods
Seeks to conquer death
Concerned more with
quantity of life
Ignores the community

Deals with the
individual
Blames the victim (and
excuses society)
Works with passive
patients
Encourages dependence
Environmentally
oblivious

Soft Health Path

Health ecosystem model
Focus on prevention
Health-aide-oriented
Local health center based
Community health
faculty preeminent
Suspicious of technology

Supportive of effective
alternative healing
methods
Seeks to accept death
when inevitable
Concerned more with
quality of life
Uses community
development
approaches
Deals with the
community
Protects the victim (and
looks to the social
environment)
Works with involved
clients
Promotes self-care
Environmentally
sensitive

Some subjects, such as cancer, are so broad that several articles, each presenting one or more aspect(s), are anticipated. I'll now give a cancer overview, so that we can get down to the nitty-gritty beginning next time. Without a grasp of this overview, you'll not likely have enough belief in what I'll later advise for you to generate the amount and direction of effort required.

The human organism has learned to cope more or less with standard environmental hazards by slow hard adaptation over the ages. Now, over 1,000 new chemical compounds which didn't previously exist are being marketed every year! Eighty percent of all cancer is thought to now be environmentally induced. New chemicals may have already done more damage to the human gene pool than nuclear energy ever will. They are created mostly by multinational corporations which use Madison Avenue techniques to persuade us that our participation in this mass experi-

ment is safe and wise. Tobacco is one of over 300 chemicals involved in the manufacture of cigarettes and the processed (dead) food industry operates on the same principles of production, distribution and marketing not for people but for profit.

Present emphasis of western medicine upon chemical treatment of disease rather than upon promotion of health and disease prevention is a multinational corporate conspiracy which began in earnest when Carnegie and Rockefeller caused the Flexner Report to come into being in 1910. This bias has been heightened over the decades as international cartels have divvied up markets for drugs to treat the world of cancer for which their products and pollutants are largely responsible. Our government programs for cancer therapy operate within trilateralist reality, and a marked decrease in effectiveness results from this misplacement of priorities. One must understand this in order to have sufficient courage to go beyond the recommendations of the present medical establishment and thereby improve one's chances to avoid, arrest, or reverse cancer. Two specific examples of what is going on come to mind.

One is the story of orphan drugs and its logical extension. There are many diseases which afflict too small a number of people to make up a profitable enough market to pay for the development of compounds having potential value in their treatment.

There are other compounds which might help great numbers of people if brought thru the expensive final testing phase and approved by the F.D.A., but which are not patentable. Industry, of course, develops the ones with profit potential and ignores these "orphans." My point is that dietary/nutritional treatment of cancer is just such an orphan! Otherwise, I suspect there would be very few people contracting cancer or dying from it. Those members of the Foundation for Alternative Cancer Therapy (F.A.C.T.) who use nutritional approaches are now talking of useful transitional diets, so that cancer patients can avoid the toxicity observed when even purer more customized diets make people sick from a *too rapid* resorption of their cancerous tissues.

Research which follows clues leading from their experiences could begin and be of great value to those with cancer, but to the multibillion dollar cancer chemotherapy industry it would be a disaster without compensation! Is it any wonder, then, that people involved in such drugless approaches are at worst harassed and branded quacks, and at best ignored by the government and by medical establishment organizations?

Another story is that of the development and em-

ployment of chemotherapeutic chemicals. These are the cousins of the German WW I poison gas nitrogen mustard and their many successors. They have in common that they are cytotoxic — poisonous to all cells normal or cancerous — to the point that their general use is restricted to only those people who have cancers which are expected to kill them regardless of treatment. They also have it in common that *none of them improve the patient's chances for a full and permanent cure*. They may improve one year survival, but they only prolong, not cure, the disease. The tens of billions of dollars spent to bring them to the present state of the art has resulted in an improved ratio between toxicity to cancers vs. toxicity to the patients, and thus in longer remissions for the people who take them. Yet, their *only value is that they buy time*.

In an age when we all have a legal right to informed consent, I've found few patients on chemotherapy who have been made aware of that fact. Getting these chemicals, many of which themselves cause cancer, makes people so sick that few would tolerate them and continue to accept them if not baited with an assumed promise of cure.

Sums spent to develop these agents have been too vast for industry, so billions of your tax dollars have been spent thru N.I.H. and other government agency programs for their development (of course, private industry gets all the profit from their sales), and many laboratories engaged in their continued development have Uncle Sam as their only customer. Government protocols call the shots(!), because the combinations of dosages, agents, and intervals are almost endless, and this collides with a reality of mathematics known as the factorial. For example, the factorial of six (6!), which is the number of ways a mere six things can interact, is $6 \times 5 \times 4 \times 3 \times 2 \times 1 = 720$. Thus, when a patient's cancer is found to be beyond likelihood of cure by surgery or x-ray, and chemotherapy is begun, it is not given on an individualized basis determined by studies which monitor the cancer, because that would make the compilation of useful statistics impossible. Therefore, it is given by private oncologist (tumor specialist) according to government protocol, usually monthly, with blood work done each time only to determine that the patient is likely to survive that scheduled dose. From the standpoint of individual patients, the sickness from, and toxicity of, the treatment and the resultant devitalization and additional damage to natural immune mechanisms is quite arbitrary! And if statistics now being generated result in slight further improvement of these agents, so what? Enough time can be bought by present state

of the art uses of these agents, if only that energy were spent instead on determining how best to use this time.

The saddest part is, that the emotional makeup needed for a patient to follow his or her conservative, formula-accepting, establishment, authority-figure doctor down the chemotherapy path, which buys time, is an emotional makeup which proves to be an insurmountable barrier between the patient and non-establishment, alternative cancer therapies, with the result that the time is bought to no avail. Patients are also deterred from alternatives by such effects of chemotherapy as inroads upon free time for exploration and by devitalizing effects which make getting out of the house or office a real struggle. Also, nothing makes conservatives of most people faster than those three little words, "You've got cancer," and the strong act of will required to antidote this effect is all too seldom encouraged by the medical establishment, friends, or family, few of whom can afford the time to deal with other people's heroic quests. This is all the more unfortunate because great life changes, be they dietary, attitudinal, occupational, geographic, etc., seem to be a common feature in the more and more numerous success stories which establishment medicine labels, "spontaneous remissions."

Change is important (1) because in most cases it was something within that life space which caused the cancer, (2) in order to recruit new allies against it, and (3) because human beings are more differentiated and more adaptive to change than are cancers. I knew a British professor who, at one time, had a lifelong unsatisfied fascination with the Middle East and a fresh chest scar to show where doctors had closed him up after finding the worst kind of lung cancer in an advanced stage. He chose to spend his final six months in Beirut, Lebanon, where I met him twenty years later. Another such "spontaneous cure" of which I'm aware involved a man with a similar prognosis and a hobby of boxing, who against medical advice would exercise to exhaustion punching a large heavy punching bag while imaging it as a giant cancer cell. These two stories taken together remind me of Robert White, who changed his major profession and his life in general to make war against those foes of his lifestyle, values, and beliefs without whom he probably wouldn't have had cancer in the first place! This no doubt *activated his natural anti-cancer defense systems*.

General advice to pursue, in addition to looking for opportunities for constructive change in general, includes the following:

1. Eat less and less cooked food, fried food, and meat.
2. Eat more and more raw, whole, unprocessed food (the kind that rots if not eaten fresh).
3. Drink the purest water you can reasonably afford, preferably distilled.
4. Begin reducing the number of plastic and aluminum items and other new molecules from your life spaces, most especially the kitchen.
5. Spend a larger proportion of time in direct sunlight relative to time spent in sunlight through glass or under artificial light (most especially that from TV sets and fluorescent lights).
6. Avoid anger and resentment.
7. Go out of your way to be entertained and amused.
8. Question every commercial you hear or see.

What can you expect from me next? I'm a scientist, not a priest or politician, and so I'll give you the facts, but my health advice is not the last word. Cancer, as reality or threat, is a formidable adversary, health an evasive goal, and to deal optimally with either one requires both fact and faith. When accused of healing, a famous French physician said, "No! I treat them; God heals them." I might add that God is in each of you. That's your department.

Dr. Down is providing telephone consultations at a nominal fee. He can be reached in Florida at 305-452-3953.

Counseling and Psychotherapy: A Recently Recognized Alternative Cancer Therapy

By Charles Weinstock, M.D.

Various lines of evidence converge on three central facts concerning the relationship of emotional life to the immune defenses fighting cancer. These facts were not scientifically demonstrated until about 20 years ago and are generally unknown to the medical profession, and where known, ignored because of a hidden assumption.

• First, every "normal" human body produces many cancer cells daily, and the immune defenses detect and destroy approximately the same number, as demonstrated by Burnet in *Immunological Surveillance* (1970). Thus there is normally no persistent and progressive accumulation of cancer cells, which we label "cancer" when it is detectable.

• Second, as implied above, the immune defenses are extremely powerful. It is only under very special circumstances that these defenses break down. Such conditions include prolonged exposure to carcinogens, such as asbestos or powerful radiation, and very advanced age. but the great majority of such instances of weakening of immune defenses is due to personal tragedy (or other prolonged severe stress) — with resultant feeling as if life is not worth living (depression).

• Third, the more hopeful, alert, active, and flexible the state of mind is, on the other hand, the more the immune defenses are supported and strengthened, in contrast to the process described just above. This is so for higher animals as well as for humans.

A very important example of this strengthening is "spontaneous" regression of cancer. In actuality, this phenomenon is not rare.

The Psychosomatic Cancer Study Group (New York, NY) has had 22 members, and a careful look back at our personal and professional experiences reveals 18 different such regressions, 15 of which were long-enduring and presumably permanent. (By definition, "spontaneous" regressions are those which could not possibly have been brought about by recognized medical treatment — often not available at all.) More important, we discovered that shrinkage of the cancer in all these 18 cases became noticeable within one day to eight weeks after major favorable change in the person's life. In all cases elsewhere reported (wherein there is reasonable knowledge of the person's life around that time) the same sequence is always found.

These major favorable changes range from religious conversion (with personality transformation) to reconciliation with a long-hated mother, and include other experiences such as being faced with death for the first time and feeling differently about life, and a woman's first love and marriage (not knowing she had cancer) at age 40. Also, when used with people much more severely depressed, electroshock therapy and insulin coma have led to prompt and usually prolonged shrinkage eight of the recorded eight times wherein the depression was markedly relieved. (Although the American Cancer Society has no sys-

tem for reporting and keeping statistics on "spontaneous" regressions, they have nevertheless received over 1500 reports of this phenomenon quite spontaneously from physicians in the last 20 years. Since all 18 of our patients are known *not* to have been reported, it is natural to assume that the true frequency of this phenomenon is many times greater than the medical profession realizes.

Great advances have been made in both scientific understanding of the psychological elements *usually* present in cancer and methods of counseling and psychotherapy to struggle against the emotional difficulties, such as depression, which are generally so central in having lowered a person's immune defenses. The medical profession is almost totally unaware of the above, largely because great advances in medical treatment of cancer came earlier. And the medical profession thus became oriented to the cancer problem as if it were one of body alone — as if the mind were disconnected from the brain (or, perhaps, as if the brain did not control the immune defenses).

A worldwide survey of psychotherapists (including many medically trained psychiatrists) reveals a success rate (in collaboration with patients who generally consult them spontaneously and work extensively on relevant problems) of 25% — most of which are permanent. Understanding and techniques are rapidly improving, and some therapists are now successful more often than not. Success as referred to above is defined as major favorable change in experience of living *accompanied by* shrinkage — and generally permanent disappearance — of "incurable" cancer.

All this is detailed in a form comprehensible to the layman, with many excellent examples of individual life histories before, during, and after recovery from "incurable" cancer in two excellent books (which also have excellent bibliographies). They are *Getting Well Again* by O. Simonton et al., J. P. Tarcher, Los Angeles, 1978; and *You Can Fight For Your Life* by Lawrence LeShan, Ph.D., M. Evans & Co., New York, paperback, 1980.

Charles Weinstock, M.D. was Assistant Professor of Psychiatry at Albert Einstein College of Medicine, and Psychiatric Consultant to the Brooklyn Psychosocial Rehabilitation Institute. He is now in private practice in Manhattan and can be reached at 212-879-4020.



How I Recovered

By Doris Sokosh

My story begins in March of 1971 when I began to feel tired, depressed and irritable. My normally healthy appetite grew poor. Since my life was very busy, I thought my symptoms might just be fatigue or a delayed reaction to an automobile accident I had been in two years earlier (1969).

Although my age was only 37, irregularities in my menstrual cycle made me wonder if I was beginning change of life. I had bleeding and an unpleasant smelly discharge both during and between periods.

When I told my friends about the way I was feeling, they urged me to get to a doctor, but I was too nervous and afraid of what might be found and so kept putting off calling for an appointment.

Then one day in October, 1971, I discovered a lump in my right breast. Both my husband and my chiropractor told me it was important to see a medical doctor right away.

Although it scared me terribly to think what he might find, I made an appointment. The doctor examined me and said that my breast appeared to be badly bruised. However, the look on his face convinced me that there was much he was holding back. He called my husband into his office and suggested that we find a surgeon and have a consultation immediately. He tried not to alarm us by saying that perhaps nothing was seriously wrong, but it was important to follow through with an additional examination.

A good friend of ours who was a nurse in the hospital recovery room, recommended a surgeon that she knew to be very skillful and kind. When I went to see him, I really appreciated his gentle treatment. He said that my condition could be dangerous — a biopsy should be taken to see if the lump was benign or malignant. As most people know, the procedure, if malignancy is found, is to perform a mastectomy or breast removal. I put this thought out of my mind.

Because it took ten days before I was admitted to the hospital, I tried to fool myself into thinking that things couldn't be too bad or the doctor would have rushed me in sooner. But the day came (November 1, 1971) and I settled into my hospital room. It was my first time there as a patient and the prospect of surgery was terrifying. As I walked down the hallways with my husband the evening before the operation, we talked about my fears. He lovingly assured

me that whatever happened he would love me — I would always be his wife whether I had to lose a breast or not.

His loyal, positive attitude helped me tremendously. And so too, the next morning, did my favorite scripture as I got out my Bible and read these words from Isaiah 41:13, "For I, your God, am grasping your right hand, the one saying to you, do not be afraid, I myself will help you."

Of course, I was unaware of what happened during surgery, but later learned that the biopsy confirmed the doctor's worst fears and so he performed a radical mastectomy.

When I regained consciousness, my friend, the nurse in the recovery room, was by my side. She was a real comfort to me. By evening I grew more aware of my surroundings and found myself back in my hospital room and realized my husband was there with me. I heard his voice telling me, "Don't worry, it's all over."

The next morning my doctor came in to see me. He told me he was very sorry that the mastectomy had been necessary. When I asked if he felt he had gotten all the cancer he said, "I'm not God — but I did my best." Though it would have been nice to have heard him say he was sure everything was alright, I respected him for being honest with me.

I had entered the hospital on Monday, and had expected to go home the following Sunday. However, a few days later, as I walked down the hall with a nurse at my side, my doctor stopped me. He took me aside and told me the shocking news that another operation was needed — a complete hysterectomy. He felt it necessary because of fears that the cancer might spread to my reproductive organs.

At first I was too taken aback to say anything, but when I was able to speak I told him that my husband would have to be consulted. When I got back to my bed I wept and wondered, "What else are they going to do to me?"

When I talked to John, my husband, he assured me that the doctor knew what was best, and encouraged me to trust his judgment. After that operation, my husband's support was even more appreciated. He visited every day without fail. He ate his meals with me and walked me up and down the corridors to be sure I got my exercise.

I had a frightening episode one day. As I was walking, I experienced heavy vaginal bleeding. The nurses rushed me back to bed where I had to stay for three days of strict rest.

Before I was released from the hospital, the doctor removed my stitches, causing pain and bleeding.

He bandaged me quickly, shook his head and said, "You need a lot of rest." Finally, after twelve days in the hospital I was able to go home, but I was very weak and in a lot of pain from both operations.

Once I was home my condition got worse, not better. The area of the mastectomy continued to drain and bleed. Though I visited the doctor once a week, there was nothing he could do to stop this unpleasant situation.

After several months, on June 14, 1972, I was readmitted to the hospital for a skin graft to cover the affected area. Skin was taken from my right upper thigh and grafted to my chest. The pain was so intense it felt like a knife was cutting into me. I was given medication to relieve the soreness in both my thigh and chest. After fifteen days I went home, but paid frequent visits to the doctor's office as before.

Despite the application of ointments to promote healing, the graft did not take. So, on July 26, 1972, I went back to the hospital for another graft, similar to the first. Skin was again taken from my thigh and grafted to my chest. I felt very depressed and wondered when all this pain would end — but I never gave up.

During this difficult period, my husband's devoted care kept me going. He would use a syringe to irrigate the graft area, and tried to cheer me up, but despite constant efforts to keep the area clean, it kept draining a thick yellow substance with a very disagreeable odor. This second graft did not take, either.

During this time I was given strong medications (like Darvon) to help me bear the discomfort I felt. Because my doctor wanted so much for the next treatment to work, he suggested a skin specialist. On October 8, 1972, once again I was put back in the hospital for the third graft, this time done by the specialist. Again skin was taken from my thigh, and I had to be in the hospital for fifteen days. From my medical records, I later learned that during this time I received radiation therapy, though I don't remember it myself.

After I returned home I saw the specialist twice a week. Though I felt very discouraged, my feeling of hope never gave out. My religion was a great comfort to me, and our Bible study meetings gave me the strength I badly needed.

The pain and weakness were so extreme that I fainted several times. During some of my office visits, the doctor tried to cauterize the unhealed areas on my chest and thigh, but to no avail. I continued on strong pain prescriptions.

When, at their worst, my thigh and chest looked like raw meat, I was admitted for my fourth graft.

I went in April, 1973 and this time stayed for eighteen days. I was put on a water mattress in attempts to keep me comfortable and to prevent my moving too much, to avoid re-opening the wounds.

There were tiny holes in the bandage on my chest so that a solution could be dripped through to help keep the area clean and moist. It was painful, and despite these measures it continued to drain. I needed strong pills for pain and pills to help me sleep and calm my nerves. I had lost a lot of weight, but still I was determined to get through.

It was necessary to be very careful about how I moved — but despite all my efforts this graft, too, never healed properly. The doctor said that it did take, but that the skin was very thin and delicate. I asked him if I could go for a fitting for a bra with a prosthesis, but was told I was not ready for that.

Though I was still optimistic and felt things would soon get better, in actuality I was going downhill and getting worse. This became evident when I felt a small lump in my neck and started to feel pain and several lumps in my right abdomen. Because of these symptoms, the doctor decided to put me back in the hospital for a Gastro-Intestinal series in December, 1973. The tests I went through were more difficult for me than all the previous operations, and made me feel terribly weak. My weight had dropped from a normal 135 pounds to 108 pounds. I went home after fifteen days with the assurance that everything would be alright, but the doctor told my husband privately that the tests showed that there was nothing more they could do to help me. From this point on I continued to slip — it was only the medications that were getting me through.

I had to think of others beside myself as family problems developed. At this time, my mother-in-law became very ill following a heart attack, and after being hospitalized for a short time she needed care at home. My husband and I urged her to stay with us, and this she did until her death a few weeks later in September. It was very hard caring for her, since I was so sick and weak myself, but I loved her and was happy to do all I could.

Since her death left my father-in-law alone, John and I moved into his home with him to help care for his needs. We were thankful to friends who assisted with packing and moving.

My condition continued to worsen. Even strong medications did not ease the discomfort I felt — my legs and back ached terribly. When I went to my chiropractor for adjustment, he was barely able to touch me because of my pain. Other alarming symptoms developed. I was only able to move my bowels

with the aid of suppositories and it was even difficult to urinate. The abdominal pain was only eased by holding a pillow firmly against myself. The only thing strong about me then was my faith, and I prayed often, as the Bible urges at Psalm 55:22, "Throw your burden upon your God himself, and he himself will sustain you."

It was really impossible for me to care for myself and a household any longer, so in September, 1975 I moved into my mother's home so she could help me. My husband stayed with his father, but as I worsened, he would come after work each day to spend evenings with me.

Both my husband and my mother felt helpless and distraught as they saw me slip more and more each day. When my mother called my medical doctor to see if he could make a housecall he said, "All I can do is give her stronger pain pills to make her comfortable." He also suggested we call the surgeon, but said there wasn't much more that anyone could do.

By now I could not get up or walk on my own. My weight had dropped to 80 pounds or less. I slept most of the time — probably due to my medication and pain — and no longer recognized friends or relatives when they came to see me. Knowing how sick I was, the woman I had previously worked for for fifteen years came to see me at my request (although I don't remember her visit at all). She was very distressed at my condition and was sure I would die that very night.

My family began to think about funeral arrangements. My sister told my mother to prepare for the worst, that there was no more hope for me. From the end of October, 1975 on, I was unaware of anything — so my husband, John, will take over my story at this point.

* * * *

It was not easy to see my wife in such constant pain and so close to death. All of our friends were terribly concerned, and one day one of them told me that she had heard of a young woman in similar circumstances who had been helped when she went to Germany for treatments.

When I asked what had been done for her, she explained that it was mainly a diet of raw juices and fresh fruits and vegetables. It seemed inconceivable that a diet program could help my wife, but still I reasoned, "What could we lose by trying?"

We were referred to an organization in New York City called Foundation for Alternative Cancer Therapies (F.A.C.T.). When I telephoned, I spoke to a Mrs. Ruth Sackman there. She suggested tak-

ing my wife to a clinic for treatment, but I explained how desperate Doris' condition was, and that moving her was impossible. Her response was a firm, "Then we will do our best, if you are willing to cooperate *fully*."

I said, "I am so afraid of losing her that I will help any way I can. Let's start right away — I just hope it's not too late!"

Mrs. Sackman sent us folders with information about the Alternative Cancer Therapy methods of treatment, but in the few days before the material arrived we began a few measures of our own.

A friend who knew a great deal about balance in vitamins started Doris on what she felt would be safe amounts, and we also gave her freshly extracted carrot juice.

Because Doris was unable to eat at all at this time, it was difficult to feed her even juice, but we used a straw and urged her to take a little at a time. She could get the vitamins down if they were crushed.

She also drank, alternately with the carrot juice, a nutritional drink mixed in a blender, of yogurt, ripe banana, diluted frozen pineapple juice, digestive aids, bonemeal and kelp powders, brewer's yeast, A & D capsules and small amounts of honey and vanilla to taste.

When the folders came, we read them eagerly, then called Mrs. Sackman to discuss the best way to proceed. She recommended that we buy the Dr. Walker book on raw juices and some books on raw vegetable salads.

We began the program in earnest in November, 1975, gradually at first, as Doris was unable to tolerate much solid food. But, eventually she progressed to a super-nutritious diet of freshly extracted fruit and vegetable juices, raw vegetable salads grated very fine, unsweetened concord grape juice, vitamins, herbs and enzymes.

With the help of loving friends, who volunteered to come two at a time around the clock seven days a week for at least three months, she very slowly began to improve. To see her progress inch by inch, from her lowest point, along the road to recovery was very exciting.

However, at first she was in such pain, so weak, and still so disoriented, that her friends had to help her in many ways. She needed a bedpan for a while, then later had to be nearly carried to bathroom. She had to be constantly turned and adjusted in her bed, her hair had to be washed in her bed, and she had to be hand-fed. Constant encouragement and large doses of love were the order of each day. We were truly blessed that her mother, her sister, and her

friends were so generous with their efforts.

We were surprised at first, but later grew to expect, that reactions took place that made it seem that she was getting worse, not better. Frightening things like increase in pain all through her body, skin rashes, muscle spasms, headaches, back pain, elevated blood pressure, fever, disagreeable body odor, dark stools, hemorrhoids, flatulence, cramps, poor circulation and dizziness. But we were assured that these reactions are all a normal part of detoxification, as the body cleanses itself from years of disease, chemicals, and medications.

We had to keep reminding ourselves not to be alarmed, rather to expect these things to happen, and to see them as proof of success, not failure. Healing was taking place, though it was a very slow process. It was such a delight to see the gradual signs of improvement.

In the beginning of December, 1975 Doris began to smile again, to enjoy the foods and beverages she took, and to regain her strength. She became aware of her surroundings, her family and her friends once again. And so, because she remembers her recovery from this point on, I will let Doris resume her story.

* * * *

Yes, it is true that I began to feel alive again. I could appreciate the value of my treatment and I knew that it was vital to cooperate fully. I wanted to live!

As John has said, it was early in December of 1975 that I began to smile — no doubt because I began to feel that I *would* get well again. The detoxification was *not easy*, but I learned that it was all part of the healing period. At one stage my neck, injured in the car accident I mentioned previously, became so painful that I had to wear a neck brace again. The arm on the side of my mastectomy went into muscle spasms at times, and I would actually need help to hold it down. At night, it was often hard to sleep and to breathe normally. It sounds odd, but my teeth felt as fragile as glass.

But, despite all this I was growing stronger, and did not need as much help from my friends. They cut down to one person at a time during the days, and my mother lovingly cared for me during the nights. My husband's enthusiasm kept me from being pulled down by the reactions I was experiencing. He told me that they would lessen and gradually ease away. That hope kept me going.

Another feature of my treatment was taking cleansing enemas, needed to flush out the toxins as they were released from the system. Since I was too weak

to give them to myself, my mother administered them faithfully twice each day or as often as needed.

About this time a friend who had been through the same therapy three years before came to visit me. She looked wonderful and told me how well she felt. I asked her, "Will I ever feel that healthy?" She assured me that I would indeed, as did all those caring for me. Their faith in me and in the program made me work hard to make progress.

By the way, about two and one-half years later I saw this friend at a religious convention. When I went up to speak to her she couldn't believe her eyes. "Doris — you are alive!", she said. She reminded me of how desperately ill I had been and told me how thrilled she was that I, too, had recovered.

Many cancer patients find that they are deluged with conflicting suggestions about treatment. They try to doctor themselves, or listen to well-meaning friends who give advice. This is dangerous! Cancer is a life or death illness and there is no time to delay in getting started on the proper treatment.

In my case, I feel that the help of F.A.C.T., information in the Dr. Walker book, the devotion and support of loved ones and my strong faith in God were the most important factors in my recovery. A determination to live and finding a reason for joy in each day are also invaluable. Proverbs 17:22 says, "A heart that is joyful does good as a curer."

I believe that life is a precious gift from our Creator, and it is our own responsibility to care for our bodies with the best possible diet, remembering to be moderate in habits.

We remained in close, constant contact with F.A.C.T, knowing that my continued cooperation was essential. John kept Mrs. Sackman up to date on my reactions and she advised us as we went along. And, so, with time, my diet grew to include more solid foods. The grated fresh raw vegetables and fresh fruit combinations were a pleasure to eat. (Proverbs 15:17).

It was exciting to actually see my body respond. The scars on my thigh and chest began to heal. Hair even began to grow again under my right arm which it hadn't done since my mastectomy. Though I still had occasional reactions, they grew less frequent. When I did experience stomach pains or nervous upsets (the latter I suspect being due to withdrawal from the many medications I had taken), herb teas and gentle rub-downs with warm castor oil were of great comfort. Everyone was careful to keep any bad news from me to prevent stress. It tells us at Proverbs 14:30, "A calm heart is the life of the fleshly organism."

Two friends who were nurses came often and recorded my temperature, pulse, respiration, blood pressure and general condition so we had a good record of my improvement.

I was overjoyed to discover one day that the lump in my neck was gone, and soon the lumps in my abdomen began to disappear. I had advanced from the stage where I had to use a bedpan to where I was now able to get to the bathroom with someone to lean on. John gave me more and more help as he saw me improve; at my worst he had been nervous about handling me.

In February, 1976 my chiropractor came to visit me. What a nice surprise! When he had heard how well I was coming along, he decided to come see for himself. He was amazed at my condition and pleased to see me looking so well. It had been five months since he had seen me last, and he confessed that at the time he hadn't expected me to live much longer.

Although I still needed help during the daytime, I tried gradually to get on my feet by myself — especially in the mornings after a good night's rest. It felt wonderful to be up, but by around 10 a.m. I would have to lie down again. When I got tired I would begin to cry — probably from weakness — and that was my cue to rest. But, by taking it a little at a time, my strength continued to grow.

It was a joy to feel so well, and not to be dependent on any medications at all. When I started the F.A.C.T. program I gradually eliminated my pills over a two-month period which wasn't easy as I had become so addicted to them. I have been drug-free ever since, not even taking an aspirin for all these years. Whatever aches and pains I have are treated naturally with herb teas, massage, rest and enemas.

It had been a long hard winter for me, so when we had a lovely clear, warm day in February 1976, I asked my mother if she would help me get dressed so I could go out in the back yard. I had not been out of the house since October 1975. After I was dressed and stood outside at last, I looked up and thanked God with all my heart that I was still alive. I had thought I would never see the beautiful sky again. After about five minutes I felt a little weak so I went back inside — it seemed as if I'd been on a long, long trip. From then on, when the sun was shining, my friends would take me out for short walks. I would come back tired but very happy.

My husband was so proud. One day he asked "How about going on a date? Let's take a little drive in the car." Although the idea frightened me, I didn't want to let him down so I agreed. We didn't go too far, but as we drove along I felt as if I were floating

on water. I was really light-headed. It was a wonderful feeling to feel alive again and appreciate all that one has.

Now I saw myself improve in even more ways. I was gaining weight and was able to graduate from sponge baths to a regular tub bath. Since things were coming along so well, I began to yearn to go back home to be with my husband. But it was a conflict — here at my mother's I was cared for and pampered — if I went home, would it be too much for me?

In the middle of March, 1976 John called Mrs. Sackman, as he always did when he had a question, to ask if she thought I was ready for the move. She asked if she could talk to me, so for the first time I spoke to this wonderful woman who, through her knowledge, patience, and endless encouragement, had done so much to help save my life.

She made me promise that if I went home I would be extremely careful not to overextend myself. I knew that my loyal friends planned to continue to help me, so I decided to go home.

My mother was not happy to see me leave; in part because she lived alone and had gotten used to having me with her, but mainly because she was afraid I might regress without her care. She had been so loving and worked so hard to help me in every way that I knew I could never repay her.

But I did return home and my husband was delighted. Here it was March, 1976, and when I had left in September, 1975, he had thought he would never see me back again! John would wake me up each morning and say, "Are you okay?" He just couldn't believe how well I was.

I had to be especially alert to my body's responses from this point on as I was taking on more and more responsibility for my own care. My friends were concerned, but when they saw me continue to improve, they were relieved. They continued that year to check up on me, help me, and encourage me not to break my diet program. It took at least 18 months to two years to regain complete strength and be on my own.

I realized that I had to stick closely to my natural diet and avoid undue stress. I couldn't cheat and stay well. In my case, as mentioned previously, two clear-water enemas a day were needed to keep my body cleansed as it continued to detoxify.

Besides the enemas, I also went for colonics beginning in September, 1976 about a year into my recovery, when I was feeling stronger. It is important to cleanse the body in this way, but only under proper supervision in the care of a licensed and skillful person. The procedure is not painful and does not interfere with normal bowel function. In fact, it

encourages regular elimination. I continued colonics about once a week for a year, reduced them gradually, and now go once in a while as necessary. I still take the morning and evening enemas.

Even after I felt strong and well again, problems sometimes arose. Probably because of too much stress, or fatigue, or failure to follow the diet zealously, at times the body weakens again. This has showed itself in my case in various ways. I have had vaginal bleeding, lumps under my arms, poor vision, upset nerves, and jaw alignment difficulties. Specifically, three to four years ago, I had a very frightening episode. I experienced a very pink discharge which turned dark red for a day or so. I immediately got in touch with Mrs. Sackman who recommended enemas and rest. I passed large blood clots, but quickly recovered after several days of complete rest.

Recovery is an ongoing process. I can never say, "I am cured," and return to my old way of life and poor eating habits. To feel well, I must be conscious of caring for myself every day. My husband and I feel that it is certainly worth the effort. Life is a treasure and it would be the height of foolishness to neglect it.

About two years ago, in 1982, I had the privilege of telling my story to a group of people in my home town who were interested in the natural approach to cancer treatment. The talk was advertised in the health food stores in the area and in the local newspaper. When my surgeon saw the newspaper notice, he called me on the telephone. I'm sure he had been astounded to see that I was still alive. He asked all about what I had done to get well, told me how happy he was for me, and said, "Keep up the good work." Because doctors sometimes deny it, I asked him if I, in fact, had had terminal cancer. His reply was, "Yes."

Since then, I have received a thorough medical checkup, including blood tests, and have been told that everything is under control.

One of the nicest things about my experience is that I've been able to help other cancer patients. People who have heard of my case have called from all over the country for advice and encouragement.

I always try to make it clear that each case is different. There are various types of diets and treatments that are appropriate for different individuals. Each patient needs and deserves a program tailor-made for him or her.

I do feel strongly that there is a way to help everyone. But, once that help is extended, it is crucial to stick to it faithfully. Cheating or bending the rules can mean losing the fight for life.

A super nutritious diet rebuilds all the body cells, including the immune system, making it possible for a person to resist and fight off disease, thus getting at the cause of the trouble. As Albert Schweitzer, M.D. once said, "Each patient carries his own doctor inside him. We are at our best when we give the doctor within each patient a chance to go to work." Orthodox medicine is more geared to *treating* symptoms than *preventing* them or finding the cause.

Personally, I had to eliminate certain things completely and permanently from my life. Refined foods like white rice, white flour and sugar, salt, beef, pork, alcoholic beverages, coffee, regular tea, and soft drinks.

In time, my rather limited diet of juices, salads and fruits was expanded to include fertile eggs, nuts of all kinds, legumes, sprouts, whole grains, baked potatoes, and steamed vegetables. Herb teas, especially red clover, comfrey and peppermint, were very soothing.

Today, I am on a moderate diet and have been able to add organically-raised chicken, fresh fish, unsalted cheeses, goat milk, yogurt, raw honey, pure maple syrup, whole grains, whole grain flours, cold-pressed oils, natural seasonings (like Jensen's) and cooked dishes that combine these foods in various ways. Many people ask how I manage when I go to a restaurant. I briefly explain my diet, tell them how I would like my fish or chicken prepared, and they usually are more than pleased to accommodate me.

Cooking has always been one of my favorite past-times and it has been a real challenge to make healthy eating taste good — in fact, to make it taste delicious. And, I am happy to say that not only my family and I find my recipes very good, but our friends just rave about them.

So, in order to help and inspire others who may find it a problem to find specific directions on how to combine foods imaginatively and for best flavor, I am compiling a cook book. It is made up of my favorite recipes — including my own inventions, suggestions from friends, and adaptations of recipes from various sources.

Eating well has helped me to stay faithful to my life-sustaining program and I hope this book will, in turn, aid many others.

In conclusion, I would like to say a heartfelt "thank you" to all my friends, my family and my husband who helped me in so many ways: spiritually, emotionally, and physically. I appreciate those who assisted in compiling this book, and feel a special debt of gratitude to Ruth Sackman and F.A.C.T. for their marvelous work and encouragement.

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