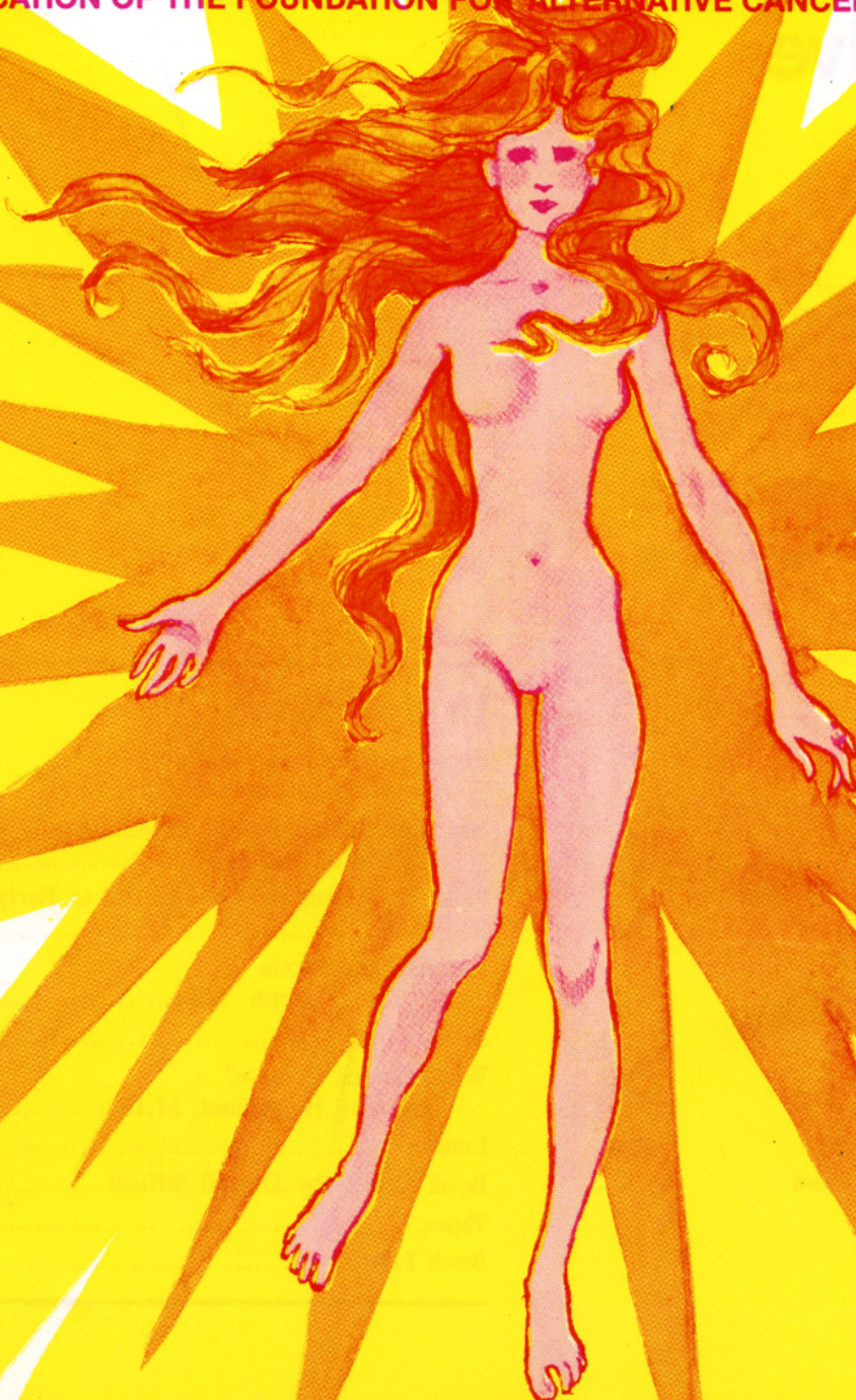


# CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



ARE YOU GETTING TOO MUCH  
**RADIATION?**



# Foundation for Alternative Cancer Therapies

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

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## National Headquarters

**F.A.C.T., LTD.**  
Box 1242, Old Chelsea Station  
New York, N.Y. 10113  
Tel: 212-741-2790  
Ruth Sackman, Executive Dir.

## F.A.C.T. Chapters

**Philadelphia F.A.C.T.**  
Post Office Box 48  
Wynnewood, Pennsylvania 19096  
Tel: 215-642-4810  
Susan Silberstein, Pres.

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## Routine Unnecessary X-Rays

By Ruth Sackman

"While the beneficial applications of X radiation in the healing arts are well recognized, exposures from diagnostic X-ray procedures have far more public health significance than exposures from all other man-made radiation sources." said Charles C. Edwards, M.D., Food and Drug Commissioner during the Nixon administration. "More than 90 percent of all human exposure to man-made radiation comes from the diagnostic use of X-ray in contrast with about one per cent from radioactive discharges from nuclear power plants about which there has been so much public concern." — HEW News, October 9, 1971

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### **"Diagnostic X-rays cause about 1000 cases of leukemia and breast cancer in the United States every year."**

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Diagnostic X-rays cause about 1000 cases of leukemia and breast cancer in the United States every year. This information was reported to a science writer's seminar by a group of researchers.


More and more attention is being paid to the routine, unnecessary X-ray that not only adds to the harmful, cumulative nature of radiation but increases the cost of medical diagnostic screening. The annual cost is estimated at over two billion a year and one third of the X-rays are considered unnecessary by the Food & Drug Administration.

The doctor unfortunately worries about leaving himself open to a malpractice suit if he doesn't order the routine X-rays which makes it imperative for the patient to assume responsibility for negating unnecessary routine X-rays. The delivery of medical care and patient's expectations are in a state of confusion today because of the political and legal ramifications for the physician. This is why we have always promoted the idea of being a knowledgeable medical consumer and have urged patients to undertake a participatory and controlling role over their own bodies.

We feel the patient relieves the doctor of the hazards of malpractice suits and the patient receives unbiased medical care. In this way both patient and doctor benefit.

# ARE YOU GETTING TOO MUCH RADIATION?

By Junius Adams



*Every exposure to these particles damages living tissue — and the effects are cumulative. Now, discover why even your color TV could be wrecking your health...*

Shivering and half-naked, you are brought into a room containing a gigantic ray gun and what appears to be an executioner's worktable. The torturer puts you on his block, arranges your helpless body in a grotesque pose, brings the head of the ray gun mere centimeters from your flesh, says, "Don't move!" and then runs out of the room. He cowers behind a lead-insulated barricade and throws the switch.

A nightmare? No, just an X ray — although for many, the two aren't so different. You, of course, imagine you are frying to death and are quite surprised, once the ordeal is over, to find you're alive and intact. Still, you worry: *Is something awful going to happen to me later on because of this radiation?*

You are *right* to worry. The brief history of man-made radioactivity is packed with disaster. The codiscoverer of radium, Marie Curie, died in 1934 of what doctors now recognize as radiation-induced leukemia. Husband Pierre probably would have suffered a similar fate had he not been run over and killed by a horse and cart first.

Appreciation of the dangers of radiation has come only gradually. Fifty years ago, dentists would hold X-ray film with their fingers while they photographed the jaws of their patients. Unaware that the same dose of radiation that was harmless (they thought) to the

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patient could be lethal when administered many times daily over a period of years, quite a few of these practitioners ended up with skin or bone cancer that began as lesions on their fingers. Forty years ago, a chain of children's shoe stores used fluoroscopes to check the fit of their shoes — and many of the clerks lost fingers, kneecaps, and gonads to radiation.

Thirty years ago, X-ray therapy was thought to be an excellent treatment for enlarged adenoids and tonsils; children were exposed to horrifying dosages. During the same period, chest X rays were being given free to check for tuberculosis and lung cancer; no one knew that radiation could *cause* cancer.

Today, we know that no radiation is safe. *Every* exposure to radioactivity, however mild, does permanent damage to living tissue. "Theoretically, even the smallest amount of radiation could contribute to cancer induction," says George Casarett, a member of the Nuclear Regulatory Commission. The effect of radiation is cumulative. Tiny amounts taken in year after year can eventually become dangerous. And radiation damage, including radiation-induced tumors, sometimes takes decades to show up.

Even natural radiation — cosmic rays from outer space, radioactivity from elements in the earth — can be harmful. Cosmic-ray exposure increases at high altitudes, where the atmosphere is thinner; if you live in Denver (one mile above sea level), your exposure will be almost twice that of someone who lives in New York City (sea level). Residents of Kerala, India, where the earth contains radioactive thorium, get almost ten times more background radiation than the people in Lancaster, Pennsylvania. And dwellings made of stone, concrete, or masonry are apt to have more background radiation than those made of wood. This applies to cities as well. New York, almost entirely concrete, has more radiation than Los Angeles, which is constructed like a giant suburb.

### HOW WORRIED SHOULD I BE?

The younger you are, the more you should be concerned about radiation. As we've seen, the effects of radiation are cumulative and slow to appear. If you're a parent and the doctor wants to X-ray your child, you should refuse unless it is urgently necessary. If you're in your teens or twenties, resist any X ray not of vital importance. Older people can be less stringent, because the cumulative dangers are less severe.

Also, learn a lesson from history — worry a little bit *more* about radiation than your doctor tells you to. You simply can't be sure that today's acceptable level of exposure will be considered equally acceptable in the future.

Look, for instance, at the history of the mammo-

gram, used to detect cancerous tissue in the breast. The test is not perfect: It has a 6 percent false-negative rate (meaning that six times out of a hundred it does not find a cancer that is actually present) and an 11 percent false-positive rate (diagnosing cancer when the woman does not have it). Nevertheless, when mammography was first developed, it was hailed as an effective screening device for detecting early cancer. Mammograms were recommended as a test for all women thirty-five and older.

Mammography *has* saved many lives by detecting early cancers, but it uses relatively large amounts of radiation to find them, and, therefore, can cause the disease. In 1976, a prominent medical researcher, John D. Bailar, released a study in which he "regretfully" concluded that the routine use of mammographs to detect cancer probably causes as many deaths as it prevents! The National Cancer Institute has, since 1977, revised its guidelines, advising regular mammograms starting, generally, not until age fifty; starting at forty for women with a *family* history of breast cancer, and at thirty-five for those with a *personal* history of the disease.

### WHAT IF I REALLY NEED AN X RAY?

Sometimes, of course, X rays are vitally important. You wouldn't want a doctor treating a fractured skull, pelvis, or limb to proceed in the dark, without a precise picture of what the bones look like. Similarly, if lung, breast, or uterine cancer is suspected, you would certainly want the doctor to have X-ray film of the organ in question.

If you must be X-rayed, determine who is going to take it, where, and on what equipment. Much X-ray equipment is antiquated or defective or set to deliver too much radiation. A 1975 report by the Department of Health, Education, and Welfare found that the dose of radiation delivered by dental X rays ranges from 100 to 5,000 millirads: the average is 1 rad — which is over three times the necessary exposure. Mammograms range from as low as 300 millirads to as high as 3,000.

The situation *is* improving. More and more doctors and hospitals are having their X-ray equipment checked and readjusted to deliver the least possible radiation. Dental X-ray technique has been spruced up, too, thanks to a monumental Food and Drug Administration project, DENT (Dental Exposure Normalization Technique), in which most dental X-ray units in the country were tested and the personnel operating them were shown how to get pictures with minimum radiation. Since DENT, the average radiation dose has dropped 38 percent.

Finally, a new and virtually harmless X-ray system is now in experimental use at some of our major

hospitals. In this new technique, called microdose digital radiography, a low-intensity X-ray beam scans a part of the body; a computer then produces a picture. The beam is so well focused that there is little or no scattering, and thus no need to shield either the patient or the operator of the machine. To produce a chest X ray, only about 1 millirad is required, as opposed to 20 to 75 by the conventional method.

### BEFORE YOU'RE X-RAYED

Here are some tips to follow if you're told to have an X ray:

**Ask, "Is this X ray necessary?"** In many cases, it isn't. Some clinics instruct the admitting nurse or intern to order X rays for *all* incoming patients. Insist on talking to your doctor first. If he agrees with hospital rules, ask again if it's vital to your case. Many X rays are given for reasons other than the welfare of the patient — in order to have convincing insurance documentation, for instance, or because the doctor wants to have complete before-and-after shots to round out his files, or because yours is a medically fascinating case. If the explanation sounds weak, don't acquiesce just to be polite — say no, even if that means having to find another physician. **Look at his machine.** Ask how long he has had it. X-ray machines built before 1974 emit more radiation than the improved models designed later. If the machine looks old, ask to have your X rays taken somewhere else.

**Ask if he knows how much radiation his unit delivers.** Not many doctors or dentists have this information; usually a trained radiation physicist must compute the actual dose being given. If her machine has been checked in this manner, your doctor should be able to tell you how much radiation it delivers. If not, she should be willing to tell you what she *does* know about her equipment. If she seems unsure whether her equipment is low-dosage or semilethal, do not allow her to X-ray.

**Keep a record of your X rays.** Write down the exact medical or dental description of each X ray, date taken, name of doctor who ordered it, and address where it is on file. When a doctor asks for an X ray, show him your record. He may be able to use a film you had taken last year. Even if your old X rays are out of date, the doctor may want to see them to judge the progress of your condition.

**Never suggest an X ray.** Don't even ask, "Am I going to need an X ray?" You'll probably give your doctor the idea that you *want* to be X-rayed, and she'll be happy to oblige.

### X-RAY CHECKLIST

Remember these rules about the X rays you're most likely to need:

- Chest X ray. Although this procedure uses relatively little radiation, annual chest X rays are not recommended. Have one only when your doctor says it's needed; if you've been smoking for fifteen years or more, a chest X ray every two or three years might be wise.
- Dental X rays. These should be taken only when needed — not at every six-month checkup. One set of films will last a conservative dentist for years. Only if she thinks changes have occurred should she want to redo them.
- Mammograms. Breast X rays should never be part of a routine exam except for women over fifty and younger women with a history of cancer. Women thirty-five to forty are encouraged to have *one* mammogram to be used as a comparison when and if further mammography is done later.
- Fractured arm or leg. An X ray here is essential to allow the doctor to set the bones properly. After the break is healed, your orthopedist may want to take another shot or set of shots to see how well the bones are aligned. This is more for his edification than yours; you can refuse if you're satisfied your limb is well again.
- Protective shields. No matter how well focused a conventional X ray may be, there is always some scattering of the rays. When getting dental X rays, you should be given a lead apron or collar to shield the thyroid gland and other organs from any spillover. In other types of X ray, you may need a gonadal shield to protect the reproductive organs. If these shields are not offered, ask for them.
- X rays during pregnancy. At this time, *no* X rays should be taken, especially in early pregnancy when the fetus is most vulnerable. This early period is so important that you should refuse X rays if you even *suspect* you might be pregnant, unless you have serious symptoms that demand investigation. Even then, ask whether the X ray can be postponed until after the baby's birth. If not, demand to know what steps can be taken to minimize the fetus's exposure to radiation.

X rays can be tremendously useful to your well-being and survival, so when one is needed, don't be afraid. Ask questions — and if you're satisfied with the answers, accept the X ray with the confidence that you're doing something *right* for your health.

*Editor's Note: X rays to the fetus can cause leukemia.*

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Cosmopolitan Magazine.

### How Much Radiation Are You Getting?

The measurement of radiation is complex and often not well understood, even by doctors and X-ray technicians. Two different units of measurement are used to describe radiation dosage. *Rads* measure how much energy the body absorbs. *Rems* describe the impact of radiation on living tissue. To anyone except a radiological scientist, these two units are more or less interchangeable. Please note, however, this chart is written in millirems, 1/1000th of a rem.

1. Let's start with some numbers, basic for all Americans.

	Mrems
Radiation in food, air, and water, U.S. average	24
Cosmic radiation at sea level	28

Weapons-test fallout, current level	4
Terrestrial radiation from underlying soil	<u>26</u> 82

3. How many X rays have you had during the past year?

- Chest X ray: max. 10 Mrems
- Dental X ray (full mouth): Max. 340 Mrems
- Mammography, both breasts; max. 500
- Fracture of the arm or leg: max. 400

4. Add 1 Mrem for each 2,500 miles of jet-plane travel during the year.

5. Add .15 Mrems for each hour of television you watch per day.

6. Is your house concrete, stone, or masonry? Is so, add 30 Mrems.

7. How close do you live or work to a nuclear power plant?

- Right next to it: Add .2 Mrems for each hour you spend there each day.
- One mile away: Add .02 Mrems per hour.
- Five miles away: Add .002 Mrems.

GRAND TOTAL \_\_\_\_\_

The average U.S. resident is exposed to 180 Mrems per year. How do you compare? If your exposure is less, consider yourself fortunate. If more, consult this article for ways to avoid excessive radiation.

## Parathyroid Tumors Also Linked to Early Irradiation

**SAN FRANCISCO** — Neck irradiation of children and adolescents appears to increase their risk of later parathyroid adenoma as well as thyroid carcinoma, doctors at the University of California at San Francisco have reported.

At a regional clinical research meeting, Dr. **Michael D. Okerlund** said the prevalence of parathyroid adenoma in such patients is 100 to 1,000 times that cited in published studies of the U.S. population.

An assistant professor of radiology, Dr. Okerlund arrived at that estimate after a prospective study of 300 people evaluated primarily for thyroid disease disclosed parathyroid adenomas in eight and a parathyroid carcinoma in another. Three additional patients are being observed for possible parathyroid lesions because elevated parathyroid hormone levels and hypercalcemia were discovered during their initial screenings.

In a control group of 112 people with no history of neck irradiation, only one was found to have an elevated calcium level. Another had an elevated se-

rum parathyroid hormone level, Dr. Okerlund reported, but that finding was not confirmed in a repeat study.

The prospective investigation was prompted by the chance finding of a parathyroid adenoma in a woman who developed a thyroid nodule 32 years after neck irradiation. Next, 55 patients operated on for primary hyperparathyroidism were interviewed. Among that group, said Dr. Okerlund, UCSF surgeons found 19% had a positive radiation history, and 17% more had a history of diseases for which neck irradiation was commonly given. The most frequent radiation sites were skin (for acne), tonsils, adenoids, and cervical lymph nodes.

The latent interval appears to be longer than the ten-to-20-year average for thyroid lesions. Parathyroid disease, in Dr. Okerlund's study, was found in patients between 40 and 50 years of age. Radiation doses in those with parathyroid lesions ranged between 400 and 935 rads.

Serum calcium should be included in thyroid studies of all patients with a remote history of neck irradiation, Dr. Okerlund concluded, and radiation-induced parathyroid tumors should be sought in those with hypercalcemia, kidney stones, or related symptoms.

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## Alginate and Pectin

By Jack Joseph

Heavy metals such as lead, cadmium and radioactive strontium 90 continue to arouse the concern of health-minded individuals.

These substances are pollutants which are spewed out in industrial wastes and through other sources of pollution. They contaminate our air, food, drinking water and our bodies. Once in our tissues, they can interfere with cellular metabolism, thought processes and our nervous and muscular systems. They can cause hypertension, brain damage and even cancer.

Efforts to curb heavy, metal pollution are not accomplishing results as fast as they should. Nonetheless, there is still a means which allows the individual to minimize the dangers of these substances. This means, surprisingly, is through our diet.

Two dietary substances, *alginate* and *pectin*, have remarkable and unique properties in that they can reduce the harm potentially caused by heavy metals.

Alginate, found in brown seaweed (kelp), is often referred to as simply algin or sodium alginate, its most common form.

Pectin is found in many fruits, including apples.

Dr. J. F. Stara and his associates have been researching alginate and pectin for over ten years. Their work began in the middle 1960's when the Atomic Energy Commission sought to develop a means for removing radioactive strontium 90 from the diet in the event of a nuclear war or a nuclear power plant disaster contaminating food supplies. Their research led to the recognition that alginate and pectin were the only two substances in nature which had the ability to perform an "ion exchange" (an exchange of electrically charged atoms) between themselves and specific heavy metal pollutants.

Radioactive strontium 90 is recognized as a carcinogenic substance, though its action is subtle. It is very similar to calcium, an essential nutrient, and virtually all plants and animals cannot distinguish between the two. Thus radioactive strontium 90 is assimilated in plant and animal metabolism as if it was calcium.

The net effect of this has been demonstrated since the advent of nuclear weapons and nuclear power plants. Strontium 90 is deposited as fallout or waste material in the air and water. From here it enters our food supply. Grasses and other plants absorb it along with calcium, and then livestock eat these contaminated plants. Cows give us milk, our richest dietary source of calcium and our richest source of radioactive strontium 90. Both calcium and strontium 90 are deposited in our bones.

This has been the deadly process since we have "harnessed" nuclear power in the last 30 years. Radioactive strontium 90 disrupts cellular metabolism, and we see this in the form of bone cancer and leukemia in the group of our population which consumes the largest quantity of milk, children. Deaths from bone cancer and leukemia (cancer of the blood; remember that blood cells are formed in the bone marrow) have skyrocketed from almost zero to epidemic levels among children.

Similarly, there is a higher rate of these cancers in populations near nuclear power plants, and the rate of such cancer deaths decreases as we move further from these power plants. Noteworthy, as well, is the high incidence of cancer deaths in the current residents and descendants in the cities of Hiroshima and Nagasaki, Japan, where nuclear bombs were detonated.

Dr. Stara and his co-workers have demonstrated that 50 to 89 percent of ingested radioactive strontium 90 could be removed from the gastro-intestinal system if alginate or pectin was consumed at the same time as the contaminated food. Smaller quantities of this radioactive substance could also be removed from deposits in bones and tissues over a longer period of time.

How do alginate and pectin work in the body? As mentioned, atoms that are electronically charged are exchanged between these substances and the heavy metals. As this happens the alginate or pectin, containing the heavy metals, is chemically transformed into an insoluble salt. It is then excreted from the body.

Dr. Stara has suggested other ways of achieving this ion exchange. One such way is helpful in dealing with lead, a widespread pollutant.

Lead is a common environmental contaminant because it is added to gasoline as an "anti-knock" compound. Since automobile exhaust is the major source of urban air pollution, it should become clear just how extensive pollution or poisoning is.

Many orthomolecular nutritionists have pointed out that high levels of lead are probably partly to blame for learning disabilities and behavioral problems in many children.

It is also known that high levels of lead initiate one type of arthritis. This happens because lead activates the enzyme hyaluronidase, which breaks down the synovial fluids in bone joints.

Yet alginate and pectin can effectively prevent a good deal of lead from being absorbed by the body and therefore prevent its deleterious effects.

Particulate lead in polluted air is picked up by mucus in the nasal passages, and it also enters our lungs, where it is picked up by the blood and is trans-

ported throughout the body.

If we consume alginate or pectin, however, on a regular basis, the blood will carry it to the lungs where an ion exchange can occur. Since the alginate and pectin then becomes an insoluble gel, it cannot be digested and is excreted.

Cadmium is another heavy metal considered a culprit in hypertension and bone abnormalities. It is dispersed into the environment by the burning of fossil fuels, but it is also found in naturally occurring soft water. Cadmium is also a contaminant in many foods, and refined foods tend to retain high levels of it while most essential nutrients are removed from such foods.

Cadmium interferes with our biochemistry because it replaces zinc, an essential mineral, in many enzyme reactions. Like strontium 90 and lead, however, much cadmium can be prevented from being absorbed if alginate or pectin are regularly consumed.

In dramatic laboratory tests, Dr. Stara and others gave rats a known lethal dose of cadmium. All of the rats which received cadmium alone — 85 in all — died. Of those which received alginate alone with the cadmium, only seven died. In a similar experiment using pectin, only four rats receiving both cadmium and alginate died, while 78 rats receiving only cadmium died.

Dr. Stara and his fellow researchers at the U.S. Environmental Protection Agency and at McGill University in Montreal, have offered still another unique use for alginate and pectin. Rather than have people take alginate or pectin capsules to minimize the dangers from heavy metal poisoning, they suggested treatment of industrial wastes at their sources with these substances. Such a use of alginate or pectin would prevent much pollution in our environment.

Unfortunately, we are yet to see alginate or pectin used in such a way, preventing pollution before it starts. Until such use of alginate or pectin is made, the burden for protection from the effects of heavy metal pollution will continue to fall on the average person. At least, however, we have an effective means of dealing with heavy metal pollutants in our bodies, and that means lies in the addition of alginate or pectin to our diets.

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*Reprinted from Bestways, July 1976*

## **An Apple A Day...**

### **IS GOOD HEALTH INSURANCE**

Though apples are the most versatile of fruits, eaten for their zest and flavor, they also have many valuable characteristics, health and nutrition-wise.

Here is a list of some of their qualities:

1. Vitamins A and C found in apples promote growth, help ward off colds.
2. The minerals like iron, phosphorus and calcium in apples are fully utilized by the body.
3. Pectin and uronic acid in apples assist detoxification of the system and help to maintain intestinal activity and a healthy intestinal tract.
4. Apples help to keep the blood alkaline, and counteract acids formed in the body by such foods as meat and fish; malic acid of apples aids digestion.
5. The high levulose content of apples makes them acceptable in a diet for diabetics.
6. Fruit acids of apples act as a natural toothbrush on the teeth, and help keep the gums in a healthy condition.
7. Firmness of apple meat assists in removing particles of the soft foods from between the teeth.
8. Apples act as a detergent food sweeping the mouth clean, reducing acid attacks on tooth enamel.
9. An average-sized apple represents 80 to 90 calories. A quarter of an apple has less calories than one plain soda cracker.
10. The sugar in apples relieves the hungry feeling and the bulky pulp gives the dieter a filled-up feeling.
11. Last, but not least, medical research reported at a recent meeting of the American Heart Association suggests that the inclusion in the diet of two ripe apples daily for three weeks corresponds to the amount of pectin, 15 grams, which was found effective over that period of time in lowering blood cholesterol levels. There is a gradual increase in soluble pectin after harvest with the amount of total pectin substances remaining fairly constant until apples become overripe and mealy.



*Two Egyptian scientists have come up with observations to support the old "apple a day" bromide. They say one of apple's major ingredients — an agent called pectin — is a powerful enemy of germs that cause stomach ailments. In running some test-tube studies, the Alexandria University researchers found concentrations of only one percent pectin able to wipe out a conglomerate of nine intestine-dwelling, diarrhea-causing, gram negative bacteria — 90 percent in 15 minutes, and almost all in two hours.*



## Fresh Uncooked Applesauce

Combine 1 tablespoon lemon juice and 1/4 cup honey. Slice 3 cored, unsprayed, red-skinned apples into honey mixture. Blend rapidly in a liquefier, electric blender or food mill. Sauce can be used as liquid in gelatin, salads, cookies or cakes.

## Raw Apple Relish

2 large apples, peeled and cored	1/4 green pepper
1/4 cup cauliflower, raw, cleaned and washed	2 tablespoons lemon juice
1 carrot raw	1/4 teaspoon powdered ginger
1/4 medium onion	Salt and pepper to taste (optional)

Chop the apples, cauliflower, carrot, onion and pepper very, very fine. Blend these. Add all other ingredients and mix well. Makes 2 cups. Serve as an appetizer.

It was Machiavelli, the great master of intrigue, who said, "One half of one per cent of the people learn from the experience of others; two and one half per cent learn from their own experience and the remaining ninety-seven per cent never learn from the experience of others or from their own experience."

AZT is a new drug that is being offered for research for AIDS patients. Unfortunately it is quite toxic. Medical World News reported in the December 28, 1987 issue that aloe mimics AZT without the toxicity. Preliminary investigation shows aloe boosting the patient's immune system without the toxic side effects of AZT.

In the pilot study under the supervision of Dr. H. Reg McDaniel, a pathologist at the Dallas-Fort Worth Medical Center in Grand Prairie, Texas, 16 AIDS patients were given zalcitabine dosages of 1,000 mg a day for three months. Six with advanced cases of AIDS showed a 20% improvement in symptoms, while less seriously ill patients improved by an average of 71%. There was also a significantly improved corresponding drop in HIV antibody positive cell cultures and HIV core antigen levels. Red cell mass increased in all but one patient, and 12 initially leukopenic patients had a slight rise in white count after treatment.

No toxic effects were noted in 29 patients who received the experimental treatment.

Carrington Laboratories in Dallas, Texas has an application before the FDA to do a larger patient study.

## Capsicum: The Natural Remedy for Shingles

Capsicum is again being heralded as a natural remedy for shingles or herpes zoster. Preliminary study results offer hope that a derivative of red pepper (capsicum) may ease the pain of shingles. The study, published in an issue of the Journal of the American Academy of Dermatology, was conducted by researchers at Northwestern University and the University of Minnesota.

Of 12 patients treated with capsaicin, an alkaloid derived from plants in the red pepper family, nine reported relief of pain. Shingles or herpes zoster is a condition that produces blisters and severe pain along the course of a nerve. More extensive study will be done to confirm the value of capsaicin.

## Laughter

Doctors say laughter is good for you. It loosens vasoconstriction (tightening of the blood vessels) and improves circulation, sending rich red blood to every part of you. It strengthens abdominal muscles, boosts respiration and exercises the heart. Laughter during mealtime brings a rich flow of gastric juice and digestive enzymes into the stomach; it is most favorable to digestion. (Reprinted from Health Food & Nutrition News)

## Exercise, Cancer

Most doctors believe that moderate exercise can help prevent heart attacks. Now a doctor at the University of Southern California says it also may help prevent cancer of the colon.

Dr. David Garabrant surveyed 2950 men with colon cancer. He found that the men with jobs that kept them sitting and inactive most of the day had the highest incidence of the disease.

Trying to explain the observation, Garabrant theorizes that physical activity stimulates the rate at which half-digested food moves through the intestine. The food stays in the intestine longer when a man has little exercise, so any cancer-causing ingredients have more time to act on the cells, the theory goes. Garabrant is doing follow-up studies to check his findings.

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## What Causes Disease?

By John H. Renner, M.D., Cathedral City, California

Wouldn't you like to know?

Actually this not so difficult a question to answer. Many times *you* have told your Doctor what you thought it was. Reminds me of a recent story Dr. Alvarez told while he was young and starting in Mayos' diagnostic clinic at Rochester. He said several doctors had examined this farmer, but all were confused, so Doctor Alvarez asked the farmer whether he knew what caused his trouble. And sure enough, it proved to be the right answer.

However, it is also true and I have heard just these words spoken by a doctor who was asked, "Doc, what causes my headaches?" To which the doctor answered: "I wish that I knew". (That is pathetic).

When one reads the answers which the Newspaper doctors give, one realizes and see that there is much disagreement and variance of opinions. The writer feels, that he makes so many claims for homeopathy, that homeopathic remedies, can relieve and cure diseases, that no other therapy can lay claim to, but please do not call it over-optimism. If I do not put my point over and make my claim stick, to your satisfaction, call me on such statement for more proof.

Homeopathy has its specific answer to what causes disease. At first permit me to show this by a round-about deduction. While taking my Intern training, a fellow intern developed distressing abdominal pain. Several of the chief surgeons were consulted. One said appendix, one colon, one gall bladder or kidney. I took the case to our chief in homeopathic medicine, asking for a remedy. After considering all of the symptoms, he said *China off.*, is the remedy. I returned to my friend and said, now I know what your disease is. He was surprised when I said gall bladder. That remedy indicated liver and gall bladder disease, and proved correct. To further emphasize that homeopathy does have an explanation for disease, I will quote some lines from Dr. Alonzo Shadman's book: *Who is your Doctor and Why*. (Excellent reading) He writes: "I had always believed, that disease was a thing, a definite entity, something that had to be killed by strong medicine." That seemed the concept of most doctors. They also thought, that if a medicine was expensive, it must be good, also that it had to be powerful. "All my life," Dr. Shadmann says, "I had heard about germs causing disease, and that good germ killers were the sure cure. During my practice, however, I observed that things did not work out. I noticed that people were not cured, and not even helped by using ger-

micides. I saw cases of malaria cured by a few infinitesimal doses of homeopathic medicines, when large doses of quinine given to kill the plasmodium germs, failed to cure. I saw cases of typhoid cured with unbelievable small doses of the indicated homeopathic medicine, when it was the style in regular medicine to give the patient strong and large doses, as salol, thus hoping to kill the typhoid germ, only to have many patients die under that treatment. I saw many cases of pneumonia cured, with small doses of the homeopathic remedies, so small that the pneumococcus could not possibly be influenced in the slightest degree. I personally have never lost a case of pneumonia in my half century of practice and I never used anything but homeopathic remedies". *That is a terrific valuable and also confirmatory evidence for Homeopathy.*

Dr. Shadmann further says: "In my hospital I saw hundreds of cases of septic wounds clear up quickly under treatment, not using those violent germ killers. Considering all these facts, there was but one conclusion which I could arrive at, germs are not the cause of disease, that goes for viruses too. What other conclusion could any intelligent person come to? It took, however, many years of observation, evaluation, and study, to jolt these erroneous ideas regarding germs from my head. Other students did not take kindly to this philosophy of disease, and its cures by homeopathy, it violated all their preconceived ideas! Homeopathy cures the whole person's weakness, raises the vital energy so the body itself can fight the infection or disease, then by observing the laws of nature, the patients must correct their eating and drinking habits and other excesses."

That now takes us to Hahnemann. In his *Organon*, paragraph 11, Hahnemann postulates: "In sickness, the spirit-like, vital force of our body is deranged, upset, disturbed by harmful (morbific) influences, which damage or upset the life force or vital energy of our body." This is a very broad statement of disease, or cause of disease which could even include the germ theory, not yet known at Hahnemann's time. Hahnemann's greatest proving ground, was a cholera epidemic. It was recognized that this was a morbid agency, meaning harmful disease producing material, very harmful and damaging to the vital or life force of the body, so causing the disease of cholera. When this challenge came to him, to use his small doses, it was a terrific challenge, life or death! This could make or break him. Hahnemann was so assured that his Law of Similia would work. It did work and he made medical history.

This is an example of how involved the cause of disease can be. Many causes can be found, and it

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may not always be possible to give a positive answer. To the homeopath, the answer comes differently and more readily than to the germ hunter. His symptomological investigation gives the detail or the breakdown of the body's function. From that, one can see, what it was that caused the Vital Force to deteriorate. Take the symptom of headache. Pain is caused by congestion. Congestion may be from nerve tension, from toxic substances, from bad digestion, most likely of all.

Any substance or force which would pressure or upset the vital force, or life's energy, will cause disease. Take as examples the excesses of alcohol, smoking, wrong eating, irritating foods or bad mixtures, or too much of one kind or too much of all. Also the abuse of the vital forces, by excesses, wrong moral living, wrong mental attitude. Whenever a disease manifests itself, our question should be, now what caused this? As in the case of a gall bladder attack. Now what caused me to get this attack. This has to be related to eating or drinking. And do not try to sweep this under the rug. It will not work, nature proceeds to give vivid, impressive reminders, finally exposes you to a climax or even death. Once your vital force complains to you, I am hurting, I am being mistreated, you better listen.

There always has to be a cause. Look for it, and make a correction; then the curative remedy will have a chance to rebuild the damaged organ. So, you can see that the cause of disease is usually, reasonable to find, it we use sensible judgement.

## Letters

The flowers bloom through your publication, *Cancer Forum!* The knowledge that you present creates an inner growth and well-being. Please use the enclosed contribution to strew pebbles along that path. D.F., D. O.

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Please find enclosed my donation to you and FACT in appreciation for your kindness. You've always been so loving and willing to offer help, advice and knowledge to my family.

I hope the enclosed \$70.00 will help in continuing to educate the public.

If it wasn't for FACT and you, I don't know what I would have done. Thank you.

With love Always, V.H.

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Ruth,

Your winter 87-88 issue was excellent.

M.S., M.D.

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I thought more than twice about coming today — \$260.00 round trip. Today was easily a \$350.00 day, but well worth it. I congratulate you on an excellent convention. There were several hours today that were too short and frustrating in that we couldn't continue the session — the ultimate tribute.

One such frustration was *your* session — so which modalities do you most approve of? I gather Kelley, Gerson, cellular therapy, Zion.

I can see why it is you feel no special need to contact Freedom of Choice. You feel, rightly so, ahead of us. Please remember we are there to help and contribute. I put several of our members on your mailing list and also several friends who are cancer victims.

My doctor, the only nutritionist in the area, lost his license and was ruined. He has left the area. You say you make referrals based on the case. I am cancer free — uterine cancer 9½ years ago. We used the HLB test regularly — I came to lean on it. I do not know of any one locally who thinks our way. Do you?

What tests do you favor for cancer detection?

Thanks and congratulations again. VDA.

(Editor's note: We favor the HCG test. A high titer shows that the body is reproducing cells more abundantly than is normal. The high titer is also related to depressed immune activity.)

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I hope this note and this season finds you and yours well and happy.

Mrs. Sackman, I haven't sent my money for the continuance of my membership and could not attend your June convention, please if you will, let me know how I can renew my membership and how I may obtain tapes of the speakers.

I am enclosing a stamped self-addressed envelope in the hope of a reply at your convenience.

Thank you so much for your interest in this matter. Be well and happy.

Sincerely yours, M.M.

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Thank you for enclosing the listings of the subjects and speakers at the Alternative Cancer Therapies '87 Convention.

Please enter my subscription to "Cancer Forum" and charge cost against the \$15 check sent in July. If the talks are not transcribed and published in "Cancer Forum," please send a tape of a talk on "Improving Host Resistance."

Sincerely, L.L.

# Book Review

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Book Review by Darrell Sifford

Patients ought to get involved

## **The Road Back to Health: Coping With the Emotional Side of Cancer**

By Neil A. Fiore

The year was 1974 and psychologist Neil A. Fiore, then 33, was being told by his doctors what they were going to do to combat cancer that had spread from his right testicle to his left lung.

"Hearing the doctors talk, I got the impression that cancer is something that resides outside the body of a living, feeling human being, something that one can attack with knives, chemicals and B-52 strikes. I was not ready to incur a lot of pain and disfigurement to support their seeming overkill of *my* cancer."

It was then that it occurred to Fiore that he and his doctors were working from different agendas and goals.

"I was intending to live a long life, with minimal damage to the quality of that life from cancer treatment, and wanted the option of having children. They, however, were willing to do anything to me I would allow and could withstand ... in order to ensure that they had killed the cancer. The side-effects and lasting effects of the surgery and treatments were not their concern. If I survived five years, regardless of how, they had done their job."

Fiore survived his cancer — and in 1984 he wrote the book *The Road Back to Health: Coping With the Emotional Side of Cancer*, in which he focused on the importance of the patient's becoming an informed participant in treatment, rather than passively agreeing to whatever the doctors wanted to do. Today, through his private practice in Berkeley, Calif., he offers what he calls "back to health" workshops in which he stresses that "you are more than your disease.... Yes, you have a disease and need treatment, but what about the other parts that are healthy? What can you do? What can your body do to facilitate the healing process?"

In an interview Fiore said that a "large part of health and recuperation is stimulating the body's own processes, the inner healer" that so often is ignored by physicians who are trained to work from the outside.

We have within ourselves the power to activate this inner healer, he said, but we frequently sabotage it by denial or by dwelling in anger and bitterness on

why we have become ill — and the unfairness of it all.

"The fact is, deserve it or not, you got it.... You have to be realistic.... You have to be pragmatic. It doesn't matter how or why you got it.... The question is: What can you do now? This is a main coping phrase I use in my work with cancer patients — what can you do now?"

"Later you may want to go into therapy or to talk or write about why you think it happened. I personally didn't get much out of wondering why. It's a philosophical issue. Medical science hasn't solved it, and I don't think psychologists are going to solve it.... My solution to the question is that it's a random thing. It can happen to anybody."

Fiore doesn't believe, as some do, that people bring cancer on themselves by negativism or stressful living that renders ineffective the body's immune system. It's pointless, he said, for cancer victims to flail themselves. The energy could be spent better by finding ways in which they can participate in their treatment.

"We all can get cancer, and in some ways it's like a little bird flies over and drops it on us.... If you live in an industrial area or near an oil refinery, if you smoke or work with asbestos, there's a greater chance that the little bird will fly over.... But other than that, you don't participate in getting cancer.... To assume responsibility for getting cancer is really to deny the human condition.... There are bad things that can happen to us — things that we and God don't necessarily cause."

Fiore said that he believes it's sometimes possible for patients to influence the course of disease by how they think and behave but that it's a mistake to "divide people into positive and negative and say that the positives should do better. Once you do this, you take a simplistic view: 'If you try harder and think correctly, you should be cured.'"

"It's much more complex than having a positive attitude and strong will to live. But, unfortunately, the media have gotten behind this idea," and the result is that a lot of people spend a lot of unproductive time blaming themselves.

Fiore said that mountains of "sound" research had indicated that people who express negative emotions "are the ones who survive longer. Patients who are able to talk about their anger and express their sadness" fare much better than "the John Wayne types and the suffering martyrs. They are able to talk realistically about their problem. They're facing a life-threatening illness. Something's wrong if they're not upset. How can anybody be positive in this situation?"



When people, instead of smiling and trying to be pleasant, express their dismay, they fuel the immune system by making more energy available for healing, he said. "It takes a lot of energy to suppress emotions.... Being a 'good' patient may not be good for you. You can be angry."

What about people with strong religious beliefs? Does their faith help them through illness?

No, said Fiore, and this is a subject that he's not entirely comfortable talking about. But he talked about it anyway. "They tend to do worse — people who are deeply religious — because they delay seeking help. They think God is going to perform a miracle for them.... They can't believe that something bad is happening to them because they're good people. Then when it's undeniably obvious that something bad has happened they ask 'Why me? What did I do? Am I being punished by God?' And they get depressed about that. Their whole belief system is shaken — because they think that God protects good people ... and they're not realistic about the limits of God's strength...."

The people who do best with their illnesses are those who tend to be "realistic and expressive.... they look at the problem clearly, express anger, passion, sadness — whatever they feel — and then do something about it. They are assertive. They put energy behind it. They ask, 'What can I do?' They are not passive victims but active participants in the healing process.... They ask questions about treatment; they actively choose treatment. They look at the alternatives and say, 'This is what I choose to do for my health.'"

Often this is not what doctors want to hear, said Fiore, and they exert "incredible" pressure on the patient to do it their way.

"They may scold the patient ... or frown and say, 'You will kill yourself if you don't follow our orders.' They will put on your chart that you don't comply.... I know about that pressure because I faced it.... Pressure is when they tell you 'Surgery is scheduled tomorrow morning' without giving you time to think about it.... Pressure is when they tell you 'Radiation treatment starts next Monday' without talking with you about it...."

"Then when you ask for time to think about alternatives they say, 'What's wrong? Don't you want to get better?' I'm pretty assertive, but even I needed help in situations like those. Everybody needs help. It's good to have a friend with you, somebody who can help keep you from being bulldozed."

Here, said Fiore, are questions that patients should ask their doctors:

- What treatment plan do you recommend?
- What are the alternatives?
- What are the risks of waiting or doing nothing?
- What are the side-effects, risks, benefits of this treatment?
- What are the risks of taking these tests?
- Who do you recommend for a second opinion?

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*Reprinted from the Philadelphia Inquirer*

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*The Road Back to Health: Coping With the Emotional Side of Cancer* by Neil A. Fiore, is available from FACT. The price is \$4.50 plus \$1.00 postage and handling. Make check payable to FACT and mail to: FACT, P.O. Box 1242 Old Chelsea Station, New York, NY 10113.



*"Drainage is the term applied to the physiological processes by which all waste and toxic matter is eliminated from the cells and the tissues and, in turn, eliminated from the body. It is the means by which internal cleanliness is maintained. It is believed by great authorities that defective drainage is responsible for almost every disease known to man."*  
*Resource unknown.*

#### HONEY FOR HEADACHES

Some people suffer from frequent headaches and need some natural remedy to get relief. Taking drugs give relief but aggravate the nerves enough to induce another headache. Honey might be the thing to try, especially since it does no harm.

A suggestion in WHEN, is to take two teaspoonfuls of honey at each meal to prevent an attack. If the headache has already appeared, however, take a tablespoonful of honey at once. Since it requires no process of digestion, it will be quickly absorbed into the bloodstream. The headache should begin to subside in half an hour. If you do not get complete relief, take another tablespoonful.

This natural remedy is an excellent source of nutrients including potassium.

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