

CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ADVANCEMENT IN CANCER THERAPY, LTD.



Foundation for Advancement in Cancer Therapy

Foundation for Advancement in Cancer Therapy, 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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COVER BY ELLEN RIXFORD

Dear Reader,

We are presenting two articles, "Fluoridation and Cancer" by Dr. John Lee, M.D., and "New York City's Water: Down the Drain" by Robert F. Kennedy, Jr., because together they give a more complete sense of the dismal and dangerous state of today's public water supplies.

Dr. Lee focuses on the unnecessary contamination of the system with fluoride, which, besides being of questionable value to dental health, is a scientifically-proven carcinogen. Mr. Kennedy, son of the late Attorney General and a lawyer with the Natural Resources Defense Council (NRDC) documents the deterioration of New York City water due to antiquated and inept management. Because New York City water has long been touted as the highest quality of any urban area worldwide, we are forced to conclude that other regions are probably in similar, if not worse condition.

Our purpose is not to add to the stress and paranoia of citizens who feel trapped in an increasingly chemicalized environment. Rather, we believe definite steps can be taken to improve the quality of our natural resources and encourage people to fight for control by addressing their concerns to those they have elected to positions of power.

While this danger persists, however, we urge all readers, not only the cancer patient, to take personal action in the preservation of health by preferably drinking distilled water whenever possible. FACT has

long supported the use of distillation as the best method of insuring pure water. As we have explained in the past, distillation eliminates 100% of bacteria and viruses present as well as over 99% of chemicals and inorganic minerals, including chlorine and fluorine. It does NOT deprive the body of vital minerals because these are provided in absorbable organic form via fruits and vegetables. It DOES deprive the body of unwanted inorganic minerals which contribute to arthritis, rheumatism, premature aging, etc.

Spring water or bottled waters can be worse than tap water as underground rivers (aquifers) become increasingly polluted by farm and lawn pesticides and factory runoffs which travel miles from the original site of entry. Even the most pristine-looking lakes and streams contain residues. Laboratory examination is not the answer as tests have not yet been developed to detect all of the 12 thousand plus chemicals on the market today that may have seeped into drinking sources.

Water is fundamental to the functioning of the human system: our bodies are 70% water; our blood, 99%. If we can at least take charge of the food and water that we consume (as well as conscientiously attend to the daily elimination of toxins in our wastes), our bodies will maintain a strong defensive position against other insults — such as the air that we breathe — over which we may have less control.

Ruth Sackman

Fluoridation and Cancer

By John R. Lee, M.D.

John R. Lee graduated from Harvard University, cum laude in 1951, earned his degree in medicine at the university of Minnesota Medical School in 1955. He is the author of Optimal Fluoridation, Case of Fluoride Toxicity, and Gilbert's Disease & Fluoride Toxicity.

Is there reason for concern that fluoridation might contribute to cancer death rates?

Is it correct to say that fluoride causes cancer?

Are there mechanisms of action of fluoride that are known to be related to the development of cancer?

Answers: Yes; Probably not; Yes.

What causes cancer?

There are two primary differences between cancer cells and normal cells. The first is an accelerated rate of cell multiplication. The second is loss of cell differentiation.

Except for nerve cells and muscle cells, all of our cells continually re-create themselves; skin cells, lining cells of respiratory system, gastro-intestinal system, glandular cells, etc. This process of re-creation is so coordinated that our tissues remain in proper size and quality. When a cell loses this proper coordination and multiplies excessively, it becomes a tumor. When that tumor develops the capability of growing into and replacing normal tissue, or spreading to areas of the body where it is not appropriate, it is then a cancer.

Each of our millions of cells differentiates into a specific cell for a specific function; it becomes, for example, a fingernail, a mucous cell lining the interior of our nose or bronchi, a stomach cell, a pancreas cell, etc., etc. Looking through his microscope, the histologist can tell one cell from another. Cancer cells lose this differentiation; cancers can be graded by the degree of loss of differentiation. The worst cancers are so undifferentiated that the histologist cannot tell what tissue or gland it started from.

What controls the rate of multiplication and the specificity of cell differentiation? The answer is the chromosomes. All the inherent functions of every cell in our body are the result of each cell's chromosomes. Within the nucleus of each cell (except ova and sperm) are 23 pairs of chromosomes. Each chromosome is a long filament-like molecule comprised of a chain of segments held together by subtle connections called hydrogen bonds. A model of a chromo-

some constructed so that the width is as large as our wrist would turn out to be 100 miles long! It is invisible to a light microscope. When the cell approaches the time for a cell division, the chromosomes contract greatly and thicken. It is at this point when they can be seen. By looking through the microscope at a sheet of cells from any given tissue, it is possible to count those cells that are in the process of re-creating themselves. If this number is greater than expected, you might be looking at a cancer.

Various locations along the length of the chromosome are specific sites for some specific action of the chromosome. These sites are called genes. One site or set of sites may be responsible for the creation of an enzyme, or a hormone, or a building block of the body. Given the extraordinary length and complexity of the chromosome, it should not be surprising that scientists' present knowledge of various gene sites includes only 2% of the chromosome material. At present there is a concerted national effort to "map" all the chromosomes, an effort that may take another generation. The discovery of a gene site is technically very complicated and expensive but the process is underway and is accelerating.

Where does fluoride fit in? The hydrogen bond that holds the segments of chromosome molecules (and enzymes) together is a sort of electro-magnetic attraction between hydrogen and certain (limited) atoms. Nitrogen is one. Fluoride is another. It turns out that proper function of both chromosomes and enzymes is dependent on very precise molecular configuration; the configurations depend on the hydrogen bonds. When fluoride is present it substitutes itself at the point of the hydrogen bond and the resulting configuration is changed; thus, the functioning is improper. That is why fluoride is called an enzyme poison — it inhibits proper enzyme function. Similarly, it also damages chromosomes. How is this related to cancer?

The prevailing hypothesis for the cause of cancer is chromosome damage. The Ames test, for instance, is a bacterial test for mutagenicity; the theory is that what is mutagenic is also carcinogenic. (The defect with the Ames test is that bacteria may not be the right organism to test for mutagenicity in humans). There are a number of things that can damage chromosomes: X-ray, carbon monoxide, fat-soluble pesticides, viruses, even sunlight, hypoxia, nitrosamines, and, yes, fluoride. The longer one lives, the more chances there are for one or another of these toxic events to occur. Some damage to the chromosome can be repaired by specific enzymes built into our systems. One of the known victims of fluoride toxicity is the chromosome repair enzyme. When sufficient specific damage has been done to a chromosome, it loses its control over the rate of cell

reproduction; it is then on the way to become a cancer. It is the accumulation of damaging events over time that leads to this condition. That is why cancer incidence increases with age. The fluoride dose that damages a chromosome or enzyme during the time of youth will have little or no effect; however, with the accumulation of other chromosome-damaging events over time, the fluoride effect may be that additional burden that switches a normal cell into a cancer cell; the proverbial hair that breaks the camel's back.

To sum up: fluoride interferes with the hydrogen bonds that maintain molecular specificity in both chromosomes and enzymes; it can interfere, therefore, with energy utilization and with replication; and it poisons the repair enzyme for chromosome damage. It is a prime suspect as an "enabler" of the process that leads to cancer.

Evidence of Fluoride/Cancer Link

Thirty years ago, the renowned geneticist, H. J. Muller, included fluoride in the number of substances that injure genetic material of cells. In 1968, A. H. Mohamed showed that hydrogen fluoride, even at doses too low to produce visible tissue injury, induces significant mitotic and melotic chromosome alterations in tomato plants and maize. In that same year, R. N. Mukherjee and F. H. Sobels showed that fluoride enhances the production of recessive mutations by X-radiation in *Drosophila* (fruit flies). In 1970 and 1971, A. H. Mohamed and R. A. Gerdes respectively, independently showed that fluoride increases lethal and sublethal genetic damage to *Drosophila*. In 1975, Gileva et al demonstrated the mutagenic activity of inorganic fluoride compounds in female white rats. Here in the U.S. in 1974, Jagiello and Lin found sodium fluoride induces mutagenic damage to mammalian ova from sheep and cows, affecting meiosis drastically. In 1976, Mohamed found highly significant increases in the frequency of chromosomal changes in bone marrow cells and spermatocytes of male adult mice given sodium fluoride in their drinking water. The evidence of chromosome damage by fluoride seems clear.

Circumstantial evidence linking fluoride to cancer is found in the increased lung cancer that occurs among fluor spar miners. Similarly, increased cancer mortality among aluminum plant pot-room workers, especially for cancers of the lungs, pancreas, and lymph glands. Cancer death rates are higher among those living close to large aluminum plants when compared to persons living

4-5 miles away. In Japan, scientists found increased stomach cancer mortality in areas with high-fluoride levels in rice.

Experimental evidence clearly demonstrates the cancer-enhancing effect of fluoride. In rats, G. W. H. Schepers showed that beryllium fluoride was carcinogenic at a dose only 1/10th that of beryllium phosphate. In 1963, I. H. Herskowitz and I. L. Norton observed that sodium fluoride increased the incidence of melanotic tumors in *Drosophila*. As early as 1954, A. Taylor reported that mammary cancer-prone mice fed fluoridated water succumbed earlier than did similar rats fed un-fluoridated water. He later (1956) confirmed this finding using 360 mice fed a special low-fluoride grain diet. In 1965, Taylor and Taylor found that low-dose fluoride stimulated growth of implanted tumors, using 991 mice and 1,817 embryonated chicken eggs. At much higher doses, tumor growth paradoxically decreased.

Epidemiologic evidence is also impressive. In 1974, a British study reported higher stomach cancer mortality in high-fluoride areas. An Italian study in 1964 had reported higher cancer deaths in four volcanic (high fluoride) areas than in neighboring low-fluoride ones. In 1975, L. Kinlen of Oxford claimed he found no significant differences in age-adjusted incidence of cancer between fluoridated and non-fluoridated areas. However, when the fluoridated cities of Anglesey, Watford, and Birmingham-Solihull were compared with nearby unfluoridated areas, the incidence was appreciably higher in six of nine cancer categories. We are all familiar with the famous Burk-Yiamouyiannis cancer death rate study comparing the rising rate in the 10 largest fluoridated U.S. cities with that of the 10 largest non-fluoridated U.S. cities. Their data showed that fluoridation increased the cancer death rates by approximately 15%. Subsequently, Erickson of the Center for Disease Control (CDC) published data derived from death certificates which, after adjustment for age-sex-race, revealed an increase in cancer death rates in fluoridated cities of approximately 8-10%. Erickson, however, claimed that these extra deaths correlated with a factor he created from education level and housing density. To my knowledge, no other investigator lists this factor as a cause of cancer. It is unclear why Erickson prefers this explanation over fluoride.

Conclusion

We must remember that water-borne fluoride is only one source of our daily fluoride intake. You

know that our food chain is now carrying a heavy load of absorbable fluoride, mainly from food processed with fluoridated water. You also know that fluoridated toothpaste, at 1000-1500 ppm, causes the absorption of at least 1 mg fluoride (a day's worth of fluoridated water) with each brushing. There are also fluoride mouth washes and some people are given high-dose fluoride for treatment of osteoporosis. It is also now clear that the supposed dental benefits of fluoridation are not evident, in any study of the past 20 years. In this regard, you should know that a report being circulated by the New York State Department of Health contains the conclusion that the dental effect of fluoride is topical and not systemic, as was once thought. This is highly relevant as it means the very reason for adding fluoride to our water is no longer operative.

Therefore, if the information concerning the link between fluoride and cancer has any importance to you, then get to work and convince the authorities that our public drinking water should not continue to be contaminated with fluoride. The cancer link risk of fluoride is real; let's turn off the fluoridation equipment and allow our water agency folks to get back to their job of providing clean, healthy water for us all.

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New York City's Water: Down the Drain

By Robert F. Kennedy Jr.

WHITE PLAINS, N.Y. — New York City is presiding over the slow but sure destruction of its drinking water supply, long touted as the highest quality of any city in the world.

Three upstate reservoir systems supply city water: the Delaware and Catskill on the western side of the Hudson, and the Croton in Westchester and Putnam counties to the east. Each of the systems is under siege from developers. The reservoirs suffer from little to no enforcement of clean water laws and their watershed lands are protected only by long-outdated regulations.

As a result, the Croton system is so polluted that its water must be filtered before it can be consumed safely. The other two are approximately where the Croton was 25 years ago.

It seems at times that the polluters manage the watershed. At least 85 sewage treatment plants now discharge into New York's unfiltered drinking water reservoirs and the tributaries that feed them. Twenty-eight additional treatment plants, needed to accommodate increased development in the watershed, are under review.

According to the city's own records, 20 percent to 30 percent of existing discharges violate the law. One waste-water stream, from Putnam Hospital Center in Carmel, N.Y., contains high concentrations of parasites and pathogens. These include guardia cysts and cryptosporidium cysts, which can cause serious intestinal ailments, as well as fecal coliform levels as high as 2,400 times the levels permitted under state law. These are discharged directly into the Croton Falls Reservoir.

I have often seen partially treated human waste flow over retaining dikes at the Bedford Hills Correctional Facility. This state prison has had more than 6,000 discharge permit violations since 1984. Its wastes flow directly into Beaver Dam Creek, a half-mile upstream of the Muscoot Reservoir.

Dozens of housing developments in all three watersheds have similar discharges that threaten water quality and public health. Among the worst violators are local sewage treatment plants in the watershed that are owned and operated by the New York City Department of Environmental Protection. The Mahopac Sewage Treatment Plant, for example, has violated its permit 335 times since 1984. One former official of the department calls the plant an "abomination."

In addition, regulations governing land and water use practices in the watershed do not restrict the threats imposed by pesticides, algicides, road salt, oil or other chemicals. Last revised in 1955, the rules seem straight out of Andy of Mayberry. Restrictions focus on manure piles and outhouses, and the maximum fine for any infraction is \$25. Moreover, only 16 watershed policemen patrol 2,950 square miles of watershed mostly directing traffic and arresting trespassers.

New York City's short-term response to declining water quality has been chemical treatment. According to city records, chlorine and copper sulfate have regularly been injected into the reservoirs to "treat" algal blooms and "disinfect" the pathogens. These toxic chemicals have caused fish kills and destroyed aquatic life.

The city's long-term solution is filtration. Filtration for the Catskill and Delaware supplies will cost about \$3 billion; for the Croton, \$266 million. But even that vast expense is no guarantee of clean water. Filtration plants are delicate and complex, far more so than sewage plants, which the city has trouble enough running correctly.

It is virtually certain that filtration alone will not safeguard the 10 million consumers who rely on city water. Instead filtration will deflect attention from the sound measures needed to assure a safe water supply. In the end, New Yorkers will have worse water at greater expense.

To save its high-quality water supply, the city should move immediately on several fronts. It should step up enforcement of watershed regulations, and rigorously evaluate development proposals, devise new regulations that deal with modern toxic threats and fight for statewide legislation to prohibit all new discharges into the reservoirs and to gradually eliminate all existing discharges, including storm water.

Finally, the city should expand protection of reservoir lands through purchases and conservation easements. At least 25 percent of the watershed lands should be protected from development of any sort. Currently, New York City owns less than 10 percent of its reservoir watershed.

It's cheaper for the city to protect the watershed today than to undo the damage tomorrow. Our thoughtless choices now could hurt future generations of New Yorkers.

Robert F. Kennedy Jr. is a lawyer with the Natural Resources Defense Council.

The New York Times, 8/22/89. Reprinted with permission from the Natural Resources Defense Council.

Toxic Bioaccumulation

By Ruth Sackman

Can we as individuals continue to ignore the amount of toxic substances that we ingest in our food, drink from our polluted waters, and breathe from our polluted air? Can we continue to depend on our government agencies to protect us? The answer is a resounding NO!

In spite of the fact that it is difficult to provide a scientific study to prove the correlation between pollution and cancer, reason can prevail and we can exercise our good judgement in deciding how we are going to protect ourselves from a conceived threat. (Editor's note: The World Health Organization claims that 80% of cancer is environmentally induced.)

The cancer rate is constantly rising and more deaths occur today per 100,000 than did 25 years ago. Diseases that were non-existent years ago are now pervading our society.

Although the official position on life expectancy is that it is improving, more younger people are now contracting cancer which used to be a disease primarily of older people. It is just possible that the life expectancy figure rise is not due to longer survival for the elderly but newer techniques that maintain life artificially and the lower death rate at birth. Statistics do not give a detailed picture.

The body has great capacity to tolerate abuses from toxic substances. A healthy immune system will provide constant detoxification. A healthy immune system seeks out all materials it considers foreign and processes them for elimination. But like every organ in the body the system can reach a point where the demand is greater than its capability. More waste is ingested than can be eliminated. Here too, the body is magnificent in its ability to sustain life so the excess of toxic material is stored, hopefully, to be eliminated at a future opportunity.

How do we protect ourselves until we can depend on our federal consumer protective agencies? Unless we want to wear a gas mask or remain indoors in a controlled environment, there is no way to avoid air pollution. The body can handle limited amounts of toxic accumulation but we must do our utmost to control what we can.

The food intake can be improved considerably if not perfectly. Raising some of your own food without chemical fertilizer or chemical weed and pest control can help tremendously. Even apartment dwellers can raise some vegetables in sunny areas of their home. Health food stores are a source

of produce without chemicals. You can also locate farms that garden organically. In New York City, some organic producers sell at the greenmarkets.

The one item which can be improved totally is your water. You can either buy distilled water, or distill your own. Reverse Osmosis is another method of purifying water and the equipment can be installed in the home. These systems remove nearly 100% of the impurities. It is the purest and safest water we can have at the present time. Tap water may be free of bacteria and, therefore, claimed to be pure but that does not take into account the many chemicals that contaminate the water in the reservoirs. Spring water is also loaded with contaminants that seep into the underground rivers (aquifers). Spring water is probably more contaminated than tap water because the underground rivers collect chemicals from chemically sprayed lawns, golf courses and farms. Chemicals discharged by factories also leach through the soil reaching the aquifers.

Toxic bioaccumulation is probably the cause of Chronic Fatigue Syndrome (CFS) as the problem has responded to detoxification therapy. So too has detoxification relieved chemically-sensitive people.

Health Med, a California-based group, is using the Hubbard method of detoxification. It is a very complex system and time consuming. You can write for more information to the following:

Megan Shields, M.D.	David E. Root, M.D.
314 North Harper	or 1 Scripps Drive
Los Angeles, CA	Medical Building
90048	Sacramento, CA 95825

Other detoxification techniques can be found in two books on the F.A.C.T. book list on page 15. One is *Tissue Cleansing Through Bowel Management* by Bernard Jensen, D.C., Ph.D. and the other is *Raw Vegetable Juices* by Norman W. Walker.

*"To laugh often and much;
to win the respect of the intelligent people
and the affection of children;
to earn the appreciation of honest critics
and endure the betrayal of false friends;
to appreciate beauty;
to find the best in others;
to leave the world a bit better
whether by a healthy child, a garden patch,
or a redeemed social condition;
to know even one life has breathed easier
because you have lived.
This is to have succeeded."*

— Ralph Waldo Emerson

Statistics Versus the Big Lie

While certain diseases have been brought under control, both the number of illnesses and the number of people suffering from them have increased.¹ There is also growing evidence which suggests that changes in environment and lifestyle are more likely to be effective than medical intervention in lowering morbidity and mortality rates²...

Table A is a comparative format for the years 1967 and 1976, showing a rise in all categories of the present distribution of persons with limitation of activity due to chronic conditions. It is broken down by age for the population under 45.³...

...It should be noted that since these statistics are age-adjusted, the increased rate of chronic diseases cannot be explained as a consequence of the overall aging of the population. Nor can the rise in chronic disease be accounted for by the average life expectancy being longer — more people living to an age where they are likely to be subject to chronic conditions. The reason for this is that the statistics would then reveal the percentage of debilitating conditions rising only among the older portions of the population, and not among young people. Instead, we find that increased proportions of younger persons are suffering from chronic disease.

Between July 1957 and June 1958 the percentage of persons under 15 years of age with one chronic condition or more was 17.5 percent. Between July 1966 and June 1967 the percentage for the same age group had risen to 22.4 percent.⁴...

In examining the trend among children in the years between 1967 and 1976, there was a steady rise in the percentage of persons under 17 years of age who were limited in their activity due to chronic ailments. See Table B.⁵...

Among young men in the 15-24 year old age group, in the 4-year period from 1963 to 1967 chronic conditions rose a dramatic 8.5 percent. Although the percent of chronic condition was even higher for young women 15-24 years old during the same interim, the rate of increase was not as high. For men the increase went from 35.9 to 44.4 percent; for women, 39.2 to 44.8 percent.⁶

...Although mortality rates have been steadily declining for all other age categories in the United States, the death rates for 15 to 24 year olds have been increasing. According to the 1977 Vital Statistics Reports, during the 12-month period between July of 1976 and July of 1977 alone, there was a 9.1 percent increase in the rate of deaths for 15-24 year olds.⁷

NOTES

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This article is excerpted and abridged from the summer 1978 issue of Working Papers with permission from Commonweal Research Publication, P.O. Box 316, Bolinas, CA 94924. Working Papers is a quarterly publication on public health and the environment. Subscriptions are \$10 a year, available from the above address.

Chronic Diseases on the Rise Among Young People

TABLE A

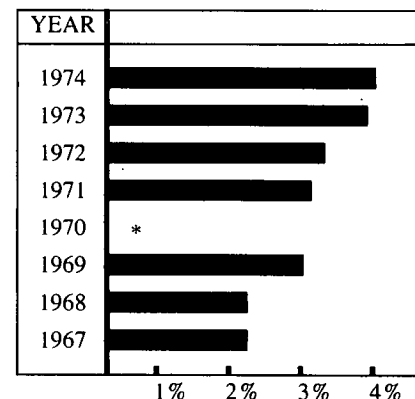
NUMBER AND PERCENT DISTRIBUTION OF PERSONS WITH LIMITATION OF ACTIVITY DUE TO CHRONIC CONDITIONS BY DEGREE OF LIMITATION ACCORDING TO AGE IN THE U.S.

	Total Pop.	With No Act. Limit.	With Act. Limit.	With Limit. In Major Activity
All Ages:				
1967	193,403	88.5	11.5	8.7
1976	210,643	85.7	14.3	10.8
Under 17:				
1967	67,078	97.9	2.1	1.1
1976	60,891	96.3	3.7	1.9
17 to 44:				
1967	68,726	92.7	7.3	4.7
1976	84,701	91.1	8.9	5.5

NCHS Vital and Health Statistics

TABLE B

PERCENT OF PERSONS UNDER SEVENTEEN YEARS OF AGE LIMITED IN ACTIVITY



*figures not available

NCHS Vital and Health Statistics

Distilled Water

The controversy between distilled water and spring water is becoming legend in natural health circles. How to choose for drinking purposes is usually a matter of who to believe and personal experience. — The Editor.

In today's polluted world, distilled water is the purest water available. Since it assists in the elimination of many harmful substances, it has been recommended for detoxification and fasting programs, and for helping clean out the cells, organs and fluids of the body.

Water from public water systems, and even from many wells and springs, is likely to be loaded with poisonous chemicals and toxic trace elements. This water is saturated with lime salts, calcium, magnesium, sodium, iron, copper, silicon, nitrates, chlorides, viruses, bacteria, and many other harmful inorganic minerals and chemicals.

American plumbing systems also contribute to polluted water. Zinc, copper, cadmium, lead and other trace elements are released in excessive quantity by the chemical action of the water in the metals of the water pipes. The Environmental Protection Agency recently reported unsafe levels of lead in American drinking water, accounting for growth retardation and lowering of intelligence in children, blood ailments, and pregnancy problems.

Similarly, according to a recent World Health Organization report, "a substantial proportion of disease outbreaks can be attributed to deficiencies in drinking water disinfection." Twenty percent of the community water supply systems in this country are having consistent problems meeting the standards for drinking water of the EPA, according to Jack Sullivan, deputy executive director of the American Water Works Assoc. in Washington. It is evidently time to take greater care with the water we drink.

Prevention is the keynote in the decision to use only steam distilled water. In distillation, water is turned into vapor so that all its impurities are left behind. (99% of lead content is removed in the distillation process.) In his book, *The Choice is Clear*, Dr. Allen E. Banik describes distilled water as "the only water which is pure—the only water

free from all impurities."

Distilled water acts as a solvent in the body. It dissolves food substances so they can be assimilated and taken into every cell. It dissolves inorganic mineral substances, acid crystals and all other waste products so that these can be eliminated in the process of purifying the body.

As distilled water enters the body, it picks up mineral deposits accumulated in the joints, artery walls, or wherever such deposits occur, and begins to carry them out. Gallstones and kidney stones decrease until they can safely pass through their ducts. Arthritic pains lessen as joints become more supple and movable.

Distilled water has the inherent characteristics of a magnet which picks up discarded minerals, and with the assistance of the blood and the lymph, transports them to the kidneys for elimination. It is this kind of mineral elimination that is erroneously referred to as leaching; the expression that distilled water leaches minerals from the body is inaccurate. It does not leach out body minerals; it collects and removes inorganic minerals which have been rejected by the cells and tissues, and which if not evacuated can cause arterial obstruction and serious damage.

Odorless, colorless and tasteless, distilled water contains no solid matter of any kind, no minerals, organic or inorganic, and is made solely of the two gases, hydrogen and oxygen. It can be used as a drinking water, for cooking, for electric irons and batteries, and is so pure it is used for intravenous feeding, inhalation therapy, prescriptions and baby formulas.

Thousands of distillers have been sold throughout the USA and in many foreign countries to individuals, families, doctors, hospitals, nursing homes and government agencies. □

By Nina Carrino

REPRINTED FROM THE FEBRUARY 1987 ISSUE OF "IN HEALTH"

LETTERS

Dear Mrs. Sackman,

Although this letter is long overdue, my deepest thanks have existed to you and your very fine organization, F.A.C.T., for the attempts made to help my friend Alex. If only Alex and his family had followed F.A.C.T.'s suggestions, he very likely would be alive today. Your patience and encouragement and the financial help of F.A.C.T. was exemplary.

Alex was depressed, scared, confused, angry, with other emotions too. Neither Alex nor any of us knew he would not follow his instructions to strengthen his immune system, which had so much potential at his young age of 16½ years.

Now it is about 1½ years after his death and I am recovered enough to write this letter of thanks, appreciation and re-commitments to the principles of health and life which F.A.C.T. and all positive, non-selfish scientists held in common.

As per above, I will complete the translations of your literature and therapeutic instructions. Unless I hear differently from you, the first translations will be as follows: (1) Spanish print; (2) Braille; (3) Spanish audio; (4) English audio; (5) Danish; (6) Danish audio.
Sincerely, *Steve A.*

Dear Mrs. Sackman:

The last CANCER FORUM was excellent. Will you please mail four more copies? *Excellent* change to new name for F.A.C.T. Well thought out.

R. McM.

Dear Ruth,

The recent F.A.C.T. convention was, as might be expected by now, a grand success, I believe. I had a chance to talk to quite a few people there and I am always impressed by their spirit and guts. All the presentations were interesting and some, like Dr. Lam's were especially intriguing. I thank you for making it possible for me to participate in the conference. *J.R.L., M.D.*

Dear Mrs. Sackman,

We both want to thank you for your kindness and especially your patience. It shows in John's condition. He is doing well after what he went through in February. With much love, *D.S.*

Dear Ruth,

You are doing a super job — can't believe you are still at it! Marshall is doing well — 16 years! Plays golf almost every day.

Graduated from American Institute of Massage Therapy in Ft. Lauderdale. I have state boards in Orlando. I love it. Am learning Trager Body work. Kisses, *L.H.*

To Treat or Not to Treat?

The latest method of treating breast cancer is to use chemotherapy after surgery regardless of lymph node involvement. The National Cancer Institute (NCI) claims that patients remain cancer-free in the years immediately following surgery, but, there is **no evidence that the patient will survive longer**. Is it worth suffering with the side effects of chemotherapy for this questionable benefit? Is it worth risking death from chemotherapy? Chemotherapy can interfere with the ability of the body to sustain a full recovery. (Hardin Jones, Ph.D. claims that untreated patients usually live four times as long as treated patients.)

The N.C.I. position was based on studies printed in the *New England Journal of Medicine*. Dr. Merrill I. Feldman of University Hospital in Boston, co-author of one of the studies, said: "Many people didn't feel that the alert from N.C.I. was documented by enough evidence to justify ... putting all women on this [chemotherapy], unless they fit the strict criteria of the women in these studies.

The studies showed that 80% of the women were free of cancer after only 4 years (this is inadequate time to make a determination in breast cancer cases) as compared with 72% of the patients who were not on drug therapy. **But**, there was no significant difference, however, in the **death rates** between the two groups.

Dr. William L. McGuire of the University of Texas Health Science Center at San Antonio said that if doctors used drug therapy to treat all 70,000 women diagnosed each year with early breast cancer, they might prevent earlier recurrence in about 5,000 of them. The rest would be treated *needlessly* and some of the women would die of the treatment itself.

Many experts felt that the decision to use medicine should be left up to the patient after informing them of the studies.

* * *

At least three types of diagnostic X-ray procedures could expose a pregnant woman to enough radiation to seriously endanger the fetus, warned Drs. Robert Rugh and William Leach of the F.D.A. They involve fluoroscopic examinations to the abdominal area. Such X-rays should be scheduled only during those days of the month when it is least likely that a woman has become pregnant without yet knowing it. In the case of a woman who is already known to be pregnant, he said, the doctor in the case must weight *carefully* the relative risk to the woman's unborn child.

Nutritional Influences on Illness

By Melvyn R. Werbach, M.D.

Usually when I am presented with a new book, my inclination is to start reading from the beginning and proceed through each succeeding chapter. Alas, this is not possible with this excellent volume by Melvyn R. Werbach, M.D. *Nutritional Influences on Illness* is most definitely a reference book as is clearly stated in the subtitle, *A Sourcebook of Clinical Research*.

This is a large book in several respects. Certainly in size — measuring 8-1/2 by 11 inches, containing 506 pages and weighing in at 2-3/4 pounds — it ranks among the more impressive-looking works. But in scope and achievement it is equally imposing. In the introduction Dr. Werbach gives an indication of the range of his vision by noting the growing recognition by the medical fraternity of the importance of nutrition in treatment of illness. He states his hope that the material presented in the book will enable all health-care professionals to better utilize nutritional science in their practices.

Part One, titled "Illnesses and the Effects of Nutrients, Toxics, and Environmental Sensitivities," contains the bulk of the text and consists of a series of short chapters covering the major illnesses starting with Acne Rosacea on page three to Wound Healing on page four-hundred-forty-six. For each illness major dietary factors are discussed, nutritional supplements and foods are mentioned along with food sensitivities and precautions. Dr. Werbach endeavors to substantiate each statement he makes with abstracts from studies and from the literature. This is a fascinating part of the text. The abstracts are of double-blind, observational and uncontrolled studies plus animal studies. Some abstracts may agree with certain statements while others may refute them. In the end it is up to the reader to decide which is the wisest step to take.

Part Two of the book consists of six appendices and a comprehensive index. The appendices deal with Common Nutritional Deficiencies, the Dangers of Nutritional Supplementation, Guidelines to Nutritional Supplementation, Laboratory Methods for Nutritional Evaluation, Nutrient Bioavailability and Interactions, and Syndromes Due to Abnormal Tissue Nutrient Levels.

To repeat, Part One comprises the major portion of the work and is titled "Illnesses and the Effects of Nutrients, Toxics, and Environmental Sensitivi-

ties." Illnesses are presented in alphabetical order. For example, Acne Vulgaris, the second disease entity listed, is discussed in terms of four major topics. In the first section, "Basic Diet," the author cites one observational study showing that less acne occurs among Blacks in Zambia eating a traditional diet than among Blacks in the U.S. A second observational study reports that Eskimos who changed to Western diets developed new diseases including acne. A third study confirms that Blacks in Kenya eating a traditional diet suffer less acne than Blacks in the U.S.

Under the heading "Nutrients" the statement is made that Folic Acid may be beneficial to the treatment of acne. This is followed by an abstract of a study with eight patients in which "six patients were much improved" and one was improved with Folic Acid administration. A similar format is given for Pyridoxine, Vitamin A, Selenium, Zinc, Fatty Acids and Chromium which are also considered beneficial in the treatment of Acne Vulgaris.

"Other Factors," the next topic, discusses the importance of ruling out food sensitivities. Studies are described which detail the close relationship of diet to acne including the negative effects of certain foods such as chocolate, milk and refined carbohydrates.

Under the concluding section, "Combined Nutritional Regime," Dr. Werbach reviews the deleterious effects of antibiotics on acne and makes suggestions concerning supplements and foods helpful to the management of the condition.

In summary, this book is exactly what Dr. Werbach planned it to be: a source book for those practitioners and sophisticated lay-persons who want substantiation for their acts in the nutritional approach to good health and overcoming disease. The tone, as in most standard reference books, is rather impersonal and in certain areas there is a boring redundancy of review articles. I found myself wondering why so many were needed and how they were selected. At times, I confess, I entertained a suspicion that a capable computer technician may have simply run a search on these various topics and automatically included the entire findings in the appropriate sections!

Personally, I would have appreciated more explanatory text than abstract citations. The author might have offered his opinion about the use of specific nutrients in treating various conditions. Also, I feel he ought to have included a general discussion of detoxification without which no text on the nutritional approach to the treatment of illness is complete. After all, the highest quality

nutrition program cannot bring about a healthy environment in a body that suffers from toxic bio-accumulation. Too many nutrition books fail to address this subject which contributes so much to the onset and perpetuation of the disease state.

Nevertheless, *Nutritional Influences on Illness* is a valuable publication because of its focus on nutrition as a primary tool for healing, something physicians and patients have been far too slow to recognize and put into effective practice. In this regard Dr. Werbach's work represents a great step forward in health care.

This book is available from THIRD LINE PRESS, INC. 4751 Viviana Drive, Tarzana, California 91356. The telephone number is (818) 996-0076. The cost is \$49.00 plus shipping.



BOOK REVIEW

by Corinne Loreto

Foods That Heal

by Dr. Bernard Jensen

Dr. Bernard Jensen has again written the kind of book I enjoy reading and reviewing. To the older members of FACT, Dr. Jensen is well known. His lectures at our conventions have inspired many of us to follow the natural route to wellness.

At the time I was reading "Foods That Heal", I was having a bout with insomnia and knowing how orthodox doctors would treat insomnia with sleeping pills, I stayed clear of them and noted Dr. Jensen's remedy for insomnia is eating grapefruit before going to bed. So, I tried it and slept soundly that night. Eating grapefruit at night then became a habit, but I found it was taking the enamel off my teeth and it became apparent that one can overdo a good thing.

"When taken right before bedtime, grapefruit is conducive to a sound sleep. A drink of grapefruit juice first thing in the morning helps

prevent constipation. It is also an excellent aid in reducing fevers from colds and the flu, and seldom causes any allergic reactions."

Dr. Jensen was inspired to become a natural healer by reading the writings of Hippocrates and by attending lectures given by a Dr. Rocine in 1930. Dr. Rocine and Dr. Jensen were to form a long-lasting professional relationship.

I like these quotations of Hippocrates:

"Unprovoked fatigue signals the presence of disease."

"Overeating causes sickness."

Dr. Jensen points out in his book that Hippocrates stressed prevention of disease by strongly recommending not only a balanced diet but a moderate and sensible lifestyle as well.

A quotation by Dr. Rocine:

"If we eat wrongly, no doctor can cure us; if we eat rightly, no doctor is needed."

This book is great. One chapter has a list of health cocktails for common disorders.

For example:

Anemia – the health cocktail for this disorder is blackberry, parsley and grape juice.

Arthritis – celery and parsley juice.

Another chapter describes the Twelve Body Systems and their nutritional requirements.

Part Two – A guide to Fruits and Vegetables. In this part of the book, fruits and vegetables are described in considerable detail and the therapeutic value of each food is given similar to the description of the grapefruit above.

I am rushing my check to FACT so that a copy of this book can become a permanent part of my natural healing library. It is a wonderful reference book and, of course, we have come to expect such excellence from Dr. Jensen.



F.A.C.T. has had a lot of calls about the book HEALTH AT THE CROSSROADS, which was reviewed in the last issue. The publisher is:

Tapestry Press
P.O. Box 653F
Springville, UT 84663
Tel: 801-489-9432

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