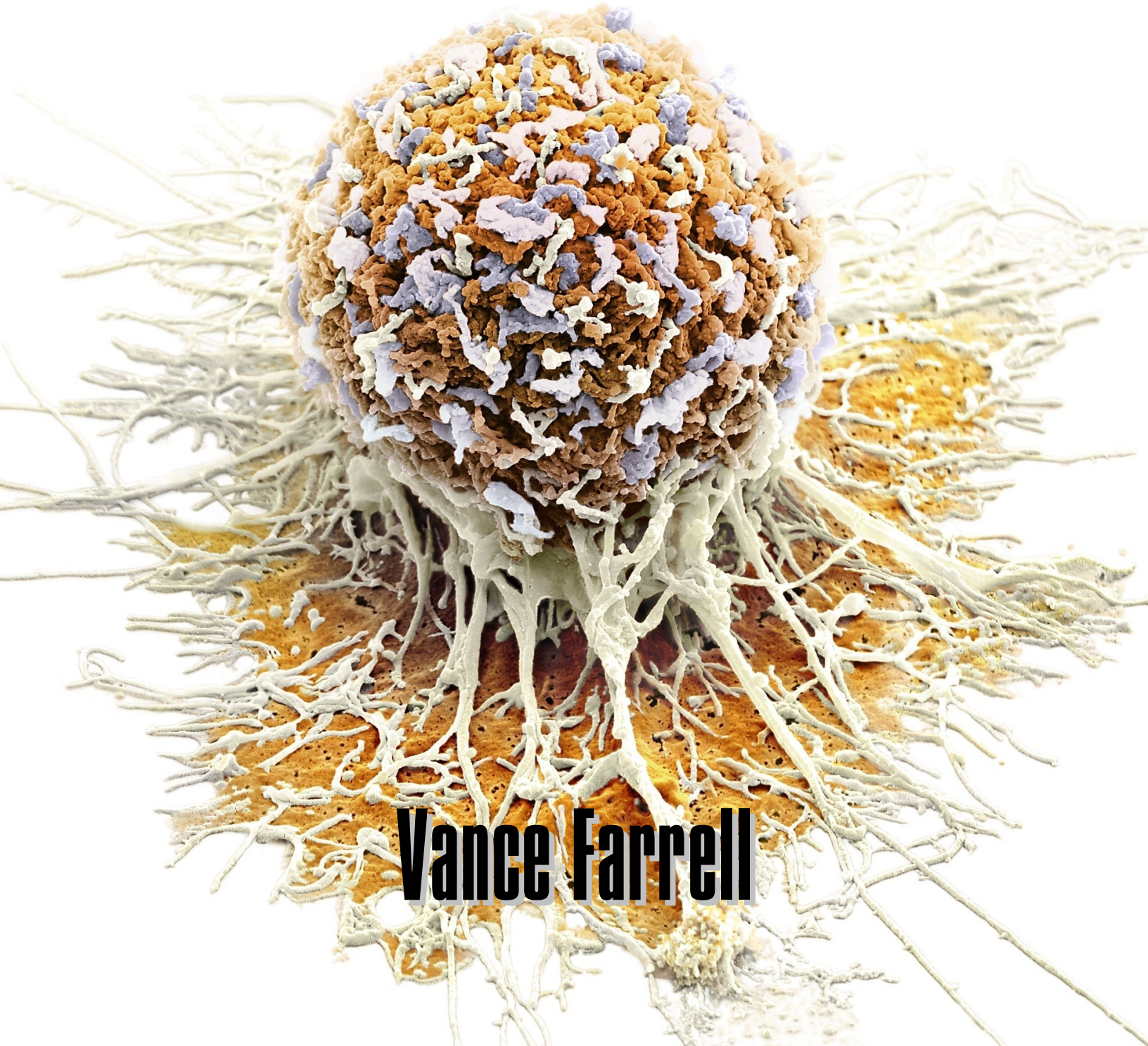
Alternative Cancer Remedies

Facts for Historians and Medical Researchers



Vance Farrell

Alternative Cancer Remedies

Facts for Historians and Medical Researchers

BY VANCE FERRELL

- Nearly four hundred preventive factors
- Over fifty cancer treatment methods
- Based on the findings of eighty cancer researchers
- The three primary methods used today
- Over fifty special herbs
- The four leading herbal formulas
- Anti-cancer organizations and clinics
- Sources of supplies

– and much more

Warning: These alternate methods are not approved by the National Institutes of Health. This book has been prepared for medical researchers and students of medical history. It should not be used as a self-help guide to cancer therapy. Consult your physician.

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Alternative Cancer Remedies:
Facts for Historians
and Medical Researchers
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"Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth." *—3 John 2*

"And ye shall serve the Lord your God, and He shall bless thy bread, and thy water; and I will take sickness away from thee." *—Exodus 23:25*

"If thou wilt diligently hearken to the voice of the Lord thy God, and wilt do that which is right in His sight, and wilt give ear to His commandments, and keep all His statutes, I will put none of these diseases upon thee, which I have brought upon the Egyptians: For I am the Lord that healeth thee." *—Exodus 15:26*

"Who forgiveth all thine iniquities; who healeth all thy diseases." *—Psalm 103:3*

"For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God's." *—1 Corinthians 6:20*

"What? know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own?" *—1 Corinthians 6:19*

"If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye are." *—1 Corinthians 3:17*

Contents

— Important notice —

Cancer is a life-threatening disease. The information in this book was not intended for use by non-professional readers in treating cancer.

PART TWO: SPECIAL SYSTEMS OF TREATMENT

BIBLE PROMISES

"The Lord God is a sun and shield: the Lord will give grace and glory: no good thing will He withhold from them that walk uprightly."—*Psalm 84:11.*

"Surely I know that it shall be well with them that fear God, which fear before Him."—*Ecclesiastes 8:12.*

"Commit thy way unto the Lord; trust also in Him, and He shall bring it to pass."—*Psalm 37:5.*

"I will cry unto God most high; unto God, that performeth all things for me."—*Psalm 57:2.*

"He that followeth after righteousness and mercy findeth life, righteousness, and honor."—*Proverbs 21:21.*

Important: Read This First

There is no such thing as a cancer cure. There never has been one, there never will be one. A "cure" means there is certainty that the disease is gone.

Then why was this book written? It was prepared to help scientists and researchers devise ways to move us closer to solutions to the cancer problem.

But there *are* "remedies" for cancer! There are lots of them! Purported remedies of all kinds. You will find a remarkable number described in fair detail in this book. **Why are they provided here? So medical investigators can wander through the halls of this labyrinth of possibilities—and, hopefully, someday provide us with official government approval of a technique that really does accomplish the task.**

There is no cure for cancer. It is larger than any remedy. It is the result of a way of life, serious deficiencies which can vary for each person, a variety of environmental food poisons.

No remedy can be devised which solves all the problems. No claimed system of treatment in this book (over 50 are listed in Part Two) includes all the preventive factors (of which over two hundred are listed in Part One).

There is no place where you can buy the complete system. There is no package containing them. There is no doctor dispensing them.

The cancer problem is the result of the total life of an individual; and each individual has flaws, needs, and problems unlike those of anyone else.

We recently heard of a nationally known individual who privately tried all types of natural diets, etc., but it was not until he added magnesium, in still larger amounts, that he had remission from cancer. —Yet magnesium is only one of dozens of possible factors! Everyone is different!

Then there is the Christian mother who, encountering cancer, became something of an expert in vitamins, minerals, juices, and green drinks. Yet she died. We later learned that, everyday, she poured half a cup of vegetable oil onto her salads.

Just little things, like not enough magnesium and too much oil; but it all adds up.

The cancer problem, its length, its depth, its recoverability, is part of a person's way of life.

What does this book do? It leads the researcher to lots of problems, and points them toward many helpful factors. It also provides everyone else with ideas to help prevent cancer in the first place.

The many formulas (methods used in the past to eliminate cancer) are provided to help simplify the researchers' work. For the same reason, lists of addresses of various alternative cancer organizations are given at the back, so researchers can find sources of supplies and additional formulas. Through those addresses, they can also locate physicians, primarily outside of America, who are regularly working with alternative remedies. Rather than fighting one another, let us get our heads together—and solve these problems!

But this book will also be fascinating to historians and students of medical lore. The amount of controversy—and downright war—which has taken place in the cancer field is unbelievable. It is a fascinating subject.

Are any of these treatments successful? That is a question to be pondered by the students of history and solved by the medical researchers for whom this book was particularly written for.

In PART ONE of this book you will find an extensive listing of information which earlier research has shown, in laboratory and clinical studies, to be preventive and reduction factors.

In PART TWO are the remedial systems, each one frequently claiming to be the answer to cancer. Are they really cures? Hardly. By far the greater number are narrowed programs: A single chemical, a combination of three or four

herbs, or a special procedure is touted as the final solution. Yet the narrowed therapies generally do not provide long-term recoveries.

The problem is that the systems in Part Two generally omit the factors listed in Part One. In addition, most of the systems ignore the best of the other systems. As a result the patient's entire way of life is not radically altered.

Yet, in research laboratories, men and women continue to search for that single magic bullet which will wipe out the malignant plague.

—We plead with the researchers, physicians, and cancer organizations to finally start putting the pieces in the remedy puzzle together! The solution is not in just finding more pieces.

Let us bring together the abundance of facts that we already have. It is the belief of the present writer that the researcher will find many of those factors in this book.

WARNING: DO NOT ATTEMPT TO TREAT YOURSELF! You are to be advised that a variety of governmental agencies recommend against your attempting to do this.

Having said that, although this is not a self-help recovery book, it can, with great profit, be used as a means of prevention. You will find the nutritional and lifestyle information in Part One to be of special value.

Carefully read through its pages, reread them and glean out ideas which you can use to improve your health! **Efforts to improve your physical health and stamina are recommended by every government agency in the land.** They want strong, healthy citizens who can strengthen the nation, work hard, and make it more prosperous.

It is the fervent wish of the author, that this will help many maintain good health for a longer period of time.

— Vance Ferrell

ABBREVIATIONS

Certain abbreviations appear in this book:

ACS = The American Cancer Society
FDA = The Food and Drug Administration
NCI = The National Cancer Institute
NIH = The National Institutes of Health
SKI = The Sloan-Kettering Institute for Cancer Research
AMA = American Medical Association
OTA =Office of Technology Assessment

Other less frequent abbreviations include:

AAAS = The American Association for the Advancement of Science
CCS = The California Cancer Society
HEW = The U.S. Department of Health, Education, and Welfare (which more recently has been split into other departments)
MSKCC = The Memorial Sloan-Kettering Cancer Center
USDA = The U.S. Department of Agriculture
USDHHS = The U.S. Department of Health and Human Services
NAS = The National Academy of Sciences

Caution: The information presented in these chapters is not to be used in any manner in the non-professional treatment of cancer, nor should people with cancer attempt to undertake any of these methods. The material which follows is meant solely as a first step in the education process concerning cancer.

Alternative Remedies and Congress

Later, in Part Two of this book, you will read about more than fifty alternative treatments for cancer.

Over the years, the ongoing battle over them has sometimes led to congressional hearings. But one such case resulted in a law by the U.S. Congress, mandating that research studies be undertaken to verify existing alternative methods of treating cancer or produce new ones.

This law resulted from two facts which, in the course of years, had become very obvious:

First, the orthodox methods of treating cancer (surgery, chemotherapy, and radiation) rarely extend life more than one to three years.

Second, when alternative methods have been proposed, many of which seem to produce remarkable success, they have generally been hounded to death by the major cancer organizations.

Here is how the law came about:

In July 1985, the National Cancer Institute and certain other U.S. agencies managed to get the Bahamian Health Department to close Dr. Lawrence Burton's Immuno-Augmentative Therapy (IAT) Centre, located in Freeport, Grand Bahama Island.

When that happened, a large number of wealthy cancer victims, who had been taking treatment at Burton's hospital, were aroused to a white-hot anger. They demanded that the U.S. Congress take action. Guy Molinari, a New York congressional representative, with the help of 38 other representatives, moved on Congress to request the Office of Technology Assessment (OTA) to investigate Burton's IAT.

Although the original request was for the testing of IAT, it was later expanded into a full-scale evaluation of alternative cancer remedies. This investigation resulted in the longest, most expensive, and most controversial study that OTA ever produced.

John Gibbons, OTA director, summarized the reasons for the study in these words:

> "To thousands of patients, mainstream medicine's role in cancer treatment is not sufficient . . The attractiveness of unconventional cancer treatments may stem in part from the acknowledged inadequacies of current medically accepted treatments, and from the too frequent inattention of mainstream medical research and practice, to the wider dimensions of a cancer patient's concerns."—*Office of Technology Assessment, Congress of the United States, Unconventional Cancer Treatments, September 1990.*

In the request, John Dingell, chairman of the U.S. House of Representatives Committee on Energy and Commerce, asked that the following points be covered in the OTA study:

- The types of uncoventional cancer treatments most available to Americans.
- How people gain access to unconventional therapies.
- Costs and means of payment.
- Profiles of typical users of unconventional treatments.
- Legal issues.
- The potential for increasing our knowledge about the efficiency and safety of these cancer treatments.

The OTA study began in 1986 and continued for four years. Throughout that entire time, charges of bias, conflicts of interest, and coverups were hurled back and forth by various interests.

Finally, in 1990, the 312-page report was released to Congress. The Associated Press headlined the story, *"Federal Study Urges Testing of Unconventional Cancer Treatments."* But opponents denounced it as "bad science" and "biased research."

The OTA report called on Congress to provide funds for research into alternative cancer methods. Based on that report, the National Cancer Institute, which receives the largest portion of government funds, was told by Congress to

begin such an investigation.

More than a year later, Congress learned that the NCI had ignored the directive. So, on November 22, 1991, Congress passed a law creating the Office of Alternative Medicine as a branch within the National Institutes of Health.

The budget set aside for the first year of the new Office of Alternative Medicine was $2 million. That was not large (the NIH receives over $3 billion annually), but it clearly revealed the intent of Congress.

All this was the result of intense lobbying, by citizens, and hard work spearheaded by earnest, dedicated congressmen, led by Guy Molinari, John Dingell, and Tom Harkin.

Before concluding this brief chapter, it is well to note another significant event which occurred in Washington, D.C. in recent years.

For decades, thousands of Americans had to travel to foreign countries, to obtain alternative medical treatment or supplies for a variety of life-threatening diseases, including cancer.

Upon their return to America, their supplies, drugs, etc., were, if found, seized and confiscated. Shipments made through the mail were treated in the same manner.

But, when AIDS came along, the gay community exerted tremendous political pressure—and succeeded in obtaining what no one else in America had been able to accomplish. They wanted to easily purchase AIDS drugs, not otherwise available in the U.S., by mail from overseas.

On July 20, 1988, during a speech at the Tenth National Lesbian and Gay Health Conference and AIDS Forum, Frank Young, the administrator of the Food and Drug Administration, announced a major change in FDA policy.

Henceforth, Americans could import small quantities of drugs and other alternative medical substances from foreign countries for personal use.

This was a major breakthrough. Individuals would be permitted to import through their personal baggage small quantities (up to a three-month's supply) of medicines they had purchased while traveling abroad. In addition, those persons who had serious medical conditions could import a three-month's supply of such items through the mails.

Young said the new policy had been made specifically to help AIDS patients, but that it would apply to drugs and other substances sought by Americans with any disease.

So it is now legal for cancer patients to import up to a three-month supply of any of the alternative cancer therapies from a foreign country.

Humanity cries out for a solution to the cancer problem.

At the present time, $100 billion is being spent, worldwide, on cancer therapy every year.

Researchers are needed to solve this problem for us.

This book has been written so that researchers will provide us with usable, government-approved remedies—which actually work.

Interesting Statements

"My dear Kepler, what do you say of the leading philosophers here, to whom I have offered a thousand times of my own accord to show my studies, but who, with the lazy obstinacy of a serpent who has eaten his fill, have never consented to look at the planets or moon, or telescope? Verily, just as serpents close their eyes, so do men close their eyes to the light of truth."—*Galileo Galilei (1564-1642), Letter to Johannes Kepler, c. 1630.*

"As long as providers make their income and fame largely by delivering 'rescue' medicine, they will have less economic interest in prevention."—*Paul Mencel, M.D., in Medical Costs, Moral Choices.*

"It is more important to know what sort of person has a disease, than to know what sort of disease a person has."—*Hippocrates (460-377 B.C.)*

"To regain health once it has been lost we need to begin to reverse some, and ideally all, of those processes which may be negatively impacting us, and over which we have some degree of control."—*Leon Chaitow, N.D., D.O.*

"Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship . . To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of medical science. All such laws are un-American and despotic and have no place in a republic . . the Constitution of this republic should make special privilege for medical freedom as well as religious freedom."—*Benjamin Rush, M.D., Signer of the Declaration of Independence, Physician to George Washington, from The Autobiography of Benjamin Rush.*

"A search of the Medlars' Data Base at the National Library of Medicine shows that, since 1966, three have been 12,896 studies on vitamin C, of which 5,546 deal with humans, and 7,043 studies on vitamin E, of which 3,205 deal with humans.

"In total [of all the studies on vitamins], three probably have been more than 75,000 studies on nutrients now being consumed as dietary supplements. Many of the studies provide the kind of evidence that would persuade anyone."—*Saul Kent, President, Life Extension Foundation.*

"I am personally convinced that many of these scientists and practitioners are not 'quacks' . . but really are good scientists working on good scientific theories. Unfortunately, we have a society and a system which says that anybody doing anything new or different is a quack."—Berkeley Bedell, former Iowa congressman and Member of the National Institutes of Health Alternative Medicine Evaluation Panel.

"The art of healing comes from nature and not from the physician. Therefore the physician must start from nature with an open mind."—*Paracelsus (1493-1541).*

"After the initiation of the cancer process, the disease will often lie undetected for many years."—*American Institute for Cancer Research.*

"Sixty percent of all cancers in women and 40 percent of all cancers in men may be due to dietary and nutritional factors."—*National Academy of Sciences.*

"Environmental toxicity is one of the most important areas of cancer causation and cancer prevention, and it is yet to receive adequate recognition from the cancer research establishment."—*Samuel Epstein, M.D.*

"The essential premise of alternative medicine is that healthy bodies do not develop cancer, and that cancer is a reflection of the body as a whole, rather than a localized disease in one particular part of the body."—*Ernesto Contreras, M.D.*

Introduction

TYPES OF CANCER

Cancer is a terrible disease. This year alone, over half a million Americans will die from it. One out of every three persons will develop cancer in their lifetime. Throughout the industrialized world, the figures are just as bleak.

Cancer is characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death.

Every cell in the body is able to become cancerous; and, everyday, many cells in your body become cancerous. But, normally, your immune system, at work in a body strengthened by good nutrition and good living habits, overcomes those malignant cells and eliminates them.

Although there are over a hundred different types of cancer, all of them generally fall under just five categories:

1 - **Carcinomas.** These are the most common types of cancer. These are tumors which originate in body tissues and cover a surface or line internal organs. Such malignancies include skin, breast, lung, and intestinal cancers.

2 - **Lymphomas.** These are cancers of the lymph system, which consists of a series of glands which filter out impurities from the body. Lymph glands are found in the neck, armpits, spleen, and groin. In the United States, the most common forms are Hodgkin's disease and non-Hodgkin's lymphomas. In central Africa, Burkitt's lymphoma (which is rare in the U.S.) is common.

3 - **Leukemias.** These are cancers which originate in the bone marrow, spleen, and lymph nodes. They are not solid tumors, but produce an excess of white blood cells.

4 - **Sarcomas.** These originate in connective tissue and muscles; they attack bones, muscles, cartilage, or the lymph system. They are the rarest of the malignant tumors and also the most deadly.

5 - **Myelomas.** These are also rare tumors, and begin in the plasma cells in the bone marrow.

SIGNS OF CYSTS AND POLYPS

Here are several generalized signs of cysts and polyps. These, of course, are not definitive.

In the nose—Chronic difficulty in breathing through the nose.

In the colon—Bleeding or a mucous drainage from the rectum are common symptoms.

In the bladder—Blood in the urine.

In the cervix—A heavy watery, bloody, discharge from the vagina; bleeding may occur after intercourse, between periods, and after menopause.

SIGNS OF SKIN CANCER

Skin cancers are far more common. Everyone should be aware of the signs:

Look for a tumor or lump under the skin, resembling a wart or an ulceration that never heals; moles that change color or size; flat sores; and lesions that look like moles.

Here are the five official warning signs of skin cancer:

1. An open sore that bleeds, crusts over, and will not heal properly.

2. A reddish, irritated spot that is usually on the chest, shoulder, arm, or leg. It may itch, hurt, or cause no discomfort at all.

3. A smooth growth with an elevated border and a center indentation. As it becomes bigger, tiny blood vessels develop on the surface.

4. A shiny scar-like area that may be white, yellow, or waxy with a shiny, taut appearance.

5. An enlarging, irregular, "angry" appearing lesion on the face, lips, or ears.

Here is a description of one of the more com-

mon types of skin cancer: large flat, tan or brown, spots with a darker black or brown area dotted on its surface. The edges may, or may not, be clearly defined. The spot may appear mottled.

Moles should also be watched, especially those that change in size or color, are irregularly shaped, have ridges around the edges, widen, bleed, itch, or seem to be continually irritated by clothing.

Here are still more identifiers of skin cancer—the so-called "A-B-C-D checklist":

Asymmetry: Both sides of the mole should be shaped similarly. If the overall shape is irregular, then it might be skin cancer.

Border: The edges of moles should be smooth, not blurred or ragged.

Color: It should be tan, brown, and dark brown if it is normal. If it is red, white, blue, or black, it is not.

Diameter: Any mole that is larger than ¼ inch in diameter, or whose diameter seems to be increasing, should be treated with suspicion.

Spots which are dry, red, and scaly (most frequently found on the face, neck, or backs of hands) may be actinic (solar) keratosis. These are lesions which result from years of overexposure to the sun. They can be precancerous. Later they may become hard to the touch and grayish or brown in color.

SIGNS OF BREAST CANCER

Here are special warning indications of breast cancer:

Lump(s), thickening, and other physical changes in the breast; itching, redness, and/or soreness of the nipples not associated with breast-feeding.

In the most common types—Lumps are firm, do not go away, and are generally pain free. Lumps which do not move around may be malignant or may not be.

In another type—There is itching, redness, and soreness of the nipple.

In yet a third type—The breast becomes extremely tender and appears infected with something.

These three are explained in more detail below.

There are several different types of breast cancer. Most of them are similar, producing lumps described above. But a few are different:

Paget's disease of the nipple—affects the nipple, and cannot be detected by a self-examination. Cancer cells have migrated to the nipple. The symptoms are itching, redness, and soreness of the nipple. This form of cancer only occurs when a different form of cancer is present elsewhere in breast tissue.

Inflammatory carcinoma—is a different type. The skin thickens and turns red. The breast becomes extremely tender and appears infected with something. The lymphatic, and blood, vessels have become clogged because of a tumor. This type of cancer spreads very rapidly. Professionals recommend a biopsy; but, if you choose not to do so, you must be planning to go on an intense natural remedies cleansing to eliminate the problem. Whatever you do, you had better set to work and do it.

FACTS ABOUT MAMMOGRAMS

Identification of breast cancer is important. The best method of identification is personal breast examination. Here is why:

(1) Mammography is an X-ray technique, and X-rays can cause cancer. The breast is known to be highly sensitive to radiation. (2) Mammography provides false tumor reports between 5-15% of the time *(A.B. Miller, "War on Breast Cancer Screening," Cancer Forum, March 1988).* False positive results cause women to be exposed to additional radiation, possibly leading to unnecessary surgery. (3) Mammography can fail to detect advanced cancers less than 2 cm in diameter. Yet a tumor can be felt manually when it reaches 1 cm (approximately ½-inch). With training, women can detect even smaller tumors. (4) Early detection, through self-examination, is the safest and best. (5) A new method is transillumination via infrared light scanning. This method has no radiation, but it may not be available locally.

SIGNS OF OTHER CANCERS

Here are signs of thirteen other cancers:

Lung—A persistent cough, sputum with blood, chest pain.

Colon—Rectal bleeding, blood in the stool, and changes in bowel habits (such as persistent diarrhea and /or constipation).

Bladder and kidney—Blood in the urine, pain and burning with urination, increased frequency of urination.

Leukemia—Paleness, fatigue, weight loss, repeated infections, easy bruising, bone and joint pain, nosebleeds.

Mouth and throat—A chronic ulcer of the mouth, tongue, or throat that does not heal.

Stomach—Indigestion and pain after eating, weight loss.

Laryngeal—Persistent cough, hoarse throat.

Lymphoma—Enlarged, rubbery lymph nodes; itching; night sweats; unexplained fever and/or weight loss.

Prostate—Weak or interrupted urine flow; continuous pain in the lower back, pelvis, and/or upper back.

Cervical and uterine—Bleeding between menstrual periods, unusual discharge, painful menstrual periods, heavy periods.

Endometrial—Bleeding between periods, unusual discharge, painful menstrual periods, heavy periods.

Ovarian—Often no obvious symptoms until it is in its later stages of development.

Testicular—Lump(s), enlargement of a testicle, thickening of the scrotum, sudden collection of fluid in the scrotum, pain or discomfort in a testicle or in the scrotum, mild ache in the lower abdomen or groin, enlargement or tenderness of the breasts.

RECENT CANCER STATISTICS

Here are some cancer statistics for the latest reporting year, from the official 1996 ACS report:

"The financial costs of cancer are great both for the individual and for society as a whole. The National Cancer Institute estimates overall costs for cancer at $104 billion; $35 billion for direct medical costs, $12 billion for morbidity costs (cost of lost productivity), and $57 billion for mortality costs. Over half of the direct medical costs are due to treatment of breast ($6 billion), lung ($5 billion), and prostate ($5 billion) cancers. The cost of cancer screenings, including mammograms, Pap smears, and colorectal exams adds another $3 to $4 billion to overall cancer costs . .

"Who gets cancer? Anyone. Since incidence rises with age, most cases affect adults in midlife or older. Among children ages 0-14, cancer causes more deaths in the U.S. than any other disease. In the 1980s, there were over 4.5 million cancer deaths, almost 9 million new cancer cases, and some 12 million people under medical care for cancer.

"Lifetime risk refers to the probability that an individual, over the course of a lifetime, will develop cancer or die from it. In the U.S., men have a 1 in 2 lifetime risk of developing cancer, and for women the risk is 1 in 3 . . Smokers have a 10-fold relative risk of developing lung cancer compared with nonsmokers. This means that smokers are about 10 times more likely to develop lung cancer (or have a 900% increased risk) than nonsmokers . .

"How many new cases will there be this year? About 1,359,150 new cancers will be diagnosed. This estimate does not include carcinoma, in situ, basal, and squamous cell skin cancers. The incidence of these skin cancers is estimated to be over 800,000 cases annually . .

"How many people will die? This year about 554,740 will die of cancer—more than 1,500 people a day. One of every four deaths in the U.S. is from cancer . .

"At this time, the most frequent sites of cancer deaths among men are lung, prostate, and colon and rectum cancer. None of the others are as anywhere near as large. In women, it is lung, breast, and colon and rectum."—*ACS, Cancer Facts and Figures: 1996.*

BIBLE PROMISES

"Godliness is profitable unto all things; having promise of the life that now is, and of that which is to come."—*1 Timothy 4:8.*

"The Lord is my shepherd, I shall not want . . Thou preparest a table before me in the presence of mine enemies: Thou anointest my head with oil; my cup runneth over."—*Psalm 23:1, 5.*

"There is no want to them that fear Him . . They that seek the Lord shall not want any good thing."—*Psalm 34:9-10.*

"Seek ye first the kingdom of God, and His righteousness; and all these things shall be added unto you."—*Matthew 6:33.*

"My God shall supply all your need, according to His riches in glory, by Christ Jesus."—*Philippians 4:19.*

"Godliness with contentment is great gain . . Who giveth us richly all things to enjoy."—*1 Timothy 6:6, 17.*

"Ye shall walk in all the ways which the Lord your God hath commanded you, that ye may live, and that it may be well with you, and that ye may prolong your days in the land ye shall possess."—*Deuteronomy 5:33.*

— Part One —
Special Preventive Factors

INTRODUCTION TO PART ONE

This is the only section in this book which is written for practical use by everyone. This section explains a large number of factors needed to prevent cancer from occurring. That is something we can all do! The later sections, which concern the treatment of cancer, were written for historians—and especially cancer researchers.

Cancer is a systemic disease, affecting the entire body. Because it is caused by a variety of conditions in the entire person, it cannot be prevented (or adequately treated) by specifics. An entire change in one's way of life is required.

Do not feel awed by the vast amount of data given below. Read it again and again—and start making changes. *And keep making more changes!*

"Killer cells" are mentioned occasionally. These are natural body cells which target cancer cells and destroy them. Certain nutrients help them do their work.

SPECIAL RISK FACTORS

Here are the special risk factors for each of the fifteen main types of cancer:

Skin—Exposure to the sun, especially for those who have fair skin; history of moles (malignant or otherwise); moles on the feet or in areas irritated by clothing; scars from severe burns and scars or sores that won't heal; family history of skin cancer.

Lung—Smoking; exposure to asbestos, chromates, nickel, or radioactive materials; history of tuberculosis; chronic bronchitis; exposure to certain chemicals, such as pesticides and herbicides.

Breast—First childbirth after age 35, having no children, family history of cancer, high alcohol and/or caffeine intake, high-fat diet, and diabetes. Estrogens and oral contraceptives have been linked to breast and uterine cancer. There appears to be a link between sugar intake in older women and breast cancer.

Stomach—Pernicious anemia; lack of hydrochloric acid and dietary fiber; high-fat diet; chronic gastritis; stomach polyps.

Colon—Lack of dietary fiber and calcium; polyps; family history of colon cancer; continued constipation and/or diarrhea; a buildup of toxins in the colon; a high-fat diet.

Leukemia—Hereditary factors, radiation exposure, chronic viral infections.

Cervical and uterine—More than 5 complete pregnancies, first intercourse before age 18, a history of gonorrhea or genital warts, multiple sex partners, and infertility.

Ovarian—Not having had children and high-fat diet.

Laryngeal—Heavy smoking and alcohol consumption.

Lymphoma—Hereditary factors and immune system dysfunction. Some cases are linked to a viral cause.

Mouth and throat—Use of chewing tobacco; smoking; irritants inside the mouth, such as a broken or sharp tooth, or ill-fitting or broken dentures; excessive alcohol intake.

Endometrial—Never having been pregnant, being past menopause, family history of cancer, diabetes, obesity, hypertension.

Bladder and kidney—Exposure to certain chemicals, such as benzidines, aniline dyes, naphthalenes; smoking; excessive consumption of caffeine and/or artificial sweeteners; history of schistosomiasis (a tropical disease); frequent urinary tract infections.

Testicular—Undescended testicle.

Prostate—Recurring prostate infection; history of venereal disease; diet high in animal fat; high intake of milk, meat, and/or coffee; use of male

hormone (testosterone) in treatment of impotence; vasectomy; being over age 50.

SPECIAL PREVENTIVE FACTORS

MISCELLANEOUS

• **Venereal disease** can lead to breast, cervical, uterine, and prostate cancer.

• Avoid contact with sick **pets**. Actually, you would be wise to not have any dogs or cats inside the home.

• The following can also lead to cancer: **too much sunlight** (skin cancer); **mechanical, physical, or chemical irritation**; prolonged **irritation of warts, pimples, or sores** (skin cancer); and **radiation** (leukemia).

• The clothes should have **no constricting bands** and should **keep the neck, head, arms, legs, and feet warm**. As many layers of clothing should be worn on the extremities as are worn on the trunk. This is especially important in cancer of the breast or skin.

• A **biopsy** is a thin slice of tissue, taken to examine it for possible carcinoma (cancer). But, when the slice is made, the cancer (if any) stored in that area, can immediately begin spreading throughout the body.

• **X-rays**, **radium**, and other forms of **radiation therapy**, along with **chemotherapy**. It weakens the body, intensifies the toxicity and weakened conditions initially producing the cancer. The cancer generally returns within 6 to 12 months in greatly strengthened form.

• Here is a brief list of some of the significant factors leading to cancer: **Chemical additives in food, refined and fragmented food, use of nicotine and/or alcohol, a heavy protein diet, excessive use of dairy products, commercial oils and fats (especially when heated and reheated), all grease, hydrogenated oil (added to many foods), diethylstilbestrol, hormones, contraceptives, nitrates (often added to food), medicinal drugs, hard drugs, monosodium glutamate (in food and tobacco), refined sugars, saccharin and other artificial sweeteners, biopsies and other forms of surgery, pollutants (occupational and environmental), X-rays and radium exposure, cosmetics, detergents and soaps, water (chlorinated, fluoridated, or contaminated), and aluminum.**

GENERAL

• Jethro Kloss said that his cancer cure was **correct food, herbs, water, fresh air, massage, sunshine, exercise, and rest.** Yet some famous medical dictionaries say nothing about diet in cancer treatment, except to keep the diet under 2,000 calories. The truth is there is a close relationship between the food we eat and what happens in our bodies.

• Meals, bedtime, periods of study, etc. should be according to a **regular schedule**. **Avoid noise, smog, television, worry, stress, and confusion. Do some reading everyday. Reading in God's Word, accompanied by simple trustful prayer** brings healing to heart, soul, and body.

• Dr. Josef Issels' cancer clinic, in Germany, is an example of a well-rounded program. In addition to other things mentioned in this book, he prescribes **plenty of rest, complete freedom from worries and mental stress, and plenty of fresh, pure air day and night**. To the degree the patient is strong enough for it, and as he improves, there is **lots of exercise and walking**.

• Some, in a position to do so, may wish to move to a **warm, unpolluted climate** (any left?) where fresh air and sunshine is continually available. Build up the system with **good food, exercise, and rest**.

• **Continual overwork** and **exhaustion** can lay the groundwork for the development of cancer.

• **City living, with its hurry, noise, confusion, and air and water pollution** can also provide the inferior living conditions which lead to malignant conditions.

WORRY, DEPRESSION, AND STRESS

• **Stress** is also considered a significant factor. More and more research indicates that, as Dr. H.F. Dunbar says, "only certain types of people succumb to cancer."

• Two Soviet researchers (Serov and Troskin) demonstrated that **negative emotions** reduce the white blood count in an alarming manner, hindering a major body defense against disease.

• Researchers at the Rochester Medical Center in New York have found that people are more likely to contract cancer if, more than others, they have a harder time dealing with **severe emotional conflicts and stresses**; have **uncontrolled anxieties and worries;** experience **traumatic emotional experiences or losses**; and have **strong feelings of loneliness, inadequacy, hopelessness, and desperation**. It may not be that such **negative attitudes** cause the cancer, but they keep

the person from resisting and conquering it.

• Maintain a **strong sense of purpose**. **Find something to do** with yourself. In one church which the author once pastored, a woman bedridden for years before her death would phone people at random, encourage and pray with them. Between calls, she would pray for them. She was a radiant sunbeam.

• A **strong trust in God and peace in Him** is the solution. Man innately knows that he cannot solve his own problems; he needs God! Only in Him can we find the strength and courage to press forward. Only then can we be genuinely happy amid life's problems.

• **Read God's Inspired Word—the Bible**—everyday, and **be happy, contented, thankful, and helpful to others**. This is a powerful inducer to healthful conditions in the body.

SORROW OF THE HEART

• As far back as the second century A.D., the Greek physician, Galen, noted that melancholic women were more likely than others to develop cancer.

• Today, the effect of emotions and stress (or rather the attitude toward stress) is recognized even more. Over the past 75 years a number of studies have linked stress to susceptibility to cancer *(R. Ader, Psychoneuroimmunology, 1981).* Strong stress in a child can also lead to it *(B.L. Bloom, et. al., Psychological Bulletin, 85, No. 4, 1978).* Adults who had recently lost a loved one or were widowed, divorced, or separated have the highest cancer rates *(B.L. Ernster, Journal of the National Cancer Institute, 63, No. 3, 1979).*

• Ronald Grossarth-Maticek, M.D., a European researcher, spent 20 years working along a line of study which has been rejected by orthodox medicine. His concept is called Creative Novation Behavior Therapy, and it concerns people with certain personalities; that is, having certain mental-emotional attitudes of a person that is most likely to contract cancer.

• Grossarth-Maticek is a Yugoslavian oncologist (cancer specialist) who used mortality data in Heidelberg, Germany.

• People who view life in a certain way are more prone to develop cancer.

• **Type C** persons are unable to solve problems in relationships with other persons, situations, and goals. When relationships are crushed, circumstances go sour, or goals become unachievable, these people react by sinking into a depression, characterized as feelings of helplessness and hopelessness. Type C people are highly prone to cancer.

• **Type H** persons also have the same difficulties named above, but they react quite different to such problems. Instead of feeling hopeless and helpless, they become angry and frustrated. Type H people tend to develop heart disease.

• **Type F** persons learn how to roll with the punches. They are free of fears and worries, for they give them into God's hands to care for. Although they encounter problems as others do, they trust in God, recognize their own limitations and, when difficulties arise, keep moving forward cheerfully. This type tends to die of other causes, such as accidents. They tend not to die of cancer or heart or circulatory problems.

• These people are not living under stress, with aroused hormonal flow, such as types 1 and 2 personalities have. They are at peace with life. They accept what has to be, change whatever they can change; and, with God's help, they keep cheerfully on their way, helping others as they go.

• Still other researchers have found other aspects of this Type C (cancer-prone) personality.

The main aspect they have noted is loss, either loss of a loved one or loss of hope. Many cancer patients feel a profound sense of helplessness and despair, particularly about the meaning of their existence. Frequently, they need peace with God.

• A second characteristic is the suppression, or repression, of emotions.

• The third factor is loneliness. Such people tend not to have close friends *(H. Dreher, Your Defense Against Cancer, 1988, 246-247).*

• All three factors could be nicely resolved if such individuals would come to God and find in Him the encouragement, the forgiveness, and strength they need to meet life's difficulties.

DEEP BREATHING AND EXERCISE

• Cancer is less prevalent in physically active people; so **exercise** is important.

• Obtain plenty of **exercise**. **Fresh air** has remarkable healing, strengthening properties. God gave it to us for a purpose. Let it cleanse the lungs, purify your blood, and tone up your organs.

• Do **deep breathing exercises**. Take 20 deep breaths, hold each one for several seconds, and then slowly exhale. Exhale to full compression, and then inhale again. Do this several times a day—always outdoors. This, along with **outdoor walking**, will help clean the lungs.

• Soviet scientists demonstrated that a complex link exists between cancer and not breathing

deeply enough or breathing stale air too much. One researcher in the Western world said that forced deep breathing, out of doors, at least 3 times a day to the point of dizziness, will help furnish an ample supply of oxygen.

• It is well-known that cancer cannot live in an oxygen-rich environment.

• (Many researchers seem not to be aware of the negative ion factor. Breathing deeply out-of-doors supplies both oxygen and **negative ions** to the body. Negative ions provide a much-needed electric charge by the nerves.)

• If at all possible, **sleep in a room that receives sunlight during the day**. It has been scientifically proven that patients' rooms on the north side of a building have more disease germs on the floor and furnishings.

• The bedroom should be **properly ventilated** at all times.

ORGANS OF ELIMINATION

• **Keep the eliminative organs active**. The five primary ones are the **lungs, the skin, the liver, the kidneys, and the bowels**. Add to this a sixth: the **lymphatic system**. Add to that a seventh: the **immune system**, working together with the white blood cells, the T-cells, and vitamin C. (Vitamin E also purifies and detoxifies, but it carries on this function in the liver.)

• The first step is to cleanse the blood by relieving **constipation**, making all the organs of elimination active, and keeping them active. Take **herbal laxatives or enemas**.

• A **daily bowel movement** is essential, even if an enema or colonic is required. All foods which ferment in the bowel should be avoided. Absolutely **no meat or fish**!

• Bowel movements need to be **complete evacuations**, even if enemas are necessary. The cleansing program is releasing so many toxins, it is important that they be flushed out. Enough **water must be drunk** everyday.

• If necessary, keep the bowels clean with **herbal laxatives or enemas**. When the body is toxic, the bowels become sluggish; waste matter is reabsorbed by the blood and lymphatic system, which is circulated throughout the body and stored in tumors or other trash sites. It is best that you not use these over a long period of time.

• Many aspects of cancer therapy, including chemo and radiation therapy, pain killers, and sedatives, reduce muscular contractions in the intestines, resulting in constipation. Sometimes physical assistance is needed. Using the flat side of your fist, gently massage with rocking motions, pushing about 1-2 inches. Be gentle and slow! This not only helps reduce constipation, but increases muscle tone.

CHEMICAL FOOD ADDITIVES

• **Coal tar dyes** are highly carcinogenic. **All artificial colors, flavors, and odors** are made from coal tar. You will find them in all **soft drinks, cosmetics, and many medicines**. **Foods which have bright colors, strong flavors, or odors** often have coal tar in them. (The FDA lists thousands of approved food additives. The more natural and unprocessed the food is, the less likely it is to have additives. Junk foods are the worst.)

• Research has shown that **cyclamates**, an artificial sweetener, will in later years cause cancer of the stomach and other digestive organs. Ditto for saccharin.

• **Food additives like MSG, BHT, BHA, DES**, and others are poisons. Read the labels carefully. Keep in mind that many harmful food additives are not listed on the labels because the FDA considers them to be "Generally Regarded as Safe." Those chemicals you will find in the FDA GRAS List. But that does not mean they *are* safe!

• **Diethylstilbestrol** (Des) has been shown by the FDA to cause cancer of the uterus, breast, and other reproductive organs. This is an artificial sex hormone widely used in food production. Dangerous residues of stilbestrol are in 85% of all the meat sold in the United States. This is the main reason why 15 countries around the world now refuse to import American meat; 21 nations have a total ban on the use of stilbestrol in food production or processing.

• **Nitrosamines** cause cancer of the liver, stomach, brain, bladder, kidneys, and several other organs. Dr. William Lijinski, of the University of Nebraska, says they are "perfect carcinogens." When chemical preservatives and color enhancers are ingested, they cause the body to produce nitrosamines. Another source is nitrates and nitrites, which are heavily added to meat during processing. Runoff of nitrates and nitrites, from fields sprayed with chemical fertilizers, get into aquifers and wells; and, when people drink the water, it can lead to cancer.

• Yes, **aluminum cookware** is a type of "food additive!" Throw it all away. It is poisonous to your body. It is outlawed in Sweden; outlaw it in your kitchen. Aluminum is a poison, and also a relatively soft metal. Particles of it gradually melt into the food you are cooking. That is why it remains so shiny inside!

• Use only **stainless steel or glassware** for

cooking.

• Be very careful that you rinse all the **soap** off your dishes and pots, or you will have added an additional chemical "food additive" to your next meal.

OTHER CHEMICALS

• Avoid chemicals such as **hair sprays**, all other **aerosol products**, **fresh paints, garden pesticides, cleaning compounds and waxes, insecticide strips, mothballs and crystals**, etc. Anything unnatural.

• Dr. Max Gerson would not allow his cancer patients to **dye their hair** while recovering from cancer.

• Old-fashioned soap is all you need to disinfect, but when **hexachlorophene** is added to that soap, the soap becomes more deadly. Widely used in maternity and other hospital wards, as well as in cosmetics and deodorants, "hex" is a powerful cancer producer.

• **Chemicals** encourage the formation of free radicals in the body, which may lead to cancer. Do not be around, or use, chemicals. The body has to work to throw off the chemicals, when it should be attacking the cancer cells.

• Exposure to certain chemicals, such as **benzidines, aniline dyes, and naphthalenes**, tends to promote development of bladder and kidney cancer.

• Exposure to **asbestos, nickel, chromates, pesticides, herbicides, and radioactive materials** induces lung cancer.

• **Aflatoxins** (found especially in **peanuts and soy sauce**) must be avoided.

• Avoid **amines** (which are in **cheese, meat, and unrefrigerated foods**).

• **Antibiotics** predispose to cancer. This would include tetracycline, penicillin, aspirin, diuretics, immunosuppressants, Azolid, Butazolidin, Presamine, Tofranil, Sk-Promine, Tapazole, Methotrexate, antihistamines, amphetamines, Atromids, etc.

• **Aspirin** inhibits lymphocytes (white blood cells) which are crucially needed in immunological defenses.

• No **medicinal drugs** ever healed anything; it is nature which heals. Drugs are given to shock the body into healing itself. A poison is introduced, and this rouses the body to a supreme effort to throw off the poison. The result is generally a weakening of body organs, a transfer of the site of disease to a different location, and sometimes a smothering of symptoms—till a later, more deadly, form emerges.

• The taking of **birth control pills, estrogen, and other female hormones** is damaging to the body. A later result can be cancer. One anti-cancer physician (Gerson) found that the only cancer patients he could not recover were those who were taking hormones or who had damaged livers.

• The Cleveland *Plain Dealer* reported (May 1972) that pregnant women who take **hormones** can result in cancer in their daughters when they enter their teens. The rate of leukemia is highest in affluent areas, where medical help can be afforded and lowest among poorer people.

• **City living** is depressing. It is also unhealthful. The **carbon monoxide, nitrogen dioxide, ozone, and other photochemical pollutants** in city smog definitely cause cancer of the lungs. Smog is somewhat present in rural areas, but the thickest in the cities where it is especially produced.

• **Automobile exhausts** and **phosphate fertilizers** produce **cadmium**. This trace mineral is very toxic in larger amounts and produces various diseases, including cancer. Cadmium is concentrated in animal livers and shellfish. Avoid both of them.

RADIATION

• **Radiation** is a cause of leukemia.

• You may be thin and need an **electric blanket**. But avoid them if you can. There is the possibility that they might impose an electrical current on the body. That can happen the easiest if your skin is sweaty and directly next to the blanket. Research also indicates that it is change in the currents from blankets which may be the most deleterious.

• **X-rays**, even diagnostic ones (the types used by dentists and physicians), can lead to later leukemia or other cancers.

• **Strontium 90 and Iodine 131** are radioactive element fallouts from distant nuclear bomb tests. Both are especially found in milk products. The first causes bone cancer and leukemia; the second causes thyroid cancer.

• Stay eight or more feet from **television sets**. Because of possible leakage, do not use **microwave ovens**.

WHAT ABOUT SUNLIGHT?

• Nearly all physicians and nutritionists agree today that sunlight is harmful, even dangerous. But is this really true?

• It is not easy to arrive at clear-cut answers in this debate, but certain facts should be mentioned:

• First, some sunlight on your skin is extremely important as a purifying agent. An entire book has been written about the physical benefits of obtaining some sunlight, on your body.

• Second, you need some sunlight in order to obtain enough vitamin D for your bones. The oils just below the surface layers of skin are irradiated by sunlight, and vitamin D is produced.

• Third, the author of that special book, *Sunlight,* by Zane Kime, M.D., is the recognized world authority on the subject—and in a special section on cancer, he provides 25 pages of detailed information about suntans in relation to skin cancer.

Kime declares that sunlight does not cause skin cancer, if the diet is correct! Here, briefly, are several of his points:

• Sunlight can change cholesterol near the skin surface into free radicals, which can cause cancer. But a good diet will eliminate the free radicals.

• A high-fat diet increases the likelihood of skin cancer. This includes too much oil of any kind in the diet—grease, hydrogenated oil, trans-fat, and vegetable oil.

• Trans-fat (fat which is not polyunsaturated) stops oxygen utilization by the cell, and leads to cancer. Liquid vegetable oil can be up to 6% trans-fat, margarines up to 54%, and solid shortening up to 58%.

• If you are on a low-fat diet, sunlight hitting your skin actually inhibits cancer.

PROTEIN

• Our actual daily **protein** requirement is 20-30 grams a day, but many eat over 100 a day. **Almonds**, well-chewed, are a good protein source for those recovering from cancer. **Brewer's yeast** is also.

• Proteins should be in the form of **seeds and nuts**. Almonds are excellent, so are **sesame** and **sunflower seeds**. Chew them well. Eat 10 raw almonds daily. They are high in laetrile, an anti-cancer agent (although not as high as **apricot seeds**).

• Do not eat **peanuts**. Limit, but do not eliminate **soybean products**. Soybeans contain enzyme inhibitors, so are not the best until you are well.

• Eat all **concentrated protein** at only two meals (breakfast and lunch or lunch and dinner). Do not eat them at the third meal. In this way there are no proteins being digested for a 15-hour period, and the pancreatic enzymes are able to focus their attention on digesting cancer cells present in everyone.

• **Overeating on protein** leaves no extra pancreatic enzymes to digest cancer cells throughout the body.

• Make sure you have enough **hydrochloric acid**, so the protein you do eat is being properly absorbed.

MEAT

• Avoid **meat in all forms**. It is dead matter; low in minerals; and produces uric acid in excess, which is a waste product. The incidence of cancer is in direct proportion to the amount of animal proteins, particularly meat, in the diet.

• However it is true that **devitalized, processed, and sugared food** can also cause cancer—even in vegetarians. But far more often, when cancer strikes, those eating the junk foods are also eating meat.

• Nations and groups which consume less meat have less cancer. Hospital records show that Seventh-day Adventists, who eat little or no meat, suffer far less from cancer than the average meat-eating American. Dr. Willard J. Visek, research scientist at Cornell University, stated that the high-protein diet of Americans is linked to the high incidence of cancer in the U.S.

• Another cancer physician, who also worked with hundreds of cancer patients, said that anyone who does not eat **meat**, eats only good food, and does all he can to protect his **liver**, may never get cancer.

• Cancer is less a disease than a condition existing in the whole body. Cancer would be almost unheard of if no devitalized food or meats were eaten. Cancer cannot exist where there is a pure bloodstream.

DAIRY PRODUCTS

• Do not eat animal protein. Never eat luncheon meats, hot dogs, or smoked or cured meats. Restrict consumption of **dairy products**.

• **Milk and milk products** are harmful, so they should be avoided. Milk contains a growth hormone for growing calves large in a few weeks and months. It will stimulate tumor growth. The pasteurization of milk destroys the phosphatase enzyme needed for assimilation, and many allergies and digestive problems result. Calves fed on pasteurized milk die of heart attacks in 8 months; yet we still give it to our children.

• The **synthetic vitamin D** added to milk is one of the most toxic food additives known. Some of it unites with undigested calcium, forming calcified deposits which can be focal points for developing tumors.

• Those with cancer should not use milk, with the possible exception of two tablespoons of yo-

gurt daily.

• Eggs can cause cancer. Many chickens die of carcinoma (cancer). It is known that the cancer germ can pass from the chicken into the egg.

FATS AND RANCID OIL

• Keep the **weight** down. Obesity is another factor linked to cancer, especially in women. Overweight women more frequently have cancer of the uterus, and do not recover as easily from breast cancer.

• **Accumulated fatty tissue** in the body affects female hormones. The more that is present, the more estrogen is produced and converted into a special type of endocrine substance which stimulates cells to divide in the breast and reproductive system. Overweight men and women are more likely to develop cancer.

• A **high-fat diet** dramatically increases the occurrence of colon, breast, endometrial, and ovarian cancer, as compared with a low-fat diet. Eating a lot of fat encourages the development of cancer in both men and women. Colon cancer is more likely to occur in men.

• Those who eat the most saturated fat are twice as likely to develop polyps.

• Dr. Ott Warburg made that discovery in the 1920s. He demonstrated that the metabolism of cancerous tissue differs radically from that of normal tissue. A regular cell is nourished by oxygen which it uses to break down nutriments; without oxygen it dies. But a cancer cell lives by using chemicals to break down nutriments—not oxygen—and needs little or no oxygen to exist. The tumor, being a parasite, has a restricted circulation of blood, sometimes as low as 2% of normal, hence it lives on fermentation of sugar, like a plant or fungus, instead of oxygen. Later experiments by Warburg revealed that normal living tissue will become cancerous, **if deprived of oxygen**. It was this research which brought Warburg the Nobel Prize.

• Since the blood provides the cells with oxygen, Warburg concluded that the **condition of the bloodstream** played an important part in the development of cancer. This is substantiated by the fact that malignant tumors are frequently found near scars, at the sides of ulcers, in atrophied organs, or wherever the blood supply is poor.

• **Rancid oils** and **heavy protein diets** thicken the blood, and weaken its ability to transport food and oxygen to the cells.

• Unlike other cells, cancer cells do not need oxygen. **Rancid oils and fats** are dangerous, for they decrease oxygenation and weaken normal cells while strengthening cancerous ones.

• **Rancid food and oils** are unsafe and can produce cancer. Even health foods which have been on the shelf (not refrigerated) for too long can be rancid. Try to make sure that the **wheat germ, wheat germ oil, sunflower seeds, sesame seeds, flaxseed oil, and whole-wheat flour** are fresh. Natural, unprocessed foods are extremely perishable. Refrigerate as soon as possible after purchasing them. **Wheat germ** is a special problem; it turns rancid a week after it is made. Vitamins E, A, and F are totally destroyed in rancid foods. During the process of turning rancid, very harmful chemicals, such as peroxides, are produced. Because they are strong chemical irritants, after being ingested they can cause cancer. Research on this was done in Germany by Dr. H. Anemueller and, in the University of Pennsylvania, by Drs. Rownee and Barrett.

• **Heated fats (animal or vegetable)**, when heated to a high temperature, become carcinogenic. Never fry food; never eat **fried food**. Instead **add no oil to your cooking**, but place measured amounts on your food after it is served at the table. In this way, you will be better able to control your oil intake.

• Oil in the **coffee** bean turns rancid when heated; do not drink coffee because of that and several other reasons. Coffee has been shown to produce cancer of the bladder.

DIET AND NUTRITION

• Researchers in Sweden estimate that 40% of cancer in males and 60% in females is caused by **dietary deficiencies** and **wrong eating**.

• **Chew your food** four times as long, thus making it four times as digestible. Cancer is often caused by mineral deficiencies. How can you get enough, if you are not chewing your food properly? When you chew your food well, you do not need to eat as much to satisfy both hunger and body needs.

• As noted elsewhere, **do not use dairy products, fried foods, heavy starches, or high protein foods. Keep the diet simple and use cleansing foods**.

* Rats fed simple, natural food were far less likely to develop cancer than rats fed “purified” foods (*i.e.*, processed foods).

• Do not eat **tainted or partly spoiled food**: fruits, vegetables, grains, etc. Definitely do not eat spoiled protein foods (such as nuts)!

COOKING

• **Modern food processing, canning, and cooking** destroys enzymes vital to digestion and body needs. When food is heated to 106° F., some of these enzymes are damaged; many are destroyed when 120° F. is reached. Try to keep foods, which have been subjected to heat, to below 25% of the diet. Too much **cooked foods** throw an extra burden on the pancreas. It must try to produce additional enzymes to detoxify that cooked food, which tries to produce a normal output of the same enzymes used throughout the body to destroy cancer cells.

• When you do cook, **measure the water and keep track of the time** needed to cook the food—so that you will know exactly when to turn off the fire, and there is only a very small amount of **water** remaining in the pot. Then be sure and drink that water.

• It has been reported that cancer, which has been controlled, starts returning **if over 25% of the food is cooked and processed**. This is probably due to the extra demand on the pancreas to replace enzymes destroyed by heat. This paragraph is worth remembering later on.

• Cook all **sprouts** slightly to eliminate a certain enzyme. But do not heat **alfalfa sprouts**; eat them raw.

PROBLEM FOODS

• Eliminate **fats; salted foods; fried foods; smoked foods; pickles; soft drinks; caffeine; alcohol; chocolate; and all processed, fried, and junk foods** from the diet.

• A high **alcohol** and/or **caffeine** intake is a cause of breast cancer. The use of alcohol or **tobacco** leads to cancer of the larynx. **Smokeless tobacco** produces cancer of the lip, mouth, tongue, and throat. Smoking **cigarettes** or **cigars** produces lung cancer and is a factor in bladder and kidney cancer.

• Do not eat too much **salt**. Research in Japan disclosed that the frequency of stomach cancer is definitely related to the quantity of salt eaten.

• **Caffeine** also interferes with production of those enzymes.

• Cancerous **tumors require sugar** in order to grow. Older women who use generous amounts of sugar are much more likely to contract breast cancer. Do not use any **cane sugar products, such as cake, pie, jelly, ice cream, candy**, etc.

• In animal studies, progressive increase in **sucrose** in the diet leads to a dose-dependent decline in antibody production.

• An epidemiological study of 21 countries revealed that **high-sugar intake** is a major risk factor toward breast cancer.

• **Artificial sweeteners** are cancer-causing drugs.

• Do not use **China tea** (the regular tea you buy in the grocery store); it contains tannic acid. Only use herbal teas.

• Some natural-remedy cancer therapists say never use **tomatoes** at all, if you have cancer. There is something about tomatoes that tend to aggravate the situation for those with active cancer.

• Others say that those with cancer can eat **tomatoes** by themselves, not with other foods. Some say it is all right to make a meal of them if you wish—eaten alone. Some say they can be eaten with freshly baked zwieback (bread which has then been toasted in the oven until it is hard and chewy). Probably the best decision is avoid tomatoes entirely if you have a malignancy.

• Do not take supplemental **iron tablets**. The body tries to withhold iron from cancer cells, because the inorganic iron helps the cancer grow. People with excess iron levels in the blood tend to have an increased risk of developing cancer, according to the *New England Journal of Medicine.* Excess iron suppresses the cancer-killing function of the macrophages and interfers with T- and B-cell activity. The richest source of good iron is blackstrap molasses.

• Cancer thrives on **glucose**. They produce a 3- to 5-fold increase in glucose uptake compared to healthy cells. Studies of cancer patients revealed that they tended to eat more **sugar** than healthy people. It was also found that high-sugar intake increases the likelihood of breast cancer.

• **Simple sugars** (glucose, fructose, sucrose [white sugar]) honey, and orange juice significantly impaired the capacity of *neutrophils* to engulf bacteria, but starch ingestion did not have this effect. However, you still need simple sugars, so eat them in moderation.

GOOD FOODS

• The average Westerner eats 1,500 pounds of food per year. The food we eat is an important factor in health or degeneration. **Only nutritious foods should be eaten, and in moderation**.

• **Overeating** is associated in 35% of all cancers.

• One group of mice were allowed to eat as much as they wanted (about 3 g per day); the other was restricted to 2 g. Over half the mice on the unrestricted diet developed cancer after 90 weeks. Later experiments repeated this result, producing

all types of tumors (lung, liver, skin, etc.). In every experiment, the more the diet is restricted in calories, the less incidence of cancerous growths.

• **Carotenoids** and **bioflavonoids** are both free-radical protectors. Both stimulate the immune system while there is evidence that carotenoids may be directly toxic to tumor cells. Carotenoids are the yellow coloring matter in green and yellow vegetables. Deep green leafy vegetables and fresh carrot juice are the best sources. Bioflavonoids are found in citrus, whole grains, honey, and other plant foods.

• Animals fed **cruciferous vegetables** had markedly lower cancer-rate matched controls. This family of vegetables includes **broccoli, brussels sprouts, cabbage, and cauliflower**. Of them, **broccoli** has been found to be the best. Since that 1970 discovery of the University of Minnesota, the active ingredient, called *indoles*, which has been isolated from the vegetables, provides unusual protection against cancer. Scientists at Johns Hopkins found that lab animals fed cruciferous vegetables, and then exposed to the deadly carcinogen aflatoxin, had a 90 percent reduction in cancer rates.

• **Greens and the green foods** have every known vitamin, except Vitamin D and, possibly, B_{12}. In addition, they have high levels of beta-carotene, potassium, glutathione (an amino acid), and other crucial nutrients which reduce tumor growth.

• A diet high in beta-carotene, especially beta-carotene, has been found to protect against cancer *(International Journal of Cancer, September 1984).*

• **Green powders**, such as Greenlife, Barley Green, etc., are invaluable. Eat a spoonful with your food or in juice.

• Emphasize **raw food** to the degree you are able to do so. It is best that most of the food be raw, especially **fruits and green leafy vegetables**.

• **Phytosterols** are natural chemicals in plants which reduce the risk of colon cancer.

• **Abscisic acid** is a plant dormancy hormone and vitamin A analog found in plants; it has profound anti-cancer activity. Abscisic acid is a carotenoid factor and is especially found in green leafy vegetables.

• While cleaning the body (such as during a fast), breakfast can consist of fresh fruit and fruit juices. **Use lemon, orange, grape, carrot, beet, and apple juice daily**. All juices should be fresh, with no sugar added.

• But in other foods, a small amount of **blackstrap molasses, pure maple syrup, or honey** can act as a natural sweetener in place of sugar.

• Use **whole wheat or rye** in place of **white flour**. ***Whole-grain products, well-baked***, are good. Do not use **sourdough bread, sugared bread, or fruit breads**. They are too indigestible.

• **Raw fruit and vegetables** are best; **lightly cooked** or **steamed,** they are second best. **Salt-free frozen** are next. Then comes salt-free canned; but such food should only be used if the first three choices are not available.

• **Raw fruit and vegetable juices** are needed to clean the system and help rebuild it. Use **red beet juice (from roots and very little, if any, from tops) and juice from carrots, celery, grapes, and other darker vegetables and fruits, such as black cherries, black currants**, etc.

• Fruit juices are best taken in the morning and vegetable juices in the afternoon and evening.

• Drink **spring or steam-distilled water** only!

• Dr. Hans Nieper, a cancer researcher, uses **fresh raw cabbage and carrot juice** with excellent results.

• Some recommend four 8-ounce glasses of freshly squeezed juice daily. Max Gerson, M.D., prescribed 13 glassfuls a day. Along with a scientific program of other remedies, that juice pattern is still followed today at the Gerson Institute in northern Mexico.

• **Never mix fruit and vegetable juices** in the same meal. It is all right to mix vegetables juices together, but **do not mix fruit juices** (orange, grapefruit, pineapple, lemon, or grape). Some (including the Gerson Institute) recommend a combination of **carrot and apple juice**.

• Fresh **lemon juice** should be squeezed on all greens, salads, or lettuce that is eaten. This enables the calcium and minerals to be better absorbed by the system. **Dark green vegetables** are better than light-colored lettuce.

• **Lecithin** should be included in the diet, to keep cholesterol in the blood stream emulsified (so it does not harden on the walls). This will improve blood circulation to the site of the tumor. Lecithin helps regulate metabolism, break down fat and cholesterol, and prevent malignancies.

• **Wheat germ oil** is an extremely rich source of vitamin E, and should be taken daily. Only use cold-pressed (Viobin), and keep it refrigerated until you are ready to use it during the meal.

• **Omega-3 fatty acids** may inhibit cancers, especially breast cancer *(Cancer, October 1986).* **Flaxseed oil** is, by far, the best source!

• According to a 1988 medical article *(British Journal of Surgery),* eating an adequate amount of **essential fatty acids** helps protect the body against skin cancer. It even helps eliminate them, once they form.

• Take a teaspoon of **blackstrap molasses** at

the end of the vegetable meal. This will provide additional amounts of iron, calcium, and important B vitamins.

• Never eat fruit and vegetables at the same meals. Exception: **lemon juice can be squeezed over greens** to help you better absorb calcium and minerals in those greens.

• Use plenty of **soaked figs, prunes, and raisins**.

• Eat **garlic** daily. Studies done in Japan suggest that taking garlic supplements may help reduce the size of tumors. It has been used for medicinal purposes for 4,000 years.

• **Garlic** is a faithful standby, and protects against cancer in general *(Acta Unio. Intern. Contra Cancrum, 20, No. 3, 1964)*. Cut a thin slice of garlic and carefully tape it over, what you consider might be, a skin cancer. Try to avoid contact of the garlic on good skin. (If it does, the skin will redden and burn somewhat.) Russian research, from back in the 1950s, revealed that garlic is more powerful than antibiotics in destroying bacteria. It also causes moles and skin cancers to fall off.

Put the garlic on in the morning, take it off, and carefully wash the area in the evening before bedtime. Put on a new application. Remove it in the morning, and repeat the process. Do this for about 3 days. The mole or ulcer will dissolve and slough off. Let the area heal. If part of it remains, repeat the process at a later time.

If you keep applying the garlic for more than 4 days, it will begin burning deeper into the skin (you will know, because the area will become very painful.) Such deep burning is not necessary to slough off the cancer, and could be harmful.

• Be sure to incorporate **dietary fiber** in each regular meal.

• **Fiber** in the diet helps maintain regularity and avoid colon cancer. But it also helps the colon absorb toxins and carry it out of the body. This is important. Be sure to eat at least 3 tablespoons of bran at each regular (non-juice only) meal.

• Try to have a **vegetable, fruit, and berry garden** of your own, using natural fertilizers, seaweed, etc. You are what you eat. Purchase food where organically grown food is sold.

• We do not generally think of mushrooms as the best food, for they are in the fungus family. But it has been found that three types (**Reishi, Shiitake, and Maitake mushroom**s) have decided anti-cancer factors. Oral extract of Maitake provided complete elimination of tumors in 40% of test animals while the remaining 60% had a 90% of their cancers eliminated. Maitake contains a polysaccharide, called *beta-glucan*, which stimulates the immune system and even lowers blood pressure.

• **Legumes and seed foods** (such as soybeans) have **protease inhibitors** (PI). These tend to protect the seeds from being digested. As such, they were thought to be a problem. But recently it has been discovered that they tend to reduce tumor growth. The National Cancer Institute think that some of these substances (*isoflavones* and *phytoestrogens*) have potent anti-cancer properties. However, eating a lot of beans is not something you will want to do at home! Too much protein helps feed the cancer cells.

• Certain other foods show an ability to slow tumor growth in some way. This includes **apples, apricots, barley, citrus fruit, cranberries, fiber, figs, ginger, spinach, and seaweed**.

• There are a variety of **digestive enzymes**. Take them with a meal, to improve digestion, or on an empty stomach, if the need is to help fight cancer (first thing in the morning; an hour before breakfast; or the last thing at night, at least two hours after supper.)

• **Rice bran**, pressure cooked, is rich in tocotrienols (2-3 tablespoons a day).

• **Aloe vera** extract (or, better, fresh aloe vera leaves) contains the active immune stimulant, *ace mannan*.

• Scientists have found that the active culture of **bacteria in yogurt (lactobacillus)** can fortify the immune system. In both humans and animals, yogurt in the diet tripled the internal production of interferon, a powerful chemical compound used by the immune system against cancer cells. It also slows the level of natural killer cells. Yogurt slows the growth of tumor cells in the gastro-intestinal tract while improving the ability of the immune system to destroy active tumor cells. It also helps block the production of carcinogenic agents in the colon. Women eating yogurt were found to have less breast cancer. It is well-known that milk is one of the worst allergenic foods, and can carry disease germs from the cows. So you would do well to obtain lactobacillus cultures from health-food stores rather than eating yogurt.

• Other **intestinal microflora products** can be used instead of yogurt (which can be allergenic and contain cow diseases). Some broad spectrum products contain *lactobacillus, bifidus, streptococcus faecium*. Others contain only *lactobacillus*, which is milk- and yogurt-free.

FASTING

You should be aware of the fact that, by the time symptoms of pain accompany cancer, it is in the advanced stages. At that point, the body ur-

gently needs good nourishment, as well as cleansing; it should not be given fasts. For further information on this, see the Gerson Therapy, later in this book.

But, as a cancer preventive, occasional fasting is helpful. Cancer prevention is the theme of the entire Part One section of this book.

• **Fasts on fruit and vegetable juices** of 1 to 3 days can be taken. If under the care of someone who knows what to do, and you are not thin, a longer fast may be undertaken.

• Go on a **fresh fruit diet** for several days. If the patient is thin, after a few days of fruit diet, give him an alkaline nourishing diet. This would consist of **vegetable broth** (simmer thick potato peelings, carrots, and beets; strain; drink the water on top), **mashed half-inch thick potato peelings, brown rice, carrots, greens of all kinds, red cabbage, parsley, and other vegetables**.

• Eating **good food** treats malnutrition, and many people develop cancer because of a lack of the protective, nourishing food needed to resist it.

• There is a theory that you can starve cancer to death. This has been proven untrue. Cancer does better in a malnourished body. One study revealed that pure malnutrition (cachexia) is responsible for at least 22% and up to 75% of all cancer deaths.

VITAMINS

IMPORTANT: Throughout this study, when dosage amounts used in research are given, the amounts are always for "per day" (mg per day, etc.). G means grams, not grains.

IMPORTANT: According to the literature surveyed, when overdosage was possible, this was indicated. (See vitamins A, B_6, niacin, selenium, cysteine, arginine.) Of course, vitamin D overdose can also be toxic, but it is not listed here as an anti-cancer factor. For a variety of reasons, beware of taking much, if any, iron supplements.

IMPORTANT: Fish oils have also been recommended in the literature as possible anti-cancer agents. But we do not list them here for three reasons: Large amounts must be consumed to be beneficial. Fish oil has a known history of damaging the muscle of the heart. Some forms inhibit blood clotting

Take the supplements which seem distasteful and hard to swallow; and put them in fruit or other drink, and swallow them all together. If necessary, briefly whiz the mixture in a blender.

When possible, chew the tablets. Break open the capsules and pour the powder onto your food or into a spoon. Crack liquid capsules in your mouth and spit out the capsule. Do not crack vitamin C in your mouth—the acidity can hurt your teeth. Just swallow it whole.

• It is well-known, by biochemists, that most cancer victims have a **deficiency of not only all vitamins, but also hydrochloric acid, potassium, magnesium, iodine, and many trace elements**.

• **Vitamins** are very important. Do not trust yourself to the official standardized amounts of needed vitamins and minerals. The actual nutritional requirements are much higher. In addition, living in our chemicalized, polluted age destroys a number of vitamins and minerals.

• For example, **vitamin C** is destroyed in its effort to combat auto-exhaust fumes and mercury in the food. **Vitamin E** destroys itself in the process of detoxifying cadmium (which nonsmokers breathe when they are in the same room as smokers). The list goes on and on. The world is not as safe now as it used to be. We can be thankful that we are aware of vitamins and minerals and how to obtain them in sufficient quantities.

[Special note: The following data on vitamin A was compiled from information gleaned from sources which had not yet discovered that **beta-carotene** (**pro-vitamin A**) was the more active agency in cancer prevention, and far more powerful than vitamin A.]

• Vitamin A is crucial in cancer therapy, but can you get too much of this oil-soluble vitamin? High doses of **vitamin A** (500,000 IU) can have acute reversible effects. Toxicity may start as low as 25,000 IU in those with impaired liver function (caused by drugs, hepatitis, or protein malnutrition). Otherwise, it begins at several hundred thousand IU.

• Toxicity of **vitamin A** can be reduced by taking vitamin E at the same time. This mitigates lipid peroxide effects.

• Toxicity of beta-carotene (**pre-vitamin A**, as found in greens and carrot juice) has never been found. One 15-year study involved immense beta-carotene intake.

• Experiment after experiment has revealed that when **vitamin A** is missing, cancer can be started in animals; but, when it is present in abundance, not even fast growing implanted cancers will survive in test animals. Vitamin A inhibits the induction, and retards the growth of both malignant and non-malignant tumors. Taken over a short period, vitamin A can greatly aid in recovery of cancer. Take large doses (up to 150,000 units per day or you may wish to remain with smaller doses: 50,000 units, twice a day). Later you can

reduce this to a smaller amount.

• Take **vitamin A** in emulsified form, to minimize liver involvement. Alternate, taking it 2 weeks on and 1 week off. Blurred vision and a soapy feeling in the mouth are signs that the body has too much A. (Vitamins A and D, which are oil soluble, can be taken in excessive amounts, so one must always be careful. Never take large amounts of either for too long a time.)

• In some instances, a person needs to take as much as 300,000 IU of vitamin A. When this must be done, taking 3200 IU of vitamin E will help reduce the risk of vitamin A toxicity.

• **Vitamin A derivatives (retinoids**) reverse bronchial metaplasia.

• **Vitamins A, C, E, and beta-carotene** reduce the risk of cancer by radiation and chemical carcinogen exposure. **Vitamins A,D, and E** inhibit oncogene activity.

• Varying amounts of **Vitamin A** were given to different patients with bladder cancer. Those receiving the smallest dosages were the most likely to have recurring cancer (*i.e.*, the cancer returns later).

• The **B-complex vitamins** help prevent cirrhosis of the liver. This is important because a damaged liver has a 60% greater chance of becoming malignant. Dr. Max Gerson found that to be consistently true. Take a B-complex supplement. Also take **3-4 tablespoons of brewer's yeast** each day. Do not eat baker's yeast; it contains live yeast and is not good for you.

• Dr. Otto Warburg, Nobel Prize winner and director of the Max Plank Institute in Berlin, declared that there is a lack of one or more of three B vitamins (**riboflavin, niacin, and pantothenic acid**) in tissue which becomes cancerous.

• In various countries, nearly 200 scientists have reported on the importance of **niacin (vitamin B_3)** in preventing and treating cancer.

• 2 grams of **Niacin** (B_3) daily is recommended as an anti-cancer factor.

• **Niacin** has been recommended by the NIH in amounts up to 3000-6000 mg, for lowering cholesterol. But time-release niacin is more suspect of causing liver damage; amounts which might do this were not given.

• **Vitamin B_6** (pyridoxine; pyridoxal with pyridoxal-5-pyrophosphate (P5P) is helpful in reducing damage from radiation therapy and slowing cancer growth from polyamine synthesis of the tumor. Especially good when a B_6 ointment is applied to surface melanoma tumors. It helps prevent respiratory and cervical cancer *(Nutrition and Cancer, June 1984).*

• **B_6**-deficient mice exhibited enhanced tumor susceptibility and increased tumor size. In another experiment, animals fortified with B_6 and then injected with melanoma (skin) cancer cells showed a greater resistance to this deadly form of cancer. Studies on humans revealed similar results.

• Less than 500 mg of **vitamin B_6** in humans appears to be safe.

• **Vitamin B_{12}** dramatically augments the tumor kill of vitamin C.

• A combination of **folate** (folic acid, a B vitamin) and **B_{12}** has been found to reverse bronchial metaplasia (pre-malignant lesions). Folic acid protects against cervical cancer *(American Journal of Clinical Nutrition, January 1982).*

• **Pangamic acid is vitamin B_{15}**. Many scientists *(Warburg, Goldblatt, etc.)* believe that chronic oxygen deficiency in cells leads to cancer cell formation. Pangamic acid increases the body's resistance to oxygen deficiency. Remember that cancer cells do not use oxygen and that poorly oxygenated cells are the most likely to become malignant.

• **Laetrile (also called amygdalin, nitrilosides, or vitamin B_{17})** is another substance used to eliminate cancer. It is derived from apricot pits (seeds). Take two 500 mg tablets of laetrile 3 times a day. It is also found in all fruit kernels, except those of citrus. Other food sources, which contain lesser amounts, include lima beans, lentils, mung beans, crab apples, peaches, plums, apricots, cherries, cranberries, sprouted seeds, and apples (chew up the seeds as well as the apple).

• Several **apricot kernels** (*i.e.*, apricots seeds or pits) should be eaten at each protein meal. Six per day may be sufficient. They should be eaten with food or, better yet, with fresh, frozen, or dried apricots. The slightly bitter ones contain more **laetrile (also called nitriloside or amygdalin)**, and are better for you than are the sweet ones. Do not mix the sweet and bitter varieties; there may be an interaction. If available, **100 mg of oral amygdalin** may be substituted.

• If people regularly ate the seeds when they eat apples, peaches, and apricots, they would get enough **laetrile**. Starting to do this earlier will help prevent cancer from forming later on.

• But when cancer is already developing, **500-590 mg of amygdalin**, in solid tablet form, should be swallowed at the two larger meals. They should not be taken on an empty stomach.

• **Vitamin C** is a powerful aid in resisting cancer and other diseases. Swedish studies, at Karolinska and Umea Hospitals, revealed that vitamin C in large doses can be an effective agent in fighting cancer.

• **Vitamin C** blocks the carcinogenic effects of most poisons, including nitrates. Vitamin C can

be taken to bowel tolerance. This means you can take as much as you can, until you begin to have diarrhea. When the body tissues reach saturation on C, the remainder of this water-soluble vitamin is sent into the bowel, which reacts to the acidity by somewhat runny bowels till the C is gone. Take large doses of 5,000 mg or more a day. It is the most powerful antitoxin known, and can neutralize or minimize the damaging effect of most chemical carcinogens entering your body from the air, water, or food.

• Cancer of the bladder can occur when the amino acid, tryptophan, is not properly metabolized, resulting in oxidation of its metabolites. **Vitamin C** prevents that oxidation process, and thus blocks cancer development. It is a preventative agent against a variety of cancers *(Journal of the National Cancer Institute, 73, 1984)*.

• **Vitamin C** is such a potent cancer fighter, that it is well to here provide additional information: Deficiency symptoms include slow wound healing, pain in joints, immune suppression, bleeding gums, irritability, and increased risk of cancer. If you take too much at a time, it will cause mild diarrhea within 30 minutes. Intake: RDA: 60 mg. Usual U.S.: 114 mg. Prophylactic: 500-2000 mg. Therapeutic: 500-100,000 mg.

• Taken in larger doses, **Vitamins A and C** inhibit *hyaluronidase*, an enzyme found in cancerous tissues.

• **Vitamins A, C, and E** are antioxidants. When accompanied by the minerals, selenium and zinc, they help protect against malignancies.

• Low serum levels of **vitamins A and E** were common in patients receiving, and responding poorly to, chemotherapy. The great danger in using chemotherapy and radiation is the damage, introduction of poisonous conditions, and destruction of anti-cancer vitamins.

• **Vitamin C and beta-carotene** (pre-vitamin A) have been found to be effective in reversing cervical dysplasia and oral leukoplakia in humans.

• **Vitamins C and K** separately showed antitumor activity against human cancer cells in vitro, but became syergistically effective at 2% the regular dosage when used together.

• A substance in **vitamin D**, known as *1,25 dihydroxycholecalciferol* has been discovered to be an anti-cancer factor. But, due to toxicity of vitamin D overdose, it must be used only under the care of a professional. For most of us, it is best to avoid using too much vitamin D, although some is needed. Sunshine is the best source. (Fish oils can cause heart trouble.)

• **Vitamin E, working with C**, inhibits the activity of a growth substance (catalyst) found in cancerous tissue. Take up to 1,000 units a day. Vitamins C and E help the body inhibit the activity of the enzyme, hyaluronidase, found in cancerous tissue.

• A lack of **beta-carotene (pro-vitamin A), vitamin E, and B complex** in lung tissue may be related to lung cancer.

• Injections of **vitamin E, beta-carotene, canthaxanthin (a carotenoid), and algae extract** dramatically bolstered levels of tumor necrosis factor alpha, and reversed hamster buccal pouch tumors.

• Human prostatic cancer cells in vitro were markedly reduced when **vitamin E** was added. It helps protect against bowel cancer *(Journal of the National Cancer Institute, 73, 1984)*.

• **Vitamin F is the essential fatty acid**. Add 1 tablespoon of cold-pressed vegetable oil to each food meal (not juice-only meals). Wheat germ oil and flaxseed oil are the best. Corn oil and soy oil are second best. Safflower oil is not so good. Make sure the oil is fresh and kept refrigerated when not in use. Never use cottonseed oil (it can cause blindness), hydrogenated oils, lard, greases, or animal products. The oil in the nuts is good, if the nuts are fresh.

• **Vitamin K** helps protect the body against certain cancer-causing substances. Take it with vitamin C, to increase its cancer-reducing strength.

• **Quercetin** (one of the bioflavonoids which, together, are called **vitamin P**) increased the cell-kill rate in cancer cells which were exposed to hyperthermia (heat therapy) with no negative effect on normal healthy cells.

• **Quercetin** reduced cancers in animals exposed to two carcinogens.

MINERALS

• A Cancer Control Convention, meeting in Japan, reported that the trace mineral, **germanium**, in the diet is a significant factor in preventing and eliminating cancer.

• One cancer researcher, who studied in-depth into cancer remedies over the past 150 years, declared that every effective anti-cancer formula (Glyoxylide, which is the Koch treatment; the Hoxsey herbs; Hypotonic therapy; laetrile; the Gerson method; Krebiozen; and Carcalon) involves extra amounts of **potassium**. This is very important.

• Be sure to include a significantly higher intake of **potassium**. Potassium deficiency is considered by Gerson, Scott, and others as a primary contributing cause of cancer.

• **Potassium foods** include almonds, apples,

dried apricots, bananas, beans, beets, broccoli, carrots, dulse, grapes, kale, olives, pecans, rice bran, sunflower seeds, wheat bran and germ. These foods help the body resist and overcome tumors, cysts, and malignancies.

• Center your diet around potassium foods. Here are more of them:

• Dried apricots, asparagus, pearled barley, dried navy beans, fresh lima beans, raw beets, sprouted bread with no salt, Brussels sprouts, cabbage, cantaloupe, caraway seed, cauliflower, celery seed, small leaves of chard, dark raw cherries, dandelion greens, dill seed, endive, unsulphurated figs (dried or raw), garlic, concord or emperor grapes, grapefruit, fresh horseradish, fresh lemons, lentils, fresh limes, nectarines, okra, onions, oranges, fresh parsley, dried or raw peaches, Bartlett pears, dry or fresh peas, persimmons, raw pineapple (never canned), raw plums, dried or raw prunes, raw quinces, raisins, wild or brown rice, sage, rolled oats, spinach, squash (acorn, Hubbard, yellow summer), tangerines, raw tapioca, raw turnip leaves, and watermelon.

• Drink **potassium broths** daily. Prepare them from half-inch thick potato peelings, which are then cooked. Draw off the water and drink it.

• You want foods which are **high in iodine and potassium, low in sodium, protein, and fat**.

• **Potassium ascorbate** (12-20 g) can be taken as a partial potassium supplement. This product includes vitamin C.

• **Potassium and magnesium** are among the more crucial minerals for cancer recovery. Magnesium helps to stabilize cell membranes and elevate immune activity while potassium plays a critical role in membrane permeability. (Magnesium, 400-800 mg daily from aspartate, citrate, or orotate.)

• **Magnesium** protects against cancer in general *(Medical Hypotheses, August 1980).*

• **Calcium and magnesium** have a beneficial effect in helping the body resist colon cancer. **Natural iron** supplements help prevent thyroid cancer. (But many iron supplements are dangerous! Take blackstrap molasses instead of iron pills.)

• The *New England Journal of Medicine* reported that **calcium** may prevent precancerous cells from becoming cancerous. Calcium protects against colon cancer *(American Journal of Epidemiology, September 1988).*

• **Calcium** supplements (2000 mg) provide a marked suppression of rectal cancer proliferation. It inhibits early stages of colon cancer in genetically vulnerable individuals.

• **Iodine and trace minerals** are crucial. You can obtain them by each day eating some Nova Scotia dulse or Norwegian kelp. Both are special seaweeds which have a wide spectrum of trace minerals. Food grown on the continents does not have all those trace minerals; rainwater has gradually depleted the soils.

• **Iodine** protects against breast cancer *(Lancet, April 1976).*

• It is very important to keep the **iodine** level of the blood normal, so both the thyroid and body tissues will have proper cell oxidation. Eat a sufficient amount of dulse or kelp each day. (Do not use California kelp.)

• People with **myxedema**, or **underactive thyroids**, are more prone to developing cancer. So keep your thyroid in good condition with seaweed.

• Japan and Iceland both have low goiter and breast cancer rates. This may be because their diets are rich in **iodine and selenium**. Breast cancer has been linked to an iodine deficiency. Japanese women have almost no breast cancer. Colon cancer rates in Japan are also low.

• Studies at the University of Zurich and in London Polytechnic reveal that **brewer's, or food, yeast** gives improved resistance against cancer development. Brewer's yeast is one of the best sources of **selenium**, an important anti-cancer mineral.

• **Selenium** made the headlines, at the end of 1996, as a special trace mineral which could dramatically reduce cancer in the human body. It completely inhibited tumor growth in mice inoculated with tumor cells.

• **Selenium** helps eliminate cancer in five ways: It improves detoxification, bolsters immune function, directly toxic to tumor cells, and is a valuable anti-proliferative factor *(Lancet, July 1983)*. Selenium intake should not exceed 2500 mcg (2.5 mg) per day.

• Using **selenium** as a sole therapy, there was a 38.8% favorable response rate in patients with oral cancer.

• High doses of **selenium** (equivalent to 54 mg in humans) resulted in 83-90% reduction in rate of tumor growth in mice.

• Long-term usage of 5000 mcg of **selenium** may result in fingernail changes and hair loss. Selenite is more toxic than selenium bound to amino acids (i.e., selenomethionine). Ingestion of 1-5 mg/kg body weight of selenite will produce toxic side effects. This is equivalent to 65,000 mcg in a 65 kg adult.

• **Chromium** as picolinate is very helpful in working with carcinoma. (400-800 mcg.)

• **Zinc** as zinc picolinate (30-100 mg) is also a significant help. It protects against prostrate cancer *(British Journal of Urology, October 1983).*

• **Cesium** is neither essential nor toxic in can-

cer reduction. But it slightly alters the pH of cancer cells, rendering them more vulnerable to immune attack.

OTHER NUTRIENTS

• **Chlorophyll** is an anti-cancer agent which slows the growth of cancerous tumors. It creates an environment unfavorable to bacterial growth.

• A diet rich in chlorophyll is therapeutically effective for both external and internal infections, including malignancies.

• **Blue-green algae and chlorophyll** clean and protect the blood

• **CoQ10 (co-enzyme Q10) and germanium** provide oxygen to the cells. So does **vitamin E**, working in the liver. (Cancer does not use oxygen in the cells.)

• **CoQ10** increases aerobic (oxygen) metabolism and immune function. Cancer cells thrive where there is a lack of oxygen.

• **CoQ10** sometimes reduces hair loss in those who choose to take chemotherapy.

• Scientists, at UCLA, have found that **sodium linoleate, which contains linoleic acid (an essential fatty acid)** has the ability to fight cancer cells. **Lecithin** is a good source.

• **Gamma linolenic acid (GLA)** can be taken as oil of borage, evening primrose, or black current seed. In purified form, up to 1.5 grams per day can be taken.

• **Alpha linolenic acid (ALA)** from flaxseed oil (1-2 teaspoons daily). Make sure that it was stored in the refrigerator at the health food store you purchase it from. Flaxseed oil becomes rancid very quickly, so purchase small bottles.

AMINO ACIDS

• **Glutathione** (200 grams) functions in the body as an antioxidant and helps destroy free radicals and the toxicity remaining if you already have received radiation treatments and chemotherapy. **Cruciferous vegetables** (**broccoli**, especially) increases the body's own production of glutathione peroxidase (GSH).

• **Cysteine (N-acetylcysteine)** (1-2 grams) is an amino acid which enters into various detoxification systems in the body, helps bolster glutathione paroxidase activity, and can be converted in the body to glutathione, which may become GSH, a potent broad spectrum antioxidant enzyme system. Cysteine supplementation promotes glutathione synthesis.

• Although safe up to 10 g, the nauseating taste and smell of **cysteine** can cause vomiting.

• Several studies confirm that **arginine** reduces tumors and tumor formation. It increases T-cell function, stimulates the thymus and thyroid, and enhances activity of killer cells, as well as interleukin-2 receptors and general immune improvements.

• At therapeutic levels (above 5 g) of **arginine**, growth of certain viruses may be activated.

• **Methionine** reduces the intake of mercury, which is a cancer-causing agent.

• Malnourished cancer patients improve when **branched chain amino acids (leucine, isoleucine, and valine)** are given. Protein and albumin synthesis are heightened.

PREVENTING CANCER

The information in this section is primarily for medical researchers, but it is also invaluable for those who want to prevent cancer from gaining a foothold in their bodies.

Because of modern nutritional, environmental, and living conditions, cancer rates are rapidly increasing. In this chapter, the thoughtful reader will have learned a number of things which can help prevent the occurrence of cancer.

• You have been a toxic waste site! And now, before the cancer has a chance to start, you are beginning waste disposal operations. With prayer, diligent work, and the blessing of God, you can have success.

• While some are concerned with treating symptoms, you must be concerned with getting at the causes of cancer and eliminating them. Only then can the problem be permanently solved.

The Gerson Therapy seems to do the best job of eliminating the toxins. You will find it discussed later in this book.

• Well, there you have a number of possible suggestions. What you have just read may seem like a lot of work. *But, since cancer will generally mean the end of you, are you sure you do not want to work?*

• It is extremely important that you care for and rebuild the liver, kidneys, lungs, skin, bowels, and other organs. Dr. Max Gerson maintained that he could eliminate cancer in anyone if the liver was in good condition. Take care of your liver.

• *If you have cancer,* we recommend that you locate a physician and place yourself under his care. A careful systematic regime of healthful recovery is needed, and you may not know what to do. Regardless of which doctor you go to, while waiting for appointments get started doing the right things! Doctors may be busy, but your life depends on changes which need to start right now. Essen-

tially everything, listed here in Part One of this book, you can do at home to improve health and help prevent malignancies.

• Do not fear. Trust your life to God; obey the Ten Commandments by faith in Christ; and step forward, living your best and doing your best. Entrust the outcome to God.

• America alone spends $800 billion yearly on physicians and hospitals; yet it is 23rd in the world in level of health, vitality, and longevity. Surely, it is time that we start thinking for ourselves.

• **All information in this section, and throughout this book, is offered purely for educational, research, and experimental purposes—as an objective report, not as a recommendation or endorsement.**

CLAIMING BIBLE PROMISES

Claiming the promises in God's Holy Bible is a definite part of preventive medicine, one which is open to us all.

Come, read these promises and make them your own. More will be found in this book on pages 7, 15, 43, 116, 126, 141, 166, and 174.

"I say unto you, Take no thought for your life, what ye shall eat, or what ye shall drink; nor yet for your body, what ye shall put on. Is not the life more than meat, and the body than raiment? . . Wherefore, if God so clothe the grass of the field, which to-day is, and to-morrow is cast into the oven, shall He not much more clothe you, O ye of little faith? Therefore take no thought, saying, What shall we eat? What shall ye drink? or wherewithal shall we be clothed? . . For your heavenly Father knoweth that ye have need of all these things."—*Matthew 6:25, 30, 31, 32.*

"That thou mightest fear the Lord thy God, to keep all His statutes and His commandments, which I command thee, thou, and thy son, and thy son's son, all the days of thy life; and that thy days may be prolonged."—*Deuteronomy 6:2.*

"Thou shalt come to thy grave in a full age, like as a shock of corn cometh in his season."—*Job 5:26.*

"What man is he that desireth life, and loveth many days, that he may see good? Keep thy tongue from evil, and thy lips from speaking guile. Depart from evil, and do good; seek peace, and pursue it."—*Psalm 34:12-13.*

"With long life will I satisfy him, and show him My salvation."—*Psalm 91:16.*

"Length of days, and long life, and peace, shall they add to thee . . Length of days is in her [Wisdom's] right hand."—*Proverbs 3:2, 16.*

"By Me thy days shall be multiplied, and the years of thy life shall be increased."—*Proverbs 9:11.*

"The fear of the Lord prolongeth days."—*Proverbs 10:27.*

"Who forgiveth all thine iniquities; who healeth all thy diseases; Who redeemeth thy life from destruction; . . Who satisfieth thy mouth with good things; so that thy youth is renewed like the eagle's."—*Psalm 103:3-5.*

"Be not wise in thine own eyes: fear the Lord, and depart from evil. It shall be health to thy navel, and marrow to thy bones."—*Proverbs 3:7-8.*

"They are life unto those that find them, and health to all their flesh."—*Proverbs 4:22.*

"The beloved of the Lord shall dwell in safety by Him; and the Lord shall cover him all the day long."—*Deuteronomy 33:12.*

"I have set the Lord always before me; because He is at my right hand, I shall not be moved."—*Psalm 16:8.*

"He shall not be afraid of evil tidings: his heart is fixed, trusting in the Lord."—*Psalm 112:7.*

"I will both lay me down in peace and sleep: for thou, Lord, only makest me dwell in safety."—*Psalm 4:8.*

"He giveth His beloved sleep."—*Psalm 127:2.*

"When thou liest down, thou shalt not be afraid: yea, thou shalt lie down, and thy sleep shall be sweet."—*Proverbs 3:24.*

"He will keep the feet of His saints, and the wicked shall be silent in darkness; for by strength shall no man prevail."—*1 Samuel 2:9.*

"The Lord is my light and my salvation; whom shall I fear? The Lord is the strength of my life; of whom shall I be afraid?"—*Psalm 27:1.*

"He keepeth all his bones, not one of them is broken."—*Psalm 34:20.*

"He that dwelleth in the secret place of the Most High shall abide under the shadow of the Almighty. I will say of the Lord, He is my refuge and my fortress: my God; in Him will I trust . . He shall cover thee with His feathers, and under His wings shalt thou trust; His truth shall be thy shield and buckler . . There shall no evil befall thee, neither shall any plague come nigh thy dwelling."—*Psalm 91:1, 2, 4, 10.*

"I will lift up mine eyes unto the hills, from whence cometh my help. My help cometh from the Lord, which made heaven and earth . . Behold, He that keepeth Israel shall neither slumber nor sleep. The Lord is thy keeper: the Lord is thy shade upon thy right hand. The sun shall not smite thee by

day, nor the moon by night. The Lord shall preserve thy soul. The Lord shall preserve thee from all evil; He shall preserve thy soul. The Lord shall preserve thy going out and thy coming in, for this time forth, and even for evermore."—*Psalm 121:1, 2, 4-8.*

"Our help is in the name of the Lord, who made heaven and earth."—*Psalm 124:8.*

"As the mountains are round about Jerusalem, so the Lord is round about His people, from henceforth even for ever."—*Psalm 125:2.*

"Then shalt thou walk in thy way safely, and thy foot shall not stumble."—*Proverbs 3:23.*

"But whoso hearkeneth unto Me shall dwell safely, and shall be quiet from fear of evil."—*Proverbs 1:33.*

"And the Lord will create upon every dwelling place of mount Zion, and upon her assemblies, a cloud and smoke by day, and the shining of a flaming fire by night: for upon all the glory shall be a defence. And there shall be a tabernacle for a shadow in the daytime from the heat, and for a place of refuge, and for a covert from storm and from rain."—*Isaiah 4:5-6.*

"He shall dwell on high: his place of defence shall be the munitions of rocks."—*Isaiah 33:16.*

"When thou passest through the waters, I will be with thee; and through the rivers, they shall not overflow thee: when thou walkest through the fire, thou shalt not be burned; neither shall the flame kindle upon thee. For I am the Lord thy God, the Holy One of Israel, thy Saviour."—*Isaiah 43:2-3.*

"I the Lord do keep it; I will water it every moment: lest any hurt it, I will keep it night and day."—*Isaiah 27:3.*

"For I, saith the Lord, will be unto her a wall of fire round about, and will be the glory in the midst of her."—*Zechariah 2:5.*

"And I will give peace in the land, and ye shall lie down, and none shall make you afraid: and I will rid evil beasts out of the land, neither shall the sword go through your land."—*Leviticus 26:6.*

"The Lord will give strength onto His people; the Lord will bless His people with peace."—*Psalm 29:11.*

"Peace shall be upon Israel."—*Psalm 125:5.*

"Great peace have they which love Thy law, and nothing shall offend them."—*Psalm 119:165.*

"He maketh peace in thy borders."—*Psalm 147:14.*

"Lord, thou wilt ordain peace for us: for thou also hast wrought all our works in us."—*Isaiah 26:12.*

"My people shall dwell in a peaceable habitation, and in sure dwellings, and in quiet resting places."—*Isaiah 32:18.*

"The steps of a good man are ordered by the Lord: and He delighteth in his way."—*Psalm 37:23.*

"He will be our guide, even unto death."—*Psalm 48:14.*

"Thou shalt guide me with Thy counsel, and afterward receive me to glory."—*Psalm 73:24.*

"In all thy ways acknowledge Him, and He shall direct thy paths."—*Proverbs 3:6.*

"A man's heart deviseth his way: but the Lord directeth his steps."—*Proverbs 16:9.*

"His God doth instruct him to discretion, and doth teach him."—*Isaiah 28:26.*

"And I will bring the blind by a way that they knew not; I will lead them in paths that they have not known. I will make darkness light before them, and crooked things straight. Those things will I do unto them, and not forsake them."—*Isaiah 42:16.*

"And the Lord shall make thee the head, and not the tail; and thou shalt be above only, and thou shalt not be beneath; if that thou hearken unto the commandments of the Lord thy God, which I command thee this day, to observe and do them."—*Deuteronomy 28:13.*

"Surely he shall not be moved for ever: the righteous shall be in everlasting remembrance . . His horn shall be exalted with honour."—*Psalm 112:6, 9.*

"For them that honour Me, I will honour."—*1 Samuel 2:30.*

"By humility and the fear of the Lord are riches, and honour, and life."—*Proverbs 22:4.*

"Length of days is in her right hand; and in her left hand riches and honor."—*Proverbs 3:16.*

"[Wisdom] Exalt her, and she shall promote thee: she shall bring thee to honour when thou dost embrace her."—*Proverbs 4:8.*

SUPPLEMENTARY INFORMATION

About ten years ago, the author prepared a short research paper on cancer and then set it aside—and eventually forgot it. As the present book was being completed, that study was found. Because it so nicely supplements the material you have just read, it is here included

It is remarkable how much worthwhile information is available on this crucial life-or-death topic.

MINERALS

CALCIUM

Your body is made up of millions of tiny cells. Cancer is just a group of cells which do not grow normally, but instead reproduce themselves wildly and erratically. Calcium is known to be important in cell division. Any substance which releases calcium from cells causes the cells to divide. Therefore, researchers suspect that a lack of calcium intake in the diet may help trigger this abnormal cell division.

A rare disease, parathyroid gland cancer, appears to be caused by hypercalcemia—an excess of calcium in the body. The parathyroid regulates calcium metabolism and hyperthyroidism. However, normal people will not have a problem with hypercalcemia—but, instead, with too little calcium intake.

Dr. Willard A. Krehl, M.D., a University of Iowa nutritionist, says that a lack of magnesium will lead to chronic exhaustion and, in some cases, may result in enlargement of the prostate and perhaps a form of cancer.

PHOSPHOROUS

Phosphorous may be important in cancer prevention; for investigators have discovered that phosphorous is more easily lost from cancer cells than from normal cells.

Phosphorous is the one mineral which is found in all foods and, generally, is adequately supplied to the body. However, in cases of diarrhea, phosphorous (as well as calcium) can be excreted in excessive amounts from the body. In addition, there must be enough hydrochloric acid in the stomach for phosphorous to be absorbed.

MAGNESIUM

Dr. P. Bois, M.D., Ph.D., chairman of the Department of Anatomy at the University of Montreal, Canada, reported, in April 1968, to the Federation of American Societies for Experimental Biology, meeting in Atlantic City, that a deficiency in magnesium might be, what he called, "a basic cause" of human cancer.

In research done at Montreal, Dr. Bois demonstrated that merely eliminating magnesium from the diet of rats would trigger tumor growth in them within an average of 64 days. This was considered surprising, since rats rarely develop cancer spontaneously. Of special interest, the cancer began in the thymus gland, and later went to other parts of the body, eventually resulting in lymphoid leukemia.

Dr. Bois noted that, if the diet is high in fats or lipids, the person may need more magnesium than he ordinarily would.

It has been theorized that a lack of magnesium may result in low calcium and phosphorous levels, leading to a malignant condition.

In an article in *Nature*, Bois stated his theory that lack of magnesium in the diet may result in migration of the mineral from the nucleus of the cell to its outer portions, triggering chromosomal changes, followed by abnormal cell division that is characteristic of tumor growth.

Foods rich in magnesium include wheat germ and green, leafy vegetables.

Magnesium in the body can also be interfered with excesses of calcium, protein, and vitamin D.

COPPER

Dr. Jack Schubert, of the University of Pittsburgh, has found that sensitivity to radiation is related to the amount of copper in the tissues: the lower the copper content, the less sensitive the person is to injury by radiation.

So too much copper can be a problem. But, in contrast, Dr. Otto Warburg discovered that oxygen is vital to the health of the cell, and that it is the cell deprived of oxygen which becomes malignant. Dr. Schubert discovered that some copper is needed in the system in order to increase oxygen utilization. Therefore some copper may be needed, to provide enough of the needed oxygen to the tissues.

Among the foods richest in natural copper are almonds, Brazil nuts, broccoli, and beans.

IODINE

In her book, *Human Nutrition: Report No. 2, Benefits from Nutrition Research,* C. Edith Weir, Ph.D., mentions the importance of iodine in the diet:

"There is recent evidence, March 1970, that dietary iodine deficiency may contribute to breast cancer, at least in rats. Demographic studies reveal that human breast cancer incidence is high in iodine-deficient areas."

VITAMINS

Symposium chairperson, Kedar N. Prasad, Ph.D., director of the Center for Vitamins and Cancer Research at the University of Colorado, addressed a gathering of top nutrition researchers who met at Denver in June 1983. He said this:

"The role of dietary factors in the treatment and prevention of cancer is becoming increasingly evident. It represents a whole new frontier of cancer research."

The keynote speaker at the meeting, Linus Pauling, Ph.D., said this:

"I think that someday historians may say that the major anti-cancer advance in the last quarter of this century was the recognition of the value of vitamins and nutrition in prevention and treatment."

Scientist after scientist stood to his feet to present detailed research reports to the gathered assembly. In most instances, they spoke of research with vitamins A, C, or E—how well patients had responded and a number of the cancers eliminated, simply by giving them one or the other of those three vitamins. Rarely were all three, or even two given; yet the results—with only vitamins A, C, or E given alone were still outstanding. For example, Maurice M. Black, M.D., of New York Medical College, and his colleagues gave vitamin A to patients with various cancers and saw the patients respond, with some of the patients recovering. Then he switched to only giving vitamin E, and saw "essentially

the same results."

Here is additional information on vitamins, as they relate to the cancer problem:

VITAMIN A

A surprising quantity of data is available on a possible link between vitamin A and cancer.

When certain carcinogens (cancer-causing agents) are added to cultures of prostate tissue from mice, their usual damage to the cells can be prevented by adding vitamin A at the same time. In addition, the vitamin can even reverse the damage when it is added to the culture after the carcinogen has begun its destruction. The same has been done with cancers of epithelial tissue (skin, lining of the mouth, internal passages, and hollow organs). Both human and mouse cancer can be made to regress under vitamin A treatment.

Scientists have been studying into this vitamin A/cancer relationship for years. For example, Thomas H. Maugh II, Ph.D., in an article in *Science* (December 27, 1974), entitled "Vitamin A: Potential Protection from Carcinogens," reviewed a number of these experimental findings.

In addition, cells may be protected after exposure to a carcinogen by the action of vitamin A. Dr. Maugh discusses this, and the discovery was documented at a workshop sponsored by the National Cancer Institute and Hoffmann-La Roche, Inc. In his article, Dr. Maugh goes as far as to suggest that it might be possible for the vitamins to "mediate a return to normalcy" of the person having cancer, in spite of the fact that the cancer has damaged the system somewhat.

In all of this, keep in mind that large, excessive doses of vitamin A can be toxic. All oil-soluble vitamins (A, D, K, etc.) should only be taken in rather small amounts. Yet it appears vital that they be taken into the body!

Dr. Maugh suggests that orthodox cancer therapy deals only with destroying malignant cells after they have been formed, but that vitamin A may help ward off cancer—even before it is known to exist in the body.

This waiting period (before cancer is discovered to exist in the body, known as preneoplasia, is a lengthy one—often 20 years or more in the case of human cells. It is known that, during this waiting period, some cells are damaged. But it is also known that some of these damaged cells revert to good health again. Maugh suggests that vitamin A intake may be part of the cause of that reversal. As he puts it: "Vitamin A can produce regressions in squamous cell and basal cell carcinomas [certain epithelial tumors] in mice and humans."

It has been suggested that vitamin A inhibits the chemical conversion of some harmful substances, entering the body, to an active carcinogen. Maugh speculated that vitamin A may weaken the attachment of a carcinogen to the cell's genetic material—the nucleic acid, DNA, which contains the genes. Since genetic disturbance is believed to be involved in the cell's loss of control over proliferation, such a weakening would help the cell revert to health. He noted that "various carcinogens bind much more tightly to DNA" in cultures derived from animals made deficient in vitamin A.

There is also the possibility that vitamin A compounds "somehow stimulate the immune system to be more effective in countering malignancy." For some reason, certain white blood cells (those leukocytes which have passed through and been treated by the thymus gland) have an increased ability to recognize cancerous cells as a "foreign body," and seek to destroy them.

A number of drugs have an anti-tumor effect because they stimulate this immune response. Vitamin A has been shown to increase the anti-tumor action of such drugs 100-fold, according to Dr. Maugh.

Thus turns our attention to the thymus gland, and we learn that vitamin A may boost the immune reaction against tumors by protecting the integrity and size of the thymus itself. It appears, in some way, to strengthen that gland. In experimental animals, this small gland (located in the chest) shrinks in size as tumors develop (after a tumor-virus is injected), according to Dr. Martin Zisblatt and colleagues (*American Journal of Clinical Nutrition,* August 1973).

When those animals are subsequently given large doses of vitamin A, the tumors diminish in size and the thymus reverts toward normal size. Zisblatt, *et. al.,* commented: "Vitamin A appears not to be working directly as a selectively anti-tumor compound, but, rather, it appears to affect the process of rejection of the tumor."

Thus, it may appear that a strong immune reaction to reject tumor cells depends on a healthy thymus, and that, in turn, depends on adequate intake of vitamin A.

At a scientific meeting, held in Denver, Colorado, in June 1983, Frank L. Meyskens, Jr., M.D., associate professor of medicine at the University of Arizona in Tucson, reported on his investigations.

"In one of those investigations, Dr. Meyskens gave 13-cis retinoic acid [a derivative of vitamin A] to 105 patients with various advanced cancers. At the time, none of the people were getting any other anti-cancer therapy.

"He soon discovered that some cancer types didn't respond to the nutrient but that the epithelial varieties—those involving the cellular coverings of tissues—did. In fact, 25 percent of patients with one kind of epithelial cancer actually showed signs of tumor shrinkage. And in advanced cancers of any variety, that's a pretty good record."—*Prevention,* October 1983, 78.

Beta-carotene (also called pro-vitamin A) is found only in green and yellow vegetables; whereas vitamin A is found only in meat and dairy products. When foods containing carotene are eaten, the carotene is changed by the liver into vitamin A. Oddly enough, it is safer to eat foods with carotene than foods with vitamin A. This is because too much vitamin A can have a toxic effect on the body. You can never get too much carotene. The liver is in charge of changing as much carotene as the body needs into vitamin A, if you are getting enough carotene in your diet.

What is one of the richest natural sources of beta-carotene? Fresh carrot juice.

We await further research into this important field.

VITAMIN C

Familial polyposis is a hereditary disorder in which large numbers of polyps (growths) develop on the lining of the patient's colon. Any one of these polyps has a high probability of developing into a cancerous tumor.

The standard treatment is colostomy—the entire removal of the colon. But a team of five physicians at a well-known Midwest cancer clinic, the Vince Lombardi Colon Clinic, Milwaukee, Wisconsin, has succeeded in eliminating or reducing the number of polyps in five out of eight polyposis patients by giving 3,000 mg. of vitamin C daily. The vitamin C was given to patients who would otherwise have received the colostomy. This breakthrough could conceivably eliminate colon cancer.

J.U. Schlegel, M.D., of the Department of Surgery of Tulane University, has reported that extra vitamin C can prevent bladder cancer in animals. He recommended that human bladder cancer cases be given supplementary vitamin C.

Each patient was given 1 gram of vitamin C in a timed-release capsule in the morning, and again at noon and at night (3 grams total daily). One of the researchers, Dr. Jerome J. DeCosse, M.D., Ph.D., said: "Complete disappearance of polyps in two of our patients and a major reduction in three others, beyond the time limits of spontaneous regression and in excess of any errors in counting. We attribute this effect to ascorbic acid [vitamin C]."

Oddly enough, the experiment was only started because of a theory DeCosse had that polyps and colon cancer might be caused by chemicals in the colon which, when oxidized, become carcinogenic. It was known that people living in areas where there were more bacteria and toxic chemicals—had more colon cancer. So he reasoned that, perhaps, vitamin C might eliminate the cancer, since it had known antioxidizing and anti-tumor properties. Timed-release capsules were used, so as much as possible of the vitamin C would reach the lower part of the colon, without being absorbed into the blood.

Commenting on the seemingly remarkable ability of vitamin C to solve problems in advanced cancer patients, Dr. Ewan Cameron and Dr. Allen Campbell said this: "Our clinical findings support the general contention that large doses of ascorbic acid enhance natural resistance to cancer. Further, we have found this form of medication to have definite palliative [symptomatic relief] value in the management of terminal 'untreatable' human cancer" (*Chemico-Biological Interactions*, September 1974).

In the same issue of that international science journal, Dr. Cameron and Linus Pauling, Ph.D., two-time winner of the Nobel Prize, and director of the Linus Pauling Institute of Science and Medicine in Menlo Park, California, wrote another report on vitamin C. In it, they noted that cancer patients which recover—do not have all the cancer cells removed. They are still in the circulating blood, traveling all through the system. Yet somehow, although they may live for many more years, their bodies manage to control those cancer cells.

They cite a 1972 medical report, indicating that routine autopsies frequently find small cancers which have evidently been completely controlled for many years. Such cancers, they say, may outnumber actual clinical cases of cancer by as much as 40 to one. This would indicate there is some type of powerful, natural immunity to cancer at work in most human bodies.

Cameron and Pauling go on to point out the fact that vitamin C is needed to give lymphocytes (white blood cells) enough vitality to effectively attack invading foreign bodies. They also noted that there is normally a high concentration of vitamin C in the adrenal and pituitary glands. However, under stress, the vitamin C is quickly depleted. It is known that cancer places great stress upon the body.

Continuing on in that article, the two researchers note that, when laboratory animals are injected with a powerful cancer-causing chemical (methylcholanthrene), their bodies immediately began manufacturing much larger amounts of vitamin C. (Only man, the great apes, and guinea pigs cannot synthesis vitamin C within their bodies—but must, instead, obtain it from food.) In rats that develop tumors, the production of vitamin C goes even higher! On a body-weight basis, a rat produces the equivalent (in a 154-pound man) of 16 grams (16,000 mg.) of vitamin C every day!

Why is that done? Cameron and Pauling contend that the animal makes it in order to help it resist the cancer.

Since we must get our vitamin C from the food we eat, the two scientists contend that when people get cancer—they should greatly increase their daily vitamin C intake.

Two British physicians reported in *Medical World News* (February 24, 1975) that patients with malignant disease tend to be the people who habitually were obtaining very small amounts of vitamin C in their diet. In that article, they urged all physicians to give all cancer patients vitamin C supplementation.

Then there is the virus theory of disease. There are a number of scientists who believe cancer is caused by a virus. If that is true, vitamin C would be very helpful, since it is known to help the body attack and destroy viruses. In addition, many cancer patients become so weakened that a second bacterial invasion may take him down still further. So vitamin C would help in this way also.

Over a period of several years, Drs. Cameron and Campbell (both of Dunbartonshire Hospital in Scotland) treated many cancer patients with vitamin C. Fifty of those cases were carefully reported in detail, because they were given only vitamin C (without the standard medical treatments). Each of the 50 were beyond treatment and, for practical purposes, beyond hope. Twenty-nine of the 50 patients recovered remarkably well (considering that the only treatment was vitamin C), but 37 died. Many of the 37 seemed to recover for a time before expiring. Keep in mind that all were in an extremely advanced stage of carcinoma, and only vitamin C was given to them. Since these patients were in such an advanced cancerous condition, some were almost too weak to even eat food. Also keep in mind that no other change was made in their diet, lifestyle, smoking hab-

its, etc.—except the addition of vitamin C for a time.

And what were those 50 patients given that so many of them were helped? Most of the patients received 10 grams (10,000 mg.) of ascorbic acid (vitamin C) daily, in four divided doses. Some received more. At first, the vitamin C was administered by injection. But the physicians eventually discovered that it was not necessary; they could do just as well starting patients out—and carrying them through to conclusion—on oral vitamin C.

In connection with the above experiment, it should be mentioned that oxalic acid (as found in certain foods) can cause kidney stones. It has been charged that vitamin C (ascorbic acid), given in large amounts, might cause them also. But none of the 50 patients developed kidney stones, even though given ascorbic acid in large amounts over an extended period of time.

It was significant that all 50 cases experienced a significant reduction in pain and distress. In those cases with cancer of the urinary tract, all had a significant reduction in the amount of blood in their urine. In at least six cases, the doctors reported "indisputable clinical and biochemical evidence" that reversal of terminal malignant liver jaundice occurred for a significant period of time.

Cameron and Campbell concluded that a major repeat of this study should be done by national governments. Apparently, that was never done. They also stated that, merely for the relief of pain—just for the easing of pain alone—Vitamin C should be given to all cancer patients. Yet, they added, it would clearly do much more than that, if the patients were given it.

VITAMIN E

Vitamins C and E are both antioxidants, and both help prevent sun-induced skin cancer. This was the finding of Dr. Homer S. Black and Dr. Wan-Bang Lo, dermatology researchers at Baylor College of Medicine, Houston, Texas (*Nature,* December 21-28, 1973).

The two Texas researchers were analyzing how sunlight causes skin cancer. They learned that, after human or animal skin is exposed to ultraviolet light, cholesterol in the skin oxidizes and forms by-products (*Nature*, December 3, 1971). One of those by-products is cholesterol alpha-oxide, a known cancer-causing chemical.

Since vitamins C and E were already known to reduce the oxidation of fats, the two scientists wondered if, adding more of them to the diet, might prevent skin cancer. They found that they did indeed block the formation of the cancer-causing cholesterol.

They found that animals, receiving a supplemental dose of the vitamins, had 64 percent more antioxidants in their skin after two weeks than did the other animals. The level decreased somewhat after this, but was maintained at about 18 percent above the control level for the next 24 weeks.

They also learned that, as the antioxidant content of the skin increased, the formation of cholesterol alpha-oxide decreased.

So this study revealed that, when vitamins C and E are given or consumed, they do get to the skin and do act as a deterrent to the formation of a carcinogenic substance induced by ultraviolet light.

Since then, it has been discovered that the need for these two antioxidants increased with time and with the amount of sunlight one receives.

Vitamin E has been found to reduce damage to chromosomes and DNA by carcinogens and radiation. This is important. Thus it may be a deterrent to damage that possibly would otherwise lead to cancer. It is of interest that vitamin E has reduced the incidence of cancer in laboratory animals fed carcinogens.

While discussing the special antioxidant abilities of vitamins A and E, we should mention the research work of Dr. Otto Warburg, a leading chemist in the mid-twentieth century. In his 1967 book, *The Prime Cause and Prevention of Cancer*, he explained his research and thesis. It is this: Cancer derives from an oxygen deprivation at the cellular level. Cells so deprived have their metabolism turned askew, and they literally become wild—cancerous. It is well-known among vitamin researchers that vitamin E reduces the need of cells for oxygen, and this may explain its apparent cancer-retarding effects in animal experiments.

Vitamin E helps protect the colon against cancer. The vitamin interfers with harmful free-radical reactions from bowel carcinogens.

Nicholas L. Petrakis, M.D., professor of preventive medicine and international health at the University of California at San Francisco, has found that fluid found in the breasts of women with a high risk of breast cancer often contains high levels of lipid peroxides. Yet those are the very same deteriorated fats that occur in the absence of vitamin E.

Using a special breast pump, he found that those stagnant fluids may contain cigarette smoke by-products, chemicals, and peroxidized fats that may cause cancer in the cells lining the breast ducts. As reported in the *New York Times* (March 23, 1975), he told an American Cancer Society seminar that the amount of lipid peroxides in breast fluid was seven times higher in Caucasian women than in women of Chinese descent, who are relatively free of breast cancer.

Vitamin E can help protect the body from the effect of X-rays, which are used to treat cancer, but they can also cause cancer. Dr. Denham Harman, M.D., Ph.D., of the University of Nebraska College of Medicine in Omaha, says that both these effects are caused in some way by free-radical reactions of the radiation, arising from the separation of water from certain parts of the cell. Free radicals are peculiar atoms whose electron structure is such that they can easily combine with other structures, producing abnormal compounds which do strange things inside cells.

Dr. Harman also found that, in 23 different nations, there was a correlation between the consumption of fats and oils and the death rates from leukemia and cancer of the breast, ovaries, and rectum in persons over 55 years of age. Then, using laboratory female mice, he found that increasing either the amount of unsaturated fats fed or the degree of unsaturation led to significant increases in the incidence of mammary tumors.

The solution is to reduce the number of unsaturated fats and, in some way, to block the oxidation of fats. The answer to the second is vitamin E. It is the most powerful natural, nontoxic antioxidant known to mankind. Dr. Harman chose to use vitamin E in his experiments. He found that vitamin E was an antioxidant which could reduce cancer formation in rats. Some were fed 5 percent fat; others, 20 percent. Half of all test animals were given supplemental vitamin E. After nine months, the group without the vitamin E began developing tumors, but none developed in the other group until after 25 months.

In 1983, Kedar N. Prasad, Ph.D., director of the Center for Vitamins and Cancer, University of Colorado, reported on his research with vitamin E.

"He has looked into the effects of vitamin E on mouse and rat tumor cells, and has come up with some dramatic findings. He reported that, when he exposed such cells to DL-alpha-tocopherol succinate [a form of vitamin E], they actually stopped growing.

" 'We are hoping,' Dr. Prasad says, 'that one day vitamin E succinate will be widely used to inhibit tumor growth in humans' " (*Prevention*, October 1983).

The same year, Laurence Helson, M.D., of the Memorial Hospital for Cancer and Allied Diseases in New York City, reported on his research. For up to four weeks, he gave intravenous doses of vitamin E to 13 patients who had nerve cancers. Each one had failed to respond to conventional cancer therapies, so any positive sign would be considered remarkable. But, in fact, the tumors on six of the people either stopped growing or diminished in size. Several patients reported relief from pain.

Vitamin E works in a double-barreled attack against cancer. It prevents the oxidized state that cancer cells thrive in, and it deactivates the free radicals that promote cellular damage leading to malignancy. Vitamin E is also very helpful in helping the body resist the dangerous effects of nitrites and nitrates. These are highly carcinogenic classes of chemicals naturally found in many prepared foods, such as bacon, pickled foods, and alcoholic beverages.

B VITAMINS

There are over a dozen B vitamins, and they tend to work together. C. Edith Weir, Ph.D., mentioned the value of maintaining an ongoing intake of B vitamins, in order to avoid cancer:

"There is a small but growing body of data suggesting that chronic, low-level intake of some nutrients is a factor in the incidence of cancer in man. There is evidence that vitamin deficiency plays a role in the occurrence of cancer in the oral cavity and the esophagus. Chronic vitamin B complex deficiency, due to inadequate supply of vegetables in the diet, appears to be incriminated" (C. Edith Weir, *Human Nutrition: Report No. 2, Benefits from Nutrition Research).*

VITAMIN B_2 (RIBOFLAVIN)

In late 1973, Michael B. Shimkin, M.D., reported on the early history of cancer research and vitamins. Thirty-five years earlier, Yoshida, of Japan, had reported the appearance of liver cancers in rats maintained on diets to which "butter yellow" and related azo dyes had been added. (Azo dyes are artificial food colors, derived from coal tar, and are widely used to add various colors to food.) This research was repeated in America, but the rats did not develop liver cancers. Then it was noted that the Japanese rats were fed white rice while the American rats were fed a more generous diet. When riboflavin was removed from the diet of the American rats, they contracted liver tumors as described by Japanese researchers.

Richard S. Rivlin, of Columbia University College of Physicians and Surgeons, New York City, reviewed riboflavin/cancer research in the September 1973 issue of *Cancer Research*. He discussed several studies which indicate that riboflavin deficiency is related to tumor growth in experimental animals and possibly in man. He also noted provocative observations that certain patients with cancer excreted less riboflavin than do normal individuals. This would indicate that need of vitamin B_2 was greater in these individuals than in normal people.

NIACIN (B_3, NICOTINAMIDE)

This B vitamin is also important in safeguarding health. Dr. Robert A. Smith and his colleagues, at the University of California of Los Angeles, raised tissues outside the body from human colon and kidney cancers. They found the cancer cells to have abnormally low concentrations of niacinamide, one form of vitamin B_3 (Niacin), apparently establishing a link between B_3 and cancer.

VITAMIN B_6 (PYRIDOXINE)

Cancer tissue has a very low level of vitamin B_6, and uses amino acids differently from normal tissues.

Vitamin B_6 (also called pyridoxine) may also play a part in the body's immunity against cancer. Ten baboons were fed a balanced diet, which was only lacking in one nutriment—Vitamin B_6—for two to six years. Half of them developed premalignant nodules and other indications of liver cancer. Yet the animals received no carcinogenic substance. They were simply deprived of pyridoxine.

What happened to the other five? They did not live long enough to develop liver tumors. Instead, they died of liver damage within six to eight months. For more on this, see the article by Henry Foy in the November 1974 issue of *Journal of the National Cancer Institute.*

INOSITOL

Inositol is one of the vitamins in the B complex. Not only does inositol have the ability to break up abnormal deposits of fat in the body, but has also been demonstrated to have a mild inhibitory effect on cancer. *Science* (Vol. 97, 1943) reported that intravenous shots of inositol slowed down the growth of transplanted tumors. Researchers wrote in the *Journal of Urology* (Vol. 59, 1948) that, when inositol was given to six patients suffering from bladder cancer, their tumors grew smaller and blood stopped appearing in their urine.

PABA (PARA-AMINOBENZOIC ACID)

Para-aminobenzoic Acid is another of the B complex family of vitamins. It has been found that placing it on the skin before going out in the sun is an excellent way to provide a safe sunscreen, to shield the skin from ultraviolet rays which could lead to skin cancer.

A Harvard team of researchers, reporting in the *New England Journal of Medicine* (June 26, 1969), showed that PABA in a solution of ethyl alcohol is the most effective sunscreen available. A single application can protect a person for 24 hours. No commercial product was found to provide as good protection.

It actually enters into a safe chemical reaction with the skin, even after bathing or swimming. It is also invisible, odorless, and colorless. While it does not prevent burning, it aids tanning. But it can stain bathing suits. Test results on animals revealed that it afforded virtually complete protection against sun-induced skin cancer.

CHOLINE

Choline is another B vitamin. Among other qualities of this important vitamin, choline inhibits cancer growth in animals. In a paper published in the Annals of the New York Academy of Science entitled, "Carcinogenic effects associated with diets deficient in choline and related nutrients," R.W. Engel and others reported on dietary experiments with rats. In one trial, 14 out of 18 rats developed cancers on the choline-deficient diet while none who received a supplement of 0.2 percent developed such tumors.

D.H. Copeland and W.D. Salmon reported, in the *American Journal of Pathology* for September 1946, on a test diet given to rats for 16 months. It consisted of peanut meal, casein, sucrose, lard and salt, plus vitamins A and E, calcium, and vitamins of the B complex—with the exception of choline. Nineteen of the rats, selected as controls, were fed the same diet, plus the choline.

Fourteen of the rats who received no choline died from choline deficiency early in the experiment. After several months of reasonably good health, the others began having serious problems. Included were serious liver damage and tumors. Thirty percent of the rats who survived longer than eight months had symptoms of adenocarcinoma, a certain type of cancer. When their lungs were examined, those eight-month-or-longer rats showed definite evidence of lung cancer. Three of the rats developed growths next to the spine, which caused paralysis. In addition, the authors explained that the accumulation of fat in the livers of the animals and the behavior of the cells generally was much the same as that in animals who develop cancer as the result of being exposed to a cancer-producing substance. But no such substance was used in the experiment. The rats developed the cancerous growths simply because one B vitamin was lacking in their diet: choline. They found that 58 percent of the animals without choline developed tumors. Of the control group, who received ample amount of choline, none showed any evidence of disease.

In the September 7, 1947, edition of the New York *Academy of Science,* a number of researchers to reported a similar research project, using choline, with similar results.

BIOTIN

Test animals fed a diet deficient in biotin (another B vitamin) are particularly susceptible to heart abnormalities and lung infections. If cancers are transplanted, they grow rapidly in biotin-deficient diets. (But note that the cancers had to be transplanted into the animals first; all the other anti-cancer vitamins were being fed to the animals, such as A, C, E, and the rest of the B complex.)

SUMMARY OF VITAMIN FINDINGS

Researchers will especially want to focus attention on the effect of vitamin deficiency in relation to cancer.

In addition to the oxidation-enzymes, the vitamins would appear to have significant part in the origin of cancer. As mentioned earlier, vitamins A, C, and E are very important oxidation vitamins. (Vitamin B_1, thiamine) is also involved in producing this antioxidant effect in the body, so it is needed in order to make the other three more effective.) Cancer cells lack vitamins C, B, and A. Cancerous and even precancerous organisms have a remarkable deficiency in them. Through a continued deficiency of vitamin A, an idleness in vitamin C supply occurs. The body cannot absorb enough, and C is not replaced as rapidly as it ought to be. Hence, with an A deficiency, there will always be a C deficiency. Yet the presence of vitamin C is of utmost importance in the entire oxidation process that takes place in the cells. In addition, vitamin A is also important—because it brings about the decomposition of certain fatty acids. It has been suggested that, through a deficiency in vitamin A, the increase of these fatty acids in cancer cells can be explained.

It has been said that vitamins C, E, and riboflavin (B_2) are the vitamins most deficient in the average American diet. It would be well if research was done on vitamins A, C, and E at the same time! Surely, this would uncover valuable facts. Arthur Sakamoto, M.D., and several colleagues, in their private practices, found that vitamin supplementation in 23 patients treated for cancer yielded favorable responses in 75 percent of the cases. They reported that supplemental vitamins C and E inhibited tumor spreading at the First International Conference on the Modulation and Mediation of Cancer by Vitamins, held in February 1982.

NUTRITION

There are other nutritional factors, as well as general lifestyle principles which should be considered. There is a wealth of folk culture discoveries in regard to lifestyle factors which prevent cancer and help fight it when it strikes.

Here is a brief survey of some of the findings of common folk. It is not complete, but will afford you an idea of what is involved. These are principles worked out in the process of preventing and overcoming cancer.

The key principle in natural living and eating is to avoid unhealthful practices and toxic substances. Accept the fact that the old way of life is gone forever. You must learn a new, better way of living.

Eat only natural, wholesome foods. Whole grains and fresh, leafy vegetables are very important. To whatever degree you can, eat a raw-food diet. Those items you do cook, should be cooked with only a small, measured amount of water so that a small amount of it remains when the cooking is ended. Drink that water.

Never, never use aluminum cookware, dishes, or drinking canteens. They are very dangerous!

Never cook in a pressure cooker or use foods prepared in a pressure cooker. This includes jarred and canned goods. (Foods cooked under pressure rise to an extremely high temperature, more than the 212^0 F. on your stove.)

Use natural whole foods as much as possible: beans, cabbage, carrots, celery, chicory, chives, corn, cress, cucumber, dandelion, escarole, fennel, garlic, lettuce, leeks, lentils, onions, peas, parsley, tomatoes, broccoli, kale, endive, beets, parsnips, kohlrabi, celeriac, cauliflower, potatoes, asparagus, eggplant, radishes, and squash.

You can also eat grains and seeds, such as wheat, barley, rye, oats, flax, sesame, millet, buckwheat, rice, corn, sunflower seeds, pumpkin seeds, squash seeds, and any other common edible seeds.

The nuts offered for sale make excellent food, but use them in moderation, and make sure they are fresh. These include filberts, almonds, Brazil nuts, pecans, walnuts, hickory nuts, and butter nuts. (Cashews have all been heat-treated, in order to eliminate bacteria.) Nuts are a concentrated food; eat no more than three ounces at a time.

To whatever degree possible, eat your food raw. The safest plan is a 100 percent raw-food diet.

Always eat in moderation. For most of us: the less we eat, the better.

When you eat a peach, also eat the peach kernal. When you eat an apricot, also eat the kernal. Do the same, whenever possible, with apples and pears. Only eat as many fruit seeds as the fruit you eat along with it. In that way, you will never eat too many seeds.

The most important food is vegetables, especially the leafy stalk, stem, and flower vegetables. Second to that is the fruits and the root vegetables. Next in importance are the grains and seeds. Lastly, come the nuts.

Eat no grease. Eat moderately of oil, nuts, and beans.

Avoid meat products.

Do not smoke, drink alcoholic beverages, use caffeine products, China tea, or sugary foods. The best fluid to drink is pure water—only water. Do not eat fried, refined, or processed foods, and avoid foods with added chemicals in them. Do not use pickled foods, smoked foods, sulphured foods, or salted nuts. Learn to read labels. Do not use spices, condiments, or store-bought sauces and gravies.

Learn to make your own simple vegetable dressings. You can easily do this by using lemon juice, avocados, or a cold-pressed oil.

Do not buy or use quick-prepare processed foods. Do not use butter or margarine; it is grease on your bread and grease in your body. Use only wheat germ oil, and not more than two teaspoons per meal.

Some recommend that tomatoes, in any form, not be given to cancer patients.

Try to live in the country rather than in the city. Avoid living downwind from an urban area. Live where you can breathe fresh, clean air.

Use no cosmetics, mouth washes, germ killers, shampoos, eye shadow, mascara, hair sprays, perfumes, deodorants, detergents, dyes of any kind, tooth paste, or tooth powder.

Take two showers a day, but use no more soap than necessary.

Do not use microwave ovens, and stay away from television screens. If you use a computer, place an anti-radiation screen in front of it. Do not live near a high-power cross-country power line.

Get out in the fresh air and exercise everyday—at least an hour, if possible. Walk as much as possible. Exercise is important, but the most important exercise is walking. Indoor exercise is not really exercise. Go outside and breathe the fresh air! If there is no fresh air where you live, move to a place where you can have fresh air.

Drink good clean water. Avoid recycled water. Avoid fluoridated water. Fluoridated water kills body enzymes. Chlorine is another poison you should avoid. Chlorine was a poison gas used in World War I. If you cannot find good clean water, then use distilled water.

Fresh air, pure water, and wholesome food are the only things that you want to enter your body. To whatever degree possible, raise your own food. Plant a garden, and work in it everyday you can. Avoid chemical fertilizers and chemical pesticides. Never raise food crops in soil fertilized with fresh manure.

Get adequate sunlight on your body. If you work in your garden or walk an hour outdoors everyday, you will probably have sufficient sunlight, but you can get too much of that.

There are problems with synthetic clothing materials. You will be better off wearing cotton or wool.

Do not use chemical additives, aspirin, preservatives, drugs, estrogen, germicides, hormones, hydrogenated oil, mineral oil, monosodium glutamate, nitrates, saturated fats, prostaglandins, artificial sweeteners (saccharin, etc.), preservatives (sodium benzoate), or cottonseed oil.

Here are several samples of what we have been talking about:

WHOLE GRAINS

During World War I, in Denmark, when food shortages caused the Danish government to forbid the milling of grains, nutrition was so improved that the death rate fell 34 percent. This included a reduction in cancer, diabetes, high blood pressure, and heart and kidney diseases.

Hal Higdon, in *Kiwanis Magazine* (August 1959),

pointed out a similar gain in health in England during and after World War II, when grains were only partially milled.

FIBER

Research scientists had earlier linked colon cancer with both low-fiber and high-fiber fat diets. But, in 1983, Bandaru S. Reddy, Ph.D., head of the department of nutritional biochemistry at Naylor Dana Institute for Disease Prevention (Valhalla, New York), reported on his advanced studies into this matter. According to Reddy, eating a lot of fat and very little fiber increases bile acids in the colon, and abnormal high levels of these acids promote tumors there. Using ingeniously devised experiments, he found that, both in rats and humans, those with the highest bile excretion had the most colon cancer. More bile acids developed more colon cancer. But, when low amounts of fat and high amounts of fiber were in the diet, the amount of bile acids in the bowel was greatly reduced.

Refined foods contribute to cancer formation because they tend to have little fiber. Why, since fiber is indigestible, is it so important in preventing cancer? First, fiber in food adds bulk and volume to the stools. This, in turn, aids elimination by providing the muscles of the bowel something to push against. Fiber thus helps prevent constipation and increase, what scientists term, transit time—the speed at which digested food passes out of the body. Why? because the longer the food remains in the bowel, the more it putrefies.

There is a second reason why fiber is so helpful. It is now known that fiber in the bowel actually absorbs some carcinogens, so they are eliminated instead of being assimilated by the body.

In addition to fiber, there is also pectin. Prune juice looks clear and decidedly unfibrous, yet it is high in pectin, which is a veritable vacuum cleaner for the bowel. It picks up bad things and takes them out of the bowel. So a small amount of prune juice in the diet is very good.

FREE RADICALS

Free radicals are produced from some foods, through the process of oxidation. Free radicals are highly reactive molecular fragments which can literally tear cells apart biochemically. The outstanding free-radical food in your diet is fats. Radiation, drugs, air pollution, cigarette smoke, and stress will also generate free radicals within you.

Free radicals accelerate aging, promote degenerative disease, and cause cellular and DNA damage which may lead to malignancy in some cases.

Fortunately, there are natural antioxidants in certain foods which tend to destroy free radicals in your body. These are actually free-radical scavengers, and go about cleaning them out of your system. These include ascorbic acid (vitamin C), beta-carotene (pre-vitamin A), glutathione, tocopherols (vitamin E), and the mineral selenium (but do not get too much of it!).

Beta-carotene (the pro-vitamin A found in green and yellow vegetables, and abundantly so in carrot juice) is one the best free-radical scavengers found in good food. It has special affinity for the epithelial tissues, where over 50 percent of all cancers originate. Epithelial tissue includes a lot!—all linings of organs, including intestines, lungs, esophagus, mammary gland ducts, stomach, uterus, bladder, and other body passages. Protect your epithelium, and you keep a lot of cancer at a distance.

COTTONSEED OIL

Cottonseed oil tends to produce cancer, according to several studies. In one experiment, British scientists injected 12 mice with cottonseed oil that had been preheated to high temperatures. Two of the mice developed cancerous lesions at the site of the injection, whereas no animals of the control group developed cancer.

HYDROGENATED OIL

Hydrogenated oil (also called "trans fat") is vegetable oil with hydrogen added to it. This deadens and preserves the oil. If still more molecules of hydrogen are added, the oil is hardened into a grease, called margarine.

The *Lancet* is a British medical journal. In the march 6, 1971, issue, appeared an article, entitled "The Incidence of Cancer in Men on a Diet High on Polyunsaturated Fat," by M.L. Pearce and Seymour Dayton:

"In an eight-year controlled clinical trial of a diet high in polyunsaturated vegetable oils and low in saturated fat and cholesterol in preventing complications of atherosclerosis, 846 men were assigned randomly to a conventional diet or to one similar in all respects except for a substitution of vegetable oils for saturated fat. Fatal atherosclerotic events were more common in the control group. However, total mortality was similar in the two groups: 178 controls versus 174 experiments, demonstrating an excess of non-atherosclerotic deaths in the experimental group. This was accounted for by a greater incidence of fatal carcinomas in the experimental group. Thirty one of 174 deaths in the experimental group were due to cancer, as opposed to 17 of 178 deaths in the control group."

In plain English, all the men were put on a regular diet, with a large amount of fat. One group was given meat fat; the control group was given hydrogenated fat. The meat fat group had more strokes and heart attacks, and the hydrogenated fat group had more deaths from cancer.

It would have been preferable if the men were all placed on a low-fat diet, which consisted only of non-hydrogenated, cold-pressed oil—and not very much of it.

White rats were fed liberally with heated, hydrogenated fats and the control group was given a similar amount of unprocessed fats. All rats in the hydrogenated fat group developed tumors or cancers, but none of the others did. A similar experiment, done with lard, had the same result.

IRON

In order to eliminate iron deficiency, injections of a compound called iron-dextran is frequently admin-

istered. The April 11, 1959, issue of the *British Medical Journal* carried an article entitled, "Induction of Sarcoma in the Rat by Iron-Dextran Complex." Written by H.G. Richmond, of the University of Aberdeen, the article revealed that, for example, in one experiment, cancer tumors developed in 22 rats at the site of the injection—six to 8 months after the end of the treatment. But rats receiving injections of dextran (a sugar) alone showed no tumors. So the iron seemed to be responsible.

The article also noted that lung cancer is increasing among minors who work with hematite (iron ore).

No evidence has surfaced that foods rich in iron cause cancer, so the problem may lie solely with the intake of special iron preparations.

SALT

It is suspected that a high-salt diet may, in some way, contribute to the start of cancer in the body. Further research is needed into this matter. Dr. James Braithwaite, of Leeds, England, noted that a tumor increased in size from 23/8" to 33/4" when his patient resumed daily use of salt, even in small quantities. It is known that salt is a powerful stimulant to cell metabolism. It is also known that salt irritates a wound, and that irritation of tissue can cause cancer. It is also known that an over-intake of salt can interfere with the absorption and utilization of food. The relationship of salt to cancer may be ever so slight; but then, for the benefit of researchers into the subject, we mention it here. But none should totally stop all salt intake! Some is needed to keep the tension of body fluids at normal level.

MEAT

L. Duncan Buckley, M.D., in his book, *Cancer and Its Non-Surgical Treatment*, wrote this:

"Repeated laboratory experiences have demonstrated, in a most remarkable manner, the absolute controlling effect of diet on the development of inoculated cancer in mice and rats, so that the process was inhibited almost entirely by vegetable feeding . .

"Any number of observers in many lands have recorded the almost total absence of cancer among the aborigines, living simple lives, largely vegetarian . .

"Statistics from many countries show that a per capita increase in the consumption of meat, coffee, and alcoholic beverages appears to be coincident with a very great and proportionately greater augmentation in the mortality of cancer . .

"Cancer is said to have been seen in vegetarians, although I have never personally known of such a case; Dr. Kellogg, of the Battle Creek Sanitarium, has never known of a case developing in one who had strictly followed their regime."

"Ehrlich has shown that mice living on rice diet cannot be inoculated with cancer, while those on a meat diet can readily be inoculated, the tumors developing quickly and continuing to grow until the animal dies" (*Good Health*, March 1938).

"The writer saw in the laboratory of Ehrlich, who made an extensive study of diet upon cancer, rats in whom well-developed cancerous growths had very largely disappeared under special feeding" (J.H. Kellogg, *New Dietetics*, 915).

William J. Mayo, M.D., of the famed Mayo Clinic in Rochester, Minnesota, said this: "Is it not possible, therefore, that there is something in the habits of civilized man, in the cooking or other preparation of his food, which acts to produce the precancerous conditions? Within the last one hundred years, four times as much meat is taken as before that time. If flesh foods are not fully broken up, decomposition results, and active poisons are thrown into an organ not intended for their reception, and which has not had time to adapt itself to the new condition" (W.J. Mayo, M.D., quoted in *Life and Health*, June 1935).

"Laboratory experience has repeatedly demonstrated the controlling effect of diet on cancer in animals. In one extensive series of experiments, 75 percent of 75 inoculated mice developed tumors while under normal diet; whereas only 19 percent of another 75 inoculated mice developed tumors under a diet with vegetable proteins. Moreover, the tumors in the udder were hardly larger in 30 days than those in the former in ten days" (L. Duncan Buckley, M.D., senior physician in the New York Skin and Cancer Hospital, as reported in *Oriental Watchman and Herald of Health,* May 1938).

DIETHYLSTILBESTROL

This is an additive in meat, commonly known as DES, which is used to help keep meat from rotting until it is purchased in the meat market and taken home. Here is what the Merck Index of Chemicals and Drugs, seventh edition, says about this substance:

"Human toxicity: . . mammary carcinoma in males. May cause or contribute to mammary or genital carcinoma in females . . history of mammary or genital carcinoma or familial history of these."

Here is an excerpt from *Natural Health World,* March 1971:

"In the past ruling on Stilbestrol, Judge Luther M. Swygert, of the 7th U.S. Circuit Court of Appeals, indicated that the record showed DES is definitely a cause of cancer in animals . . and possibly a cause of cancer in man."

Here is a statement from the *National Inquirer:*

"As many as 870,000 young American women face the terrifying threat of vaginal cancer because of two drugs their mothers took years ago, warns a foremost researcher.

"Even more frightening, few women are aware of this danger. The drugs, called stilbestrol and dienestrol, were given to large numbers of pregnant women during the 1940s and 1950s to prevent miscarriages. Now, researchers find, their female offspring are high cancer risks."

The *New England Journal of Medicine* (April 22, 1971) put it this way:

" 'Young women whose mothers once took a popular pill to guard against miscarriage may be susceptible to a form of cancer,' doctors at Massachusetts General Hospital report. 'Material ingestion of stil-

bestrol during early pregnancy appears to have enhanced the risk of vaginal adenocarcinoma developing years later in the offspring exposed."

The birth control tablet, commonly known as the pill, contains estrogen. However, the main estrogen used in the pill is a synthetic chemical substance known as diethylstilbestrol (DES). In addition, two other estrogens are also used in the pill.

Cancer-causing properties of estrogens have been known, at least, since 1936. Various researchers have clearly established that these hormones could cause adenomas or malignant growth.

It is estimated that, at the present time, there are about 75,000,000 women throughout the world on the pill.

It was stated, at the 1970 U.S. Senate hearings, that more than 50 dangerous side effects can result from taking birth control pills.

NITRITES

Nitrites are added to meat to give it a pinkish color and also disguise rancidity, as well as slow bacterial action. The rancidity is not removed, but merely covered over. It also permits the use of older, cheaper meat.

Nitrites are also known to cause cancer. After being added to meat, the nitrites combine with the amines to form nitrosamines. A very large amount of nitrites is permitted (the 200 ppm level); but, in spite of protests from cancer researchers, nothing is done to lower it. Keeping the meat from the appearance of spoiling is considered more important than protecting your body from the nitrosamines.

Norwegian researchers, in 1962, discovered that liver cancer in sheep was caused by nitrite ingestion which, in the liver, combined with amino acids to form nitrosamines. It is now known that nitrosamines are extremely potent cancer-causing agents—even at low levels of 5ppm (parts per million). They have been known to cause tumors in a wide range of organs and in every species of animal tested.

SACCHARIN

Saccharin is a chemical sweetener, and tends to build up in the bladder. In test animals, it has induced bladder cancer. According to a National Institutes of Health report, we are told:

"Significant concentrations of saccharin might accumulate in the bladders of individuals who used this compound daily over an extended period of time . . Studies have shown that high concentrations of saccharin may cause bladder carcinomas."

ESTROGEN

Estrogen, a female hormone, is administered to combat osteoporosis (calcium loss from the bones) and other conditions. But it has been found to stimulate cancer of the breast as well as other types of cancers. Fortunately, there are other safer ways to solve osteoporosis than by taking estrogen.

FLUORIDE

Dr. Holman, eminent British bacteriologist, is a senior lecturer in bacteriology at the School of Medicine, University of Wales, and honorary consultant bacteriologist at the United Cardiff Hospitals. He specializes in bacteriological approaches to the study of cancer. Dr. Holman maintains that the catalase-peroxide balance in the body is vital to life. Fluoride intake (in fluoride additives to drinking water) disturbs this balance. Sodium fluoride (which is added to many public water supplies) is a potent destroyer of catalase.

TRITIUM

Tritium is a radioactive isotope of hydrogen. It enters the atmosphere from nuclear tests, and then falls to the earth in rainfall. It has been found in aquifers and water supplies in various parts of the Northern Hemisphere. Tritium is produced naturally in the atmosphere by cosmic ray bombardment, but scientists have concluded that the buildup of it originated from hydrogen bomb tests conducted from 1962 onward.

Dr. Gordon Stewart, of the U.S. Geological Survey, has reported a "marked increase" in tritium in both coastal and inland waters. When it combines with oxygen, it can go anywhere regular water can go.

Dr. Dieudonne J. Mewissen, of the Pritzker School of Medicine, in a University of Chicago news release on March 23, 1971, noted that the tiny amounts of tritium, found in radioactive water, causes tumors in mice. It is believed that the upward trend in cancer, since the early 1960s, is at least partly due to tritium contamination of our drinking water.

To complicate the problem, controlled release of radioactive liquids has occurred at several Atomic Energy Commission centers in the U.S. For a number of years, it was even legal. Add to this the many accidental leakages.

Tritium, like cesium-137, strontium 90, and other radioactive substances, is contaminating the planet. It is thought that such contaminates are sources of carcinoma.

Dr. Mewissen's report reveals that tritium, in amounts at least 50 times less than the so-called "safe" level recommended by the AEC, increased the incidence of tumors in laboratory mice. His conclusions resulted from a seven-year study begun in Belgium, and concluded at the Chicago school.

"If we have no cure of cancer, surely it is not from lack of trying."

"[In order to eliminate cancer] Auler (1937-1941) recommended a non-sparing diet, rich in salt and spices, raw meat several times weekly, juices of vegetables and fruits and oils to replace animal fats . .

"Bruenings, Frankfurt a/Main (1930s) recommended a diet poor in carbohydrates and rich in proteins, aided by insulin . .

"In *Dietotherapy Clinical Application of Modern Nutrition* [ed. by M.G. Wohl, M.D.; W.B. Saunders, Philadelphia 1946, 573], carcinoma of the stomach is described as essentially a surgical problem. A [strict] post-operative diet is required only after subtotal or total gastrectomy. 'Once the patient has survived the operation and the convalescence has followed, the diet is very liberal and practically *without restrictions*. Patients who have suffered partial resections [removal] of the stomach can manage practically the same diet as normal persons' . .

"Nearly 100 years ago, Otto Voelker wrote: 'The degree to which a disease is open to therapeutic attack is inversely related to the number of remedies that we possess' [quoted in W.H. Woglom, *Approach to Tumor Chemotherapy*, 1947, 1]. Nowhere is this more true than in cancer, for which treatments have been advanced by the thousands.

"The older ones included: crab or crab soup; . . purgation; yeast treatment; different dietary regimes; hyperemia and its opposite; blood-letting; salves—first black, and if this proved ineffectual, red ones; caustic pastes; hot iron-burnings; pipe clay; blood-cleansing teas; silver and gold; mercury; copper; phosphorous; arsenic—externally and internally; chemotherapy; acids; alkalies; diaphoresis; vegetable products of all sorts, including violet leaves and toads; auto-vaccine; polysaccharide; implanting of erysipelas streptococci, etc. The modern cancer remedies include: surgery, X-ray treatment; radium; ionized minerals (gold, phosphorous, iodine, cobalt); hormones; . . and the newest proposal of 'creation of cancer focci on the skin as cancer of one organ shields other organs' . .

"As cancer author William H. Woglom writes, 'If we have no cure of cancer, surely it is not from lack of trying.' "

—Max Gerson, M.D.,
A Cancer Therapy, 55, 57-58

BIBLE PROMISES

"Because he hath set his love upon Me, therefore will I deliver him: I will set him on high, because he hath known My name. He shall call upon Me, and I will answer him: I will be with him in trouble; I will deliver him."—*Psalm 91:14-15.*

"If any man serve Me, let him follow Me; and where I am, there also shall My servant be: if any man serve Me, him will my Father honor."—*John 12:26.*

"He shall be like a tree planted by the rivers of water, that bringeth forth his fruit in his season; his leaf also shall not wither; and whatsoever he doeth shall prosper."—*Psalm 1:3.*

"Commit thy way unto the Lord; trust also in Him; and He shall bring it to pass."—*Psalm 37:5.*

"Thou shalt eat the labour of thy hands: happy shalt thou be, and it shall be well with thee."—*Psalm 128:2.*

"I will cry unto God most high; unto God that performeth all things for me."—*Psalm 57:2.*

"Thou shalt be stedfast, and shalt not fear . . And thine age shall be clearer than the noonday; thou shalt shine forth, thou shalt be as the morning."—*Job 11:15, 17.*

"Say ye to the righteous, that it shall be well with him: for they shall eat the fruit of their doings."—*Isaiah 3:10.*

"Thou, Lord, wilt bless the righteous; with favour wilt Thou compass him as with a shield."—*Psalm 5:12.*

"The memory of the just is blessed."—*Proverbs 10:7.*

"The Lord is faithful, who shall establish you, and keep you from evil."—*2 Thessalonians 3:3.*

"He satisfieth the longing soul, and filleth the hungry soul with goodness."—*Psalm 107:9.*

"The way of the Lord is strength to the upright."—*Proverbs 10:29.*

— Part Two —
Specific Systems of Treatment

In this section, medical researchers ought to be able to find a sizeable amount of earlier cancer research. Many worthwhile discoveries were made. It is the hope of the present writer that this information may prove to be the beginning of the breakthrough findings by medical experts in our time, that will settle the matter—so the people can be finally, officially, told about practical methods of cancer control and remission.

There is a great need to provide simple, practical, remedies which common folk can use at home. Most people cannot afford expensive hospital bills.

EARLIER HISTORY OF CANCER RESEARCH AND THERAPY

> "As in every other field, cancer research is not only dependent upon a long-range strategy—in this case centered upon patient investigation of the carcinogenic mechanism—but is also affected by chance, the accidental observation, or the unanticipated simplifying principle which is likely to be more decisive. It is impossible to tell, yet each is complementary to the other, and both are essential in the advancement of the knowledge of the cancer cell."—*Alexander Haddow, "The Biochemistry of Cancer," in Annual Review of Biochemistry, Vol. 24, 689.*

It was Hippocrates, the "father of medicine," who originally gave cancer its name. He was the one who said that the physician should never give any poisonous substance to his patient. Writing in the 4th century, B.C., Hippocrates observed that the common factor in his cancer patients was a swelling—a tumor. Examining these tumors in autopsies, he saw that they had root-like extensions spreading out from the main growth, giving a crab-like appearance. The Greek word for crab is *"karkinos."* The Latin word is "cancer." (By coincidence, the German word is *"krebs,"* and it would be a father-son team with that name which would discover one of the cancer formulas: laetrile.)

Hippocrates studied many of these tumors and classified them according to where they occurred and what they looked like. The names he gave them are still widely used.

About 500 years later (A.D. 150), Galen, another Greek physician, carried out additional study of tumors.

Between the 13th and 17th centuries, the development of the lens and the microscope greatly helped medical research. Then, in the middle 1800s, Louis Pasteur established that living organisms can only come from living organisms. There is no such thing as spontaneous generation; everything has parents. Shortly after that, Franz von Leydid proved that body cells only come from body cells. But where did the strange cancer cells come from?

Unfortunately, John Hunter (1728-1793) led medicine into a side road. He declared that cancer was just a localized disease "that only produces local effects." Such a disease should be curable through localized methods. That thinking gripped medical minds from that time down to our own. The method of choice was surgery.

At the beginning of the 20th century, radium was discovered. This was seen as a great step forward. Patients were exposed to tiny quantities of radium, costing many, many thousands of dollars, in the hope that this would burn out the tumor. Thus, radiation was a type of cutting process—but much surrounding flesh was burned also!

Soon X-rays were discovered, and the burning, searing effects of radiation became easier for physicians to work with—and cheaper for them to obtain. When cancer was diagnosed, it was the "radiation knife" of the radiologist and the steel knife of the diligent surgeon which were applied. Both were very expensive to the customer, in dollars, and both injured all tissue they came in contact with.

Then, in the 1920s, chemotherapy began. This worked on the same basic principle as the other two. Surgery cut out tissue, radiation burned out tissue, and chemotherapy poisoned tissue. All three destroyed a great amount of tissue, even though efforts were made to localize the killing zone to the area where the tumor was located. But it was not until after World War II that chemotherapy came into its own, for not until then had the cost of drugs been raised high enough to be as profitable as the two earlier methods.

Yet, paralleling this medical history, there arose other views on cancer—and other methods of treating it. Here, in Part Two, we will consider quite a few of them.

WILLIAM LAMBE, M.D., 1809

Note to researchers: Much research has been done on the considerable value of individual vitamins and minerals, in relation to cancer prevention and reduction. But it would be well to carry out research on exclusively fruit and vegetable diets.

Working Summary: Lambe's therapy consisted of a simple, vegetarian diet. Little else is known about it.

John Abernethy was a leading English surgeon and teacher who specialized in removing and classifying tumors. However, he recognized that surgery was accomplishing little.

> "I have known a patient to die soon after an operation for removal of a cancer of not great magnitude, merely in consequence of the shock."

In his writings, Abernethy called attention to William Lambe, M.D., of London, who in 1809 published a paper recommending **a diet of fruits, vegetables, and pure water** as a cure for a variety of diseases, including cancer.

T.T. BLAKE, M.D., 1858

Note to researchers: Blake, Fell, and Pattison all lived in the same area at about the same time, and it is believed that they had very similar herbal formulas, plus a few additions. It would be well to investigate those formulas more closely. Surely, the data must be available in historical literature.

Working Summary: Blake was the first of three physicians to use essentially the same therapy, which apparently was goldenseal, plus a trace of zinc chloride.

Dr. Blake, of New York City, applied a **powdered mixture of herbs, mixed as a salve, to the cancerous area**. The growth would generally be gone within 3 weeks.

After the first few days, the treatment produced a discharge from the malignancy, which continued flowing until the cancer was entirely gone. Throughout this time, the patient was not confined to bed, but carried on his regular activities.

J. WELDON FELL, M.D., c. 1858

Note to researchers: Fell's treatment focused on the administration of goldenseal, an herb which grows in eastern North America. In view of the fact that herbalists have used it for years for this purpose, extensive research should be carried on using it on patients.

Working Summary: This is the second of the three physicians using this formula.

Dr. Fell was a distinguished physician, and one of the original members of the New York Academy of Medicine, as well as a faculty member of the University of New York.

But when he began using an alternative method, he was discriminated against by the hospitals and physicians. So he emigrated to London and practiced there. Although a Yankee, he was quite successful in London.

The Fell remedy was derived from **the root of the puccoon plant, indigenous to the shores of Lake Superior**. It had been used by the Indians for a variety of problems.

Fell kept his formula a secret until he was certain that it was successful, then he invited other physicians to demonstrations and published the formula. **He added a small amount of zinc chloride to the plant powder.**

He used his remedy at the Middlesex Hospital for a number of years. It could be used on both operable and inoperable cancers, eliminated the need for surgery, and was followed by healthy granulation and healing. But, upon his death, the remedy was forgotten. Only the published report remains.

According to him, the problem was that an herbal remedy for cancer eliminated the profit to be derived from surgeries.

(In the southern states, "*yellow puccoon*" is one of the local names for goldenseal.)

JOHN PATTISON, M.D., 1858

Note to researchers: Pattison's formula, consisting of water, zinc chloride, and a single herb should be easy to use in testing. There is a need to ascertain whether this could provide a viable therapy. It would be well to locate his book and reprint it.

Working Summary: Pattison was the third physician who apparently used this goldenseal formula.

Dr. Pattison, originally of New York City, also moved to London. Like Fell, he used a simple herbal formula, and offered to freely teach other physicians his method. An 1858 pamphlet was expanded in 1866 to a full book, which discussed the treatment of over 4,000 cancer patients in 13 years.

Pattison deplored surgery, and aroused the ire of physicians throughout England. He said they helped no one, but only killed people.

In his writings, Pattison cited the case of a woman with a growth on her breast which her physician instantly recognized as malignant, but he told her it was benign. Then he told a colleague that he told her that, so she wouldn't go to "that quack in London." She died within a few months.

Pattison's formula consisted of a paste, composed primarily of the powdered root of the plant, *hydrastis canadensai,* plus flour, water, and a tiny bit of zinc chloride. (*Hydrastis canadensai* is the botanical name for goldenseal.) When properly mixed, the flour held them together in a mucilaginous mass.

Along with this, he prescribed a simple, strict diet which included the elimination of all salted food.

Physicians told him to his face that they preferred to stick to their operations. In reply, he said his method was almost totally painless, and held far more promise of recovery from the dreaded cancer.

It is extremely likely that Blake, Fell, and Pattison all used the same basic formula. Each started using his herbal formula on cancer patients, in New York City, in the same year. Blake's formula was not revealed to the public; Fell's included *puccoon*, one of the names for goldenseal. And Pattison used *Hydrastis canadenisa*, the botanical name for goldenseal. Based on what we can learn about all three, their formula consisted of goldenseal, with a trace of zinc chloride.

Goldenseal root contains the alkaloid, *berberine*, an antibacterial agent, and is used as a tea or tincture to treat inflamed mucous membranes of mouth, throat, digestive system, and uterus. It is also used for jaundice, bronchitis, pharyngitis, gonorrhea, and cancer. Warning: Avoid during pregnancy. Because goldenseal is so highly alkaline, under normal circumstances, it is best not used more than two weeks at a time.

WILLIAM B. COLEY, M.D., 1888

Note to researchers: Definitive research into the remedial value of hyperthermia is needed, along with further study into the virus theory of disease.

Working Summary: Coley's method, frankly, was terrible; yet it was still preferable to the orthodox methods used then. Fortunately, his strep germ treatment is no longer used.

Dr. Coley, a New York City physician, was a graduate of Harvard Medical School and a surgeon at Memorial Hospital.

Noting that operations killed not the cancer but the patient, he decided to methodically search the bone cancer medical records of New York Hospital for the previous 15 years. To his amazement, he found one case in which a man's cancer totally disappeared! After being given up for lost, he walked out of the hospital completely cured.

Coley discovered that, on his deathbed, the man had suffered two attacks of erysipelas *(streptococcus pyogenes)*, a severe and sometimes life-threatening skin infection, accompanied by severe fever and chills.

The physicians called it "spontaneous remission" (a cure with no apparent cause), and quickly forgot it. Searching the streets of New York, Coley found the man who, seven years earlier, was dying of cancer. He was still in complete remission!

Coley decided to repeat it, by giving another patient a bacterial infection that might kill him. He did it several times, without effect. But then, from the famous German "microbe hunter," Robert Koch, Coley got a particularly virulent culture of strep germs.

When he administered this culture, the patient's temperature shot skyward, and developed a severe case of erysipelas. All feared for his life; but, within a few days, he recovered—and the cancer was gone. Only scars remained of the tumors on his tonsils and neck. The next patient had his bone cancer entirely eliminated.

In 1883, Coley published his first paper on this event, which occurred at Memorial Hospital, in full view of Dr. Bull and other surgeons and pathologists. In later years, he published dozens of other papers.

But each infection was an ordeal for the patient and for the staff (the strep germs were highly infectious).

But radium mining interests (Douglas-Phelps-Dodge) gained control of the hospital, and Coley fell into disrepute. Radium was costly ($15,000 a gram back then), and Coley's treatment was relatively inexpensive. But Coley kept giving his dangerous treatment for many years thereafter.

What had actually happened? Coley had happened upon an alternative cancer treatment used today in certain locations: **fever therapy. It is a variation of nature's method of healing: fever**.

(In 1866, William Busch, M.D., a Prussian physician, had also observed a remission of cancer following an attack of erysipelas.)

Today, **fever therapy (also known as hyperthermia)** continues to be given with fair success. But it must be given under the direct supervision of an experienced expert! This fact must not be overlooked! **The patient's body is heated to 106° F. (sometimes only to 104° F.) while he is under**

anesthesia. His head and heart are kept cool. It is now known that, at that high temperature, cancer cells cannot live.

It is not necessary to give a person a dangerous disease in order to produce a favorable fever. But Coley did not know that.

Upon his death in 1936, his daughter, Helen Coley Nauts, advanced his method so it would not die. She gathered over a thousand cases of cancer remission which he had achieved during his practice, but the cancer organizations refused to consider the findings.

(For more on safer methods of hyperthermia, see pages 111-113; cf. 53-55, 103-104, and 152.)

Coley believed that cancer was caused by a virus; and, in 1929, he presented evidence supporting it. He was one of the first to come forward with this theory. In later years, additional evidence would surface, pointing to a microorganism of some kind as the cause. Some believed the virus or germ could only gain a toehold in a body weakened by improper eating and other factors.

LUCIUS DUNCAN BULKLEY, M.D., 1890

Note to researchers: Bulkley's dietary approach should be tested on volunteers. In view of the fact that so many modern findings point to nutrition as a significant part of the solution to cancer, these earlier methods need to be considered. Research should also be done on the dangers of biopsies.

Working Summary: Bulkley's therapy consisted of a carefully regulated dietetic program. Fortunately, we have partial knowledge of it.

In 1885, Dr. Bulkley organized the New York Skin and Cancer Hospital (NYSCH), where he served as director of for many years.

This distinguished physician gradually became convinced that surgery was useless, and that **a careful, nourishing diet** was the answer.

Extensively read, Bulkley began to widely publish his ideas. Article after article came from his pen, criticizing surgery and advocating natural methods.

Bulkley was one of the first to openly admit that **biopsies (removing a small slice of the tumor for examination) only spread the cancer** and caused the patient to die faster.

In 1921, the special ward, which he had been given at the hospital he founded, was closed to him. That same year, the *Journal of the AMA* published a letter from the board of the NYSCH, declaring that it had eliminated Bulkley from its staff because his work was not representative of the hospital.

In 1924, he published the results of 250 cases of breast cancer eliminated without surgery.

Nutritional changes and a special recovery diet were the only methods used, by Bulkley, to overcome cancer. He died in 1928. *(For more on Bulkley, see below and page 60.)*

SUPPLEMENT: THE BULKLEY MEAL SCHEDULE

Here is Dr. Duncan Bulkley's cancer diet, as prescribed for cancer patients at the New York Skin and Cancer Hospital, Second Avenue and East 19 Street:

First Day

Breakfast: Rice 4 oz. Corn bread 3 oz. Butter 1¼ oz. Honey ½ oz. Hot water or Postum.

Dinner: Tapioca soup 5 oz. Baked potato 3 oz. Stewed celery 3 oz. Peas 3 oz. Gram bread 1 oz. Butter 1¼ oz. Raw apple 1.

Supper: Rolled oats 4 oz. Whole-wheat bread 2 oz. Butter 1¼ oz. Prunes 4 oz. Honey ¼ oz. Very weak tea.

Second Day

Breakfast: Orange 1. Hominy 4 oz. Graham toast 2 oz. Butter 1¼ oz. Honey ½ oz. Postum.

Dinner: Pea soup 5 oz. Macaroni 3 oz. String beans 3 oz. Carrots 3 oz. Bread 2 oz. Butter 1¼ oz. Dates.

Supper: Cream of Wheat 4 oz. Whole-wheat toast 2 oz. Baked apple 1¼ oz. Crackers 2 oz. Butter 1¼ oz. Honey ¼ oz. very weak tea.

Third Day

Breakfast: Banana. Pettijohn 4 oz. Whole-wheat bread 2 oz. Butter 1¼ oz. Hot water or postum.

Dinner: Corn soup 5 oz. Baked potato 3 oz. Squash 3 oz. Boiled onion 3 oz. Bread 2 oz. Butter 1¼ oz. Honey ¼ oz. Raisins.

Supper: Farina 4 oz. Stewed figs 4 oz. Graham crackers 2 oz. Butter 1½ oz. Honey ¼ oz. Very weak tea.

Fourth Day

Breakfast: Raw apple. Corn meal mush 4 oz. Graham bread 2 oz. Butter 1¼ oz. Honey ¼ oz. Postum.

Dinner: Vegetable soup 5 oz. Baked beans 4 oz. Cauliflower 3 oz. Asparagus 3 oz. Bread 2 oz. Butter 1¼ oz. Figs.

Supper: Rice 4 oz. Stewed prunes 4 oz. Graham bread 2 oz. Butter 1¼ oz. Honey ¼ oz. Weak tea.

Fifth Day

Breakfast: Cracked wheat 4 oz. Corn muffin 3 oz. Butter 1¼ oz. Honey ½ oz. Hot water or postum. Orange 1.

Dinner: Vegetable soup 5 oz. Spaghetti 4 oz.

Lima beans 3 oz. Boiled onions 3 oz. Bread 2 oz. Butter 1¼ oz. Dates.

Supper: Cream of Wheat 4 oz. Sliced orange. Oatmeal crackers 2 oz. Butter 1¼ oz. Honey ¼ oz. Weak tea.

Sixth Day

Breakfast: Cooked cereal 4 oz. Graham toast 2 oz. Butter 1¼ oz. Honey ½ oz. Postum.

Dinner: Celery soup 5 oz. Baked potato 4 oz. Carrots 3 oz. Spinach 3 oz. Bread 2 oz. Butter 1¼ oz. Orange.

Supper: Wheatena 4 oz. Stewed figs 4 oz. rye crackers 2 oz. Butter 1¼ oz. Honey ¼ oz. Weak tea.

Repeat this bill of fare on successive days.

THE LANCET COMFREY TREATMENT, 1896

Note to researchers: Here are several plant formulas which were used decades ago in the treatment of cancer. Please test these simple remedies on animals and volunteers.

Working Summary: Several comfrey cancer remedies, over a period of 70 years.

It will come as a surprise that the use of the plant, comfrey, as a cancer-eliminating agent, dates back to 1896. In that year, the British medical journal, *Lancet,* published a report on a patient suffering from a persistent tumor that kept reappearing on his face and nose, requiring several operations in succession.

Seeing that the medical help was useless, the man went home and started treating himself. He applied **poultices of fresh comfrey root** to remove the growth. It eventually disappeared, much to the astonishment of the physicians who knew his case well.

In his 1976 book, *Comfrey: Fodder, Food, and Remedy,* Lawrence D. Hills recounts the story, and tells of many others who, in the years since, have eliminated skin cancer through the use of **strong mucilaginous infusions made from the powdered comfrey root**.

More recently, a retired Air Force colonel, living in Utah, completely eliminated his lip, cheek, and jawbone cancer by **totally swearing off tobacco and eating large quantities of the fresh leaves in green drink, soup, and salad, along with some of the root, mixed into pudding and herb custard**. He did this for about 17 weeks. But he also did more: During this time **he greatly improved his diet**. After recovering from the cancer, he continued eating comfrey.

Here is a **special plant formula**, said to be able to treat cancer with comfrey and other plants:

5 parts comfrey root
17 parts comfrey leaves
7 parts comfrey blossoms
10 parts red clover
2 parts myrrh gum
6-8 parts yucca
9 parts chaparral
5-6 parts wormwood
1 part goldenseal
2 parts licorice
1 part argillaceous earth (redmond clay, dolomite, etc.)

ROBERT BELL, M.D., 1896

Note to researchers: It is now generally accepted that injury sites are where cancer can later form. Animal research should be carried out to determine if surgery, radiation treatments, and chemotherapy could be cancer-causing.

Working Summary: Bell's dietetic therapy was probably an excellent one. Notice that he not only nourished the body, but helped the liver remove toxins from the dissolving tumors.

Originally from Glasgow, Scotland, Dr. Bell moved to London, where he practiced medicine for over half a century. In 1894, he abandoned surgery as useless, and began trying to determine better methods of eliminating cancer.

Bell was a distinguished physician who, in the 1870s, had devised an improved method of treating diphtheria and an improvement in treating smallpox which eliminated the secondary fever. In the 1880s, **he identified constipation as a cause of disease and named the resulting absorption of toxic material into the blood "autotoxemia."** He also originated the microphotograph.

After abandoning surgery, Bell advocated a **careful vegetarian diet and the elimination of constipation**, as the means of avoiding and recovering from disease. In 1896 he read a paper before the British Gynecological Society about **diet,** as a means of eliminating cancer, and surgery as useless and harmful.

From that date onward, he met with violent resistance from the medical community. In 1903, Bell published his book, *The Treatment of Cancer without Operation*. In it, he cited the case of a woman whose milk overflowed. It was diagnosed as cancer, although Bell said a cancerous breast could not give milk. After she was operated on, a cancer developed and she died three months after the birth of her child.

He charged that surgeons removed every breast lump as malignant, when one half of breast tumors were not. Surgery, he declared, actually incited a more active development of cancer.

Despite the professional opposition, King Edward recognized his worth and offered him a title. But Bell was too embroiled in controversy to ac-

cept it.

Bell would help patients that other physicians left to die; and, when one of his patients died, he was charged with a crime by the medical association. But the resulting court trial revealed one of the accusing physicians to be the one responsible for her death.

BELL'S THEORY OF CANCER

Dr. Bell also established that **injuries, blows, or continued irritation to a part of the body could later lead to the development of cancer in that site.** He developed what is probably the best explanation, to date, of why this occurs:

In healthy tissue, blood resulting from internal bleeding is quickly absorbed without leaving clots. Normally, clotting is necessary only to seal an external wound. But, **in an acute or inflammatory condition, the tissue cannot properly absorb blood. The result may be a hard internal clot which therefore acts as something like a foreign body and later can become the nucleus of a tumor.**

This would explain why cancers tend to recur at the sites of surgical incisions. Blood clots adhered there, causing tumors to begin growing.

ELLEN G. WHITE, 1905

Note to researchers: Since many people regained their health as a result of these writings, the relationship of these factors should be investigated. Are meat eating, sexual enervation, and unhealthful modes of wearing clothing causative factors of cancer?

Working Summary: Listed here are additional causative factors, as well as a remarkably comprehensive analysis of the nature and treatment of disease.

Mrs. White was a leading health writer of the latter half of the 19th century. Because of her influential work, it is of interest to note her positions on some of the causative factors of malignancies.

Her leading book on health was the 1905 *Ministry of Healing,* in which she said that **meat eating** was a significant cause of the transmission of cancer:

> "People are continually eating flesh that is filled with tuberculous and cancerous germs. Tuberculosis, cancer, and other fatal diseases are thus communicated."—*Ministry of Healing, 313.*
>
> "The eating of pork has produced scrofula [non-lung tuberculosis], leprosy, and cancerous humors."—*Counsels on Diet and Foods, 393.*

Another cause is **poisonous chemicals and drugs, such as calomel (which is mercurous chloride)**:

> "Calomel . . torments the system as long as there is a particle left in it. It ever lives, not losing its properties by its long stay in the living system. It inflames the joints, and often sends rottenness into the bones. It frequently manifests itself in tumors, ulcers, and cancers, years after it has been introduced into the system."—*2 Selected Messages, 449.*

Another cause is **improperly clothing the body, so parts are overheated and other parts are insufficiently clad**. The arms and legs should be warmly clothed in the winter months.

> "The amount of physical suffering created by unnatural and unhealthful dress cannot be estimated. Many have become lifelong invalids through their compliance with the demands of fashion. Displacements and deformities, cancers and other terrible diseases, are among the evils resulting from fashionable dress."—*4 Testimonies, 634-635.*

Yet another cause is **masturbation**:

> "If the practice [of self abuse, an earlier name for masturbation] is continued from the ages of fifteen and upward, nature will protest against the abuse she has suffered, and continues to suffer, and will make them pay the penalty for the transgression of her laws, especially from the ages of thirty to forty-five, by numerous pains in the system and various diseases, such as affection of the liver and lungs, neuralgia, rheumatism, affection of the spine, diseased kidneys, and cancerous humors."—*Child Guidance, 444.*

Over the years, cancer researchers have generally searched for a single causal factor. Yet a variety of causes can eventually produce cancer.

WHITE'S THEORY OF DISEASE

White also declared that **the disease was a cleansing process, instituted by the body to rid itself of impurities. On this basis, she declared, good nutrition, clean living, and trust in God were crucial to proper healing.**

> "The only hope of better things is in the education of the people in right principles. Let physicians teach the people that restorative power is not in drugs, but in nature. Disease is an effort of nature to free the system from conditions that result from a violation of the laws of health. In case of sickness, the cause should be ascertained. Unhealthful conditions should be changed, wrong habits corrected. Then nature is to be assisted in her effort to expel impurities and to reestablish right conditions in the system.
>
> "Pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, trust in divine power,—these are the true remedies."—

Ministry of Healing, 127 [cf. 126-130].

Obedience to the laws of God (the Moral Law of Ten Commandments and the physical laws of nature) were considered crucial to success in life, as well as in maintaining and recovering health. She was also an earnest advocate of country living.

F.W. FORBES ROSS, M.D., c. 1905

Note to researchers: Intensive laboratory and field study into the relationship of potassium to the cause and cure of cancer needs to be conducted.

Working Summary: Ross was apparently the first to identify potassium as a key factor in eliminating cancer. The Gerson therapy expands on his principles.

With the beginning of the 20th century, X-rays and radium were added to surgery as leading methods of treating cancer. Due to inadequate shielding methods, many of the radiologists and their staff were burned and died of cancer, induced by the radiation.

Dr. Forbes, a London physician, blamed the ever-increasing rate of cancer deaths on **poor diet, the surgery, and radiation used to treat the disease.**

After studying the chemical functioning of the endocrine glands, the blood, and the overall nutritional requirements of the human system, Ross identified **potassium salts as the key missing element which normal cells needed for healthful activity.**

He said these salts were being processed out of the food offered to the public. The soil was depleted, and cooking only intensified the problem—since the potassium was thrown out in the cooking water.

Ross prescribed potassium citrate and phosphate as part of his treatment of cancer, along with a weekly dose of five grains of potassium iodide.

As with the great majority of natural healers, Ross worked with the hopeless, inoperable, and those who had refused surgery or irradiation. Yet he was often remarkably successful.

Ross **prescribed potassium routinely to all his patients;** and he declared that, over a 15-year period, none of his patients contracted cancer.

Instead of cutting out the cancer, Ross tried to **improve the general well-being** of the patient. Hair color returned, along with better looking skin. As the diet improved, the tumor began to recede.

He also noted that most cancer patients preferred rich, spicy foods; were primarily meat eaters; **disliked vegetables; and rarely drank the water in which the vegetables were cooked**.

Ross also studied the diets of primitive people, and found that they ate only **raw and fresh foods, with all the nutrients retained**.

His therapy primarily consisted of **dietary instruction**. Although many nutritional discoveries have been made since, Ross' ideas remain just as solid as when he gave them.

Ross cited the case of the physician who dared to speak up in a medical meeting and suggest that tuberculosis was curable. The place was in an uproar because, Ross wrote, the young man had dared to challenge current medical opinion that TB was incurable. He added that the young doctor was later harried out of the medical profession for taking such a stand.

CHARLES OTHELLO OZIAS, M.D., c. 1910

Note to researchers: Administer, in a test setting with controls, a combination of a few of the better-known folk herbs for cancer, along with a simple, healthful diet. See what the results are.

Working Summary: Ozias used a simple diet, plus an herbal formula not now known.

Dr. Ozias was a small-town physician in Nevada, Missouri. Gradually, he came to the conclusion that cancer was a nutritional problem. So he began prescribing **natural foods, simply prepared**. As a result, he had many recoveries. In addition to a simple diet, he also gave something which he would not disclose, which is believed to have been **an herbal mixture**.

He became so well-known for his cancer successes that he built a hospital in Kansas City, Missouri, to which many people came for help.

Ozias said that cancer was the result of soft city living and devitalized store-bought food.

In 1922, he wrote the American Medical Association and offered to treat 100 cases, free of charge in his hospital, and disclose his formula so all physicians could have access to it—if the results of his work were published in the *AMA Journal*. The AMA did not answer. Instead, he was repeatedly taken to court on a variety of charges. Each time, the case was withdrawn before it went to court. The AMA knew they could not win in court. He finally retired to his home in Nevada, Missouri, and practiced quietly until his death in the mid 1940s.

JOHN BEARD, M.D., 1911

Note to researchers: Beard's theory was the first to focus on enzyme scarcity as a cause of cancer. Because he reported such a remarkable rate of success in treating cancer, his work needs to be clinically verified today.

Working Summary: The Beard theory consisted of giving patients trypsin and chymotrypsin, two pancreatic enzymes.

Dr. Beard was a Scottish embryologist who, as a result of extensive research, concluded that cancer (along with most degenerative diseases) begin as a result of wrong diet, inadequate digestion, and a lack of proper digestive enzymes.

Beard said that **cancer cells have many of the same characteristics of the trophoblast cells, which produce the placenta during pregnancy. Both cancer cells and trophoblast cells grow quickly and invade other tissues.**

If trophoblast cells continued to grow unabated in pregnancy, they could destroy the mother and child. But, in the fourth month of a normal pregnancy, the fetus becomes completely developed and begins secreting certain enzymes, including trypsin and chymotrypsin, that stop the growth of the trophoblast cells, allowing the pregnancy to continue.

According to Beard's theory, **eating too much animal protein overworks the pancreas to the point that it malfunctions and becomes inefficient.** Because the average American eats twice as much animal protein as he could handle, the protein is never fully digested and used by the body.

This leads to toxic fermentation in the intestinal tract, with symptoms of gas, bloating, abdominal pain, and colon irritation.

If the pancreas is malfunctioning, it cannot secrete enough enzymes to suppress trophoblast cells, making these cells potentially cancerous. Acting on this theory, **Dr. Beard began treating cancer patients with trypsin and chymotrypsin** in 1907. He had remarkable success with this treatment, which he described in his 1911 book, *Enzymatic Treatment of Cancer.*

One photograph in the book shows a large army captain with an immense cancerous growth on his face. In five weeks it was eliminated by enzymes.

Essential enzymes are not only produced in the pancreas, they are also present in raw foods. Most people in Western countries need a diet which contains more raw food.

John Beard's work will be discussed again later in this book, under the section on the Krebs and their research into laetrile.

(For more on John Beard's research, see pages 119 and 181.)

THOMAS J. GLOVER, M.D., c. 1918

Note to researchers: It is clear from the striking case of T.J. Glover, as well as Stanley's research, that intensive research should be done into possible microorganism involvement in the cancer process.

Working Summary: The Glover Therapy consists of a serum from horse blood. It is no longer available.

Dr. Glover, or Toronto Canada, was another physician who believed that cancer was caused by a virus.

With this in mind, and working with several associates, Glover studied viruses and developed a serum which was later lost. He began his research soon after entering medical practice in 1911; and, financed by a wealthy industrialist, he developed **a serum derived from the blood of horses**.

Several times, independently of one another, several researchers have used fluids from horses to eliminate cancer in humans. *Krebiozen*, developed in Brazil and then brought to Chicago, would later become the most famous example.

Samples of the serum were sent free to hospitals so they could test it, in accordance with usual procedures. It worked so well, that soon he was besieged by cancer patients from all over North America.

The interesting fact about cancer remedies is that, although it has been firmly established that dietary and environmental factors are crucial factors; yet, upon studying medical history, we find that *so many different ways have been devised which produce remission from cancer!*

However, only those methods which reach down to the heart of the matter—and change those things in the life which caused the cancer in the first place—are truly successful in the long run. A serum may eliminate the tumor, but it is very likely to return a few years later—unless the lifestyle is corrected!

This is why only a few of the methods described in this brief historical overview are to be preferred. Yes, there are substances which will destroy cancer sites, *but the problem is not permanently solved unless important changes are made in one's diet and way of life.*

In January 1921, the Toronto Academy of Medicine issued an official report, that they had found "no evidence" that Glover's serum had helped anyone. They also said that any so-called cures were due to "psychic suggestion" and nothing else.

In spite of this setback, a number of physicians in Canada and America began using his serum. On June 4, 1924, a Philadelphian newspaper (the *North American*) published an article disclosing that Glover's serum had produced favorable results.

The next day, the New York *Times* published a statement by a leading physician, connected with

the AMA, who flatly declared Glover's serum to be utterly worthless. He added that as cancer was not a germ-borne disease, a serum treatment would accomplish nothing.

> "The cure of cancer otherwise than by surgery depends upon the discovery of its cause, and that remains as yet a mystery, through which only a few gleams of doubtful light have been cast."

On June 11, the New York *Times* said that Glover, attending a medical convention in San Francisco, had announced that his serum was doubtful in value. The article concluded:

> "There is nothing in the Glover or any other cancer cure to warrant delaying surgery for a single day."

But that was an incorrect report; for Glover had not backed down an inch. In spite of the furor, several leading Philadelphia hospitals began injecting Glover's serum into cancer patients, with good results.

At this point, we will conclude our report on Dr. Glover. The battle with the AMA continued for years. In 1940, Glover published his book, *The Treatment of Cancer in Man,* based on 237 cancer cases, with follow-ups on 50 originally reported in 1926. The malignancies were meticulously described by site, operability, length of treatment, survival periods, etc.

Many cancer patients were alive and well 14 years after the treatment. This is all the more remarkable, since we are not told that Glover's methods included any changes in lifestyle.

Dr. Glover's **virus theory of cancer** preceded his development of a serum derived from horses, just as Durovic's virus theory would later lead to his development of a horse serum (Krebiozen). Note the June 5, 1924, *Times* comment, above, that **a serum would be worthless if microorganisms do not cause cancer. Yet the serum was reported to have worked!**

In 1955, Dr. Stanley, of the University of California at Berkeley, was awarded the Nobel prize for identifying a cancer virus. The Swedish judges who awarded the prize were convinced, after careful examination, that Stanley had made a profound discovery which could benefit all of mankind.

Yet no clinical testing or treatment of humans, based on his research, have ever been carried out. Not one. The matter was left to die a quiet death.

REES EVANS, 1919

Note to researchers: To what extent is prayer and trust in divine power a factor in healing? Careful research needs to be made regarding this. In addition, a complete analysis of possible cancer-alleviating herbs needs to be made in a controlled environment.

Working Summary: Unfortunately, we do not know what Evans' herbal formula was.

This is the first mention, in this brief historical overview, of a person who was not a medical doctor.

About the year 1905, a man named Evans in Cardigan, Wales, **put together some herbs that people had used for years** and gave it to one of his sons who had cancer. After that success, he and his sons gave it to neighbors, and their cancers went into remission. **Each time, they knelt and prayed earnestly for the Lord's blessing**. Prayer is powerful, especially when combined with simple, natural remedies.

By 1907, there had been enough success that the *British Medical Journal* printed two scathing attacks on the family and their efforts to help people.

Rees Evans, one of the sons, had been treating cancer since 1919. Attacked by the medical societies, he requested an investigation in 1924.

When asked for the names of 20 patients, he gave 30 names and addresses. The committee later reported that it could not find any of them. In response, Evans announced that they had not tried to locate them, and a number had reported the fact to him.

The battle in England continued for years, and is far too lengthy to include here.

Here is a description of one individual's experience with the Evan's treatment:

Shortly after receiving a blow to her breast, a woman discovered a growth. After receiving no worthwhile help from a cancer specialist, she went to Evans. He told her that it might be healed in about 12 weeks; so then she agreed to a series of treatments. **Using a soft brush, he applied a liquid, made from his herbal mixture**, to her breast. This brought sensations of penetration, burning and pulling; yet this was relatively painless. A new application of the liquid was made six days a week, and the growth gradually rose to the surface and became hard and black. A lettuce leaf placed over the tumor turned black.

On the twelfth week, the roots of the cancer came out, leaving a crater underneath. Evans then treated that with **another herbal solution**. Gradually, this also healed, leaving only a small scar.

When she showed her healed breast to the physician she had earlier gone to, he involuntarily exclaimed, "Miraculous!" But, in order to keep the medical association from turning on him, the physician later denied that the malignancy, which he had earlier diagnosed as such, had ever been can-

cer.

Although scorned by the English medical profession as unworthy of their notice, oddly enough, the Presbyterian Hospital in Newark, N.J., heard about the Rees Evans treatment and successfully tested it. Although no publicity was permitted in the United States, a now-defunct tabloid, the *Picture Post,* disclosed it to the public in September 1950.

That same year, Evans came to the United States, at the invitation of the Presbyterian Hospital. By this time, he had already treated a thousand cancer patients.

Diagnoses, treatment, and recoveries at the hospital were all done under the close observation of medical doctors and then published.

This aroused the wrath of the British medical profession to a white heat, and they scornfully rejected the Newark report. But public interest was so great, they found it necessary to appoint a board of inquiry through Aneurin Bevan, British Minister of Health.

Its final report was issued on June 14, 1952, and was carefully worded. Here are some excerpts:

> "It [the committee] did not examine patients under treatment since it considered that in most forms of cancer assessment of the results of treatment it is not possible until treatment has ended, and also since the technical details of applying any particular treatment are irrelevant to the assessment of its value in treating cancer."

Skin cancers were ignored, because the committee said they were "rodent ulcers" and not real malignancies.

> "Evidence of success in healing rodent ulcers throws no light on whether the same method will be useful in the treatment of cancers in general."

As to the herbs themselves, in one brief paragraph their possible value was declared worthless.

> "Samples of the materials used by Mr. Rees Evans in treatment were analyzed and tested in experiments on animals. The committee was advised by the leading experts that the results obtained did not provide any indication for recommending further experiments."

The report concluded that those of Evans' patients who died did indeed die of cancer; and those who did not die, never had cancer!

(Evans, like other practitioners of alternative cancer remedies, primarily worked with those who had been cut, chemicaled, or burned, and were so weakened they sought out Evans as a last resort.)

The report was signed by four leading British medical dignitaries, including the president of the Royal Society and Sir Alexander Fleming, the discoverer of penicillin.

Repeatedly, Evans offered to demonstrate his methods in treating the sick to the committee, but his offers were declined.

WILLIAM FREDERICH KOCH, M.D., 1920

Note to researchers: Koch was a genius, devising new techniques on several cancer fronts. His research needs to be reexamined and vindicated.

Working Summary: Koch was a brilliant researcher/physician who first improved on Coley's fever treatment, and then develop *Glyoxylide* which destroyed cancer tissue by bringing oxygen to it. Could Glyoxylide be hydrogen peroxide? Glyoxylide is no longer available, nor do we know the formula.

In 1931, Otto Warburg received the Nobel prize, in physiology and medicine for some of his work, which related to his discovery that cancer cells cannot survive in the presence of oxygen.

But a decade earlier, a remarkable man of the highest intellect had anticipated Warburg's discovery. In this report, his theories of cancer and methods for treating it are closely interwoven.

Dr. Koch had an M.D., Ph.D., was a teacher at a medical college and a careful researcher. He it was who, before the age of 30, discovered that the removal of the parathyroids would produce death. Physicians were routinely removing thyroids and wondering why so many of their patients died from tetany (the parathyroids regulate calcium metabolism).

About the year 1915, while teaching at the University of Detroit, Koch noted that there was a marked coagulation of blood and tissues in cancer tissue. He reasoned that, **since this normally was a protective mechanism because of toxic problems, injury, or irritation, could it be that there might be toxins in the cancer tissue which could be removed?**

With this in mind, Koch set about devising a means of eliminating those toxins.

Actually, Koch had a good basis of thinking. It is now known that cancer frequently is a garbage dump for poisons and waste products produced by wrong eating, overeating, stress, environmental chemicals, etc.

Koch's first treatment method was to **initiate a fevered condition in the body which burn off the toxins**. From 1888 to 1936, William Coley, M.D., did this also, using strep germs; but Koch's fever therapy method was more consistent—and without the aid of a dangerous infection.

Koch's **fever treatments were effected by means of tissue thrombin, a ferment which brings on a fever when heat burns off the toxic**

elements in the system.

Then in 1920, following eight successful recoveries, Koch announced that he had a cure for cancer. Immediately, the surgeons in charge of the Wayne County Medical Society instituted a war against him.

By that decade, surgery was still the most profitable treatment for cancer. It was not until the late 1940s that the cost of cancer drugs was raised enough, to make them equally profitable. From then on, chemotherapy ranked with surgery and radiation as the approved medical treatments for cancer.

Another aspect of Koch's brilliant thinking revolved around **sugar metabolism**. Fifteen years before Warburg discovered the same principle (and received a Noble prize the following year for doing so), Koch had stumbled upon the fact that sugar oxidation was a key factor in cancer formation.

According to his thinking, **if the sugars could be oxidized, the cancer would be reduced. What was needed was more oxygen to the site of the tumor**.

Although Koch already had one treatment for cancer (**fever therapy**), he set to work devising another—one which would not require the fever.

He searched for more active catalysts **to stimulate the body's capacity to oxidize toxins**. —The result was **Glyoxylide**. This is the name he gave a liquid formula which he developed. Koch was an extremely capable and original thinker. His bold idea was that **Glyoxylide would cause toxins in the cancer cells (and elsewhere in the body) to be changed into antitoxins—by oxydizing them. This was to be done by adding molecules which changed their composition.**

Another part of Koch's theory was that **cancer was caused by a germ or virus; and that originally it was harmless, but only became deadly when poisoned by the toxins in the system.**

This concept closely relates to the discoveries of Royal Rife in the 1930s, a young man who, subsidized by the Mr. Timpkin (owner of Timpkin Roller Bearing Company), invented a super-powerful microscope (the *Rife microscope*) and, then, with it, he discovered that germs change from one type to another, depending on conditions in the body. One stage is a fungus; the last is cancer. That was in the days before the development of the electron microscope, but there has been silence in regard to any efforts made, using the electron microscope to duplicate Rife's germ transformations which occur in toxic bodies. *(See Pleomorphism, later in this book.)*

Koch's theories were never investigated by the medical authorities. He was treated as a charlatan and fake. Although Glyoxylide was said to be nothing more than distilled water, no examination was ever made to determine exactly what it was.

The Koch treatment was more rounded than that of some others. **He did not rely merely on Glyoxylide, but also required a rigid diet which excluded all foods which were toxic or contained oxygen inhibitors. Included in this list were meats, beans, lentils, coffee, alcohol, and tomatoes. Only distilled water was to be drunk, and daily enemas were required.** Koch maintained that both the diet changes and the Glyoxylide were needed to eliminate the cancer.

Individuals taking the Koch treatment needed no hospitalization. The person would receive one injection of Glyoxylide and no more for about six weeks or until decreased oxidation was observed.

As with all worthwhile natural alternate remedies for cancer while on the program, pain would subside and tend to disappear. This tends to be a hallmark of genuine cancer remedies.

In 1933, Koch published his book, *Cancer and Allied Diseases,* in which he explained the thinking behind his treatments. **He maintained that cancer resulted from years of toxic conditions in the body. When the cancer growth begins, these toxic conditions lessen somewhat, since some are being stored in the cancerous tissue, somewhat as you might place garbage in a garbage can, so the house can remain clean and neat. Surgery, by removing the surrounding container, damages the house and does nothing to reduce the influx of toxins.**

Koch said that cancer was a response of protection against dangerous toxins; *it tried to bottle them up in tumors.* He also maintained that, when the toxins were eliminated, the cancer would automatically shrink and disappear; and all its essential elements would be reabsorbed by the body.

In contrast, **Koch declared that cutting out pieces of the body, to rid it of a cancerous condition, accomplished nothing positive but instead it caused great injury, weakened the body, and laid the groundwork for even more trouble later on. Surgery and biopsy, Koch said, only spread cancer faster.** Yet, he added, it was the surgeons who were given the authority to decide which remedies could be approved!

Several top physicians, throughout the world, saw the value of the Koch treatment and began using it—until threats stopped them. This included Allen, of Tulane University; Bryan, of Vanderbilt University; Maisin, of Belgium; Godfrey, in Toronto; and Kannel, of Ft. Wayne, Indiana.

One of these, Forbes Godfrey, who for 26 years

was the Canadian Minister of Health and Education, said, "Radium has a dangerous effect on the human system. In a couple of years people who have used it usually die suddenly because it affects the heart."

J.W. Kannel later testified about how, over a period of 14 years, he had successfully treated 72 cases with the Koch preparation. Many were hopelessly advanced to begin with. About a third were still alive.

He noted that, before adopting the Koch treatment, he had operated on at least 50 cases of cancer, had followed surgery with X-ray or radium,—and yet the longest survival time had been only two and a half years.

Kannel mentioned that, on a visit to Mayo Clinic, he saw a surgeon remove five cancerous breasts in one day. When asked about success rate, the surgeon admitted that surgery and radiation accomplished nothing, but that he did not know what else to do.

In 1940-1941 in Brazil, Koch successfully treated leprosy, tuberculosis, and mental conditions. Then an agent for a large pharmaceutical firm (which reaped immense profits from repeated injections into the insane) shook his fist in Koch's face and said he would not be interfering much longer in Brazil.

In April 1942, Koch was arrested in Florida for "false labeling" of his product. The district attorney demanded an immense bail of $10,000. When asked why, since only murder cases required such a bail, the DA admitted that he had received orders from Detroit to do this so Koch would not return to Brazil and finish his research there.

Both in 1942 and 1946, the FDA fought Koch in two bitter trials, claiming that the remedies were indistinguishable from distilled water. A temporary injunction was made to stop his work until a thorough investigation could be made. Of course, the investigation was remarkably slow in getting started. In 1950, the injunction was made permanent. Koch had been stopped.

At this juncture, Koch gave his formulas and methods to the Christian Medical Research League of Detroit, and then moved permanently to Brazil. But the preparation was incompetently processed, was no longer effective, and was soon abandoned.

Meanwhile, another cancer investigation was set up, this time in Ontario, Canada. One witness, J.W. Kannel of Fort Wayne, Indiana, told of treating 72 patients in 14 years with Glyoxylide, due to their own pleadings for help. He said they were too hopeless for any other kind of treatment. Of that number, 21 were still alive and four others had died of other causes. Kannel said it was the first cancer treatment he had ever found which provided any hope. In spite of such testimony, no formal report of this hearing was ever made.

In the 1960s, the present writer met a lady who told of her meeting with Dr. Koch about a decade earlier. Because her 10-year-old son had cancer, they flew to Brazil, where he had been given the Koch treatment. The cancer disappeared and her son had been in fine health ever since.

MIKKEL HINDHEDE, M.D., 1920

Note to Researchers: The data already available on this subject is truly vast. How much more research will be required before the public will be told about one of the primary causes of cancer?

Working Summary: According to a deluge of research findings, a consistent vegetarian—non-meat—diet is one of the best ways to avoid cancer.

World War I was extremely hard on the people of Europe. Food shortages were widespread, and many had extremely little to eat. During the years 1917-1918, the food restrictions were the most severe. Following the war, Dr. Hindhede studied the effects of the restricted diet on the inhabitants of one city: Copenhagen, Denmark.

During those two years, the entire population of that large city was forced to live on a diet consisting primarily of milk, vegetables, and grain. But, in studying what had happened, Hindhede was astounded to discover that there was an amazing 34 percent drop in Copenhagen's death rate. The cancer rate dropped also *(M. Hindhede, "The Effect of Food Restrictions During War on Mortality in Copenhagen," Journal of the American Medical Association, 74(6):381, 1920).*

Other studies in Britain, Switzerland, and elsewhere showed similar results. For example, Strom and Jensen's analysis of the Norwegian people during World War II revealed remarkably lowered death rates *(A. Strom and* R.A. Jensen, Lancet 260:126-29, 1951).

It is well-known, among serious nutritionists, that artificial additives such as artificial colors and flavors, preservatives, hormones, and pesticides in food are cancer-causing. But, with over 1,400 Americans dying of cancer everyday, there is another important food factor which is producing a significant portion of those tumors:

"Until recently, many eyebrows would have been raised by suggesting that an imbalance of normal dietary components could lead to cancer and cardiovascular disease . . Today, the accumulation of evidence makes this notion not only possible, but certain . . The dietary factors are princi-

pally meat and fat intake."—*Dr. Gio B. Gori, speaking before Senator McGovern's Select Committee on Nutrition and Human Needs, 1972.*

Testifying before that same committee, Dr. Arthur Upton declared that **up to 50 percent of all cases of cancer are caused by diet. Add to that those caused by smoking and exposure to carcinogens, and we have nearly 80 percent. This means that most cancer cases could be prevented.**

From 1970 onward, there has been an increasing number of research studies which have concluded that a meat diet is a primary cause of cancer. For example, **in a study of Seventh-day Adventists, a group that is traditionally vegetarian, death rates were about one half of those seen in the general population** *(R.L. Phillips, "Role of Lifestyle and Dietary Habits in Risk of Cancer Among Seventh-day Adventists," Cancer Research, 35(supp.):3513-22, 1975).*

When Chinese women moved to America, their rate of breast cancers greatly increased. Men who eat milk, eggs, or dairy products daily, have a 3.6-times higher risk of fatal prostrate cancer. Populations around the world with the lowest meat consumption have low rates of colon cancer.

One study found that vegetarians obtain more essential nutrients from their diets and absorb those nutrients more efficiently than do non-vegetarians *(P. Millet, American Journal of Clinical Nutrition, 50:718-27, 1989).*

A massive study, called "the China Project," was reported in 1990. Headed by T.C. Campbell of Cornell University, this research found that **Chinese eat one third less protein than Americans (64 gm/day vs. 91 gm/day). But only 7 percent of the Chinese protein comes from animal sources, compared with 70 percent for Americans** (4gm/day vs. 64 gm/day). **The Chinese had far lower cancer rates.** The research findings are contained in the book, *J. Chen, T.C. Campbell, et. al., Diet, Lifestyle and Mortality in China: A Study of the Characteristics of 65 Countries," 1990.*

Here are other major findings of this study: **Eating large amounts of fiber will protect against colon cancer. Childhood diets high in protein, fat, calories, and calcium promote early growth, but produce higher breast cancer rates later in life among women. Consuming high amounts of protein can lead to cancer and other degenerative diseases.**

Another study revealed that **a vegetarian diet not only lowers the levels of known carcinogens, like saturated fats and excess protein, but a vegetarian diet apparently alters the way tumor cells process fat—and thereby prevents the runaway growth that characterizes fatal cancers. This may partly explain why vegetarian diets help slow or stop the growth of established cancers** *(Eduardo Siguel, Nutrition and Cancer 4(4):285-91, 1983).*

Medical doctors advise their heart patients to change their diets; they need to tell their cancer patients to do it also.

HARRY M. HOXSEY, N.D., 1920

Note to Researchers: Testing on the Hoxsey formula should be carried out. Surely, there must be some value here! It was used with apparent success on so many people.

Working Summary: The Hoxsey treatment consisted of nine herbs, plus potassium iodide. Fortunately, we know both the original and the modified formulas. A Hoxsey clinic exists today in Mexico.

Of all the alternative cancer specialists, there was no one like Hoxsey, absolutely no one. He was a natural showman, and he loved a good fight.

The story began in 1840, when a valuable horse (a Percheron) on a farm in Illinois became ill. Harry Hoxsey's great-grandfather was very concerned. The veterinarian told him the animal had a hopeless cancer on its right hoof, and should be destroyed. Instead, John Hoxsey decided to turn it out into a large pasture so it could eat all the grass it wanted. He wanted the horse to die in peace. The pasture it was admitted to had lots of tall grass, plus lots of full-grown weeds of various kinds.

John watched his beloved horse,—and then noted that it went to one area of the pasture and ate certain weeds. Hoxsey became interested, walked over and watched this very closely. Soon the horse recovered completely and the tumor sloughed away.

So John ground up various combinations of the types of plants the horse had been eating, and began treating the farm animals. Eventually, **from those weeds, he had an herbal remedy for cancer**.

With this in hand, **he prepared a liquid, a salve, and a powder** and began treating animals throughout the area. But he kept his formula a secret; and, before his death, Hoxsey entrusted the formula to his son, also named John, who became a "country doctor"—treating humans who had cancer. Whether he had it any degree is not known.

Of the twelve children in his family, only young Harry was interested in the cancer remedy. The father was thankful one of his sons wanted to carry

on the healing work; so, in 1919 on his deathbed, he summoned Harry and ordered him to bring his safe deposit box and three tablets of writing paper. Requiring that the door be shut, he called Harry to come near and, sitting up in bed, John found a small white envelope. "These," he declared, "are my cancer formulas."

The father then commanded Harry to write out the formula for the liquid, the salve, and the powder over and over, till he had filled the three notebooks. In commenting on it later, he said he fell asleep in the room, before he finished, and had to finish the next morning.

Then the father burned the papers and, soon after, died.

Harry Hoxsey was 18 years old, and planned to become a medical doctor before using the formulas. But a Civil War veteran pled with him for help and, when he recovered, spread the news far and wide.

Learning of his work, a clinic in Chicago invited him to give them a demonstration of his work. Dr. Bruce Miller, a staff member, was astounded by what he saw, and agreed to become medical director of Hoxsey's Cancer Clinic in Taylorville, Illinois.

Miller remained with Hoxsey through some of his most difficult times, and later moved to Los Angeles and continued treating cancer with the technique.

At some point in his life, Hoxsey acquired a naturopathic degree.

The war began when Hoxsey was invited to give a demonstration of his method in Chicago, under the sponsorship of Dr. Malcolm Harris, a well-known surgeon. Harris was secretary of the AMA, at the time, and later its president.

The most hopeless patient that could be found was brought to Hoxsey. Thomas Mannix, a police sergeant, had rotting flesh in his clavicle where the cancer was. Looking at him, Miller despaired and said nothing could be done for the man. Hoxsey was utterly confident of success.

Good results were immediately seen; but, of course, a continued course of treatments would need to be given before there could be full recovery.

The next morning Hoxsey was summoned to Harris' office and told that he and his associates wanted to use it, so everybody in America could be healed. Hoxsey was thrilled, but was then told that careful tests would have to be made and that, first, Hoxsey would have to sign a 10-page legal contract which required Hoxsey to sign over all rights to the formula to Harris and his associates. He had to give them the formula, hand over all herbal mixtures on hand, and close his clinic and never practice again.

Shocked, Hoxsey feebly asked to see an attorney first, but Harris said absolutely No. In addition, he said that Hoxsey could not see Sergeant Mannix again unless he signed the paper. Orders to that effect were immediately phoned to the hospital.

Harry Hoxsey was powerfully built; and it is at this juncture that his incredible capacity for boldness in the face of opposition revealed itself. Frankly, all he had to do was to politely excuse himself, step out of the office, and a few minutes later phone Mannix's daughter. But Hoxsey was a great believer in confrontation.

As he later wrote in his 1956 book, *You Don't Have to Die,* Hoxsey described what happened next:

> "I waited until he hung up the receiver, then seized the telephone and called the Mannix home. Before I could be connected, Doctor Harris reached over the desk and tried to take the telephone away from me. My left elbow flipped up, caught him squarely in the chest, and set him flying into his chair. It promptly topped him over, depositing him in a most undignified position on the floor."

Hoxsey then told Mannix's daughter to take her father out of the hospital immediately, and that he would be over to change his dressings shortly at his home.

At this, Harris jumped up and shrieked that he would have Hoxsey jailed if he treated Mannix again. "I will run you quack out of Illinois!" he screamed.

The war had begun, but Hoxsey reveled in the battle.

It would require too much space to detail the skirmishes, but a few highlights can be noted. After enemies closed him down in Illinois, he moved to Detroit, then to West Virginia, Iowa, and finally, in 1936, to Dallas, Texas.

In Dallas, Hoxsey was able to win powerful friends among local political and business interests. But the lawsuits, injunctions, arrests, and occasional jailings continued.

He won libel suits against Morris Fishbein and the Hearst newspapers. He also sometimes won medical suits. Fishbein, editor of the *Journal of the AMA,* wrote this about Hoxsey:

> "All the other wicked medical fakes, firing hope and darkening it to despair, pale beside the savagery of the cancer charlatans. They look like men, they speak like men, but in them, pervading them, resides a quality so malevolent that it sets them apart from others of the hu-

man race . .

"They slay their patients as guiltily as if they knifed them in the heart, and they stay within the letter of the law . ."—*Morris Fishbein, American Eagle, quoted in Harry Hoxsey, You Don't Have to Die.*

Hoxsey was not a man to cringe when in a fight. He replied:

"The distinguished author [Fishbein] had inherited from his spiritual father the technique of the big lie: 'Make up a lie that's big enough, repeat it often enough and people will believe it!' Adolf Hitler was dead, but the Hitler of American medicine ranted on."—*H.M. Hoxsey, You Don't Have to Die.*

In the suit against Fishbein, representing the American Medical Association, Fishbein had to admit that he had never practiced medicine one day in his life; had never had a private patient; had no contact with Hoxsey's method, patients, or records; and thus really knew nothing about what he was talking about.

In 1954, Hoxsey opened a clinic in Portage, Pennsylvania, with the help of John Haluska, a former state senator. Over the years, some of the rich and powerful people that Hoxsey helped,—helped him in return.

In later years, Dr. Andrew C. Ivy (of Krebiozen fame) briefly visited the Hoxsey Clinic and expressed his opinion that it was the **potassium** in the formula that was the key ingredient.

It is an intriguing fact that most of the effective alternative cancer remedies include potassium.

Repeatedly, the medical interests refused to examine "cured" patients, look over their medical records, or conduct tests with full disclosure of results.

At his zenith in the U.S., Hoxsey had thousands of happy cancer patients coming to his 17 clinics. But, after repeated arrests, by the late 1950s, Hoxsey had been forced to leave his clinics, which he had turned over to others. The last to close were the ones in Dallas, California, and Pennsylvania. They are closed today.

In the late 1950s, Hoxsey moved to Mexico and practiced for a time. He was in his 50s by then.

(For more on Hoxsey, see pages 158 and 160.)

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SUPPLEMENT: THE HOXSEY FORMULA

Harry Hoxsey's formula included Red clover, Burdock root, Barberry bark, Licorice root, Buckthorn bark, Prickly ash, poke berries and root, Stillingia root, Cascara amarga, Potassium iodide, zinc chloride, and antimony trisulfide.

Bloodroot (*Sanguinaria canadensis*) had been used by the Lake Superior Indians to treat cancer. Physicians, using bloodroot paste in the 1960s, healed cancers of the nose, external ear, and other organs *(Cancer Chronicles, August 1990).* Buckthorn contains *aloe-emodin*, which tests reveal has anti-cancer properties. Cascara also has *aloe-emodin*. Barberry has anti-tumor effects. The OTA report, within the last ten years (see "Alternative Remedies and Congress," at the front of this book), noted that components of prickly ash (*chelerythrine* and *nitidine*) and of stillingia (*gnidilatidin*) have shown positive anti-tumor activity in test animals.

The major component of the internal tonic was **potassium iodide**. The actual proportions and methods of extractions were kept secret *(Harry Hoxsey, You Don't Have to Die, 1956).*

Patients taking the tonics were cautioned to avoid tomatoes, alcohol, processed flour, and vinegar, because of their ability to negate the tonic's effect. The Hoxsey formula was most successful against lymphoma, melanoma, and skin cancer.

In 1968, the Hoxsey method was placed on the ACS *Unproven Methods List*. Today, Hoxsey's work is carried on at the Hoxsey Clinic in Tijuana, Mexico, which estimates that 80% of the patients are significantly helped.

In 1963, Mildred Nelson, Hoxsey's chief nurse, opened the Bio-Medical Center in Tijuana, Mexico, which still offers the Hoxsey treatment. Here is the formula used by Nelson at her clinic:

Red clover *(Trifolium pratense)*
Burdock root *(Arctium lappa)*
Barberry bark *(Berberis vulgaris)*
Licorice root *(Glycyrrhiza glabra)*
Buckthorn bark *(Rhamnus purshiana)*
Prickly ash *(Zanthoxylum americanium)*
Chaparral *(Larrea tridentata)*
Stillingia root *(Stillingia sylvatica)*
Cascara amarga *(Picramnia antidesma)*
Potassium iodide

Nelson substituted chaparral for poke, which was in the original formula. We do not know whether she still includes zinc chloride and antimony trisulfide in her revised formula. We also do not know the proportions of each ingredient in the total formula. (It is well to note that it is now known that pau d'arco contains the same cancer-

fighting chemical found in chaparral, KDGA, yet does not have the side effects which sometimes occurs with chaparral. See the sections on chaparral and pau d'arco for more on this.)

Medical literature reveals that licorice root has produced adverse effects when taken in massive doses. Poke can be toxic also, but is not included in the current formula.

The Hoxsey Clinic recommends taking 1 or 2 teaspoonfuls of the powdered formula in a glass of hot or cold water two or more times a day. The external treatments, which Hoxsey used to use, have been discontinued because they were so harsh and painful.

ALICE CHASE, M.D., 1920s

Note to researchers: Alice Chase's method of treating cancer demands testing by researchers! Such a program could help millions recover from sickness, with but little outlay of money.

Working Summary: Chase based her method on the work of John Tilden and Lucius Bulkley, both of whom used a carefully regimented natural diet to dissolve tumors and expel them from the body. The physicians giving laetrile, as well as the Gerson Institute, now use a careful dietetic program.

A number of distinguished physicians worked successfully with cancer in the 19th century. One of them was Dr. John H. Tilden.

In 1923, a young pre-medical student, Dr. Alice Chase met him and learned about his system of healing. Tilden was already 73 by that time. She studied under him for two years at his Denver, Colorado, Tilden Health School.

When she became a physician, Chase used Tilden's methods and adapted them somewhat. A primary change was that she found that **meat must be forbidden** to patients who wished to properly recover from any serious physical problem. Meat was a reservoir of disease, she found.

Both Tilden and Chase (as well as earlier outstanding physicians, such as Trall, Jackson, and Kellogg) emphasized that **good health is a way of life, and involves nutrition as well careful living**.

They taught that **no poisons are to be introduced into the system**. For this reason, these physicians used absolutely no drug medications, nor radiation treatments.

These physicians were actually teachers, instructing their patients in a better way of life.

But they also used an essential tool for the recovery of disease: complete fasting for a short time in the height of the crisis, followed by partial fasting (drinking fruit and vegetable juices). For conditions such as cancer, they did not use complete fasts, but relied on **juice fasting (today we would call it a juice diet), followed by healthful eating patterns**. Hers was a broad program which included **enemas**.

On September 1, 1941, Dr. Tilden died at the age of 90. Dr. Chase's work as a practicing physician continued from the mid-1920s to the early 1960s.

Many of the alternative cancer treatments described in this present historical review were mono programs; that is, only a single chemical, compound, extract, or nutrient was used. In marked contrast, Dr. Chase used **a wide variety of nutritional factors, but no chemicals of any type**.

SUPPLEMENT - THE CHASE THERAPY

The following excerpt was taken from the chapter on "Cancer" in Dr. Alice Chase's 1959 book, *Nutrition and Health.*

In view of the fact that she had a high rate of success with a wide variety of infections and diseases over a period of forty years, Chase spoke with authority about such subjects; for she had worked with them for years.

Dr. Chase's work, as a practicing physician, continued from the mid-1920s to the early 1960s. She was also acquainted with Dr. Duncan Bulkley's cancer program, which is discussed elsewhere in this present historical overview.

Here is this excerpt from her book:

"The body cannot be affected by cancer when it is healthy. The body must be saturated with uneliminated excretions within the cells before it is susceptible to this disease.

"Cancer is not a local disease at first. When any organ or tissue manifests cancer signs, the entire body is a sewer full of wastes. How do those wastes saturate the body cells and fluids?

"In cancer the body is hypersaturated with retained catabolic wastes within the cells. One reason for the special susceptibility of some organs to cancer is the fact that these particular organs are permeated with relatively large blood and lymph supplies. When a highly vascular organ is saturated with unexcreted wastes, it may manifest signs of cancer.

"The breast, the thyroid gland, the prostate gland, the uterus, and other structures that are highly vascular are often found to be cancerous. When any body organ manifests cancer signs and symptoms, the entire body is affected by the same poisons, and these will eventually kill the sufferer. For this reason, X-ray treatments, radium treatments, and other medical 'weapons,' in addition to extreme and radical surgery, prove futile.

"The sick body can be made better only by regenerating its cells and fluids from a morbid state to a normal one. This can be accomplished. The living body responds to constructive methods such as raw foods that are potent enough to soak out cellular and tissue wastes and excrete them from the body economy.

"*Food can be more effective than any drug or drugs*. Surgery has been proven useless. It does not prolong life. In fact, surgery may shorten life in some cases.

"The surgical patient is debilitated. Surgery is shocking and weakening. The sick are entitled to such constructive methods as diet offers. Before surgery is attempted, why should not an honest and good surgeon put his cancer patients on a preoperative treatment like freshly made raw vegetable juices and raw fruit juices for a week to a month? Such initial treatment may prove to work wonders on the sick body. The fresh raw fruit juices and raw vegetable juices can indeed be real potent elixirs of life! They would be a boon to those who suffer the weakness and pains of cancer. . .

"The body needs foods that are rich in minerals and vitamins. These are to be preferred to vitamins and minerals in capsules or pills.

"Fresh raw salads and fresh raw fruits are often even prohibited to the sick when indeed they would prove to be life savers and health builders. This indictment is based on my experience with patients who were forbidden to touch any raw fruit or raw vegetable. Why? There is a popular belief that raw fruits and raw vegetables are 'gas forming.' These vital foods cannot form gas. When the body is charged with excessive wastes, some of these wastes are broken down into gaseous compounds, and the body attempts to eliminate them through the stomach, through the bowels, through the skin, through the lungs.

"Sick people should be taught these facts about health and disease. Fresh raw fruits and raw vegetables act as vehicles, to carry out some fluid and other kinds of wastes from the system, provided that everything else in the management and care of the sick body is done correctly.

"People are given cancer phobias by educational cancer agencies, as well as by their physicians and surgeons. They should be educated, that *in a healthy body there cannot be any cancer!* The body must be a veritable cesspool or sewer full of excretion before cancer signs are apparent.

"The sick should not be fed dead animal matter as food. In the all-powerful medical world, the sick are being fed on dead animal matter as food. . .

"Dr. Duncan Bulkley, who for forty years or longer was associated with the New York Skin and Cancer Hospital, worked on the cancer problems with diets. Dr. Bulkley found that a vegetarian diet which was so low in proteins and in sulphur-containing food was effective in arresting cancer and prolonging the lives of many inoperable and recurrent cases of cancer . .

"Dogs are often affected by the same diseases that carnivorous humans are. They get blind from cataracts. They get high blood pressure because of hardening of the arteries. They get cancer because they become saturated, to excess, with tissue wastes. To be sure, the dog is more fortunate because he is not a victim of tobacco smoking, coffee drinking, liquor drinking, overwork, and overfatigue—all of which are factors contributing to cancer as a disease of mankind in our civilization. Men and women of our time are subjected to wear and tear in the course of earning their daily bread. Physical overstrain and the conventional palliatives—liquor, tea, coffee, tobacco—contribute toward the causative factors of cancer . .

"It is difficult to restore the body of a patient who has one or both breasts amputated. In many instances the individual patient is demoralized because of the surgical disfigurement. Those whose internal organs have been operated upon are in most instances even more difficult to treat and to make comfortable.

"In internal surgery, very radical and drastic changes are brought about by the disconnecting of blood vessels, nerve structures, and other structures besides the actual extirpation of parts of organs or entire organs. A person who has had one-third, one-half, or two-thirds of his stomach removed because of 'cancer' has a very miserable time in eating and trying to feel comfortable after food.

"Any *stomach case* that manifests cancer symptoms is entitled to a rigid diet that would consist of **strained freshly made raw vegetable juices and raw fruit juices. A month to three months of such a diet**, administered with skill, would tend to regenerate the stomach and make the entire body better. The sick are entitled to this type of treatment. It is high time that the professional made use of the "wonder drug" that food can be!

"Cancer patients in the terminal stages are often found to suffer from spontaneous fractures of the bones. They also waste away. . .

"Dr. J.H. Tilden, also a pioneer in the medical field, who practiced during the years 1866 to 1939, went beyond Dr. Bulkley in putting his cancer patients on **an initial fast, which was followed with a diet of mainly raw fruits and raw vegetables**.

"I have had the opportunity to treat some cancer patients by means of fasting and diet, also using the basic principles of Dr. Bulkley's system, namely, feeding my cancer patients **a diet that is low in protein and in sulphur**. I found that the cancer patient responds dramatically to **short fasts which are followed by fresh raw vegetable juices, fresh fruit juices, and solid fruits such as grapes, pineapples, cherries, and other seasonable fresh raw fruits**.

"The cancer patient is often found to be suffering from demineralization of the bones. The blood in the sick body maintains its chemical reaction, known as its hydrogen-ion concentration, at a constant level until the very late stages of disease.

"The cancer sufferer is often a poor eater. Sometimes **food aggravates symptoms such as pain and fatigue—I mean food of the ordinary varieties. Fresh raw vegetable juice and freshly made fruit juice are welcomed** by the cancer patient. In fact, these life-giving liquids even tend to stimulate the appetite and the ability to digest proteins, starches, and some fats that are properly selected.

"The cancer patient **does not require any ordinary table sugar. Honey is a superior sweet** that can furnish energy much more quickly than ordinary table sugar. The cancer patient **does not require two or three starches at one meal**, as the Bulkley diet proposes. It is best to give the patient as much as he or she can enjoy of **one easily digested starchy food**.

"**A dish of well-cooked oatmeal or brown rice or whole-wheat cereal, seasoned with a little butter and a dash of salt or vegetable salt, is a hearty *breakfast* food**, when the cancer patient has an appetite for breakfast. If there is no appetite for starchy food in the morning, **fresh raw fruit of one or two varieties** can be kept at the bedside for the patient to eat whenever he has the appetite. **Freshly made fruit juices and raw vegetable juices may be given at two-hour intervals or less often**.

"The cancer patient often enjoys being left alone. **Sleep and rest** are energizing for him. Cancer patients **should never be awakened at meal time or for any other daily care**. **With a dish of cereal for breakfast,** the cancer patient may be fed **a cup of plain lemonade sweetened with honey. 'Mint tea'** is also a pleasant beverage and it does not do the patient any harm.

"***Luncheon*** for the cancer patient has to depend on how well his stomach is able to digest food. **Freshly made raw vegetable juice** is always in order because it prevents demineralization of the bones and muscles. Raw vegetable juice supplies the blood with effective buffers, to soak up tissue wastes. Raw vegetable juices also supply easily assimilated minerals and vitamins that the sick body must have in order to thrive and improve.

"Raw vegetable juices have been used by pioneers for the treatment of the degenerative chronic diseases, cancer among them, by a number of doctors in America and abroad. It is necessary and very important to bring this truth home to every hospital: that raw-vegetable-juice machines must replace meat grinders and other kitchen equipment that hospitals of our time use for the preparation of food for the sick.

"The sick would 'get a new lease on life' by being fed raw vegetable juices as the medicine at hospitals and at home. For that matter, the healthy person should drink raw vegetable juice twice a day at least as a preventive of food deficiency of one kind or another in bodily health.

"In addition to a glass of raw vegetable juice for lunch, the cancer patient may get **some well-cooked nourishing soup or stew. If there is any stomach involvement, freshly cooked vegetable mixtures should be liquefied** in the modern food blender. **Home-made pureed vegetables** that can be done in the blender are far superior to canned products. They do not have to be overcooked. Overcooking and canning cause a loss in vitamin value in the case of any such products. **Freshly cooked, even slightly uncooked, vegetables—liquefied** in the blender to a consistency that the individual patient may require are easily digested and nourishing.

"One kind of starch, such as a **baked potato or rice or a slice of bread and, perhaps a tiny amount of butter,** is all a semi-invalid or an invalid requires. It is not advisable to feed the cancer patient a high amount of calories chosen from sugars, starches, and butter fat. Some cancer patients cannot digest butter or any other fat. They may be given **grapes and other sweet fresh raw fruits**, as easily assimilable energy foods that are better sources of calories than an overabundance of starches at one meal.

"I found that the **lentil** is a wonderful seed that can be used in a variety of ways to prepare palatable dishes for the cancer patients. Lentils—about a cupful—according to Dr. Kellogg, furnish an amount of iron equal to the iron contained in four eggs (an ounce of lentils furnish as much iron as an ounce of egg yolk). Lentil, as a seed food, is also rich in easily digestible starch and protein. It is also low in sulphur content, lower than any other of the seeds such as beans or peas. **Lentils, mixed together with three or four fresh green cut-up**

vegetables, makes a fine, palatable, nourishing soup or stew. **Lentils may also be mixed with brown rice and cooked** as a hearty tissue-building and energy-yielding main course for dinner or supper.

"Other foods that combine well with starches, such as those mentioned above for the noon meal, as well as for the evening meal, are a **glass of raw vegetable juice or fresh raw fruit** for dessert. **Fresh fruit is always superior to stewed prunes or stewed figs or stewed apples**.

"Raw vegetable juice may also be given to the cancer patient *between meals*—once or twice a day. Even **up to four glasses of raw vegetable juice a day** may be taken with benefit, and also **two glasses of freshly made fruit juice**. Watery beverages are really not as important.

"Sometimes watery fluids are contraindicated. When a cancer patient has involvement of the liver or kidneys or the lymphatic system, there may be a tendency toward fluid retention within the body tissues. Under such conditions the diet has to be specially worked out. It must exclude foods made with water. There are some vegetables and fruits which have the property of extracting fluids that are retained within the liver substance and within other parts of the body. These foods are **fresh raw pineapple and green squash**! These are the best diuretic foods, which means that these two foods have the power to extract retained fluids from the liver and other parts of the body. This I found in my clinical studies of very difficult problems of cancer and other diseases, in which fluid retention was one of the complications.

"Green squash and fresh raw pineapple are wholesome foods that can be used even when there is no special complication. Any food that has curative properties also has preventive properties.

"Now for a few words about milk in relation to the cancer problem. Some patients cannot take milk; their mouths feel sour and bitter after milk. Buttermilk may be tried; this type of cultured milk products are really forms of synthetic vegetables—the cow makes milk from grains and grasses! Milk is therefore a wholesome food for invalids when they have an appetite for it and have no bad reaction from it. **When milk is not well-tolerated, it may be left alone**. Balanced nutrition, weight gaining, or the prevention of the loss of weight can be accomplished with a fruit-vegetarian diet that is planned according to the above suggested outline.

"It is always desirable to give the patient **two steamed vegetables, in addition to a starchy food, for dinner and supper. One may be a root vegetable, such as carrots or beets, and one may be a green vegetable or some other kind that ripens above the ground.**

"**Eggs** must be forbidden in the cancer diet because they are high in sulphur content, and the cancer patient is already charged with too much sulphur waste.

"Some cancer patients also have a history of skin disease of one kind or another. Psoriasis is often found accompanying cancer. This disease cannot be cured with the ordinary diet that includes meat and eggs and fatty foods. A person who suffers from psoriasis must live for months on fruit juices and raw vegetable juices, plus a little rice and lentils and one or two green vegetables a day.

"This is the way I found that cancer patients can get better and live in comfort in many instances. The cancer patient has everything to gain by breaking away from conventional hodgepodge eating and taking up the **vegetarian-fruitarian diet that is rich in raw vegetable juices, raw fruit juices, and properly steamed vegetables**.

"Food must also be taken within the limits of comfort and not because it may do some good. Occasional fasts are always a boon to the sick, particularly those who suffer from cancer.

"Here is a sample **21-day meal schedule**. Keep in mind that it is only a sample. There are many other meal schedules; some which are distinctly different. Adaptations might have to be made for the condition of the patient, the type of malignancy he has, etc. He might be allergic to store-bought grape juice, etc. Of course, other things must be done each day, in addition to meals **(water drinking, enemas or good bowel movements, abundant rest, baths, exercise or massage, etc.)**.

"*Here is this 21-day meal schedule.* It would, of course, have to be adapted to the individual:

"**Day 1** - On the first day or two, have a total food fast. (You will repeat this fast for 1 to 2 days in forthcoming weeks.) Macrophages and lymphocytes are the most active and effective in fighting cancer cells after fasting.

"**Day 2** - Drink 16 ounces of fresh grape juice (canned, if necessary) 3 times a day. It is best to dilute the juice.

"**Day 3** - Switch to 16 ounces of fresh carrot juice, 3 times a day.

"**Day 4** - Use grape juice at breakfast and supper and carrot juice at dinner.

"**Days 5 to 10** - Grape juice at breakfast, plus any kind of raw fruit. Carrot juice at supper, plus any kind of raw vegetables.

"**Days 11 to 15** - Begin adding stewed or canned fruit to the fruit meal menu and steamed vegetables to the vegetable menu. Serve hot. Use

as little salt as possible, and never over ½ teaspoon per day. Never overeat.

"**Day 16** - Begin taking 3 almonds with breakfast and dinner. Continue a very small fruit supper if essential; it should be omitted as soon as possible.

"**Day 17** - Continue the present food plan, but begin serving ½ cup of brown rice at breakfast and dinner.

"Days 18 to 20 - Increase the quantity of rice by one-fourth cup per day until serving one cup. Serve with dry or chopped fruit or onions, tomatoes, lemon juice, or green peas for seasoning.

"Day 21 - Increase the number of high protein foods served to supplement the rice, keeping the variety of dishes to a minimum, and using 3 items only at each meal, as follows:

"(a) Eat plenty of raw fruit, including fresh lemon and grape juice or raw vegetables, including carrot juice. Do not eat fruits and vegetables at the same meal. If possible, 50-80% of the meal should be eaten raw. Asparagus and garlic have both been ascribed as anti-cancer qualities.

"(b) Choose cooked grains or vegetables from the following list. These foods are selected because of their low phenylalanine and lysine content: potatoes (white or sweet), carrots, rice, millet, corn, buckwheat, barley, rye, oats, wheat.

"(c) Use immature legumes (such a field peas or green peas) not more than twice a week, for they are high in phenylalanine and lysine. Select only one at a meal.

"(d) Use whole grain cereals or quick breads without sugar, baking powder, soda, or excessive salt."

—That concludes the description by Dr. Chase of her nutritional treatment for cancer. Elsewhere in her book, she discussed the importance of frequent enemas, rest, etc. So the above only constituted a brief outline of the nutritional part of her therapy.

It will be interesting to compare her program with the Gerson therapy. There are similarities, and there are differences. Overall, it would appear that the Gerson diet is much more intensive, and better suited to advanced cases of cancer.

OTTO WARBURG, M.D., 1930

Note to Researchers: Warburg's research into oxygen vs. fermentation, as a source of cellular energy, needs to be amplified. Techniques should be devised for both terminating fermentation in cancer tissue and transporting more oxygen to it.

Working Summary: Although anticipated ten years earlier by Koch, Warburg's theory of cancer was monumental, and resulted in major advances in alternate cancer treatment later in the century.

Dr. Warburg won the Nobel prize in physiology and medicine in 1931 for his discovery of a respiratory enzyme. **One of his most controversial theories concerned the nature of cancer cell metabolism, that is, the way in which cells obtained their energy**.

Warburg was the only person to ever win the Nobel prize twice in his own field. (One of the only other persons to win the Nobel prize twice, Linus Pauling, also did research into alternate cancer therapy and is discussed later in this book.)

Normally, human cells obtain their energy through *respiration*. Each of the vast millions of cells in the body takes in oxygen and gives off carbon dioxide and water. This is a complex, but highly efficient, way of generating energy.

But there is another, far more primitive and wasteful way of generating energy: *fermentation*. Simple life forms, such as bacteria, use this method. This is why milk sours and yeast makes bread to rise.

But there are times when our human cells also use fermentation to produce energy. One occurs when the muscles or brain require a quick burst of energy.

Another occurrence—and this is the heart of his theory—is when cancer cells begin functioning. According to Warburg, **all cancer cells live by fermenting sugar in what are essentially "airless" (called "anaerobic") reactions**.

Warburg maintained that **if a person could find a way to stop this fermentation, he could stop the cancer**.

He developed this theory in 1930, a year before he received the Nobel prize for different research.

Other scientists have since proven that **cancer becomes more resistant to therapy as the tumor mass becomes more acidic and anaerobic**.

Warburg's theories provided the foundation for ozone and hydrogen peroxide therapies, which are given intravenously, orally, and rectally. While the efficacy of these therapies is controversial, experts caution against drinking hydrogen peroxide, since it is such a potent free-radical generator.

You will recall that, 10 years before Warburg's theory, Koch began using Glyoxylide, an oxygen catalyst, in his work.

Later, we will learn about the research work of Joseph Gold who, in 1968, published a paper on oxygen therapy. Revici also used oxygen injections. The use of hydrogen peroxide is based on

it. Gerson therapy touches base with it also.

Note that Warburg developed a landmark cancer theory, but did not, as far as we know, give clinical treatments based on it.

SUPPLEMENT: OXYGEN THERAPY

Oxygen was discovered by Joseph Priestly in 1771. Hydrogen peroxide was discovered by Louise Jacques Thenard in 1818, and ozone was discovered by Christian Schonbein in 1840. The first hyperbaric operating room was made as early as 1879 by a French physician, Dr. J.A. Fontaine.

Over a hundred years ago, physicians began treating diseases with oxygen. **Oxygen therapy refers to a wide range of therapies utilizing oxygen in various forms, to promote healing and destroy pathogens in the body.**

Earlier in this book, we learned that Frederich Koch, M.D., advocated oral hydrogen peroxide for cancer patients as early as 1924.

In 1930, Otto Warburg, Director of the Max Planck Institute for Cell Physiology in Germany and a two-time Nobel Laureate, proposed that **a lack of oxygen at the cellular level may be the prime cause of cancer, and that oxygen therapy could be an effective treatment for it.**

Later in this book, we will learn of others who used various forms of oxygen therapy—especially the research work of Edward Rosenow, M.D., with hydrogen peroxide, and Dr. Sweet with ozone, as well as the use of hyperbaric oxygen.

There are two forms of oxygen therapy: oxygenation therapy and oxidation therapy.

All human cells, tissues, and organs require oxygen. Oxygenation saturates the body with oxygen through the use of gas, sometimes at high pressure (hyperbaric). Oxygen can be administered in many ways (orally, rectally, vaginally, and intravenously through inhalation or absorption through the skin.

Oxidation therapy enables electrons to be transferred from one molecule to another. Oxidation therapy helps the body eliminate toxins. It also selectively destroys pathogenic (disease-producing) bacteria, viruses, and other foreign substances. For example, if hydrogen peroxide is placed on a surface wound, the normal cells thrive while the pathogens die.

Oxidation therapy must be given under clinical supervision, since uncontrolled oxidation is destructive to the body. It may be given intravenously, orally, rectally by enema, vaginally, or absorbed through the skin. Hydrogen peroxide therapy will be discussed in more detail later in this book.

Ozone therapy uses both oxidation as well as oxygenation.

(For more on oxygen therapy in its various forms, see pages 53-55, 103-105.)

WALTER B. COFFEY, M.D., JOHN D. HUMBER, M.D., 1930

Note to researchers: We will learn of others who worked with pancreatic enzymes and extracts, but Coffey focused on cortical adrenal hormone. His research should be extended and clarified.

Working Summary: Coffey's adrenal extract method was unique in several way. The Gerson Institute today also uses pancreatic enzymes and pancreatin.

Dr. Coffey was chief surgeon and director of the Southern Pacific Railroad Hospital in San Francisco from 1926 to 1938. Highly respected for his surgical skill, in the 1920s he devised an operation to relieve the intense pain of angina pectoris, and was invited to demonstrate his technique before several leading universities in Europe.

As a rule, the men who developed new treatments for cancer were highly skilled and respected medical doctors whom their peers recognized as brilliant. Coffey was no exception.

In the late 1920s, Coffey became interested in cancer therapy. It resulted from experimenting with **an adrenal extract** in treating high blood pressure in a patient who was also cancerous.

Coffey was startled to find that the extract not only dramatically relieved the high blood pressure,—but the cancer as well. Very soon, John D. Humber, M.D., joined him in his research.

Over the next several years, they experimented with various extracts from the adrenal cortex of cattle, and then decided that **an extract from the adrenal cortex of sheep** was the most effective.

It is not commonly known, but Coffey is said to have originally obtained the cancer extract idea from a Dr. Eaton, a well-known San Francisco urologist. Eaton, himself, had been encouraged by a Dr. Gye, an English cancer specialist, to investigate **the hormones of the adrenal cortex** for possible anti-cancer factors.

Learning of Eaton's work, Coffey appropriated it as his own. This resulted in great enmity between the two men.

As medical director of a large hospital, which treated many railroad workers, sent in from all over the western states, Coffey was in an excellent position to try out Eaton/Gye's idea.

In January 1930, when he felt sufficient clinical evidence was available, Coffey demonstrated his technique before the San Francisco pathological Society. This brought him instant and widespread publicity!

Reporters sent reports to newspapers all over America, describing the remarkable improvement of some of the patients. Pain decreased, health seemed to generally improve, and cancers were disappearing. Records and comments by patients and staff were printed.

There was a rising ovation for Dr. Coffey, from over 1,200 California physicians at their 1930 convention. Besieged by cancer victims, Coffey announced in the press that he would only accept those whose cases had been diagnosed, through approved laboratory procedures, as malignant by a physician, and then referred to him—along with a letter that the case could not be helped further by surgery or radiation.

That was a wise move, since it provided documentation for the genuineness of each case, and did not conflict with the ongoing, brisk activity in surgery and radiation. He would only accept inoperable cases.

In addition, those accepted for treatment had to agree in advance in writing to an autopsy report, if they died during treatment.

Everything seemed to be doing well, but then Morris Fishbein, editor of the *Journal of the AMA, heard* about Coffey's activities. He wrote:

> "Pathologists and surgeons who have investigated the method express nothing but profound disappointment with both the clinical and pathological results. These experts indicate that post-mortem examinations which have been made in at least 30 cases do not reveal any definite specific destruction of cancer tissue or evidence that the spread of cancer in the bodies of the afflicted patients has been retarded."

In view of Coffey's very thorough method of case documentation, it is remarkable that Fishbein would dare oppose him publicly in the pages of the *Journal*. At their next annual meeting, members of the California State Medical Society issued a public criticism of Fishbein for his "unethical and unscientific" remarks.

As for Coffey, he had some remarks to make also:

> "It appears highly unjust and unethical if Dr. Fishbein has employed pathologists working in secret. Such investigations could have been carried on openly at any of our clinics with our utmost cooperation. Secret investigations such as he implies remind one of the secret tribunals of medieval days when the accused was tried and sentenced without opportunity to defend himself at open trial."

The contenders were identified, and the battle was joined. Thoughtful students of medical history could recognize the final outcome.

Patients by the thousands flocked to the Coffey-Humber Cancer Clinic in San Francisco, to receive the **Coffey-Humber extract**, as it came to be known.

A branch was opened in Los Angeles; and, in 1931, a wealthy widow of a railroad magnate, living on Long Island, offered to give her mansion as a third clinic in the chain. This would open the entire East Coast to the new anti-cancer method.

This resulted in a storm of opposition and protests. On one side were the common masses, plus wealthy patrons and fabulously rich railroad executives who sided with "their boys." On the other was the New York City Welfare Board that, for some mysterious reason, saw fit to deny the people of New York the opportunity to obtain help.

The application was denied. Later that same year (1931), Dr. Rowland H. Harris reported in the *Journal of the AMA* that he had investigated the extract and found it to be worthless, and even harmful. He said that, in some instances, it accelerated the growth of tumors.

Fired with anger, Dr. R.W. Starr, director of the Los Angeles Coffey-Humber Cancer Clinic, declared that Harris was giving a false report.

The anger and accusations continued. Dr. Balfour, a Mayo Clinic surgeon, was quoted by *Time* magazine as saying that "cancer is curable if [surgically] removed while it is a local disease. Cures by advertised serums, extracts, etc., are myths."

Shortly afterward, Dr. Garland, a radiologist, stated that he was well-acquainted with the extract, that it relieved no pain, and he had seen the patients "die like flies."

In March 1936, Coffey and Humber published their results, to date: 7,513 presumably hopeless cancer patients. Of these, 3,872 died before they could receive 30 injections (the minimum needed for a fair test). Of the 3,641 which received the full treatments, 1,040 recovered from cancer, which is about one-fourth. Of these, about 10% lived four or more years.

(It should again be noted here that the Coffey-Humber treatment neither included nor required any changes in diet or lifestyle. Without such changes, serums, extracts, etc., outstanding, *long-term* results could not be produced.)

In his report, Coffey also noted a statement by a well-known pathologist, Ewing, who said that not 5% of cancer patients recovered after receiving surgery or radiation.

In 1944, Dr. Coffey died. In later years, Dr. Humber decided to stop using the extract.

Oddly enough, the method never received any kind of scientific investigation by its opponents.

Yet the clinical trials in California were carefully, and openly, conducted in the presence of many physicians and thorough records were kept.

JETHRO KLOSS, N.D., 1930s

Note to researchers: Kloss' remarkable simple formula for the treatment of cancer should be given both laboratory and field testing. It is simple, direct, and could help many folk unable to afford medical assistance.

Working Summary: Kloss was—and still is—the doctor of the common people. Few books in our century have had the enduring circulation, in homes with few books, that his masterpiece has had. Kloss had studied closely into the practices of Trall, Tilden, Jackson, and Bulkley. Studying his book, we learn more about nineteenth-century natural healing—which is equally valuable today.

Born in April 1863 in Wisconsin, at about the turn of the century, Kloss trained at J.H. Kellogg's Battle Creek Sanitarium. At the time, that was the leading natural healing institution in the world; so Kloss obtained an invaluable education.

For a time he operated a healing sanitarium in Minnesota, and later established health-food factories. Kloss recognized that a healthful diet was crucial to good health.

So successful was he as a naturopath and so eloquent that, by the 1930s, he was in demand as a speaker and traveled widely.

In 1939, his book, *Back to Eden,* was finally published. Down through the decades that followed, it has remained an important family remedy guide for many common folk.

His final years were spent about 15 miles from the home of the present writer, in Coalmont, Tennessee. In June 1946 he died there.

Kloss' remedy for cancer is fairly simple:

Cleanse the body by opening all the channels of elimination, eliminating constipation, and taking high enemas.

The diet included a fruit diet, fruit juices, vegetable juices—especially carrot juice. After a few days, if the patient was quite thin, he should receive a vegetable broth composed of the cooked juice of a large number of vegetables. Tomatoes should be eaten alone. Fruit and vegetables (or their juices) were never to be eaten at the same meal.

Deep breathing while walking outdoors, especially in the sunlight, was considered important. Frequent sweat baths should be taken, with a cold towel around the neck and an icebag over the heart (if there is any heart trouble). Alternate hot and cold water applications should be applied to the liver, stomach, spleen, and spine. General massage helps strengthen the circulation [but never rub above a tumor area!].

"I have been asked many times what my cancer cure is. Here it is in a nutshell: correct food, herbs, water, fresh air, massage, sunshine, exercise, and rest."

Red clover blossoms should be gathered, made into tea, and drunk freely, abundantly. Place a handful of blossoms in a quart of water, let in come to a boil, and then simmer for 15 minutes. Then let it set until cool enough to drink.

Other anti-cancer herbs included: violet leaves, agrimony, ground ivy, burdock root, yellow dock root, blue violet (whole plant), goldenseal root, gum myrrh, echinacea, aloes, blue flag, gravel root, bloodroot, dandelion root, African cayenne, chickweed, rockrose, and Oregon grape.

Kloss' complete program is given on pages 452-464 of his famous book.

EMANUEL REVICI, M.D., c. 1940

Note to researchers: Revici's sterol and fatty acid lipid research should be re-examined, along with the minerals (potassium, calcium, copper, and oxygen) which he administered.

Working Summary: Revici was a pioneer both in a concern about fatty acids in the diet, and in the use of potassium and selenium. His program is still available today.

Scientific director of the Institute of Applied Biology in New York City, Revici was the first of several to attempt to **balance lipids as a means of eliminating cancerous tissue**.

He began his experiments in the 1930s in Romania, and continued them for a time while on the faculty of medicine at the University of Paris. Exiled by the war, Revici resumed his work for a short time in Mexico City. In 1946, he moved to New York City.

According to Revici, **his method was based solely on biochemical and physiological principles, and used chemicals which were well-known and easily available to any physician**.

His treatment was designed to correct an imbalance between fatty acids and sterols in the cancer patient, which he called a "biological dualism."

Revici was a pioneer in using the trace mineral, **selenium**, to heal cancer. He also devised an intriguing theory as to why pain does not occur early in the malignancy.

He said that cancer first begins within a cell nucleus, and lingers there for a time. It is non-invasive; that is, does not spread to other cells.

Then, it starts spreading and the strange, atypical growth begins. So far, there is still no pain.

The third stage consists of changes in entire tissues, and pain begins. This pain is "caused

by chemical changes occurring in the intercellular fluid that baths the nerve endings," according to Revici.

Hemorrhages or clotting are the next phase, followed by the terminal phase, when radical alteration of the entire metabolism is affected.

According to his theory, **pain in cancer is triggered by the metabolic changes which unbalance the pH of the intercellular fluid. The further the pH deviates from normal pH** (either acid or alkaline), the more intense the pain.

(Revici's theory is different than Max Gerson's, according to which it is the accumulation of toxins in the system which causes the pain. Gerson must be right, since his method of removing the toxins eliminates the pain. However, Revici's chemical change in nerve endings and intercellular pH changes might well fit in nicely into the Gerson theory: The accumulation of toxins causes the chemical and pH changes, which in turn results in pain.)

Revici's investigations disclosed that the **lipids in the painful neoplastic (cancerous) tissue changed. He decided that some lipids in malignant tumors were very different than those in normal tissue.**

Could it be possible, he thought, that by changing the lipid content of the tissue—the cancer could be eliminated?

It seemed that these abnormal lipids were responsible for the imbalance in cancer between the sterols and the fatty acids (the two fundamental types of lipids).

He found that there could be two types of lipid imbalance: too much sterols and not enough fatty acids or vice versa. His approach was to introduce into the system chemicals which would return the lipids to a normal balance.

When Revici did this, he found that pH changes were normalized; bleeding could be controlled; and, finally, the strange growth of cells could be controlled or arrested. Commenting on this, he wrote in his 1955 book, *The Control of Cancer with Lipids:*

> "All of these changes have been observed following adequate lipid treatment. Moreover, in many cases significant diminution in the size of tumor masses and even their complete disappearance have been observed. Theoretically, such objective changes in the size of malignant neoplasms can be in part accounted for on the basis of alterations in cellular lipids, the body apparently having relatively ample means of defending itself against noninvasive cancer cells. One indication of this is the observation that so-called 'cancers-in-situ' [cancers in one place] have disappeared without any treatment."

Revici was careful to note that his method did not always succeed. (This is understandable, considering that Revici required absolutely no changes in the patient's way of life. His only concern was the addition of certain chemicals.)

Revici spent years searching for additional chemical compounds which might eliminate cancer totally, but success eluded him.

On August 16, 1955, Revici demonstrated his method before a group of professionals, cancer patients, and other guests. Practically every type of cancer in almost every region of the body was demonstrated to the audience. Every one of the 18 patients shown (ranging in ages from 8 to 80), had recovered sufficiently to return to full and active lives. All had been treated free of charge. In nearly every case, previous surgical or X-ray treatment had failed. The oldest patient had been first treated in 1942. Cancer had reappeared (on his nose) in 1955.

Revici's patients were generally terminal. Of those who did not die in the first three months of treatment, a third survived and showed some improvement. A few recovered completely.

Revici's intravenous therapy used selenium, as well as calcium, copper, and oxygen, to rebalance the body's chemistry. During the demonstration, Revici said that he had recently discovered that much more rapid recovery occurred when he added **potassium** to the lipid balance program.

Possibly because Revici's method was chemical in nature, he met with little opposition for a time. It was a treatment which only a physician could administer. But the reckoning came eventually. His medical license was nearly revoked in the 1980s. However, intensive lobbying in the New York State capital, led by Congressman Guy Molinari, helped him. As a result, Revici was able to retain his medical license.

Revici Therapy—Emanuel Revici, M.D., 26 East 36th Street, New York, 10016 Ph: (212) 685-0111

JAMES SHERIDAN, Ph.D., 1942

Note to researchers: Sheridan's research work should be emulated, in the hope of producing promising anti-cancer factors. In connection with this, the respiration theories of other researchers (Koch, Warburg, etc.) should also be considered.

Working Summary: Several researchers have focused on interfering with the energy sources of the cancer cell. Sheridan was one of the first.

Dr. Sheridan was both an analytical chemist

and a patent attorney. **His theory was based on interrupting the respiratory energy chain of cancer cells**. In the late 1930s he developed **a catechol, a natural chemical that can inhibit respiration, and named it *Cancell*** (also known as ***Entelev***).

By 1942, Sheridan claimed that he was having a 70% tumor response in mice.

Later, in the United States, he tried to initiate human clinical trials, but was blocked by the American Cancer Society.

In 1961, he tried to prove the value of his theories to the U.S. Government. But he was told that, to do so, he must provide the evidence within five days. This was a problem since Cancell required 28 days before showing effects.

In 1982, the Food and Drug Administration assigned him an IND (Investigative New Drug) number. This had the effect of permanently putting the project on indefinite "clinical hold."

When that happened, Sheridan turned his formula over to Edward Sopcak, the owner of a foundry, who has since given away 20,000 bottles of Cancell.

J.H. LAWRENCE, M.D., EARLY 1940s

Note to researchers: The urine factor, noted by Lawrence and Burzynski, should be analyzed for possible usefulness.

Working Summary: Lawrence was one of the first of several to use purified urine factors in the treatment of cancer.

Dr. Lawrence was a British scientist who carried on medical research during World War II. In the course of his work, he discovered that there was **a factor in urine which seemed to have antitumor activity** in animals. His work has since been continued and refined by other scientists elsewhere in the world. The research of both Danopoulos and Stanislaw Burzynski will be considered later in this book.

ROBERT E. LINCOLN, M.D., 1940s

Note to researchers: Lincoln's theory of parasitic viruses which feed on, and destroy, cancer-causing microorganisms is a fascinating one, and deserves careful laboratory research.

Working Summary: Lincoln was unique in his concept that there are viruses which eat cancer cells. But, if we enlarge the concept somewhat to include the findings of pleomorphism (discussed later in this book), this could occur.

Dr. Lincoln entered medical practice in 1926, at the same time that he was engaged in physics research at Harvard. He invented a mechanical heart pump. Lincoln was obviously a careful, thoughtful researcher. Most of the discoverers of alternative methods of treating cancer were brilliant, innovative, and highly trained.

In the 1940s, in the midst of an influenza epidemic, **Dr. Lincoln made what he thought were important discoveries concerning the bacterial origin of certain diseases—which he later extended to cancer.**

He thought he had also found a possible cure for some forms of these diseases in bacteriophages. These are viruses which parasitically attack and destroy specific bacteria.

Lincoln eventually began treating patients with injections of these viruses, and claimed to see some remarkable results—including the remission of cancer.

It is intriguing how many different methods have been devised to control or eliminate cancer! This is particularly remarkable, when so many techniques rely on a single factor while ignoring the discoveries which others have used successfully. Indeed, rarely are changes in diet or living habits required.

After isolating two particularly virulent staph viruses in 1946, Lincoln found that each virus lived only in a single type of host bacterium. So he tried an experiment: **At regular 48-hour intervals, he would inject solutions containing a certain virus (bacteriophage) into cancer tissue. It would seek out a specific host cell and destroy it**. He decided that he could do this best by placing the virus in the nasal passage, which he called "nature's own bacteriophage chambers."

Using this technique, he was able to obtain 95% apparent cures of sinus infections. So he extended his method to a wide variety of disease conditions with, what he considered, fair success.

When it was discovered that Lincoln was successfully treating cancer, he was besieged with hundreds of cancer patients, which he treated for a charge of one to five dollars each. Wealthy benefactors established a Lincoln Foundation to underwrite the costs of his work.

Lincoln carried on his work in the small town of Medford, outside Boston.

Rather quickly he ran into opposition from the *Journal of the AMA*. Soon afterward, other journals would not publish reports about his work.

In 1949, he requested conferences with the Massachusetts Medical Society, but the meetings were repeatedly postponed. Without investigating the matter, the Society announced that the treatment was useless. As for the AMA headquarters, it told Lincoln in August 1949 that the matter was a "local one," and it should be handled by the medical society in his state.

A breakthrough of sorts came when Lincoln successfully eliminated cancer in the son of Charles

W. Tobey, a U.S. Senator from New Hampshire. Tobey was extremely angry that Lincoln's work was being ignored, and he said so on the floor of the U.S. Senate.

This aroused the Massachusett Medical Society, and they sent a team of surgeons and radiologists to Medford, where they talked to some patients sitting on the back porch of Lincoln's house. Returning to Boston, they claimed to have seen no signs of improvement in the patients while conceding that there were some "cases of marked symptomatic improvement," which they attributed to "the tremendous force of faith and hope."

Lincoln replied publicly that such a report showed a "high degree of stupidity." That comment, of course, did little to calm the storm.

The Society demanded his resignation; and when he refused to do so, they expelled him on April 8, 1952.

Then the dean of the Boston University Medical School, whose laboratories always prepared the Lincoln antibiotics, wrote him that the supplies had been cut off. The director of the laboratory had been forbidden to send him any more.

This stoppage continued for 14 days, and it appeared that many people would die. But urgent telegrams from members of Congress got the supplies started again, until a separate laboratory could be set up to provide them.

But, when the cultures were turned over to the Lincoln Foundation laboratory, the original culture strains were missing. Fortunately, Dr. Lincoln had some of the original strains stored in other places. Otherwise production would have been completely sabotaged.

Throughout the controversy, no bacteriologists were included in the investigation committees, only surgeons and radiologists.

In January 1954, Dr. Lincoln died. He was in his 60s.

Many believed that the primary problem with his bacteriophages was that they provided an inexpensive method of treating cancer, as well as many other chronic conditions.

Prior to Lincoln's death, Senator Tobey wrote to over a hundred medical schools, requesting them to send representatives to the Lincoln Clinic, to investigate and study the therapy. In reply, he was told that the Massachusett's Medical Society was conducting the research, and it would be unethical for them to become involved.

Then Tobey turned to the Veterans Administration, to carry out such an investigation. They responded that the National Research Council advised against doing this.

JOHN E. GREGORY, M.D., 1945

Note to researchers: Is cancer virus- or bacteria caused? This question needs to be resolved, so more efficient remedies can be found. An investigation of Livingston's research (to be discussed later) may help determine this.

Working Summary: Several researchers believed that a bacteria caused cancer. Gregory thought it was a virus. Based on the concept that it was a bacteria, Livingston later developed a vaccine—which worked.

Dr. Gregory was another believer in the virus theory of cancer. From 1945, onward, he carried on research in this field, as he stated later in his 1955 book, *The Pathogenesis of Cancer:*

> "[My study] is the result of exhaustive and careful research work, all of which has been repeated by competent men in their fields. The research outlined here has cost the author over $250,000. It is the result of more than 20,000 hours of research in the field of cancer. In the past ten years, forty weeks have been spent at research clinics and at scientific meetings which pertained to this subject."

With such a background of study, one would imagine that Gregory might have something to say on the subject of causative agents in cancer.

Like Royal Rife, Gregory used a high-power microscope to help him in his work. Early versions of the electron microscope had already been invented, and he used magnifications as high as 50,000.

His conclusion was that cancer is an infectious disease, caused by a virus.

> "[It is] an infectious disease in which the infecting organism is a cancer virus, which sensitizes cells to grow invasively and metastasize, when stimulated by chemicals, irritants, or excess hormones. An overwhelming infection may produce the disease."

Part of Gregory's theory was that **the cancer virus produces an enzyme which he named *chymotrypsin***. But was the cancer virus a product or a cause of the disease?

Gregory said he carried out laboratory experiments to fulfill Koch's postulates [see section on Livingston for a description of Koch's four postulates]. After injecting a malignant melanoma culture into laboratory animals, he withdrew some of the virus from the malignancy which developed in the animal.

The virus withdrawn was the same as the virus injected, thus supposedly fulfilling Koch's criteria. Gregory said he did that 50 times.

Assuming then that the cancer was virus-caused, Gregory looked to antibiotics as the treatment of choice, realizing that virus strains eventually become immune to antibiotics. So Gre-

gory felt that a wide variety of antibiotics would have to be used.

(Keep in mind that this was in the 1940s and 1950s. Back then, it was thought that antibiotics could overcome viruses. We now know they cannot do this. Perhaps Gregory's "cancer viruses" were actually bacteria.)

As Gregory continued his work, he was able to help over one hundred advanced cases of cancer. **He named his ultimate antibiotic, Antivin,**

Did Gregory really eliminate cancer with his antibiotic? Perhaps. But it should be kept in mind that Gregory also did something that many others in his time were not doing: **He required his patients to change a number of things in their lifestyle. They had to eat lots of fruit and fresh vegetables, and totally stop the use of meat and fat.**

Those changes alone would help a number of people with cancer.

In later years, Gregory's methods died with him. No medical group came to his defense or support.

HENRY K. WACHTEL, M.D., c. 1946

Note to researchers: It does appear that Wachtel may have stumbled onto something. Research needs to be done into the possibility that posterior lobe injections of pituitary might reduce cancer tissue mass.

Working Summary: Due to the remarkable hormonal functions of the pituitary, it would indeed be possible for posterior pituitary extract to quicken body absorption of nutrients and accelerate waste elimination processes—for that is what that hormone normally does.

Dr. Wachtel, of New York City, was a vigorous opponent of the virus theory of cancer. Instead, he believed that cancer was caused by certain pathological changes in the metabolism, resulting from some normally harmless factors which, under certain circumstances, tend to induce the development of cancer.

Frankly, that summary (derived from Wachtel's 1954 book, *The Role of the Pituitary in Cancer*), could apply to about anything. A primary question here would be *What were those circumstances?* Part One of this present book clearly outlines a wide variety of circumstances, in diet and way of life, which have since been shown to greatly increase or lessen the likelihood of cancer.

But, as the title of Wachtel's book suggests, **he thought that factors related to the pituitary were key causative agents in producing or preventing cancer**.

Noting that some species of animals are very cancer-resistant while others are quite susceptible, Wachtel felt that some humans were more resistant also.

Interestingly enough, he cited certain factors which frequently appeared in cancer-susceptible individuals, which are related to pituitary function: hyperalkalinity, hyperglycemia, changes in fatty sustenances, destruction of body proteins, breakdown of muscles, nitrogen levels which were imbalanced and too easily lost, and disorganized enzyme metabolism.

But, rather than considering nutritional and lifestyle factors, Wachtel maintained that such changes were due to pituitary disorders. So **he prepared an acetone extract, drawn from the posterior lobe of the pituitary, and then prepared another extract from the anterior lobe**.

Injecting these into mice,—**he found that the extract from the posterior lobe inhibited the growth of transplanted tumors; whereas extracts from the anterior lobe stimulated their growth!**

It is well to keep in mind that both are lipid substances, so we have here a cancer research project similar to Dr. Revici's chemicals, which he used to balance lipids.

Also recall that, whereas Wachtel used *pituitary* extract to reduce cancerous growths, the Coffey-Humber extract was an *adrenal* extract.

Wachtel was excited; he had made a great discovery. Activity of the pituitary was thought to be the key to cancer growth or regression.

At any rate, in 1950 Wachtel patented a lipid substance from the pituitary under the name **Antineol**. Using it, he found some improvement; and occasionally there was complete recovery.

When Wachtel began to test his pituitary substance, he was removed from his post at Fordham University in New York City, and refused all future grants. In later years, Wachtel was outspoken in his claims, that the drug cartel had stopped his work.

That concludes the available information on Dr. Wachtel's treatment.

At this point, it is of interest to turn to a physiology book and read up on the pituitary. Surely, there must be an answer to this mystery of extracts which enlarge or shrink tumors!

But, doing so, you will find that the anterior lobe of the pituitary produces two types of growth hormones. Wachtel said that an anterior extract would increase tumor growth. No wonder; *that extract contained normal growth hormones*. Body growth is caused by hormones from the anterior pituitary. Lacking it, you would be a dwarf; too much produces gigantism.

But what about the posterior lobes, which

Wachtel said slowed malignant growth? That would be the important one to consider, since it was the one that shrank the tumors. Since the anterior produces growth hormones, does the posterior excrete or shrink hormones?

No, the posterior lobe operates in an entirely different manner: It is a special master gland which triggers the thyroid to increase metabolism all over the body! Carbohydrates and fats are digested more quickly, body heat is improved, along with a broad number of other factors.

When Wachtel injected posterior pituitary extract, it would seem that he improved absorption of essential nutrients from the food, invigorated, and speeded body processes so the cancer cell could more easily be reduced.

PHILLIP DROSNES AND LILLIAN LAZENBY, c. 1946

Note to researchers: It should be fairly easy to remove a fluid extract from wheat, give it to cancer patients, and see if any improvement occurs.

Working Summary: It appears that no one else tried to extract the essence of fresh wheat and give it to cancer patients. Yet it would not seem to be difficult to do, since no heating would be involved. As with many other worthwhile methods, the Drosnes-Lazenby method is no longer used.

In some respects, this narrative is even more unusual than that of the Hoxsey or Durovic. Picture the scene: Two people who knew absolutely nothing about medicine, chemistry, physiology, or disease—decide to find a cancer remedy. They go to a house, throw some stuff in tubes—and come up with a cancer formula which medical doctors were to stand in awe of for over a decade—until major medical interests called a halt to the healings.

Impossible, you say. Yes, it is; yet it happened.

Phil Drosnes was a former tire dealer. Mrs. Lillian Lazenby was a hospital room supervisor.

These two single people got together every so often to eat lunch and chat. One day as they talked, Phil commented that doctors didn't know much. He said that he was bald and doctors couldn't cure it; also a little deaf, and they couldn't solve that. And then there was cancer; they didn't know how to cure it.

Lazenby spoke up and said she sure wished she knew a cure, since her mother had died after great, lingering suffering.

Drosnes seemed interested. Yes, he had a great uncle who had died of cancer. "So," he said banteringly, "I'll help you find a cure."

With the utter naivite of knowing nothing about the matter, they started in. There was not one item of medical equipment in their possession. No microscopes, nothing. If they had the equipment, they would not have known how to use it.

The very fact, that they accomplished as much as they did, reveals yet again that there are many avenues to success, when it comes to dealing with cancer.

Casting about for an idea, the couple went to her (Lazenby's) Pittsburgh home, took some pots and pans down into the basement. They found a sack of whole wheat and hauled it over to the tubs.

Why whole wheat? Why not? What's the difference? It's as good as anything else to start with.

What they came up with was an enzymatic product derived from processed whole-wheat grain. They called it Mucorhicin. With a name like that, how could they fail?

(It probably had lots of vitamins and minerals in it also, something cancer patients would be lacking in.)

They then tried their formula on guinea pigs which they thought might have cancer. Whether or not they did, it seemed they looked all right after the treatment. So Mucorhicin worked after all!

Next, they needed to find some people with cancer. Since Mrs. Lazenby worked at a hospital, she slipped some of her formula into the orange juice she gave to three cancer patients who were bedridden and pronounced hopeless,

According to Mr. Drosnes, all three seemed to improve somewhat in symptoms, appetite, and energy, but then they died.

Later they were permitted to treat patients who had been discharged and sent home to die. The two drove to their homes twice a day to give them their extract, which they drank in fruit juice.

There were some dramatic, if only temporary, remissions. Occasionally a recovery occurred.

Then Dr. Paul A. Murray, a Pittsburg physician became interested in what they were doing, and offered to help them. In 1948, a clinic was set up in the basement of a Catholic Church. Later, Dr. Joseph Wilson joined the team.

That same year, the two laypeople were arrested for practicing medicine without a license. But the case was set aside, since the clinic was under medical direction.

The arrest brought publicity! Immediately, people all over greater Pittsburg sought the clinic for help, and medically affiliated organizations began opposing them.

But the Drosnes-Lazenby Clinic had staunch friends among former patients and their relatives. The treatment had often been given free.

At the urging of the Pittsburg City Council, an investigation was demanded. A medical doctor

came from Washington, D.C.; he spoke with them for a little while and promised to return in six months to advise further, but never did.

Then official reports were sent out, that he had examined their work to be fraudulent. No other "testing" occurred.

By 1958, the clinic could report that they had treated over 3,000 patients through dispensing physicians, without any reports of toxic reactions. The proportion of symptomatic relief ("the alleviation of pain when eating and sleeping, and feeling better before death") had been the experience of more than 90% of all cases. Many recoveries had occurred.

How could such a formula help anyone?

Drosnes and Lazenby were trying to develop an "enzyme treatment." But **what they actually produced was a raw wheat mixture, which, in addition to enzymes, contained a sizeable dose of B vitamins; vitamin C; vitamin E; and, in addition to a variety of other vitamins, a number of vitally needed minerals, including calcium and potassium.**

Such a vitamin-mineral supplement alone, administered twice a day, would probably have accomplished a great deal to help cancer patients—and probably was the source of help provided by the "Drosnes-Lazenby treatment."

It is likely that a half pound of fresh, refrigerated wheat germ could be soaked for a few minutes, mashed through a sieve, fed immediately to an individual—and produce similar effects to the Drosnes-Lazenby formula.

After concluding this article, the author happened upon an old article in a book. Back in the mid 1950s, J.I. Rodale went to that Pittsburg clinic to see what was taking place. Here is an excerpt from his report. Apparently, the formula was helping people:

> "We spoke to the father of one patient, Karen G., who was given up as a hopeless brain tumor case, when she was eight. *Intramedullary glioma of the brain stem and cerebellum*—that was the diagnosis her physicians made. After a series of operations, she was taken home to die. She was in a coma, unconscious, paralyzed, with toes and hands twisted backward, when her parents came to the clinic. Karen was given Mucorhicin first through a tube in her nose. Her second dose was given orally. She began to improve at once and slowly, gradually she came back to life until about eight months later, she could sit in a wheel chair and the paralysis affected only one arm which continues to improve.
>
> "Today Karen is fifteen. She is blind, for the cancer had destroyed her sight before Mucorhicin therapy. But she is happy and well. Dr. Murray, in his written case history of Karen says 'Progress of this patient can only be described as amazing.'
>
> "The same can be said for other patients who have been treated with Mucorhicin. While we were talking to Karen's father, he mentioned two friends of his whose cancers had also disappeared when they got the Drosnes-Lazenby treatment. Can we prove that they had cancer? This becomes increasingly difficult. For instance, Karen's hospital records have disappeared from the files at the hospital."—*J.I. Rodale, The Health Finder, Vol. 2, 121 (1957) [italics his].*

STEVEN DUROVIC, M.D., ANDREW C. IVY, M.D., 1949

Note to researchers: The fungus, *Actinomyces bovis* ("lumpy jaw") should be extracted from horses, and tested on animals and human volunteers with terminal cancer.

Working Summary: Not only was Durovic able to extract a cancer-fighting agent from horses, but later, without being told how to do it, Ivy did it also. Indeed, Ivy found he could extract the serum from healthy horses! This is a technique which could easily be revived.

Prior to coming to the United States in 1949, Dr. Durovic, M.D., was a research scientist in Europe. Dr. Ivy was one of the most distinguished medical doctors in the United States. Here, briefly, is this remarkable story:

In 1933, Dr. Steven Durovic, left a professorship at the University of Belgrade, to do research work at the Pasteur Institute in Paris. He studied molds at a time when most physicians had not yet heard about Dr. Fleming's 1929 discovery of penicillin. **Durovic wondered if the unique, rapid growth of mold might somehow be applied to cancer therapy**.

Durovic tried to reason as to the cause of cancer at the same time that another physician, halfway across the world, Andrew C. Ivy, was carrying out a similar pattern of thought:

It seemed to both that **all types of cancer share a common factor: unregulated growth. If something could be found that would cancel that factor, the cancer problem could be solved**.

The factor must already be in the human body and in animal bodies, because occasionally "spontaneous" recoveries occur. What could be this natural defense, this natural control?

Unfortunately, neither physician gave much attention to nutrition, but the outcome of their work was still remarkable.

When World War II burst upon Europe, Dr. Durovic joined the Yugoslav army, was captured

by the Nazis, and imprisoned for 18 months in Italy. While there, he reasoned that **there must be a substance which could induce rapid, uncontrolled growth in animals; which, in turn, should set up the body defenses against the unregulated growth**.

Meanwhile, Steven's older brother, Marco who had also been captured, was able to arrange help through wealthy friends in Rome. Freed, they all fled to Argentina.

With the remnants of his fortune, Marco underwrote his brother's initial experiments. Steven was certain there was a growth-regulating factor in the body. It was well-known that any animal tissue grown artificially multiplied indefinitely, as long as there was nourishment for the cells. It is true that they grow slowly, but there was no growth regulation governing them. These same **tissues, inside the body, maintained an orderly growth pattern. What caused the miracle of growth regulation**?

(Later researchers demonstrated a growth-regulating factor. Tissues of an adult frog were placed within a tadpole, and the tadpole immediately stopped growing. The growth-stoppage factor, in the adult tissues, were stronger than the growth-stimulant factors in the tadpole. Similar effects have been observed in cockroaches and caterpillars.)

But Durovic was searching, not for an anti-growth element, but an anti-abnormal growth substance.

A related problem would be how to get the animal to produce this growth-regulating factor. Apparently not by injecting with cancer tissue. That had been tried repeatedly by many earlier researchers, in an attempt to produce antibodies against cancer. Such efforts generally met with failure.

During his early years in Buenos Aires, Durovic worked with cattle, injecting various substances into them. Then he would draw blood, hoping to find a defense substance which had been produced.

Eventually, he came across a substance, stimulated by the reticuloendothelial system (a body defense mechanism) which, although ineffective against cancer, tended to lower high blood pressure.

Naming it *Kositerin*, he tried it on 150 patients at the Durand Hospital. Since his brother's funds were nearly exhausted, they welcomed the help of a group of businessmen who wanted to sponsor the work, in order to reap profits from the forthcoming medicine.

While still testing the substance, his thoughts turned back to the cancer research. The thought came to mind that perhaps he had not been giving a powerful enough jolt to the body defenses, in order to produce the growth factor in recoverable amounts.

But what foreign bodies would produce the fastest growth? Bacteria? viruses? Perhaps it would be a fungus; he recalled his work back in Paris.

Then one day as he was half dozing, he recalled the rich fields of his ancestral farmlands, and cows and horses grazing there. Then the thought flashed into mind: Among his father's horses and cows, sometimes there had appeared a strange disease. It began as a tiny growth, usually on the side of the neck or jaw. Within a few weeks, the growth would burgeon into a huge tumor. The horse would become very sick and die, but some would recover and the tumor would totally disappear.

This thought was the moment of breakthrough. **Surely, this was one of the fastest-growing living forms of animal tissue. When the horse recovered, something in the horse halted the rapid growth by killing the invading cells. —And all this was done in a matter of weeks!**

Checking into this, Durovic found that **the growth was caused by a fungus, *Actinomyces bovis,* commonly known as "lumpy jaw."**

Immediately, he switched to horses and eventually had injected hundreds of horses with extracts of *Actinomyces*. Their blood had yielded about a half-teaspoon of **a whitish powder he believed was the growth-control regulator** for which he was searching.

The average yield from a horse was so small that it was almost invisible, yet it was so potent that it could protect the hundreds of pounds of a horse from a foreign growth within his body.

Strangely enough, some horses yielded nothing while others were relatively rich producers of the substance.

Trying out the substance on old dogs with natural cancers, Durovic found the cancers shrank noticeably; some even disappeared.

Independent tests, done by friends at the School of Veterinary Medicine, University of Buenos Aires, confirmed his work.

By this time he was ready to go to the United States, where he could have both his anti-cancer and his high blood pressure substances tested further.

Sealing 500 ampules, each containing a tiny fraction of the mysterious substance, he said goodbye to his brother, boarded a plane and flew to Chicago, known to be an important medical center.

Durovic had another reason for going to Chi-

cago; he wanted to meet Dr. Andrew C. Ivy, one of the most prominent physicians in America. Durovic had recently discovered a paper by Ivy on a theory behind cancer formation, which agreed remarkably with his own.

During World War II, Andrew C. Ivy, M.D., had been chosen by the government to set up the vast Naval Medical Research Institute at Bethesda, Maryland. During World War II, he had been selected by the American Medical Association's Board of Trustees and the U.S. Government, to represent the allied governments in the trials of German medical men. On his return from Europe, he accepted a position as vice-president of the University of Illinois, and in charge of its huge medical school. Powerfully built, Ivy was a man of utmost integrity, courage, and determination. If he believed a cause was right, he had the personality of a bulldog in carrying it through.

Ivy also believed, and had written, that if the uncontrolled growth of cancer could be surmounted, the disease could be conquered.

When Durovic landed at the Chicago airport, he was in a strange land and could not speak a word of English. At the airport, he was met by two Chicago businessmen, Edwin Moore and Kenneth Brainard, Moore's brother-in-law.

The men were kind to him and Brainard spoke French, which Durovic knew well. They offered to fund his work, if he would sign over certain rights to his work.

But, somehow, amid all the dickering, an aspect of confusion arose. Durovic was willing to sign over Kositerin for high blood pressure, but not Krebiozen for cancer. Yet they were his translators, and so became involved in Krebiozen also. We will not here give much attention to this matter, except to say that Brainard and Moore were later to give Durovic a lot of trouble when they demanded full distribution rights to the substance.

It was the summer of 1949, and Durovic came to see Dr. Ivy. As soon as he heard about the biologic rationale of Kositerin, Ivy agreed to test it.

Shortly afterward, Durovic received word from Dr. Da Grana, back in Buenos Aires, who had just completed some key testing of Krebiozen on dogs. It was an astounding success against the cancers, and had even cleared up the cataracts on six of the dog's eyes; they could see again!

Durovic felt he was now ready to speak to Andrew C. Ivy about Krebiozen. On an August afternoon, as always accompanied by Moore and Brainard, he held a conference with Ivy in his office of the vice president.

Durovic requested that Kositerin testing be sidelined for a while and Krebiozen be tested. When Ivy heard about the Argentinian results so far, he was deeply interested, and inquired how it was made. But Durovic said he could not say, since business interests were involved. This caused Ivy to hesitate.

So Durovic told him part of the information: More than two grams of Kositerin had been extracted from a comparatively small number of cattle; and Krebiozen, of which there were only two grams, had been extracted in a similar manner from many hundreds of horses.

Even though the formula was secret, Ivy decided that he would go ahead with the experimentation, but do it privately through physician friends rather than through the University Medical School.

The rest of the story has filled entire books (including *K-Krebiozen—Key to Cancer?* and *A Matter of Life or Death,* both by Herbert Bailey).

Krebiozen is derived from Greek words which mean "that which regulates growth."

Tests on humans were begun—and the results were astounding. Many recoveries occurred. Then the American Medical Association, following a cursory meeting or two, denounced Krebiozen as useless in a report released through its *Journal*. Ivy quickly found his closest medical friends separating from him.

The extent of the problem can be gleaned from the fact that, on March 15, 1954, ten dying patients who had received Krebiozen and later had been certified in the AMA report as dead wrote a letter to the chairman of the Krebiozen Investigating Committee, that they were alive and in excellent health.

A great variety of events and counter-events followed; far too many to relate here. Cancer patients, who had been healed, testified. The whole affair was in the public press throughout the nation, generally with Ivy not appearing in a very good light. Charges and counter-charges were made. Moore and Brainard stirred up trouble.

Even close physician friends who had carried out favorable experiments with Krebiozen retracted and said it was useless. Andrew C. Ivy was fired from the University; and, in 1954, Dr. George D. Stoddard, president of the University was discharged for not separating quickly enough from Ivy.

Eventually, Durovic's small supply of Krebiozen ran out—especially after he and Ivy discovered that they had not been giving large enough doses to the patients. When that was done, the recovery rate became much higher—but the ampules were more rapidly used up.

Dr. Ivy had to do something; the patients needed help, and soon there would be no more Krebiozen. He cared nothing for politics, salaries, or reputation; the patients must be helped, or they would die!

Durovic recognized that Ivy was one of his only true friends; but he felt that Duga, in Argentina, owned the copyright on Krebiozen. Certain that anyone could figure out the process, Ivy set about to do just that.

Actually, the procedure was not difficult. With the help of a friend, Paul Joost of Marengo, Illinois (a dog food manufacturer who let Ivy obtain samples from his horses), **Ivy initially proved that blood from any horse could be used to produce Krebiozen! —not just the sick ones**!

Another friend, Howard Hays, offered to fund the entire venture of obtaining the substance. Joost purchased **40 horses** for Dr. Ivy and put them on his farm in Marengo.

One of the complaints of the critics was that the substance was "secret" or "nonexistent," and that it could not be produced. Ivy determined to prove them wrong, as well as obtain the substance for the patients.

The official position was that Krebiozen was worthless, yet now the opposition set out to make sure no Krebiozen would be obtained from those horses.

Joost was told, by an official of the Illinois State Department of Agriculture, that the horses which were being experimented with, could not thereafter be sold for food—even dog food. This would really hurt Joost's business income.

Yet **the horses were treated with "killed" *actinomyces bovis* (lumpy jaw)**, and the state had always routinely allowed horses with active cases of lumpy jaw to be sold for human consumption.

Then Joost was told, by rendering plants, that they would no longer accept the animals. Then he was called to appear before the Illinois State Director of Agriculture to answer a list of "fifty complaints" for various violations. He was told that he had broken "all the laws and regulations" of the Division of Foods, Dairies, and Standards of the State of Illinois. On and on it went.

It was at this time that Joost's associate, Burnside, received an anonymous telephone call. "Get Joost to get rid of those plugs and all your troubles will be over. I know what I'm talking about." Then the line went dead.

Much, much more could be said. As the weeks of harassment continued, the researchers were finding that the substance was eliminating cancers on the horses' hoofs. **A brownish-white substance, which resembled Krebiozen, was extracted**. Testing it on mice, it significantly retarded the development of cancer in mice, bred to develop and always die of cancer.

Testing the substance on six far-advanced cancer patients, half of them were benefited to a marked degree. One woman with cancer of the breast with widespread metastases, became cancer-free and symptom-free and remained so.

Amid the harassment, the extraction of Krebiozen from horses and the treatment of cancer continued. Gradually, with the passing of years, a nice collection of case records of Krebiozen had been accumulating; and Ivy and Durovic had hoped that, eventually, enough data would be amassed to prove Krebiozen to be worthwhile.

Then, on June 7, 1963, the new Kefauver drug law went into effect. Enacted in the aftermath of the thalidomide crisis, the pregnancy tranquilizer which caused dreadful birth deformities, it zeroed in on experimental drugs.

Immediately, the FDA descended on Dr. Durovic with repeated investigations. After 48 of them, Durovic gave up and withdrew his drug application and filed suit against the FDA, to stop the harassment. Withdrawal of the new drug automatically stopped interstate shipments of Krebiozen, so cancer patients taking the drug had to come to Illinois. Fearful of what was going to happen next, they organized themselves into an organization, called Cancer Survivors on Krebiozen. Then they petitioned Congress, held rallies in various cities and a March on Washington, and picketed the White House.

On September 7, 1963, the FDA announced that Krebiozen was nothing but creatine, a fairly common body chemical which was useless against cancer.

At the same time, it announced that it was considering criminal charges against Durovic and Ivy.

On October 16, at a large press conference, HEW special assistant announced that Krebiozen's records on 504 patients, by several hundred doctors, proved it was utterly worthless.

Within a week or two, a National Congress on Quackery was held, during which the president of the AMA denounced Krebiozen as "the greatest fraud of the 20th century."

Amid all the fighting and counter-fighting, Senator Paul H. Douglas of Illinois stood up in defense of Krebiozen. He had his chief assistant, Howard Shuman, organize a careful appraisal of the FDA and NCI findings. Shuman was an expert at getting what he wanted; and he managed to obtain confidential FDA interoffice memoranda, by scientists, on Krebiozen. Shuman also contacted the independent laboratories which had for years

run analyses on Krebiozen for Dr. Durovic.

On December 5, 1963, all this data (24 pages of it), favorable in the extreme to Krebiozen, was published in the *Congressional Record* and released to the news media. On all counts, the facts were devastating.

Miles Robinson, M.D., who signed this 24-page report, concluded with these words:

> "Finally, we must firmly keep in mind that the principal objective of the doctors and patients who have observed the effects of Krebiozen is to secure a fair clinical test for the drug under the auspices and extensive facilities of the government, so that the results will be conclusive. It is estimated that such a test would not take more than a few months, nor require over $75,000 of the 454 million dollars spent by the National Cancer Institute on such tests each year.
>
> "The NCI tests approximately 24,000 new substances on animals and 100 on humans every year. Practically all of these substances are highly toxic, and by their very nature offer no real promise in cancer.
>
> "Krebiozen represents an entirely new and unique approach and everyone admits it is nontoxic . . It is high time that these people halt the lucrative parade of poisons pouring into cancer research and into cancer patients, and pay attention to Krebiozen and the unique approach it represents."

In November 1966, Ivy and Durovic and their group were indicted on 49 counts for violations of the FDA Act, mail fraud, making false statements to the government, mislabeling, and conspiracy. Nine months later the case was heard, with 121 government witnesses, 57 defense witnesses, 700 exhibits (literally weighing a ton) and 20,000 pages of court testimony.

On January 30-31, 1966, the jury found all parties innocent. Immediately, Durovic left the country. Despite the verdict, in late 1966 federal law prohibited the shipment of Krebiozen across state lines.

Ivy was now alone, and so he changed the name from the commercial name, Krebiozen, to *Carcalon*. His organization was Ivy Cancer Research Foundation. He continued to treat patients with the substance, which, by this time, he was deriving from both cow and horse plasma.

The battle continued on for years; but, eventually Krebiozen's defenders retired, left the country, or died off. And that was the end of that.

In the 1950s, another substance (laetrile) was beginning to gain slight attention. Because the controversy over it erupted later and continues today, we will delay consideration of it until later in this book.

SAMUEL BEALE, M.D., SERGE A. KOROLJOW, M.D., 1950s

Note to researchers: This is an intriguing discovery, and deserves additional study.

Working Summary: It is rather surprising that so many different approaches can provide cancer remission. Because the cancer cell has such a strong craving for sugar, one would not expect that insulin injections would destroy cancer tissue!

Dr. Beale, of Sandwich, Massachusetts, was treating a near-gangrenous infection of the toe in a 63-year-old patient, and found that the patient was slightly diabetic. When he began insulin injections, he found the toe improved dramatically, as well as the diabetes. When the patient's diet was changed, the insulin was no longer needed, but the toe became worse.

Beale began using small doses of insulin for healing ulcers and other serious skin breaks, with no dangerous side effects. Then he began treating cancer cases, ranging from minor skin cancer to cancers of the eye and breast.

It is believed that the reaction caused by the insulin was increased oxidation. As the cell burned more oxygen, it had more energy. Since cancer cells lack oxygen, this burning may somehow have weakened those cells.

Oddly enough, diabetics are no more likely than others to develop cancer, yet they have less insulin.

Several years later, Serge A. Koroljow, M.D., a New Jersey physician, reported on his use of insulin in treating cancer (*Psychiatric Quarterly*, April, 1963). Koroljow reported that, **in Germany, insulin is used routinely in the treatment of cancer.**

In Russia, the insulin treatment is used even more extensively. **One Russian report described 16 cancer patients treated with insulin. Four recovered completely, 10 had temporary remission of 3-6 months, and 2 showed no change.**

According to Koroljow, **insulin therapy for cancer is regularly used in Italy, Spain, and South America.**

EVANGELOS D. DANOPOULOS, M.D., 1957

Note to researchers: The Danopoulos method has been widely researched already, so it should not be difficult to reproduce these favorable results.

Working Summary: This was the second of three purified urine factor methods of treating cancer.

For thousands of years, natives have used urine to treat disease. In the early 1950s, Dr. Danopoulos, a Greek physician, found that it had anti-cancer properties. Trying to isolate the specific factor which was the active agent, he found it was urea.

Urea is the end product of protein metabolism and is the primary substance excreted in urine.

Of course, **all the urine research carried on by Danopoulos and others used purified, sterilized extracts; they did not use raw urine. Urea is not urine.**

Danopoulos injected 2-3 ml of a 50-percent urea solution directly into the mass of a fast-growing tumor, which showed good results. But he found that he did better by injecting the urea very close to the tumor.

The urea must be injected into and close to the tumor itself.

A research study in India reported as much as 75% reduction in inoperable cancer of the uterine cervix by means of injections of 40% urea solution directly into the tumor, along with a localized application of a 50% urea ointment *(G.M. Gandhi, et. al, "Urea in the Management of Advanced Malignancies," Journal of Surgical Oncology, 9:139-46, 1977).*

In the case of liver cancer, urea is best taken orally. It reaches the liver directly from the intestines via the portal vein in a high enough concentration to be of significant value.

The outer surface of tumor cells have a special type of chemical which enables them to more easily enlarge and bond with other cells. The result is a structured water matrix surrounding cancer cells, which enables them to crowd together and excrete and absorb chemicals in abnormal ways.

University of Illinois Medical Center researchers found that **urea injections disrupt this water matrix, and interferes with the processes needed for continued uncontrolled cellular growth** *(Clinical Oncology, 3:319-320, 1977).* They disrupted it with a 40% urea solution, injected directly into the tumor mass and into the area surrounding it.

The normal injection dosage varies from 10% to 50% urea, depending on the type of tissue. These injections can produce a burning sensation (because urea is an acid), but injections of a local anesthetic can prevent this.

The usual oral dosage (for liver tumors) is 12 to 15 gm daily, given in divided doses. It can be placed in capsules or dissolved in juice. Danopoulos has given up to 30 gm daily in cases of very large liver tumors.

L.A. ERF, M.D., and B.J. MILLER, M.D., 1957

Note to researchers: It should not be difficult to carry out nutrition experiments, supplemented by ongoing microscopy examination, to see if the Erf-Miller thesis was correct.

Working Summary: The Erf-Miller theory does not solve all the problems, and was probably not accurate. Cancer cells are the result of inadequate nutrition *and* toxic wastes.

Drs. Erf and Miller of Jefferson Medical College and Hospital, Philadelphia, in an article in *GP* (the journal of the American Academy of General Practice) for April 1957, set forth a new theory of the origin of cancer.

After considerable research work, **they concluded that cancer cells are cells which have not matured. If the proper materials are present, every human cell will fully mature and do the function it is designed to do.**

But if "maturant" substances are not present, these immature cells will continue to grow and divide—all the while remaining immature.

For example, in pernicious anemia, there are many immature red blood cells. Therefore, the patient can die from a lack of mature red blood cells. Vitamin B_{12} solves the problem, enabling the cells to properly mature.

In leukemia and myeloma, two forms of cancer, there is an abnormal production of immature red blood cells invading the bone marrow, liver, lymph, lungs, kidneys, etc. They take up room, but do not do what red blood cells are supposed to do.

These physicians wrote that, both in B_{12} deficiency and in cancer, under a microscope increasingly immature red blood cells are seen. They believed that proper nutrition would enable all cells to mature properly.

LAWRENCE BURTON, Ph.D., 1959

Note to researchers: Burton developed, what he called, "immuno-Augmentive Therapy," by injecting various blood products into cancer patients to stimulate the immune system. Isolating the fractions of blood serum could be a special hurdle in seeking to replicate his work. But it should be attempted anyway. The interaction of tumor antibodies (IgG gamma globulin, plus related IgA and IgM proteins), with de-blocking factors (such as alpha-2-macroglobulin) and tumor complement, could provide a needed breakthrough.

Working Summary: Burton's formula is indeed intriguing. He claimed to only use four blood proteins to produce cancer remission. His clinic is still operating today in the Bahamas.

Born in the Bronx in 1926, Dr. Burton obtained a doctorate at New York University in 1955.

In the mid-1950s, Burton and an associate

(Frank Friedman, Ph.D.) extracted a factor from the larvae of fruit flies which induced tumors in noncancerous insects. He then did research work at Cal Tech, New York University, and St. Vincent's Hospital, where he was a senior investigator in the Hodgkin's Disease Research Laboratory.

In the late 1950s, he was back in New York with Friedman again, and they worked with others at St. Vincent's in **extracting a tumor-inhibiting factor from fruit flies**. Oddly enough, the purpose of the research was not to find an anti-cancer agent, but to develop a method of speeding cancer experiments and thus save money.

Then they extended these findings to mice. **Using similar techniques, they extracted a factor from mouse blood which caused long-term remission of cancer in mice**. Burton reported on it in June 1959.

The research team was utterly astonished! Within hours, the animals' cancers would begin to disappear! According to Rottino's later (1978) report, the research was new, original, and dramatic.

In each case, the cancer would eventually return—but the fact that, for a time, it would diminish seemed astounding. **They then used some of that factor from mouse blood and applied it, in vitro, to human cancer—and it shrunk down also.**

This factor consisted of four proteins which they had isolated in both mouse and human blood. These substances they called de-blocking protein (DP), tumor antibody 1 (TA1), tumor antibody 2 (TA2), and tumor complement (TC). Burton claimed that, when used in the right combination, these four substances could restore the normal immune function in cancer patients.

Almost immediately, the Sloan-Kettering Institute sent men to see them. When the researchers at St. Vincent's turned down their requests to sign contracts, all public and private research grant money to the hospital was suddenly terminated.

The St. Vincent's team switched from leukemic mice to animals with spontaneous breast cancers. Injecting their mouse-derived tumor-inhibiting factor into animals with rock-hard breast tumors, they watched in amazement as the growths become soft, spongy, and disappeared within a day or two.

One individual who witnessed the cancer reductions, Patrick McGrady, controlled the selection list for the ACS Science Writers' Seminar, and invited Burton and Friedman to Phenix for the March meeting.

In front of prominent scientists and reporters from across the nation, Burton picked up four mice with large, bulging tumors and injected them with what he called a "de-blocking" agent. An hour later, the skeptical audience gathered around—and saw the tumors nearly gone. In a couple more hours, they were completely gone.

Reporters suddenly rushed from the room and manned the phone banks. Banner headlines in Los Angeles read "15-Minute Cancer Cure for Mice: Humans Next?" (Burton later claimed that the American Cancer Society received an additional $4 million from the public for cancer research, following that announcement.)

The demonstration was repeated the next year at the New York Academy of Medicine meeting. But at both meetings, many scientists denounced it as a fraud of some kind.

In later years, it was said that Burton refused to publish his findings. Yet he did do so from 1956 to 1962; but, in 1963, medical journals refused to accept them, so he stopped trying.

By the early 1970s, Burton and Friedman had developed a theory to explain what took place. **Tumor antibodies (IgG gamma globulin, plus related IgA and IgM proteins) had interacted with de-blocking [unblocking] factors (such as alpha-2-macroglobulin) and tumor complement.**

Burton gave it the name, **Immuno-Augmentative Therapy** (IAT).

In 1975, Burton was offered an opportunity to test his method on humans. So he and Friedman left St. Vincent's and founded the Immunology Research Foundation at Great Neck, New York.

For a brief period, it appeared that the Burton-Friedman technique might be accepted. That same year, there was talk of test trials taking place soon. But they never began.

Apparently, Burton had a hot temper, and issued strong comments regarding various developments. Finally, disgruntled with the pressure from official agencies, Burton quit in 1977; he moved to the Bahamas and established a research-treatment center on the ground of the Rand Hospital, Grand Bahamas.

After setting up practice in the Bahamas, with a physician assistant, Burton claimed to be having good success. But his patients were all from overseas, and he did no follow-up studies, nor bothered to issue ongoing written reports of any kind. He was able to be a law to himself since the government loved the way he was bringing in so many tourist dollars. He did not have to report to anyone.

But he did later claim that, of the 186 patients earlier treated in Great Neck between 1974 and 1977, 30 (16%) had what he termed "miracle remissions—they exhibited no sign of cancer." Some

80 others experienced tumor regression, and there was at least a partial stoppage of tumor growth in 60% of those treated. Only 8 of the 186 were not deemed "terminally ill," at the time of treatment with Burton's method.

Regarding his work in the Bahamas, John Beaty, M.D., of the Greenwich Hospital, Greenwich, Connecticut, who also taught medicine at Columbia University, sent 20 advanced patients to Burton.

Beaty later told science writer Robert Houston that 10 of the 20 underwent tumor regression. "All ten owe their very survival to Dr. Burton's treatment . . They also showed tumor shrinkage, appetite improvement, weight gain, and loss of pain" *(Robert Houston, "The Burton Syndrome," Our Town, April 22, 1979).*

When a prominent Israeli researcher sought to duplicate Burton's methods in the late 1960s, Burton and Friedman refused to send him instructions for **isolating the fractions of blood serum—the key step in the whole process, and the one most difficult to arrive at empirically**. Burton's response: "What if something went wrong? We'd be hung without a trial."

In the summer of 1978, Burton asked Dr. Arthur Upton, the new National Cancer Institute director, to work with him. Wealthy sponsors would put up $1 million for Burton to treat 1,000 patients. These would be chosen by NCI as very advanced cases, sent to the Bahamas for treatment, and afterward returned to NCI for examination. NCI rejected the offer, declaring that Burton needed first to send them reports on all his cases, to date.

Ignoring them, Burton went back to work. NCI was probably glad he did.

But so much success was occurring that, in July 1985, NCI and several other U.S. health agencies, talked the Bahamian government into closing down Burton's clinic. Government leaders were told that blood products everywhere were contaminated with AIDS, and therefore Burton's work (which used four proteins from blood) must be stopped.

Near the beginning of the present book (in the chapter entitled, *"Alternative Remedies and Congress"*), you learned that the closing of the Burton Clinic so enraged wealthy U.S. patients—that they got Congress to eventually pass a law setting up an organization to carry on research into alternative cancer treatments.

As for Burton's clinic, it was a short-lived victory for U.S. medical interests. In February 1986, the clinic reopened. (What NCI had not initially told the Bahamian government was that all the blood banks and hospital blood supplies in America were slightly tainted with HIV at the time, yet none of them were closed down.)

Burton died in 1993, but his Immuno-Augmentative Therapy is still available at the clinic he founded in Freeport on Grand Bahama Island.

Gustavo Andrade, M.D., of Tijuana, Mexico, is another physician who has had extensive clinical experience using the IAT method.

According to reports from patients, Burton's therapy is essentially nontoxic and without side effects.

Burton's patients are taught to self-administer their injections. The dosage amount (which can vary from two to twelve) is determined by computer, based on a daily blood analysis.

Immuno-Augmentative Therapy Center—P.O. Box F-2689, Freeport, Grand Bahama Ph: (809) 352-7455

IAT Patients Support Group—Mr. Frank Wiewel, P.O. Box 10, Otho, IA 50569-0010 Ph: (515) 972-4444

Sources for Immuno-augmentative supplies—Immuno-Augmentative Therapy Centre, P.O. Box F-2689, Freeport, Grand Bahama Ph: (809) 352-7455, or / People Against Cancer, P.O. Box 10, Otho, IA 50569-0010 Ph: (515) 972-4444

WALTER BLUMER, M.D., 1961

Note to researchers: An extensive number of research studies were conducted in Switzerland, which indicated that chelation therapy would be a useful adjunct to cancer prevention and therapy. Additional confirmatory studies are needed.

Working Summary: Chelation therapy is the systematic removal of heavy metals (such as lead, mercury, nickel) from the body, thus reducing the likelihood that cancer will develop.

Beginning in 1958, a lengthy research study was conducted in Switzerland on 231 adults which lived in areas with a higher than average cancer mortality rate. (It is of interest that **those areas were homes along heavily traveled highways. People living in traffic-free areas had a lower cancer rate!**)

These individuals also had a higher incidence of headaches, fatigue, nervous disorders, gastrointestinal problems, depression, and substance abuse.

The researchers suspected that their higher exposure to lead from car exhausts might be the cause of the problems.

In 1961, 59 of these people were given 10 or more EDTA chelation treatments plus vitamins C and B_1, while another 172 persons, untreated, served as a control group.

Over the following 18 years, follow-up studies were conducted by Dr. Walter Blumer of Nestal,

Switzerland, which revealed that **only one of the 59 treated patients died of cancer (1.7%), compared with 30 deaths (17.6%) from cancer among the nontreated subjects. This is equivalent to a 90% reduction in cancer mortality.** (In addition, Blumer found that death from atherosclerosis—hardening of the arteries—was also reduced.) For more on this, see *W. Blumer, M.D., and E.M. Cranton, M.D., "Ninety percent Reduction in Cancer Mortality after Chelation Therapy with EDTA," in A Textbook on EDTA Chelation Therapy, ed. E.M. Cranton, M.D.* Also see *Journal of Advancement in Medicine 2, Nos. 1-2, 1989, 183-188.*

What is chelation *(key-LAY-shun)*? It a method of ridding the body of unnecessary and toxic metals. By removing toxic metal ions, it reduces internal inflammation caused by free radicals. This reduces the discomfort and disability from degenerative diseases such as arthritis, scleroderma. It helps reverse gangrene, alleviates intermittent claudication (cramps) of the legs, restores memory, and significantly reduces serum cholesterol.

There are many oral chelators, such as garlic, vitamin C, carrageenan, zinc, and certain amino acids like cysteine and methionine. For example, cysteine is very effective in removing nickel toxicity.

By 1948, the U.S. Navy began using EDTA to treat lead poisoning. Aspirin has been found to be 3½ times more toxic than EDTA.

The chelation method, primarily used by physicians, is EDTA (ethylenediaminetetraacetic acid) and is given by intravenous infusion. Over 500,000 patients have received it during the past 40 years. However, no drug firm will bother with it, since the patent on EDTA has expired. Therefore, it continues to be ignored by orthodox medicine and the American Medical Association.

DENHAM HARMAN, PH.D., 1962

Note to researchers: The function of the four leading antioxidants, as well as the search for additional natural ones, should be carried out. Additional forms of free radicals should be ascertained.

Working Summary: Harmon's research was basic to many studies carried out by others in later years. His work has been a great help in explaining why certain food factors are so valuable in the treatment of malignancies.

Dr. Denham Harman carried out landmark research into free radicals into the late 1950s; and, in 1962, he began releasing his findings to the scholarly world. He had discovered that **free radicals are implicated in both the formation of cancer and the aging process** *(D. Harman, "Role of Free Radicals in Mutation, Cancer, and Aging, and the Maintenance of Life," Radiation Research, 16:753-60, 1962).*

In the years since, many studies have been conducted by others which confirmed and advanced these findings.

Certain factors in the body (especially vitamin C, vitamin E, selenium, and beta-carotene) can block the action of common carcinogens. Elsewhere in this present book, each of these factors will be covered in detail. But it was Harman's basic research which uncovered the entire field of study.

Drs. S. Levine and P. Kidd greatly advanced the study of the field by gathering together a wide variety of findings in their 1984 book, *Antioxidant Biochemical Adaptation: Doorways to the New Science and Medicine.*

It is now known that **free radicals can both initiate and promote cancer, and that antioxidant nutrients are very useful in preventing and treating malignancies.**

The ability of the antioxidant nutrients to enhance the immune system and fight cancer is greater when they are all present in the body. Listing them once again, they are: vitamin C, vitamin E, selenium, and beta-carotene.

Another powerful antioxidant will also be discussed later in this book: nordihydroguaiaretic acid (KDGA), the most powerful ingredient in **chaparral.** KDGA was first discovered in 1942 and used during World War II—to preserve butter, fats, and oils in the tropics.

ORLANDO DEI SANTI, M.D., 1960s

Note to researchers: Studies should be carried out to determine how to produce the best results from this herb, yet without inducing slow blood clotting.

Working Summary: Pau d'arco has become an important home remedy for cancer in many countries. It is cheap and easily obtainable.

In the early 1960s, an old-time folk remedy used for centuries in the Amazon basin of Brazil, was given yet again—but this time a physician heard about it.

Dr. Santi learned about a girl which was treated for cancer by her aunt—with a bagful of tree bark. **It was *pau d'arco*. This is the inner bark of the *Tabebuia* genus (also called *Lapacho*). The scientific name for the tree is *Tabeluia cassinoides*.** Indians used to fashion the wood into bows, and "pau d'arco" was Spanish for "bow stick."

The girl was in terrible pain with advanced

cancer, and the pau d'arco eliminated the cancer.

So Santi took some back home to Sao Paulo and treated his brother with it. He did it, using the formula he had been taught by the natives:

He boiled the bark in grape juice, and then mixed it with orange juice. Then he had his brother drink it on an empty stomach. As simple as that.

Soon the cancer was gone.

Then another Brazilian physician, Prats Ruiz, reported the successful treatment of three cases of leukemia with pau d'arco tea *(A. De Montmorency, Spotlight, June 8, 1981).*

The wood had first been noted by researchers because it had anti-malaria factors. This is due to the fact that its most active ingredient, *lapachone*, is a quinone-like NDGA—**the same active ingredient in chaparral** (nordihydroguaiaretic acid). Lapachone is generally called *lapachol.*

Early tests revealed lapachol was effective against leukemia. **It has been theorized that lapachol is such a powerful anti-cancer factor because it interferes with normal cellular energy production and normal cellular respiration within the tumor. Because cancers grow so fast, they waste away when their energy source is removed.**

Keep in mind that **Lapachol is not pau d'arco, but an extraction of its most active chemical compound. Lapachol has been found to dangerously slow blood clotting (by interfering with vitamin K metabolism), when given in large enough doses to kill tumors. It also causes anemia. A safe dosage of lapachol has not been determined because of the anemia and slowed clotting produced.**

But the natural form, pau d'arco tea, appears to have no severe side effects. However, keep in mind that the tea has not been studied extensively. This is because an herb tea cannot be patented and therefore sold at a great profit. So only common folk want to bother with it.

The treatment used in Brazil, by the nationals, for cancer and other diseases is this: They **take 1 or more 8-ounce glasses of pau d'arco tea each day.**

GASTON NAESSENS, M.D., 1950s

Note to researchers: Naessens' injections of nitrogen-rich camphor and organic salts, directly into the lymphatic system, were said to have produced positive results in treating leukemia. Additional research should be carried out, in order to obtain the most definitive results.

Working Summary: One would not expect that nitrogen alone could accomplish so much. No nutritional changes were made in the diet. Naessens' theory was that additional nitrogen would strengthen the body to overcome the cancer.

Dr. Naessens was a Frenchman who, in the 1950s, developed a treatment for leukemia. He called it **Anablast**. His treatment angered certain French government agencies, and he was forced to leave. Settling first in Corsica, and then in French Quebec, Canada, he developed a microscope that was said to have a much better resolution than regular microscopes. Like Rife and Gregory, using it, Naessens made some unusual discoveries.

He claimed to have found **"somatids" or "elementary particles endowed with movement and possessing a variable life cycle of many forms."** Rife had also found that some very small life forms could change shape, in accordance with healthful or unhealthful conditions in the body. *(See the section, later in this book, entitled Pleomorphisms.)*

But Naessens went a step further: He claimed that the change began when inanimate particles were transformed into living cells. This, of course, could not be true. Louis Pasteur had disproved the theory of "spontaneous generation" decades earlier. "Only life from life" is a truism which will never be violated. All living forms come from living forms, which ultimately came from God at Creation.

Naessens eventually produced a chemical compound, consisting of camphor and nitrogen. He said that, when this was injected into the lymph system of cancer patents, it would bring nitrogen to cancer cells—thus eliminating them.

His treatment, which Naessens calls **714X**, consists of **three consecutive series of 21 days of injections of nitrogen-rich camphor and organic salts directly into the lymphatic system**.

Naessens says he developed it when he observed that cancer cells require and use up a lot of nitrogen, often stealing it from healthy cells. In order to do this, he says, cancer cells excrete a poisonous compound called *co-cancerogenic K factor* (CKF), which paralyzes the immune system, allowing the cancer cells to draw the needed nitrogen from the healthy cells.

According to his theory, while the 714X nitrogen is feeding the cancer cells, the poisonous K factor is not being excreted by them,—and the immune system is able to recover itself and attack and destroy the cancer cells.

He also maintains that, injecting the 714X into the lymph system "liquefies" the lymph, so it can more easily flush out toxins. He claims 714X has no known side effects, and that it can also be used as an adjunct to other treatments.

Naessens believes, as do many other scientists, that some cells in the body develop cancerous characteristics everyday. If the immune system can overcome them, they are eliminated.

Naessens theorizes that the fermentative metabolism of cancer cells requires high levels of nitrogen. He says those cells are "cancer traps," and that, as those cells are forming, they emit a substance, which he calls the "K factor," which protects them from the immune system.

The 714X is a derivative of camphor, with an extra nitrogen molecule attached, and must be injected into the lymphatic area in the groin. Vaporizing at body temperature, it is absorbed by the lymph nodes—and supplies the needed nitrogen to keep the immune system strong. Although most doctors and nurses do not know how to give this injection, Naessens teaches his patients how to do it at home.

In May 1989, Naessens underwent a criminal trial by the Quebec Medical Corporation of Physicians, but was acquitted. The problem was that Naessens had such a large number of documented recoveries and witnesses in abundance, the jury refused to convict him of any crime.

Today his formula is still available in Canada, Mexico, and western Europe.

On June 8-9, 1991, an international symposium on Gaston Naessen's work was held. Over 150 scientists from many professional fields converged in the small town of Sherbrooke, Quebec, Canada. This awakened the interest of still more physicians around the world, who began using 714X on their cancer patients. *(See C. Bird, The Persecution and Trial of Gaston Naessens.)*

It appears that there are all kinds of successful cancer remedies, waiting for investigation by scientific researchers.

On June 24, 1993, U.S. Congressman Berkley Bedell, of Iowa, defended Naessens' treatment before a U.S. Senate subcommittee. He attributes his recovery from prostate cancer to 714X.

Here is information on the dosage of 714X:

A daily injection of the serum must be made daily via the lymphatic system. It is best to give it into the right inguinal lymph node. The injection must be given very slowly, at a rate of 0.5 ml in 15-20 minutes.

Three series of 21 injections are given, with a 3-day rest between series (21 days, rest 3 days, 21 days, rest 3 days, 21 days). Following this, booster shots are given from time to time, according to the need of the patient.

Here is the 21-day formula: First day - 0.10 ml / second day - 0.20 ml / third day - 0.30 ml / fourth day - 0.40 ml / fifth to twenty-first day - 0.50 ml.

714X—Centre d'Orthobiologie, Somatidienne de l'Estrie (C.O.S.E.), 5270 Fontaine, Rock Forest, Quebec J1N 3B6, Canada Ph: (819) 564-7883

H. RAY EVERS, M.D., 1960s

Note to researchers: Individual aspects of the Evers' therapy have been said to show some success in treating cancer. What would happen if these various aspects could be combined in a testing situation?

Working Summary: Evers' eclectic approach borrowed a variety of techniques from others; he apparently developed nothing new.

Dr. Evers' treatment was based on a variety of factors: **nutrition, hyperbaric oxygen, the Koch vaccination, and an antioxidant chelation therapy**. He also used something called **"magnetic field therapy." Laetrile, shark cartilage, and other items** rounded out the program, which, after Evers' death in 1990 at the age of 77, is carried on at his International Medical Center in El Paso, Texas and Jurez, Mexico, by Francisco Soto, M.D.

Oddly enough, he sometimes performed biopsies during examinations of patients.

Evers was one of the few to use a broader spectrum of alternative cancer remedies.

H.L. NEWBOLD, M.D., 1960s

Note to researchers: The research of Newbold and others needs to be expanded and brought to the attention of the medical community at large: Vitamin A is a powerful adjunct in eliminating cancer.

Working Summary: Research into vitamin A and beta-carotene opened up an important avenue of cancer treatment. The information contained here is available to everyone.

The scientific community gradually aroused to the fact that vitamin A was a powerful cancer foe. In some respects the full awakening still has not yet fully arrived—even though a remarkable amount of research on selected cancer topics, has shown vitamin A to be remarkably capable of overcoming the killer.

Bernard Peyrilhe (1735-1804), professor of chemistry at the Ecole Sante and professor-royal at the College of Surgery in Paris, did in-depth research into cancer about 200 years ago.

Winner of a 1773 prize from the Academy of Lyon on the subject, "What Is Cancer?" he advocated **the use of carrot juice in the treatment of cancer** (!). Can you imagine, carrot juice recommended for cancer over 200 years ago—yet, today, few seem to be aware of its remarkable value.

Carrot juice is one of the best sources of *pro-*

vitamin A, or *carotene,* which in the liver is converted, as needed, into full vitamin A.

In the 1920s, Japanese scientists found that **stomach cancer could be produced in rats, simply by depriving them of vitamin A** *(Joseph Hixson, "Vitamin A and the Forces that Be," Harpers, June 1976).*

In the 1930s, scientists at Cambridge, England, showed that vitamin A was essential for proper differentiation (maturation) of epithelial cells. It was noted that a majority of lung cancers occurred when these same cells in the bronchi failed to mature *(ibid.).*

Then, in the United States, research at Memorial Hospital in New York City showed **there is often a deficiency of this vitamin in the blood of cancer patients**. (The same observation has been made for vitamin C.)

It should be noted here that **damage to the liver will cause a decided deficiency of vitamin A! Thus, liver damage (or having it become overloaded with toxins) can be a precursor to malignancy somewhere in the body.**

In the 1960s, Umberto Saffioti, M.D., a government cancer researcher, found that **vitamin A inhibited the development of lung cancer** in experimental hamsters. Those animals not receiving the supplement developed cancer very similar to those found in people who smoke *(ibid.).*

In recent decades, **some physicians have quietly begun treating their cancer patients with vitamin A**. One prominent physician doing this, H.L. Newbold, M.D., a New York physician. (We earlier noted that, a few years earlier, he had begun giving high doses of vitamin C to his cancer patients.) He also gave them supplemental vitamin A.

Newbold says that the vitamin A not only reduces cancer tissue in his patients, but also increases resistance in the body to the dreaded disease. In both ways, it parallels and works closely with vitamin C.

But **he varies the amount according to the condition of the patient. Keep in mind that the more the liver has been damaged, the less vitamin A can be given at a time. Some patients receive as much as 200,000 IU of the vitamin daily. But, since vitamin A can be toxic, if Newbold sees signs of toxicity, he reduces the dosage. Orthodox medicine teaches that 50,000 UP is the normal threshold for toxicity.**

Leave it to the Germans to figure out a more efficient way to do the job. **Some German cancer specialists have developed a method of emulsifying vitamin A (which they call "A-mulsin"), so they can give up to 3,000,000 IU doses a day for cancer!**

Using this formula, the Janker Clinic in Germany was able to obtain full or partial remission in 70% of the 76,000 patients it has treated since 1936.

For some reason, the FDA banned A-mulsin. The NCI was uninterested in it, and the ACS said it was determined to keep the Janker technique out of the United States.

In the early spring of 1976, just before an *Esquire* article was to be published on the Janker method, the National Cancer Institute suddenly announced clinical trials were about to begin on a vitamin A-like compound. It turned out to be, not vitamin A nor carrot juice, but a synthetic variant manufactured by the Swiss pharmaceutical giant, Hoffmann-La Roche. Testing began in 1978, but not much came of it.

In the 1960s, Drs. Santa Maria and Bianchi, two Italian researchers, concluded a number of research studies which demonstrated that **vitamin A had the ability to prevent cancer in cell and organ cultures, as well as in chemically induced cancers in animals.**

Since then, many subsequent studies have confirmed their ground-breaking work. **But, gradually, it has been discovered that beta-carotene is even more powerful as an anti-cancer agent.** Here is the story.

Nearly 90% of all cancers affect the epithelial cells. These cells line the skin, gastro-intestinal tract, all body openings, and thin tissues throughout the body. Beta-carotene aids the body in preventing and eliminating these cancers.

Vitamin A and beta-carotene are chemically related. All the vitamin A comes from animal sources (meat, eggs, milk, cheese), and all the beta-carotene comes from fruits and vegetables. Beta-carotene is also called pro-vitamin A, because it can be made into it. Actually, beta-carotene is just two molecules of vitamin A linked together! When the body needs more vitamin A, enzymes in the intestines split a molecule of beta-carotene in half.

There is also another difference: Vitamin A is oil-soluble and can be toxic in large amounts or if too much is stored up by the liver. But beta-carotene is water-soluble and no known overdose toxicity exists.

Vitamin A is also known as *retinol*, and its many analogs are called *retinoids*. **Beta-carotene is but one of several *carotenoids*—but it is the most abundant and demonstrates the highest biological activity of any of them.**

The first mention of vitamin A as a protection

against cancer was made in 1922 *(S. Mori, Johns Hopkins Medical Bulletin, 33:357-59, 1922)*. Studies made in 1926 in Japan confirmed this.

A remarkable study, made in 1990, compared the cancer-fighting abilities of six anti-oxidant nutrients on chemically induced liver tumors. (1) Vitamin E caused a 60% reduction in the appearance of the tumors. (2) Glutathione caused an 80% reduction. (3) Vitamin C, selenium, and uric acid each caused an 87% reduction. (4) But beta-carotene produced a 100% reduction in the appearance of those liver tumors *(H.S. Nyandieka, et. al, Indian Journal of Medical Research, 92:332-36, 1990).*

The Basel study should be noted. Conducted from 1971 to 1973, it was the first large-scale analysis of beta-carotene and human cancer, and received a twelve-year follow-up. Beta-carotene came through with flying colors *(Journal of the Natinal Cancer Institute, 73:1463-68, 1984; American Journal of Epidemiology, 133(8):766-75, 1991).*

Other studies attest to the cancer-fighting abilities of beta-carotene *(New England Journal of Medicine, 315-1250-54, 1986; Journal of Nutrition, 119:116-22, 1989).*

Over 20 studies have been made, showing that a diet high in vitamin A and beta-carotene strongly reduces the risk of developing cancer. **Vitamin A increases the number of T-cells, and beta-carotene increases the number of killer (NK) cells.**

Beta-carotene is also a powerful anti-oxidant, capable of neutralizing cancer-causing free radicals. It is well-known that free-radical damage to DNA can produce cancer.

Back in the 1960s, it was thought that vitamin A was all-important, and that carotene was not so important. It was not until research in 1981, that the attention of the scientific community was turned to the fact that **beta-carotene is a more powerful cancer fighter than vitamin A**. Many other studies were then carried out which confirmed this.

By the mid-1980s, it was discovered that, **unlike any other anti-oxidant, beta-carotene could neutralize two of the worst cancer-causing free radicals: the oxygen free radical and the polyunsaturated fatty-acid radical.**

There is no other substance, enzyme, etc., in the body or available to it—which can neutralize oxygen free radicals. Yet tumor metabolism generates large quantities of oxygen free radicals (also called *singlet-oxygen free radicals*), which are the most damaging type free radicals.

As a result of the research, beta-carotene has become the preferred method of treating cancer rather than vitamin A—although both are well-documented cancer fighters.

The fact that **beta-carotene has no known toxicity** should not be overlooked**. In contrast, daily high doses of vitamin A can damage the liver. The only side effect of beta-carotene (called carotenosis) is a yellowish-orange appearance to the skin. But this is totally harmless.**

Here is the dosage of beta-carotene:

The dosage of an anti-cancer substance, which is given to a cancer patient, is always far higher than a preventive dose taken to maintain health and prevent cancer. But, in the case of beta-carotene, they can be the same! Beta-carotene is always perfectly safe.

A typical dosage of between 75,000 IU to 150,000 IU of beta-carotene is prescribed for cancer patients at clinics, using nutritional approaches. This is equivalent to 1 or 2 capsules (25,000 IU each) at each of three meals.

But those who are not ill can take the same amount, if they wish: 75,000 IU a day, or 150,000 IU a day. Many do, including leading health experts who know the research findings on the subject.

ANN WIGMORE, 1960s

Note to researchers: Lab work and clinical trials needs to be carried out on the effects and causes relating to raw wheat grass, as it might relate to cancer therapy.

Working Summary: The growing of wheat grass requires some work but it could have beneficial effects. The juicing of raw vegetables might accomplish the same results with less work.

Ann Wigmore has a mansion in Boston, called the Hippocrates Health Institute, where she treats people for cancer by giving them **the juice of wheat grass**.

This would appear to be a mono diet; yet, because of the broad spectrum of vitamins and minerals in it, drinking wheat grass (or taking any other green mixture, such as *Greenlife* or *Barley Green*) is far better than a rice only diet or ingesting chemicals. Wheat grass is food. Yet, interestingly enough, Wigmore ignores food supplements.

One individual described her arrival at Wigmore's large Boston home:

> "Our cab pulled up in front of a five-story brownstone building very similar to the brownstones in New York City . . We stood there wondering about it all, hoping this wasn't a wild goose chase.
>
> "Upon entering, it was nothing like a hospital, or a clinic, or a school, or anything other

than a large old home with a quiet library-like atmosphere.

"There was a fellow sitting at the desk reading a book. There wasn't anybody running around in white coats and masks or nurses in white stockings pushing oxygen tanks or other medical equipment around; nor long forms to fill out with medical history or health records or health insurance. In fact, no one seemed to be the least bit anxious about the state of our health.

"Ann Wigmore came down from her quarters on the fifth floor to greet us. Again, no interview, no questions about our complaints, just congenial concern that we be placed in the right room, that we be made comfortable, that we be made aware of the meal schedule (no menus to choose from) rather than the thing that was heavy on our minds, our serious problem with cancer.

"I found out later why she did not show the concern I was looking for; she felt that I would get better if I stayed and really followed through on her program. So she was more concerned with making us comfortable.

"We were assigned a room on the fourth floor. Our luggage went up in the elevator. We walked up. The elevator was very small, and it is one of Ann Wigmore's rules that everyone always walks . .

"No one there was to be taking any medication of any kind. This eliminated my autogenous vaccine, the BCG, the gamma globulin, the vitamins and the food supplements. I couldn't help but wonder, 'Am I signing my own death warrant? Can I get back on these fast enough if this doesn't work?' "*—Eydie Mae with Chris Loeffler, How I Conquered Cancer Naturally, 65-64.*

It would seem that the juicing and immediate drinking of raw vegetable juices would produce the same results, with far less work, than growing wheat to the young grass stage, and then juicing it.

Ann Wigmore Foundation. 196 Commonwealth Ave., Boston, MA 02116 Ph: (617) 267-9424

WILLIAM D. KELLEY, D.D.S., 1964

Note to researchers: This variant of the Gerson program should be candidly tested for its possible value in producing cancer remission.

Working Summary: Kelley stumbled upon what natural healers a century earlier clearly recognized: A good diet is at the center of disease prevention and treatment.

Dr. Kelley was a dentist who claimed to have healed himself of pancreatic cancer with a therapy he devised in 1964.

Because the tumor was close to the surface, he could tell by its size how it was doing. **First, at his mother's suggestion, he adopted a healthy, vegetarian diet. This greatly helped. Then, he went on raw foods, and that helped even more. Then he took digestive enzymes, and found that large doses of pancreatic enzymes helped even more.**

Having solved his own problem, he began telling his dental patients about it—and more people were helped. **But he found that some could not tolerate a total raw food diet.**

The cancer method formulated by Dr. Kelley parallels the Gerson program in a number of ways. It is very possible that he used a variation of that approach.

Kelley placed an emphasis on **fresh fruits and vegetables, plus liver detoxification via coffee enemas.**

But Kelley had two aspects which Gerson lacked, or at least, does not emphasize: sizeable amounts of raw meat in certain diets and excess amounts of almonds each day:

> "Raw almonds are a very good source of protein and should be used as directed *10 almonds at breakfast and 10 almonds at lunch!" —William Kelley, One Answer to Cancer, 11.*

Kelley's program included **metabolic typing in order to provide a patient-specific dietary program**. He also used neurological stimulation by means of **chiropractic adjustments**. **Vitamin, mineral, and enzyme supplements** formed a part of his program. Kelley eventually added meat to the diets of some of the patients.

Until 1977, the *Merck Medical Manual,* considered to be the standard of medical practice, recommended coffee enemas as a useful method of detoxification and relief of constipation. Yet Kelley's critics focused on coffee enemas as the primary flaw in his approach.

Kelley was eventually taken to court for practicing medicine without a license. A federal judge ordered him to never again give anyone directions to the remission of cancer. Since that event, Kelley refuses to speak to anyone about the subject. (His book, *One Answer to Cancer,* was published in 1969.)

Kelley's work is carried on today (in the 1990s) by a Sloan-Kettering trained oncologist, Nicholas Gonzales, M.D., in New York City. While still in medical school, Gonzales first learned of Kelley's work. Visiting him, he was amazed at the extensive, detailed records of recoveries from advanced, metastic cancer—which had survived 10 years or more.

To the simple diet, Gonzalez adds high levels of nutritional supplementation with vitamins, minerals, amino acids, glandular substances, digestive and pancreatic enzymes, and various detoxification procedures. He also recommends regular fasting, colonic irrigation (high enemas), and coffee enemas.

When Robert W. Maver, a Mutual Life Insurance executive, learned about the program, he urged that research be done. Maver said the program could save the life insurance industry millions of dollars. But nothing was done about his recommendation.

Kelley's Nutritional-Metabolic Therapy— Nicholas Gonzales, M.D., 737 Park Avenue, New York, NY 10021 Ph: (212) 535-3993

LINUS PAULING, Ph.D., AND EWAN CAMERON, M.D., 1966

Note to researchers: Definitive, mega-dose testing of vitamin C on cancer patients needs to be carried out. The Cameron testing clearly revealed that the addition of ascorbic acid, alone, lengthened life and even eliminated pain in terminally ill patients.

Working Summary: In a lecture in central California in the mid-1960s, Adele Davis announced that vitamin C would cure every disease. Perhaps she was right.

Dr. Pauling, a California scientist, was one of the most honored men of his lifetime. In addition to Otto Warburg (who also did alternate cancer therapy research), Pauling also received two Nobel prizes (Chemistry, in 1954, and Peace in 1962).

For decades this Standford University research scientist had made contributions to chemistry, especially those chemical processes related to life itself. He had helped clarify the nature of DNA and proteins (including hemoglobin and antibodies), and had done most of the work in cracking the riddle of sickle-cell anemia.

But, in April 1966, he became a controversial figure in the medical field—and was roundly criticized because he was not a physician.

You will recall that a similar reaction occurred a century earlier, when Louis Pasteur, also a research chemist, began devising ways to improve nutrition and health.

> "At every incursion on the domain of medicine, he was looked upon as a chemist . . who was poaching on the preserves of others."—*Rene Vallery-Radot, The Life of Pasteur, 1924.*

It all began when Pauling made contact with Irwin Stone, a pioneer researcher into human vitamin C requirements. Stone had discovered that nearly all animals synthesize ascorbic acid (vitamin C) within their bodies, but humans, great apes, and guinea pigs are different—in that they have to obtain their ascorbic acid from the food they eat.

A study of mammals revealed to Stone that they produce and use very large amounts of vitamin C, especially when they are under stress. Translated into human dimensions (since our bodies are so much larger), we need *grams* of ascorbic acid, not the 75 *milligrams* (thousandths of a gram) that the National Academy of Science stipulates as the total amount we need daily.

Although it was true that only milligrams of ascorbic acid were needed to prevent clinical signs of scurvy (a disease marked by fatigue, anemia, and bleeding gums), but Stone discovered that vitamin C did far more than just prevent scurvy!

Ascorbic acid is actually "cell cement";—it helps hold our bodies together; and, in addition, it enters into a wide variety of physical functions. Researchers have found that vitamin C, in large doses, aids the body in resisting and overcoming many diseases, including the common cold.

In his 1971 book, *Vitamin C and the Common Cold,* Pauling documented a variety of facts about vitamin C, (as well as some distortions being printed by those opposed to its use). In 1976, he published *Vitamin C, the Common Cold, and the Flu* with even more facts.

> "[Critics] use two sets of logic. Before they are prepared to look at Dr. Pauling's hypothesis, they demand proof of the most rigorous kind. But when arguing against his views, they refer to evidence of the flimsiest sort for the toxicity of ascorbic acid."—*Abram Hoffer, M.D., quoted in Pauling, Vitamin C and the Common Cold.*

Pauling was asked to journey to Washington, D.C., to meet with officials of the FDA. When he was finally able to schedule the trip, the invitation was withdrawn. A running feud developed which continued for several years.

Pauling cited examples of earlier peoples, including the American Indians who, when ill, drank fluids from ascorbate-containing plants, to treat a variety of ailments.

But the problem intensified when Pauling turned his attention to cancer, and began researching the scientific literature in the field. He found that **the results of a remarkable amount of research into vitamin C in relation to disease and cancer already existed.**

In the 1930s, German physicians began prescribing 1-2 gram doses of vitamin C in the treatment of cancer, with a fair degree of success.

Researchers found that cancer patients had "lower than average amounts of vitamin C in their blood plasma and white blood corpuscles" *(Richard Passwater, Cancer and Its Nutritional Thera-*

pies, 1978).

Epidemiological studies correlated a lack of vitamin C with a high death rate, including a high cancer death rate. In 1948, a study of 577 older residents of San Mateo County, in California, were interviewed. When researchers followed this up eight years later, they found that the death rate for those receiving the highest amount of dietary vitamin C was only 40% that of those with much smaller amounts of the vitamin *(ibid.).*

W.J. McCormick, M.D., a Canadian physician, found in 1954 that "the degree of malignancy is determined inversely by the degree of connective tissue resistance, which in turn is dependent upon the adequacy of vitamin C intake" *(ibid.).* Vitamin C does far more than prevent scurvy; it is the cement in connective tissue throughout your body.

Unlike Coley's toxins, Durovic's Krebiozen, or Burton's vaccines, vitamin C was a clear-cut chemical substance, with properties which had been repeatedly researched. Yet a storm of protest deluged Dr. Pauling's disclosure of these facts.

In 1973, Dr. Morris Shimkin wrote in an NCI publication, *Science and Cancer,* "There is no diet that prevents cancer in man. Treatment of cancer by diet alone is in the realm of quakery."

With the help of wealthy friends, Pauling established the Linus Pauling Institute, for research into, and dissemination of, the value of ascorbic acid and related ingredients in the treatment of cancer.

Ewan Cameron, M.D., was a physician at the Vale of Leven District General Hospital in Loch Lomondside, Scotland. Beginning in 1971, he teamed up with Pauling and began giving terminal cancer patients high doses of vitamin C.

These were patients who had earlier received surgery, radiation, and hormones; only a few had received cytotoxic drugs (chemotherapy). In each instance, two physicians would certify that the case was hopeless and nothing further could be done. Then the patient was turned over to Dr. Cameron.

He immediately began high doses of vitamin C. This was not difficult, since vitamin C has no toxic effects on the body, except that its acidity could injure the teeth or be uncomfortable in the stomach.

Cameron was a researcher in his own right. He was not only a surgeon, but had studied the biochemistry of cancer cells and found that **cancer spread by invading healthy normal tissue in its vicinity.** He found that, **to do this, the cancer cell produced an enzyme, *hyaluronidase*. This enzyme attacked the intercellular ground cement, the material that holds cells together in tissues.** He published his findings in a 1966 book, *Hyaluronidase and Cancer.*

Then Cameron set to work to find a substance which would strengthen the intercellular cement and thus slow the growth of cancer. He thought it would be a hormone,—but he discovered that it was vitamin C which other researchers had shown was a powerful builder of this cell cement.

Scotland, with a rather high-meat consumption, has a high rate of cancer; and 90% of the cancer patients in his area were sent to Cameron's hospital, whose surgical unit was under his direction. In addition, his clinical work was supported by Scotland's Secretary of State, as well as by the Linus Pauling Institute.

The testing by Cameron began in 1971, and Pauling described what happened when **vitamin C—with the addition of no other nutrients or life changes**—was given to the cancer patients:

> "Dr. Cameron first noticed that the patients felt well when they received 10 grams a day or more of vitamin C. They developed good appetites, increased energy, got up from the hospital, went home, went back to work and got along much better than with conventional therapy. Patients who were on morphine for pain could be taken off their morphine in five days."—*Linus Pauling, quoted in H.L. Newbold, "Design for Living," interview by Carleton Fredericks, Ph.D., WOR-AM, New York, May 9, 1978.*

Although these results were excellent, it was necessary to begin **a detailed study of 100 terminally ill cancer patients who were beyond further help by orthodox methods of treatment.**

The final results revealed that patients, receiving 10 grams a day of vitamin C, lived, on the average, four times as long after having reached the terminal stage than those who received only the conventional therapy. In addition, the pain was removed, and they felt so much better.

About 16% of Cameron's cases experienced a dramatically marked increase in survival time. In the control group, the mean average was 50 days; in Cameron's group, every patient lived more than a year.

(Of course, if other nutritional and life changes had been made, the improvement probably could have been much greater. The most complete system of nutrition and cleansing, the Gerson method, requires far wider changes; but, consequently, it has far greater success.)

By the early 1980s, Cameron had over 4,000 cases in his records. He has found that the results are far better when he can work on patients in the early stages of cancer.

"We surmise that the addition of ascorbate to the treatment of patients with cancer at an earlier stage of development might change life expectancy . . from, for example, 5 years to 20 years."—*Linus Pauling and Ewing Cameron, Proceedings of the National Academy of Sciences, October 1976.*

The natural killer (NK) cells are the most important cells in the immune system in the battle against cancer, because they attack and destroy abnormal cells. It has been shown that NK cells are active only if they contain relatively large amounts of vitamin C.

Cameron found that patients given 5 grams of vitamin C orally, on 3 consecutive days, experience a doubling in the number of lymphocytes in their bloodstream. The high levels continued for another seven days.

A 10-gram dose per day, caused this rate to triple. A dose of 18 grams per day resulted in a fourfold increase.

In some cases, Cameron has used 20 or 30 grams a day on patients, by intravenous drip, with remarkable results.

"With the proper use of vitamin C for cancer, we could cut the death rate by 75%. It is probably wise for every cancer patient to receive vitamin C."—*Linus Pauling, quoted in Richard Passwater, Cancer and Its Nutritional Therapies, 1978.*

Back in the United States, the two researchers were told that their findings could not be accepted until animal research work had been done first. Although this would require years of work, Pauling agreed to it; but, when he applied for grant money, his request was refused.

Five times Pauling, author of more than 400 scientific papers, requested funds; each time to be turned down. The final notation said, "Based on evaluation of scientific merit of this application disapproval must be recommended."

Since Pauling and Cameron's initial studies, a number of other physicians elsewhere have begun quietly prescribing megadoses of vitamin C, along with other nutrients in the treatment of cancer.

One was H.L. Newbold, M.D., of New York City. **For skin cancers, he uses a combination of about 15 grams of vitamin C a day by mouth, along with vitamin C ointment applied to the surface of the tumor itself, five or six times a day.** He does not always have success, but then he focuses primarily on vitamin C; whereas there are a broad number of nutritional, environmental, and lifestyle factors which should also be included.

In treating other kinds of cancer, Newbold increases the dosage as high as he can. He says he can seldom go higher than 50-60 grams a day, when given by mouth. In addition, he gives another 50 grams intravenously. He adds that if he had cancer, he would take at least 50 grams a day intravenously, six days a week, for at least three months; and an equal amount by mouth.

Beginning in December 1977, one patient with a deadly "oat cell" carcinoma of the lung, was placed on **105 grams a da**y! That is 2,000 times the 60 milligrams recommended daily by the FDA. More than a year later, she was in excellent shape and working hard again.

More recently, Abram Hoffer, M.D., Ph.D., of Victoria, British Columbia, and Dr. Pauling carried out a study of 40 patients with cancer of the breast, ovary, uterus, or cervix. They continuously received large daily doses of ascorbic acid and other vitamins. At the same time, another 61 patients with other kinds of cancer followed the same regimen while 31 patients received no vitamin supplements and served as the control group.

The control group lived an average of 5.7 months. Of the others, 80 percent of the patients with cancer of breast, ovary, cervix, or uterus, had a mean survival time of 122 months while 47 patients, with the other kinds of cancer, lived for an average of 72 months. The length of life for those using vitamin C was 13 to 21 times longer than those not receiving it *(Journal of Orthomolecular Medicine 5, No. 3).*

Before concluding this article, it would be well to summarize the relationship of vitamin C to several vital factors and functions:

Vitamin C stimulates normal cells to increase production of *hyaluronidase inhibitor.* This combines with the *hyaluronidase* released by the cancer cells, so it cannot break down normal cell walls, preparatory for invasion.

Vitamin C is **an essential co-factor in the synthesis of *carnitine*** by the body. It is well-documented that cancer patients have very low levels of *carnitine,* needed for energy production.

Vitamin C **increases the body's production of *interferon***, which is a cancer-fighting factor in the body.

Vitamin C **helps produce *PGE1*, also called the *prostaglandins***, which are needed in lymphocyte function.

Vitamin C is **needed by the body so it can place a wrapper of collagen fibers around cancer cells** until they can be torn apart and discharged from the system. Without vitamin C, collagen cannot be made; it is the "cell cement" of the body.

Vitamin C **protects the body against radiation**, rendering it less devastating.

Vitamin C is **one of the most powerful antioxidant agents**, because it both fights free radicals in the body and restores the antioxidant properties of vitamin E.

One danger should be noted: When a person is taking large amounts of vitamin C, his body adjusts to this. But if it is suddenly stopped or heavily decreased, vitamin C deficiency symptoms (scorbutic symptoms, called the "rebound effect") can appear. **High doses of the vitamin should never be discontinued suddenly.**

Here, from the Linus Pauling Institute, is the formula for taking vitamin C:

1 - Large amounts of vitamin C should be taken daily, but in divided doses all through the day.

2 - Begin with 1-2 grams (equivalent to ¼ to ½ teaspoonful) of pure crystalline vitamin C dissolved in juice or water.

3 - Increase the intake by 1 or 2 grams on each subsequent day until a laxative action develops. At this point, reduce the dose by 1 or 2 grams below this bowel tolerance level and maintain that dose thereafter.

You can never take too much vitamin C! When too much is taken, the body immediately produces a slight, brief diarrhea to discharge it. It is untrue that vitamin C can cause kidney damage.

Crystalline vitamin C can be obtained inexpensively as ascorbic acid. Do not take it in the sodium ascorbate form (reason: For proper cancer avoidance and recovery, sodium intake should be heavily decreased and potassium greatly increased).

Upon request, the Linus Pauling Institute, in Palo Alto, will send out an international list of physicians who may be using intravenous vitamin C as an adjuvant therapy.

Linus Pauling Institute of Science and Medicine. 440 Page Mill Road, Palo Alto, CA 91945 Ph: (415) 327-4064

Bulk vitamin C—Bronson's P.O. Box 628, LaCanada, CA 91012-0628 Ph: (800) 235-3200

P. KNEKT, M.D., 1966

Note to researchers: Vitamin E is such a powerful aid in the battle against cancer, it deserves additional studies into its anti-cancer factors.

Working Summary: Vitamin E is important in cancer therapy, but not as much as vitamin C, beta-carotene, omega-3, and selenium.

Vitamin E is a vigorous anti-cancer vitamin, which has been the subject of intense investigation over many years since its discovery.

The Finnish study, carried out under the direction of Dr. Knekt, was the largest in size and scope ever undertaken in regard to vitamin E. Conducted from 1966 to 1972 on 62,440 adults, it produced highly significant results, aided by careful follow-ups of the patients over the next six to ten years. *(See American Journal of Epidemiology, 127(1): 28-41, 1988; and International Journal of Epidemiology, 17(2):281-86, 1988.)*

Vitamin E has anti-cancer effects because it is a lipid antioxidant and a free-radical scavenger. (In addition, other studies have disclosed that antioxidants block the action of common carcinogens.)

It is also the most important fat-soluble antioxidant in the human body. But it only becomes a clear-cut anti-cancer agent, when used with vitamin C and selenium. In combination with them, it is particularly effective against certain cancers, especially breast, lung, and prostate. It is also useful against skin, liver, colon, mouth, and stomach cancer.

Vitamin E prevents the formation of certain cancer-causing chemicals (such as *nitrosamines*) in the body, helps to change newly formed cancer cells back to normal cells, and strengthens the body's immune system.

Vitamin E greatly enhances the performance of the immune system.

The official name for the vitamin is *tocopherol.* There are seven naturally occurring *tocopherols*, of which *alpha-tocopherol* is the most abundant and the most biologically active.

It is now known that, not only does vitamin E and selenium work together in fighting cancer, but selenium so enhances its effects that it reduces the body's need for the vitamin.

Even though vitamin E is fat-soluble, taking megadoses of the vitamin do not seem to produce abnormalities.

The RDA for vitamin E is 30 IU daily, but most research indicates that up to 800 IU a day is completely safe.

The best absorbed form is "mycelized E." This is a liquid form of the vitamin that comes in 1-ounce dropper bottles.

The natural form of vitamin E (*tocopherols*—with "ol," is far better than the synthetic form (*tocopheryls*—with "yl"). Look on the bottle before you buy it. Yet the synthetic type (also called the "dl- form" of the vitamin) is used in most studies! This is odd, since the natural form is so much more effective. In fact, it is 30% more biologically active.

Mr. FARR, CHARLES R. SMART, M.D., AND H.H. HOGLE, M.D., 1967

Note to researchers: Give the whole plant, leaf and stem, of *(Larrea Divaricata)* in controlled, double-blind tests to advanced cancer patients.

Working Summary: When the medical experts prove unable to uncover a powerful new cancer remedy, a cowboy living out in the desert has to give us one. The active ingredient in chaparral is the same as the one in pau d'arco. Although there are questions about the toxicity of chaparral, there appear to be none regarding pau d'arco.

Mr. Farr was an old rancher who lived in Mesa, Arizona. By 1967, he was in deep trouble; for he was experiencing a constant recurrence of malignant melanoma on the right side of his cheek and neck.

Uncertain what else to do, he went to the University of Utah Medical Center to consult with his doctors. They gave him the standard treatment, cutting out the growth. After excising it three times, Mr. Farr was no better off than before.

Returning to the clinic in November 1967, he was told that the best thing to do was to let them do a radical neck dissection. When he learned what that would remove, he said things had gone far enough. He would go home to die.

Returning to his house in Mesa, he decided to die heroically! He went out into the desert and collected the **dry leaves and stems of the creosote bush**. If you have ever driven through the Western desert, you will understand why it has this name. It has a strong odor.

The other name for this bush is **chaparral *(Larrea Divaricata* or *Larrea diverticata)***. The bush grows from four to eight feet tall, and has small, dark green leaves and brittle stems. It covers hundreds of square miles in the plains and slopes of the western U.S. deserts, up to 5,000 feet.

Farr made the tea by steeping the dried leaves and stems in hot water. He later explained that he used the equivalent of 7 or 8 grams of leaves per quart of water. Then he drank 2 to 3 cups of this tea each day, rarely missing a dose. All the while, he took no other medications. He did not change his diet or way of life in the least.

By February 1968, the facial lesion had decreased to the size of a dime and the neck mass had disappeared. Farr looked better physically, and had even gained some weight. He felt better, too.

Returning to the University of Utah Medical Center in September 1968, the physicians were astounded to see him. By that time, the growth was the size of a small pimple.

Immediately, under the supervision of Dr. Charles Smart and his assistant, Dr. H.H. Hogle, the Medical Center began investigating chaparral. They theorized that there was only one active ingredient: ***Nordihydroguaiaretic Acid*** (NDGA)—a powerful antioxidant.

On January 12, 1969, at Park City, Utah, Dr. Hogle presented a paper on Mr. Farr's tumor regression at the Annual Scientific Meeting of the Utah Chapter of the American College of Surgeons.

Shortly after that, the paper was published in a professional journal *(C.R. Smart, H.H. Hogle, et.al., "An Interesting Observation of Nordihydroguaiaretic Acid—NDGA—and a Patient with Malignant Melanoma: A Preliminary Report," Cancer Chemotherapy Reports, April 1969)*.

The press quickly spread the word that chaparral could heal cancer. This upset the Utah researchers, but they went ahead with their testing, as well as some folk in the national medical societies.

The research team then took the active substance in chaparral (the NDGA), only, and gave it to human volunteers with cancer. In November 1970, they published a second report *(Smart, Hogle, et. al., "Clinical Experience with Nordihydroguaiaretic Acid," Rocky Mountain Medical Journal, November 1970)* that, out of 59 cancer patients treated, only four showed "significant tumor regressions." One of the four remained in remission only four months, before new lesions developed. Soon after, a copy of this second report was sent to the National Cancer Institute.

What might have been the results if the lifestyle and nutrition had been drastically improved—and if the whole chaparral tea had been given, not merely "an active agent"?

According to a lady who knew Mr. Farr (Kathlyn Windes of Mesa, Arizona), Mr. Farr eventually died of the same melanoma about nine years later (c. 1974) at the age of 96. She claimed that he died because some of the same medical people testing him at that time would not permit him to have his whole chaparral tea. Mrs. Windes knew him well, and got his story on a 45-minute tape before he passed away.

At any rate, an abrupt halt occurred in chaparral research at the University of Utah Medical Center in 1969.

A number of incidents have since appeared in printed form about people who overcame cancer with chaparral tea or tablets.

In an Amish newspaper, William McGrath told of an elderly Amish man who had eliminated terminal cancer 12 years earlier by taking 15 chaparral tablets a day *(The Budget, June 27, 1979)*.

Another example was a man named Andrew Hanson, who is said to have purchased some

double-strength chaparral tablets, some Comfrey-Plus tablets (both sold by Nature's Way), and some Nectar D'Or Liquid Minerals. This was the formula he devised:

> "Start with 3 of the large tablets of chaparral 3 times daily. Take 3 Comfrey Plus tablets 3 times daily. Take 1 or 2 tablespoons of Nectar D'Or with any juice of your choice 3 times daily. Four days later increase the chaparral tablets to 4 tablets 3 times daily. Four days after that increase the chaparrel to 5 tablets 3 times daily. Continue to use the Comfrey Plus tablets and Nectar D'Or the same. Keep dosages of chaparral at the maximum amount for the duration of the 30 days. Take the tablets with the meals either just before, during or after. The large chaparral tablets can go down easily with other food that has been chewed or may also be swallowed easily with a spoonful of apple sauce if you have a problem."

At this point, you may begin wondering how a horrible-smelling substance, chaparral, could possibly reduce tumor size. It is an interesting fact that, out in the desert, **chaparral secretes a substance which prevents plant seeds (including many of its own) from germinating on the nearby ground. The earth will be completely bare of plants near each bush. A number of different plants excrete such substances, including the black walnut. These substances are strong growth-inhibitors!** As such, they might have tumor-reduction factors in them. You will recall that a number of other researchers have sought for substances which would slow cancer growth (Wachtel with his posterior pituitary extract, Durovic, with his Krebiozen from "lumpy jaw," and Cameron, with his vitamin C cell cement, etc.).

What Mr. Farr found out in the desert was a natural growth inhibitor. He used tea made from the whole leaf and stem.

But he did not change his lifestyle—and probably continued chewing snuff which probably brought on the cheek and neck cancer! So the cancer later returned.

NDGA, the most active agent in chaparral, is now known to have a wide range of anti-cancer properties and is relatively nontoxic. Drs. Dean Burk and Mark Woods calls it "the penicillin of quinones" (NDGA is chemically related to quinine, the anti-malarial drug); for they found it to be one of the most potent agents for destroying the metabolism of tumors. They found that **it produced almost complete inhibition of anaerobic and aerobic processing of glucose in cancer cells**!

The Indians of the Southwest take chaparral tea to prevent and treat a wide variety of diseases, including cancer.

It is theorized that part of the reason NDGA is so powerful is because **it destroys free radicals in the body, and they tend to produce tumor formation.**

NDGA appears to be less useful for breast cancer than for certain others.

At low doses, NDGA can actually stimulate cancer growth (!), and higher doses begin to produce tumor regression.

There is a report of a woman who took 15 chaparral tablets a day to eliminate breast cancer, and was later admitted to a hospital for liver damage. She recovered completely from the liver damage. **The FDA says there have been four reported cases of liver toxicity from it**. Details of the cases are not known.

Chaparral can cause nausea, vomiting, and abdominal pain.

So questions remain about chaparral. But it has apparently been used effectively for years in combination with other herbs, in the revised Hoxsey formula, as well as others. It is also part of the Jason Winters formula.

(Also see Pau d'arco, which contains the same active chemical, yet is safer to take: page 81.)

JOSEPH GOLD, M.D., 1968

Note to researchers: How does hydrazine sulfate work to block enzymes, thus enabling cancer cells to be shrunk? Careful field testing of hydrazine sulfate on advanced malignancy cases needs to be done. In connection with this, study the reports of the Syracuse Cancer Research Institutes, in the 1970s, and the human clinical testing which occurred at UCLA in Los Angeles shortly afterward.

Working Summary: Gold did something clever: He just blocked a single liver enzyme from working—and that caused the cancer to die from starvation! The substance he used is still available.

You will recall Dr. Koch's work in the 1920s. He had discovered that sugar oxidation was a key factor in cancer formation. He worked on the premise that, if the sugars could be oxidized, the cancer would be reduced. More oxygen was needed at the site of the tumor, in order to eliminate it.

Then we noted Dr. Warburg's work in 1930. He came upon the same principle, and expanded on it. Warburg recognized that a key was to get more oxygen to the cancer cell. Warburg had found that normal cells require oxygen in order to live, but cancer cells die in the presence of oxygen.

In 1968, Dr. Joseph Gold, of Syracuse, New York, published a scientific paper in which he proposed a new departure for cancer chemotherapy *(Joseph Gold, "Proposed Treatment of Cancer by Inhibition of Gluconeogenesis," Oncology, 22:185-*

207, 1968).

Gold's theory was the antithesis of accepted medical principles. Surgery and radiation had ruled for decades; but, in the 1950s, high-priced cancer drugs entered the picture more than ever before. By the late 1960s, it was becoming obvious to thoughtful practitioners and researchers that the physical damage by chemical toxicity was as great as that caused by surgical cutting and radiation therapy.

Chemotherapy was keyed to placing high toxicity—poison, if you will—at the site of the cancer, in order to kill it. But, in the process, the entire system was greatly weakened, sometimes without recovering.

In contrast, Gold suggested that, **instead of trying to kill the cancer cell, we need only block its ability to injure other cells**.

Gold had studied the work of Otto Warburg, and his theory of the nature of cancer cell metabolism. According to Warburg, all cancer cells live by fermenting sugar in what are essentially "airless" (anaerobic) reactions. Find a way of stopping this fermentation, and you will be able to stop the cancer.

Later, in the 1950s, Dr. Dean Burk and associates at the National Cancer Institute had delved into Warburg's contribution. Burk won a scientific prize for demonstrating that Warburg was correct in his views about cancer ferments. (However, it was also discovered that, although rarely, cancer cells do use oxygen respiration; and, occasionally, some normal cells have fermenting mechanisms.)

For a short time, oxalic acid (which blocked fermentation) was tried as a cancer remedy, but it failed. Like regular chemotherapy, it was so toxic that it injured regular cells as much as cancer cells.

With all this information in hand, Joseph Gold went beyond either Warburg or Burk. He developed an enlarged theory:

A primary cause of death from cancer is the weight loss and debilitation which occurs. The medical name for this is ***cachexia***. But why does it occur? If it could somehow to interrupted, the disease could be brought under control.

But what causes cachexia? Why is the cancer patient reduced to skin and bones while his tumor grows vigorously? Orthodox medical theory had no answer to this. Here was Gold's theory:

Cachexia is the result of cancer's ability to "recycle its wastes." But it does this by overloading the body with the task of trying to discharge those wastes. The resultant energy drain results in emaciation.

So far, this theory closely paralleled aspects of the Gerson theory. But, while the Gerson theory held that it was the toxic wastes introduced into the body through bad living, diet, etc., which induced cachexia, pain, and death from liver overload, Gold attributed the problem solely to an excess of lactic acid:

While regular cells use oxygen for energy, cancer uses glucose (sugar) as the fuel. But the result is fermentation. The sugar only partially metabolizes, or combusts. The waste product, which is lactic acid, is ejected by the cancer cells and carried by the blood to the liver and kidneys. But lactic acid is not simply expelled from the body. Instead, it is reconverted in the liver back into glucose. But the body must now expend a great amount of energy doing this.

The glucose is then poured into the blood stream, and picked up by the cancer cells—and used as still more fuel! The vicious cycle broadens and deepens.

> "The net result is a loss of energy from normal body energy 'pools.' As the cancer grows, its production of lactic acid grows, imposing on the body a condition in which the normal body energy 'pools' become more and more depleted."—*Joseph Gold, Cancer Research Institute, Informational Brochure, 1979.*

Eventually rapid weight loss and debility results—cachexia.

> "Cachexia is but the end result of an insidious process—unrecognizable at first, but slowly taking its toll of the body's reserves until a 'point of no return' is reached. Cachexia begins with the very first cancer tissue. What we need is a way to stop the vicious cycle and thereby put a halt to the leading cause of death in cancer: cachexia."—*Joseph Gold, "Proposed Treatment of Cancer by Inhibition of Gluconeogenesis," Oncology, 22:185-207, 1968.*

So far, Gold's research was fully approved by the powers that be, for it was in the realm of theory. But then **he set to work in search of a substance which could block this interaction between the liver and the cancer cells**. Trying one thing and then another (including the amino acid tryptophane), everything seemed to fail.

Then, in the early 1970s, Gold read a research paper which stated that **hydrazine sulfate had the ability to block a key enzyme in the liver—which allowed lactic acid to be converted into glucose.**

First, Gold tried hydrazine sulfate on four different transplantable tumor systems in animals. It seemed to work fairly well, and supported Gold's theory. **Cancer cells in the test tube were not**

injured, but in the body were destroyed. Therefore an indirect mechanism was involved. Further examination revealed that the cancer cells were not directly poisoned.

Gold also found that hydrazine sulfate could be used to increase the effectiveness of regular cell-poisoning drugs (chemotherapy) in animals. Perhaps best of all, **if only *small* amounts were used, the chemical compound did its work without poisoning the normal cells**. It is in no way a killer cell of any kind—including malignant ones. It only works by blocking a certain liver enzyme, needed to provide energy to the metabolism of the tumor.

In 1973, Gold published his first report on his findings, and then gave a talk about it at the New York Academy of Sciences. Afterward, a physician came up and asked for further data on how to dispense it, since he had a woman cancer patient who, within three or four days, would be dead.

Within a few weeks, the woman was dramatically improved, and on her feet again. A number of other patients also experienced improvement. By August 1973, 20 or 30 patients were taking it in various parts of the country. By October, there were over a thousand.

Gold began to experience difficulties in his requests for further funds from NCI for research. But Dr. Dean Burk was still at NCI. He it was who had himself amplified somewhat on the work of Warburg. Gold's findings vindicated both Warburg and Burk's research into cancer cell metabolism.

Burk was enthusiastic, and said so. He released this memorandum to the scientific community in mid-1973:

> "Since April 1, 1973, upwards of 30 cachetic or 'terminal' cancer patients have been treated with gelatin capsules containing 60 mg of hydrazine sulfate three to four times a day (at intervals of about 6 hours). Usually within 24-48 hours there is a marked return of appetite followed by continued increase in weight, remarkably restored physical activity, and eventually decrease in tumor size, decrease in pain, and related decrease in symptomatology."—*Dean Burk, Memorandum, Department of Health, Education, and Welfare, National Institutes of Health, August 10, 1973.*

About six months later, Burk wrote:

> "[Hydrazine sulfate is] the most remarkable anti-cancer agent I have come across in my forty-five years of experience in cancer . . It would make little difference with hydrazine sulfate if the FDA wanted to balk, because this material is so cheap—and it is cheap because it is made by the trainload for industrial purposes."—*Dean Burk, "New Approaches to Cancer Therapy," New England Natural Food Association Bulletin, Spring 1974.*

In a paper on the subject, presented before top officials at Sloan-Kettering Institute in New York, Burk said this:

> "Let me tell you this perfectly true story . . I could give you many. A woman with Hodgkin's disease who had been flat on her back for seven weeks, who had no appetite and who had lost all her weight—a 'paper-thin' patient—took hydrazine sulfate. One week later she was shopping in the grocery store with her own bag; five day later she was spending most of the day in her garden. I don't give that as any miraculous story—it is simply the plain truth."—*Ibid.*

Hydrazine sulfate, because it was a chemical, was immediately put into clinical trials by the chemotherapy department at Sloan-Kettering. Since it had already been tried on humans, and since news of it was so widespread among physicians and somewhat among the general public, announcement was made in September that a joint SKI-Syracuse Cancer Research Institute study would begin.

But, following that announcement, officials at SKI immediately drew back, and their participation was only deleterious. Patients who died before receiving even one dose were listed as "failures." Instead of receiving **the optimal dosage (which was 60 milligrams of hydrazine sulfate for the first three days, 60 milligrams twice a day for the next three days, and 60 milligrams three times a day thereafter)**, SKI had them start with 1 milligram a day for the first day, 2 for the second, etc., until they reached 20 or 30 milligrams a day.

When Gold appealed to them to abide by the original dosage agreement, SKI ordered **a single massive dose of 120-190 mg. to be given. This high dosage was toxic in the extreme, and eliminated all earlier improvements**. According to Gold, the SKI chemotherapist told a relative of one of the patients that he had no "enthusiasm or interest in" hydrazine sulfate and that it was "worthless" in the treatment of cancer *(ibid.)*.

In the summer of 1974, Gold told a packed audience at a National Health Federation convention about the benefits of hydrazine sulfate. This caused the news about the compound to travel even farther.

In response, the FDA issued a directive blocking access to the compound by physicians and making it illegal for chemical companies to sell hydrazine sulfate directly to the public.

That announcement was immediately preceded by an official statement issued by the public af-

fairs department of SKI:

> "(1) None of these patients responded positively to hydrazine sulfate, and (2) some of the patients developed neurotoxicity [nerve damage], apparently due to the administration of this drug.
>
> "Based on these findings, therefore, Sloan-Kettering Institute is no longer treating patients with hydrazine sulfate, nor are we conducting any further experiments with it at the present time."—*SKI Statement, July 25, 1974.*

Calbiochem, Inc., a California drug company which had been interested in marketing it, immediately drew back, **correctly declaring, that hydrazine sulfate was in the public domain and thus unpatentable. In other words, like goldenseal, chaparral, apricot kernels, pau d'arco tea, and vitamin C, there were no big profits to be made from it.** "We saw absolutely no place to go with it," he said *(David M. Rorvik, "Who Wrote the American Cancer Society's Denunciation of Hydrazine Sulfate" Alicia Patterson Foundation Newsletter, New York, November 29, 1976).*

In March 1976, the American Cancer Society placed the substance on its list of unproved methods.

In early 1979, NCI invited Dr. Michael L. Gershanovich, director of medical oncology, Petrov Research Institute of Oncology, Leningrad, to come to the United States and describe his four-year study of 225 patients on hydrazine sulfate.

But, after arriving in America, Gershanovich was suddenly denied permission to speak at the May 1979 New Orleans meeting of the American Association for Cancer Research. However, the mistake had not been caught early enough, and abstracts (a summary) of Gershanovich's planned talk were printed as abstract #969 in the *Proceedings* of the AACR.

From 1984 to 1990 and beyond, Rowan T. Chlebowski, M.D., Ph.D., and his associates at UCLA in Los Angeles began publishing a series of reports documenting the ability of hydrazine sulfate to prevent weight loss in cancer.

They found that critically ill patients showed only marginal response, but those in better condition when the treatment was started did better. After a year of treatment, 42% of those taking hydrazine sulfate were alive, compared to 18% of those who did not receive it.

The use of this compound helps patients feel better within two or three weeks. But it occasionally can have mild side effects, including mild numbness of the fingers and toes, nausea, vomiting, and slight drowsiness. Gold found that this could be reduced or eliminated by taking vitamin B_6.

While crude hydrazine sulfate can be toxic, the form used in cancer treatment differs from industrial grade versions in that it has been highly purified.

Hydrazine sulfate has been shown to be a useful chemical compound in eliminating cancer tissue. **It reduces lean tissue wasting (cachexia) and improves the abnormal glucose and insulin levels common among cancer patients.**

The normal dosage is one 60-mg tablet, taken three times a day. One hundred 60-mg tablets, enough for a month's supply, costs about $25.

Although not permitted to be sold in the U.S., it can be ordered from overseas companies by mail order, or from Mexican clinics using it (such as Hospital Santa Monica, 4100 Bonita Road, Bonita, CA 91910 Ph: (800) 359-6547 / (619) 428-1147)

TIBOR HAJITO, M.D., 1968

Note to researchers: The use of the plant, mistletoe, should be researched, in relation to its cancer fighting characteristics. The pioneering work of Franz should built upon.

Working Summary: Earlier in this book (on page 30), forty anti-cancer herbs were listed. Here is a closer look at one of them. Both mistletoe and its derivative (Iscador) could have side effects, so care must be taken in their utilization.

Dr. Hajito has spent over 20 years administering mistletoe to cancer patients, with remarkable success. Here is the mistletoe story:

European mistletoe (*Viscum album*) has been used to treat sicknesses for as long as anyone can remember. About 2,000 years ago, Pliny the Elder said mistletoe was a remedy for malignancies. It has been used ever since. Actually, the plant is unusual in that it lives on trees, taking water and minerals from them, yet returning sugar to the host tree!

Dr. Hajito of the Lucas Clinic Laboratory of Immunology in Arlesheim, Switzerland, has come to the conclusion that mistletoe does two things in the body at the same time: It inhibits tumor growth while stimulating the immune system. In support of his work, Hajito has written many reports in scientific journals.

A number of researchers and physicians have worked with the substance, but generally in the form of *Iscador*. This is the trade name for the oldest and most widely used mistletoe preparation. Manufactured by Weleda AG (a German and Swiss chemical company), Iscador is used more in Europe than on any other continent. It is used a lot in Britain.

The entire plant is ground up and made into a watery extract. Next it is fermented with the

Lactobacilus plantarum **bacterium and then filtered.**

It has been found to cause more than 50% tumor inhibition in mice, in experiments carried on at the Roswell Park Memorial Institute, Buffalo, New York. Yet you will hear little about mistletoe in the United States, except at Christmas time.

Dr. Hartmut Franz, in Europe, carried out in-depth studies into the substance and found that *lectins*, a group of chemicals in mistletoe, produced its primary biological activity. Lectins can connect to sugar molecules and effect changes in cells.

Within the mistletoe, this lectin protein forms a compound with an enzyme. Franz found that the enzyme inhibited both cell reproduction and protein synthesis within cells. The lectin part of the compound stimulated macrophages, a type of killer leukocyte (white blood cell), and causes other leukocytes to release cancer-destroying chemicals.

Sounds like a pretty powerful combination!

Hajito found that, within 24 hours of giving Iscador, two special things happened: **(1) A certain type of white blood cell was aroused to action—releasing antibodies which kill unwanted cells. (2) The natural killer (NK) cells increased in number and began prowling around for foreign cells to eliminate.**

It has been theorized that the production process of fermentation, by which Iscador is made, is effective because it separates the enzyme from the lectin protein—and thus helps them both work more effectively.

The present writer found little 20th century research on what the whole plant, taken as a tea rather than fermented into Iscador, could do. Yet for thousands of years mankind used the plant to treat cancer, not Iscador. One research study compared the fermented product with the unfermented—and found that Iscador was better for eliminating rat liver cancer cells while the unfermented tea was more effective on human leukemia cells. Both preparations dissolved the cell walls of the cancer cells *(G. Ribereau-Gayon, et. al., Oncology, 43(supp. 1): 35-41, 1986).*

One thing is certain: Iscador strengthens the immune system; whereas the orthodox cancer therapies weaken it.

Iscador is given by means of a subcutaneous injection near, or into, the tumor. (In the case of brain and spinal cord tumors, it is taken orally lest increased pressure occur.)

Oddly enough, although mistletoe reduces tumor mass, in Europe it is not given for that purpose—but rather to lessen the damaging effects of surgery and radiation treatments!

Iscador is given in a series of 10 to 14 injections before surgery, at the rate of one dose a day (normally given in the morning when body temperature is rising). The purpose is to strengthen the immune system, prevent metastasis, and promote better recovery. It is also used as a follow-up treatment after surgery or radiation treatment for several years, in gradually decreasing dosages.

It is believed that Iscador could have serious side effects if taken in excess. But Hijito and others have noted that it is nontoxic in the dosages normally given.

Both the leaves and berries of the mistletoe contain poisonous compounds (viscotoxins), so it is urged that individuals not make their own preparations at home. It would be a good research project to figure out how earlier peoples treated themselves with the plant, when it is so poisonous.

> "Often considered poisonous. Unconfirmed reports of deaths have been attributed to eating the berries."—*Stephen Foster, Eastern/Central Medicinal Plants, 296.*

Mistletoe—Physicians Association for Anthroposophical Medicine, P.O. Box 269, Kimberton, PA 19442

VIRGINIA LIVINGSTON, M.D., 1969

Note to researchers: In relation to Dr. Livingston's discoveries, research should be conducted on five fronts: the cancer bacteria she identified *(Progenitor cryptocides)*, the human growth hormone *(choriogonadotrophin)* which is produced by *Progenitor*, the relationship of that hormone to the growth and spread of cancer, and determination of the best sources of abscisic acid, the vitamin-like substance which inhibits cancer.

Working Summary: This is a fabulous story. If cancer is not caused by a bacteria, then Livingston's vaccine should not be able to work. Yet it did; that is, until use of it was forbidden. Do not overlook the information on abscisic acid.

In addition to the cancer-cure controversies which have raged for over a century, a secondary controversy has continued nearly as long over **the nature of the cancer itself. Is it caused by bacteria? by virus? or does it have a totally non-infectious origin?**

In 1905, one well-known health writer spoke of "cancerous germs":

> "Those who use flesh foods little know what they are eating. Often if they could see the animals when living and know the quality of the meat they eat, they would turn from it with loathing. People are continually eating flesh that is filled with tuberculous and cancerous germs. Tuberculosis, cancer, and other fatal disease are thus communicated."—*Ellen G. White, Minis-*

try of Healing, 313.

That may have been one of the earliest positions on a microorganism-causation of cancer. Back then, "germs" could refer either to bacteria or viruses. The closer distinctions we use today, were not commonplace then.

Throughout this brief historical overview, we have noted that Rife, Naessens, Enderlain, Coley, Stanislaw, Glover, Lincoln, Durovic, and Gregory all believed that cancer was caused by a microorganism.

In 1907, James Ewing, M.D., medical director of Memorial Hospital in New York City, listed 38 different kinds of protozoa, molds, bacilli, and spirochetes, which were possible causes of cancer. Some even thought that parasites might be the cause.

But, by 1910, according to Michael Shimkin, M.D., in a 1976 NCI publication, "scientific consensus was for a noninfectious nature of cancer." *(M. Shimkin, Contrary to Nature, 176.)*

Yet historical facts are not quite so neatly contained. Throughout most of the 20th century, as in the centuries before, many experienced physicians and researchers believed that cancer was caused by a "germ" of some kind.

As we found earlier in this historical review, in the first part of the century William Coley searched for a "mixed bacterial toxin" which could destroy cancer germs.

> "Until it is settled beyond the shadow of a doubt that cancer is not due to a microorganism, we believe that every effort should be made to stimulate to the utmost cancer research along these lines rather than to attempt to hinder or to discredit it."—*William Coley, American Journal of Surgery, October 1926.*

An intriguing claim had been advanced in 1910, when Peyton Rous, a medical researcher at the Rockefeller Institute said he had found an infectious agent in fowl—which would pass through the smallest filter known.

Rous was laughed to scorn by his contemporaries, but the development of virology (the study of sub-microscopic organisms) caused scientists to re-examine Rous' monograph. In 1966, at the age of 89, Rous was given the Nobel prize for his 1910 research.

But later official interest waned in viruses as a cause of cancer. But both viruses and bacteria have continued on as special topics of interest and study among cancer researchers and specialists.

In the latter part of this century, Dr. Virginia Wuerthele-Casp-Livingston-Wheeler (Dr. Livingston, for short) has been at the center of the controversy over a bacterial origin of cancer.

It would require a lengthy paragraph to list all the medical hospitals, universities, and research departments that she has been affiliated with. By the early 1980s, she was working in San Diego at the Livingston-Wheeler Medical Clinic.

It was in 1946 that she first discovered that, injecting germs, which caused scleroderma, from a person to a guinea pig, caused cancer in the guinea pig—and cancer was extremely rare among guinea pigs.

At this juncture, her research caused Livingston to adopt the theory we have noted several times earlier—that a microorganism can change in its size and shape.

> "Instead of a bacillus being a bacillus, ad infinitum, it can and does change into numerous other forms dictated by its need to survive or stimulated to greater productivity by an unusually favorable environment."—*Virginia Livingston, Cancer: A New Breakthrough, 1972.*

By the early 1950s, her ideas were gaining favor with many scientists, and she received grants from a number of foundations to carry on her research. She did much basic work at this time. It was decided that the organism in question was part of the *Actinomycetales* order, a family of germs *(ibid.)*.

The famed researcher, Robert Koch (1843-1910) had laid down four postulates which must be met in order to establish the microbial origin of any disease. Livingston and her associates said they had succeeded in achieving each one:

1. The organism must be present in every case of the disease which is examined.

2. The organism can be cultivated outside the host animal in an artificial medium.

3. Inoculation of this culture into a susceptible animal will produce the disease in it.

4. The germ can be obtained from the inoculated animal and cultivated once again.

By this time, in addition to her other work, Livingston was caring for 20-30 cancer patients daily at the Presbyterian Hospital in Newark. She obtained blood from them and injected it into guinea pigs. By doing this, the incidence of cancer among guinea pigs could be increased from the natural rate of 1 in 500,000 to 1 in 4. **According to Livingston, the cancer microbe crossed the species line. This could mean, for example, that eating cancerous meat could induce cancer in the one eating it.**

Livingston named this cancer-causing microbe ***Progenitor cryptocides*** (meaning "the hidden ancestral killer"), and declared that animals could catch it from man, and that man could catch it from animals—especially by eating the contami-

nated flesh of fowl and other animals.

Livingston said she found a large degree of infection with *Progenitor cryptocides* in chickens *(ibid.)*.

By the early 1950s, she had not yet begun to treat cancer in animals or man with any special kind of treatment. But, in that decade when chemotherapy was becoming the method most preferred by the big cancer organizations, she began to be regarded with suspicion by those leading cancer institutes. Cornelius P. "Dusty" Rhodes, of the NCI, led out in derogatory comments about the work carried on by Livingston and her associates, which included curtailing her sources of research money.

In 1968, something called the "Livingston Vaccine," was included in the ACS's *Unproven Methods* book. After careful investigation of the vaccine, the ACS had concluded that it had no objective benefits in the treatment of cancer.

—Yet no such vaccine existed! Any genuine "investigation" would have disclosed the fact. Up to that time, Livingston still had not treated cancer with any unorthodox method, and she had no "vaccine."

But other physicians were treating with an anti-*Progenitor cryptocides* vaccine. Some of the patients survived for more than a year and a half.

This false report about her having a "Livingston Vaccine" goaded her into action, and she began more vigorous research work. In 1968, at the Biomed Laboratory in San Diego, **the "cancer microbe" was filtered, put into tissue culture,—and produced degeneration of cells, under certain conditions, and proliferation of cells in others.**

It was also discovered that the cancer bacteria were sensitive to certain chemotherapy when outside cells, but hardly at all when inside human cells. That does not speak well for chemotherapy, which is generally thought to poison every kind of cell it comes in contact with.

In 1969, she and her husband opened the Livingston Medical Clinic, in San Diego, and began immunization treatment of cancer patients.

> "My studies had led me to the conclusion that cancer is an immune deficiency disease based on infection by a definite etiological agent, the Progenitor cryptocides. On the basis of treating an immune deficiency in man, we began to accept cancer patients."—*Virginia Livingston, A New Breakthrough, 1972.*

This treatment included a vaccine to fight the microbe, a health-food diet, and the adoption of a relaxed way of life. Thus, her program was more comprehensive than that of many other physicians.

In 1972, one of her associates, Dr. Owen Wheeler, asked her to treat him solely by immunization. He completely recovered and, when Livingston's husband (Dr. A.M. Livingston) died, she married Wheeler.

In 1970, working at the University of San Diego, she showed that **the "cancer microbe" produced an antibiotic (actinomycin) as well as toxic material which increased the frequency of cancer in mice.**

Using a dark-field microscope, she was able to describe the entire life cycle of **this complicated, ever-changing germ**. (It was at this time that she named the microbe.)

That same year, Livingston made a remarkable discovery: ***Progenitor cryptocides* was able to produce a human hormone**. Never before, had a germ of any kind been known to manufacture a human hormone! Further research into this particular one **(human *choriogonadotrophin*; HCG)** revealed that it has long been known to be present in greater amounts in cancer patients. HCG is a human growth hormone!

(That recalls to mind the research of Dr. Wachtel, who noted that injections of an extract of the human anterior lobe of the pituitary, which produces growth hormones, would significantly increase the size of cancer tissue.)

Oddly enough, HCG is present in human sperm and is needed for growth from the very beginning of human life.

Two years later, researchers at Princeton University confirmed that HCG could be made by a bacteria *(H. Cohen and A. Strampp, "Bacterial Synthesis of a Substance Similar to Huan Chorionic Gonadotrophin," Proceedings of the Society for Experimental Biology and Medicines, July 1976)*.

In 1978, it was confirmed again, this time by H.F. Acevedo of the W.H. Singer Memorial Research Institute in Pittsburg, that *Progenitor cryptocides* produced that human growth hormone. Acevedo felt that a number of other bacteria in cancer patients also produced HCG as well. Commenting on Livingston's findings, Acevedo wrote:

> "The impact of these findings in the fields of oncology, bacteriology, epidemiology, genetics and molecular biology is so great that a detailed description will be beyond the scope of this communication . . It is apparent that his phenomenon exposes the need for a new approach to the analysis as well as to our current concepts of cancer."—*Hernan F. Acevedo, Cancer 41:1217-29, 1978.*

Probably one of Livingston's most important

discoveries concerned **abscisic acid**. This is a natural substance present in many foods. **She found that it neutralized the HCG. This means that it should have anti-cancer effects in the body.**

Abscisic acid is very difficult and expensive to purify, so you are not likely to be able to afford it in tablet or capsule form.

But it is very common in many healthful foods. Abscisic acid is chemically similar to vitamin A, and is probably another vitamin. It is plentiful in plant foods. Animal experiments showed it to be a powerful anti-cancer agent. She discussed it in her 1977 book, *Food Alive*.

After her retirement, Dr. Livingston's work continued to be carried on by other physicians. **Using the Livingston vaccine, they noted shrinkage or disappearance of tumors, as well as complete remissions in patients with lymphocytic leukemia and malignant lymphoma** *(Townsend Letter for Doctors, May 1987).*

Neil Nathan, M.D., carried on her work at the Livingston Foundation in San Diego, California, for a time. He said **the success of the treatment depends on whether or not the cancer has metastasized or they have received chemotherapy, radiation, or surgery**. If they have, there is only a 40-50% success rate; but if not, there is 70-95% success rate. But in terminal patients, with wide metastasis, the rate drops to 20%.

Unfortunately, in February 1990, the California Department of Health Services issued an order to the Livingston Foundation Medical Center Clinic, in San Diego, to stop administering and prescribing the autogenous vaccine. By that time, it was the only place which still offered the Livingston therapy.

That same year, Dr. Livingston died.

Since then, the clinic has remained open. Patients are treated with vaccines based on PC cultures, together with the diet and other aspects of the program. But the autogenous vaccine is no longer given.

Here is the address of the clinic:

Livingston Therapy—Livingston Foundation Medical Center, 3232 Duke Street, San Diego CA 92110 Ph: (619) 224-3515

Abscisic acid is a plant dormancy hormone and vitamin A analog found in plants; it has profound anti-cancer activity. **Abscisic acid is a carotenoid factor and is especially found in green leafy vegetables. Here is a list of foods containing abscisic acid**. It comes from Livingston's book, *Food Alive*:

Fruits
Mangoes
Grapes
Avocados
Pears
Oranges, with the white underpeel and pulps
Apples, whole with the seeds
Strawberries

Fruit Blossoms and Leaves as Tea
Peach Flowers
Strawberry Leaves
Cherry Flowers
Apple Blossoms

Vegetables
Pea shoots
Lima Beans
Potatoes
Peas, Dwarf
Yams
Sweet Potatoes
Asparagus
Tomatoes
Onions
Spinach

Root Vegetables
All root vegetables, especially Carrots

Seeds and Nuts
Seeds and Nuts of all Kinds

Leafy vegetables
Mature Greens

F. JOSEPH MONTAGNA, 1970s

Note to researchers: Double-blind tests should be conducted on Montagna's herbal formula, in order to ascertain its possible value. If his formula can actually inhibit cancer, it could save lives at a low expense.

Working Summary: Montagna put together 22 herbs and began treating disease with them. Apparently he had success, for attempts were made to stop his work.

In the mid-1970s, F. Joseph Montagna of Portland, Oregon, developed an herbal formula which, he claimed, produced about an 80% success against cancer. But we have no information on how long such remission generally lasted.

It would be well for medical researchers to check out his claims and see if they are worth anything.

Here, in his own words, was Montagna's formula:

A. BASIC INGREDIENTS:

1. *Chaparral leaves*. Dissolves malignant tumors.

2. *Bloodroot*. Purifies and cleanses bloodstream.

3. *Red clover blossoms*. Antidote to can-

cer.

4. *Burdock root*. Neutralizes and eliminates toxins.

5. *Echinacea root*. Natural herbal antitoxin.

6. *Goldenseal root*. Kills poisons; equalizes circulation.

7. *Comfrey leaves*. Relieves pain; establishes normal conditions.

8. *Ginseng root*. Stimulates vital cell processes.

B. OTHER INGREDIENTS

Poke, Parsley, Blue violet leaves, Licorice, Dandelion root, Cayenne, Prickley ash, Garlic, Cleavers, Gotu kola, Periwinkle, Sassafras, Agrimony, Ground ivy.

Keep in mind that Montagna, like many others, remained with a single treatment; in this case an herbal mixture. If broad changes were also made in nutrition and living, much more could be accomplished by his program. The need to cleanse the body of the broken-down cancer tissue would be crucial to pain relief and healing.

GERHARD N. SCHRAUZER, Ph.D., 1976

Note to researchers: What is the exact nature of the means whereby selenium protects a person against cancer? How can it be better utilized by the medical profession in treating *in situ* malignancies?

Working Summary: Notice that selenium is effective only as a cancer preventive. It is an important nutrient.

Selenium, an essential trace mineral, is a recently discovered anti-cancer agent. When a tiny amount (1-4 ppm) is added to the diet of lab animals, it protects against a wide variety of carcinogens. Many studies have also been made of the ability of selenium to protect people from toxic, cancer-causing substances.

For a number of years in the 1970s, Dr. Schrauzer studied the relationship of selenium to human cancers. As reported in a number of professional journals, he repeatedly found that it was highly effective as a cancer-preventive agent.

As a result of his research, Schrauzer was able to show that, for maximum protection, selenium should be given to a person from his earliest years. This is because even small children are now contracting cancer—and **selenium only protects against cancer before the malignancy gains a foothold in the body**! But, if given all along, if a tumor begins, the selenium, if continually given, will retard tumor development.

Selenium is a non-accumulating trace mineral; and other research by Schrauzer revealed that, **if in mid-life the selenium intake is stopped, tumor proliferation will rapidly increase. Therefore do not stop taking it!**

An epidemiologist, Raymond Shamberger, listed cancer rates in the states and major cities of America. Then he listed them again, according to the amount of selenium available in the diet. The two matched inversely. The more selenium in the diet, the lower the levels of cancer *(Archives of Environmental Health, 31:231-35, 1976).*

In another study, this one of W.C. Willet, the serum selenium levels and risk of cancer, of over 10,000 men and women, were evaluated. Those with the lowest selenium levels had twice the risk of developing cancer *(Lancet, 2(8342):130-33, 1983).*

Similar research of the 24 regions of China were done, with approximately the same results.

It should be noted here that ***glutathione peroxidase* is one of the most important antioxidant enzymes in our immune system. This enzyme protects the body against the destructive effects of hydroxyl free radicals,—yet glutathione peroxidase is selenium dependent.** If there is a lack of that vital trace mineral in the tissues, this crucial enzyme will not be produced. This enzyme is also an important anti-cancer factor.

It should also be mentioned that **selenium and selenium-containing compounds tend to bind with heavy metals (lead, mercury, cadmium, etc.) and carry them out of the body.** Research studies reveal that exposure to even low levels of those metals can seriously deplete selenium and eliminate its anti-cancer power.

What would be the proper dosage amounts for selenium?

One study in China reported that **a daily dose of 500 mcg of selenium over a period of several years is safe for healthy adults.** Higher dosages for normal people could be toxic, but are necessary in the treatment of cancer.

Schrauzer reported that **dosages of 2,000 to 5,000 mcg per day will produce toxic symptoms after several months.** Yet, since **these symptoms (nausea, weakness, and discoloration of the fingernails)** are hardly ever overlooked, no instances of fatalities resulting from excess selenium have ever been reported.

Robert C. Donaldson was a St. Louis oncologist who decided to carry out research into the dosage amounts for selenium. In doing so, he made an important discovery: In most of his patients, **the giving of normal doses of selenium (the amount healthy people should take as maintenance doses) did not produce much of an in-**

crease in the blood levels of cancer patients. They were in such a nutrition-starved condition, that they needed far more!

He found that **very high oral doses must be given, before the blood level of selenium came up. He finally determined that, in nearly every case, he had to give 1,000 to 2,000 mcg of selenium daily until the blood levels came up, and then drop back down to a maintenance dose.**

In one unusual case, Donaldson found it necessary to give 2,700 mcg/day for two months, followed by six weeks of 5,000 mcg/day before the blood level came up.

It should be understood that normal people would find such high dosages far too high, and the above-mentioned toxic symptoms would result, indicating that they must reduce their daily intake amount.

In all of this, keep three facts in mind: **(1) The toxic symptoms are easily recognized, and therefore unlikely to ultimately produce dangerous results. (2) Selenium very quickly leaves the body, so reducing the daily intake quickly normalizes the amount in the system. (3) For that reason, stopping the intake entirely can actually be very dangerous.**

Donaldson found that, for some patients, significant and even dramatic tumor regression occurred when blood levels reached normal levels. But for others, it did not occur until the levels reached .40 ppm to .50 ppm; and some required .80 ppm.

By way of comparison, a totally different study (one done in Finland and reported in 1984) found that **subjects with serum selenium levels of less than 45 mcg/liter had three times the risk of developing cancer as subjects with serum selenium levels greater than 45 mcg/liter**.

MICHIO KUSHI, 1978

Note to researchers: The nutritional factors in the macrobiotic diet, and also the inherent imbalance of this diet, needs further study.

Working Summary: It is remarkable how partially nutritious diets can inhibit cancer to one extent or another. Yet, throughout this history of cancer remedies, we repeatedly find that the change of even a few factors can help people improve.

This program is based on the writings of a Japanese physician, Saegen Ishizuka (1850-1910) who is said to have eliminated cancer in himself by forsaking the refined diet of the Japanese, and **eating brown rice, soybeans, fish, miso soup, sea vegetables and other traditional Oriental foods**. In other words, he returned to a more natural vitamin and mineral-filled dietary.

But "macrobiotics," as practiced in America, revolves around eating rice, rice, rice—**too much rice, and not enough other vital foods**.

Michio Kushi is the individual who especially popularized macrobiotics in the Western World. He came to the United States in 1949, and later established a macrobiotic center in Boston in 1978. **The objective, according to him, was to achieve 100% cereal diet**!

Kushi had received his training and theories from years of study under a theorist in the Eastern religions. George Ohsawa combined the teachings of Zen Buddhism with the earlier simple nutrition of Oriental macrobiotics. Frankly, the twisted diet that he deduced from all this was unbalanced. Yet, in the West it would prove helpful, since almost anything is better than the Western diet of cornflakes, grease, spices, cokes, white sugar, and flour.

Another disciple of Ohsawa, Herman Aihara, also came to America and has written several books. Both Aihara and Kushi have produced anticancer diets, based on those Buddhist theories.

Anthony Sattilaro, M.D., an American physician obtained cancer remission by following the diet. It may sound good, but it is nutritionally unbalanced!

According to the macrobiotics theory, a person is to have a limited intake of fruit, not enough protein and B_{12} intake, and unlimited access to miso and pickles, which are high in sodium.

Beware of narrowed diets, which exclude vitally needed food.

Yet, since the macrobiotics theory involves better nutrition than is generally found in modern civilization, there are instances in which it has improved the health of some people.

JASON WINTERS, 1980

Note to researchers: The Winter's herbal formula should be tested, an effort made to round them out with a somewhat better mixture, by filling in a useful substitute for the missing herb(s).

Working Summary: Very likely any three or four of the forty cancer herbs, listed earlier in this book (p. 30), could be packaged, sold, and help people. Everywhere we turn, we find cancer remedies.

Jason Winters claimed to have had cancer and to have successfully eliminated it with an herbal tea formula. But, instead of using one of the herbal formulas already available, he said he developed a new mixture.

His story can be found in Benjamin R. Smithe's 1980 book, *Killing Cancer: The Jason Winters*

Story. Obtainable in packages at some health-food stores, **the herbal mixture lists "Red clover, special spice, Indian sage." As you can see, part of the formula remains a secret**.

For some unknown reason, a number of years ago the Jason Winters formula had **red clover, chaparral, cayenne, and "spices (undisclosed)."** The new name, "Indian sage," is very likely a poetic name for chaparral, possibly to hide its identity.

The present writer would think that, if an herbal mixture alone were to be desired, Essiac would have a far better track record, with decades of documented cases.

E.S. SIRIS, M.D., 1980

Note to researchers: Close attention should be paid the structure of clodronate and its use, in preventing as well as eliminating bone cancer. Additional serious studies are needed here.

Working Summary: In clodronate, we have a chemical that is not natural to the body. Yet it has only minor side effects. It can be purchased by mail.

Dr. Siris is one of the pioneers in working with clodronate in the treatment of certain forms of cancer.

Clodronate is a member of a group of chemicals called the bisphosphonates. They are structurally similar to the pyrophosphates which occur naturally in the bones and body fluids (plasma, urine, and saliva). It is the task of pyrophosphates to regulate calcium balance. This involves building new bone and reabsorbing old bone.

The bisphosphonates can also regulate calcium and bone development. But, because of the carbon atom in their molecules, they are very versatile. Of them, clodronate, with its two chlorine atoms attached to the carbon atom, has the highest biological activity of any bisphosphonate.

Clodronate is given to treat bone cancer. Because clodronate attaches itself to calcium, it is able to stop the osteoclasitc activity of bone resorption. Bone cancer is an excess resorption (elimination) of bone tissue, and clodronate stops this wasting away and normalizes calcium and bone levels.

Radiation can reduce the pain of bone cancer, but it does not stop the disease. Chemotherapy does not work either. But clodronate has been found to be very useful.

Clodronate normalizes the level of calcium in the blood, prevents hypercalcemia, stops the spread (metastasis) of cancer to new areas, and retards or reverses the growth of existing metastases. It also reduces bone pain and the likelihood of fractures.

As of the mid-1990s, over 30 research and clinical studies of clodronate had been made. Here is the results of one of them:

Twenty-seven patients with malignant bone disease (hypercalcemia) were given intravenous injections of clodronate. Within two days, serum calcium levels had significantly decreased, By the fourth day, 89% (24 patients) had reached normal calcium levels.

No other chemical compounds (including calcitonin, glucocorticoids, mithramycin, and prostaglandin synthetase inhibitors) accomplish what clodronate can do in treating bone cancer.

Bone cancer generally begins as the result of metastasis. Cancer somewhere else (breast, prostate, etc.), when it begins to spread, may enter the bones. More than 80% of advanced prostate cancer metastasis spreads to the bones.

Clodronate is produced under the trade name of Bonefos by the Leiras Corporation, in Finland. It is approved for use in 25 countries, but not in the U.S. But **Americans can order a three-month supply by mail.**

Side effects tend to be mild, short duration, and easy to manage. They include nausea, vomiting, and diarrhea. Lowering the dosage generally solves the problem. Three cases of kidney failure have been reported.

The dosage is as follows:

A single daily intravenous infusion of 300 mg (1 ampule), for three to five days (but sometimes ten days). This generally returns the calcium level to normal.

Thereafter, the patient can be maintained with oral clodronate. This is 1,600 mg to 2,400 mg daily, in two or three equal doses. (In advanced cases, the initial dose may be 3,200 mg daily.)

Sometimes treatment of mild cases are begun with oral doses, with no preliminary injections. The initial dose is 3,200 mg daily, which is reduced as the calcium level improves. From that time onward, the maintenance dose of 1,200 mg daily is generally adequate. (This translates to one 400-mg capsule taken 30 minutes before each of the three meals.)

Since this substance binds with calcium, it must not be taken with calcium-containing foods or liquids. For this reason, it is always given 30 minutes before the meal begins.

If, bone scans reveal that there is sufficient improvement, the dosage can be reduced to two 400-mg capsules twice a day. After six to nine months, it may be possible to reduce this to one 400-mg capsule daily.

The taking of clodronate must not be termi-

nated, but continued the rest of the person's life.

Clodronate, as most others discussed in this book, is a single-substance therapy. No change was made in the diet or way of life, so one would expect the cancer to immediately return as soon as the Clodronate was stopped.

Clodronate—Order under the trade name of Bonefos, from the Leiras Corporation, Helsinki, Finland. A three-month supply can be ordered by mail.

I. WILLIAM LANE, Ph.D., 1980s

Note to researchers: The anti-angiogenic properties of various cartilage substances needs to be analyzed more closely. Field tests should be conducted on such substances, in conjunction with other alternate anti-cancer formulas.

Working Summary: This remedy is not for vegetarians. Purified, powdered cartilage from sharks is taken orally.

This remedy is not for vegetarians.

Dr. Lane has been the leading advocate of **shark cartilage therapy**. Although we have seen that cancer can be successfully inhibited by a number of other substances, this present study would not be complete without noting shark cartilage.

In order for tumors to grow, they must develop their own blood supply. Most other tissues and organs also do this; the process is known as *angiogenesis*.

But cartilage, which is a tough, elastic connective tissue, contains no blood supply. It has an "anti-angiogenic" substance which stops the blood supply from developing.

With these facts in mind, researchers sought for **a substance which might keep tumors from developing their own blood supply**. Robert Langer, Ph.D., of the Massachusetts Institute of Technology, discovered that **shark cartilage contains a thousand times more of the angiogenesis inhibitor than any other type of cartilage** *(W.I. Lane and L. Cormac, Sharks Don't Get Cancer, 1992, 47).*

When it was administered alone to cancer patients (by means of a retention enema), there was significant improvement. After the first month, 7 out of 8 patients experienced tumor reductions ranging from 30 to 100%. In all cases, symptomatic improvements were noted, along with pain control, weight gain, and improved energy. But not all studies are this successful.

A 1983 article in the journal, *Science,* first suggested that shark cartilage could inhibit tumor growth *(221:185-87, 1983).*

Renato Martinez, M.D., of Bloomfield, N.J., and Charles B. Simone, M.D., of Laurenceville, N.J., have been separately monitoring advanced cancer patients who are using shark cartilage.

Since powdered shark cartilage is classified as a food supplement, it is not controlled by the FDA and can be purchased at health-food stores.

The usual dosage of shark cartilage for an adult is fifteen 740-mg capsules daily, taken orally, in three doses of five capsules each. They are taken on an empty stomach about 30 minutes before meals, so digestive acids will not destroy the active ingredients.

More recently, it has been discovered that higher dosages can be taken by means of a rectal retention enema. For this purpose, the dosage is 1 gram of powdered shark cartilage per each 2 pounds of body weight, daily. (A 120-pound person would take 60 grams of powdered shark cartilage rectally each day.)

Shark cartilage has also been found beneficial for osteo- and rheumatoid arthritis, lupus, scleroderma, psoriasis, and eczema.

In their book for patients *(the Gerson Primer),* the Gerson Institute says they provide cartilage from either sharks or cows for those who want it. So cow cartilage must now be available. If it were not fairly potent, Gerson would not offer it.

Sources for shark cartilage—Cartilade, from Cartilage Technologies, Inc., 222 Grace Church St., Suite 204-A, Port Chester, NY 10573-5155 Ph: (914) 939-9000 / Allergy Research Group, 400 Preda St., San Leandro, CA 94577 Ph: (800) 545-9960 / Hospital Earnesto Contreras, Paseo Playas de Tijuana, No. 19, Tijuana, B.C. Mexico Ph: 011 52-66-80-1850 / (800) 262-0212 / (800) 523-8795 (Rest of U.S.A.)

JOSEF ISSELS, M.D., 1980s

Note to researchers: Ganzheitstherapie therapy is greatly needed today in our research laboratories. It is time to stop counting trees and begin using the entire forest. We have amassed piles of worthwhile anti-cancer remedies; now it is time to apply them collectively.

Working Summary: Issels was one of the first to forbid a wide variety of modern contaminants, as important in the treatment of cancer. His method, expanded on, is an excellent one.

Dr. Issels, a German physician, came to the conclusion that the solution to cancer was to treat the whole body, and not just a local tumor.

Instead of administering a single nutrient or chemical, **Issels identified a wide-ranging group of *cancer-causing* factors: genetic traits, microbes, dental amalgams (mercury poisoning), infections, abnormal intestinal flora, faulty diet, neural interferences, chemical toxins, radiation, etc.**

He called it ***ganzheitstherapie,* or "whole**

body therapy." First thing, the **amalgam fillings** must be removed, and **tobacco, coffee**, etc., stopped. Eating of **organic foods** is stressed, and even the **emotional state of the patients** is a subject of concern.

In addition to removing or adding specific things from the diet and way of life, Issels also carried on several types of therapies:

Issels used **specialized oxygen therapy** methods, not available to the average person. He also administered **fever therapy** (as William Coley and others did). **During the induced fever, Issels found that he could increase the number of disease-destroying leukocytes (white corpuscles) in the bloodstream**.

He also used vaccines for specific types of cancer, using ultrafiltrates of cancer tissues in much the same way as modern vaccines use infectious agents to stimulate antibody production.

In one long-term study of 370 patients, 87% were alive 5 years later, with no recurring signs. Dr. Issels' relapse rate was only 13%. That is remarkably good.

This high success rate is probably due to the fact that he fought the cancer with a variety of factors, including nutritional and lifestyle changes which the patients continue on with afterward! Researchers, please keep this in mind! In order to have a high rate of successful remission, followed by years of happy living thereafter, many changes must be made. It is not enough to just drink an herb tea once in a while.

After Dr. Issels retired, two physicians kept his work going (Dr. Woppel and Dr. Ahmed Elkadi of Panama City, Florida). Elkadi uses Issels' program, plus the use of **the herb, Nigella sativa (black seed spice), with which he has observed a 55% enhancement of the helper T-cells and the suppressor T-cells, and a 30% enhancement of natural killer cells activity.**

Issel's Whole Body Therapy—Akbar Clinc, 4000 East 3rd Street, Panama City, FL 32404 Ph: (904) 763-7689

EDWARD ROSENOW, M.D., 1980s

Note to researchers: The remarkable ability of hydrogen peroxide to oxygenate the body and reduce certain diseases should be more carefully investigated.

Working Summary: Over the years, since Koch and Warburg, sizeable attention had been paid to providing the body with oxygen as a mechanism to help destroy oxygen-hating cancer tissue. But hydrogen peroxide is something of a capstone to the search for oxygenation to the body.

Dr. Rosenow, a physician at the Mayo Clinic for over 40 years, discovered that **hydrogen peroxide was a safe, effective, antimicorbial, antiviral agent.** Without his discovery, we might not know of this remedy today (although the substance had been used to treat infections back in the 1920s).

Unfortunately, Rosenow died, in 1966, before his discovery could be published. But he had explained it to a priest, named Wilhelm, who was a chemistry teacher. Wilhelm determined to promote hydrogen peroxide. Throughout the 1970s, he tried to get pharmaceutical companies to do research on it, but the substance was a common, inexpensive item which could not be patented—and thus had no commercial value to them.

Then, in the winter of 1982, he met Walter (Wally) Grotz. Following an earlier auto accident, Wally had developed a severe, crippling, and very painful arthritis. He despaired of life. Then his wife encouraged him to take a warm Caribbean cruise, in the hope that it might help.

On the ship, he met Wilhelm, who urged him to take hydrogen peroxide for his arthritis. Although he only took small amounts, within a few months his arthritis was gone. Immediately, Grotz set to work; he must convince the world that hydrogen peroxide was the great answer to mankind's problems.

What is hydrogen peroxide? It is a very simple compound, with the chemical formula H_2O_2. All it consists of is a molecule of water, plus an added atom of oxygen. It is found throughout nature, in plants and animals.

Every cell in your body makes it. Every plant cell makes it also. When ozone in the sky mixes with moisture in the air, it forms hydrogen peroxide, which comes down in rain or snow. It is in fresh fruits and vegetables. Plants take it in with the rainwater they absorb; they also make it via photosynthesis. It is rich in mother's milk—and especially so in colostrum (the first milk secreted after birth).

> "The generation of H_2O_2 in cellular processes seems to be purposeful, and H_2O_2 cannot be dismissed as a mere undesirable by-product . . The capacity for generation of H_2O_2 is not found to be widespread in a variety of organisms and in the organelles of the cells."—*T.H. Oliver and B.C. Cantab, Lancet, 1:432-33, 1920.*

All this, of course, relates closely to Otto Warburg's discovery that, when cells become deficient in oxygen, they tend to become cancerous.

By releasing more oxygen into the body, hydrogen peroxide promotes healthy, oxygen-based metabolism. It not only stimulates the

immune system, but a single injection almost doubles the metabolic rate. Its extra oxygen atom provides it with sterilizing power.

As noted elsewhere in this book, in the 1950s Dr. Harman discovered the relationship of free radicals to aging and disease. But it has since been noted that not all free-radical reactions are bad. One of these is the manner in which oxygen helps enzymes remove toxins. Another is the way it attacks invading bacteria.

It is now known that hydrogen peroxide does not increase the bad kind of free radicals in the body. Instead, it stimulates natural killer (NK) cells, which attack cancer cells when they try to spread throughout the body.

Dr.T.L.Dormandy, president of the Free Radical Research Association of Europe, has stated that **current levels of hydrogen peroxide, taken orally, cannot damage any organ**. He also says that the hydrogen peroxide is taken up though the mucous membranes of the mouth, throat, and stomach within one or two minutes after being swallowed.

Intravenous injections of hydrogen peroxide release pure oxygen into the body. This saturates the cells and aids in treating cancer as well as other diseases.

Hyperbaric oxygen chambers are another means of increasing the body's supply of oxygen. But they are very expensive to use, even for half an hour.

Yet another method is the use of ***ozone***. Ozone is O_3, and also has antiviral properties. Ozone functions in the same manner as hydrogen peroxide; however, **clinics which have used both have found that hydrogen peroxide seems to be a more efficient method of administering oxygen than ozone.** (But keep in mind that the clinics use intravenous hydrogen peroxide injections, something many people at home do not have available to them).

So hydrogen peroxide is a good, inexpensive source of extra oxygen; but no pharaceutical company will touch it, since it cannot be patented and is so inexpensive. Yet, without their involvement, the government will not approve its use as an official remedy.

Over 5,000 research studies have been made of the remedial value of hydrogen peroxide, yet the FDA will not approve it for the treatment of arthritis, cancer, and other conditions.

> "Hydrogen peroxide is produced by all cells of the body for many different physiological reasons. The granulocytes produce H_20_2 as a first line of defense against bacteria, yeast, viruses, parasites, and most fungi.
>
> "It is involved in any metabolic pathway which utilizes the many different types of oxidase enzymes. Hydrogen peroxide is involved in protein, carbohydrate and fat metabolism, immunity, vitamin and mineral metabolism or any other system you might wish to explore.
>
> "Our studies demonstrate a positive metabolic effect to intravenous infusion of H_2O_2. Its ability to oxidize almost any physiological substance, in addition to producing increased tissue and cellular oxygen tensions, has proven it to have therapeutic value."—*C.H. Farr, The Therapeutic Use of Intravenous Hydrogen Peroxide, 1987.*

Here is information on administration and dosages:

Never use the commercial grade of hydrogen peroxide. Only use the 35% food grade kind. Never take it straight! If you do not dilute it, serious chemical burns will result.

It can be taken orally or intravenously. Most agree that the oral method is not as good.

Oral solutions have an unpleasant taste, and nausea often results—before enough of a therapeutic amount of the substance can be taken into the body.

A product called *SuperOxy+Aloe Vera Tonic*, formulated by Dr. Kurt Donsbach, is said to be a stabilized oral hydrogen peroxide product that is mixed with aloe vera. (The aloe vera is said to help reduce the nauseating effect, and thus enable the taking of higher doses.) Each tablespoon equals 10 drops of 35% hydrogen peroxide. Of course, this must be diluted, or chemical burns can result.

The simplest way to take it orally is to dilute it with water, and expect the nausea. **It must be taken on an empty stomach, or it will react chemically with the food and be neutralized. In the process, undesirable free radicals might result.**

Oral doses are taken in this way: **First day - 3 drops of 35% hydrogen peroxide in 8 ounces of water, three times a day. Thereafter - the dosage is increased at the rate of 1 more drop in solution per day (4 drops on the second day; 5 on the third day, etc.) to a maximum of 25 drops on the sixteenth day.**

When nausea is experienced, reduce the strength until the solution is tolerated. This is most likely to occur about the twelfth day. The patient maintains the tolerated dosage for one to three weeks until the symptoms of cancer subside. Then he tapers off by taking the tolerance dosage once every other day for a week, then once every third day for two weeks, and

finally once every fourth day for three weeks. Following that, 5-15 drops in solution per week is a good maintenance dosage. But the type of diet will affect this.

Yet another method is to take 3 to 4 drops of hydrogen peroxide in an aloe vera mixture, instead of in straight water.

Patients who cannot reach a therapeutic dosage, because of nausea, do best to be given intravenous doses. The present writer does not have data on the dosages.

A stinging or burning sensation may occur at times, when an injection is given. But it is said to be transitory and harmless, and can be helped by slowing the rate of infusion. Application of Pain Gel, which contains 10% dimethyl sulfoxide (DMSO, an inflammatory compound), topically to the surface of the injection also helps reduce irritation to the vein.

A paper published by the Grotz group, says that the peroxide remedy may produce "skin eruptions, nausea, headaches, sleepiness, unusual fatigue, diarrhea, head or chest colds, ear infections, boils, or other ways the body uses to loosen toxins. This is a natural cleansing of the body" *(Hydrogen Peroxide Therapy, 28).*

In summary: **There are few side effects with hydrogen peroxide therapy. In rare cases, a problem involving inflammation of veins at the site of injection will occur. Hydrogen peroxide should not be taken orally, as it causes nausea and vomiting; and rectal administration can lead to inflammation of the lower intestinal tract. Other side effects observed include temporary faintness, fatigue, headaches, and chest pain.**

Most peroxide problems stem from the use of either an inappropriate administration route, administration above patient tolerance, the mixing of oxidative chemicals with other substances, or using oxidative chemicals in too great a concentration.

Sources for hydrogen peroxide—International Bio-Oxidative Medicine Foundation, P.O. Box 13205, Oklahoma City, OK 73113-1205 Ph: (405) 478-4266, or / Hospital Santa Monica, 4100 Bonita Road, Bonita, CA 91910 Ph: (800) 359-6547 / (619) 428-1147

WILLIAM CAMPBELL DOUGLASS, M.D., 1980s

Note to researchers: The possibilities here are remarkable. It would be well if double-blind tests were performed, to verify the usefulness of this procedure.

Working Summary: Photoluminescence therapy is a remarkable adjunct to other cancer treatments, but is only available at a few alternate cancer clinics.

Dr. Douglass has publicized a little-known method of treating cancer, called *Photoluminescence*, which is inexpensive, painless, and only requires about half an hour per treatment.

As the patient lies on a table, some of his blood is run into a quartz tube which is irradiated with ultraviolet light. Each treatment irradiates about 10% of his blood.

This treatment has been used on cancer patients and, in Africa, on hundreds of AIDS patients.

Because the process is simple and cannot be patented, organized medicine and the pharmaceutical industry are not interested in the procedure.

STANISLAW BURZYNSKI, M.D., 1980s

Note to researchers: Burzynski's short-chain BDS amino acids should be applied in carefully controlled oral and intravenous experiments on animals, followed by tests on humans.

Working Summary: Burzynski's amino acids treatment may have some relation to Burton's four blood protein treatment. Both therapies are still being given today. As usual with most therapies, no change in diet or lifestyle is required, so it is less likely to provide long-term remission.

You will recall earlier mention of J.H. Lawrence, Ph.D., a British scientist during World War II, who claimed that something in urine seemed to have anti-tumor activity in animals.

Then there was Dr. Danopoulos, who, in the 1950s, discovered that purified urea could help reduce cancer masses.

Stanislaw R. Burzynski, M.D., Ph.D., expanded on this theory of urine derivatives; and, in the 1980s, he theorized that **certain substances could inhibit the growth of tumor cells, without disturbing normal cells. After isolating them from human urine, he is said to have later synthesized these compounds in the laboratory.**

A graduate of the Lublin Medical Academy in Poland, **his treatment is based on the theory that the body has a parallel biochemical defense system independent of the immune system. He calls it the *biochemical defense system* (BDS), and says it is completely different than in the immune system.**

> "It is a reprogramming of defective cells. It's no longer killing of the cells, but changing the program inside the defective cell, which means that the cell will begin functioning normally."—*Stanislaw Burzynski, "Antineoplastons," Lecture delivered at World Foundation Research Congress, October 7, 1990.*

Burzynski found that the **BDS consisted of short-chain amino acids, known as polypep-**

tides, which are able to inhibit cancer cell growth. He calls them **antineoplastons** (meaning "anti-new growth"). He first isolated them from human blood and later from urine.

His work has gained worldwide recognition from scientists. Low doses of orally administered synthetic antineoplaston A10 help prevent lung, breast, and liver cancers. There are no major side effects. Many of the patients are treated with this substance—along with orthodox cancer treatments.

In recent years, Dr. Burzynski has administered **about 10 types of these substances, both orally and intravenously**, at his clinic in Houston, Texas. The brochure for his Houston Burzynski Clinic indicates that the minimum length of time for treatment is from four months to one year.

Antineoplaston treatments are given by intravenous drip, intravenous injections, and orally in capsule form. Dosage and method of administration are determined by the type of cancer and condition of the patient.

Antineoplaston Therapy—Burzynski Clinic, 6221 Corporate Drive, Houston, TX 77036 Ph: 713-777-8233.

KAZUHIKO ASAI, Ph.D., 1980s

Note to researchers: Closer attention should be given to the relationship of germanium-132 to specific forms of cancer. Why are some types alleviated more easily than others? Are dosage factors involved?

Working Summary: We have here, not a chemical or protein, but an important nutrient.

Dr. Asai synthesized *Germanium-132* (Ge-132) in Japan in 1967, but it was not until the 1980s that it was extensively researched and used. While searching for better ways to mine and use coal, he discovered fossilized plants in the coal deposits. Analyzing them, he found substantial amounts of germanium.

Having heard something about Russian research into its remarkable healing properties, Asai decided, when he retired in 1969, to spend the rest of his life researching into this trace mineral.

He found that it was true that the substance had unusual powers, yet it cost too much to extract from natural plant sources, in the quantities needed to treat cancer. So Asai developed a method for producing an organic germanium-132, which was chemically identical to the form extracted from plants. The chemical name for this substance is *bis-carboxyethyl germanium sesquioxide*.

It is of special interest that many of the most important healing herbs contain significant amounts of germanium: garlic, comfrey, ginseng, and aloe. Asai found that the amount of germanium in the plant varied according to the amount in the soil, and that adding more to the soil improved plant growth.

Because germanium, like silicon, is a semiconductor, Asai theorized that its remarkable healing properties are due to the fact that it enables a plant to convert energy from sunlight into electricity. This energy is used to break water into hydrogen and oxygen. Carbon dioxide (taken in by the plant from the air) combines with the hydrogen to produce carbohydrates. The oxygen is given off into the atmosphere.

Because each atom of organic germanium is bonded to three atoms of oxygen, it is an efficient carrier of oxygen, and helps substitute for oxygenation in living tissues.

This is significant, since Otto Warburg discovered that cancer cells do not metabolize oxygen well. **An excess of germanium in the system, provides a sizeable additional amount of oxygen in the body.**

The germanium helps carry oxygen to the cells, and thus offset the damage to them from free radicals—which produced oxygen starvation in them.

But germanium does even more: It increases NK (killer) cell activity. It normalizes and strengthens the immune system. It restores the normal function of T-cells, B-lymphocytes, and antibody-forming cells.

It stimulates the body's production of interferon, without producing the side effects of other substances which stimulates that production.

Germanium, Asai found, was effective against asthma, diabetes, hypertension, neuralgia, cardiac insufficiency, hepatic cirrhosis, softening of the brain, and several cancers (leukemia, lungs, bladder, breast, and larynx). It even helped with heavy metal poisoning, high blood pressure, arthritis, vision problems, and some types of depression.

—Yet it does all this while having extremely low toxicity.

By the 1980s, a sizeable number of other germanium studies were in progress, showing strong anti-cancer ability, with remarkably low side effects.

Germanium-132 is available at this time in health-food stores as a nutritional supplement for oral consumption. **Preventive doses range from 250 mg to 325 mg per capsule or tablet.**

In treating diseases, especially cancer, much higher daily doses are taken. One example would be 50 mg/Kg/day orally. For a 110-pound person,

this would amount to 10 250-mg capsules (2.5 gm) per day. Higher doses are best taken under a physician's care.

Hospital Santa Monica—c/o Dr. Ross Pelton, P.O. Box 81365, San Diego, 92138-1365 (The hospital is located in Tijuana, Mexico)

RASHIDA KARMALI, M.D., 1987

Note to researchers: Additional sources of omega-3 need to be determined, Omega-3 food analyses for additional foods, such as wheat germ oil, needs to be determined.

Working Summary: Flaxseed oil (also called flax oil) is extremely important and should, if possible, be added to everyone's diet.

Dr. Karmali in New York has been a leader in research into the relationship between the essential fatty acids and cancer. The story of omega-3 is a fascinating one; here it is:

There are three types of fats: saturated, monounsaturated, and polyunsaturated. **Two of the polyunsaturated fats are essential nutrients which the body must have from outside sources, because it cannot make them itself. These two are *omega-3* (*alpha-linolenic acid*) and *omega-6* (*linoleic acid*).**

Karmali discovered that the ideal ratio is 1 to 1; that is, **for optimum health and cancer-protection, the body needs an equal amount of omega-3 and omega-6.**

This is extremely important information, in light of the fact that the standard American diet contains a 1 to 20 ratio of omega-3 to omega-6.

Most foods contain far more omega-6 than omega-3. To make matters worse, food processors purposely try to rid food of omega-3! This is due to the fact that omega-3 is highly unstable and quickly becomes rancid; whereas omega-6 and *arachidonic acid* (a member of the omega-6 family) are quite stable.

But, of them, **only omega-3 protects against cancer and fights it when it arrives.**

In his book, *The Omega-3 Phenomenon,* Dr. Donald Rudin says that in the last one hundred years, there has been an 80% decrease in the amount of omega-3 in our diets.

Prostaglandin production by the body is dependent on obtaining these two omegas. Lacking a proper balance, platelet stickiness occurs in the blood, causing blood clots and heart attacks.

Arachidonic acid, a member of the omega-6 family, can promote tumor formation, cell proliferation, metastasis, and suppression of the immune surveillance system. Karmali has shown that **inhibiting arachidonic acid metabolism can decrease cancers of the colon, esophagus, skin, and breast.**

Obtaining omega-3 in your diet inhibits arachidonic acid, provides the needed nutritional help, and offsets the disadvantages of an overbalance of omega-6.

Do you want to solve the lack of omega-3 lack in your life? This chart will tell you how to do so:

	OMEGA-3	OMEGA-6
Almond	0	26
Avocado	0	10
Canola	10	24
Corn	0	60
Olive	0	8
Peanut	0	30
Safflower	0	79
Sesame	0	41
Soy	8	50
Sunflower	0	69
Flaxseed	**58-60**	**18-20**

EPA and DHA are two factors in omega-3, but become rancid more quickly than the omega-3 in flaxseed. EPA and DHA are found in fish oils.

Udo Erasmus, author of *Fats and Oils,* declares that **the only safe form of omega-3 is flaxseed.** Erasmus says it is impossible to produce safe (non-rancid) nutritional supplements of EPA and DHA. Flaxseed oil, which is less saturated than EPA and DHA, is all we have available to us—yet it is excellent.

Heat, light, and oxygen will all rapidly cause flaxseed oil to become rancid. *Here is how to use it:* Purchase it only in black, opaque plastic bottles, and only from a health-food store which keeps it refrigerated. Take it home and keep it home; and pour some into a smaller, clean jar (such as a pint Kerr jar), and place that in the refrigerator. Put the larger container in the freezer.

Never use it in cooking or baking. When you are ready to use it at mealtime, take the small jar from the refrigerator and pour a little on your food or, better, into a spoon and put it into your mouth along with some food. Then return the jar to the refrigerator. Flaxseed oil is somewhat thick, but has a remarkably nutty, nice flavor.

Taking basic antioxidants with that meal (vitamin C, vitamin E, beta-carotene, and selenium) will help protect the body against internal lipid peroxidation.

There are no side effects, other than possible rancidity effects, which are slight.

Here is dosage information:

For normal maintenance, **take 1 or 2 tablespoons of flaxseed oil each day at mealtime.**

For cancer therapy, take 1 tablespoon of flaxseed oil, twice daily at mealtime. For an outpatient maintenance dose, 1 tablespoon daily at the

main meal may be sufficient.

Following her medical research, Johanna Budwig has treated thousands of cancer patients with flaxseed oil.

Flaxseed Oil—If you cannot obtain it at your health-food store, here are addresses for ordering it direct (it might even be fresher ordered direct): Omega Nutrition, 5373 Guide Meridian, Bldg. B, Bellingham, WA 98226 Ph: 800-661-3529. Keeps unopened in freezer up to 6 months, and in refrigerator 3 months. After opening, keep it no longer than three weeks. / One of the best flaxseed manufacturers is Barlean's high lignan Flax Oil, 4936 Lake Terrell Rd., Ferndale, WA 98248

F. SWEET, M.D., 1990

Note to researchers: Ozone therapy combines inexpensiveness and effectiveness. In this day of high-priced medications, surely ozone demands careful analysis by researchers.

Working Summary: Combined with proper diet and other lifestyle changes, ozone therapy can be used against cancer. However, other forms of oxygen therapy (hydrogen peroxide and hyperbaric chambers) are more frequently used.

About one-fifth of the air you breathe is oxygen in its two-atom form (O_2). Ozone (O_3) contains three oxygen atoms and is a less stable form. Because of the added oxygen molecule, it more quickly enters into reactions in the body to oxidize other chemicals. During this process, the extra oxygen molecule breaks away, leaving a normal O_2 molecule. This increases the oxygen content of the blood or tissues. For this reason, ozone therapy involves both oxygenation therapy and oxidation therapy.

Careful laboratory research by Dr. F. Sweet and his associates has shone that **human lung, breast, and uterine cancer cells are inhibited by ozone** *(F. Sweet, M. Ka, and S. Lee, "Ozone Selectively Inhibits Growth of Cancer Cells," Science, 2009 (72) 931, 1990).* Yet ozone therapy, as an alternative remedy for cancer, is still in its formative stages. We should not place reliance on it yet.

Jonathan Wright, M.D., of Kent, Washington, finds ozone very effective against a number of diseases, when combined with dietary changes and high doses of intravenous ascorbate (a form of vitamin C). **He says that vitamin C must be given with any oxidative therapy, in order to prevent uncontrolled oxidation** which is detrimental to the body.

It should be noted that ozone therapy is not used in the treatment of cancer, as much as it is used for other diseased conditions (such as inflammatory infections, arterial circulatory problems, allergic diseases, arthritis, hepatitis, herpes infections, joint problems, fungal infections, leg ulcers, infected or poorly healing wounds, and burns. Professional help is needed when ozone is taken internally.

Keep in mind that adverse effects associated with intravenous ozone have been reported to include phlebitis (inflammation of a vein), circulatory depression, chest pain, shortness of breath, fainting, coughing, flushing, cardiac arrhythmias, and gas embolus (bubbles). Rectal administration can lead to inflammation of the lower intestinal tract. Although easily tolerated in other tissues, in high concentrations ozone causes inflammation of the lung tissue.

Obviously, there are other alternative cancer remedies which are less problematic.

OTHER RESEARCH

Note to researchers: Each of these alternative remedial agents should be carefully investigated in both laboratory and field test settings.

In addition to other alternative cancer research and claims, a number of other therapies have also appeared.

A crucial pattern, frequently observed in some, is that claims are made that success will be obtained by taking one substance (taxol, etc.) or a narrowed diet (macrobiotics, etc.). But such a program cannot provide the best likelihood of success.

Actually, programs which require a wide change from an unhealthful to more healthful diet and way of life—produce the most favorable results. Why gamble on something narrowed, when you can have something broader?

Maitake—this is a mushroom from the Orient, which contains a substance that prevents carcinogenesis and inhibits the growth of cancerous tumors. It also helps the body adapt to the stress of cancer treatments such as chemotherapy. **Shiitake** and **reishi** mushrooms have valuable immune-boosting and anti-tumor properties. It is of interest that the Gerson Institute, and certain other cancer therapists, have said not to eat fungus if you have cancer; this is what mushrooms are.

Mayapple—One example was the mayapple *(Podophyllum peltatum).* The Penobscot Indians long used this plant as a folk remedy for cancer. It was even mentioned in an 1849 medical book. But was then forgotten for over a century.

In more recent decades, NCI's Jonathan

Hartwell decided to investigate the mayapple and found that it actually retarded the growth of malignancies. Now called VM–26, it has been found to be effective in the treatment of brain cancer in some cases. But, if the mayapple treatment were combined with a much broader change in one's way of life, it would be far more successful *(American Cancer Society, "Plants that Cause and Cure Cancer," Cancer News, Fall 1975).*

The information we have available does not state which part of the plant was used for treating cancer. *Note:* Herbarium manuals cite the mayapple as being poisonous.

Cat's claw—This is an herb which enhances immune function and has anti-tumor properties.

Autumn crocus—The autumn crocus was recommended as a cancer remedy by Dioscorides, the famous Greco-Roman physician and botanist. More recently, it was found to contain a chemical useful in the treatment of chronic granulocytic leukemia *(M. Kreig, Green Medicine, 1964).*

Garlic and Ginseng—Both of these substances have given some indication of anti-cancer activity, according to studies at Brown University in Rhode Island *(Brown University News Service, "One of the Oldest Remedies May Help Assist Cancer Fight," February 10, 1976).*

Maytansine—A shrub found in East Africa contains this chemical which the NCI declares to be a possible anti-cancer agent. Natives used the plant for centuries to treat tumors *(American Cancer Society, "Plants that Cause and Cure Cancer," Cancer News, Fall 1975).*

Periwinkle—This small plant, native to Madagascar, is said to have remarkable healing qualities.

Kombucha—A tea made from this herb has energizing and immune-boosting properties, and may be valuable in fighting cancer.

Taxol—Derived from the Pacific yew tree, taxol is said to be a useful cancer remedy. As with many other substances, it should be combined with nutritional and other changes in order to be especially effective.

DMSO—Dimethyl sulfoxide is a hormone which, used alone or in combination with other therapies, is used to treat certain forms of cancer. But, as the reader may know, hormones are not always the safest thing to use.

DHEA—The hormone dehydroepiandrosterone is believed to help prevent cancer by blocking an enzyme that promotes cancer cell growth. This is the most abundant hormone found in the bloodstream, and is produced by the adrenal glands. It is produced abundantly in youth, and begins declining at age 25. At age 80, people have about 10-20% of the DHEA they had at 20. Most of the DHEA you can buy (nonprescription-strength pills and capsules) is extracted from wild yams. High doses of DHEA may suppress the body's natural ability to synthesize the hormone, and high doses given to animals can produce liver damage. When taking DHEA, be sure and take the antioxidants: vitamins C and E, and selenium.

***Fu Zheng* therapy—**This treatment, used extensively in China, is based on the use of **ginseng and astragalus, along with other herbs**. It was reported that life expectancy doubled for patients, and they experienced healing of rapidly advancing cancers when Chinese herbs were added to their remedial program *(U.S. Congress, Appropriations Subcommittee hearing, June 24, 1993, 65).*

Poly-ZYM-023—These are enzymes which are said to break down the protective shield around the tumor. They can be ordered from a health-food store, which will obtain them from General Research Laboratories, in El Segundo, California.

Biological Theory of Ionization—Carey A. Reams was a research chemist who devised a system of sputum and urine testing with chemicals, which an experienced reader of the five numbers produced; these could reveal a great variety of things about the body. Various foods would then be prescribed in order to bring the body into harmony with "the numbers."

Unfortunately, we have here an example of trusting a theory more than common sense. Although the Reams program may help individuals in a variety of ways (it is especially good at getting people to drink more water), it is myopic about those numbers. He recommended drinking alcohol as ways to "correct the numbers."

Following Dr. Reams' death in the late 1980s, one of the leading practitioners of the program listed 32 "food fallacies" in his Reams instruction manual. These are "errors" which people cling to, because they follow standards and principles instead of "going by the numbers." According to Reams theory, he stated, almost any kind of junk food can be eaten.

The reader is told that, because they *generally do not disagree with the numbers*, it is all right to eat white sugar, white flour, white fat such as Crisco, fried foods, butter, margarine, milk, carbonated beverages, coffee, alcohol, cooked food, preservatives, microwaved food, food cooked in

aluminum, vinegar, high protein diet; and do not worry about salt or bother being a vegetarian. Meat is just fine. "Go by the numbers," and apparently the numbers care not for what you eat *(More Excellent Way Ministries, Home Correspondence Course, chapter 2, "Fads, Facts and Fallacies," 48-76).*

But, the truth is, if the numbers say it is all right to eat bad food, then there must be something wrong with the entire theory.

In Part One of this present book, we listed a wide variety of nutritional factors, researched and accepted in many circles as fundamental to good health and resistance to disease. It is not necessary to return to liquor, white grease, and aluminum pots to improve our health.

OTHER FACTORS

DIETETIC AND LIFESTYLE FACTORS

Note to researchers: Abundant opportunities for specialized research will be found in the many anti-cancer factors listed in Part One of this book.

In Part One of this book, over a hundred factors were listed which can help prevent the onset of cancer. But it should be kept in mind that adherence to those principles will also help a person recover from cancer.

NUTRITIONAL SUPPLEMENTS

Note to researchers: A large amount of research has been conducted on the importance of vitamins and minerals in relation to maintaining health and preventing diseases, including cancer. Additional definitive studies are needed.

Essential nutrients are those substances which the body must have in order to maintain health, yet which it cannot manufacture itself. They must be obtained from food or nutritional supplements.

At the present time, there are known to be 45 essential nutrients for human beings: 20 minerals, 15 vitamins, eight amino acids, and two fatty acids.

The landmark NHANES II study revealed that, on any given day, 91 percent of Americans do not meet the USDA/DHHS guidelines of eating two or more servings of fruits and three or more servings of vegetables. Instead, on an average day, 11 percent have no fruit or vegetables at all, 45 percent eat no fruit, and 22 percent eat no vegetables.

The food-processing industry, the dramatic increase of fast-food restaurants, and the orthodox silence on the need to eat good food—all work together to keep the hospitals full.

Dr. Ross Pelton, administrator of Hospital Santa Monica in Baja, Mexico, one of the largest alternative remedial facilities in the world, provides this supplement formula for cancer patients. It would probably work equally well for those intent on avoiding cancer to begin with:

"The dosages of nutritional supplements used in most of the alternative cancer therapies are much higher than the RDA levels. However, as mentioned above, these levels of supplementation rarely produce harmful side effects.

"There is continuing controversy over dosage levels of nutritional supplements; and health professionals involved with alternative therapies recommend different levels, according to their approach. The following are ranges of nutritional supplementation that I feel confident in recommending to adult cancer patients I have worked with:

"Vitamin C—1,00 to 2,000 mg with each meal.

"Vitamin E—400 IU twice daily.

"Beta-carotene—25,000 to 50,000 IU with each meal.

"Selenium—100 mcg at each meal.

"Organic germanium—100 to 300 mg daily.

"Omega-3 fatty acid (flaxseed oil)—*1 to 2 tablespoons daily."—Ross Pelton, Ph.D., and Lee Overholser, Ph.D., Alternatives in Cancer Therapy, 109-110 (1994).*

HYPERTHERMIA (HEAT THERAPY)

Note to researchers: Hyperthermia treatments should be given to cancer patients in a testing situation. There are definite cases of recoveries from this method, *which always requires monitoring by a skilled attendant.*

In his book, *Back to Eden,* Jethro Kloss mentions a man who had been bitten by a mad dog. Deciding to end it all, the man took an extremely hot steam bath. But, instead of dying, the rabies was entirely destroyed. Whether or not the story is accurate, it points up a truth.

You will recall Coley's toxins, consisting of dangerous strep bacteria (erysipelas; *streptococcus pyogenes*), which he used to produce a fever which burned out the malignancy.

Then there was Robert Koch, who at first used strep germs, and later tissue thrombin, to accomplish the task more efficiently and safely.

We have also noted that the Gerson Institute has discovered that laetrile raises the temperature around the tumor 4-5° F. That small amount is a great help in weakening the cancer cells.

It now known that cancer cells cannot take as much heat as normal cells can.

It is on this basis that hyperthermia (also called fever treatments) are given.

Cancer cells are more vulnerable to heat than

normal healthy cells. Since the time of Hippocrates and the Egyptian Pharoahs, heat therapy has been valued. Research has shown that applying heat to a person elevates immune responses. Temperatures of 107° F. (42° C.) will kill most cancer cells, but can be quite stressful on the person. Specialists in this field generally say not to go over 104° F. Keep in mind that these high body temperatures can be dangerous! The brain and heart must be kept cool. *If the brain goes over 104° F., it will be permanently damaged!*

Hot water packs over the tumor area can also help raise localized temperatures, but whole body applications are more frequently used.

Whole body hyperthermia requires careful supervision under a competent professional! It is not something you can do at home! Special hot tub devices, general anesthesia, and medical supervision may be required. Localized hyperthermia has also been done. Major cancer research centers, including Stanford and Duke, have found this therapy useful. But they generally use it in connection with chemo and radiation therapy which, of course, involves serious side effects.

> "Over the last few centuries, physicians have observed that people suffering from certain illnesses such as cancer, gonorrhea, and syphilis often become free of these illnesse following a high fever from another infection. This has led to research into the production of fever to treat a wide variety of health problems from common colds to AIDS and cancer."—*Douglas Lewis, N.D., Chair, Physical medicine, Natural Health Clinic, Seattle, Washington.*

Current medical literature contains many references to the use of hyperthermia as an adjunct cancer treatment.

• Hyperthermia modifies cell membranes in such a way as to protect healthy cells and make tumor cells more susceptible to other means of destroying them, such as herbs, etc.

• Hyperthermia heats cancer cells, thus weakening them, since malignant cells do not tolerate elevated temperatures as well as normal cells.

• Hyperthermia stimulates the immune system. White cell counts drop immediately following treatment, but rise within a few hours. Not only do the number of white cells increase, but their ability to destroy target cells appears to increase as well.

• As a result of whole body hyperthermia, there is a marked increase in the production of *interleukin-1*. This is a compound produced by the body in response to infection, inflammation, or other immunologic challenges.

• Increased body temperature plays a positive role in the healing process of the body. The metabolic rate is increased 100% for every 10 degrees centigrade rise in temperature.

In this book, we will pay more detailed attention to hyperthermia procedure than to any other single item, since it may be done at home—yet can be dangerous if not done properly. Consult your physician!

A person using this therapy must have a helper and follow the instructions, below, carefully! If you practice hyperthermia at home, you should consult your physician. Douglass Lewis, N.D., cautions patients to **be careful to monitor their temperature and not let it go above 102° F., measured orally.**

Here, briefly, is the hyperthermia formula, as used at the Gerson Clinic—and taught to helpers to use on patients after they return home:

HYPERTHERMIA FORMULA

"Hyperthermia treatment - hot tub bath - procedure:

"**Full treatments should not be taken during healing reactions, though relaxing baths at lower temperatures are allowed. Patients will need to have a medical examination and EKG in preparation. The accompanying person is invited to observe the procedures, so they can be continued in the home environment.**

"1. **Don't eat:** Patient should eat nothing for 1½ hours before treatment. Liquids (juices, tea, etc.) can be continued. If the patient is scheduled soon after a meal, only a light meal may be taken.

"2. **Coffee enema:** One hour before scheduled treatment, a coffee enema is taken.

"3. **Shower:** At this time a thorough cleansing shower is to be taken.

"4. **Laetrile treatment:** Those patients taking laetrile will have it applied 15 minutes before the scheduled treatment.

"5. **Herb tea:** Fifteen minutes before the treatment a cup of hot tea is given.

"6. **Bathing suit:** Upon arrival in the department the patient changes into a bathing suit.

"7. **Tub:** From the hot shower, the patient goes to the tub. The tub is entered slowly, submerging until the shoulders are covered and a comfortable position found.

"8. **Tea:** A second cup of herbal tea is taken upon entering the tub.

"9. **Cover head with towel:** The head will be covered by a towel to limit heat loss.

"10. **Monitor temperature and pulse:** Temperature and pulse will be monitored frequently as the body temperature increases.

"11. **Relax:** The patient is encouraged to relax. As the temperature increases, breathing exercises are used, eg: Breathe in through the nose, pulling the air in with the "stomach muscles," then out through the mouth. Swab the face, and fan with a wash cloth.

"12. **Time: 20-30 minutes:** It takes about 20-30 minutes for the average patient to reach 103^0-104^0 F. On the first treatment a lowered temperature is attempted (101^0-102^0) to begin acclimatization. The final temperature is determined by what the patient feels he can tolerate.

"13. **Heat the bed:** Preheat the patients' bed using an electric blanket over the other blankets. Help the patient into the warmed bed and disconnect the electric blanket.

"14. **Stay in warm bed:** The body temperature is maintained in the bed for another 15-20 minutes at which time the blankets are slowly removed, one by one. This cooling-off process will take about another 20 minutes. Upon leaving the tub and entering the bed, sips of hot herb tea are given. As the cooling-off process continues, cooler fluids (never cooler than room temperature) can be given until, at the time of completion, several glasses of orange juice are recommended.

"15. **Shower:** When the patient returns to his room, a lukewarm shower should be used to further assist in washing off the skin. A restful afternoon is indicated. Many sleep several hours. Regular meals and juices need not be interrupted."—"Hyperthermia Treatment," *Gerson Primer, 4th edition, 11 [3rd edition, 13].*

HYPERTHERMIA PRECAUTIONS

• As noted above, someone should always be monitoring the patient; and the temperature should be continually checked so that it does not go above 102^o F., measured orally.

• Hotter water can generally be tolerated for short periods, but it may cause an increase in body temperature that occurs too quickly. This may cause the treatment to be ended soon and leave the patient feeling uncomfortable.

• Consult your physician before doing this treatment if the patient has any of the following conditions: high or low blood pressure, serious illness, diabetes mellitus, multiple or muscular sclerosis.

• Do not use this treatment during pregnancy.

• Other individuals who may be especially sensitive to heat include those with anemia, heart disease, seizure disorders, or tuberculosis.

• Those with cardiovascular disease should not use hyperthermia. This especially includes those with arrhythmia (irregularity or loss of heart rhythm), tachycardia (abnormally rapid heart rate), or severe hypertension or hypotension.

• Those with temperature regulatory problems (especially the old and very young) should not use hyperthermia.

• Other reported risks of hyperthermia include herpes outbreaks (including herpes zoster), liver toxicity, and nervous system injury.

• Some substances used to induce hyperthermia are not recommended: blood products, vaccines, pollens, benign forms of malaria. All such are dangerous. Only use water or warm blankets!

• Do not use microwave or other forms of diathermy. They burn tissue around the eyes, burn the bones, and kill people with pacemakers.

• Those with peripheral vascular disease or loss of sensation are at risk of burns during hyperthermia.

• Watch for signs of hyperventilation. These include numbness and tingling in the lips, hands, or feet. If hyperventilation occurs, reduce the bath temperature; breathe from the abdomen, not the chest, or breathe into a paper bag until the tingling passes. (Hyperventilation is excessively rapid breathing, which results in carbon dioxide depletion and fall in blood pressure and vasoconstriction.)

• Stand slowly after finishing the treatment and be careful, in the shower, for the cool rinse.

BREAST AND SKIN CANCER APPLICATIONS

Note to researchers: Aspects are noted here which should be given special scrutiny for possible beneficial effects.

In the late 1980s, researchers discovered that women develop breast cancer far more frequently in certain localities than in others. Analyzing them, it was discovered that they are those areas where there tends to be less sunlight throughout the year. For example, northwestern California, the western slopes of Oregon and Washington, and the Northeast had a far greater number of breast cancer cases than did Florida, Texas, Arizona, and southern California. The solution: Take sunbaths from time to time, throughout the year. Sunlight is important for maintaining good health, purifying the body, and resisting infection.

Breast cancer occurs more often in women who started menstruating early in their youth, had a late menopause, gave birth later in life, had a family history of breast cancer, developed obesity after menopause, and/or had a history of alcoholism and eating a high-fat diet.

Research indicates that those who take oral contraceptives are three times more likely to develop breast cancer. Silican (used in breast implants) causes cancer in test animals. Those who

develop breast, and other, cancers have less vitamin A in their bodies.

Eat a nutritious diet centered around fresh fruits and vegetables, whole grains, and nuts. Eat garlic and onions. Drink distilled water and fresh fruit and vegetable juices. Get extra fiber.

Do not eat too much soy or peanut products.

Avoid meat; dairy products; alcohol; caffeine; nicotine; and processed, fried, white-flour, and junk foods. Do not take supplements containing iron.

Place hot and cold water packs over the tumor, to bring the blood circulation to the area. This is good in breast cancer, as well as some others. Exercise to maintain good circulation.

Combine clay and macerated cabbage leaves, and mix together with powdered flaxseed and water. Make a thick paste; add a pinch of cayenne, and spread on a linen cloth. Apply to the area where the tumor is located. It can be left on for several hours.

A drawing, soothing poultice can be made with equal parts of powdered plantain leaves, comfrey leaves, and lobelia. Mix this with wheat germ and castor oil into a thick paste. Spread it ¼-inch thick on a cloth and place it on the tumor. Keep it on for 4 to 6 hours daily.

Poultices made from comfrey, pau d'arco, ragwort, and wood sage have been found to be helpful.

Jethro Kloss said that he frequently removed hard swellings in the breast, bowels, rectum, and vagina with hot applications, massage, and herbs.

PLEOMORPHISM

Note to researchers: Additional research into this field could provide major breakthroughs in the treatment of malignancies.

Pleomorphism means "changing shapes," and concerns the fact that microorganisms can change and take on multiple forms during a single life cycle.

Antoine Bechamp, a rival of Louis Pasteur, was the first to discover this. Bechamp was a physician, chemist, and teacher at the University of Toulouse, in France. He found tiny granules called *microzymas*, or "small ferments," which could change size and shape and become disease-causing bacteria.

Pasteur objected, saying it did not agree with his theory that all disease was caused by external, pre-existing, never-changing microbes which invade the body. Pasteur's "germ theory of disease" was accepted by the medical establishment, from that time forward.

Yet, with the passing of time, more highly developed microscopic equipment was developed, and research scientists continued discovering microorganisms which changed.

German scientist Robert Koch won a Nobel prize for his discovery of the *tuberculin bacillus* bacterium. But Koch also discovered that the typhoid bacillus bacterium had a pleomorphic nature.

Royal Rife was funded by Mr. Timpkins, owner of Timpkins Roller Bearings Co., to carry out research. Inventing a high-power, 30,000 magnification microscope in his California laboratory in the 1930s, he found that germs which changed shape were present in cancer cells. These bacterium made several changes, the first of which was a fungus, and the last was cancer.

In the late 1940s, Virgina Livingston, of Newark, N.J., isolated, what she believed to be, the cancer-causing microbe. She claimed to have found it present in all cases of cancer.

After World War II, Gaston Naessens, a French biologist, developed a high-power microscope which he called the *Somatoscope.* Using it, he found tiny particles in the blood which had never before been seen, although earlier researchers had surmised their existence. Naming them *somatids* ("tiny bodies"), Naessens said they were the smallest unit of life and precursors to DNA.

Naessens carried Rife's research further, finding that these somatids normally went through a three-stage micro-cycle: somatic, spore, double spore.

He also discovered that, when the immune system became stressed or damaged (due to sickness, pollution, emotional distress, etc.), the somatids change through 13 additional forms. The result is diseases like cancer, lupus, AIDS, multiple sclerosis, etc.

But, Naessens maintained, pleomorphic microorganisms do not cause disease! "They are simply witnesses to a weakening of the natural defenses of the body and sign posts that can be used for early diagnosis of disease." In other words, these microorganism changes were effects of problematic living, not causes.

Guenther Enderlein, a German bacteriologist, found similar changing microoganisms, and named them *protits*. He noted that these tiny protein-based microorganisms were especially abundant in blood cells, plasma body fluids, and tissues. Somehow, they lived in a harmonious relationship with the body. But, when severe changes occurred in the body, these organisms would also change. They would pass through several differ-

ent stages of cyclic development, advancing from harmless bacteria to more dangerous bacteria or fungi.

Enderlein believed that one factor, triggering such changes to the more toxic form, included a diet rich in animal fats and proteins, as well as radiation and other carcinogenic factors.

These discoveries in pleomorphism are vigorously denied by the medical establishment. It says that such microorganisms are just anomalies and that, even if they do exist, play no part in cancer.

One exception is Raymond K. Brown, M.D., a physician and former researcher at SKI in New York City. He made this statement:

> "Pleomorphic organisms are demonstrable as the silent stage of a gamut of infections, and they've been found in not only cancer patients, but those individuals afflicted with arthritis, multiple sclerosis, and other diseases."—*R.K. Brown, M.D., AIDS, Cancer and the Medical Establishment, 1986, 92.*

ADDITIONAL AREAS FOR EXPLORATORY RESEARCH

Note to researchers: Here are a number of additional topics requiring additional cancer research.

CATALASE—Over 20 years ago, Dr. O. Loew discovered the important enzyme, catalase. It has since been determined that this enzyme is progressively diminished in both the tumor and the person or animal with the tumor. It is now known that catalase can be reduced in the body by the presence of viruses and also carcinogenic agents.

Because catalase inhibition in red blood corpuscles result in the formation of Heinz bodies, this could be a rapid method of screening agents for carcinogenic activity. Careful research should be made, for this could enable us to more quickly determine carcinogenic agents.

The presence of catalase in cells enables them to live in the presence of oxygen. It is coming to be recognized that this fundamental biological mechanism could be a key to cancer diagnosis and control.

ENVIRONMENTAL AND DIETETIC POISONS—During the past 50 years, famous men—like the Nobel Prize winners Alexis Carrel, Szent Gyorgyi, and others—have emphasized that until we intelligently reform some of our habits of civilization there will be no measurable reduction in the incidence of this disease in the majority of the population.

Methods must be introduced to awaken the public to the very real dangers of what they are doing to their bodies by the food they choose to eat and the way they choose to live.

W.C. Huerper, who retired in 1965 as head of the Environmental Cancer Section, National Cancer Institute, stated:

"The evidence on hand, when critically and competently evaluated, in fact strongly suggests that the majority of cancers affecting the following organs are attributable to exposures to environmental carcinogens: skin, mouth, paranasal sinuses, larnyx, lung, esophagus, stomach, intestine, liver, blood-forming organs, bone, bladder, kidney, and thyroid. The probable existence of similar causal relations can be suspected, moreover, for at least a part of the cancers affecting the brain, breast and uterus."

In 1928, Barker wrote "Cancer is a disease of over-civilization or faulty civilization, and is caused by chronic poisoning in almost any form; and it cannot be doubted that much disease is caused by our being bombarded with chemicals and poisons in minute quantities at all meals" *(Cancer, the Surgeon and the Researcher).*

EXERCISE—One of the best preventive measures against cancer may be exercise. Drs. R.A. Holman and Warburg declared that impaired utilization of oxygen in the body was a significant cause of cancer.

The German researcher, Dr. Ernst van Aaken, kept close tabs on a group of 454 members of a club of long-distance runners. He found that in the six-year period of his study, only four of the runners got cancer; and all recovered and are now running again. Records were also kept on a parallel group of 454 normal men who did not run. During the same time period, 29 cases of cancer occurred and 17 died of the disease *(Stadt-Anzeiger, January 15, 1971).*

The runners were continually providing themselves with more oxygen than they needed, says Dr. van Aaken.

ARTIFICIAL LIGHTING—Dr. John Ott, the developer of time lapse photography, found that, in mice inbred for cancer, those in daylight cages develop malignant tumors under artificial light in the average of two months later than mice kept under white artificial light, and three months later than those under pink lights *(Annals of the New York Academy of Sciences, Vol. 117, 624-635, September 10, 1964).*

During the summer months, 15 terminal cancer patients attending the outpatient department at New York's Bellevue Medical Center agreed to follow Ott's suggestion for prolonged hours outdoors, minus eyeglasses or sunglasses. At the end

of the summer, 14 of the 15 patients showed no further advancement in tumor development and several showed possible improvement. The person can be in the shade, not in direct sunlight.

Ott then discovered that the one patient who had deteriorated had misread the instructions. She had taken off her sunglasses but kept wearing her eyeglasses.

ASBESTOS—Many physicians believe there is a relation between asbestos exposure and lung cancer, yet additional research into this is lacking. The air of city streets is loaded with asbestos, because the average vehicle wears out three or four sets of asbestos brake linings and one or two asbestos clutch facings in its lifetime. This is probably a major cause of the asbestos dust in our cities. But there are also other sources of asbestos contamination, for many products contain asbestos.

TALC—Talc is both chemically and geologically related closely to three of the five types of asbestos. It is known that older talc workers die of lung cancer at a rate four times higher than would be expected. Talc should never be used on babies or in any other manner! Use corn starch instead! The presence of talc or asbestos is regularly found in the female organs of women with cancer in those body parts.

Dr. Pierre Biscaye, of Columbia University, found that many deodorants are heavily laced with talc.

Both beer, soft drinks, and other bottled refreshments generally contain asbestos. This is due to the fact that asbestos filtering pads are used during processing. It is often in city tap water.

There are many good reasons to move out to the country!

FLUORIDE—Fluoride is a trace mineral with a relatively narrow margin of safety. Our bodies can only tolerate so much before there are serious side effects. Cancer is one of them. Additional research needs to be done in this field.

In a careful Japanese study, it was found that people who ate those foods which contained higher amounts of fluoride had significantly higher rates of gastric cancer *(Japanese Journal of Public Health, Vol. 4, 1969).*

Fluoride even damages our genetic material! This could result in birth defects. Experiments have shown that fluoride compounds injected into chicken eggs causes malformations in the embryo. The addition of sodium fluoride to the diet of fruit flies caused a high frequency of melanomas.

BLADDER CANCER—Several substances are increasingly suspected of causing bladder cancer. More research needs to be done in this area. These substances are saccharin, cyclamate (another artificial sweetener), tobacco, coffee, and cola drinks.

BONE CANCER—Due to various radioactive and nuclear explosions, contaminants, and other projects, radioactive strontium continues to be a growing problem. Further research is demanded here. For example, in the town of Aliquippa, Pennsylvania, nine miles away from the Shippingport Nuclear Generating Plant, the mortality rate for infants is more than double that for the rest of the state. There is more than twice as much leukemia, as the state average and infant diseases of all kinds amount to 165 percent of the state average. Yet the Atomic Energy Commission has declared Shippingport to be the safest of all nuclear power plants.

Sodium alginate (the trade name is algin) is known to be the most effective preventive therapeutic measure against radiostrontium poisoning. It can be purchased in health-food stores. (Better yet, move away from nuclear power plants!) Algin is derived from kelp.

When alginate is eaten, an ion-exchange reaction occurs in the intestines, and insoluble strontium alginate gel is formed. The strontium is then excreted without being absorbed into the blood and thence taken to the bones.

BOWEL CANCER—Consistent research reveals that high-fiber foods help reduce the likelihood of bowel cancer. And, of course, stop eating meat products! Because humans have a longer gut, the meat tends to rot in the lower intestine before it is excreted.

BREAST CANCER—One excellent set of research findings revealed that women who live in areas where there is little sunlight (such as northern and northeastern U.S.) have more breast cancer than those living in sunnier areas (such as the southwest). This research needs to be extended.

Iodine deficiency has been shown to be a cause of breast cancer. Supplemental estrogen and the birth control pill are also significant causes.

CERVICAL CANCER—diethylstilbestrol (DES) is a prime factor in causing cervical cancer. DES is a synthetic sex hormone.

Another cause is eating meat from animals treated with stilbestrol. These factors need additional research.

LUNG CANCER—Lung cancer in males has increased 2,000% since 1914. Yet not all of it is caused by smoking.

Dr. Eugene Houdry discovered that lung can-

cer decreased 35% during the war years, due to gasoline rationing. The problem is that, of the 600,000 tons of pollutants poured into our atmosphere daily, automobiles emit carbon monoxide, sulphur dioxide, nitrogen dioxide, nitrogen oxide, hydrocarbons, and lead particles.

Premium gas consists of high-boiling fractions over 700° F. But all fractions over 700° F. have been found to be highly carcinogenic. Regular gas and diesel are not far less toxic. Diesel also gives off formaldehyde and acrolein (the main ingredient in tear gas).

The takeoff of one commercial jetliner emits pollutants equivalent to 10,000 cars.

Factories and other plants convert coal into benzopyrene, a powerful carcinogen. That gas has been found above every city. Cigarettes also emit it.

ORAL CANCER—Chewing mouth tobacco is a major cause of this malignancy, but so is smoking. Drinking undiluted whiskey increases the likelihood of contracting oral cancer in cigar and pipe smokers. But drinking this alone will also cause it to develop. Chewing betel nut is another cause. Badly fitting dentures causes up to half the oral cancers in patients over fifty.

SKIN CANCER—An excess of sunlight is a primary cause, especially in those who tan or burn easily. A severe sunburn, which produced blisters, during childhood can lead to skin cancer in later life.

Those who eat only healthful, uncooked oil are less likely to contract skin cancer from sunlight.

Vitamins C, E, and especially PABA (para-aminobenzoic acid, a B vitamin) and calcium carbonate, help protect the body against harmful light rays.

Many drugs and chemicals in the environment increase sensitivity to the sun. Antibacterial soaps, and many cosmetics and lotions are equal offenders. Research at West Virginia University revealed that all food additives, dyes, and other chemicals in our food produce a similar effect.

STOMACH CANCER—Eating smoked meat causes stomach cancer. Nitrites added to meat during processing is another major cause. In the stomach, the nitrite changes into nintrosamines, a deadly carcinogen.

THYMUS CANCER—Radiation therapy is frequently used in the treatment of cancer. But, among other evils, it produces cancer of the thymus.

Sometimes children are given radiation for tonsilitis or acne. In later years, they are more likely to develop thymus cancer.

The above data will provide researchers with a wealth of information, on which further laboratory and clinical studies can be conducted.

Because laetrile, Essiac, and the Gerson therapy are the most widely used today, they have purposely been placed after the preceding historical review.

ERNST KREBS, SR., M.D.,
ERNST KREBS, JR., Ph.D.,
JOHN A. RICHARDSON, M.D., 1947

Laetrile is the only alternative cancer in America today which has been declared legal by court action.

Because this book is primarily written for researchers, we have included specialized research information and formulas. This present section is no exception.

Note to researchers: Double-blind studies on laetrile needs to be done, especially accompanied by nutritional changes. There is a need to ascertain exactly what concomitants are needed to accomplish the greatest good with laetrile.

Working Summary: Laetrile, by itself, has been found to be most effective in the earlier stages of cancer. The addition of dietetic changes (by Richardson, Kowan, and Contreras, listed below) greatly adds to the initial and long-term remission rates.

BIBLE PROMISES

"And they shall build houses, and inhabit them; and they shall plant vineyards, and eat the fruit of them. They shall not build, and another inhabit; they shall not plant, and another eat: for as the days of a tree are the days of My people, and Mine elect shall long enjoy the work of their hands. They shall not labor in vain, nor bring forth for trouble; for they are the seed of the Lord, and their offspring with them."—*Isaiah 65:21-23.*

"And ye shall serve the Lord your God, and He shall bless thy bread and thy water."—*Exodus 23:25.*

"And thou shalt rejoice in every good thing which the Lord thy God hath given unto thee, and unto thy house."—*Deuteronomy 26:11.*

"A little that a righteous man hath, is better than the riches of many wicked."—*Psalm 37:16.*

"The blessing of the Lord, it maketh rich, and He addeth no sorrow with it."—*Proverbs 10:22.*

"Better is a little with the fear of the Lord than great treasure and trouble therewith."—*Proverbs 15:16.*

— Part Three —
Laetrile Therapy

Ancient Chinese substances, of the family in which laetrile is found, were used medically. Emperor Shen Nung listed kernel preparations as being useful against tumors.

Herbert Summa has written that the Egyptians, in the time of the pharaohs, also used those seeds for special purposes.

The Romans had a medicinal preparation called *agua amygdalarum amarum* ("bitter almond water"). It was used as a medicine for centuries. The word "amygdalin" comes from the Greek *amygdale*. Celsus, Scribonius Largus, Galen, Pliny the Elder, Marcellus Empiricus, and Avicenna all used preparations containing amygdalin to treat tumors. The same is true of the medieval pharmacopoeia *(Bruce Halstead, M.D., Amygdalin Therapy, 1977).*

Laetrile is as commonplace in plants as is glucose; you eat it all the time. The substance exists in various amounts in at least 1,200 foodstuffs. But one of the richest sources is apricot seeds (usually called apricot "pits" or kernels). Another source are "bitter almonds." The seeds contain ***amygdalin*** and *prunasin*, which are the two *beta-cyanogenetic glucosides* (BCG) of special medical interest. These BCGs are also called ***nitrilosides***, although sometimes the word is applied only to amygdalin.

These are enzymes, and amygdalin is also a vitamin; therefore it has been given the name, ***Vitamin B_{17}***. The other name for this, ***laetrile***, comes from the scientific description of the chemical nature of this substance: ***LAEvo-mandeloniTRILE***.

But, for the technically minded, the name "laetrile" is derived from a compound which is a *le*vo (left-moving)-mandelopi*trile*-betaglucouronoside.

Ernst T. Krebs, Jr., who coined the terms, laetrile, nitriloside, and vitamin B_{17}, defines the nitilosides as "water-soluble, essentially nontoxic, sugary compounds found in . . plants, many of which are edible . . They comprise molecules made of a sugar, hydrogen cyanide, a bensene ring or an acetone" *(Krebs, Jr., Journal of Applied Nutrition, 22:3-4, 1970).*

Throughout this study, as in all medical literature on the subject, the words amygdalin, laetrile, and vitamin B_{17} are interchangeable. But, throughout earlier history, amygdalin had been the common term for the substance.

In 1830, Pierre Jean Robiquet and Boutron, prepared it in its pure state. In 1837, two German scientist, Justus von Liebig and Friedrich Wohler, discovered that amygdalin is split by an enzyme, *colmopex*, into one molecule of hydrogen cyanide, one of benzaldehyde, and two molecules of sugar. **They found the enzyme complex, with glucoside, in the bitter almond. Today, the apricot pit is one of the richest natural sources.**

In 1845, the scientific literature contained the first report on the use of amygdalin in cancer. A Russian professor claimed that **using the substance apparently brought about controls in two cases of widely spread cancers**. This first documented use of a laetrile-like substance in treating cancer is referred to in the *Gazette Medicale de Paris*, tome XIII, of September 13, 1845. Dr. T. Inosemtzeff, professor of the Imperial University of Moscow, cited **two cancer patients who were treated with bitter almond emulsion**. Both were successful; one living for 11 years, the other for over three years. It is believed that this was the first time in modern Western Civilization that cancer was treated with a food factor.

Earlier in this book, we reported on the research work of John Beard, but we will discuss it again here—since it figured so significantly into the research work of the Krebs.

In the late 1800s, a Scottish physician, Dr. John Beard (1845-1924) developed a theory of cancer which modern advocates of laetrile therapy believe helps to explain the function of this substance in treating malignancies. Yet he never personally used amygdalin.

Beard published his findings, in 1902, in the British journal *Lancet* and then, in 1911, in his book, *The Enzyme Treatment of Cancer and Its Scientific Basis*. He elaborated on a theory which, although remarkably different, was relatively simple. At the time, it received little interest and some hostility. Beard's book was rediscovered by the Krebs research team in 1938. *(For more on John Beard, see page 51.)*

Here, very briefly, is the Beardian, or trophoblastic, theory of cancer:

The trophoblast was first identified in 1857 and named in 1876. This mysterious cell plays a specific role in pregnancy: It eats out a niche in the uterine wall, where the fertilized egg can gain nutrition from the mother's bloodstream.

Its name comes from the Greek words for "nourishment" and "tissue"; and, in orthodox embryology, it is said to be a layer of extra embryonic ectoderm.

The trophoblast is an invading, autonomous, erosive cell that, during pregnancy, is found in the blood and other organs outside the uterus. **But the activity of the trophoblast puzzled Beard. It does things which the cancer cell does! Could it be that the trophoblast—a natural part of the human life cycle and cancer are the same thing?**

To find out, Beard traced the histories of both kinds of cells. In order to study the fertilized egg many times at all its various stages, he worked with small creatures called elasmobranches.

Gradually, he found that the trophoblast arises, in some manner, from the primitive, undifferentiated germ cell.

But later, something dramatic happens. Beard discovered that it is in the 56th day, in the span of human gestation, that the cellular trophoblast begins to undergo a dramatic deterioration! **Something checks the further growth of the gestational trophoblast.**

These invading cells which have overpowered and eroded other cells,—begins to diminish and stop functioning.

But there is one exception: This is when one of the most malignant forms of cancer (cancer of the chorion) develops. When that happens, both the mother and child can die in a matter of weeks.

Physicians in Beard's day acknowledged that trophoblasts had something to do with that sudden, fatal illness. John Beard determined to find the cause: What caused the trophoblast to shut down or fail to shut down?—hence determining whether the fetus will live or deadly chrioepithelioma will develop.

Beard found that this 56th day shutting down occurs at the very same time that the fetal pancreas begins secreting. As he studied further, he decided that **the pancreatic enzymes are responsible for checking the growth of the gestational trophoblast, even though it is not entirely destroyed**.

Here we have trophoblasts, which, just like cancer cells, are invasive, corrosive, diversive, and able to metastasize (spread)—yet are a normal part of the life cycle, and naturally brought into check by the body.

Beard then found that some of these primitive germ cells, able later to become a trophoblast, eventually circulate throughout the system. Could it be that, if they try to become a trophoblast outside the uterus, cancer will be the name given to the process?

Beard therefore reasoned that, if pancreatic enzymes could inhibit cancer during gestation, surely they—or some other enzymes—could stop the growth of cancer.

Beard also believed that the stereochemical structure of cancer proteins and carbohydrates is opposite to the structure of the same things in normal cells.

That is Beard's theory, also called the trophoblastic theory of cancer.

Ernst T. Krebs, Sr., and his son, Ernst T. Krebs, Jr. carried on further research along similar lines, but did not discover Beard's theory until 1938. But, by that time, they had already made several other discoveries. Both the father and son were remarkably brilliant.

Born in 1877, Ernst T. Krebs, Sr., earned a medical degree from the College of Physicians and Surgeons, San Francisco. He was living there in 1906 when the great earthquake struck. Having lost everything, he moved his family to Carson City, Nevada. While practicing there, Ernst T. Krebs, Jr., the first of his four children was born. At about the same time, he adopted an orphan Washoe Indian girl.

Krebs, Sr., though a physician, had also studied pharmacy, and used his spare time in biomedical investigation. Moving to San Francisco's Mission District, he set up a laboratory in his home, a large mansion on South Van Ness Avenue; and, across the street, above a pharmacy, he had his medical office. As Krebs, Jr., was growing up, he

worked closely with his father in his research work.

In 1918, Krebs, Sr., discovered an antibiotic mold which was successful in respiratory diseases. But, upon learning that the AMA did not like what he had done (it was 10 years before Alexander Fleming's discovery of penicillin), he withdrew from membership in the AMA and never returned.

During the Prohibition in the 1920s, Krebs, Sr., accepted some business, analyzing whiskey smuggled on ships into San Francisco. The smugglers were worried that it might contain wood alcohol (isopropyl alcohol), which is deadly. So Krebs accepted the job of analyzing it, to be sure it was grain alcohol (ethyl alcohol).

This got him interested in what kind of enzyme in the wooden barrels caused certain taste changes in the liquor. He found that mold on the barrel produced enzymes which affected the taste. Released into alcohol, they worked on the raw whiskey. The aging process took a long time, because only a small amount of mold was released at a time.

Dr. Charles Gurchot, a pharmacologist who worked with Krebs, Sr., for years in the pursuit of the enzymatic control of cancer, later recalled, "This was the cataclysmic event. Dr. Krebs told me, 'When I saw that enzyme doing all that digesting, it occurred to me it could be useful in cancer.' "

This idea—that some type of enzyme might be able to digest cancer cells—become something of an obsession. In the early 1920s, Krebs, Sr., started searching for rats with cancers. Finding them, he would inject them with the enzyme and see what happened. Sometimes the tumor disappeared. Krebs, Sr., was sure he was on to something.

But then his initial batch of enzymes ran out, and subsequent batches were not effective in eliminating tumors. So Krebs, Sr., made another crucial decision—which was a glorious mistake! He wanted to find a source of oak enzyme, and he thought to himself, "the oak belongs to the rose family, so I need to obtain the extract of a plant in that family."

Now, the oak does not belong to the rose family; Krebs was a better chemist than botanist. But, just about that time, it turned out that the Washoe Indian girl who he had earlier adopted married a young, wealthy man from the Hawaiian Islands. They bought an apricot orchard, across the Bay in Oakland.

Now Krebs, Sr., had a source of a member of the rose family (apricots, peaches, almonds, etc., are in that family). —His error had led him to the richest source of amygdalin (laetrile) in the Western world. Yet, at this time, he knew nothing about it.

So Krebs, Sr., made an extract from the apricot kernels—and found it worked even better than ever in eliminating cancer in rats.

At that time, the process (which he greatly improved later) consisted of removing the oil from the seeds, grinding them up in water, filtering the mixture, precipitating the filtrate with alcohol, drying the precipitate, redissolving it, then injecting it.

Krebs, Sr., was certain that he was extracting enzyme substances from the apricot pit. Among these substances, he tentatively identified emulsin, **amygdalase**, prunase, pectinase, and others. At the time, he thought emulsin was the active ingredient.

By this time, he was purchasing mice with specially inbred tendencies to cancer. Most of the time, the mice were healed, but sometimes they suddenly died. Krebs did not yet realize what was causing the mice to suddenly die and how to solve the problem. It was not until later that, in solving this, he was able to better purify the extract.

In 1928 or 1929, Krebs gave the injections to humans—and found a consistent pattern of pain reduction and other good signs. But he kept trying to devise a way to produce a purer extract.

Gurchot later recalled that, of the first 25 or so patients, there were no toxic effects, other than occasional complaints of feeling chilly or "crawling of ants" in the tumor area. In nearly all cases, the tumor either was reduced or completely disappeared.

At about the same time, several other physicians started working with him, and injecting the substance in their San Francisco area clinics.

Then one day, without telling Krebs, Sr., Gurchot prepared a batch of extract with all the enzymes killed. When Krebs, Sir., said it worked fine, Gurchot told him all the enzymes were dead. Immediately, Krebs knew that the presence of live enzymes was not a factor.

The team worked into the 1940s before they figured out the nature of the active ingredient.

At this point we will jump ahead to the late 1930s. By that time, there were several physicians throughout the world using Kreb's method, including Dr. James Ewing, in New York City.

All the while, young Ernst Krebs, Jr., had been growing up, helping in the lab, cleaning up, and learning how to do research work. Obtaining a bachelor's degree in bacteriology at the University of Illinois, he went on to obtain a master's in pharmacology, and a doctorate in anatomy.

In 1938, young Krebs found John Beard's

1911 book, *The Enzyme Treatment of Cancer*. The Krebs and Gurchot was astounded.

The challenge of Beard caused the young Krebs to decide he would give his life to figuring out the cancer riddle. This was when he switched from medicine to biochemistry. He eventually amassed nine years of university studies in a variety of fields. In the process, he taught himself to read French, German, Spanish, and Italian, so he could go through 17,000 scientific papers and books.

The apricot extract had been a consistent problem. It contained an unaccounted toxicity. When the extract was injected into the cancerous laboratory animals, the tumors would definitely become smaller in a matter of days. But more of the animals were dying than he anticipated, and not from cancer. Krebs knew that the kernels contained amygdalin, a cyanide-bearing substance; so, when he made his next batch, he eliminated as much of the amygdalin as he could. This time the deaths among the animals decreased drastically, but so did the tumor response. It was obvious that he had years of work ahead of him, tailoring the apricot seed formula. They had consistently found that the purer the preparation was made, the larger the dosage could be in animals without any side effects.

At this juncture, they decided to set aside the apricot kernel project—and apply themselves to Beard's theory.

The Krebs, Sr.; Krebs, Jr.; and Gurchot collaboration team set to work on chymotrypsin, the pancreatic enzyme that Beard said was the blocker of the trophoblast—and cancer. In 1943, they developed the first crystalline chymotrypsin commercially available in the world.

They sent it out to physicians who tried it out. Gurchot (in Chicago at the time) tried it on 50 or 60 patients, and only one made a complete recovery.

In 1947, Krebs, Sr., publicly announced 30 characteristics shared by the tropoblast cell and the cancer cell, noted the specific antithesis of chymotrypsin to cancer cells. By 1950, the two Krebs, with the help of a Texas biochemist, Howard Beard (no relation to John Beard), published their landbook, *The Unitarian or Trophoblastic Thesis of Cancer*, in the *Medical Record*.

But the chymotrypsin experiments were not succeeding. The patients would improve, but the symptoms return. So Krebs, Jr., made a major decision: He dropped the pancreatic enzyme project,—and returned to that earlier apricot kernel extract his father had used.

But what in that extract caused the tumors to reduce and the pain to leave? And what caused its toxic symptoms?

As he tried to improve the method of extraction, he decided that it must be the cyanide in the amygdalin which was eliminating the cancer. But what about all those other factors plus enzymes in the extract? Where did they figure into the riddle?

Could it be that the cyanide was both the blessing and the curse of the old extract—that selective release of cyanide at the site of the tumor inhibited the tumor, but that sometimes it released prematurely—possibly by the action of emulsin during the extraction process?

One day in 1949, Krebs, Jr., put a quantity of the apricot preparation into a test tube. He added a quantity of glycosidase—an enzyme known to be especially abundant in cancer tissue. He waited a few moments to give the two substances a chance to work on each other. Then he took a sniff. Cyanide. The glycosidase had caused the cynanide, safely locked inside the apricot preparation—to be released.

Triumphant, he realized his theory was true! But he also knew he had smelled something very dangerous, so he ran outside and breathed deep for a time.

They had solved the mystery.

Here is the solution to the riddle:

Laetrile (*amygdalin*, vitamin B_{17}) is a cyanide-containing compound that gives up its cyanide only in the presence of a certain enzyme group, called *beta glucosidase* or *glucuronidase*. But the miracle of nature is that this particular enzyme group is only found (to any appreciable extent) in cancer tissue.

When it is found elsewhere, it is always accompanied by greater quantities of another enzyme, called *rhodanese*, which has the capacity to convert the cyanide immediately into completely harmless substances (some of which help produce and utilize other vitamins). But cancer tissue does not have this protecting enzyme.

So cancer tissue is especially defenseless against laetrile for two reasons: (1) It has *beta glucosidase*, which laetrile releases its locked-in cyanide in the presence of, and (2) it does not have the enzyme, *rhodanese*, which protects non-cancer cells by converting the cyanide immediately into harmless substances.

The result is that the cancer cells are destroyed by laetrile, whereas the non-malignant cells are not harmed.

At this point, two intriguing facts stand out. First, Beard's theory, that pancreatic enzyme would

destroy cancer, did not prove to be correct. Second, it does not appear that Beard's theory of the trophoblast, although evidence indicates it to be true, was needed to bring the laetrile through to a useful method of treatment. The only factors in common seemed to be that both were keyed to enzymes as being involved in the treatment of cancer. But beta glycosidases and rhodanese are quite different than Beard's pancreatic enzyme.

In 1977, the publishers of one of the most popular dictionaries in the world contacted the McNaughton Foundation, and asked them to define the meaning of the word, *"laetrile."* Here is the definition they provided:

"*Laetrile*—(Lay-eh-tril)

"*Basic Ingredients:* An organic *aglycone* or non-sugar protein combined with a cyanide group and carbohydrate in *glycosidic* linkage to form a single tightly bound molecule.

"*Chemical formula:* Since laetrile is a collective name for a group of chemically related compounds, the generic name for which is *nitriloside*, it cannot be given a specific chemical formula. A well-known analogy is digitalis which represents a general group of chemically related compounds to which no specific formula can be assigned.

"*Etymology:* Originally used as a shortened term for a *laevo-rotatory glycuronic nitrile*. Its meaning has been expanded to represent a shortened term for any *laevo-rotatory glucosidic* or *glucuronic* chemical compound containing an *aglycone* and a tightly bound (CN) grouping."—*McNaughton Foundation.*

That definition will help the medical researchers who use this present book. It is questionable if it helped the poor folk who were trying to revise their dictionary.

The next step for Krebs, Jr., was to further refine the extract until what it amounted to was purified amygdalin. Only then could the cyanide remain safely bound in its compound until it reached the hydrolytic enzymes, which would break it apart at the cancer sites.

The process for extracting the laetrile from the apricot pits is not a secret. Here is the formula:

"The first step in the present production, which is from natural materials, is to grind the apricot seed or kernel; then it is defatted with a cold solvent, such as ether, hexachlorine, or other such substance, and the solvent is driven from the remaining ground pulp, and a completely fat free powder which is partially soluble in water is left.

"The laetrile (amygdalin) in this powder as well as the sugars are also soluble in alcohol, and laetrile happens to be selectively soluble in boiling alcohol (about 40 times greater than cold alcohol). The fat free powder is then added to boiling alcohol where laetrile is extracted from the powder and then the materials are filtered.

"The filtrate that remains is put in a freezing cabinet, or refrigerator or cold room, where the temperature is brought down to about 10 degrees Centigrade. The crystals of laetrile precipitate or fall to the bottom of the flask because in cold alcohol the material is insoluble.

"Now these crystals are recovered and the process of recrystallization is repeated a number of times, depending on whether the material is to be used for oral purposes or for injection.

"When the chemicals are dried the first time, they have a chemical purity of about 99.7 or 99.8 percent pure. For oral purposes, it is repeated twice."—*Ernst T. Krebs, Jr., address to the San Francisco Vegetarian Society, 1974.*

Throughout their work, neither the Krebs, nor any other laetrile worker tried to patent or control any of the various processes. It was made available to any physician, laboratory, or research group—anywhere in the world.

In 1949, Krebs, Jr., injected himself with the first human shot of the purified substance. He had researched the matter enough that he had not the slightest concern that it would poison him.

Had he had cancer—anywhere in his body,—the enzymes would have triggered the lethal release of cyanide at the site of the tumor while his noncancerous tissue would have been protected by rhodanese. If he had no cancer, the body's natural processes would slough off the laetrile naturally.

That is why it is good to eat apple seeds, apricot kernels, etc. They help eliminate cancer in its early stages, years before it reaches the critical final phase. (But, of course, other changes must also be made in the diet and lifestyle, if one wants to avoid cancer.)

It was at this time that Krebs, Jr., gave the substance the name "laetrile."

In 1950, **the first laetrile treatment of human cancers, always to terminal patients, was given intramuscularly—and involved only 10 milligrams. That was but a fraction, compared to the size of doses given today.** A small dose was given back then, because the amount of cyanide rhodanese which the body could tolerate was not yet known. Decrease in pain always occurred but, because of the small dosage, death always

followed; yet sometimes it was prolonged far beyond the expected time.

By 1952, Krebs, Sr.'s, two sons, Ernst T. Krebs, Jr., Ph.D., and Byron Krebs, M.D., had greatly improved the processing of laetrile. The extract was being prepared better, and the theory clearly established.

Within a couple years, physicians in various parts of the United States, England, Belgium, Italy, the Philippines, and Japan were giving laetrile. **It was soon discovered that dosages up to 400 mg could be given with no harmful effects, and that intravenous injections accomplished far more than intramuscular ones.**

Beginning in November 1952, the laetrile treatment battles began, initially with the California Cancer Commission and later with various federal agencies.

> "Laetrile is one of the naturally occurring substances that cannot be patented, making it a true orphan drug. No drug company is interested in committing money to research laetrile's potential."—*R. Pelton and L. Overholser, Alternatives in Cancer Therapy, 160.*

Unfortunately, the industry formula appears to be "If you cannot control and market it, fight it."

The basic 1953 report, used repeatedly thereafter against the use of laetrile by physicians, was written by Drs. Ian MacDonald and Henry L. Garland. It is of interest that they had earlier teamed up on a report which attempted to disprove the U.S. surgeon general's report, that cigarette smoking causes cancer. (MacDonald later died in a fire, caused by a lighted cigarette; and Garland died of lung cancer from smoking.) Some people suspected that "the trade" knew that those two doctors would write research reports that were slanted whichever way their hiring agency instructed them.

This report caused the use of laetrile in the U.S. to decline for awhile, but people started traveling overseas to obtain treatments.

In 1962, Judge W.T. Sweigert, of the San Francisco District Court, allowed limited distribution of amygdalin supplies to the McNaughton Foundation in Canada and several American physicians for investigation and/or treatment.

By order of the FDA, on November 1, 1963, laetrile was banned from interstate shipments, except for animal testing. This meant it could only be investigated and used in California (which had a court order permitting it there).

On May 15, 1965, the Canadian equivalent of the AMA turned against laetrile. This turned the attention of cancer sufferers to Mexico, where it was announced that a preliminary study had been carried out "under government auspices with most encouraging results."

On August 2, 1965, Ernst Krebs, Sr., agreed to a permanent court injunction against further distribution of laetrile. On February 3, 1966, he was given a one-year suspended sentence for failing to register as a producer of drugs. This was not a setback, since the Krebs had made known the entire process, at no charge, to a number of laboratories and physicians requesting it.

After the 1953 California Report, patients had been forced to go abroad for treatment—to the Philippines (Dr. Manuel D. Navarro, professor of biochemistry and therapeutics at the University of Santo Tomas, Manila) and Italy (Dr. Ettore Guidetti of the University of Turin).

In 1966, a leading German researcher and author, Dr. Hans Nieper, in Hanover, West Germany, began administering laetrile—and in far larger doses than Krebs, with excellent results.

Then there was Dr. Shigeaki Sakai, in Matsuyama, Japan; he was also successfully treating cancer with laetrile.

Cancer sufferers also went to Mexico. Dr. Ernesto Contreras, a graduate of the Mexican Army Medical School, who did postgraduate work in Boston, opened a new clinic in Tijuana, just below the southern California border. Mexico gave laetrile and the Contreras Clinic full approval in 1973.

Most of these physicians and researchers wrote scientific reports about their work in journals all over the world.

As of 1974, Contreras had about a thousand new patients a year, the great majority of which were terminal. He said that only 60% of them showed a response, ranging from a feeling of well-being and cessation of pain to the regaining of weight. Of the 60%, only about half had recurrences of the disease after a temporary arrest of three to six months. A patient was considered to have his cancer "controlled," if he experienced five symptom-free years. But he must remain on laetrile tablets for the rest of his life.

Gradually, a number of physicians would come to realize that laetrile, alone, was NOT the answer! The solution was total nutritional change. Many things must be dropped, many added. Many changes in lifestyle must be made. (Some of the changes, which laetrile doctors began requiring of their patients, will be listed at the close of this article.)

But, even for those who died within a few years, the cost of treatment was relatively low,

and far freer from the horrible pains accompanying the orthodox procedures.

(A related fact was that those patients who had earlier received chemotherapy, radiation, or surgery—were far less likely to respond well to laetrile. Their bodies had been too greatly weakened.)

Following massive intravenous laetrile injections, patients were sent home with laetrile tablets and strict orders to remain on them for the remainder of their lives.

It is an extremely important fact, which to their sorrow many recovered cancer patients have learned, too late,—is that when a person contracts cancer, and recovery appears to be made;—if he thereafter relaxes his efforts to eat and live carefully, the cancer will very often return and renewed treatments will not be effective in remitting the cancer, as had occurred earlier! *This is a solemn fact to be kept in mind.*

Dr. Dean Burk, one of the founders of the National Cancer Institute, was world famous for his research work and writings, and served for many years as head of its cytology department. He was also famous for being a maverick within the Cancer Establishment. He disliked bureaucracy, red tape, professional fudging, and was quite blunt in speaking out when he ran into such problems.

Challenged by Andrew McNaughton (a wealthy individual who had befriended the laetrile cause) to test laetrile, Burk did so. Among the tests Burk conducted was this one: **He put a quantity of live cancer cells into a Warburk flask with laetrile and the enzyme, beta glucosidase. He then stained the cancer cells with tryptan blue and placed them under a microscope where, he reported to McNaughton, he could "see the cancer cells dying off like flies."**

As a result, Burk became a staunch defender of laetrile. (1) It was Dean Burk who, digging into records, discovered that although the FDA banned bitter almonds in this country, the agency's own publications listed extracts of bitter almonds as an approved substance for general use.

(2) It was Burk who also established that laetrile, as vitamin B_{17}, was a valid vitamin and therefore not subject to the FDA regulations on new drugs.

(3) Burk also determined that laetrile could be taken orally. This research was later confirmed by Dr. Nieper in Germany. This discovery greatly helped patients keep on a maintenance dosage at home.

In February 1971, state agents arrested Krebs, Jr., along with four others, on a variety of state health-law violations.

On September 1, 1971, the FDA announced that its "blue-ribbon panel" had found "no acceptable evidence of therapeutic effect to justify clinical trials" of laetrile. It appeared that laetrile, like all its forerunner alternative therapies, was doomed to extinction in America.

John A. Richardson, M.D., lived and practiced medicine in Albany, California, just across the Bay from San Francisco. In the 1960s, he contacted Dr. Krebs, Jr.; and, after many talks with him, he began giving laetrile to his terminal cancer patients. Success brought many more cancer patients.

> "I was totally unprepared for my first visit to the Richardson Clinic. As a nurse, I had spent considerable time on cancer wards and I knew what to expect: the awful odor of decaying flesh and the sallow faces of forlorn patients who have been condemned to a sub-human existence as they await their inevitable fate.
>
> "No one likes to be in the presence of death and, because there is so little that orthodox medicine can do other than mask the pain with mind-dulling drugs, the doctor and nurse often avoid the terminal cancer patient as much as is ethically acceptable. Examinations are brief. Conversation is kept to a minimum. Where possible, the patient is assigned to staff subordinates. Cancer wards and cancer clinics all are pretty much the same: impersonal, smelly, and depressing.
>
> "It was to my amazement, therefore, to discover that the Richardson Clinic did not fit this morbid pattern. The first thing that struck me was that the patients awaiting treatment were engaged in animated conversation. They were talking, not only about their illness but about their children and grandchildren, about the cross-country sightseeing trip they were planning just as soon as they felt strong enough, and of their ultimate return to work. These people were not preoccupied with death; they were planning for life!
>
> "Then I noticed the attitude of the staff. They actually enjoyed being with the patients and spent considerable time with each. They derived genuine satisfaction from learning of the improvement over the previous visit. Their jokes with the patients were not those strained little condescending attempts to be cheerful in the face of tragedy but rather the genuine outbursts of people who were finding fun in their work.
>
> "And, finally, I suddenly became aware that the air was completely free from the fetid smell associated with growing cancer.
>
> "A middle-aged man stepped from the clinic

area into the waiting room and, with a big grin, announced to the patients that this was the last day of treatment for Mrs. So-and-so (everyone responded to the name), that she was headed back to Illinois in the morning, and that everyone was invited to a party to celebrate her departure.

"A party in a cancer clinic?!"—*Patricia Griffin, R.N., B.S., quoted in J.A. Richardson and P. Griffin, Laetrile Case Histories, xv-xvi.*

After a variety of episodes, at 10 o'clock on June 2, 1972, Richardson and two nurses were arrested, and his clinic and car ransacked.

Richardson was a little different than some other folk. He was one of those people who, when opposed over a principle he believed in, had a personality like granite. All across the nation, men had given in. Richardson would not give in.

The battle went on for months, and lengthened into years. There seemed to be no end to it. Neither the government nor Richardson would yield an inch in the ongoing legal battles.

At one point, one of his attorneys, George Kell, argued in court that, on the basis of the 1973 Supreme Court *Roe vs. Wade* decision, in which the Court held that the doctor had the absolute right to take the life of a human fetus, Kell convincingly claimed that there was a "hideous anomaly in the law," in that the cancer patient did not have the right to freedom of choice to save his own life—which the mother had in taking the life of her unborn baby!

But a key defense was the fact that the substance was a nutritional factor, B_{17}. The physician is actually treating a metabolic disorder with vitamin therapy. The patient also happens to have cancer.

Here are the five properties of a true vitamin, all of which laetrile fulfills:

"1 - It is a nutritional component of organic composition required in small amounts for the complete health and well-being of the organism.

"2 - Vitamins are not utilized primarily to supply energy or as a source of structural tissue components of the body.

"3 - A vitamin functions to promote a physiologic process or processes vital to the continued existence of the organism.

"4 - A vitamin cannot be synthesized by the cells or the organism and must be supplied *de novo* [anew each time].

"5 - In man and in other mammals, deficiency of a specific vitamin is the cause of certain rather well-defined diseases."—*David Greenberg, Western Journal of Medicine, April 1975.*

Medical doctors were puzzled by the fact that amygdalin had been well-known and listed in the *United States Pharmacopeia* as a nontoxic substance for over a hundred years while FDA-approved methods of cancer treatment were extremely toxic.

In the course of their research, the father and son Krebs also pioneered the discovery of *pangametin* (pangamic acid), which they named vitamin B_{15}. The AMA refused to acknowledged the fact. However, belatedly, in the July 23, 1973 issue of the AMA *Journal,* it was noted that "another vitamin, synthesized by Prof. [Vasili] Bukin earlier, is vitamin B_{15}; this chemical entity aids in stimulating oxidative processes and energy exchange." The truth was that it was the Krebs who made that discovery. The best sources of B_{15} are apricot kernels, rice bran, and brewer's yeast.

In the summer of 1976, a team of physicians and researchers from Israel visited the laetrile clinics in operation in Mexico and California; and, upon their return home and over the signature of Dr. David Rubin (surgeon at the Beilinson Hospital and cancer researcher at the Hadassah Hospital in Jerusalem), they issued a detailed September 1, 1976, report praising laetrile as an effective treatment against cancer.

By that year, Dr. Richardson had received more legal harassment from the state than any other physician in its history. He had his license suspended, had been arrested, hauled off to jail twice, and four times made to stand trial for using laetrile. He had spent more than six months defending himself in court. In the fourth trial they succeeded in securing a conviction against him; but he appealed his case, and the battled was continuing.

Why did he undergo this treatment? Why did he not give up? Richardson knew that the lives of untold thousands depended on his standing true to principle in this matter.

Because Richardson had been a active member of the John Birch Society, when the medical authorities began picking on him,—the thousands of members of the John Birch Society throughout America rose to the defense of a fellow "Bircher." Although some cared little for health matters, they saw in his case government intrusion on the rights of the individual.

In addition, all across the nation people were uniting in organizations—demanding the right to be treated with laetrile.

Richardson's ongoing fight, which others entered into in their own areas, brought the matter to a showdown.

The court order, allowing Americans to bring laetrile into the U.S. and even to have it mailed to them, was signed by Judge Luther Bohanon on April 8, 1977.

Lawyers for the FDA quickly asked Judge Bohanon to amend his court order, so that it would stipulate that American cancer patients could obtain laetrile only upon affidavits signed by their doctors saying that they were only a few weeks or a few months away from death. Judge Bohanon rejected the appeal.

The FDA then announced that it would continue to oppose laetrile regardless of what happened in its favor in the courts of the land or the state legislatures of the country.

By the end of 1977, more than a dozen state legislatures had legalized, within their borders, the administration and prescription of laetrile by physicians to their patients and the right of others to obtain it by mail from places selling it, so they could take it at home.

But certain federal agencies were unrelenting. Laetrile had become the hottest issue in terms of *state's rights* since the Civil War—for threats had been made to send in federal agents to shut down laetrile production facilities and arrest anyone trafficking in laetrile in any way whatsoever.

The question becomes: If a state legislature cannot determine the laws applicable within its own borders, then what was the sense of having a state legislature in the first place?

Then **in November 1977, the California Court of Appeals reversed the decision of a lower court, in the conviction of four people charged with conspiracy to sell laetrile and one physician (James Privatera) who was charged with using the substance in the treatment of his cancer patients.**

Next, **in 1978, a federal court ruled that "laetrile (amygdalin) is exempt from the 'new drug' requirements" of the FDA; and that "the Secretary of Health, Education, and Welfare and his subordinates in the Food and Drug Administration are hereby permanently enjoined and restrained from interfering with the use of laetrile (amygdalin) for the care or treatment of cancer by a person who is, or believes he is, suffering from the disease.**

The same order also prohibited interference with the importation and introduction into interstate commerce of laetrile on the basis of any alleged "new drug" status. The HEW and FDA were, finally, prohibited from interfering "with any licensed medical practitioner in administering laetrile (amygdalin) in the care or treatment of his cancer patients."

An FDA appeal, to delay enforcement of this ruling until the case could be heard by the 10th Circuit Court of Appeals in Denver, was denied on December 24, 1978.

By the end of the 1970s, some 17 states had legalized the use of laetrile. A number of other states were considering the matter.

By 1978, it was estimated that 50,000-100,000 cancer patients were taking over 1 million grams of laetrile a month *(Charles Moertel, "A Trial of laetrile Now," editorial, New England Journal of Medicine, January 26, 1978).*

In June 1979, the Supreme Court handed down its decision. Prior to that decision, cancer patients were able to receive laetrile legally from their physicians under an affidavit system set up by federal circuit judge, Luther Bohanon. The main practical effect of the decision, by the high court, was to remand the case to the Circuit Court of Appeals for review. Thus, the affidavit system still remained in effect.

As result of all the ongoing legal activity, physicians, researchers, and common citizens were able to purchase, use, and ship laetrile. In addition to the two clinics in Tijuana, Mexico, which treated cancer with laetrile (the Contreras Clinic and Clinica Cydel), there are two laetrile processing plants which purify and shipped out the substances to those desiring it.

Between the 1970s and the mid-1990s, 70,000 people had used laetrile to treat cancer.

At the present time, about 21 states allow the use of laetrile in cancer treatment while other states have revoked medical licenses for doing so.

The McNaughton Foundation has published a *Physician's Handbook of Vitamin B_{17} Therapy*, which summarizes the various methods of administering laetrile. *Here they are:*

• Laetrile is available in tablet form, for maintenance therapy.

• Laetrile solutions have been used as nighttime retention enemas, and have been instilled directly into the intestines through an already existing colostomy.

• Gauze-soaked solutions of laetrile (or a water-soluble salve) have been placed on open skin lesions.

• Injections are put directly into the tumors! The tumor wall should not be penetrated. Instead, the injections are placed into the artery above the tumor site. This provides maximum concentration of laetrile in the tumor. Intra-arterial injections should only be done in a hospital setting by qualified personnel!

A table listing various tumor sites and the suggested arterial routes of administration is given in the book.

Here is information on the book:

McNaughton Foundation, Physician's Handbook of Vitamin B_{17} Therapy, Sausalito, Calif: Science Press International, 1975.

Summarizing all the research and clinical treatment, it appears that laetrile is more effective with early-stage cancers than with terminally ill patients, although it will quickly reduce pain in all of them. It is most effective when used with other factors, especially nutritional ones.

Laetrile and Shark Catilage—Hospital Earnesto Contreras, Paseo Playas de Tijuana, No. 19, Tijuana, B.C. Mexico Ph: 011 52-66-80-1850 / (800) 262-0212 / (800) 523-8795 (Rest of U.S.A.)

Laetrile: Richardson Clinic—John A. Richardson, M.D., clinic in Albany, California

Laetrile: Contreras Clinic—Hospital Earnesto Contreras, Paseo Playas de Tijuana, No. 19, Tijuana, B.C. Mexico Ph: 011 52-66-80-1850 / (800) 262-0212 / (800) 523-8795 (Rest of U.S.A.)

Laetrile: Navarro Clinic—Manuel D. Navarro, M.D., 3553 Sining St., Morningside Terrace Santa Mesa, Manila 2806 Philippines

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– SUPPLEMENT LAETRILE DIETS –

LAETRILE FOODS

Now let us turn our attention to diet:

Cancer is extremely rare among tribes and cultures where the natural diets contain nitriloside-rich foods. Some of these areas where cancer hardly occurs include El Salvador and native American tribes such as Navajo, Hopi, and Modoc. For example, the Taos Pueblo Indians of New Mexico, who are also exempt from cancer, regularly grind up kernels of apricots, cherries and peaches, and drink them as their beverage.

The Hunzas, in the Kashmir district of West Pakistan; the Abkhasians, of the Caucasus in the USSR; and the Karakorum people, of outer Mongolia, are also virtually cancer-free. They regularly use apricot kernels and oil, as well as a rich selection of grains and fresh vegetables of the nitriloside-containing variety.

In 1975, in response to a U.S. Government survey request, the Pakistan Health Department replied that, of the 35,000 people living in Hunza, five had cancer. That is a ratio of 1 in 7,000. In the U.S., 25% contract the disease.

The late Dr. Albert Schweitzer, in his preface to Alexander Berglas' 1957 book, *Cancer: Cause and Cure,* wrote that the absence of cancer in Gabon, West Africa, "seemed to be due to the difference in nutrition of the natives compared to the Europeans." Over a third of all edible plants in that area contain vitamin B_{17}.

So much data has been collected regarding the importance of laetrile in the normal diet, that **many nutritionists recommend that, even though a person does not have cancer and is not under laetrile therapy, he should, as a preventive measure, be eating several apricot kernels everyday!**

Here is the recommended formula:

One apricot kernel per each 10 pounds of body weight, per day.

If an individual cannot easily purchase **apricot kernels** at his health-food store or **laetrile tablets** by mail, there are other foodstuffs which also contain laetrile (vitamin B_{17}).

The following list will provide you with the primary foods which have laetrile and the approximate amount each has. The range is as follows:

High - 500 mg nitriloside per 100 grams of food. (Those which are high are in **bold** type.)

Medium - Above 100 mg per 100 grams of food.

Low - Below 100 mg per 100 grams of food.

FRUITS WHICH ARE HIGH—**Wild blackberry, choke cherry, wild crabapple, Swedish (lignon) cranberry.**

FRUITS WHICH ARE MEDIUM TO HIGH—Elderberry.

FRUITS WHICH ARE MEDIUM—Boysenberry, currant, gooseberry, huckleberry, loganberry, mulberry, quince, raspberry.

FRUITS WHICH ARE LOW—Domestic blackberry, market cranberry.

SEEDS WHICH ARE HIGH—**Apple seed, apricot seed, cherry seed, nectarine seed, peach seed, pear seed, plum seed, prune seed.**

SEEDS WHICH ARE MEDIUM—Squash seed.

BEANS WHICH ARE HIGH—**Fava.**

BEANS WHICH ARE MEDIUM TO HIGH—Mung beans.

BEANS WHICH ARE MEDIUM—Lentils, Burma Lima beans.

BEANS WHICH ARE LOW TO MEDIUM—Black-eyed peas, garbanzos, kidney beans.

BEANS WHICH ARE LOW—Black beans, green peas, U.S. lima beans, shell peas.

TUBERS WHICH ARE HIGH—**Cassava.**

TUBERS WHICH ARE LOW—Sweet potato, yams.

NUTS WHICH ARE HIGH (raw only)—**Bitter almond.**

NUTS WHICH ARE MEDIUM TO HIGH (raw)—Macadamia.

NUTS WHICH ARE LOW (raw)—Cashew.

SPOUTS WHICH ARE MEDIUM—Alfalfa, bamboo, fava, garbanzo, mung.

LEAVES WHICH ARE HIGH—**Alfalfa, eucalyptus.**

LEAVES WHICH ARE LOW—Spinach, watercress.

THE RICHARDSON DIET AND THERAPY

Dr. John Richardson has learned that the administration of laetrile alone is not adequate to keep cancer from returning soon. Here is the diet which, over a period of years, he gradually worked out. It is routinely prescribed at the Richardson Clinic for all his cancer patients.

Here is the diet and laetrile therapy prescribed by Dr. Richardson:

"1. THE DIET—Principally fresh fruits, vegetables, seeds, nuts, and grains. All animal protein, including dairy products, is excluded.

"2. TOBACCO, ALCOHOL, and COFFEE are not to be used.

"3. LAETRILE (Vitamin B_{17}) INJECTIONS—

"First month: I.V. injections, 6-9 gms or more; 1 per day for 20 days.

"Second month: I.V. or I.M. injections, 3 gms; 3 per week for 4 weeks.

"Third month: I.V. or I.M. injections, 3 gms; 2 per week for 4 weeks.

"Fourth to Eighteenth Month: I.V. or I.M. injections, 3 gms; 1 per week for one to one and a half years or longer.

"4. LAETRILE (Vitamin B_{17}) TABLETS—One to four 500 mg. tablets are taken on the days the patient is not receiving an injection of laetrile. Two tablets per day is the usual dosage during the first year. Most patients will continue taking tablets for the rest of their lives. Some will use 100 mg tablets and supplement with apricot kernels. The kernel must be taken at a different time during the day than laetrile tablets.

"5. PANCREATIC ENZYME TABLETS—Two to four tablets, four times daily.

"6. VITAMIN B_{15} (PANGAMIC ACID)—50 mg, three times daily.

"7. VITAMIN C—750 mg to 2,000 mg daily.

"8. AMINO ACID TABLETS (Ag/Pro)— Three to nine tablets daily, to compensate for reduced intake of animal protein.

"9. CHELATED MINERALS—Dosage depends upon the type and extent of deficiency revealed by hair analysis.

"10. THERAPEUTIC VITAMINS AND MINERALS (Supergran)—One or two grams daily.

"11. VITAMIN E—800 I.U. to 1,2000 I.U. daily.

"12. LIQUID PROTEIN—Two to four tablespoons daily. This protein is in a "predigested" form, providing basic amino acids that do not require the action of pancreatic enzymes for their use by the body. (This is used by those patients who are not taking Ag/Pro tablets.)

"13. ADDITIONAL VITAMINS AND MINERALS—to be recommended where necessary in special cases."—*John A. Richardson, M.D., and Patricia Griffin, R.N., Laetrile Case Histories, 123-125 (1977).*

Enzymes are usually added to the regimen, following the theory of Krebs, Jr. (1970), and Beard (1911), that the pancreatic enzymes (trypsin and Chymotrypsin) are intrinsic anti-cancer factors. To free these enzymes to kill cancer cells, laetrilists advise their patients to eat only small amounts of animal protein or, better yet, none at all. They advise them to eat large amounts of fresh fruits and vegetables.

THE KOWAN DIET

Researchers, in working with their patients, will find the following information to be very helpful. It comes from Maurice H. Kowan, M.D., a California physician who administered laetrile to his patients for quite some time.

This is the accompanying diet which Dr. Kowan prescribes to his patients taking laetrile:

"To be most effective, laetrile should be combined with proper diet and hygienic care. The ideal diet would be one with a low protein intake. This is based on the fact that cancer cells must have complete proteins in the diet in order to survive and multiply. Therefore, to secure the best and most rapid results with laetrile therapy, it is essential to eliminate entirely, for some time, all animal products, such as meat, fish, fowl, eggs, and cheese.

"The general diet should consist of salt-free, non-processed foods, free from carcinogenic additives. Lightly cooked—but not canned—foods are permitted. Recommended foods are: kafir milk and buttermilk; oatmeal, buckwheat, millet, and brown rice; fat-free raw milk (one pint maximum daily); soups; vegetables, including potatoes and raw salads as tolerated; raw fresh fruit and vegetable juices, extracted with a pressure (not centrifugal) juicer; raw or cooked fruit; raw nuts and nut butters, especially almonds.

"Another help in the absorption of the malignant tissue is the consumption of several 8-ounce glasses of fresh raw juices, drunk within

30 minutes after juicing. The constituents should be altered occasionally, so the patient will not tire of it. The juice regime which I recommend consists of a minimum of four glasses a day of equal parts of carrot and apple, plus another four glasses of fresh juice consisting of romaine lettuce, celery, grapes, beets, and other fresh vegetable juices in season. Any of the following pressure-type juicers could be used: Norwalk, K & K, Champion, and Vita-Press.

"It is essential that the cancer patient include in his daily diet a generous supply of standard pancreatic enzymes, such as Chymoral-100 (Armour Co.) or Pancreatin (Lilly Co.). A minimum of three or four should be taken daily on an empty stomach. A generous intake of Vitamin C (12 grams daily in divided doses is suggested) also will aid in recovery.

"When I first began using laetrile therapy in the treatment of cancer, I noted that pain relief was secured in practically every case within a few days time with the daily injection. For the first year, I stressed only the laetrile, not realizing the extreme importance of a dietary regime. My proportion of clinical relief was about 20% to 30%; but, when later I gave an increased dosage of laetrile and combined it with specific dietary and enzyme regime, my results in terminal cases reached practically 100% improvement."—*Maurice H. Kowan, M.D., quoted in Glenn D. Kittler, Laetrile: Nutritional Control for Cancer, 90-91.*

Dr. Kowan's recommendations, above, are excellent. You will find it of interest to compare it with the diet prescribed by Dr. Contreras:

THE CONTRERAS DIET

The laetrile diet of Ernesto Contreras also forbids such items as alcohol, coffee, soft drinks, white bread, ice cream, butter, canned and prepared foods while encouraging the use of health foods such as whole grains, herb teas, and honey.

Here, in detail, is the Contreras diet, which he requires of each cancer patient. After a relatively short time at the Contreras Clinic in Tijuana, they return home to continue on laetrile and the following dietary program:

Beverages—Chamomile tea, clear tea, mint tea. *Forbidden:* alcohol, cocoa, coffee, milk, soft drinks.

Bread—Rye bread, soya bread, whole-wheat or bran muffins, whole-wheat bread. *Forbidden:* all white bread.

Cereals—Buckwheat, cornmeal, cracked wheat, millet, oatmeal, sesame, fine ground grits. *Forbidden:* all other. Refined and bleached flour.

Cheese—Cottage cheese only in limited quantities. *Forbidden:* all other.

Dessert—Fresh fruits, stewed fruits, *Forbidden:* all pastries, puddings, custards, junket, sauces, ice cream.

Eggs—Poached or boiled eggs, not fried, one a day. *Forbidden:* any other form.

Fat—Cold-pressed oils, preferably flaxseed or soya oil, soya lecithin spread. *Forbidden:* butter, shortening, margarine, satuated oils and fats.

Fish—White flesh fish only (very fresh). *Forbidden:* all other fish and seafood.

Fruits—Fresh fruits only: apples, pears, apricots, bananas, cherries, currants, grapes, guava, mangoes, melons, nectarines, papaya, peaches, plums, ripe oranges, quinces, tangerines, avocados, ripe pineapple. The following dried fruits (unsulfured) can be stewed: apples, apricots, dates, figs, prunes, peaches, pears, plums, raisins. *Forbidden:* canned fruits.

Juices—Only fresh juices. May be selected from lists of fruits and vegetables permitted, including the following green leaves: chicory, endive, escarole, lettuce, Swiss chard, and watercress. *Forbidden:* all canned juices and juices with artificial coloring and sweetening.

Meat—Lean, grilled, broiled or baked beef, chicken, lamb, turkey, and veal. Internal organs: only heart and extra-fresh calf liver permitted. *Forbidden:* no pork, fat, fried or smoked meat sausages.

Milk—Yogurt, buttermilk, and nonfat milk allowed in limited quantities. *Forbidden:* other dairy products.

***Nuts*—**All types of fresh raw nuts (except peanuts), almonds, 6 to 10 a day. *Forbidden:* roasted and salted nuts and peanuts.

Potatoes—Baked, boiled, and mashed. Potato salad seasoned with salad dressing substitute, brown rice, or corn. *Forbidden:* French fries, chips, white rice.

Salads—The following raw vegetables, shredded or finely chopped, separatedly or mixed: carrots, cauliflower, celery, chicory, green pepper, lettuce, radishes, Swiss chard, watercress, onions, ripe tomatoes, turnips, Brussels sprouts, and broccoli. Forbidden: any other.

Seasoning—Chives, garlic, onion, parsley, herbs, laurel, marjoram, sage, thyme, savory, cumin, oregano, salt substitutes or other potassium salt, and sea salt in small amounts. *Forbidden:* spices, pepper, paprika.

Soups—Vegetable soup, barley, brown rice, and millet can be added. *Forbidden:* canned and creamed soup, fat stock, consommé.

Sweets—Unpasteurized honey, unsulphured molasses, carob. *Forbidden:* candy, chocolate,

white sugar.

Vegetables—Raw or freshly cooked: artichokes, asparagus, carrots, cauliflower, celery, chives, corn, endives, green onions, spinach, green peas, green pepper, leeks, lentils, lima beans, potatoes, radishes, tomatoes, wax beans, yams, eggplant, squash. Any vegetable listed under salads. *Forbidden:* all canned vegetables.

BIBLE PROMISES

"Blessed shalt thou be in the city, and blessed shalt thou be in the field. Blessed shall be the fruit of thy body, and the fruit of thy ground, and the fruit of thy cattle; the increase of thy kine, and the flocks of thy sheep. Blessed shall be thy basket and thy store. Blessed shalt thou be when thou comest in, and blessed shalt thou be when thou goest out . . The Lord shall command the blessing upon thee in thy storehouses, and in all that thou settest thy hand unto; and He shall bless thee in the land which the Lord thy God giveth thee."—*Deuteronomy 28:3-6, 8.*

"God giveth to a man that is good in His sight, wisdom and knowledge and joy: but to the sinner He giveth travail, to gather and to heap up, that he may give to him that is good before God."—*Ecclesiastes 2:26.*

"Also that every man should eat and drink, and enjoy the good of all his labour, it is the gift of God."—*Ecclesiastes 3:13.*

"Every man also to whom God hath given riches and wealth, and hath given him power to eat thereof, and to take his portion, and to rejoice in his labour; this is the gift of God. For he shall not much remember the days of his life; because God answereth him in the joy of his heart."—*Ecclesiastes 5:19-20.*

"Thou shalt keep therefore His statutes . . that it may go well with thee, and with thy children after thee."—*Deuteronomy 4:40; 5:29.*

"For this shall every one that is godly pray unto Thee, in a time when Thou mayest be found: surely, in the floods of great waters they shall not come nigh unto him. Thou art my hiding place; Thou shalt preserve me from trouble; Thou shalt compass me about with songs of deliverance."—*Psalm 32:6, 7.*

"He shall deliver thee in six troubles: yea, in seven there shall no evil touch thee."—*Job 5:19.*

"The Lord preserveth the faithful."—*Psalm 31:23.*

"There shall no evil befall thee, neither shall any plague come nigh thy dwelling."—*Psalm 91:10.*

"There shall no evil happen to the just."—*Proverbs 12:21.*

"The way of the slothful man is as an hedge of thorns: but the way of the righteous is made plain."—*Proverbs 15:19.*

"Cast thy burden upon the Lord, and He shall sustain thee: He shall never suffer the righteous to be moved."—*Psalm 55:22.*

"In whom we have boldness and access with confidence, by faith of Him."—*Ephesians 3:12.*

"The Lord is my strength and song."—*Exodus 15:2.*

"I know the thoughts I think toward you, saith the Lord, thoughts of peace, and not of evil, to give you an expected end."—*Jeremiah 29:11.*

"A just man falleth seven times, and riseth up again."—*Proverbs 24:16.*

"The Lord is good unto them that wait for Him, to the soul that seeketh Him."—*Lamentations 3:25.*

"Ye shall serve the Lord your God . . and I will take sickness away from the midst of thee."—*Exodus 23:25.*

"The Lord God is a sun and shield: the Lord will give grace and glory: no good thing will He withhold from them that walk uprightly."—*Psalm 84:11.*

"The Lord preserveth the simple: I was brought low, and He helped me."—*Psalm 116:6.*

"In God I will praise His word . . In God I have put my trust: I will not be afraid what man can do unto me."—*Psalm 56:10-11.*

"Believe in the Lord your God, so shall ye be established; believe His prophets, so shall ye prosper."—*2 Chronicles 20:20.*

"Be perfect, be of good comfort, be of one mind, live in peace; and the God of love and peace shall be with you." —*2 Corinthians 13:11.*

"To do good and to communicate forget not: for with such sacrifices God is well pleased."—*Hebrews 13:16.*

"If there be first a willing mind, it is accepted according to that a man hath, and not according to that he hath not."—*2 Corinthians 8:12.*

"But know that the Lord hath set apart him that is godly for Himself: the Lord will hear when I call unto Him."—*Psalm 4:3.*

"We are saved by hope."—*Romans 8:24.*

— Part Four —
Essiac Therapy

RENE CAISSE, R.N., 1922

Note to researchers: Now, after more than 50 years of mystery, the Essiac formula is known. Research work on this formula should be carried out, so official approval can be obtained.

Working Summary: Essiac consisted of a carefully worked out formulation of several herbs, which both attacked the cancer and helped expel it from the body. Fortunately, we have both the formula and how to prepare and take it.

There are three people who have made it possible for Essiac to be available today. Here is this incredible story.

The first of the three was Rene Caisse. She is one of the few people in this brief history of cancer remedies who was not a medical doctor. She was a Canadian registered nurse who was born in Bracebridge, Ontario, in 1888. Briefly married (her husband died shortly after their marriage), she retained her maiden name for the rest of her life. A kindly lady, she could be quite stubborn when necessary and had a strong distrust of medical and government intrusion.

In 1922, Caisse was 33 years old and head nurse at the Sisters of Providence Hospital in Haileybury, Ontario, Canada. One evening she noticed an elderly woman patient who had a strangely scarred breast. When she inquired as to the cause, the lady told her that, more than 20 years earlier, she had come from England to join her husband who was working as a prospector in northern Ontario. Shortly after arriving, a hardened mass appeared on her breast.

The area where they were camping was inhabited by Ojibwa Indians (also known as Chippewa). Learning of her problem, an old Indian native doctor (medicine man) said it was really no problem, for their tribe regularly healed these tumors with an herbal mixture. The kindly Indian offered to help her, but she and her husband said they would obtain help in Toronto.

Journeying down there with her husband, she was told that she had advanced cancer and would be dead in a short time unless she was operated on. But the woman recalled a friend who had recently had a radical mastectomy and died soon after. Besides, they did not have the money for expensive operations.

Returning to the Objibwa tribe, she sought out the old Indian. He gave her an herbal tea, along with instructions to drink it twice a day. She was also given the complete formula for gathering the herbs and making the tea. The herb tea totally eliminated the malignancy.

Caisse was astounded, and asked if there was any way she could obtain the formula. The woman said she had it written down at home.

The formula listed only **a few herbs**, and nothing more. Rene kept it, thinking that some day she might have cancer and would then use it on herself. Yet, two years later when her aunt, Mireza, was medically diagnosed as dying of inoperable stomach cancer with liver involvement, Caisse well-knew that the latest medical advances included burning the patients horribly with radium.

Wishing to spare her favorite aunt such torture, she gave her the herbal tea. Both Caisse and the attending physician, Dr. R.O. Fisher, were amazed when, after two months of treatment, the relative rallied and recovered. (She lived 20 more years after that.)

Deciding to give the formula a name, Caisse called it *Essiac,* which is her name spelled backwards.

With the help of Dr. Fisher, she now began treating dozens of patients suffering from cancer. The results were documented, frequently with remarkably success.

One was an old man, J. Smith, who had a hideous, hemorrhaging malignant growth on his face.

Within 24 hours the bleeding had stopped; and, after several treatments, the growth began reducing in size and the large holes in his chin began to heal.

Based on what was happening to these cancer patients, many of whom were terminal, eight physicians and medical professionals signed a petition in 1926 and sent it to the Department of National Health and Welfare in Ottawa, requesting that Caisse be given facilities to do research work on her herbal formula.

In response, they sent two investigating doctors with papers empowering them to have her arrested. But, when they arrived, they found she was working with nine of the most eminent physicians in Toronto, who told them of her work.

Stunned, one investigator gave her cancerous mice (inoculated with deadly *Rous Sarcoma*) to experiment on—and she kept them alive for 52 days, longer than any other method known to medical science.

Caisse kept helping people who came to her. Most of the time, they had been diagnosed as having advanced, inoperable cancers.

A battle began which lasted 50 years until her death at the age of 90 in the fall of 1978, after falling and breaking her hip. She had outlived most of her opponents.

Rene was threatened with arrest a dozen times; yet doctors, who had been referring patients to her, always came to her rescue. She never took any money for administering the treatment, only donations; and she lived very modestly. Many gave her only a dollar or two for the help they received. News of what she was doing gradually spread. As you might expect, the public was very favorable to her work.

In 1932, the first major newspaper article appeared in the Toronto *Star*. Entitled, *"Bracebridge Girl Makes Notable Discovery Against Cancer."* This brought her work to the attention of many more people.

That same year, Dr. A.F. Bastedo, of Bracebridge (her hometown, located 170 kilometers north of Toronto, with a population of only about 9,000), let Caisse treat one of his patients who had terminal bowel cancer. When the patient recovered, Bastedo was so impressed, he convinced the town council to make the British Lion Hotel, which had been repossessed for back taxes, available to Rene for a clinic.

Rene Caisse now had an entire hotel to use, free of charge. Soon patients were arriving from around the world. The King of England wrote her a letter of encouragement.

Then a personal tragedy confronted her: Rene's own mother was diagnosed with inoperable cancer. But the tea brought a full recovery, and she lived another 18 years till the age of 90.

Thousands of signatures were gathered by friends and sent to Dr. J.A. Faulkner, provincial Minister of Health, imploring the government to support her work. The petition was ignored.

Then nine medical doctors submitted another one. Upon receiving it, Faulkner conferred with Sir Frederick Banting, the co-discoverer of insulin. Banting was interested. He had first heard about Essiac ten years earlier in 1925, when a woman treated with it no longer needed insulin. Her diabetic condition had disappeared! Checking into it, Banting had concluded that Essiac had somehow "stimulated the pancreas to function normally, thereby healing the diabetes."

But when the matter was again brought to his attention by Faulkner in 1935, she was invited to the Banting Institute in Toronto, to work under his supervision.

Caisse's supporters urged her to accept this outstanding offer; but, because it included stopping her care of cancer patients and working on mice, she said she turned down the offer. She would have to leave Bracebridge for a time, and this she refused to do. Her patients needed her help, and would die if she left.

In 1936, a large number of physicians again put their signatures on a petition for the Ottawa Department of Health and Welfare to give her an opportunity to demonstrate her method, so it could be officially approved. Once again, it was turned down.

At this juncture, let us cite two examples of what Rene Caisse was doing at Bracebridge, which she considered too important to abandon for mouse studies:

Tony Baziuk was a CNR engine watchman with lip cancer. It was so swollen after radium treatments in London, Ontario, that he could see it over the end of his nose. The pain was excruciating.

Fellow workers collected enough to pay Tony's way to Bracebridge. One injection of Essiac and Tony felt immediate relief. In six months he was back on the job, and lived 40 more years.

May Henderson went to Bracebridge, in 1937, with tumors in both breasts. Doctors told her she must have a double mastectomy immediately. Then they found a tumor the size of a grapefruit in her uterus.

Too weak to move, she had a horror of surgery; so her physician, Dr. J.A. McInnis, told her she was hopeless and sent her to Caisse. Describing the experience later in 1977, May said:

"My color was a muddy yellow, my hair thin, my

eyes, ordinarily blue, were gray and stony. I hemorrhaged so badly I thought I would die, and couldn't stand up for any length of time."—*quoted in Richard Thomas, The Essiac Report, 19.*

Within three months after beginning Essiac injections, May was back at work.

"At first, the lumps seemed to grow harder, but then the turning point came and I discharged great masses of fleshy material."—*Ibid.*

Still healthy 40 years later when she recounted the experience, she never had another recurrence of cancer.

In late 1937, a petition with 17,000 signatures were sent to the Canadian government. By this time, Rene was repeatedly offered millions of dollars if she would give her still-secret formula to some firm, so they could exclusively sell it to the public. All such offers were rejected. Caisse wanted the people helped, and feared letting either private firms or the government gain control of the formula.

A leading physician in Chicago heard about Essiac, and offered to let Caisse come there to do research work. Since she would be gone from Bracebridge only every other week, and the Essiac would be given to people, not just mice, she agreed to do so.

She commuted to Northwestern University Hospital in Chicago, assisting five physicians in treating 30 volunteer terminal cancer patients. After 18 months, they concluded that Essiac prolonged life, broke down nodular masses to a more normal tissue, and relieved pain. They as much as said that it eliminated cancer, but dared not openly admit it—lest they get in trouble.

Passavant Hospital in Chicago offered her a home and the use of their laboratories, if she would move to the United States. A group of American businessmen in Buffalo, New York, offered to put up a million dollars in cash, if she would turn over the formula to them so they could control it for world marketing.

But Caisse turned them all down. She said she wanted Essiac used immediately on suffering cancer patients. Authorities wanted her to stop using it while they spent years testing it on animals!

Yet, by that time, it had successful healed thousands of human beings of the dreaded disease. And they wanted to go back to animals!

She wanted Essiac to be recognized as a cure for cancer. Others wanted the formula and marketing control of the product. She was thinking of people; they had money in mind.

Somehow, in a world gone mad with greed, Rene Caisse was a different kind of person.

Not only patients came from distant places, so did highly trained physicians. Emma Carson, M.D., came from California. Originally planning to remain one day, amazed at what she found, she stayed at the Bracebridge Clinic nearly a month.

"I firmly resolved that my investigation be based on unprejudiced judgment. The vast majority of Miss Caisse's patients were brought to her after surgery; radium, emplastrums, etc. had failed to be helpful, and the patients were pronounced incurable or hopeless cases.

"The progress obtained, the actual results from Essiac treatments, and the rapidity of repair were absolutely marvelous and must be seen to be believed. My skepticism neither yielded nor became subdued by the hopes and faith so definitely expressed by the patients and their friends.

"As I reviewed, compared and summarized my data, records, case histories, etc., I realized that skepticism had deserted me. When I arrived I contemplated remaining 12 hours; I remained 24 days. I examined results obtained on 400 patients."—*Emma Carson, M.D., op. cit., 23.*

Then, in 1938, the central government became involved when a bill was presented to Parliament, which would officially allow Rene Caisse to treat cancer patients with Essiac. It was introduced in March by Frank Kelly, and proposed that Rene Caisse be officially authorized to "practice medicine in Ontario in the treatment of cancer in all its forms and of human ailments and conditions resulting therefrom." Caisse wanted to be able to treat cancer patients before they had entered the advanced, terminal stage. The patients were half dead before she had an opportunity to work on them.

The bill was supported by a petition with 55,000 names of patients, their families, and friends, and many physicians. But, in a close decision, the bill was defeated by just three votes.

At this juncture, it is a wonder the voting public of Canada did not throw the bunch out of office.

Faulkner, who had favored Caisse somewhat, had been replaced as Minister of Health by Harold Kirby, who declared, "I will not see the honor of modern medical science tainted!" He introduced a bill into Parliament three days after defeat of the Kelly bill. It easily passed, and called for fines and jailing of anyone giving Essiac. Caisse was warned that she would be arrested if she continued to give her "useless" Essiac treatments.

Rene immediately announced she was closing her clinic and moving to the United States. Her patients were heartbroken, and protests from all

across Canada deluged the desks of the Premier and the Minister of Health.

Under incredible public pressure, Premier Hepburn and Health Minister Kirby publicly announced that Caisse could continue her work, and would not be charged under the new Kirby law. She consented.

The war continued. On one side were the protests of the public; on the other side, a driving concern to shut down Caisse's clinic. The next year (August 1938) the government set up a commission of six physicians, with "expertise" in the treatment of cancer, to investigate her claimed cancer cures.

All this was somewhat ironic, since the formula had been curing cancer in Canada longer than there had been a Canada.

Drs. W.C. Wallace and T.H. Callahan were sent to Bracebridge to interview her patients, and received glowing reports.

Three members of Parliament (Duckworth, Armstrong, and Summerville) strongly urged enactment of a bill to permit Caisse to treat cancer.

Caisse brought not 10, 20, or even 30 Essiac-treated patients—but 380 of them! They all claimed to have been cured, and there was medical documentation to support it. The commission heard 49 of them

Here are just two of those 49 testimonies:

"After treatment by Nurse Caisse, I'm working everyday. I milk five cows, night and morning. I'm right off the farm and have boarders and all in the house, and I have to do it all myself. I owe my life to Miss Caisse and I hope you will do something for her."—*Elizabeth Stewart, op. cit., 28.*

"My cancer had spread after radium treatments until my arm had swelled to double its size, and turned black. I went down from 150 pounds to 90 pounds, and then entered St. Michael's to have my arm amputated, but changed my mind on the eve of the operation and went to Bracebridge instead. After four months on the Essiac treatment my arm has returned to normal, and I have gained 60 pounds."—*Annie Bonar, ibid.*

After hearing the 49 testimonies, the committee admitted that Essiac may have helped some of them. But most of the time, the commission concluded her patients either did not know what they were talking about, never had cancer (had earlier been misdiagnosed), or that some standard method had really remitted the cancer.

In spite of all this evidence, the commission rejected the request for permission to give Essiac to cancer patients. In its official December 1939 report, the commission declared that, of all the testimonies and piles of records submitted, where diagnosis had been by biopsy, there had been only one recovery by Essiac.

For example, Mrs. Annie Bonar (quoted above) was said to have been cured by the earlier radium treatments, not by a tea made from plants!

"It is my opinion that the hearing of my case before the Cancer Commission was one of the greatest farces ever perpetrated in the history of man. Over 380 patients came to be heard and the Commission limited the hearing to 49 patients. Then in their report they stated that I had only taken 49 patients to be heard, that X-ray reports were not acceptable as a diagnosis, and that the 49 doctors had made wrong or mistaken diagnoses. It is a sad state of affairs if doctors can diagnose an affliction as 'cancer' and send patients home with a few months at most to live, if they are not sure."—*Rene Caisse, op. cit., 31.*

For several years she continued giving the treatments, always without charge, and never knowing when she would be arrested. In 1942, close to a nervous breakdown, she closed down the clinic. In 1948, when her husband died, she returned to Bracebridge, but little is known of her activities until 1959. It was widely believed that she was still treating patients, and the government dared not arrest her.

Throughout the years when she was treating people, when asked about her income she would laugh, "I never had $100 I could call my own!" She would accept fruits, vegetables, eggs, or whatever the people would bring her in payment for her help. She never turned away anyone who had no money.

When asked why she kept the formula secret, she replied that as long as the government and the medical groups did not have it, they could not forbid others to use it. She refused to reveal the formula to the Canadian Government, the Memorial Sloan-Kettering Cancer Center in New York, or the National Cancer Institute in Bethesda, Maryland—just to name a few.

She said she would not tell them the formula until they publicly admitted that it could cure cancer. This they refused to do. So the stalemate continued on down to the time of her death.

"I want to know that suffering humanity will benefit by it. When I can be given that assurance, I am willing to disclose my [herbal] formula, but I have got to know that it is going to get to suffering humanity."—*Rene Caisse, op. cit., 30.*

There are three individuals who made it possible for people today to have Essiac. The first was

Rene Caisse; the second was Charles A. Brusch, M.D.

In February 1959, Roland Davidson (a Canadian healed of a severe case of ulcerated hemorrhoids by Essiac) journeyed to New York City to convince Ralph Daigh, editorial director of Fawcett Publications, to print a story on Caisse and Essiac in *True,* at that time the largest men's magazine in North America. He had with him copies of 10 pounds of documents, testimonials, physicians' statements, and newspaper articles.

Daigh was skeptical at first; but, after examining the material for several hours, he became very interested. Daigh decided to check further into the matter. With a friend (Paul Murphy of the Science Research Institute of New York), he went to Bracebridge to interview Caisse and several physicians who had worked with her.

Daigh then made arrangements for Caisse to be invited to go to Cambridge, Massachusetts and work with Dr. Charles Brusch, one of the most prestigious physicians in America. Expenses would be paid and she would retain the right to her formula. By this time, Rene was 70.

From 1959 to 1962, Dr. Brusch worked with Essiac at his Brusch Clinic in Massachusetts. He was a personal physician to John F. Kennedy; and, using Essiac, he healed Ted Kennedy's son who had a sarcoma on his leg.

It was quickly obvious to Brusch that Essiac was a winner, and he wanted to try to improve on the formula. Working closely with Caisse, they gave Essiac orally and by injection to the patients. They also gave it to mice. **Brusch knew a skilled herbalist, in Kansas, who suggested several other herbs. Gradually, over a period of time, Brusch honed the formula into one which worked better, and no longer needed to be injected. In this way, common folk could more easily obtain and use it.**

> "What they discovered through extensive experimentation on human patients was that by adding more herbs (called potentiators) to Essiac's original core formula, Essiac became even more effective. So much so that it was possible to administer the entire formulation orally. This was quite a breakthrough because it meant that people could treat themselves in the privacy of their own homes. Long treks to the clinic were no longer necessary . . Essiac in its newly evolved formulation was never again administered by injection to human patients."—*Richard Thomas, The Essiac Report, 39.*

The improved formula had the four basic herbs, plus four others.

Eventually, Brusch was told that mice would no longer be available to him "for obvious reasons" and "technical difficulties." Pressure became so great that he was much more cautious about treating patients with cancer, lest he be arrested. But Brusch remained solidly with Rene Caisse as her friend and fellow researcher. **She recognized this, gave him the full formula, and signed a contract making him co-owner of the Essiac formula. That was one of the wisest decisions she ever made.**

> "The results we obtained with thousands of patients of various races, sexes, and ages, with all types of cancer, definitely prove Essiac to be a cure for cancer. All studies done in four laboratories in the United States and one or more in Canada fortify this claim."—*Charles A. Brusch, M.D.*

Rene found that Essiac **tended to normalize the thyroid gland**. She noted that **it would heal stomach ulcers** within 3-4 weeks. Sir Frederick Banting, the co-discoverer of insulin, said the tea **seemed to regenerate the pancreas so it would again produce insulin**. It is also **good for the common cold**. Essiac **elevates the immune system**. Gary Glum, author of a book on Caisse, says he has taken one ounce of Essiac, each day for a decade, and he has not had a cold, flu, or a virus.

—Yet neither Essiac nor any other special food should be taken as a cure-all, without changing one's way of life. Adequate rest, exercise, and healthful living are crucial to success; it would be foolish for a person to just take Essiac, and imagine that he was insulated from infection and crippling disease.

By the 1970s, no one (other than Brusch) yet knew what the formula was. Midway through that decade, Caisse finally admitted to the general public that the core formula contained only four herbs.

At the time, one natural healing writer asked her directly if red clover tops was one of them. She said no. He was amazed, since red clover blossoms have been widely used as a cancer remedy. What Caisse did not mention was that it was one of the four auxiliary herbs.

Later in this chapter, we will tell you the names of all eight herbs.

From 1962 to 1978, Rene continued quietly treating cancer sufferers at the Bracebridge Clinic. Official papers have come to light, that the government knew about this, but looked the other way. They feared the people, who considered this lady, who without charge healed cancer, to be an angel from heaven.

For his part, Brusch continued experimenta-

tion with the herbs, giving them to some patients, and continually refining the proportions to be given for optimum results. As he progressed, he shared his discoveries with Caisse. He also told her of other conditions which he found to be helped by Essiac. The formula was a phenomenal detoxifier, cleaning the body so a variety of advanced degeneracies and debilities could be alleviated.

In the summer of 1978, *Homemakers,* one of Canada's largest magazines, published a story on Rene Caisse and her work. Rene was swamped with requests for help. Newspapers across Canada picked up the story. Letters poured in.

One of those who read the *Homemakers'* story was David Fingard, the vice-president of Resperin, a Canadian corporation said to have pharmaceutical interests. Fingard determined that he would do the impossible: convince Caisse to turn over the formula to him. Repeatedly, he made offers, which she turned down. But he kept offering new, revised offers. Finally, he offered to treat poor cancer patients free, if she would turn over the formula.

On the morning of October 26, 1977, Caisse, Brusch, and Fingard signed a contract giving his firm the formula. Although Brusch was somewhat doubtful, yet Caisse, knowing she was nearing the end of her life decided to go ahead with it. She had signed over the rights to her secret formula, for the sum of one dollar, to a Canadian manufacturing firm. Resperin was organized by a physician, Matthew Dymond, who wanted to save Essiac from extinction. He told her that he would use it to help humanity, and she trusted him.

With the passing of time, Brusch's fears were found to be true.

Resperin kept the secret formula in Toronto; but, in order to carry on their work, they said it was necessary to share the formula with the Canadian Ministry of Health and Welfare. This angered Caisse, who felt that the men had betrayed her.

But Brusch began checking into the matter and learned still more.

On one hand, the medical establishment was up to its old tricks. Only two hospitals were permitted to dispense Essiac. Physicians at those hospitals refused to give Essiac in the larger amounts needed to accomplish anything worthwhile. The clinical testing was limited to private physicians, and they were required to fill out extremely lengthy forms for each person they wanted to give Essiac to. So few physicians would bother to use it very much. The physicians said they must give it in combination with various drugs. On and on went the merry-go-round.

Rene Caisse was heartbroken. She blamed Resperin for the problems. Bitterly disappointed, she died on December 26, 1978, a week after being operated on for a broken hip.

But Charles Brusch still had the formula. He continued investigating, and he learned still more.

In early 1980, he learned why he had been kept totally in the dark about Resperin's work with Essiac, even though the contract called for him to be regularly consulted. Since Brusch was in New York State, not Canada, he hired a private investigator to check things out. This is what was discovered:

Resperin was not even a viable corporation at the time of the *Homemakers'* article. It had sold some respiratory products, but little was known about them. The impressive board of consultants were merely friends of David Fingard.

Fingard was a trained chemist, but his specialty was unknown. Essiac was being formulated in the kitchen of Dr. Matthew Dymond, the only other Resperin employee. Both men were now in their 70s, and too frail to accomplish much.

The general inaction of Resperin and in the hospitals provided the Department of Health and Welfare with the excuse it was looking for. On April 9, 1981, the Health Protection Branch (an interesting name) issued an official statement condemning Essiac as essentially worthless. The hospital testing, it declared, had not helped anyone.

On August 30, 1982, Resperin's permit for testing of Essiac was rescinded. Knowing the public was to be outraged, the government was ready. They issued a statement that, under the Emergency Drug Release Act, any physician could obtain Essiac for his cancer patients.

But such extensive paperwork was required for each case, that the local physicians could not use it. Among other things, the complete past medical history of the patient must be written out and submitted, with copies of all tests, X-rays, etc.

Resperin had been effectively stopped, and Fingard and Dymond retired into silence. Essiac could not be gotten to the people.

Now enters the third person who, with Rene Caisse and Dr. Charles Brusch, would bring Essiac to the people.

Before her death, Caisse, brokenhearted over the state of affairs, shared the four-herb basic formula with some friends. Gradually others learned about it. But Dr. Brusch continued to have the complete formula. Only the four basic herbs in the original formula had been divulged to Resperin. Why the complete formula had not been shared is a

question we do not have an answer for. It is likely that the advanced research work by Brusch was held back because of his initial doubts about Fingard and his organization. (A letter dated December 31, 1985, from the Health and Welfare Department, in Ontario, confirms that only the four-herb formula was in use.)

Essiac was dead. Dr. Brusch did not know what to do, and could only wait.

Then, in the late summer of 1984, a woman in Vancouver phoned him.

Elaine Alexander was a woman with a remarkable amount of energy. She was a radio talk show host and producer in Vancouver, British Columbia; and she had heard about Essiac.

Intrigued at first, she investigated, read everything she could on the subject, and become convinced that Essiac really could heal cancer!

Alexander asked Brusch if he would be willing to appear on her Vancover radio talk show. It was obvious that she already knew a vast amount about Essiac, and regularly discussed controversial health issues over the air. In 1984, she had been one of the first to reveal the AIDS crisis to Canadians, and she spent six weeks of broadcasts doing it.

Brusch found that Elaine had already meticulously gone through court records, privately interviewed people healed by Essiac, and spoken with physicians. Now she wanted to take the whole matter to the public in a radio series.

For the first two-hour interview, the phone lines were jammed as she spoke with Brusch.

"*Alexander:* Does Essiac have any side effects?

"*Brusch:* None.

"*A:* Dr. Brusch, let's get right to the point. Are you saying Essiac can help people with cancer, or are you saying that Essiac is a cure for cancer?

"*B:* I'm saying it's a cure!

"*A:* Would you repeat that once more, Dr. Brusch?

"*B:* Yes, I would be glad to. Essiac is a cure for cancer. I've seen it reverse and eliminate cancers at such a progressed state that nothing medical science currently has could have accomplished similar results. I wouldn't have believed it myself had I not seen it with my own eyes. I feel very strongly that Essiac is the single most beneficial treatment for cancer today."—*First E. Alexander radio interview with C.A. Brusch, M.D., November 1984.*

In Dr. Brusch, Rene Caisse had at last found a friend who would not betray her. In Elaine Alexander, Brusch had at last found the friend he needed to bring Essiac to the people.

Intense pressure was immediately applied to Alexander, from both medical interests and the general public. Learning where she lived, people would mob her home. She became an expert at sorting out the legal red tape, so patients could obtain Essiac from their physicians via the Emergency Drug Release Act. Yet the complications were so serious that only a few could be helped.

The pressure continued from 1984 onward. Then, in early 1988, Elaine got an idea. Simple enough, it would cut through all the red tape and bring Essiac to the people at last!

The answer was to be found, for example, in a letter from Dr. A. Klein, at the Health Protection Branch of the federal government.

"*Relevant Factors:*

"Essiac has always been classified as a drug because the Resperin Corporation has made drug claims for this infusion.

"According to the Food and Drug Act, a substance is a drug when it is a substance or a mixture of substances sold or represented for use in the diagnosis, treatment, investigation or prevention of a disease, disorder, abnormal physical state, or the symptoms thereof, etc.

"Essiac has always been represented to be a 'cure' for cancer; therefore, it is a drug due to the claim.

"*Suggested Response:*

"Essiac appears to be entirely nontoxic.

"From the evidence to date Essiac has only a placebo or a phychological effect on cancer patients.

"If Essiac were to be sold in health food stores, the implied claims for this substance could be considered fraudulent, and would also constitute a health hazard with regard to self-diagnosis and self-treatment of cancer."—*"Briefing Information on Essiac," A. Klein, M.D., Health Protection Branch, Department of Health and Welfare, Ontario, March 17, 1988.*

The solution was simple: Change the name of the formula from Essiac to something else, and sell it at low cost through the health-food stores, making no claims of any kind for it!

Why fight a war that cannot be won? Instead, just give it to the people as an herbal "tonic"—which is what the Objibwa Indians said it was.

Charles Brusch was astounded. Resperin was essentially defunct; and, by this time, he knew that Elaine Alexander was a true friend of Essiac. Immediately, he signed a contract making her co-owner of the formula, and he pled with her to take charge of getting the herbal formula to the people.

On November 10, 1988, legal documents were drawn up and signed (and an additional confirmatory contract was drawn up between them on April 23, 1993).

Elaine had to make a major decision. In order to bring Essiac to the people, she would have to give up her radio broadcasting. Somehow the distribution would have be done on a massive scale by a large, well-established firm committed to natural remedies.

It required four years of investigation by Alexander and Brusch before they selected Flora Manufacturing and Distributing, Ltd.

In 1913, Dr. Otto Greither lay gravely ill in a Bavarian hospital. A leading European orthodox physician, Dr. Greither's condition was impossible to diagnose, but left him paralyzed from the waist down. Both legs were hard, dark, and one was beginning to gangrene.

The night before he was to have both of them amputated, a nurse made a comment to him. If I may say so, one of those foolish comments that only a person acquainted with natural remedies would make. She told the great doctor that if he would take some enemas, it would clean out the colon and eliminate the toxic buildup.

Greither was understandably outraged at such a stupid statement. But, recognizing that he had nothing to lose, he did it. The effects were immediate, and a full recovery followed soon after.

Returning to his practice, rich foods, meat, wine, and late hours, within six months he was back in the hospital with both legs paralyzed again.

Once again, Greither took an enema.

This time, recovery awakened him fully to the reality of natural remedies and uselessness of orthodox medications. He made a total changeover in practice, and thoroughly researched the health-food field. In 1916, Dr. Otto Greither founded a company, called Salus Haus (Health House). Within 10 years there were more than 50 of them in Germany. Specializing in herbal formulas to detoxify the body, the firm spread to other countries.

Employing over 250 people, Salus Haus now owns organic fields throughout Bavaria, an organic herbal farm in Chile, and an organic acerola farm in Florida.

Its manufacturing plant outside Munich covers 60 acres, and the products are exported to 60 countries. The headquarters of the Canadian company, called Flora, is located on the edge of Vancouver, B.C.

The first meeting of Elaine Alexander with the head of the company, Thomas Greither (Otto's grandson), was in May 1992. Ultimately, an agreement was signed.

Brusch and Alexander required that she maintain continual oversight of the growth, harvesting, processing, widespread, and lower-cost sales distribution of Essiac. If Alexander was not satisfied, either changes would be made or the contract would be canceled.

At last, common people could obtain Essiac.

(For more on Essiac, see pages 158 and 163.)

SUPPLEMENT: THE ESSIAC FORMULA

1 - THE ORIGINAL ESSIAC FORMULA

Here are the four primary herbs in the Essiac herbal formula:

Burdock root *(Arctium lappa)* is slightly bitter. You can add an additional 2-6 oz. to the 24 oz., if you do not mind the added bitterness. This would be beneficial, but not necessary.

Sheep sorrel *(Rumex acetosella)* is a wild perennial miniature of garden sorrel. It must be green in color and have an aroma of sweet grass. "Sorrel" comes from a French word for "sour." Sorrel tastes a little like lemon juice.

Turkey (or Turkish) rhubarb root *(Rheum palmatum)* is yellowish-brown in color.

Slippery elm inner bark *(Ulmus fulva)* is best purchased. If you strip it from a tree, you will likely kill it if you do not know the proper way to do it.

For your information, it is sometimes said that Essiac originally had six herbs in it, not four. Checking this out carefully, we find that there were only four.

We have learned that **sheep sorrel** is a crucial ingredient, but that many herb companies substitute yellow dock and curly dock for the sheep sorrel. Yet it is **the sheep sorrel that is said to be responsible for the destruction of cancer cells, in the body, or their amalgamation** where metastasized cancer cells actually return to the original cancer site. It is very important that the sheep sorrel be included in the mixture, not dock!

We have also learned that Rene would harvest the sheep sorrel (a common weed which grows over much of Canada and the United States) when it was 4-6 inches high. She cut it back and it would grow again, and she would cut it back again. After doing this about three times, she would let it go to seed. While seeding the ground, it would grow to 14-18 inches.

Caisse would then take the herb cuttings home and lay them out at room temperature to dry. After 3-4 days, she would begin turning the herbs. Thereafter, she would turn them every two days until they were properly dry, which took about 10-14 days. About a bushel of harvested sheep sorrel is required to produce one pound of the dried powdered herb, as used in the formula.

Rene had said that, when she originally ob-

tained the formula in the early 1920s, she altered the formula somewhat. It is now known that the modification was the addition of **Turkish rhubarb root** *(Rheum palmatum).* This herb is not native to North America, nor available here. It does not grow in the fields, therefore could not be part of the original Ojibwa Indian formula. But it has been used for thousands of years, and originally came from India into China, where the British acquired it and took it to Britain and Canada. Because herbs imported from foreign countries are generally fumigated and irradiated, some prefer to use a native variant. It is said that ordinary **rhubarb root** can be used as a substitute.

(Special note: The above information was obtained from research studies on Turkish rhubarb, and it is there called *Rheum palmatum;* yet that is the scientific name for ordinary, North American rhubarb. The present writer has been unable to obtain any further information on "Turkish rhubarb.")

The **burdock root** *(Arctium lappa)* and the inner (not outer) bark of the **slippery elm** *(Ulmus fulva)* are easy to obtain. It is the **sheep sorrel** *(Rumex acetosella)* that is said to especially destroy the cancer cells. The **burdock** and **rhubarb** are said to be blood cleansers. (However, from other sources, we learn that Hungarian research, in 1966, and Japanese research, at Nagoya University in 1984, disclosed that burdock has antitumor activity; and studies done, in the 1980s showed antibiotic and anti-tumor properties in rhubarb.) As for **slippery elm**, its primary function is to catch toxic substances, brought to the colon by the bloodstream, and carry them on out of the body.

Here is additional information about Essiac:

This information comes from several sources, and all of it agrees. (One of the sources is a book by Gary L. Glum, a Los Angeles chiropractor, entitled *Calling of an Angel,* about Caisse and Essiac.)

Even its worst enemies could never claim that Essiac had any side effects. It can be safely taken, up to 6 oz. a day (2 in the morning, 2 around noon, and 2 in the evening).

Some may wish to order the four herbs and mix their own, in order to insure highest quality of product. Here is the recipe:

Dry ingredients:

(1) 24 oz. of **burdock root**. This is equivalent to 6½ (six and a half) kitchen measuring cups, full of the cut root piece or 24 oz. of the dry powdered herb.

(2) 16 oz. of powdered **sheep sorrel**.

(3) 1 oz. of powdered **Turkey rhubarb root**.

(4) 4 oz. of powdered **slippery elm bark**.

Supplies needed:

• Two 3-gallon (or larger) pots with lids. They should either be stainless steel or enameled blued canner pots. Never use aluminum as a container for anything you may later put into your body!

• Fine-mesh strainer (stainless steel).

• Funnel (stainless steel or plastic).

• Spatula (stainless steel).

• Twelve or more 16-oz. sterilized amber glass bottles with airtight caps (not the childproof type; these are not airtight). Clear-glass mason jars can be used, if they are stored on a dark shelf.

• Measuring cup (pyrex).

• Kitchen scale (it must have ounce measurements).

Advance preparation:

(1) Sterilize the bottles and caps, which the herbal liquid will later be stored in. Bottle caps must be washed and rinsed thoroughly, and may be cleaned with a 3% solution of food grade hydrogen peroxide in water.

(2) To make the 3% solution: Mix 1 oz. of 35% food grade hydrogen peroxide with 11 oz. of distilled water. Place in a pot and let the jars and lids soak in it for 5 minutes; then rinse and dry. If the food grade hydrogen perioxide is not available, use ½ teaspoon of Chlorox to 1 gallon of distilled water.

Preparing the herbs:

(1) Mix the dry ingredients thoroughly. You can best do this by placing the herbs in a plastic bag and vigorously shaking it. Any clean household bag will suffice.

(2) Put the 2 gallons of distilled water into the large pot, cover it with the lid, and bring it to a rolling boil. Continue the boil for a couple minutes.

(3) Stir in 1 cup of the dry ingredients. Replace the lid and continue boiling for 10 minutes.

(4) During the waiting period, store the remainder of the herbs in a cool, dark place. The herbs are light sensitive.

(5) Turn off the fire, but do not remove the herbs. The steeping process has begun (during which the herbs remain in the hot water). Scrape down the sides of the pot with a spatula, stir the mixture thoroughly, replace the lid.

(6) The pot should remain closed for 12 hours. Then turn the stove to the highest setting and heat almost to a boil—but do not let it begin boiling! This will take about 20 minutes. The steeping out of the active ingredients (from the herb into the water) is now completed.

(7) Turn off the stove. Strain the liquid into the second 3-gallon (or larger) pot. Clean the first

pot and strainer.

(8) Do the second straining: Strain the filtered liquid back into the first pot, using the strainer and a clean cotten cloth across the mouth of the strainer.

(9) Use the funnel to immediately pour the hot liquid into sterilized bottles, being careful to tighten the caps securely. Allow the bottles to cool. Then tighten the caps again.

(10) If possible, store in a cool place until opened. Upon opening a jar, keep refrigerated, but not frozen.

(11) Essiac contains no preservatives so, if mold forms in a bottle, immediately discard the contents.

(12) Sediment on the bottom of the jars is from the herbs and is normal.

Directions for use:

Essiac is easy to take and does not taste bad. Brew the tea and store it in bottles in the refrigerator. Drink it at least one hour before mealtime.

(1) If you have cancer, drink two fluid ounces three times a day. Do this for at least 12 consecutive weeks, without interruption.

(2) If you have diabetes, drink two ounces twice a day.

(3) For general health maintenance, drink two two-ounce cups twice a day for two weeks, then one a day thereafter.

Directions for normal use:

(1) Shake the bottle of Essiac.

(2) Take 4 tablespoons (2 oz.) twice a day. It can be taken cold or heated slightly (do not microwave).

(3) Take it in the morning upon arising. One hour before eating is best.

(4) Take it again at bedtime on an empty stomach, at least 2 hours after eating.

(5) In severe cases, also take 2 oz. before the noon meal.

If you have severe stomach problems, dilute Essiac with an equal amount of distilled water.

Directions for use as a preventive:

(1) Shake the bottle of Essiac.

(2) Take 4 tablespoons (2 oz.). It can be taken cold or heated slightly (do not microwave).

(3) Take it at bedtime on an empty stomach, at least 2 hours after eating.

2 - THE IMPROVED ESSIAC FORMULA

As agreed upon by Dr. Charles Brusch, Elaine Alexander, and Thomas Greither, the complete herbal compound, as formulated by Caisse and improved on by Brusch, is today marketed by Flora under the brand name, *Flor•Essence;* they are both in ready-to-take liquid form and formulated dry herbs for home steeping. It is sold simply as an herbal cleansing tea. No other physiological claims are made for it. The herbs are said to have been grown under entirely organic conditions.

The proportions of the formula remain a closely guarded secret, but the full list of herbs in the improved Flor•Essence product is known. Any physician or researcher who administered the herbs over a period of time could ascertain the ideal proportion of the eight herbs.

These herbs are as follows:

The original four herbs—The original four herbs, as given by the Objibwa Indian doctor, have been listed above. They are sheep sorrel, burdock root, slippery elm bark, rhubarb root (also called Turkey rhubarb root). These four herbs have been discussed at length in the preceeding two pages, and will be discussed in even more detail later in this book *(Part Five: Herbal Preparations)*.

The additional four herbs—Working closely with a Kansas herbalist, Dr. Brusch found that the addition of certain other herbs "potentiated" (improved) the successful outcome of administering Essiac to cancer patients. **We do not know what the proportions of these four additional herbs were, but the context of all the discussion about Brusch's findings would indicate the basic four herbs were probably in the largest proportion.**

Here are these additional four herbs: watercress, blessed thistle, red clover, and kelp. *Here is a brief overview of each of them:*

Watercress is called a "light herbal tonic," which not only tones up the system but also provides some nourishment. It aids in rebuilding and retoning the body. It is said to be an excellent blood tonic and purifier, and richer in iodine than most plants found within the continent. For this reason, it improves the action of the thyroid.

Blessed Thistle improves digestion and circulation and strengthens the heart. It is useful for all liver, lung, and kidney problems, and strengthens the brain and memory. Blessed thistle should not be taken alone or in large amounts during pregnancy.

Red clover is an excellent blood purifier when used alone or in combination with other blood purifiers (such as yellow dock, dandelion root, sassafras, etc.). For many years it has been known as a powerful cancer remedy. Only the tops (blossoms) are used.

Kelp is the fourth of Dr. Brusch's "potentiators." Kelp is a general term for seaweed. Nutritionists recognize that California kelp may be good

as fertilizer, to help plants grow; but it is not a good nutritional supplement. The ideal is **Nova Scotia Dulse** or **Norwegian Kelp**. Both are rich in trace minerals, especially iodine. It would be well to include either of these in the diet everyday. The present writer has done so for years.

If you wish to have Dr. Brusch's exact proportions of these eight Essiac herbs, you will need to obtain *Flor•Essence*, in either the liquid or dry herb form.

ADDRESSES:

Researchers will appreciate the fact that, regardless of where they may live, if Flor•Essence is not available at local health-food stores, here are some addresses which might be helpful in locating Flor•Essence:

Flora Manufacturing Company is headquartered in Burnaby, a suburb of Vancouver, British Columbia, Canada.

Salus Haus is the international headquarters, and is located in Munich, Germany.

Here are three addresses in the United States:

P.A.H. Products, P.O. Box 2665, Mission, KS 66201 / 800-318-2666.

Sawnson Products, P.O. Box 2803, Fargo, ND 58102 / 701-277-1662.

L&H Vitamins, 37-10 Crescent St., Long Island City, NY 11101 / 718-937-7400.

The above addresses are for the improved eight-herb formula. Here is an address for the earlier four-herb formula:

Caisse's Herbal Tea, obtainable from Camas Prairie Products, Trout Lake, WA 98650. It contains organic burdock root, sheep sorrel, slippery elm bark, and turkey rhubarb.

STATEMENT BY RENE CAISSE

The following statement by this dedicated nurse summarizes her observations after giving Essiac to cancer sufferers for many years. We especially include it because it describes the manner in which *spreading cancer will frequently return to the original tumor, which will then harden and grow smaller*.

"My treatment is nontoxic herbs. It goes to the seat of the trouble no matter where it is whether internal or on the surface, and gives healthy cells the strength to resist the demands of the malignant cells for the substance upon which the malignancy thrives, thus causing a recession of the malignant cells from the healthy cells, which have become stronger.

"I can truthfully say that I have in many cases been able to stay the disease (cancer) and in some really bad cases prolong life. In practically all cases, pain and suffering were alleviated so that the patient was not compelled to resort to opiates or narcotics in increasing doses, as usually is the case. My decoction is increasing doses, as usually is the case. My decoction is a nontoxic drink made from herbs which are of definite benefit for cancer.

"I have felt that once the cancer becomes active, traveling as it does along the line of least resistance . . insidiously, on its relentless course, any destructive agency applied to the human body can only do more harm (chemotherapy, radiation, surgery).

"I have found that no matter where the malignancy may be in the human body, surgery would be much more successful after the treatment of my herbal remedy, followed by continued treatment over a period of time; then there would be no recurrence of the tumor. In the case of breast cancer, the primary growth will usually invade the mammary gland of the opposite breast or the auxilla (armpit), or both. My treatment, I found, reduces the secondary growth into the primary mass, enlarging it for a time. When it became localized, it was encapsulated and could then be removed without danger of recurrence. In one instance, a patient with breast cancer was instructed by her doctor to take my treatment before undergoing surgery; however after a brief treatment the cancer had completely disappeared, with no recurrence.

"Most importantly, and this was verified in animal tests conducted at the Brusch Medical Center and other laboratories, it was discovered that one of the most dramatic effects of taking this remedy was its affinity for drawing all the cancer cells, which had spread, back to the original sight, at which point the tumor would first harden, then later it would soften until it vanished altogether or, more realistically, the tumor would decrease in size to where it could then be surgically removed with minimum complications.

"In certain cases and at certain stages of the disease, the cancer would act as if it were 'coming to a head,' similar to an abscess. It would then break down and slough away. These people all reported that when the mass breaks, it isn't like puss but like a cottage cheese substance that comes away. Still other types will enlarge until the mass is localized, then loosen and reduce in size until there is nothing left, having been absorbed into and carried off by the blood stream and body waste.

"Other observations I've made over my years of practice: The treatment allowed patients to sleep in greater comfort than they had in the past, and the increased appetite and weight, diminished pain, decreased tumor size, and longer life span were all attested to by doctors in attendance. Dr. Banting, who examined case after case, was especially impressed with the effect of the treatment on the pancreas and possibly other sluggish glands which it

seemed to restore to activity. Other doctors who examined my patients discovered the treatment had a special effect on the liver. After taking blood counts they found hemoglobin and white cell platelets had returned to normal.

"My treatment, given to people in health, is helpful in that it is a blood purifier and will do its work before there is any chance of the malignant cells invading the body."—*Undated statement by Rene Caisse.*

An increasing number of alternative cancer therapists are leaning toward the conclusion that, **when the level of toxins in the body becomes too high, cancer begins to grow in order to protect the body from death. The cancerous tumor actually filters the toxins out of the blood; but, as soon as the tumor is removed, the toxins come back because the cause of the poisoning has not changed.**

The solution is to increase the general nutrition, stop putting those toxins into the body, and set to work, systematically, to rid the body of the toxins it has. The Gerson therapy is ideally suited to this task.

"Them that honour Me I will honour."—*1 Samuel 2:30.*

"The Lord preserveth the faithful."—*Psalm 31:23.*

"Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord for ever."—*Psalm 23:6.*

"Verily there is a reward for the righteous."—*Psalm 58:11.*

"Salvation belongeth unto the Lord: Thy blessing is upon Thy people."—*Psalm 3:8.*

"All things are yours; whether Paul, or Apollos, or Cephas, or the world, or life, or death, or things present, or things to come; all are yours."—*1 Corinthians 3:21-22.*

"His secret is with the righteous."—*Proverbs 3:32.*

"The light of the righteous rejoiceth . . To the righteous good shall be repaid."—*Proverbs 13: 9, 21.*

"He that spared not His own Son, but delivered Him up for us all, how shall He not with Him also freely give us all things?" *Romans 8:32.*

"Blessings are upon the head of the just . . The desire of the righteous shall be granted . . The hope of the righteous shall be gladness."—*Proverbs 10:6, 24, 28.*

"A good man obtaineth favour of the Lord."—*Proverbs 12:2.*

"Behold, God will not cast away a perfect man, neither will He help the evil doers: till He fill thy mouth with laughing, and thy lips with rejoicing."—*Job 8:20-21.*

"Thou shalt forget thy misery, and remember it as waters that pass away."—*Job 11:16.*

"Even so would He have removed thee out of the strait into a broad place, where there is no straitness; and that which should be set on thy table should be full of fatness."—*Job 36:16.*

"His anger endureth but a moment; in His favour is life: weeping may endure for a night, but joy cometh in the morning."—*Psalm 30:5.*

"When thou passest through the waters, I will be with thee; and through the rivers, they shall not overflow thee: when thou walkest through the fire, thou shalt not be burned; neither shall the flame kindle upon thee. For I am the Lord thy God, the Holy One of Israel, thy Saviour."—*Isaiah 43:2-3.*

"Thou shalt be secure, because there is hope."—*Job 11:18.*

"I will both lay me down in peace, and sleep: for Thou, Lord only makest me dwell in safety."—*Psalm 4:8.*

"He giveth His beloved sleep."—*Psalm 127:2.*

"The Lord is my light and my salvation; whom shall I fear? The Lord is the strength of my life; of whom shall I be afraid?"—*Psalm 27:1.*

"Thou shalt lie down, and none shall make thee afraid."—*Job 11:19.*

"Be not wise in thine own eyes: fear the Lord, and depart from evil. It shall be health to thy navel, and marrow to thy bones."—*Proverbs 3:7-8.*

"Whoso putteth his trust in the Lord shall be safe."—*Proverbs 29:25.*

"Many are the afflictions of the righteous: but the Lord delivereth him out of them all."—*Psalm 34:19.*

"I will look unto the Lord; I will wait for the God of my salvation: my God will hear me."—*Micah 7:7.*

"The Lord redeemeth the soul of His servants: and none of them that trust in Him shall be desolate."—*Psalm 34:22.*

"As many as receive Him, to them gave He power to become the sons of God, even to them that believe on His name."—*John 1:12.*

— Part Five —
The Gerson Therapy

MAX GERSON, M.D., 1928

We include the Gerson therapy here near the end of this historical review, since it is one of the most accessible alternative treatments available today.

Note to researchers: The Gerson treatment needs to be thoroughly explored by medical researchers, for it yields such a high rate of success. But the controlled testing should be carried out, using the strict Gerson dietetic principles. The Gerson treatment requires major changes in the diet, and must be exactly replicated.

Working Summary: The Gerson therapy has received the longest research (70 years of clinical improvement), is the most complete system (including a full range of dietetic changes), and can be done at home. They hide no secrets.

It is an intriguing fact that, with the sole exception of the laetrile battle headed by Dr. John Richardson, the physicians who left the United States were the most successful in administering alternative therapies over a long-term basis. The medical doctors who fled included Dr. Lawrence Burton, who went to the Bahamas; Dr. William Koch, who went to Brazil; and Dr. Steven Durovic, who returned to Argentina.

Then there were those who carried on a successful practice, entirely outside the United States. Included here were Dr. Robert Bell, in Scotland; the physicians, in Canada, who used Essiac for years; Dr. Ernesto Contreras, in Mexico; as well Dr. Manuel Navarro, in the Philippines; Dr. Ettore Gudetti, in Italy; Dr. Hans Nieper, in Germany; Dr. Shigeaki Sakai, in Japan; the Jankers Clinic, in Germany; and many others.

We can add to those clinics which have been successful outside America, the Gerson Institute in northwestern Mexico. Behind that hospital is an interesting story.

It is especially interesting because the Gerson treatment appears to rank above even the laetrile treatment for including a wider range of nutrition, a more systematic cleansing of toxins, and therefore yielding a higher percentage of patients who survive five years or longer. (The Gerson treatment, as given by the Gerson Institute, also includes the administration of laetrile.) Here is the Gerson story:

Max Gerson, M.D., was born in Germany on October 18, 1881. For his graduation tests, at the age of 19, Max wrote a totally new approach to a mathematics problem. His teacher could not figure it out, so sent it to the University of Berlin. They wrote back, that it was the work of a brilliant mathematician and that Gerson should be directed into higher mathematical studies. But Gerson planned to become a medical doctor. He wanted to help people.

Graduating from the University of Freiburg in 1907 as a physician, he received advanced training under five of the leading medical experts in Germany.

Shortly after completing medical school, Gerson began experiencing severe migraine headaches. He was only 25, yet he would have to lie in a darkened room for two or three days in pain.

The doctors had no answer. One told him, "You will feel better when you are 55." But that was not much of a solution.

Then Max read about a woman in Italy who had changed her diet, and her migraines lessened. This gave him an idea, so he began tinkering with his diet. In his case, he had excellent feedback: If he made a beneficial change, the migraines reduced in intensity and frequency; if he made a mistake, one would begin within 20 minutes.

First, he tried a milk diet, but that was useless. Then he went off all milk, and that helped a little.

Then he tried eating apples only—raw, cooked, baked—and that was a great help. Slowly he added other things, till eventually he had totally eliminated his migraines.

So he told his migraine patients about his diet. He called it his "migraine diet." When they returned, they would tell him theirs was gone too. But one said it had also eliminated his lupus (*lupus vulgaris,* or tuberculosis of the skin). Gersen knew the man could not have had lupus since it is incurable, but the patient showed him his medical records. The year was 1922.

It was obvious to Gerson that the medical theory, that there is but one medicine for each disease, was incorrect. As he later stated it, the great truth was this: "Nourish the body and it will do the healing."

So Max treated some other lupus patients, and their problem vanished also. But patients came back with the news that their other problems had disappeared as well. The careful dietary program he devised was successful in treating asthma and other allergies; diseases of the intestinal tract, liver, and pancreas; tuberculosis; arthritis; heart disease, skin conditions, and on and on! Some of his most striking successes were in liver and gallbladder diseases.

In Germany at that time, trains often had private compartments, each one seating six. One day, as a train was about to pull out from the station, a man entered one of the compartments. The only other person there was a distinguished-appearing gentleman who said nothing. As the train got underway, the man started chattering to no one in particular. The gentleman tried to ignore him.

Soon the man jovially got on the subject of health, and the gentleman wished he could get to his destination a little quicker.

Then, opening his shirt slightly, the man said, "And you know, I had this lupus, right here on my chest. And this doctor, he cured it. Now it's gone!"

At this, the gentleman jumped up, lunged at the man, reached for his shirt and said, "Let me see that!"

The gentleman was Ferdinand Sauerbruch, M.D., one of Europe's leading skin and tuberculosis doctors. He well-knew that lupus cannot be cured!

Obtaining Gerson's name and address from the man, Sauerbruch contacted Gerson as soon as he reached his office. A friendship was started, and Sauerbruch, impressed with his humility and sincerity, arranged a test using Gerson's remarkable diet on 450 "incurable" lupus patients.

But after a week or so, it was obviously a failure. Sauerbruch did not think it would come to this; he had hoped against hope. So he penned a letter to his friend Gerson and, then, slowly walked back across the hospital grounds after posting the note.

He was on his way to cancel the test; but, on the way, met a woman carrying two large trays full of meat, gravy, sugary foods, and all the trimmings. Asking her what she was doing, she replied airily: "Oh, the people over in this building are starving, so we're sneaking food in to make them happy. They have a crazy doctor!"

Sauerbruch quickly set guards to keep the diet the way Gerson had prescribed it, and then wrote a second letter informing Gerson the test was still in progress.

Result: 446 of 450 incurable patients (99%) recovered. Lupus had been shown to be curable by diet therapy.

But Gerson still had not tried his therapy on cancer patients. Even in Germany, physicians were careful about trying out new cancer remedies. When a couple of cancer victims came to him, he turned them down. But one day, a lady called him to her home, but would not tell him what was wrong with her. Arriving, she told him she had cancer and pled for him to help her. She was in bed, weakened, and in terrible condition. He told her he could not do so. "Please, she said, just write out your dietary formula, and I will sign a paper not holding you responsible for what happens." Gerson did so and left. It was obvious she was too weak to even follow the directions.

All alone, the sick woman struggled to follow the program—and recovered totally from cancer.

Learning of this, Gerson began treating other cancer patients. The year was 1928. Of his first 12 cases, 7 responded favorably, remaining symptom free for seven and a half years.

(Some of these facts we know because of testimony presented by him and others at the July 1-3, 1946, senate hearings, conducted by Claude Pepper of Florida.)

Gerson also treated Dr. Albert Schweitzer, his wife, and daughter for various health problems. Gerson saved Mrs. Helene Schweitzer from hopeless lung tuberculosis in 1931; and, several years later, he healed their daughter of a rare, serious "incurable" erupting skin condition that defied diagnosis.

Dr. Schweitzer himself came to Gerson at the age of 75, depressed and weary with advanced diabetes. In five weeks, Dr. Schweitzer had cut his insulin dosage in half, and in ten was completely off of it. Healed, and with new energy, he returned

to Africa where he worked past the age of 90. In response, the world-famed Schweitzer declared, "I see in him one of the most eminent medical geniuses in the history of medicine."

Schweitzer afterward required that his physicians in Lambarene, Africa, study Gerson's book, *Therapy of Lung Tuberculosis,* before they started to treat the patients in his hospital.

Gerson was remarkable. Geniuses tend to focus their thoughts, whereas most people scatter theirs. Because of this trait, Gerson could not ride a bicycle. He would be so deep in thought that he would smash it. After having destroyed four of them, his family forbade more of that. For the same reason, he could not drive a car. His mind was continually at work, devising ways to help his patients.

One day while walking in the woods in the Harz Mountains near Bielefeld (before moving to Kassel), Max met a man who raised foxes. The rancher told him that he ran a very successful fox farm. He would buy sick, tubercular foxes for almost no cost, and later sell them. He said his foxes had the finest coats and their pelts brought the highest prices. Gerson asked him how he could do this. Mentioning that it was a secret which must not be shared with the other fox farmers, he said there was a doctor, somewhere in Germany, named Max Gerson who had a nutritional cure for disease. The farmer bought sick foxes which had lung tuberculosis, healed them with Gerson's diet of organic vegetables and fruits, and then sold them at a good profit because they produced such high quality fox furs. Both men were happy when Gerson introduced himself.

At the age of 51, Gerson was asked to present his findings, by appointment, at a meeting of the German Medical Association. At last he would have an opportunity for the world to learn of his work to save people. On April 1, 1933, as he sat in the railroad car, on his way to Berlin, the train stopped at a station and Hitler's SS troups entered.

When a young, inexperienced SS officer asked Gerson where he was going, Gerson, not knowing there was any danger, enthusiastically showed him X-rays and told him about his work. Impressed, the young man replied that he hoped Gerson would succeed, forgot to ask the question, and passed on to the next man just behind Gerson. For the first time, Gerson heard the question the troops were asking each passenger on the train: "Are you a Jew?"

Immediately, Max sensed the terrible danger. All the passengers except Gerson were asked that question, and Max saw one young man, a Jew, led outside, where he was gunned down as Gerson watched through the window. He had just seen the first large-scale action to collect 6,000,000 Jews for extermination in the Nazi concentration camps.

As the train continued on, Max completely changed his plans. Instead of getting off at Berlin, he continued on the train to Vienna, Austria. From there, he contacted his wife and told her to immediately come with their three girls, which she did. He also contacted all their brothers, sisters, and relatives, and offered to send money for them to leave. But they laughed at his concerns. They had their homes, their businesses, and there was nothing to fear from Hitler.

Max Gerson, his wife, and their relatives were Jews. All of those relatives (15, plus children) later perished. From Vienna, Gerson later went to Paris.

In 1936, he emigrated to America, and went to school to learn English. In January 1938 he received his medical license and began practicing in New York City. By this time, Gerson could enlarge or shrink surface cancers at will. He knew exactly what was needed to help his patients. The only question generally was whether they were in earnest enough to fully follow his program when they went home.

His first contact with medicine in America was enlightening. Called as a consultant to physicians treating a wealthy industrialist for arthritis, Gerson outlined what he would do to bring a fairly quick recovery. There was an awkward pause, and then one of the doctors said, "Dr. Gerson, you are new here. You don't understand. This man is a wealthy member of the W.R. Grace family. They own steamship lines, banks, chemical companies, and so on. You don't cure a patient like this. You treat him."

In New York, he treated 90% of his cancer patients without charge and financed his own researches in chronic diseases. From 1946 to 1948 he saw patients at the Gotham Hospital.

At the Senate hearings, he testified that believed the liver held the key to the cure of cancer—and that if the liver was too far gone, treatment was useless. This would be understandable, since the liver, an astounding chemical laboratory, is the primary detoxifying agency in the body.

Appearing with him on July 3, 1946, at the three-day Senate hearings were five of his patients, each of whom had fully recovered from some of the most common forms of cancer in America. He also came with X-ray photographs, pathology reports from leading hospitals, and testimonials from many other patients and relatives of cancer victims.

In reaction, on November 16, 1946, in its "Frauds and Fables" category, the *Journal of the*

AMA hopefully dismissed the Gerson's unprecedented Senate presentation with the words, "Fortunately for the American people this presentation received little, if any, newpaper publicity."

In its January 8, 1949, issue, the *Journal* wrote, "There is no scientific evidence whatsoever to indicate that modifications in the dietary intake of food or other nutritional essentials are of any specific value in the control of cancer."

During his lifetime, Gerson wrote 51 articles, published in medical journals. (All of his publications are listed at the back of S.J. Haught's book, *Has Dr. Max Gerson a True Cancer Cure?*) But, for the most part, Gerson worked alone. Other physicians generally feared to help him or duplicate his work, for fear of reprisal.

Eventually, Gerson's medical privileges at Gotham Hospital were revoked, and he was unable to find an affiliation with any other hospital in the city. In 1953 his malpractice insurance was discontinued. One $100,000 malpractice lawsuit would have wiped him out. Because the larger number of those who sought him had advanced cancers, some of them died. Yet their relatives knew that they died with dignity, free from pain and brain-numbing narcotics.

Gerson's needs were simple. Patients were shocked to learn that he would generally charge $25 for the first visit, and $5 or $10 for subsequent visits. (They had earlier been told he charged high fees, $1,000 or $2,000 for each visit.)

Refusing to stop his work, Gerson treated patients at his own facilities. In October 1954 at the age of 73, he wrote his former patient and close friend, Albert Schweitzer,

> "Those who say they would like to help, often tell me they cannot. They regret not being able to assist me for fear of losing their position in hospitals and laboratories. I have long abandoned thoughts of attaining any kind of recognition, nonetheless I continue on my way."—*Journal of the Gerson Institute, Fall 1981, 16.*

Some of his best-documented, recovered patients died, when they were urged back by their former physicians for examination, and then told they must have surgery or radiation—when they were totally free of cancer symptoms or evidence.

On two occasions Gerson became violently ill after being served coffee by a group supposedly supporting him. Later laboratory tests showed unusually high levels of arsenic in his urine.

Some of Gerson's best case histories mysteriously disappeared from his files. In 1956, the manuscript and all of its copies for Gerson's almost completed book *(A Cancer Therapy: Results of Fifty Cases)* were stolen and never recovered.

Separating himself from that group, Gerson, now quite aged, raced against time to completely rewrite the book. In 1958, the book was published.

On March 4 of that same year, he was finally suspended for two years from the New York Medical Society. At a meeting of the New York Academy of Medicine, the surgeons, radiologists, and physicians condemned a colleague who was living by Hippocrates' dictum: "Above all, do no harm."

Gerson died a year later (March 8, 1959), shortly after he fell down the stairs in his house. He was 78 years old.

Upon Gerson's death, Albert Schweitzer, the Nobel prize-winning physician and missionary, and a patient of Gerson's, made this statement:

> "I see in him one of the most eminent medical geniuses in the history of medicine . . Many of his basic ideas have been adopted without having his name connected with them. Yet he has achieved more than seemed possible under adverse conditions. He leaves a legacy which commands attention and which will assure him his due place. Those whom he cured will now attest to the truth of his ideas."—*Albert Schweitzer, M.D., Ph.D., quoted in S.J. Haught, Has Max Gerson a True Cancer Cure? 1962.*

That prediction was to prove true.

At the urging of many individuals who recognized that a revival of Gerson's therapy was urgently needed, Charlotte Gerson Strauss (the second of Gerson's three daughters; born March 27, 1922), headed up a new venture, called the Gerson Institute, in a clinic/hospital in Tijuana, Mexico. The Gerson Institute was incorporated on June 27, 1978, twenty years after the publication of Gerson's book, *A Cancer Therapy,* and nineteen years after his death.

The Gerson Institute headquarters is located in Bonita, California, near San Diego. The hospital, is in a suburb of Tijuana, Mexico.

Charlotte continues to travel around the world, speaking at conventions, meetings, and on talk shows. Although elderly herself, she is in good health, for she carefully remains on the nutrition and juice program her father developed.

Addresses:

Gerson Therapy—The U.S. address and phone number will, for most people, be easier to work with: Gerson Institute, P.O. Box 430, Bonita, California 91908. Phone: 619-585-7600 or 619-267-1150. Fax: 619-367-6441. Automated voice information 24 hrs/day: 1-888-4-GERSON.

Web: www.hospital-meridien.com/meridien
Email: meridien@hospital-meridien.com

The primary Gerson treatment center is Hospital Meridien, Lava #2971, Secc. Costa Hermosa, Playas de Tijuana, B.C., Mexico, CP22240. Phone: 011-52-66-801358. Fax: 011-52-66-801831. Web: Meriden@telnor.net.

Hospital Meridien is 30 minutes south of downtown San Diego.

A recently opened U.S. treatment center is the Gerson Center at Sedona, 78 Canyon Diablo, Sedona, AZ 86351. Phone or write the Bonita, California, office, above. GCS, the Sedona facility, is located 100 miles north of Phoenix and 28 miles south of Flagstaff, near Sedona, a small town of 8,000.

— SUPPLEMENT — THE GERSON THERAPY

INTRODUCTION

Medical researchers, your attention is to be called to the fact that most of the cancer treatments in this book deal with only one or a few of the following factors; whereas the Gerson therapy includes them all.

Consider these factors, needed for the recovery of cancer; all of which are included in the Gerson therapy:

• Nourish the body.

• Attack the cancer tissue and weaken it.

• Cause the cancer tissue to begin dissolving as it is absorbed by the body and carried to the liver for discharge from the body.

• Strengthen the body while the cancer is being expelled.

• Detoxify the liver of the accumulated poisons from the reabsorbed tumor masses.

• Clean the entire gastro-intestinal tract of these toxins.

• Rebuild the body to a state of health even better than before the cancer started years before.

Summarizing the above, key factors in the Gerson therapy is nourishing the body, destroying the cancer tissue, and cleansing it from the body.

Very, very few other cancer methods thoroughly correct the diet and greatly improve general nutrition. Gerson does this.

No other therapy systematically works to cleanse the discharged accumulation of cancer and other poisons from the body. Gerson does this.

Putting it all together, Gerson has the most complete recovery system, one which can be used on any degenerative disease.

In 1907, at the age of 25, Max Gerson began trying to devise a way to eliminate disease through the use of diet and related natural factors. For the next 52 years, until his death in 1959, he kept improving on that method.

Then, in 1977, the Gerson Institute was opened; and, from that time until the present, they have tried to improve on Max's basic method. **The result is over 70 years of—not research—but clinical observation, experimentation, and improvement.**

No other cancer therapy has such a long record. In addition, the Gerson Institute uses more nutritional factors than any other named therapy in this book, and it uses more of the methods described in Part Two of this book.

Lastly, the Gerson therapy can be done at home if you do not have the $5,000 or so per week to be at the Gerson Institute. Unlike some of the alternate cancer systems, Gerson hides no secrets. They tell it all—exactly how to get well.

The best way to learn how the therapy works is to order a copy of the two books, *The Gerson Primer* and *A Cancer Therapy: Results of Fifty Cases*, and carefully read in them. If only one book can be obtained, the best is the *Primer.*

Gerson believed that cancer would not occur in bodies with properly balanced and functioning livers, pancreas, thyroid, and immune systems.

He found that, using his dietary regime, he was able to reverse the majority of cancer in patients that came to him. It primarily consisted of a simple, no-salt diet, supplemented ten times a day with freshly crushed juices of fruit (primarily apple) and vegetables (primarily carrot), taken at hourly intervals. In addition, the patients were given some vegetable soups and a little waterless-cooked vegetables.

This flooded the body, everyday, with the nutrients from nearly 20 pounds of fresh, organic foods. His program, with some improvements, continues to be carried on by the Gerson Institute.

In addition to the careful diet, while they are initially being treated, patients take 3-4 coffee enemas a day. Placed in the bowel, coffee has an entirely different effect on the body than when it is drunk. It causes the bile ducts to be opened and toxins to be ejected from the liver, where they have been sent as the tumor tissue breaks down. The Gerson nutritional program causes the body to

send toxins from the shrinking cancer tissue, and elsewhere, to the liver which ejects it through the gallbladder into the intestines. But such a great mass of toxins are being transported at this critical time, the liver is overloaded and needs help.

If this liver and bowel cleansing does not continually take place, the patient will often continue to weaken, and the pain will intensify. It is dangerous not to cleanse the liver!

The enemas quickly reverse the situation, resulting in a remarkable lessening of pain and a general sense of improvement.

With the liver relieved of its burden, it increases in health, even amid the cleansing program which requires hard work on its part.

In addition, there is other added supplementation from various substances such as pepsin, potassium, Lugol's solution (a powerful source of supplementary iodine), niacin, pancreatin, and thyroid extracts. These stimulate various organ functions, especially the liver and thyroid.

(At the Senate hearings, Gerson said that he added iodine to his program because he found it counteracted the neoplastic [cancer-inducing] effects of certain hormones.)

Gerson's program is high in raw, unprocessed plant food, low in fat, and emphasizes potassium-rich foods. It also includes vitamin and mineral supplementation, especially high doses of vitamin C.

Gerson believed part of the problem was the oversalting of food by Western Civilization. The ratio of potassium to sodium needed to be corrected. He found that cancer patients generally had an excess of sodium, far outweighing the potassium in their bodies. Sodium acts as a poison in the body, inhibiting enzymes. In contrast, potassium is an enzyme activator. (By the way, do not brush your teeth with soda! It is sodium and is absorbed right through the walls of the mouth.)

The modern American diet reverses the normal 4 to 1 (potassium to sodium) ratio to our current 16-fold deterioration in this crucial balance of electrolytes. All your cells are bathed in a salty ocean water, with higher concentrations of potassium inside the cells.

Birger Jansson, Ph.D., of the University of Texas, found that patients with a higher sodium to potassium ratio in their diets were the ones most likely to have cancer. Stephen Thompson, Ph.D., at the University of California, San Diego, found that increasing the sodium content of the diet—would accelerate the rate at which metastasis of colon cancer in animals occurred.

The potassium-rich foods revitalize the body, so that it rids the body of malignancies; and the enemas aid the liver and bowels in eliminating the cast-off dead cancer cells. The Gerson therapy requires intensive detoxification with continuous enemas, which must also remove necrotic cancer tissue.

Gerson said he lost some patients in his earlier years, because he was unaware of the need to remove dead tissue. Autopsies later proved that some died, not from their cancers, but from the serious intoxication caused by the body's attempt to absorb dead cancer tissue.

Another problem he found was that, in the later stages of cancer when the liver has been decidedly weakened, some vitamins (given through supplements) can induce a regrowth of cancer tissue, despite improved outlook from stimulated metabolism. He especially found that the administration of calcium to boys and girls with osteosarcoma, although showing remarkable results at first, were later followed by a rapid and incurable regrowth of cancers 10-14 days later.

Of course, the body receives a large intake of vitamins and minerals through the Gerson diet, but that is never a problem.

Gerson's most tragic loss occurred in 1942, when 25 of 31 patients who had been symptom-free for several months, were influenced by physicians to go on, what was then called the "Huggins therapy," which was the administration of hormones of the opposite sex. Although they felt much better after a few weeks on these hormones, their cancers suddenly became worse and Gerson was unable to save them. Max really cared for people, and this disaster so crushed him that he almost gave up his medical practice. He sorrowed deeply over the death of anyone.

One of the 25 was the 16-year-old son of John Gunther, the well-known author of *Inside Europe,* John, Jr., was showing remarkable improvement, but his other physicians were determined that he be also placed on the hormones.

Years after Max Gerson's death, when the Gerson Institute was established, it continued on with Gerson's methods. When laetrile appeared, the Gerson Institute was quick to recognize its value and incorporate it into the program.

Charlotte Gerson says that the cancer patients who have the most difficult time recovering on the program are the ones who have been operated on or have received radiation or chemotherapy treatments.

Here are several items which the Gerson Institute has found to be absolutely forbidden, in order to provide proper recovery from cancer:

• Water with fluoride, chlorine, chemicals, wa-

ter softener (which contains sodium). Use distilled water with added charcoal filter, or reverse osmosis with added charcoal filter.

• Salt, tobacco, alcohol, black tea, most seasonings, all drugs, fluoridated toothpaste, and soda (including brushing teeth with soda).

• Aerosol sprays, air fresheners, insecticides, paint fumes.

• Deodorants, hair dye, permanents, lipstick, sunscreen, and amalgam tooth fillings. Teeth with root canals must be pulled out.

• Salt and all substitutes, soda, epsom salts.

• Sugar, soy beans and products, nuts, mushrooms, spices, white flour, fats, oils (except flaxseed oil), avocados, berries, pineapple, commercial beverages, candy, cake, chocolate, cocoa, all types of coffee, cream, ice cream, butter, cheese, eggs, fish, meat, milk, cucumbers.

• Aluminum cookware.

• Only a minimum amount of exposure to sunshine and television.

• Some patients using large amounts of alfalfa sprouts have adverse reactions, such as regrowth of the tumor. The sprouts contain incomplete proteins and/or large amounts of certain amino acids.

• For sweeteners, only use, when needed, a limited amount of organic maple syrup, Sucanat (raw brown sugar), and raw, unfiltered honey. Do not use other sweetenings.

• No salt, fats, oils, added proteins, or refined foods, except as prescribed.

• *No salt*—means no table salt, sea salt, kelp, seaweed, soy sauce, baking soda, Bragg Aminos, vegetable salt, or any other sodium-containing additive (sauces, dressings, breads, cheeses, prepared foods).

• *No fats or oils*—means no oils, butter, lard, cream, meats, margarine, Olestra; frying, salad oils, foods high in fats or oils (nuts, seeds, wheat germ, soy beans, cheeses, prepared foods, sauces, dressings, breads with added oil). *Exception:* cold-pressed organic flaxseed oil (which Gerson called "linseed oil")—two tablespoons a day for the first 4 weeks and 1 tablespoon a day thereafter. Never use it in cooking, frying, baking, or any form of heating.

• *No added proteins*—means no meat, nuts, cheeses, or animal or vegetable protein supplements.

Here are several other worthwhile points to keep in mind:

• Do not put Lugol's [iodine] solution in the green juice.

• 50 mg of niacin must be given 6 times a day for the first six months.

• Laetrile, when given to the patient, increases the temperature around the tumor by 4-5° F. This weakens the cancer cells and aids in the process of their being destroyed by the T-lymphcytes.

• During reactions, pain can intensify as toxins are released from the tumors. But additional enemas will solve the problem. The enema is retained for 15 minutes; and, because all the blood passes through the liver every three minutes, these enemas are a form of dialysis of the blood.

• Patients with cancer have seriously weakened immune systems. Until the Gerson program pulls them out, they must be very careful not to get a common cold or virus. Their bodies may be too weakened to handle it.

• It is important that patients on the program get enough rest! However, the feeding and enemas must be continued.

Here is some information on using the Gerson therapy for non-malignant diseases:

• When on a Gerson program for a condition other than cancer, the number of glasses of juice can be reduced from 13 to 6 a day, plus a glass of citrus juice. Arthritic patients should avoid citrus juices.

• The number of enemas can be reduced to about 2 or 3. But the same special soup and other menus should continue to be used.

• Information on this less-intensive program is outlined on pages 397-401 of the 2nd through 5th editions of *A Cancer Therapy*. In the original edition (the only one available from 1996 onward), a supplementary booklet is mailed out with it. The non-malignant program is listed on pages 13-14, 18-19 of that booklet. Pages 4-7 include lists of special diseases treated by the Gerson therapy.

The potassium in foods chart on pages 228-229 of *A Cancer Therapy* makes interesting reading. It shows the amounts of sodium and potassium in common foods. In every case, the good food has more potassium and less sodium, and the junk food has more sodium and less potassium! Page 230 of that book lists some of the unexpected things you will find sodium in.

The Gerson method, through its fruit and vegetable juices and soups, is so saturated with nutritional principles, that it generally has the highest rate of long-term success. But it is also the method which requires the most work—all that juicing of fruits and vegetables. It is far easier to take some herb pills (Essiac, etc.), but the long-term results may not be as good.

The following two statements will provide researchers with a better idea of the success rate of the Gerson therapy—and the difficulties:

"By application of these principles, the Gerson therapy is able to achieve almost routine recovery—90% or better—from early to intermediate cancer. When cancer becomes incurable by orthodox methods (i.e., involves the liver or pancreas or is metastasized inside the body), about 50% recoveries can be achieved by the Gerson method.

"Norman Fritz gives laetrile as an example of other good nontoxic therapies. It has a good short-term response—relief from pain, remission of malignancy, improvement in appetite and sense of well-being or increase in strength—in 70% or 80% of cancer cases. The long-term recovery rate, however, is about 15% or less. In most cases degeneration progresses to where the laetrile is no longer sufficient. In some cases other nontoxic therapies may be constructively combined with the Gerson therapy.

"The other big advantage of the Gerson therapy is that it usually heals the body of all the degenerative diseases rather than just healing cancer. Many cancer patients are suffering from other degenerative conditions also—arthritis, heart conditions, diabetes, etc."—*Cancer News Journal, 1983 Update.*

Of the many, many cases which could be described, here was one among several where the patient had do everything by himself:

"Fifteen years ago, at age 70, Earl Taylor of Cairo, Illinois, was sent home to die by his doctor. Earl had prostate cancer which was spreading extensively as a large mass in the groin, in spite of the harmones his doctor had been giving him. His doctor told him to get his affairs in order, as there was nothing that could be done to save him.

"Earl had read about Dr. Gerson and the Gerson Therapy in *Prevention* magazine. He contacted Dr. Gerson's daughter in New York. She sent him Dr. Gerson's book, A Cancer *Therapy* — results of 50 cases. Earl had completed the sixth grade as a boy and spent all of his life working in a junk yard. He called Dr. Gerson's daughter again and told her that he couldn't understand the book. She suggested that he just follow the treatment outlined on page 235 in the book (page 236 in the latest edition, now gives an hourly schedule).

"Earl said it was the hardest thing he ever did in his life. His wife had died years before, so he was all alone. (The institute tells people they should have help with the therapy, to have the best chance of winning.)

"Earl was in pain, and the easiest thing to do was to stay in bed; but, he thought, "If I do that, I'll just die." So he forced himself out of bed, to grind and press the hourly raw juices and to do the rest of the therapy. Soon the pain was gone. In a month his doctor could no longer feel any of the large mass.

"In a few months he felt well enough to go each day to help his friend, Gwinn Dunbar, who was dying of cancer spread through both lungs. Both patients recovered on the Gerson therapy and are still alive 15 years after being hopeless."—*Journal of the Gerson Institute and the Gerson Therapy, Fall, 1981, 5.*

Here is a second comment on Earl, which clarifies his case still more:

"Earl Taylor, 85, Metastasized prostate cancer. Prostate cancer diagnosed by biopsy, 1963. Treated with female hormones. In 1966, mass spreading to groin, much pain, told to go home and get his affairs in order. At age 70, started Gerson therapy. In one month, mass no longer palpable by physician. In 1980, accident caused rib fracture. Bon scan showed no sign of cancer. Remains in good condition, still working part time at 85."—*Op. cit., 4.*

We will conclude with another statement by Dr. Albert Schweitzer:

" . . I see in him [Gerson] one of the most eminent medical geniuses in the history of medicine. He possessed something elemental. Out of deepest thought about the nature of disease and the process of healing, he came to walk along new paths with great success. Unfortunately, he could not engage in scientific research or teach; and he was greatly impeded by adverse political conditions. In ordinary times he would have been able to expound his ideas for many years as professor at one of the important German universities; would have taught pupils who could carry on his research and teachings; would have found recognition and encouragement . . All this was denied him.

"His was the hard lot of searching and working as an uprooted immigrant, to be challenged and to stand as a fighter. We who knew and understood him admired him for working his way out of discouragement again and again, and for undertaking to conquer the obstacles . ."—Dr. Albert Schweitzer, quoted in *Journal of the Gerson Institute, Fall 1981, 14.*

THE GERSON BOOKS

Where would a researcher—or anyone else—go to find further information on the Gerson therapy?

So much information is available in the Gerson

books, that a section will be included here to discuss them.

A CANCER THERAPY—Of the four books which Gerson wrote, his most important was *A Cancer Therapy: Results of Fifty Cases,* which was published in 1958. This, his largest book, explained in some detail his methods. In the years since then, the book has sold a quarter million copies, and was in its 5th edition; but the revised editions were terminated in 1996. It was recognized that enough improvements had been made in the program in recent years, that it was best to encourage people to obtain a copy of the *Gerson Primer.*

Only the original edition of *A Cancer Therapy* is now available. It is still useful for providing much background information on the program; yet all the practical details needed by researchers, physicians, and laymen is to be found in a recent book: *The Gerson Primer*.

The original edition of *A Cancer Therapy* does not include the two appendixes at the back. The first appendix, by Charlotte Gerson, has been expanded into the second of the above-named books. The second appendix, by Max Gerson, is included in a small 41-page booklet which is included with each purchase of the original edition of *A Cancer Therapy*.

THE GERSON PRIMER—This book, prepared by the staff of the Gerson Institute, was first released in 1993 and is now in its 4th edition. A copy is given to every patient arriving at the Gerson Institute for treatment. A brief recipe book is included at the back.

Max Gerson's book, *A Cancer Therapy: Results of Fifty Cases,* now outdated, was somewhat disorganized since it was done in patchwork after his original manuscript was stolen, and only shortly before his death. For those who obtain a copy of the book, the practical information on how to carry on the therapy, as he outlined in the back in 1956-1957, will be found on pages 187-248; with a concise summary on pages 235-248.

The first 185 pages of *Cancer Therapy* had interesting information. Here are some examples:

> "The rare incidence of malignant tumors in countries where garlic is used in greater amounts . . cannot be explained. I have seen two cancers of the breast disappear with the use of Fenugreek seed tea in large amounts, combined with a saltless vegetarian diet. Two others were cured after the patients drank green leaf juice only for six to eight months."—*A Cancer Therapy, 96.*

> "A person who stays on the program (as it is given today) will, in a year's time, take in 1,800 pound of carrots, 1,300 pounds of apples, 145 heads of red cabbage, 400 heads of lettuce, and 125 pounds of green peppers."—*Op. cit., 143.*

Here are the five steps in the progression of cancer:

> "1. Slow intoxication and alteration of the whole body, especially the liver. 2. Invasion of the Na [sodium] group, loss of K [potassium] group, followed by tissue edema. 3. Lower electrical potentials in vital organs, more edema, accumulation of poisons, loss of tension, tonus, reduced reactivation and oxidation power, differentiation of some cells. 4. Cancer starts: general poisoning increases, vital functions and energies decrease. Cancer increases. 5. Further destruction of the metabolism and liver parenchya. Cancer rules. It is acting, spreading. 6. Loss of last defense. Hepatic coma; death."—*Op. cit., 102 [see 64-65 for the three stages of cancer and 72-73 for the effect of each of those stages on the liver].*

Gerson discovered that, in both hypothyroidism and hyperthyroidism, the thyroid does not have enough iodine!

> "In both, the iodine content is decreased in the thyroid, in hyperthyroidism even up to 1/10th of the normal. The difference is that blood iodine is markedly elevated in most cases of hyperthyroidism, which it is decreased in hypothyroidism"—*Op. cit., 115.*

THE GERSON ADJUVANT TREATMENTS

The basic Gerson therapy, obtainable at the Gerson Institute, is relatively inexpensive (at the present time about $5,000 a week for the patient

and a helper accompanying him; some insurance costs might be covered), compared with orthodox hospital treatments.

But, in addition, there are other forms of treatment obtainable at the Gerson Institute,—the acceptance of which might add considerably to the cost of being there. We will list them here, since the Gerson personnel (all highly qualified M.D.s) are highly respected and only use what they conscientiously believe to be helpful. Thus their use of the following remedies, some of which could be used at home, provides a strong recommendation of them.

Laetrile—The Gerson Institute has found that laetrile, when given to cancer patients, increases the temperature around the tumor, increasing the body's ability to fight it.

Vitamin C—Gerson personnel administer it orally and rectally. For patients who were earlier given chemotherapy, both laetrile and vitamin C are administered.

Tahebo (Pau d'arco) Tea and Essiac Tea—Both of these very useful herb teas are given. Native Indians used them, and they have been shown to have anti-cancer properties. Tabebo (Pau d'arco) herb comes from Brazil; and the Essiac formula originated in Canada.

Ozone—About 30cc of ozone are inserted into the rectum, so it can be absorbed into the blood stream. This is said to increase the oxygen in the tissues. Normal tissue appreciates the extra oxygen; but, as noted earlier in this book, tumor tissue abhors oxygen. The result is a slight weakening of the cancer cells.

Cartilage—Gerson offers both bovine and shark cartilage. As mentioned earlier, research has indicated that it helps eliminate cancer. Gerson personnel administer it in several ways, including rectal implant.

Wobe mugos—These are highly concentrated pancreatic enzymes. Although the basic Gerson therapy includes some pancreatin, the additional amount helps dissolve and digest tumor tissue so it can be more easily eliminated from the body. This add-on treatment is recommended if the patient has a heavy tumor load. If excessive toxic wastes are not eliminated, the patient can die from hepatic coma (which is the usual cause of death from cancer; it is not the cancer but the toxic overload which finally kills him).

All of the above methods could be used at home. The following three would need to be administered under the direction of a physician or a genuine expert in the field:

Mild Fever Treatment—The patient is immersed in water above body temperature, and kept there for a time. This induces a mild fever. Laetrile is injected just prior to the bath, and this increases the temperature at the tumor site. Normal healthy tissue can easily withstand temperatures up to 104° F., but tumor tissue cannot.

Polarizing Solution (GKI)—This consists of an intravenous injection of potassium solution, glucose, and a very small amount of insulin. Many patients who are deficient in potassium, need a transport mechanism to help the potassium travel through the cell membrane. The basic GKI (glucose-potassium-insulin) solution, given in the *Merk Manual,* is administered.

Live cell therapy—This method is only available from a physician, and is much more effective after worthwhile detoxification has occurred for a time. It should not be used during the initial stages of Gerson therapy.

The following treatment could only be administered at the Gerson Clinic:

Hyperbaric oxygen (HBO)—This decidedly increases the oxygen to the body, and particularly to the tumor cells. A minimum of 10-20 treatments of HBO are needed, so treatment is started shortly after arrival at the Gerson Institute. Hyperbaric oxygen chambers are not common, and the Institute now has one.

THE INSIDE STORY: HOW CANCER IS ELIMINATED

Note to researchers: Additional work should be done in salt and water biophysics, with special attention to the groundbreaking work by Gilbert Ning Ling, Ph.D., and Freeman W. Cope, M.D., two biophysics researchers.

Max Gerson did what worked, and over the decades kept improving on it. He believed that natural foods rather than chemicals were the solution to mankind's ills—and this led him along paths of practical, clinical discovery which had eluded others.

However, after his death in 1959, microbiology and microbiophysics research came into their own—and verified the accuracy of Max Gerson's findings.

Here is a brief summary of some of the most important of the more recent discoveries, as they relate to the function of the cell.

The following information consists prima-

rily of a brief summary of a somewhat technical 15-page, December 1990, report by Gar Hildenbrand, now on pages 20-34 of the latest (4th) edition of The Gerson Primer.

Cancer has been a mystery for thousands of years. We are now coming closer to an understanding of cause, nature, and remedy. Here is a brief overview.

Every living creature is made up of cells. Within each cell are hundreds of complicated structures, and thousands of activities and interactions.

Cell pathology is the study of what happens when a living cell becomes damaged in some way. A new field of biophysics research explains what happens when our cells are injured or hurt.

The cellular damage may be caused by oxygen starvation, trauma, poisoning, etc., but the effects are always the same.

As you may know, potassium and sodium are continually in a balancing act within the body. Potassium is primarily in the cells, and sodium is primarily in the blood.

When cell damage occurs, first, the cell loses potassium. Second, the damaged cell, is willing to accept sodium. Third, the cell begins swelling with an excess of water. The result is cellular edema.

When this happens, the cell can no longer produce enough energy. And what is the source of that energy?

Free energy is primarily produced by ATP (*adenosine triphosphate*). This is a chemical compound produced by the burning of sugar through oxidation. ATP has the ability to be broken in the process of making energy, and then reform and be broken again and again. The compound consists of a linking of three phosphate bonds, linked to an adenosine protein molecule. It is the phosphate which produces the energy.

Nearly all energy produced in your body comes from ATP. Without it, life would immediately cease.

But when the cell becomes swollen with water, the energy-producing process is crippled—because the *mitochondria* are flooded. These are shaped like small circular batteries, and that is what they are! They contain the ATP; and, because they have their own DNA and RNA, are able to produce ATP whenever the signal arrives to do so. But when the mitochondria are watersoaked, they cease functioning properly. If the situation is not reversed, they soon stop entirely.

As the body becomes filled with toxins, drugs, heavy metals, and excess food wastes, more and more cells are damaged and begin filling with water. Eventually degenerative diseases occur.

The Gerson therapy works to remove sodium from the cell and replace it with potassium. This is done by (1) heavily restricting sodium and salt products in the diet, (2) flooding the body with an excess of potassium-rich foods, and (3) removing toxins from the bloodstream.

As this is done, the sodium and water begins leaving the damaged cells, to be replaced by potassium and more normal conditions.

In order to accelerate this process, the Gerson therapy gives the patient higher doses of iodine in two different forms.

We earlier mentioned that the mitochondria, the batteries in the cells, are able to make more ATP and get them working faster—when a special signal comes to do so.

It is the arrival of iodine-rich thyroxine, a hormone from the thyroid, which is the signal.

In and around every tumor and arthritic joint in the body are cells, swollen with water which no longer function properly. Sodium always attracts water, and it has entered the damaged cells, taking the place of the potassium which left when the damage occurred.

It is an intriguing fact that people who are debilitated and in bad condition—have an excess of water in their cells. Yet the edema may not be outwardly detectable.

This excess of water exists not only in fat people, but also in thin people who are debilitated. Those in an advanced stage of cancer have this cellular edema, even though they may appear to be extremely emaciated.

The emaciation is caused by the lack of normal cellular activity. They are no longer properly producing energy, digesting food, making blood, producing harmones, or anything else.

A normal, healthy cell will always have more potassium in it. Only damage to that cell can cause the sodium to enter and take over.

The structure of the entire body is a miracle of God, and all of it points to His marvelous working. You are 55% water; yet all that water within you is actually structured, held in place, inside or outside of the cells by electric ion charges. There are dynamic energies in cells which hold water in an organized pattern.

Within each cell is an electronic current which, as it flows, attracts paramagnetic ions (in this case, the hydrogen) in the water. This attraction causes the hydrogen to line up and point toward the current.

The result is a layer of polarized water around that electrical charge. Beyond it, in the cell, are additional layers of polarized water. No water floats

freely. Thus, under normal conditions, all the water in the cell is controlled. It cannot leave the cell and no other water can enter without permission.

Yet this organizing function only occurs when potassium is in the cell. When potassium leaves the damaged cell, this water structure is lost and the cell begins swelling with water as sodium enters.

Many of the findings in this article were determined by Freeman W. Cope, M.D., a biophysicist physician who, working with Raymond Damadian, M.D., invented the magnetic imager (which can take the equivalent of X-rays, yet without harmful radiation).

Gilbert Ning Ling, Ph.D., another biophysicist researcher, discovered that every molecule of ATP in the cell will have 20 "association sites" for potassium to attach to. Ling's research led Dr. Cope to search for some medical therapy, somewhere in the world, which might be already using high potassium, low sodium diets to correct cell imbalances and restore health. He found it in the Gerson therapy.

Let us look again inside those cell batteries. The mitochondria take sugar given them by other cellular components, and burn it. In a marvelous way, doing so produces ATP, the body's energy molecules. The ATP helps the potassium to bind to those association sites, and the potassium structures the water and controls how much of it is in the cell.

All this means that, when you have been injured, are sick, or have degenerate problems of any kind, you need to expel the excess sodium (by heavy salt and sodium product restriction) and greatly increase your intake of potassium foods.

And if you want to remain in good health, you ought to remain on, very nearly, that same diet.

Now, when you permit your body to become damaged, the cell no longer operates properly. The potassium leaves and sodium and excess water begins entering. Several things immediately begin happening: Not enough oxygen reaches the cell. The protein and lipid structures within the cell become disorganized. ATP is no longer adequately made, and normal cellular operations break down. What ATP sites remain now accept either potassium or sodium (both have the same chemical valence), and trouble is ahead.

But actually, the cell prefers potassium. So when you eat a low sodium and high potassium diet, the damaged conditions in your body begin correcting themselves more quickly.

Ling made the intriguing discovery that when potassium begins binding again at one ATP site—the other sites are triggered to begin accepting potassium again also! This greatly speeds up the restoration process—if the potassium-sodium ratio is fairly good, and there is enough potassium in the system.

When the cell flips back to a high potassium load, interactive cellular activity returns to normal, the water content normalizes, and everything begins working right again.

At this point, we have found the formula for good health and healing to be low sodium, high potassium, and high iodine.

It is an intriguing fact that, when a person is placed on a high potassium, low sodium diet for the first time, large amounts of sodium begin to be excreted into the urine. —This is because he had been storing up sodium for years while all the time losing essential potassium! Whatever might be his condition (asthma, arthritis, etc.), he begins making improvements as sodium leaves the damaged cells.

Gerson wanted to increase this effect, and he found that, by heavily restricting protein intake for a time,—even more of the sodium was excreted!

So we need to restrict sodium (a person always obtains enough in natural food) and increase potassium intake. Yet the protein foods need to be reduced also.

Gerson would severely restrict his patients' protein intake for about the first six to eight weeks, in order to help the sodium leave the cells. He found that, for some reason, the sodium seemed to be trapped in the body with the protein. Somehow the two were hooked together. Ling's later work verified that fact.

However, there is a problem with protein. On one hand, extreme protein restriction can only be continued for a rather short time. This is because a certain intake is needed to help the immunity system function properly. Science has long known that protein is necessary for good immunity, but has not known how much.

Unfortunately, several earlier researchers, such as Voit, declared that high-protein diets were the best. For decades since then, the 20th century diet of the Western World has been geared to that error. But an excess of protein increases disease and reduces lifespan.

Robert Good, M.D., director of Sloan Kettering Institute for a number of years, did extensive work into protein and human needs. He found that a heavily protein-restricted diet for a short time—actually stimulates cellular immunity! Dr. Alice Chase and Dr. L.D. Bulkley would have been

thrilled to know that such confirmation would later be made of their natural, but restricted, diets for patients.

In his initial protein experiment, Dr. Good fed a no-protein diet to one group of guinea pigs and normal chow to another. According to the traditional view, the no-protein group should lose their immunity;—but, instead, he found that their immunity levels remain stable while the crucial T-lymphocyte levels became extremely active. Those thymus lymphocytes became like angry dogs in a house, searching for something to devour. Dr. Good found that this non-specific, aggressive behavior continued for quite some time after the diet was relaxed.

Good had actually stimulated overall immunity by restricting protein intake! This led to a lengthy series of research projects, not only in his laboratory but elsewhere.

Dr. Good repeatedly found that test animals, genetically predetermined to various diseases, could better resist those diseases on a low-protein diet. Some of those diseases had direct analogs to human diseases.

So far, our formula is reduced sodium, increased potassium, increased iodine, and reduced protein.

But there was yet another way to reduce sodium levels in the body: calorie restriction.

At first thought, one would imagine that patients on the required Gerson diet would have a high-calory intake—since they drank 13 cups of juice a day, plus three meals, and sometimes more at night. But they are not.

The key here is fat restriction. The only appreciable fat intake of a typical Gerson patient is the 1.5% fat in his oatmeal, the two tablespoons of daily flaxseed oil, and a rather small amount in the fruits, vegetables, and a few white potatoes and a little yeast. (The strict level of the Gerson diet totals about 90 calories a day; whereas U.S. soldiers sitting around awaiting action during the Gulf War were being given up to 9,000 calories a day. That provided an excellent foundation upon which sickness could be built. And, for many, other circumstances caused that to occur.)

Eliminating the fats from the diet greatly reduces the calorie intake. This is because, while a tablespoon of carbohydrate and a tablespoon of protein yield approximately the same number of calories, a tablespoon of fat provides more than double that number of calories. To reduce the calories, you reduce the fat intake—and, in the process, you greatly help your heart and blood vessels.

Thus we find that a modified, ongoing Gerson diet not only helps prevent cancer from getting started, it also helps prevent the various forms of cardiovascular disease.

It is unfortunate that salt and fat are everywhere in the Western diet, and there is lots of protein in it also. So a more healthful diet requires careful thought and planning.

It should be mentioned that, after six to eight weeks on a heavy protein restricted diet, Gerson patients are given some protein foods.

Before continuing, the reader might be interested in knowing what that later added protein is. Because it has to be a low sodium, low fat protein, the Gerson Institute found that non-fat cow (not goat) yogurt was the best. But, of course, vegans might substitute something else. Those on the Gerson diet lose about 40 grams of protein each day in stool evacuations. That is normal and cannot be avoided. When the yogurt is added, those patients receive a total of about 30-40 grams a day, which is the correct amount, agreeing with the Chittendon standard, and a "positive nitrogen balance." (The Voit theory that you need 70-80 grams a day is a recipe for an early, painful death from disease.)

In one research report, we find this statement:

> "Thus the animal's immune resistance could be either increased or depressed, depending on the timing and the severity of the nutritional deprivation. Similar inhibitory effects upon the incidence and growth of malignant tumors have been reported in animals fed diets imbalanced or deficient in the essential amino acids."—*Robert Good, M.D., and David Jose, M.D., Journal of Experimental Medicine, 137, 1973.*

Unfortunately, Dr. Good lost favor at Sloan-Kettering in the 1970s, when he suggested in print that high protein diets might cause cancer and heart disease. So he went to the University of South Florida, in Tampa, to continue his research.

In a book written in German, published in the 1930s, Gerson first reported on the same kind of changes that Good found 40 year later. Gerson had found that his protein-restricted patients showed increased white cell counts, plus increased lymphocyte activity and nonspecific immune activity.

At this juncture, our formula for health and healing is up to five points: reduced sodium, increased potassium, increased iodine, reduced calories, and reduced protein.

On a high potassium, low sodium diet, all the cells in your better do better, and damaged ones are greatly helped. Cellular water quantity and

structure improves.

Increasing the iodine intake (and do not try to get it from iodized salt!) increases ATP production, so you have more energy. Thyroxin from the thyroid signals the cell batteries (the mitochondria) to make more ATP and get it to working harder. In addition, some of the idodine goes directly to the cells and stimulates them.

Restricting the protein intake causes large numbers of T-lymphocytes to be made. These then wander around the body searching for bad things to gobble up—including cancer cells. T-lymphocytes have the capability of penetrating tumors and, if there is enough of them, destroying the tumors. They do this by ingesting them. Then resultant waste is carried to the liver where these toxic particles must be sent out in the bile through the gallbladder, into bowel for evacuation.

The cancer tumor needs lots of sugar and protein, but it does not know how to handle protein properly. In the morass of water around the tumor, the waste protein builds up and produces toxic results on nearby cells. As they weaken, cancer extends into them.

A sphere of damaged tissue (called a *"sodium ring"*) several times the volume of the tumor, will surround a typical melanoma. That entire tissue area is in poor shape: It is waterlogged, clogged with metabolic waste from the tumor, has poor immunity, lacks electrical resistance, has poor blood circulation, and inadequate drainage. It is remarkably like a clogged sewer.

It is for such reasons that cancer patients, in the very late stages, emit such strong odors. Tumors have poor waste disposal facilities, and the body keeps filling with waste products.

Depending on the extent of the tumors, when the Gerson therapy is applied, that sodium ring will disappear within weeks. This is because of the intense tumor attack, waste removal, and rebuilding nutrition the patient is given.

At this juncture, it would be well to mention the problem of waste removal.

Max Gerson had a problem when it came to waste disposal. His nutritional program produced such excellent effects in rebuilding cells and destroying tumors—that an immense amount of waste material was being sent over to the liver for disposal.

But Gerson found that the liver could not handle the load. The body was trying to cast off a great deal of toxic waste, and the liver was on the verge of collapsing under the load. We will let Dr. Gerson explain the problem and the only efficient way he was able to solve it. Today, the Gerson Institute still has not found a better way:

> "These ripe [cancer] cells take it up so fast and they perhaps grow a little faster but they soak in more with great greed—as much as they can—together with a little bit of sodium, probably. But then there isn't much sodium left [in the cell, as a result of the Gerson program]. So then these cells pick up potassium and oxidizing enzymes and die by themselves. You have to realize that cancer cells live essentially on fermentation but potassium and oxidizing enzymes introduce oxidation. And that is the point at which we can kill cancer cells, because we take away the conditions which they need to continue to live.
>
> "But now we have to deal with a mass of dead cells in the body, in the blood stream—and they have to be eliminated wherever they may be. And that is not so easy! The ripe [cancer] cells, the mature cells are very abnormal. These are much more easily killed than the other cells which are unripe, not yet mature, and not so well developed. And there are other cancer cells in lymph vessels. These are clogged at both ends by cancer cells. No blood and no lymph can reach them. There are cancer cells in the glands. They are hidden there, protected from regular circulation. So it isn't easy to reach these. At first it is only the big mass which is killed. But this dead mass now has to be absorbed wherever it is—perhaps in the uterus, perhaps in the kidney, or in the lung, or in the brain—this has to be absorbed. This absorption is only possible through the blood stream. I call this *'parenteral digestion.' Enteral digestion* is in the intestinal tract. Parenteral digestion takes place outside of the digestive tract, through the blood stream. It becomes important then to continually carry on detoxification day and night in order to bring the parenteral digestion to the highest point, even to a 'hyperfunction.' How can this [expelling of waste by the body] be done? . .
>
> "First, we gave some different enemas. I found out that the best enema is the coffee enema, as it was first used by Prof. O.A. Meyer in Goettingen. This idea occurred to him when . . he observed that the bile ducts were opened and more bile could flow. I felt that this was very important and I worked out coffee enemas. We took three heaping tablespoons of ground coffee for one quart of water, let boil for three minutes, then simmer 10 to 20 minutes, and then gave it at body temperature.
>
> "The patients reported that this was doing them good. The pain disappeared even though in order to carry through the detoxification, we had to take away all sedation. [!] I realized that

it is impossible to detoxify the body on the one hand and put in drugs and poisons on the other, such as sedation medication—demerol, codeine, morphine, scopolamine, etc. So we had to put the medication aside which again was a very difficult problem. One patient told me that he had one grain of codeine very two hours and that he got morphine injections. How can you take these away? I told him that the best sedation is a coffee enema. After a very short time he had to agree with that. Some of the patients who had been in severe pain didn't take coffee enemas every four hours as I prescribed—they took them every two hours. But no more sedation. After just a few days there was very little pain, almost none . .

"These patients who absorb the big tumor masses are awakened with an alarm clock every night because they are otherwise poisoned by the absorption of these [broken-up tumor] masses. If I give them only one or two or three enemas, they die of poisoning. I did not have the right as a physician to cause the body to absorb all the cancer masses and then not to detoxify enough. With two or three enemas they were not detoxified enough. They went into a *coma hepaticum* (liver coma). Autopsies showed that the liver was poisoned. I learned from these disasters that you can't give these patients too much detoxification . . When I didn't give these patients the night enemas, they were drowsy and almost semi-conscious in the morning. The nurses confirmed this and told me that it takes a couple of enemas till they are free of this toxic state again. I cannot stress the detoxification enough. Even so with all these enemas, this was not enough! I had to give them also castor oil by mouth and by enema every other day, at least for the first week or so.

"After these two weeks you wouldn't recognize these patents any more! They had arrived on a stretcher and now they walked around. They had appetite. They gained weight and the tumors went down."—*Max Gerson, lecture given in Escondido, California in 1956, reprinted in Appendix 2 of the 2nd through 5th editions of A Cancer Therapy: Results of Fifty Cases, 409-410, 407-408. [It is not in the original edition.]*

Coffee is something that no health-minded person wants to have anything to do with; yet, if dying of cancer, he would do well to consider it. In such a crisis, it becomes an emergency need.

In the years since Gerson's death, informational has come to light on how coffee enemas help the body rid itself of those terrible toxic substances.

First, a coffee enema can dilate the bile ducts better than any other known substance, because of *palmitates* in the coffee. Experiments on rats with these palmitate acid salts produced strong ejection of bile by the liver.

Second, research at the University of Minnesota has revealed that coffee stimulates an enzyme system in the liver. Called *glutathione-S-transferase*, it is able to remove a large variety of *electrophiles* from the bloodstream. The more common name for electrophiles is *free radicals*. These are charged particles which damage cell membranes if not eliminated as soon as possible. The free radicals are adsorbed by the glutathione-S-transferase, which makes them inert.

The above-named enzyme also triggers the enzyme system in the liver which is responsible for eliminating free radicals (called the *ligandine* enzymes), to increase in activity up to 700% above normal. No other substance but coffee can trigger such intense activity.

These various poisons are made into bile salts which are ejected vigorously from the liver.

The water in the enema stimulates the visceral nervous system, producing peristalsis. This helps the small intestines rush the waste products to the large bowel, where they are carried out of the body.

So, in summary, the basic aspects of the Gerson therapy are greatly improved and increased nutrition; restricted sodium, protein, and calorie intake; increased potassium and iodine intake; elimination of free radicals from the bloodstream; and cleansing of the bloodstream, liver, and intestines.

The result is that the sodium ring around the tumors disappears, the tumor is penetrated by potassium, the tumor is eaten by the T-lymphocytes, the toxic waste is taken out of the body, and the entire system is nutritionally rebuilt.

— Part Six —
Herbal Preparations

In this section, we will bring together a varied collection of data on herbs, as they relate to cancer. It ought to provide worthwhile help to ongoing medical research.

THE TOP FIVE HERBAL FORMULAS LISTED BY FORMULA

Later in this chapter, we will list forty-eight anti-cancer herbs. But it is well to be able to work with proven herbal formulas for cancer. Here are the top four:

1 - THE ESSIAC HERBAL FORMULA

Here are the four herbs in the Essiac herbal formula (see pages 131-142 and 163 for more information on Essiac):

Burdock root *(Arctium lappa)* is slightly bitter. You can add an additional 2-6 oz. to the 24 oz., if you do not mind the added bitterness. This would be beneficial, but not necessary.

Sheep sorrel *(Rumex acetosella)* is a wild perennial miniature of garden sorrel. It must be green in color and have an aroma of sweet grass. "Sorrel" comes from a French word for "sour." Sorrel tastes a little like lemon juice.

Turkey rhubarb root *(Rheum palmatum)* is yellowish-brown in color.

Slippery elm inner bark *(Ulmus fulva)* is best purchased. If you strip it from a tree, you will likely kill it if you do not know the proper way to do it.

For your information, it is sometimes said that Essiac originally had six herbs in it, not four. Checking this out carefully, we find that there were only four. But, if you wanted to add something to the collection, you could toss in **red clover tops (blossoms)**. Red clover generally appears in most every herbal cancer remedy, so it probably would not be a problem if it were added to Essiac. Yet Caisse did not use red clover in the original formula. (Beware of white clover; it contains the toxin *hydrocyanic acid*. *Cyanogenetic glycosides* can break down to prussic acid in the digestive system and prove extremely poisonous.)

We have also learned that **sheep sorrel** is a crucial ingredient, but that many herb companies substitute yellow dock and curly dock for the sheep sorrel. But **the sheep sorrel is said to be responsible for the destruction of cancer cells in the body or their amalgamation,** where metastasized cancer cells actually return to the original cancer site. It is very important that the sheep sorrel be included in the mixture, not dock!

Rene had said that, when she originally obtained the formula in the early 1920s, she altered the formula somewhat. It is now known that the modification was the addition of **Turkish rhubarb root** *(Rheum palmatum).*

2 - THE HOXSEY HERBAL FORMULA

Here are the nine herbs in the Hoxsey herbal formula (see pages 56-58 for more information on Harry Hoxsey and his formula):

Red clover *(Trifolium pratense)*
Burdock root *(Arctium lappa)*
Barberry bark *(Berberis vulgaris)*
Licorice root *(Glycyrrhiza glabra)*
Buckthorn bark *(Rhamnus purshiana)*
Prickly ash *(Zanthoxylum americana)*
Chaparral *(Larrea tridentata)*
Stillingia root *(Stillingia sylvatica)*
Cascara amarga *(Picramnia antidesma)*
Potassium iodide

COMPARING THE FIVE PRIMARY HERBAL FORMULAS—FIVE herbal formulas are presented here for easy comparison (the sixth is the Jason Winters formula, which is listed in brackets, in the Hoxsey listing). Of these, the Essiac and Hoxsey formulas have been used the most frequently, and are the best-known.
Lines connect herbs used more than once.

ESSIAC	HOXSEY	SANTILLO	KLOSS	MONTAGNA
Burdock root	Burdock root		Burdock	Burdock root
Sheep Sorrel			Sorrel	
Turkey rhubarb root				
Slippery elm bark			Slippery elm	
	Red clover *[and Winters]*	Red clover	Red clover blossoms	Red clover blossoms
	Barberry bark			
	Licorice root	Licorice root		Licorice
	Buckthorn bark	Buckthorn bark		
	Prickly ash			Prickley ash
	Chaparral *[and Winters]*	Chaparral		Chaparral leaves
	Stillingia root			
	Cascara amarga			
		Bloodroot	Blood root	Bloodroot
		Echinacea	Echinacea	Echinacea
		Dandelion root	Dandelion root	Dandelion root
		Blue violet leaves	Blue violet leaves	Blue violet leaves
		Sanicle		
		Ginger		
			Rock rose	
			Yellow dock	
			Goldenseal root	Goldenseal root
			Chickweed	
			Cleavers	Cleavers
			Coral	
			Virgin's bower	
			Willow	
			Wood Sage	
			Poplar	
			Poke root	Poke
			Comfrey	Comfrey leaves
			Blue flag	
			Gum myrrh	
			Aloes (Aloe vera?)	
			Gravel root	
			Cayenne, African	Cayenne
			Agrimony	Agrimony
			Oregon grape	
				Ginseng root
				Parsley
				Garlic
				Gotu kola
				Periwinkle
				Sassafras
				Ground Ivy

Here is a frequency count on the most frequently listed herbs in the above chart:
Five times: **Red clover**
Four times: **Burdock root, chaparral.**
Three times: **Licorice root, bloodroot, echinacea, dandelion root, blue violet leaves.**
Two times: **Sorrel, slippery elm, buckthorn bark, prickly ash, goldenseal, cleavers, poke root, comfrey, African cayenne, agrimony.**
One time: **All the rest.**

Mildred Nelson, Hoxsey's chief nurse, later substituted chaparral for poke, which was in the original formula. We do not know whether she still includes zinc chloride and antimony trisulfide in her revised formula at her Hoxsey Clinic in Tijuana. We also do not know the proportions of each ingredient in the total formula.

It is now known that pau d'arco contains the same active ingredient as in chaparral (nordihydroguaiaretic acid, or KDGA) while lacking the harsh side effects chaparral sometimes has.

3 - THE WINTERS HERBAL FORMULA

Here are two of the three herbs in the Jason Winters herbal formula (see page 101 for more information on Jason Winters and his formula):

Obtainable in packages at some health-food stores, **the herbal mixture lists "red clover, special spice, Indian sage." As you can see, part of the formula remains a secret**.

4 - THE MONTAGNA HERBAL FORMULA

Here are the eight primary and fourteen secondary herbs in the Montagna herbal formula (see page 99 for more information on R.J. Montanga and his formula):

Here, in his own words, was Montagna's formula:

A. BASIC INGREDIENTS:

1. *Chaparral leaves* - Dissolves malignant tumors.

2. *Bloodroot* - Purifies and cleanses bloodstream.

3. *Red clover blossoms* - Antidote to cancer.

4. *Burdock root* - Neutralizes and eliminates toxins.

5. *Echinacea root* - Natural herbal antitoxin.

6. *Goldenseal root* - Kills poisons, equalizes circulation.

7. *Comfrey leaves* - Relieves pain, establishes normal conditions.

8. *Ginseng root* - Stimulates vital cell processes.

B. OTHER INGREDIENTS

Poke, Parsley, Blue violet leaves, Licorice, Dandelion root, Cayenne, Prickley ash, Garlic, Cleavers, Gotu kola, Periwinkle, Sassafras, Agrimony, Ground ivy.

5 - MONO FORMULAS

A number of the herbs, included in the above lists, have, for some, been repeatedly used alone with success:

Chaparral	Echinacea
Comfrey	Goldenseal
Mistletoe	Pau d'arco

Red clover blossoms (tops)

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46 SPECIAL HERBS LISTED ALPHABETICALLY

Next, let us place all the above herbs in alphabetical order, so medical researchers can more easily identify the ones they wish to use.

In most instances, the author has been able to locate the botanic names.

Agrimony *(Agrimonia spp.)*
Aloe Vera *(Aloe Vera)*
Barberry bark *(Berberis vulgaris)*
Blue flag *(Iris versicolor)*
Blue violet *(Viola odorata)* Violet—the whole plant with rock rose and red clover tops
Bloodroot *(Sanguinaria canadensis)*
Buckthorn bark *(Rhamnus frangula)*
Burdock root *(Arctium lappa)*
Cascara amarga [The author cannot locate data on this herb; Cascara usually refers to *cascara segrada*, the most-used laxative herb.]
Cayenne, African *(Capsicum annuum)*
Chaparral *(Larrea divaricata)*
Chickweed *(Stellaria media)*
Cleavers *(Galium aparine)*
Comfrey *(Symphytum officinale)*
Coral *(Corallorhiza odontorhiza)*
Dandelion root *(Taraxicum dens-leonis)*
Echinacea *(Brauneria angustifolia)*
Garlic *(Allium sativum)*
Ginger *(Zingiber officinale)*
Gingseng *(Panax ginseng)*
Goldenseal root *(Hydrastia canadensis)*
Gotu kola *(Centella Asiatica)*
Gravel root (*Eupatorium pupureum*, Queen of the meadow)
Ground ivy *(Nepeta hederacea)*
Gum myrrh, or myrrh *(Commiphora myrrha)*
Licorice *(Glycyrrhiza glabra)*
Mistletoe *(Viscum album)*
Oregon Grape (*Berberis aquifolium*, Wild Oregon grape; California barberry)
Parsley (*Petroselinum sativum*; Garden parsley,

Rock parsley)
Pau d'arco (*Tabeluia)*
Periwinkle, tropical *(Catharanthus roseus, Vinca rosea)*
Poke root *(Phytolacca decandra)*
Poplar (This could be one of four different species of poplar, all of which are used as herbal remedies: *Populus tremuloides, Populus balsamifera, Populus candicans,* or *Populus nigra*)
Prickly Ash *(Xanthoxyhum americanum)*
Red clover blossoms (*Trifolium pratense*, red clover tops)
Rock rose (*Helianthemum candense*, Sun rose, Frostweed)
Sanicle (This could be one of two herbal remedies: American sanicle - *Sanicula marilandica* or European sanicle - *Sanicula europaea*)
Sassafras *(Sassafras officinale)*
Slippery elm *(Ulmus fulva)*
Sorrel *(Rumex acetosa)*
Stillingia root *(Stillingia sylvatica)*
Turkish rhubarb root (or use common rhubarb; *Rheum palmatum).*
Virgin's bower *(Clematis virginiana)*
Willow (*Salix alba*, White willow)
Wood sage (The author could not locate this one in the herb books.)
Yellow dock root *(Rumex crispus)*

QUALITIES DESIRED IN A CANCER HERBAL FORMULA

Medical researchers, unacquainted with the field, will appreciate knowing that, in designing an anti-cancer herbal compound, the best herbal formula for cancer should have these qualities:

The following herbal listing is, with few exceptions, drawn from the above listing of the herbs included in the best cancer forumulas. Carefully examining the information which follows will help you understand the attributes of each of those herbs.

1 - The ideal anti-cancer formula should attack and destroy cancer tissue. Of the herbs listed in the above formulas, here are the ones which destroy tumors.

***DISCUTIENTS*—**These are herbs which dissolve and remove tumors and abnormal growths. They can be used as poultices, fomentations, and/or taken internally.

Burdock root	Red clover tops
Chaparral	**Sorrel**
Garlic	

2 - The ideal anti-cancer formula should attack and destroy bacteria and viruses.

Since there is good reason to believe that cancer may be a bacteria or virus, the formula should include an herb which is "antibiotic"; that is, which inhibits the growth of, and destroys, viruses and bacteria, and strengthens the body's immune system.

***ANTIBIOTICS*—**These are herbs which inhibit the growth of, and destroy, viruses and bacteria, and strengthen the body's immune system.

Chaparral	Garlic
Echinacea	Goldenseal

Also helpful would be an herb which prevented the growth of more bacteria during the cleansing process.

***ANTISEPTICS*—**These herbs prevent the growth of bacteria.

Barberry	Garlic
Echinacea	Goldenseal

3 - The ideal anti-cancer formula should purify the blood, in order to help rid the body of toxins, in general, and also portions of the cancer tissue as it is being absorbed into the blood stream. Here are herbs, in the above list, which do this:

***ALTERATIVES*—**These are herbs which purify the blood. They usually do this by cleaning out the spleen, liver, kidneys, and bowels. As a rule, these herbs are best used for a lengthy period of time, so that the detoxification will not occur too rapidly and overwhelm the body's abilities to discharge those toxins. Of course, nutrition must be corrected at the same time that alternative herbs are taken.

Barberry	Goldenseal
Burdock root	Gotu kola
Cayenne	Licorice root
Chaparral	Oregon grape root
Chickweed	Poke root
Cleavers	Prickley ash
Comfrey	Red clover tops
Dandelion	Rhubarb
Echinacea	Sassafras
Garlic	Yellow dock
Ginseng	

4 - The ideal anti-cancer formula should help clean out the liver. This is crucial, since the blood stream sends the toxins from the broken-down tumor to the liver to be ejected. When the cleansing occurs too fast (which can easily happen if the

diet and herbal formula is correct), the liver can become overloaded—and stop functioning. This is called *hepatic coma*, and death results.

***CHOLAGOGUES*—**These herbs help open the bile ducts and promote the flow of bile, thus aiding the liver in cleaning itself out.

Barberry Goldenseal
Cayenne Yellow dock
Dandelion

Note: The Gerson Institute has found that coffee enemas are far and away the most powerful, yet safe, means of emptying the bile ducts and thus cleaning out the liver. But it must only be done when high levels of nutrients and vitamin and mineral replacement is being made!

It would be helpful if, at the same time, the liver could be strengthened. But this may not be crucial.

***HEPATICS*—**These are herbs which strengthen, tone, and stimulate the secretive functions of the liver.

Aloe vera
Barberry

5 - It would also be helpful to strengthen the organs of elimination.

***LIVER TONICS*—**These herbs increase the energy of the liver.

Barberry Cleavers
Buckthorn bark Mistletoe

***GALLBLADDER TONICS*—**The following herbs strengthen the gallbladder.

Goldenseal Oregon grape root

***KIDNEY TOPICS*—**These herbs strengthen the kidneys so they can work better.

Burdock root Mistletoe
Cleavers

***INTESTINAL TONICS*—**These herbs energize the gastro-intestinal tract.

Barberry Goldenseal
Cascara sagrada **Rhubarb**

6 - Additional flushing of toxins is also needed during the cleansing process.

***LYMPHATICS*—**These herbs stimulate and cleanse the lymphatic system.

Chaparral Oregon grape root
Dandelion Poke root
Echinacea Yellow dock
Garlic

***ANTI-CATARRHALS*—**These herbs help rid the body of catarrh.

Bayberry Garlic
Cayenne Ginger
Comfrey

7 - During the cleansing process, it would be well to help soothe the gastro-intestinal tract.

***MUCILAGES*—**These are herbs which tend to soothe inflamed parts. Slippery elm is the best of them.

Chickweed **Slippery elm**
Comfrey

8 - It might be helpful if an herb could be included which relieved pain during the recovery process. Yet it is now known that cancer never causes pain! It is not the tumor but the toxic overload in the later stages which produces the pain! As soon as the toxins are being reduced, by elimination through the bowels and kidneys, the pain which cancer patients are experiencing lessens and stops. The Gerson Institute has found that, when pain occurs, coffee enemas flush out the liver and the pain subsides. They also use chamomile to lessen gastro-intestinal pains.

***NERVINES*—**These herbs help relieve pain (yet are unlikely to stop cancer pain since it is caused by a toxic overload).

Chamomile Mistletoe
Gravel root Wood betony

***ANODYNES*—**The following herbs relieve pain. They do this by decreasing the excitability of the nerves and nerve centers. Anti-spasmodic (anti-paralysis) herbs are quite similar in function.

Echinacea White willow

SUMMARY

It is of interest that, in the above listings, certain herbs, known to have anti-cancer properties, are continually repeated. They are:

Burdock root
Echinacea
Barberry

Also repeated frequently are chaparral, goldenseal, mistletoe, dandelion, etc.

In addition, the four Essiac herbs are all there:

Burdock root
Sorrel
Rhubarb root
Slippery elm bark

Working from the above analysis, it would seem that Essiac, possibly with the addition of Echinacea and Barberry (please note: Large doses of barberry are harmful!), **could provide the basic herbal formula. Yet it must be kept in mind that, if too many herbs were added to Essiac, the balance it already has might be lost.** (For another analysis of Essiac, please turn to pages 57 to 61.)

Since Essiac has the best track record of any herbal formula, it is well-worth focusing our attention on it.

The ideal anti-cancer herbal formula will attack and destroy the tumor (whether or not bacteria or viruses are involved). It will help cleanse the blood, liver, kidneys, lymphatics, and gastrointestinal tract. An important part of that process is to open the bile ducts, to help free the liver from the toxic overload. Some cathartic action on the bowels, along with soothing the stomach and bowels, would also important.

—The above paragraph was written before preparing the following analysis of the four Essiac herbs in detail. Yet, having done so, it has been discovered that Essiac essentially fulfills the above conditions! Of course, the Gerson therapy does it more systematically, rapidly, and with more permanent results. Yet Essiac should not be ignored.

ANALYSIS OF THE FOUR HERBS IN ESSIAC

BURDOCK ROOT—*Arctium lappa.*

Burdock is excellent. It cleans the blood of impurities and help flush the kidneys.

"Root: alterative, diaphoretic, diuretic, demulcent. Body parts affected: blood, kidneys, and liver . .

"Burdock root is one of the best blood purifiers for chronic infection, arthritis, rheumatism, skin diseases . . It provides an abundance of iron and insulin which makes it of special value to the blood. It has volatile oils which makes it a good diaphretic [induce sweating], and clears the kidneys of excess wastes and uric acid by increasing the flow of urine."—*Humbart Santillo, Natural Healing with Herbs, 96.*

"Root: diuretic, depilatory, alterative. Leaves: maturating. Seed: alternative, diuretic.

"The root is one of the best blood purifiers for syphilitic and other diseases of the blood. It cleanses and eliminates impurities from the blood very rapidly. Burdock tea taken freely will clear all kinds of skin diseases, boils, and carbuncles. Increases flow of urine. Excellent for gout, rheumatism, scrofula, canker sores, syphilis, sciatica, gonorrhea, leprosy."—*Jethro Kloss, Back to Eden, 211. [Keep in mind that herbs which treat syphilis, gonorrhea, and/or leprosy are generally good for cancer also, since all are garbage diseases.]*

"The decoction or infusion of burdock root is aperient, but not for all individuals; for some it may even be constipative . . Burdock is also said to neutralize and eliminate poisons in the system. The leaves are not generally used but do contain a substance that stimulates the secretion of bile. If they are to be used for liver problems, use fresh leaves only . . The seeds contain an oil that is used medicinally, but only with medical supervision."—*John Lust, The Herb Book, 140. [Therefore avoid use of leaves, unless fresh, and seeds.]*

"Root tea (2 ounces died root in 1 quart water) used as a 'blood purifier'; diuretic, stimulates bile secretion, sweating . . Also used for gonorrhea."—*Steven Foster and J.A. Duke, Eastern/Central Medicinal Plants, 166.*

SORREL—*Rumex acetosella L.*

Same as sheep sorrel, sourgrass. Sorrel helps flush out toxins through the bowels and kidneys. But it also has anti-tumor properties.

"Astringent, diuretic, laxative. Sorrel root has astringent properties, and a decoction made from it has been used for hemorrhage . . A tea made from the leaves and stem is diuretic and may be helpful for gravel and stones. For mouth and throat ulcers, a tea made from leaves and flowers and taken with honey has been recommended. Sorrel leaves are sometimes used like spinach, particularly for 'spring cure.' Externally, a tea made from the herb can be used as a wash or fomentation to treat skin diseases and problems. *Caution:* Consuming large quantities of sorrel can irritate the kidneys and produce mild to severe poisoning."—*Lust, 359-360.*

"Diuretic, antiscorbutic, refrigerant, vermifuge . . It kills putrefaction in the blood, expels worms, and is warming to the heart . . A tea from the flowers is good in internal ulcers and black jaundice; also scurvy, scrofula, and all skin diseases. A poultice is excellent for cancer, boils, and tumors."—*Kloss, 315.*

"Leaf tea of this common European alien traditionally used for fevers, inflammation, scurvy. Fresh leaves considered cooling, diuretic; leaves poulticed (after roasting) for tumors, wens (sebaceous cysts); folk cancer remedy . . *Warning:* May cause poisoning in large doses, due to high oxalic acid and tannin content."—*Foster, 214.*

RHUBARB—*Rheum palmatum.*

Rhubarb stimulates the bile ducts, so the liver can flush. It is excellent as a mild laxative for children or very sick people. It also relieves stomach troubles, and cleans the bowels. Also a good blood cleanser.

"Common names: Turkey rhubarb, China rhubarb. Medicinal properties: Vulnerary, tonic, stomachic, purgative, was atringent, aperient.

"Rhubarb is an old-time remedy, very useful

for diarrhea and dysentery in adults and children. An excellent laxative for infants, as it is very mild and tonic. Excellent to increase the muscular action of the bowels. Excellent for use in stomach troubles. Will relieve headache. It stimulates the gall-ducts, thereby causing the ejection of bilious materials. Excellent for scrofulous children with distended abdomens. Good for the liver. Cleans and tones the bowels."—*Kloss, 304.*

"Astringent, laxative, stomachic; alterative, silagogue. Body parts affected: stomach and intestines . .

"Rhubarb is both a laxative and astringent. Its dual properties make it a good herb for both diarrhea and constipation. It stimulates the walls of the colon and the secretory glands of the stomach and intestines. In small amounts, rhubarb is an excellent digestive tonic. Judge the amount on your own. 30 grains given every 2 or 3 hours has stopped diarrhea and hemorrhages in adults. Larger amounts will produce a laxative effect. If you do not desire a laxative effect, cut back on the dosage and it will act as a good tonic and blood cleanser.

"Finley Ellingwood, M.D., states in the American Materia Medica, 'It is the laxative for debilitated patients, or for patients recovering from prostrating disease. Given to a nursing mother, like aloe, it relaxes the infant's bowels, and in some cases it is desirable to administer it to the mother for this purpose.'

"Rhubarb is used to treat chronic blood diseases. The dosage for a general digestive tonic and blood cleanser is one teaspoon of the tincture three times daily or one to three capsules three times daily. *Note:* Do not use over prolonged periods as it tends to aggravate any tendency toward chronic constipation. Do not use during pregnancy."—*Santillo, 167-168.*

—*Special note:* In the thinking of the present writer, there are three oddities about rhubarb: (1) It is remarkably high in oxalic acid, which is not good for a person. It may be that this acid is the factor which helps medicinally. The Gerson Institute permits small leaves of beet greens to be used in cooking, but not the larger ones, because of their oxalic acid content. (2) The herb books indicate that "rhubarb" and "Turkey rhubarb" are essentially the same; yet it has been said in Essiac articles, that Turkey rhubarb is imported from Europe. (3) One would think that the small amount of rhubarb in Essiac would be constipative rather than laxative.

SLIPPERY ELM BARK—*Ulmus fulva*

Slippery elm is an extremely gentle soother of the gastro-intestinal system as it grabs toxins and pushes them out of the bowels.

"Demulcent, emollient, nutritive; astringent. Body parts affected: general effects on the whole body . .

"Slippery elm used as a gruel is nourishing for children and the elderly with weak stomach, ulcers and those recovering from diseases. It will relieve constipation and diarrhea . .

"Slippery elm is also used to bind the materials of suppositories, boluse, lozenges and unleavened breads together.

"Externally, use it as a poultice applied to sores, wounds, burns, open sores and infected skin problem areas. It is a good addition to douches and enemas when there is inflammation and burning. If used as a douche or enema, it will need to be diluted with water so it will not plug the apparatus as it is a mucilaginous herb."—*Santillo, 177-178.*

"Slippery elm, American elm [different than *Ulmus campestris*, which is the English elm, common elm, European elm] . . Medicinal part: the inner bark . .

"Demulcent, diuretic, emollient. The inner bark of slippery elm is noted primarily for its soothing properties. Internally, it is helpful where inflammatory irritation exists, as in sore throat, diarrhea, dysentery, and many urinary problems. Externally it is applied as a poultice to irritated and inflamed skin and to wounds . . Due to its depletion from Dutch Elm Disease, the American elm should be protected against widespread use of its bark. The bark cannot be used without disfiguring or killing a noble tree."—*Lust, 182-183.*

"Three tablespoons of inner bark in a cup of hot water makes a thick mucilaginous tea, traditionally used for sore throats, upset stomach, indigestion, digestive irritation, stomach ulcers, choughs, pleurisy; said to help in diarrhea and dysentery. Inner bark considered edible. Once used as a nutritive broth for children, the elderly, and convalescing patients who had difficulty consuming or digesting food. Externally, the thick tea, made from powdered inner bark, was applied to fresh wounds, ulcers, burns, scalds. Science confirms tea is soothing to mucous membranes and softens hardened tissue. Bark once used as an anti-oxidant to prevent rancidity of fat."—*Foster, 294.*

Echinacea, especially, would make an excellent addition to the four herbs in Essiac. Yet, even though it is a powerful anti-tumor agent, the Essiac herbal formula, just as it is, keeps a nice balance between some cancer fighting and much cleansing of the toxins from its breakdown. That is extremely important, since it is generally the toxic

overload which kills the cancer patient, not the tumor.

Notice the nice balance that Essiac already has:

Burdock root - cleans the blood and helps flush the kidneys.

Sorrel - helps fight the tumor, but especially flushes the bowels and the kidneys.

Rhubarb - is a blood cleanser, and also relieves the stomach, cleans the bowels, and is a mild laxative.

Slippery elm bark - soothes the entire gastrointestinal tract in the process of absorbing toxins and taking them out.

It is clear that the above herbs do more cleaning than fighting—which is very important. If we added echinacea (or goldenseal, red clover tops, etc.) to the four-herb formula, we might produce too much destruction of the tumor, with no resources to carry off, and out of the system, the waste products.

Before concluding this, let us note the remarkable properties of echinacea. The narrow-leaved purple coneflower *(Echinacea angustifolia)* is the best source, and better than the pale purple coneflower *(Echinacea pallida)* or the purple coneflower *(Echinacea purpurea)*. Echinacea is truly remarkable!

> "Plains Indians are said to have used Echinacea for more medicinal purposes than any other plant group. Root (chewed or in tea) used for snakebites, spider bites, cancers, toothaches, burns, hard-to-heal sores and wounds, flu, and colds. Science confirms many traditional uses, plus cortisone-like activity; also insecticidal, bactericidal, and immunostimulant activities. Considered a nonspecfiic immune system stimulant. More than 200 pharmaceutical preparations are made from Echinacea plants in W. Germany, including extracts, salves, and tinctures, used in wounds, herpes sores, canker sores, throat infections, preventive for influenza, colds. A folk remedy for brown recluse spider bites."—*Foster, 200.*

MORE HERBAL HELP

In addition to those named earlier (Essiac, Hoxsey, Winters, and Montagna), here are still more anti-cancer herbs and formulas. These should provide a field day for researchers:

• As mentioned in the historical section, **mistletoe**, **pau d'arco**, and **chaparral** each have received acclaim for success in, at times, remitting cancer. Of these, **pau d'arco** is superior to chaparral for two reasons: First, it has the same cancer-fighting chemical in it *(nordihydroguaiaretic acid, or KDGA);* and, second, it is not as harsh and does not have the side effects that chaparral has at times.

• It was also mentioned earlier that **comfrey**, **echinacea**, and **goldenseal** have sometimes been used alone in the treatment of malignancies.

• **Alfalfa** has anti-cancer properties.

• A **rectal implant of chlorophyll** (in an enema held in the bowel for 30 minutes), taken daily after the bowel is cleaned by enemas or colonics, will help detoxify the system.

• **Cabbage leaf poultices** or **castor oil packs** may be placed over the tumor. When pain is present, mix **wild lettuce and valerian tincture** (10 drops) in warm water and take every hour.

• **Eucalyptus oil** may be placed on the affected area.

• **Tea-tree oil mixed with goldenseal powder** may be placed on the area. (Tea-tree oil is also spelled tee-tree and ti-tree; it is also known as melaleuca.)

• Here is another one: Simmer **sorrel and plantain in olive oil** for 2 hours, let cool, and place the salve on the area.

HERB TEAS

• There are nonpoisonous herbs that can purify the blood and kill malignant growths internally or externally, leaving no bad after effects. Cancer will not survive in a system when the blood stream is pure. Always take herb teas an hour before drinking fruit juice.

• Here is a useful **herbal formula**: Mix together as many of the following powdered herbs as possible (all if you can get them): **Chaparral, red clover, echinacea, violet leaves, burdock root, licorice root, bloodroot, dandelion root, sanicle, buckthorn bark, and ginger**. Place the mixture in 00 (double ought) capsules. Take 2 capsules 4 to 6 times daily. Along with this, garlic, carrot juice, and beet juice could be taken daily. Fluid is needed to neutralize and flush out the poisons.

• Dr. Hans Neiper, a German cancer specialist, uses **carnivora**, a South American plant.

• Here is another anti-cancer **herbal combination**: **Red root, flaxseed, yellow dock, sanicle, witch hazel, tansy, wood sage, white oak bark, rock rose, mullein, hops, mugwort, elder, coltsfoot**.

• This is a **herbal tea** to take internally: **chaparral tea (especially for skin cancer), apricot seeds, garlic, red clover blossom tea, burdock, echinacea, black walnut, ginseng, goldenseal,**

pau d'arco, suma, aloe vera, dandelion root, and violet.

• Here is a chaparral formula: Each day 4 **chaparral** tablets (15 grain) and 9 **red clover combination** tablets.

• **Sassafras, red clover, chickweed, and burdock root** are good teas to drink, to cleanse the blood.

• The **Red Clover Combination** (sold by Nature's Way) is similar to Harry Hoxey's formula which he used for years. Take 4 tablets a day.

• Australian **tee tree oil (tea tree or melaleuca)** is an anti-fungal agent used to treat the common fungal infections coating the mouth, as well as cancer sites. Taking 3-5 drops of **melaleuca oil (ti-tree oil)**, 3 times a day, in a swallow of water or juice, helps destroy fungus in the blood. Cancer thrives on fungus in the blood, and melaleuca is anti-fungal. It is said that many fatal infections in cancer patients are caused by fungus.

• **Periwinkle** (*Vinca Major, Vinca minor*) is reported by British physicians to contain a substance called vinblastine sulphate, which has produced good results against choriocarcinoma and Hodgkin's disease. Additional research is being conducted for other types of cancer, including lung cancer. The leaves are used.

• **Siberian Ginseng** is an adaptogen, which helps to rectify abnormal cellular metabolism (2-4 g dried root or 10-20 ml [2.5-5 teaspoon] tincture).

• **Ginkgo biloba** dramatically improves peripheral circulation, and may slow cancer through oxygenation (120 mg).

• **Milk thistle** is a potent liver protector and detoxifier (70-210 mg in tablet form).

• Other anti-cancer herbs include **henna, horehound, juniper berries, mezereon, and Solomon's seal**.

Michael Tierra, in the section on "Cancer" in his book *The Way of Herbs*, provides this "Pure Blood Formula": **25% echinacea, 25% chaparral, 10% astragalus, 10% American ginseng, 6% red clover blossoms, 6% grifola, 4% fu ling *(poria cocos)*, 4% licorice, 4% cayenne, 3% cascara sagrada, 3% kelp**. Grifola is not defined or even mentioned anywhere else in that book.

Do not forget the special plant formula, mentioned earlier in this book under comfrey: **5 parts comfrey root, 17 parts comfrey leaves, 7 parts comfrey blossoms, 10 parts red clover, 2 parts myrrh gum, 6-8 parts yucca, 9 parts chaparral, 5-6 parts wormwood, 1 part goldenseal, 2 parts licorice, 1 part argillaceous earth** (redmond clay, dolomite, etc.).

• If a patient cannot be outdoors, place him **in a room with sunshine** coming through the windows. It should be **properly ventilated** at all times. He should **exercise** as much as he can indoors, **breathing deeply** as he does it.

• For the weak patient who is unable to exercise out-of-doors, a **daily massage** is essential. After about ten days, the rubs may be reduced to one or more weekly.

• If he is not thin, give him **frequent sweat baths**, followed by **salt glows** (rubbing his arms, trunk, and legs with cloth mittens dipped in salt). This helps eliminate more poisons. Place a towel, wrung out of cold water, around the neck to keep the head cool. Change it frequently during the sweat bath. If he has heart trouble, place an ice bag over the heart.

• If he is strong enough, give him a **cold, damp towel rub** every morning. Alternately placing **hot and cold packs** on the liver, stomach, spleen, and spine will also help. (Also place it over the abdomen, if the problem is in the bowels or pelvis.) Also place an herbal liniment over the affected area and on the back.

• **Queen of the meadow** is an antiseptic used to treat disease of the uterus and cancer of the womb.

• Here is an **herbal formula** used by one herbalist for malignancies: **pumpkin seeds, mandrake, comfrey, violet, culvers root, cascara sagrada, witch hazel, mullein,** and **slippery elm.**

• To make the **herbal liniment**, mix 2 ounces powdered myrrh, one ounce powdered goldenseal, ½ ounce cayenne pepper, 1 quart rubbing alcohol (70% strength). After mixing, let stand for 7 days; shake well every day; decant off the top liquid (without disturbing the sediment beneath); and bottle the liquid.

• **Blue violet** (*Viola odorata*) is used internally and externally for tumors and other malignant growths. Blue violet seems to be able to reach places only the blood and lymphatic fluids penetrate. The flowers and leaves are used.

• Here is an **herbal formula** to help cleanse the blood. It has been recommended for cancer by an experienced herbalist:

• **Burdock** - blood purifier, promotes kidney function, to clear the blood of harmful acids.

• **Yellow dock** - nutritive tonic very high in iron, nourishes the liver and spleen.

• **Chaparral** - cleans deep into the muscles and tissue walls; cleans system of toxic wastes.

• **Dandelion** - helps liver to detoxify poisons, blood purifier and cleanser, rich in vitamins and minerals.

• **Barberry** - promotes bile in the liver to clean

blood, removes morbid matter from stomach and bowels.

• **Yarrow** - opens the pores freely, purifies the blood, and equalizes circulation.

• **Cascara sagrada** - safe laxative, stimulates the secretions of the digestive system.

• **Red clover** - eliminates toxins, tonic with valuable minerals, vitamins, and high amounts of iron and Vitamin A.

• **Licorice** - supplies energy to the system and removes excess fluids from lungs and throat.

• **Sarsaparilla** - very cleansing, glandular balance, stimulates the body's defense mechanisms.

• **Prickly ash** - increases the circulation, healing properties to the system.

• **Stillingia** - removes toxic wastes from the system, stimulates the liver and glands.

• **Oregon grape** - purifies the blood, stimulates bile to aid digestion, tonic for all the glands.

BIBLE PROMISES

"I know the thoughts that I think toward you, saith the Lord, thoughts of peace, and not of evil, to give you an expected end."—*Jeremiah 29:11.*

"Their soul shall be as a watered garden; and they shall not sorrow anymore . . I will turn their mourning into joy, and will comfort them, and make them rejoice from their sorrow."—*Jeremiah 31:12-13.*

"Come, and let us return unto the Lord: for He hath torn, and He will heal us; He hath smitten, and He will bind us up."—*Hosea 6:1.*

"The Lord also will be a refuge for the oppressed, a refuge in times of trouble."—*Psalm 9:9.*

"He hath not despised nor abhorred the affliction of the afflicted; neither hath He hid His face from him; but when he cried unto Him, He heard."—*Psalm 22:24.*

"Wait on the Lord: be of good courage, and He shall strengthen thine heart: wait, I say on the Lord . . When my father and mother forsake me, then the Lord will take me up."—*Psalm 27:14, 10.*

"Though he fall, he shall not be utterly cast down: for the Lord upholdeth him with His hand . . The salvation of the righteous is of the Lord: He is their strength in the time of trouble."—*Psalm 37:24, 39.*

"The Lord is my rock, and my fortress, and my deliverer; my God, my strength, in whom I will trust; my buckler, and the horn of my salvation, and my high tower."—*Psalm 18:2.*

"God is our refuge and strength, a very present help in trouble. Therefore will not we fear, though the earth be removed, and though the mountains be carried into the midst of the sea; though the waters thereof roar and be troubled, though the mountains shake with the swelling thereof."—*Psalm 46:1-3.*

"Cast thy burden upon the Lord, and He shall sustain thee: He shall never suffer the righteous to be moved."—*Psalm 55:22.*

"A just man falleth seven times, and riseth up again."—*Proverbs 24:16.*

"Why art thou cast down, O my soul? And why art thou disquieted within me? Hope thou in God: for I shall yet praise Him, who is the health of my countenance, and my God."—*Psalm 42:11.*

"They that sow in tears shall reap in joy. He that goeth forth and weepeth, bearing precious seed, shall doubtless come again with rejoicing, bringing His sheaves with him."—*Psalm 126:5-6.*

"The righteous is delivered out of trouble, and the wicked cometh in his stead."—*Proverbs 11:8.*

"The wicked is snared by the transgression of his lips: but the just shall come out of trouble."—*Proverbs 12:13.*

"The Lord openeth the eyes of the blind: the Lord raiseth them that are bowed down."—*Psalm 146:8.*

"They cry unto the Lord in their touble, and He saveth them out of their distresses."—*Psalm 107:19.*

"The lips of the wise shall preserve them."—*Proverbs 14:3.*

"Whoso keepeth his mouth and his tongue keepeth his soul from troubles."—*Proverbs 21:23.*

"I have been young, and now am old; yet have I not seen the righteous forsaken, nor his seed begging bread. He is ever merciful, and lendeth; and his seed is blessed."—*Psalm 37:25-26.*

"If we suffer, we shall also reign with Him."—*2 Timothy 2:12.*

"Gird up the loins of your mind, be sober, and hope to the end for the grace that is to be brought unto you at the revelation of Jesus Christ."—*1 Peter 1:13.*

"My grace is sufficient for thee: for My strength is made perfect in weakness."—*2 Corinthians 12:9.*

— Part Seven —
Putting it All Together

SORTING OUT THE SYSTEMS

This chapter represents ***the opinion of the author*** *as to what may possibly be the best method for medical researchers to produce regression of malignancies.* ***That does not mean it is actually the best, nor that anyone other than a medical expert should use it. Read again the warnings, given at the beginning of this book, against self-therapy.***

This book is particularly written for researchers; and, throughout it, the need for additional research has been indicated, along with a wealth of fields of study which need to be explored or expanded on.

But research into individual herbs, chemicals, or extracts is not really the full solution to the cancer problem. It is obvious that an overall change in one's way of life is required in order to experience fullest success in ridding the cancer curse from the body.

Researchers, I appeal to you: ***Carry out testing on broad areas of change, not just microcosms here and there!*** **We are past that point. There is enough nutritional, and other, data in hand, to formulate a very effective overall program!**

However, so much information has been included in this book, that it can appear quite daunting to put it together into a carefully balanced, systematic whole. So, in this section we will overview and summarize many of the areas, covering the best of the findings.

First, let us categorize the cancer therapies discussed in Parts Two to Four:

CHEMICALS

Koch used a chemical injection to change toxins into antitoxins. He also used a very strict diet. Evers also used the Koch treatment.

Revici used chemicals to correct lipid/fatty acids and pH balance.

Sheridan used a chemical to inhibit cancer respiration.

Blumer used chelation chemicals.

Naessens used chemicals for leukemia. He also injected a camphor nitrogen compound into the lymph system.

Gold used hydrazine sulphate

Livingston used a vaccine to kill cancer bacteria, along with nutrition and lifestyle changes.

Rosenow used hydrogen peroxide.

ANTIBIOTICS

Gregory used an antibiotic to kill cancer microorganisms. He also used major diet changes.

SERUMS

Glover used a serum from horse blood.

Durovic and **Ivy** used a growth-control extract from horses

BIOLOGIC FACTORS

Lawrence used a factor in urine.

Danopoulos used urea from urine.

Burzynski used factors synthesized from human urine.

Burton used a factor extracted from mouse blood.

Lane and **Evers** used shark cartilage.

BACTERIA

Lincoln used parasitic viruses (bacteriophages) to feed on, and destroy, cancer-causing microorganisms.

GLANDULAR EXTRACTS

Beard used pancreatic enzymes

Coffey and **Humber** used adrenal cortex extract from sheep.
Wachtel used posterior pituitary extract.
Beale and **Koroljow** used insulin.

FEVER THERAPY (HYPERTHERMIA)

Coley, Koch, Issels, and **Gerson** used fever therapy. Coley's excitement agent was strep germs, Koch's was tissue thrombin, Gerson's was hot water.

OXYGEN THERAPY

Koch, Evers, Issels, Sweet, and **Gerson** used oxygen therapy (note **Warburg**'s theory).

HERBAL MIXTURES

Lambe and **Blake** used unknown herbal mixtures.
Fell and **Pattison**, each used a single herb (possibly the same one), plus zinc choride.
As reported in *Lancet* and elsewhere, some used comfrey, plus other herbs.
Evans used an unknown herbal formula, accompanied by prayer.
Hoxsey used a 14-herb formula, which we now know.
Caisse used 4 herbs, which we now know.
Santi used pau d'arco.
Hajito used European mistletoe.
Farr, Smart, and **Hogle** used chaparral leaves and stems.
Montagna used 9 primary and 14 secondary herbs.
Winters used 3 herbs.

VITAMINS

Pauling and **Cameron** used vitamin C, plus nutritional and lifestyle changes.
Newbold used vitamin A and beta-carotene.
Livingston used abscisic acid (probably a vitamin) in food to control cancer.
Gerson used niacin and vitamin C.
Kneki used vitamin E.
Karmali used omega-3.

MINERALS

Schrauzer used selenium.
Asai used germanium-132.
Siris used clodronate, a variant of calcium.
Ross used a mixture of potassium citrate, phosphate, and iodide.
Gerson used a mixture of potassium gluconate, acetate, and phosphate along with Lugol's solution for idiodine.

FOOD EXTRACT

Drosnes and **Lazenby** used a fresh extract of whole wheat.
Krebs, Sr., Krebs, Jr., Richardson, Evers, and others used a purified extract from apricot kernels. **Richardson, Kowan,** and **Contreras** added major nutritional changes.

CAREFUL DIET

Bell used a careful vegetarian diet and avoided constipation.
Bulkley and **Chase** used a careful diet, plus enemas.
Wigmore used the juice of fresh, young wheat grass, plus a careful diet.
Kelley used fresh fruits, vegetables, and almonds, along with vitamin-mineral supplements.
Issels used major nutritional changes, emphasizing organic foods, along with life changes and the elimination of toxic substances, such as amalgam.
Gerson used juice therapy, a strict diet, plus a variety of other factors (enemas, potassium iodide, etc.).

COMBINED THERAPY

Some researchers have developed a wide-ranging anti-cancer program. This would include **Bulkley, Chase, Kloss, Evers,** some **laetrile physicians**, and the **Gerson Institute**.

WHAT IS THE BEST APPROACH?

There are so many cancer treatment methods, that it almost bewilders the mind. A researcher might wonder where to start, what to do.

Certain principles need to be kept in mind:

1 - Use no method which is poisonous.

2 - Use substances and techniques which people can use at home.

3 - Use a rounded approach which covers all needed aspects.

4 - Use a method which has shown itself, for years, to be a proven method.

It is too late to spend time experimenting with new things, all the while that people are dying all over the world! There are enough methods which have been shown to work; let us focus on the best of them.

Researchers, some of your patients will prefer to avoid all the problems and just continue on as they are—but continuing to do whatever they have done in the past is what gave them the cancer!

Some will want to obtain orthodox therapy.

You will need to explain to them that there are alternative ways to treat cancer which are far more effective.

In view of the large number of possible methods, where should the researchers focus their attention? If each researcher were to ask himself the question, "What would I do if I suddenly learned I had an advanced case of cancer?"—he would respond, "I would want to be treated by the therapy which, historically, has had the highest rate of success!"

In Part Four of this book, we discovered that, over a period of more than 70 years, the Gerson therapy has been clinically developed to its present state, and that it has the highest five-year survival rate.

Few other treatments have had the opportunity of over a half century of continued improvement. In addition, it is an eclectic program, borrowing the best from nutrition and other fields. It is also one of the very few which uses a broad nutritional program, including fresh juices—and it is the only one which includes a systematic program to cleanse the liver and hasten excretion of toxins.

The current costs at the Gerson Institute would be about $5,000 a week for the cancer sufferer and a helper he would bring with him (to prepare the juices, etc.). That includes all standard charges, including the food; but it does not include other services, such as labwork or procedures (hyperbaric chamber, laetrile, etc.). It is requested that the patient be there at least three weeks, with a one-week minimum.

Fortunately, the Gerson Institute has explained their methods in two books, so poorer individuals can take the therapy at home.

Medical researchers, the Gerson therapy is the best for your patients—all your patients—for they will generally have only one chance at a therapy, before dying. To summarize it again:

1 - It has succeeded for half a century.

2 - It has the highest rate of long-term success.

3 - It has repeatedly been improved.

4 - It is the only known therapy which provides a rounded approach to getting rid of cancer:

(1) - *It provides strong nourishment to strengthen a person's body and organs*—through juices, food, potassium, iodine, niacin, etc.

(2) - *It weakens the cancer tissue, and dissolves it*—through laetrile, Essiac, Pau d'arco, and heat therapy.

(3) - Of very great importance, *it provides a means of accelerating the discharge of toxins from the body,* toxins stirred up by the entire program and the gradual dissolution of the cancer site—through special enemas, and castor oil.

It is this thorough approach which is so crucial. It is not enough to kill the tumor; it must be removed from the body. It is not enough to do both; the entire body must be nourished back to a strong, healthy condition.

The cancer tissue must be attacked, reduced, and dissolved—without injuring surrounding normal tissue.

The cancer patient generally dies from liver overload (hepatic coma), not from the cancer. So much toxins have been sent to the liver to be processed and discharged out through the bowels, that the liver collapses under the burden. Vigorous measures to discharge the toxins from the liver, through the bile, must be carried out.

The blood stream, organs, and tissues must be built up, and major diet and lifesytle changes must be made—or the cancer will later return.

The Gerson therapy also makes use of other worthwhile methods, as well: iodine, oxygen, potassium, heat therapy, laetrile, Essiac, Pau d'arco, and selective vitamin therapy.

Health researchers, the people need education; they need instruction, so they can henceforth care for themselves and help still others. There simply are not enough physicians available for all the people suffering from disease. In addition, the costs of medical treatment in the hospitals keeps skyrocketing, due to high-tech equipment and high-priced drugs and surgery. The only solution is to teach the people how to take care of themselves.

Clinicians, you would need to instruct each patient to order a copy of *A Gerson Primer,* by the staff of the Gerson Institute (currently $19.95). Also helpful is *A Cancer Therapy,* by Max Gerson (currently $19.95). In the latter book, tell him to read 187-248 and 391-422; and explain that the actual program is summarized on 235-248.

In the Primer, the patient will find the entire program, including information not found in *Cancer Therapy* (such as more detailed instruction on how to do the program at home).

WHAT WOULD I DO IF I HAD CANCER?

This present book has so much information on the subject, that it is difficult to know where to

begin. Fortunately, the present writer has a fair understanding of what is in this book, since he has just finished writing it.

So, as a help to the researchers, **it might be well if I said how I would use this book to protect myself from contracting cancer,—*and what information I would use in this book if I discovered that I had it!***

Perhaps this section will spur researchers in their work. *It would be well if medical researchers paused to think what they would do if they had cancer!* Such an approach might turn them down a new, more practical pathway of investigation.

I do not have cancer; but, according to the statistics, there is one chance in three that I will contract it, and one chance in four that I will die of it. There is also clear evidence that, if I live and eat very carefully, I am far less likely to ever experience malignancies.

Please understand, the following statements represent the opinion of the present writer. They may contain many errors of judgment, and they are not provided for self-diagnosis or treatment by laymen. *They are spurs to investigation, and are not for anyone to follow!*

In order to prevent cancer from developing, I would carefully read through Part One *(pp. 16-43)* of this book. I would need to begin a better way of life. Diet is important; but exercise outdoors, adequate rest, and other factors are equally important. A peaceful, abiding trust in God is crucial to success. I would want to make the Bible promises in Part One my own *(pp. 31-32).*

Skin cancers can begin all through adult life. **If I found that I had skin cancer**, I would crush a small piece of garlic and place it on the colored area alone, with a little tissue and tape over it. I would change this every evening and morning. In about 3 or 4 days, I have good reason to believe that it would have sloughed off. (I have already successfully done it.)

If I thought that I might have a more serious cancer, I would begin praying even harder than before. One of the things I would have to first decide is **how I might ascertain if I really had such a malignancy.**

In my case, I would choose not to have a biopsy. That would require cutting into the tumor, which would be a very unwise thing to do! The tumor could begin metastasizing. That is a medical word for "spreading." I would not want that to happen! Instead, I would want it to remain self-contained until I could devise ways to shrink it down and eliminate it.

It might be that I knew I had a cancer without further testing. Yet, if tests are needed, safer tests are available.

If I wanted to have a cancer test done, I could turn to *pages 180-183*, and carefully read the information. One or more of these tests may reveal if I have cancer developing in my body, even though I have no outward evidence of it.

Let us say that I have discovered that I do, indeed, have a cancer. Well, that is just fine. Now I have work to do! —You might say, "What a crazy attitude to have!" Ah, but it is exactly the best attitude for me to have. If I become discouraged and depressed, the general health of my entire body will begin spiraling downward; and that is not solving anything.

Instead, **I will be hopeful and confident that the best will come, whatever it may be. Accompanied by prayer and trust in God, I set to work to solve this problem.** I have spent a lifetime solving problems, and this is just another one to tackle. After that, there will be many more before I die. Problems can be an adventure, if you approach them in the right way.

The next question is What should I do about it?

- I can ignore it and hope for the best.
- I can take one of the three orthodox treatments (surgery, chemotherapy, or radiation).
- I can go to an alternative cancer clinic or hospital.
- I can stay home and treat it myself.

First, I am not going to ignore the matter. That would always be a foolish decision.

Second, **I choose not to undergo orthodox treatments.** I am an adult and have the legal right to take the orthodox treatment, refuse it, take an alternative therapy, or treat myself. For reasons cited in the section on *"Authorized Treatments" (pp. 175-179),* I choose not to take the orthodox approach, in spite of what my friends and relatives may tell me. I am happy in my decision, for I believe I have made a good one. I will not be dissuaded.

Next, I have to decide whether to go to an alternative therapy clinic or treat myself at home.

In order to determine that, first, **I might wish to read again through portions of this book.** I need to carefully think through this. There is a lot of information there, yet many of those therapies are no longer available.

Some of the most important material is

marked in bold print in the table of contents *(pp. 3-7)*. I would do well to look up each item in the table of contents which is in bold print and carefully read it again, especially those in Parts 2 through 6 *(pp. 44-166)*.

At this point, I am still trying to decide whether to treat myself at home or go to a clinic—and which one I might enter.

Perhaps I might wish to contact an alternate therapy referral center. Over the past several decades, a number of individuals have banded together and formed **organizations which provide information on alternate cancer therapies to whoever wants it *(pp. 188-189)***. People generally became involved in such groups because of orthodox treatment tragedies in the lives of their loved ones or surprising success at an alternative cancer clinic. I can phone one or more of those organizations and see what they have to say, while continuing to weigh my options.

But, instead, I turn to the clinic addresses listed in this book, for a number of currently available therapies. Those addresses are listed both at the end of their respective chapters, and also in the therapies section at the back of the book ***(pp. 188-189)***. Sixteen clinics are listed there.

In considering a clinic decision, I am especially interested in finding one which uses natural remedies rather than chemicals, and one which has a broad range of lifestyle corrections. I wish the Chase *(pp. 59-63)* and Bulkley *(pp. 47-48)* clinics were still open, but they are not.

Yet, of those clinic therapies currently available, in my view **only two fit the category of systematized nutrition: The laetrile method *(pp. 117-129)* and Gerson method *(pp. 142-156)*. Both include a broad range of changes.**

Checking this out more closely, I find that the Gerson treatment is more scientifically detailed, includes both in-depth nutrition, as well as careful body and liver cleansing as the tumor breaks up.

The Gerson method also has the longest record of clinical experimentation and improvement (from 1907 to 1959, and 1977 to the present time—over 70 years.

Reading once again the section entitled, "Supplement - Gerson Therapy: Introduction," on *pp. 131-134*, which summarizes the benefits of the Gerson method, I decide that the Gerson Institute clinic in the Tijuana suburbs (Hospital Meridien) is the one I will go to. I do not particularly like some of the substances I might receive there, but I will soon be dying of cancer if I do not obtain thorough help somewhere! The dietetic problems at Gerson are better than letting people cut me up or fill me with chemical poisons.

I am also deeply impressed by the fact that **the Gerson Clinic has a better long-term survival record than the laetrile clinics**.

> "By application of these principles, the Gerson Therapy is able to achieve almost routine recovery—90% or better—from early to intermediate cancer. When cancer becomes incurable by orthodox methods (i.e., involves the liver or pancreas or is metastasized inside the body), about 50% recoveries can be achieved by the Gerson method.
>
> "Norman Fritz gives laetrile as an example of other good nontoxic therapies. It has a good short-term response—relief from pain, remission of malignancy, improvement in appetite and sense of well-being or increase in strength—in 70% or 80% of cancer cases. The long-term recovery rate, however, is about 15% or less. In most cases degeneration progresses to where the laetrile is no longer sufficient. In some cases other nontoxic therapies may be constructively combined with the Gerson Therapy.
>
> "The other big advantage of the Gerson Therapy is that it usually heals the body of all the degenerative diseases rather than just healing cancer. Many cancer patients are suffering from other degenerative conditions also—arthritis, heart conditions, diabetes, etc."—*Cancer News Journal, 1983 Update.*

Phoning the Gerson Institute number in Bonita, California (619-585-7600; fax 619-585-7610), they mail me some literature on their program. Reading it, I learn still more. I find that I will have to take someone with me to the hospital to prepare my juices, etc., and it will, at the present time, cost about $5,000 a week to be at Hospital Meridien; for cancer, they prefer that I be there a minimum of three weeks.

Unfortunately, I am not sure if I can get someone to go with me; and, when I sit down and count my pennies, I find I do not have enough to go there! This is unfortunate, for **obviously it would be a fantastic educational program!** Both I, and the person accompanying me, would learn all the ins and outs of the ongoing, daily program.

The brochure says that my medical insurance policy might cover it, and that I should contact "American Metabolics at 619-425-4625" in Bonita, California, to ascertain that. But then I have no medical insurance either.

Next I learn that all the basic Gerson daily treatment information is given in the two Gerson books: *A Cancer Therapy: Results of Fifty Cases,*

by Max Gerson, and *The Gerson Primer,* by the Gerson Institute. The *Primer* is the book they give every patient who goes there; it explains what their procedure! Turning to the back of the brochure they have sent me, I find both books listed; they are $19.95 each. Well, I do not have $15,000 for a three-week stay, but I do have $40.00. So **I order the books**.

While waiting for them to arrive, I do more checking. Perhaps I live alone, am in terrible shape, and have no one to help me with the Gerson treatments. Perhaps I really do not want to do all the work involved, and imagine I can get by on a simpler program.

So, once again, **I begin browsing. In the present book, Parts One *(pp. 16-43)* lists over 200 cancer preventive do's and don'ts. I have to make sure I am doing all that. Doing that alone will be a good improvement.**

Still thinking that I may be able to do something different than Gerson, next, I look at Parts Two *(pp. 44-116)*, Four *(pp. 130-141)*, and Six *(pp. 157-166)*. There I find that everything mentioned falls into one or the other of several categories:

1 - Treatment methods which are no longer available.

2 - Treatment methods which, for one reason or another, are not accessible by me.

3 - Treatment methods which involved diet alone.

4 - Treatment methods which involved herbal formulas.

5 - Treatment methods which are narrowed, but which I can order by mail.

6 - Treatment methods which are narrowed in their scope, require going a clinic, and are also expensive.

(1-2) - The first two are out.

(3) - As for **the dietetic-type therapies:** The only dietetic programs outlined to any extent are those of Bulkley *(pp. 47-48)*, Chase *(pp. 59-64)*, and certain physicians using laetrile *(pp. 126-129)*,—plus, of course, the extensive information in the two Gerson books which will soon arrive in the mail. I do not want to forget important factors, such as beta-carotene *(pp. 82-84)*, vitamin C *(pp. 86-89)*, selenium *(pp. 98-100)*, germanium-132 *(pp. 106-107)*, and omega-3 *(pp. 107-108)*.

(4) - **Then there are the herbal formula therapies:** I find that, while they are listed throughout the book, **they are all brought together on *158-166.*** Several very important herbs are **Essiac *(pp. 130-141, 158, 161-166)*, pau d'arco *(p. 81)*, chaparral *(pp. 84-91)*,** and **mistletoe *(pp. 94-95).*** I learn that pau d'arco is easier to take, yet contains the same essential remedial chemical in chaparral, I also discover that the Essiac formula is the most proven herbal formula against cancer in the 20th century! I am deeply impressed with its track record. Fortunately, it is now easily obtainable and can be taken orally.

(5) - **Some therapies involve materials which I can order by mail**, including herbs, nutrients, and oral hydrogen peroxide.

If I decide not to take the Gerson therapy at home, I can patch together the best of what is available of the above-named special nutrients and herbs, along with what I wish to pick and choose from the book, the *Gerson Primer.*

Or, if I wish, I can scrape together thousands of dollars and go to one of the non-Gerson clinics:

(6) - **Narrowed clinic treatments which are still available include** the laetrile clinics (Richardson's in Albany, CA, Contreras' in Tijuana, or Navarro's in Manila) *(pp. 118-129)*, Revici's chemicals *(pp. 66-67)*, Burton's four blood proteins *(pp. 77-79)*, Naessens' camphor nitrogen compound *(pp. 81-82)*, Gold's hydrazine sulphate *(pp. 91-94)*, Siris' clodronate *(pp. 101-102)*, Lane's cartilage *(p. 102)*, the hydrogen peroxide injections *(pp. 103-105)*, Issels nutritional program *(pp. 102-103)*, and Burzynski's urine substances *(pp. 105-106)*. **Addresses of all of these are available in the articles (and also at the back of the book on *pp. 188-190*).**

But I do not have the money to go to any clinics, Gerson's or otherwise. I will surely miss the excellent training and initial testing I would especially have received at the Gerson hospital.

So I will have to do whatever I can at home. If I have a friend to help me, that will be wonderful.

So I must decide whether to fully go on the Gerson therapy or group together a patchwork collection of other therapies. Let me think out loud about what I might do:

1 - All of the various therapies listed in Parts Two to Six are concerned with, in some way, destroying the cancer tissue.

2 - A few are concerned about changing the way of life, so the malignancy will not only be eliminated but is not likely to return.

3 - But the **Gerson therapy** is also deeply concerned also about expelling the broken down cancer tissue from the system. It alone has a systematic way of doing that.

On *pages 130-141*, 158, and especially on

pp. 161-165, I discovered that the **Essiac formula** does both also. Yet the Gerson therapy may be safer, more thorough, and have better long-term results. It is more than taking some pills; it is about a drastic change in living—primarily keyed to taking vegetable and fruit juices, and eating very nourishing food.

If I decide to go on the Gerson nutrition program, for a year and a half, or two years (or longer if I wish), it will primarily require:

• Making and drinking 13 glasses of freshly prepared juices everyday. These are vegetable juices (primarily carrot), fruit juices (primarily apple), and green leaf juice.

• Preparing and eating some vegetables which are simmered in little water until well done.

• Eating some raw vegetables, grated if necessary.

• Preparing and eating a vegetable soup.

• Taking several supplements, including iodine for the thyroid and hydrochloric acid for the stomach,—but especially potassium for the cells. Eliminating the use of all oils, except flaxseed oil is important.

The nutritional program rebuilds the system and strengthens it to attack and begin destroying the cancer tissue. **I must not (not) fast when I have cancer! I must feed the undernourished body, so it can destroy that cancer!**

If I decide to go on part or all of the Gerson cleansing program, it is extremely important that the waste substances, cast off by the body at this time, are being expelled. Therefore:

• **I must take low enemas** (Gerson found that high enemas or colonics should not be taken, for they wash out certain minerals from the bowels).

The frequency of enemas should be increased when evidence of toxicity buildup occurs. This will be indicated by headaches, fever, nausea, intestinal spasms, and drowsiness. If they are not present, less enemas are needed.

At some point, I would need to decide if I am going to remain on a mild flushing program or go on a more intensive one.

If I choose to remain on a slower ejection of toxins, I will take the simple enemas. I can also take Essiac everyday, since this will definitely aid the expulsion process (see *pp. 161-165* for the reasons why it helps the body do that).

Or I can choose to go on the faster flushing program, used by Gerson. How can I know which I need? First, how advanced is the cancer? If it is in the early stages, I may not need the faster flushing. Second, is there pain? The pain is primarily caused by the need to flush out toxins! The Gerson enemas remarkably stop those pains, because it flushes out those accumulating poisons. Individuals with an advanced tumor have died because they did not remain on the special Gerson enemas, which so rapidly flush toxins out of the liver.

Well, what is the Gerson faster-flushing method? It involves the use of coffee enemas. These cause signals to go to the bile ducts, and they open up wide. The toxins from the dissolving tumors are sent through the bloodstream to the liver to be discharged through the gallbladder into the bowel. But the liver can only work so fast. A toxic overload of the liver causes toxins to back up throughout the body and pain is felt. Too much overload and the liver stops functioning—and this is called *hepatic coma*.

People die, not from cancer, but either from hepatic coma or from cachexia, which is general starvation also due to toxic overload in the liver.

Therefore, it is obviously of extreme importance that the body and the liver be cleansed of those toxins, which are being cast off by the system! It is a life and death matter.

The Gerson faster-flush method uses:

• Coffee enemas, for the most rapid flushing of the liver.

• Additional nutrients to replace minerals and vitamins lost from the liver during this time. Unfortunately, that includes liver extract.

• Because a faster flush is in progress, castor oil is needed to help clean bile out of the stomach and help push the liver-ejected toxins out of the bowels.

• Chamomile tea and peppermint tea are also helpful.

Perhaps my condition is such that I do not need the faster-flush. **But if I am in pain and deteriorating, I had best carefully rethink my situation.**

In addition to whatever level of the Gerson therapy I might go on, **I can also do some other things which will in no wise interfere with the therapy, but actually help improve the situation.** I can take:

• The **Essiac** formula. That is the only herb formula I would take, unless I chose to add a little echinacea (and possibly a very small amount of barberry) to it *(see pp. 161-165)*. ***After writing this book, I have the most respect for Essiac and the Gerson therapy. They have the longest and best track records.***

• **Vitamin C**.

• **Laetrile**.

• **Pau d'arco**. This contains the same cancer-fighting chemical that is in chaparral, but without the side effects of chaparral.

• **Fever therapy**. Details are given in the *Gerson Primer, 11 (4th edition; p. 13 in the 3rd)*; I must read it carefully before attempting to do this!

• **Poultices**, etc., over surface, or near-surface, tumors.

• I can also take **certain vitamin supplements**; but, if I have cancer, certain other ones should be avoided—since they excite the already overworked liver too much.

• **Niacin** is excellent.

• **Vitamin C**, of course, is also.

• According to Gerson, I must avoid the use of Vitamins A, E, most B complex, and B_6. However, niacin (B_3) is especially useful. Both A and E are picked up by the cancer cells and energize those cells. (In contrast, pro-vitamin A, which is beta-carotene is excellent to use.)

I must recognize that, once I begin the program, I may have to remain on portions of it for the remainder of my life. There is the very real danger that a later relapse could be irreversible, and death would follow. This does happen!

I may eventually reduce the number of juices taken daily, and drop the enemas, etc. But I must remain on the preventive points listed in Part One of this book.

Well, that is what I would do if I had cancer. My ideas may well be full of mistakes, for everything human generally is. It is merely my opinion of what I would do, to care for myself.

It is hoped that this brief overview may help cancer researchers better focus their work on practical areas of treatment which the people need. Millions out there are dying, awaiting official word that natural remedies are useful. —We are looking to you, the laboratory and clinical researchers of the Western world, for help!

Common folk, happening upon this book, might inquire, "What should I do if I contract cancer?" That is not for me to say; I can only relate what I would do if I had a malignancy. **I have a legal right to select any therapy which appeals to me. You have the same right. Therefore, clinic addresses are listed at the back of the book. In nearly every instance, you will receive treatment under the supervision of an M.D. physician. Or you may prefer to go to your local hospital, there to receive the orthodox treatments.** Fortunately, in this book there is now available a wealth of preventive information (Part One), along with the treatment discoveries and methods developed by many experts in the field (Parts Two to Five). I would direct you to them and to their clinics.

May God bless and keep you. I hope we can meet someday in heaven.

BIBLE PROMISES

"He shall be like a tree planted by the rivers of water, that bringeth forth his fruit in his season; his leaf also shall not wither; and whatsoever he doeth shall prosper."—*Psalm 1:3.*

"Many are the afflictions of the righteous: but the Lord delivereth him out of them all."—*Psalm 34:19.*

"Thou, which hast showed me great and sore troubles, shalt quicken me again, and shalt bring me up again from the depths of the earth."—*Psalm 71:20.*

"Thou wilt save the afflicted people; but wilt bring down high looks. For thou wilt light my candle: the Lord my God will enlighten my darkness."—*Psalm 18:27-28.*

"I will cry unto God most high; unto God that performeth all things for me."—*Psalm 57:2.*

"Thou shalt be stedfast, and shalt not fear . . . And thine age shall be clearer than the noonday; thou shalt shine forth, thou shalt be as the morning."—*Job 11:15, 17.*

"The blessing of the Lord, it maketh rich, and He addeth no sorrow with it."—*Proverbs 10:22.*

"And ye shall serve the Lord your God, and He shall bless thy bread and thy water."—*Exodus 23:25.*

"And thou shalt rejoice in every good thing which the Lord thy God hath given unto thee, and unto thy house."—*Deuteronomy 26:11.*

"A little that a righteous man hath is better than the riches of many wicked."—*Psalm 37:16.*

"He became the author of eternal salvation unto all them that obey Him."—*Hebrews 5:9.*

"The Lord thy God in the midst of thee is mighty; He will save, He will rejoice over thee with joy; He will rest in His love, He will joy over thee with singing."—*Zephaniah 3:17.*

"The fear of the Lord is the instruction of wisdom; and before honour is humility."—*Proverbs 15:33.*

"Behold, My servants shall sing for joy of heart."—*Isaiah 65:14.*

— Part Eight —
Additional Information

THE AUTHORIZED TREATMENTS

Since this book is primarily written to medical researchers, it is well to clarify another reason for the great urgency in your conducting cancer research. The avenues for treatment, at present, are not good!

In this brief chapter, it will be shown that, unfortunately, even the officially authorized (often referred to as the "orthodox") treatments for cancer are themselves seriously flawed!

Medical researchers, we need your help, in developing—and convincing—the medical establishment in America to use better methods of dealing with this most terrible of diseases!

It is frequently said that the orthodox cancer treatments are "cures." In the American Cancer Society's book, *Unproven Methods of Cancer Management,* updated periodically, the reader is told:

> "Unfortunately, many patients with curable cancer leave the care of competent physicians to be treated with a worthless unproven remedy until a cure by accepted methods of treatment becomes impossible."—*American Cancer Society, Unproven Methods of Cancer Management, 1971 Edition, 1.*

In an ACS brochure, the following statement appears:

> "Why not use an unproven method if it has been proven to be harmless? —Because time is cancer's ally. Any time wasted on worthless unproven remedies may prevent a patient from obtaining proven treatment while his cancer is still curable."—*American Cancer Society, Cancer.*

This concept is written into the lawbooks of California:

> "The use of [laetrile] in early cancer to the exclusion of conventional treatment with acceptable modern curative methods (surgery or radiation) would thereby be delayed potentially until such time as metastasis had occurred and the cancer therefore might no longer be curable."—*California State Health and Safety Code, Section 10400.1.*

Thus the orthodox methods are said to offer "cure," and the only source available for it. Let us now consider each of the three officially approved methods of treatment:

SURGERY

Celsus, in the 1st century A.D., described a surgery for cancer of the lip. A century later, Leonidese also wrote about cancer surgery.

In the 14th century, Guy de Chauliac described a wide variety of cancer operations; and, two centuries later, Hildanus discussed the first axillary dissection for breast cancer. In 1891, Halsted detailed the first radical operation for breast cancer. His basic procedures are still in use.

The following statement appeared in an important Eastern scientific journal:

> "Ten of our patients underwent an unsuccessful attempt by a surgeon to remove the tumor. *All surgeons know that this procedure is usually followed by an increased growth of the tumor . .*
>
> "Although the most common factor related to spontaneous regression in our monograph was excision [removal] of the primary [tumor], I cannot attach much importance to it *because metastasis develops so commonly after excision of the primary."*—*"Spontaneous Regression of Cancer: The Metabolic Triumph of the Host?" Annals of the New York Academy of Science, 136-137 [emphasis ours].*

***"Metastasis"* does have significant risks, because it requires cutting through the protective wall keeping the cancer bottled up. When**

it is cut open (by the surgery), the cancer is likely to leaves its pocket (the tumor)—and begin quickly spreading through the bloodstream to other parts of the body.

The same article noted that the statistical rate of "spontaneous regression" following surgery is 1 in 80,000 to 100,000 cases *(op. cit., 111-112)*. Spontaneous regression occurs when the cancer subsequently disappears entirely from the body, for reasons which orthodox medicine says are unknown.

The first statistical analysis of the survival rate after cancer surgery was done by Dr. Leroy d'Etoilles in 1844 and published by the French Academy of Science. Case histories of 2,781 patients (covering a 36-year period) were submitted by 174 physicians. **The average survival was only one year and five months—about what the average is today.**

> "The net value of surgery or caustics was, in prolonging life, two months for men and six months for women. But that was only in the first few years after the initial diagnosis. *After that period, those who had not accepted treatment* had the greater survival potential by about fifty percent."—*Walter H. Walshe, The Anatomy, Physiology, Pathology and Treatment of Cancer, Boston, 1844 [emphasis ours].*

But what is the survival rate today? In 1961, a large-scale controlled study was begun, to see if all the surgery was worthwhile. (By that time, not only the tumor was removed, but frequently the entire breast and lymph nodes, and often the ovaries also.)

Results of the 7½-year study were conclusive: Difference in the percentage of patients remaining alive mattered little whether they received a cancer operation—or no operation or other treatment at all! *(R.G. Ravdin, et. al., "Results of a Clinical Trial Concerning the Worth of Prophylactic Oophorectomy for Breast Carcinoma," Surgery, Gynecology and Obstetrics, December 1970.)*

A key factor here is that operations tend to open up the cancer, so it can begin to spread (metastasize) to other parts of the body. When cancers begin spreading to secondary locations in the body, the odds drop practically to zero, that the patient will survive. Johnstone says that, once metastasis occurs, the situation is almost out of control, as far as orthodox remedies are concerned.

> "A patient who has clinically detectable metastases when first seen has virtually a hopeless prognosis, as do patients who were apparently free of distant metastasis at that time but who subsequently return with distant metastasis."—*F.R.C. Johnstone, M.D., California Medical Digest, August 1972, 838.*

In addition, the operation caused a large wound, which the already greatly weakened body must try to heal.

Excluding skin cancers, according to ACS data, the statistical average is that the rate of long-term survival after surgery is only 10-15%. Once the cancer has metastasized to a second location, the cancer is in the bloodstream, and surgery has almost no survival value.

Before leaving this subject of cutting into cancer tissue, we should consider biopsies.

Generally the first thing the physician wants to do, when a patient inquires whether he might have cancer, is to cut into the questionable tissue—in order to extract a small slice for microscopic examination. But this procedure is highly dangerous, for it tends to spread the cancer. Even massaging a tumor is dangerous!

> "Massage of a tumor is followed by massively increased numbers of circulating tumor cells in the blood stream . . Experimental data further suggest that surgical truama decreases natural host [body] resistance to the formation of metastasis . .
>
> "Needle biopsy is occasionally used, [but] . . a needle track may harbor nests of cells which may form the basis for a later recurrent spread.
>
> "Incisional biopsy of certain highly malignant tumors through an open operative field may be contraindicated because of risk of spread of the tumor throughout the operative field."—*ACS and University of Rochester, Clinical Oncology for Medical Students and Physicians, 3rd ed., 32, 34.*

RADIATION

X-rays were first aimed at cancerous tumors in 1899. The first shipment of radium to the United States (1903) was given to the New York Academy of Medicine for the treatment of cancer. More recently, cobalt machines and proton accelerators were developed.

But the principle underlying them all is the same as for surgery: While surgery cuts the tumor away, the radiation burns it away. It is, in effect, a radioactive knife, cutting into the tumor while filling nearby tissue with radioactivity.

In addition to the problem of metastasizing, following the burning process, there are other problems with radiation treatments.

One problem is that excessive exposure to radioactivity induces cancer! The part of the

body where the radiation treatment focused may have been burned out, but the surrounding tissue has tended to have cancer induced into it!

"Energy from the ultraviolet rays of sunlight, and ionizing radiations from X-rays, radium, and other radioactive materials encountered in industry and in the general environment cause a variety of cancers. The pioneer workers with radium and X-rays developed cancers of the skin. Even now, radiologists and others exposed to high total doses of ionizing radiation are more likely to develop leukemia than persons not so exposed. Uranium miners have been found to have a higher than normal incidence of lung cancer."—*Encyclopedia Britannica, 15th edition, 764.*

Another problem is the fact that **radiation therapy causes normal cells to be more easily damaged than cancer cells. Because tumors contain more non-cancer cells, than cancer cells, the tumor will reduce in size—because the *non*-cancer cells were burned. Oddly enough, the cancer cells tend to be less harmed by the radiation—and remain in the now smaller tumor!**

"Radiation and/or radiometic poisons will reduce palpable, gross or measurable tumefactions. Often this reduction may amount to seventy-five per cent or more of the mass of the growth.

"For example, a benign uterine myoma will usually melt away under radiation like snow in the sun. If there be neoplastic cells in such a tumor, these will remain. The size of the tumor may thus be decreased by ninety percent while the relative concentration of definitively neoplastic cells is thereby increased by ninety per cent.

"As all experienced clinicians know—or at least should know—after radiation or chemotherapy have reduced the gross tumefaction of the lesions, the patient's general well-being does not substantially improve. To the contrary, there is often an explosive or fulminating increase in the biological malignancy of his lesion. This is marked by the appearance of diffuse metastasis and a rapid deterioration in general vitality followed shortly by death."—*John A. Richardson, M.D., Letter to interested Physicians, November 1972.*

Beware of all types of X-rays, much less the far more powerful cancer radiation treatments! In 1971 a Dr. Robert Gibson, at the University of Buffalo, found that **fewer than a dozen routine medical X-rays to the same parts of the body increase the risk of leukemia by at least 60%** *(R.W. Gibson, M.D., National Inquirer, December 5, 1971, 11).*

"For each women who is possibly cured by early detection, there are four or five new cancers produced by these X-rays . . In my view this entire matter has become so serious that the NCI would be better off putting the money allotted for future screenings into a trust fund for the victims of the program who will develop cancer in ten to fifteen years' time."—*Erwin Bross, M.D., National Inquirer, November 30, 1976, 49.*

That article was written because Dr. Bross, director of biostatistics at the Roswell Park Memorial Institute of Cancer Research, called for an immediate stoppage to chest X-rays. He charged that the ACS and NCI had ignored the objections of scientists,—so they could obtain government grants of $54 million to carry out the screening. Yet cancer radiation treatments are far worse!

X-rays cause cancer; they do not cure it. Radiation therapy helps no one. The following statement is from the report of the National Surgical Adjuvant Breast Project:

"From the data available it would seem that the use of post-operative irradiation has provided no discernible advantage to patients so treated in terms of increasing the proportion who were free of disease for as long as five years."—*B. Fisher, et., al., "Postoperative Radiotherapy and the Treatment of Breast Cancer; Results of the NSABP Clinical Trials, Annals of Surgery, October 1970.*

Dr. Phillip Rubin, Chief of the Division of Radiotherapy at the University of Rochester Medical School, summarized their analysis of the value of radiation therapy for cancer in these words:

"The clinical evidence and statistical data in numerous reviews are cited to illustrate that no increase in survival has been achieved by the addition of irraditation."—*Phillip Rubin, "The Controversial Status of Radiation Therapy in Lung Cancer," Speech delivered to the Sixth National Cancer Conference, sponsored by the ACS and the NCI, Denver, Colorado, September 18-20, 1968.*

At the same conference Dr. Vera Peters, a Toronto radiologist, said this:

"There has been no true improvement in the successful treatment of the disease over the past thirty years."—*Vera Peters, "Radiation Therapy in the Management of Breast Cancer," op., cit.*

In the chapter on *"Mutations"* in his book, *Origin of Life* (Volume Two of the three-book Evolution Disproved Series), the present author wrote an article, entitled *"Evolutionists' Paradise"* (pp. 424-427). It recounts the stories of the Chernobyl meltdown (April 27, 1990) and the Hiroshima nuclear blast (August 6, 1945). In both instances, large amounts of radiation were released. Predict-

ably, no one was thereby cured of cancer! Instead, the radiation produced large numbers of mutations (all of which produced terrible results) and various diseases, including cancer. Mutations cannot cause the beneficial changes evolutionary theory requires, and radiation cannot cure cancer.

CHEMOTHERAPY

Unlike all other chemical treatments for drugs, the officially approved (orthodox) chemical treatment is based on the concept that every cell in the area of the tumor should be killed, in the hope that the cancer will be destroyed. For this reason, chemotherapy treatment consists of the administering of very powerful (powerful!) poisons.

Only those chemical compounds are used which are guaranteed to kill cells.

Chemotherapy began in 1919, when nitrogen mustard was given to leukemia patients. As always, the hope was that the strong poison would kill the cancer before it killed the patient.

Regardless of where the cancer is, the resultant poisoning affects the entire system. Dead blood cells cause blood poisoning while violent nausea, diarrhea, loss of appetite, and cramps occur in the stomach and intestines. The reproductive organs are affected, producing sterility or impotency. The brain is wracked with pain. Eyesight and hearing are damaged. The poison is so bad, even the hair falls out!

Yet it is well-known among immunologists that one of the best defenses the body has against cancer is a healthy and well-functioning immunological system, which is centered in the white blood cells.

> "The importance of the immune system in the defense against neoplastic disease [cancer] seems established. The high incidence of cancer of various types in patients with immune deficiency diseases and in patients who have received immunosuppressive therapy, especially after kidney transplantation, supports the concept that rejection of an incipient malignancy is an important function of the immune system."—*Annals of the New York Academy of Science, Vol. 230, op. cit., 45.*

Indeed, Dr. George Friou declared that **the formation of new cancer cells is not unusual, but are normally overcome by the immune system, before they develop into a recognizable malignancy. But, in order to do that, the immune system must not be in a shattered state.** *(George J. Friou, M.D., "Relationship of Malignancy, Autoimmunity, and Immunological Disease," Annals of the New York Academy of Sciences, March 18, 1974, 44-45, 48).*

Yet the function of chemotherapy drugs, by the design of the drug companies and the request of orthodox medicine—is to destroy the body's immune system, in the hope that, by doing so, the cancer will die! (*"Spontaneous Regression of Cancer: The Metabolic Triumph of the Host?" Annals of the New York Academy of Science, 130.)*

—But this will only result in the chemotherapy producing more cancer than it cures!

You will recall that, in 1919, nitrogen mustard gas was the first chemotherapy given to cancer patients. A little over 20 years later, it was found that workers making mustard gas during World War II had far higher rates of lung cancer *(Encyclopedia Britannica, 15th ed., 764).*

Listen to this: **All the currently accepted chemotherapy drugs were given, one at a time, to test animals which had no malignancies,—and produced cancers in those previously healthy animals!** *(NCI research contract PH-43-68-998.)*

Commenting on such facts, Dr. Dean Burk, while head of the Cytochemistry Division of the NCI, made this statement:

> "Virtually all of the chemotherapeutic anticancer agents now approved by the Food and Drug Administration for use or testing in human cancer patients are (1) highly or variously toxic at applied dosages; (2) markly immunosuppressive, that is, destructive of the patient's native resistance to a variety of diseases including cancer; and (3) carcinogenic [cancer causing] . . I submit that a program and series of the FDA-approved compounds that yield only 5%-10% "effectiveness" can scarcely be described as "excellent," the more so since it represents the total production of a thirty-year effort on the part of all of us in the cancer therapy field."—*Dean Burk, Ph.D., Letter dated April 20, 1973, to the head of the NCI.*

As if that seems unbelievable enough, read this:

> "As yet, no drugs are available to cure most malignant tumors."—*Textbook of Medical-Surgical Nursing, 874.*
>
> "No chemical agent capable of inducing a general curative effect on disseminated forms of cancer has yet been developed."—*Dr. Robert Sullivan of the Lahey Clinic Foundation, speech at the NCI Clinical Center auditorium, May 18, 1972.*
>
> "A cure from chemotherapeutic agents is not considered valid."—*"Spontaneous Regression of Cancer: The Metabolic Triumph of the Host?" Annals of the New York Academy of Science,*

130.

James D. Watson, Ph.D., was a co-discoverer of the structure of the DNA molecule, for which he received the Noble prize. This scientist is quite knowledgeable in the medical research field and has the integrity to speak out:

"The American public is being sold a nasty bill of goods about cancer. While they're being told about cancer cures, the cure rate has improved only about one percent. The grim cancer statistics are about as bad as ever. Today, the press releases coming out of the National Cancer Institute have all the honesty of the Pentagon's."—*Dr. James Watson, quoted by attorney George Kell, in testimony before the California Assembly Committee of Health, May 20, 1976.*

The handling of cancer statistics is a problem. Dr. Hardin Jones, professor of medical physics and physiology at the University of California at Berkeley, is a recognized authority on cancer demography (cancer statistics). In a speech at the 1969 conference of the ACS, he declared that **there is usually a wide difference between the published statistics about cancer success rates and the actual results of practicing physicians who universally experience a low success rate. The variation is accomplished by tampering with the statistics** *(Hardin B. Jones, Ph.D., "Report on Cancer," paper delivered to the ACS 11th Annual Science Writers Conference, New Orleans, March 7, 1969).*

In his speech, Dr. Jones went on to explain some of the techniques used to "doctor" the statistics.

One method is loading the statistics with easy-to-heal skin cancers, plus a large number of conditions which may not have been cancer.

Another technique is to list any of the controls who died as having died while not listing any of the patients under treatment who died as having died.

In conclusion, Jones said this:

"The apparent life expectancy of untreated cases of cancer after such adjustment in the table seems to be greater than that of the treated cases."—*Ibid.*

The medical researchers, to whom this book and this chapter are written,—do you realize what that means? If you contract cancer, according Dr. Hardin Jones, an expert in cancer statistics, you will live longer if you just stay at home, make no changes, keep living the way you have been, and pay for no treatment!

This is why *"cancer screening"* and *"early detection of cancer"* by the physicians is even more dangerous! The quicker they apply the cut, burn, and poison, the quicker you will die.

Six years later, Dr. Jones must have retired, for then he really told it straight. Read this and burn it into your memory:

"You see, it is not the cancer that kills the victim. It's the breakdown of the defense mechanism that eventually brings death.

"With every cancer patient who keeps in excellant physical shape and boosts his health to build up his natural resistance, there's a high chance that the body will find its own defense against cancer. He may have many good years left in good health. He shouldn't squander them by being made into a hopeless invalid through radical intervention which has zero chance of extending his life."—*Hardin Jones, Ph.D., quoted in Midnight, September 1, 1975.*

"It is utter nonsense to claim that catching cancer symptoms early enough will increase the patient's chances of survival. Not one medical scientist or study has proven that in any way . .

"My studies have proved conclusively that untreated cancer victims actually live up to four times longer than treated individuals."—*Hardin B. Jones, Ph.D., quoted in Daniel S. Greenberg, "Cancer: Now the Bad News," Private Practice, May 1975, 68.*

CONCLUSION

Research scientists, the "proven cures" of surgery, radiation, and chemotherapy do not exist. **We need your help. Give us something better, something based on better living, which will give us longer living.**

We have spent billions, multiplied over and over again, on cancer research and treatment. The money spent has accomplished nothing. There is no such thing as a "fight against cancer." Every year, the number of people dying of cancer increases.

1900 - 62 per thousand.
1910 - 76.2 per thousand.
1933 - 105 per thousand.
1948 - 143 per thousand.
1976 - 171 per thousand.
1995 - 237 per thousand.

A typical edition of the book, *Unproven Methods,* published by the American Cancer Society, lists 58 unproven methods of treating cancer. By this is meant that these 58 methods have not been tested by the ACS, SKI, or NIH, and shown to be worthwhile.

On that annotated list only about 10 were examined. Some were given a cursory examination and the notation of "no investigation."

It would appear that, at this rate, the book on "unproven methods" will continue to be published, since recognized authorities are not interested in doing any proving.

Medical researchers, we need your help! Please carry out the needed testing on worthwhile methods, publish your findings, and demand that action be taken on them!

TESTS FOR CANCER

The American Cancer Society has widely published the "seven cancer signs." They are as follows:

1. Change in bowel or bladder habits.
2. A sore that does not heal.
3. Unusual bleeding or discharge.
4. Thickening lump in breast or elsewhere.
5. Indigestion or difficulty in swallowing.
6. Obvious changes in wart or mole.
7. Nagging cough or hoarseness.

To these the International Health Council (an independent group) adds these four:

8. Any condition that does not respond to treatment.
9. Thrombophlebitis, inflammation from blood clotting in the circulatory system.
10. Putrid intestinal gas.

Make a follow-up of all cancer surgery or radiation therapy with a test.

Obviously, the above signs will only disclose cancer that is fairly advanced.

Are there no tests which disclose very early cancer development within the human body?

In the previous chapter, we learned that it is dangerous to have an orthodox cancer test taken, called a "biopsy,"—for it requires cutting into the cancer tissue, thereby letting it spread to other parts of the body.

Are there no safe tests for cancer? In this chapter we will list two:

The following tests have been developed to help a person know whether cancer is beginning to develop within his body. These tests will tell him whether he has cancer—long before the pain, which informs him that he has advanced cancer, and it is felt.

We are told that, at any stage in the development of cancer, the following tests can be made. Fortunately, neither one requires a biopsy which involves slicing into the cancer tissue, thus permitting it to more rapidly metastasize (spread) to other locations in the body.

LOCAL TESTS

You will want to purchase the book, *Gerson Primer,* from the Gerson Institute, and then turn to the chapter on testing. It will explain in some detail how to interpret lab tests which you can have done locally.

Gerson Institute—For most people, the U.S. address and phone number will be easier to work with: Gerson Institute, P.O. Box 430, Bonita, California 91908. Phone: 619-585-7600 or 619-267-1150. Fax: 619-367-6441. Automated voice information 24 hrs/day: 1-888-4-GERSON.

Web: www.hospital-meridien.com/meridien

Email: meridien@hospital-meridien.com

You may wish to take one or both of the following two tests. One does not have to take both tests. Generally the first, the urine test is quite adequate to provide the needed information.

THE BEARD-NAVARRO URINE TEST ("THE PHILIPPINE TEST")

You will recall, in the article in this book on laetrile *(pp. 117-129)*, that John Beard theorized that the trophoblast in early pregnancy and the cancer cell are essentially the same.

That 1911 theory was totally ignored and forgotten for decades. Later researchers, quite unaware of Beard's work, independently discovered a connection between cancer and pregnancy (but not that either one causes the other!).

In 1927, two German scientists, Ascheim and Zondek, produced the *A-Z Pregnancy Test*, which was the basis for all subsequent pregnancy tests. Other researchers eventually identified the *human chorionic gonadoptropin hormone* (HCGH) as the active substance in the test.

Then Dr. C.D. Cori reported in the *Journal of Experimental Medicine,* that the same substance was in the urine of cancer patients. In 1944, Dr. A. Roffo, an Argentine researcher, found that the hormone was in 100% of 1,000 cancer patients, and none in 1,000 people who did not have cancer.

In 1946, Krebs, Jr., and Gurchot isolated HCGH in the urine of males with cancer. They found that it was broken up by the pancreatic enzyme, chymotrypsin. This agreed with John Beard's theory.

Aware of these developments, **Dr. Howard H.**

Beard (no relation to John Beard), formerly of Yale and Chicago Medical School, devised a test which quickly showed the presence of HCGH in a urine specimen—but also measured the quantity. Thus it could gauge the extent of any cancerous action in the person's body—before that person could otherwise know he had cancer! The test proved to be 95% accurate. It was called the *Beard Anthrone Test for Cancer*. Although developed in the U.S., it was banned.

In Manila, Manuel D. Navarro, M.D., of the Santo Tomas University Medical School, made modifications to the test and raised its accuracy in extended tests to 97% (actually 97% to 100%). He reported on its success in 42 cases in the July-August issue of the *Santo Tomas Journal of Medicine*. This test is commonly known as the *Philippine Urinalysis Test for Cancer*.

Navarro found the test could forecast cancer up to two years before it could be detected by present medical techniques.

This quantitative urinalysis is now available in the Philippines and other countries, to determine the amount of *human chorionic gonadotropin hormone* in the urine. This hormone is present in all types of cancer, including leukemia; and the directions for taking the sample, partial processing, and mailing are not too difficult for the average person. This test is banned in the United States, but individuals have the right to take it by mail.

Dr. Nararro's method was exhibited at the International Cancer Congress in Tokyo, but our government (NIH), the ACS, and the SKI showed little interest.

It is believed by some that, **if a person had advance warning of the onset of the disease, he might take time to think through his treatment options, along with ways to possibly improve his diet and way of life.** But, learning later that he has the problem, he is more likely to panic and accept surgery, radiation, or chemotherapy.

Here is the formula for the Philippine Test. The following information comes from a booklet, published by the International Health Council:

> "Do not send a sample from a patient who is pregnant, is using birth control pills or estrogen or other female hormones, is using toxic chemotherapy, is showing more than 100 mg of albumin or a moderate amount of blood, is bedridden, has lost a lot of weight, had intercourse within 12 hours, or has a badly depleted liver. It takes one month to clear hormones or toxic chemotherapy from the system, so an accurate reading can be made.

"A. Urine Sample Processing:

"(I. Gather the following materials: Glass household or lab measuring cups, one to measure 3.3 fluid ounces (100 cc) and one 13.2 fluid ounces (400 cc.); glass funnel or wide-mouth jar; glass or stainless steel stirring rod or spoon; one gallon empty vinegar jug, rinsed out but *do not* clean with soap or detergent. Get a domestic money order from the Post Office for $12.00 (subject to change); one pint or less of Glacial Acetic Acid; one pint or more of Acetone; a few sheets of filter paper, 4-5 inch diameter, 10-12.5 cm. These materials can be secured from a chemical laboratory supply house, medical or surgical supply house, and some drugstores. Some hobby shops selling chemistry sets have filter paper. Photo stores handling dark-room supplies have Glacial Acetic acid.

"(2. Total fluid intake should be restricted before, and during, the urine collection period. Collect all urine voided in a 24-hour period in the clean one-gallon glass bottle. Keep in a cool place. Shake well, record total amount voided.

"(3. Take 3.3 fluid ounces (100 cc) of urine from the gallon bottle.

"(4. Add one tablespoon (15 cc) of Glacial Acetic Acid to the urine sample and stir well. Be careful, this is a powerful acid. Do not inhale; if splashed, use plenty of water for 15 minutes, to flush.

"(5. Add this mixture to 13.2 fluid ounces (400 cc) of Acetone. Acetone is highly volatile and inflammable, so use it outside and away from sparks and flame. Acetone will dissolve some plastics, so use only glass in handling.

"(6. Stir well and let stand outside for two or more hours.

"(7. Pour off most of the clear fluid, being careful not to lose any sediment.

"(8. Fold a circle of filter paper in half, then one-quarter circle, then one-eighth circle. Open partially and line the inner surface of a glass funnel loosely. If a funnel is not available, hold filter paper cone over a wide-mouth bottle. Pour the balance of the fluid with sediment through the filter paper, catching the sediment in the center of the paper. Be sure to get all the sediment. In the event there is very little sediment, collect a new sample and rerun.

"(9. After drying, trim off excess filter paper, fold over the edges and place between two sheets of plastic. Trim off the surplus plastic and seal edges with Scotch tape.

"(10. Insert the sample in an envelope with: the patient's name, address, sex, age, to whom report is to be sent, a brief case history, date sample was taken, $12.00 money order, and

total amount of urine voided in 24 hours.

"(11. Air mail to: Dr. Manuel D. Navarro, M.D., 3553 Sining Street, Morningside Terrace, Santa Mesa, Manila 2806, Philippines. To avoid delay, have the Post Office weigh for proper postage.

"B. Interpretation of Report from Dr. Navarro:

[When the test results are mailed back to you from Dr. Navarro, here is how to determine what the numbers mean:]

Index Number	International Units	Interpretation
0	0	doubtful
1-3	30-50	faintly positive
4	200-409	moderately positive
5	500-700	definitely positive
6	1,000-3,000	definitely positive
7	4,000	definitely positive
8	5,000	definitely positive
9	6,000	definitely positive
10-12	8,000-15,000	markedly positive
13-15	20,000-40,000	heavy positive
16-18	60,000-100,000	very heavy positive
19 and over	over 200,000	excessively positive

"C. Coordination with IHC Program

"Nagative, 1, or 2: Use Prevention Section of the Program.

"Index 3 and 4 are generally considered early or pre-cancer, a nutrition-related systems imbalance. The Pre-cancer Section of the IHC Program is used, unless other factors are evident.

"Index 5 and above and/or medical diagnosis are considered advanced cancer, and the Advanced Section of the IHC Program is used with professional nutritional therapy.

"Under some conditions a temporary "flare up," indicated by a rise in the index, will occur from a destruction or rupture of a tumor and will usually recede in a short time. A falling index generally indicates improvement if accompanied with a feeling of well-being. A falling index concurrent with severe physical deterioration is sometimes experienced when a person is weak or bedridden because there is insufficient raw material present for the cancer cells to manufacture the HCGH hormone being measured, and the report is invalid. Care must be taken to properly evaluate the report.

"Frequencies of tests used successfully by many people are as follows: for prevention, where they have never shown positive; once per year, for those showing positive; once every two months until two negatives are received; and, then, every six months for the rest of their lives.

"From examination of hundreds of these test reports, it is this writer's opinion that this is a valuable asset to the individual and professional in the detection and control of cancer and the systems imbalance leading to cancer. Also, we believe this to be a measure of the malignancy pressure working against the body's resistance in the earlier stages. In other words, the malignancy pressure could break through at index 4 if the body's resistance is high. The IHC Program is designed to concurrently reduce the malignancy pressure and at the same time increase the body's resistance to disease."—*International Health Council, A Program for the Prevention and Detection of Pre-Cancer, 7-10.*

THE PRE-CANCER BLOOD TEST

The urine test, described above, is quite adequate by itself and is said to produce 97% accuracy.

But there is also a blood test for cancer. Here is this test, as described in the same International Health Council book:

"Many physicians outside the U.S.A. use this Blood Test in their day-to-day management of cancer. It is also useful in situations where the victim cannot use a urinalysis, as indicated previously, or as double-check with the urinalysis. For the initial test, both blood and urine samples should be utilized. [That is, both a blood and urine sample should be mailed to the testing service.]

"**Material required:** a few ounces of pure methyl alcohol—no substitutes, two or more new cleaned microscope slides from a laboratory supply house, hobby shop or other source, a sterile lancet or pin, and a $15.00 money order.

"**Instructions:**

"(1. If slides are not clean, clean with alcohol or acetone, to remove dirt and grease film.

"(2. Clean finger tip or ear lobe with alcohol and let dry completely.

"(3. Puncture finger tip or ear lobe with *sterile* steel lancet or pin.

"(4. Wipe off first blood with Kleenex.

"(5. a. Deposit only one small droplet of blood on the surface, near one end, of the slide.

"b. Select the smoothest edge of the other side and hold it at a 30 to 40 degree angle. Back up to the droplet and allow the blood to spread along the contacting edge.

"c. Use only the weight of the spreader slide and slowly drag the droplet in the direction indicated. *Do not* retrace direction—one pass only. Thick or irregular smears *cannot* be used; blood must flow spontaneously and evenly. If a perfect smear is not obtained: Clean the slides

with plain, water dry with tissue, clean with alcohol or acetone, and try again.

"b <———

"c ———>

"(6. Allow blood smear to air dry thoroughly, but do not heat or blow on it.

"(7. Fix the smear by immersing in pure methol alcohol for 5 minutes and let air dry thoroughly. After fixing and drying, cover the smear with the second slide for protection.

"(8. Sandwich slides carefully between two thick pieces of cardboard. Scotch tape the edges; write name and address on the cardboard cover; enclose age, date, date of previous test, and money order in an envelope, marked "Hand Stamp." Mail (not registered or special) to: Laboratorio Del Mar, P. O. Box 3973, San Ysidro, California 92073.

"**Interpretation of report:** M Monocytes (damaged) 0%-49%, normal; over 50%, Positive malignancy. N Neutrophyls (damaged) 0%-19%, normal; over 20% Positive malignancy. L Lymphocytes (small competent), body resistance—Poor: 1%-10%, Fair: 11%-25%, Good: Above 25%."—*International Health Council, A Program for the Prevention and Detection of Pre-Cancer, 10-12.*

TEST ADDRESSES

URINE TESTS—Air mail the sample to:
Manuel D. Navarro, M.D.
3553 Sining St., Morningside Terrace
Santa Mesa, Manila 2806
Philippines

BLOOD TESTS—Mark "handstamp" and mail the sample (not registered nor special) to:
Laboratorio Del Mar
P.O. Box 3973
San Ysidro, California 92073

GERSON BLOOD TESTS—Blood tests for patients on the Gerson therapy, are sent to:
Gerson physician (caring for you)
c/o Hospital Baja California
Chula Vista, CA 91912
Fax direct dial from U.S.: 011-52-66-80-29-08
Fax from other countries: 52-66-80-29-08

If any of the above addresses goes out of business, current addresses of testing services could be obtained either from the Gerson Institute (address given immediately above) or from one of the laetrile or other alternative therapy clinics. Those addresses are listed under "Therapies" at the back of this book.

GLOSSARY

Ab-dom-i-no-per-i-ne'al re-sec'tion—The large bowel is cut above the cancer and the open end brought out of the abdomen. The tumor and all the bowel from the tumor to the anus is removed and the anus sewn shut. The patient then has bowel movements from an opening on his abdomen.

Ad-e-no-ac-an-tho'ma—Adenocarcinoma in which some cells have undergone squamous metaplasia. A cancer cell that looks scale-like under a microscope.

Ad-e-no-car-cin-o'ma—A malignant adenoma arising from epithelium of a glandular organ. A cancer which has its origin in the covering of an internal or external surface of the body.

Ad-e-no'ma-tous—Pertaining to adenomas. Pertaining to tumors arising from coverings of an internal or external surface of the body.

Ad-e-nop'a-thy—Swelling and morbid change in lymph nodes, glandular disease, swollen glands.

Al'ky-lat-ing a'gent—1. A substance which introduces an alkyl radical into a compound in place of a hydrogen atom. 2. A chemotherapeutic agent capable of destroying human cells (cancer and non-cancer cells) at all stages in the cell's life cycle.

An-a-plast'tic—Pertaining to anaplasia. The change of a cell to a more primitive type, often associated with cancer.

Car-ci-no'ma—An epithelial cell growth or malignant tumor, enclosed in connective tissue, and tending to infiltrate and give rise to metastases. Cancer.

Cer'vi-cal—1. Of, pertaining to, or in the region of the neck. 2. Pertaining to the cervix of an organ, as the cervix uteri.

Cer'vi-cal ver'te-brae—First seven bones of the spinal column.

Coli'tis—Inflammation of the colon.

Co-los'to-my—Incision of the colon for the purpose of making a more or less permanent fistula between the bowel and the abdominal wall. A surgical procedure after which the patient has bowel movements from a hole in the abdomen.

Co-ni-za'tion—Excision of a cone of tissue, as of the mucous membrane of the cervix. The purpose of removing the cone of tissue is to see if the tissue is cancerous.

cu-ret'tings—Material surgically scraped from a

body cavity, such as the bladder or uterus.

Cys-ti'tis—Inflammation of the bladder usually occurring secondarily to infections of associated organs (kidney, prostate, urethra). May be acute or chronic.

Dys-pla'sia—Abnormality of tissue development.

Di-ver-tic-u-lo'sis—Diverticula in the colon without inflammation or symptoms. An outpouching of the intestinal wall. These are usually seen as many tiny finger-like or balloon-like bumps on what should be a smooth gut wall.

Dor'sal—Pertaining to the back. 2. Indicating a position toward a rear part.

Duc'tal—Pertaining to a narrow tubular vessel or channel, especially one serving to convey secretions from a gland, e.g. the milk ducts of a female breast.

En-do-me'trium—The mucous membrane lining the inner surface of the uterus.

Ep-i-the'li-al—Pertaining to, or composed of, epithelium, the covering of internal and external surfaces of the body.

E-soph-a-gi'tis—Inflammation of the esophagus.

E-ti-ol'o-gy—The study of the causes of disease.

Ex-ci'sion—An act of cutting away or taking out.

Fun'gat-ing—growing rapidly like a fungus, applied to certain tumor.

Gran-u-lo'ma—Granular tumors usually of lymph cells (as in Hodgkin's Disease) or epithelial cells.

Gy-ne-col'o-gist—Physician who specializes in diseases of the female reproductive system.

Hem-a-tu'ri-a—Blood in the urine.

Hemo-sta'sis—Arrest of bleeding or of circulation. 2. Stagnation of blood.

He-mat'o-crit—Centrifuge for separating solids from plasma in the blood. 2. The volume of erythrocytes packed by centrifugation in a given volume of blood.

His-to-cy-to'ma—A tumor containing histiocytes. Histiocytes are tissue cells.

Hy-per-pig-men-ta'tion—Abnormal (too much) coloring, usually of the skin.

Hy-per'tro-phy—Increased size of an organ or the body, due to abnormal growth.

Lob'u-lat-ed—Consisting of, or pertaining to, lobes or lobules. 2. Resembling lobes.

Loc'u-lat-ed—Containing or divided into loculi, i.e., small cavities.

Lym-phad-e-nop'a-thy—Disease of the lymph nodes.

Lym-phan'gi-o-grams—A procedure that allows the doctor to look for disease (usually cancer) in the lymph system without having to perform surgery. A dye, which shows up in X-rays, is injected into the lymphatic vessels on the hands or feet, and a series of X-rays is taken following the path the dye travels.

Lym-pho'ma—A general term for growth of cancer tissue in the lymphatic system. This group of cancers includes Hodgkin's Disease, lymphosarcoma, and malignant lymphoma.

Lym-pho-sar-co'ma—A malignant disease of lymphatic tissue. Clinically may be quite similar to Hodkin's disease.

Mam'mo-gram—An X-ray picture of the breast.

Mas-tec'to-my (radical)—Removal of a breast and muscles underneath the breast down to the chest wall; also includes removal of the lymph nodes under the arm.

Mel-a-no'ma—A malignant, pigmented mole or tumor. The most serious skin cancer.

Mes-o-the-li-o'ma—Tumor (cancer) starting in the lining of a body cavity.

Me-tas'ta-sis—1. The appearance of a second cancer in a different location from the first. 2. Change in location of a disease or of its manifestations or transfer from one organ or part to another not directly connected. (The chance of survival after metastasis is practically zero.)

Met-a-stat'ic—Pertaining to metastasis.

Mu'co-cele—1. Enlargement of the lacrimal sac. 2. A mucous cyst. (A cyst is a closed sac or pouch which is walled and contains fluid, semi-fluid, or solid material. It is usually an abnormal structure.

Ne'o-plasm—A new and abnormal formation of tissue, as a tumor or growth. It serves no useful function but grows at the expense of the heathy organism. Frequently it is used as a substitute for the word, cancer. It is more accurate to say malignant neoplasm when referring to cancer.

Ne'oplas-tic—Pertaining to, or the nature of, new abnormal tissue formation; usually refers to cancer.

Pal'li-a-tive—1. Serving to relieve or alleviate, without curing. 2. An agent which alleviates or eases.

Pal'pa-ble—Perceptible, especially by touch. Usually refers to a lump or a body organ which can be felt only when involved in disease. (A doctor would not palpate the nose; he would feel it. He would, however, palpate the armpit to see if there were swollen glands present.)

Rad'i-cal—A group of atoms acting as a single unit, passing without change from one compound to another, but not able to exist in a free state. 2. Anything that reaches the

root, origin, or original. 3. Radical surgery is that surgery in which large amounts of tissue or bone are removed.

Rads—Rad is an abbreviation for a radiation-absorbed dose. It is the unit of measure used in calculating how much radiation a body part will receive.

Re'nal—Pertaining to the kidney. 2. Shaped like a kidney.

Re-tic'u-lo-cyte—A red blood cell containing a network of granules or filaments representing an immature stage in development.

Re-tic'u-lum—A network formed by cells or connective tissues between cells.

Rhab-do-myo-sar-co'ma—Cancer arising from muscle tissue which appears rod-shaped under a microscope.

Sar-co'ma—Cancer arising from underlying tissue: muscle, bone, and other connective tissue. May affect the bones, bladder, kidneys, liver, lungs, parotids, and spleen.

Scir'rhous—Hard, like a scirrhus. A hard cancerous tumor caused by overgrowth of fibrous tissue.

Si'tus (in si-tu)—In situ means in position or in place. Cancer in situ refers to a small cancer which has not yet eaten nearby tissue.

Squa'mous—Scale-like.

Ste-no'sis—Constriction or narrowing of a passage or orifice. Stenosis can be caused by the hard fibrous scar tissue which can be formed following radiation.

Tho-ra'cic—Pertaining to the chest or thorax.

Trans-u-re'thral—Pertaining to an operation performed through the urethra.

Tu-me-fac'tion—A swelling. Act of swelling or the state of being swollen. 3. A tumor. (The word tumefaction is used frequently in place of the word, cancer, or malignant tumefaction.)

U're-ter—One of two tubes carrying urine from the kidneys to the bladder.

Ze'ro-gram—A type of X-ray. This special X-ray shows all tissue in bas-relief.

Ze-ro-mam'mo-gram—A type of X-ray of the breast.

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ORGANIZATIONS

The following organizations are especially active on the political front, and are also clearinghouses, able to provide you with information on places where alternative treatment may be obtained. There is a wealth of data available here!

Alliance for Alternative Medicine. P.O. Box 59, Liberty Lake, WA 99019 Ph: 509-255-9246.
A political action group for freedom of choice in medicine. Also provides information about alternative treatment centers and support groups.

Arlin J. Brown Information Center. P.O. Box 251, Fort Belvoir, VA 22060 Ph: (703) 752-9511
A clearinghouse for information regarding alternative cancer therapies. Information available upon request.

Cancer Control Society. 2043 North Berendo Street, Los Angeles, CA 90027 Ph: (213) 663-7801
Provides listings and information on alterative cancer treatment centers and patients who have recovered from various cancers using alternative therapies. Particular emphasis on metabolic therapies. Also sponsors an annual convention showcasing 40-50 alternative practitioners who treat cancer. The CCS publishes a magazine—Cancer Control Journal—with news and features on alternate therapies. It maintains the Cancer Book House with "books and reprints on nutrition, cancer, and other related diseases." Price list available on request.

Foundation for Advancement in Cancer Therapy. P.O. Box 1242, Old Chelsea Station, New York, NY 10113 Ph: (212) 741-2790.
A clearinghouse for information regarding alternative cancer therapies, emphasizing nutritional and metabolic approaches.

International Association for Cancer Victors and Friends. 7740 West Manchester Avenue Suite 110, Playa del Rey, CA 90293 Ph: (310) 822-5032. Provides information and listings on alternative cancer treatment centers and patients who have recovered from cancer using alternative methods. Focus is on cancer treatments and scientific research conducted around the world.

People Against Cancer. P.O. Box 10, Otho, Iowa 50569 Ph: (515) 972-4444
A nonprofit grassroots membership organization dedicated to cancer prevention and medical freedom of choice. Provides counseling and information on alternative cancer treatments.

World Research Foundation. 15300 Ventura Boulevard, Suite 405, Sherman Oaks, CA 91403 Ph: (818) 907-5483
Large research library of alternative medicine. Library is open to the public. Provides a computer search and printout of specific health issues for a nominal fee.

Committee for Freedom of Choice in Cancer Therapy, Inc., 146 Main Street, Suite 408, Los Altos, CA 94022
The Committee for Freedom of Choice in cancer is a nonprofit organization, subsisting on contributions from its committees and friends." The committee's main activity has been to lobby for the legalization of laetrile. Publishes *The Choice*.

International Association of Cancer Victims and Friends. 7740 Manchester Avenue, Suite 110, Playa del Rey, CA 90291 Ph: (213) 822-5032
Publishers of the *Cancer News Journal*, "a layman's journal for laymen and professionals." The IACVF describes itself as a "charitable, educational, nonprofit organization that serves as a clearinghouse for the accumulation of material on nontoxic cancer therapies and other related topics for laymen and professionals. As a lay organization we cannot prescribe, only provide enlightenment on the current status of various cancer therapies, approaches to prevention, and research achievements."

National Health Federation. P.O. Box 688, 212 West Foothill Boulevard, Monrovia, CA 91016 Ph: (213) 357-2181
"The National Health Federation is America's largest organized non-commercial health consumer group. It is a nonprofit corporation founded in 1955. Its members believe that health freedoms are inherently guaranteed to us as human beings, and our right to them as Americans is implied in the words 'life, liberty, and the pursuit of happiness' . . The NHF opposes monopoly and compulsion in things related to health where the safety and welfare of others are not concerned . ." The NHF publishes the *National Health Federation Bulletin* and *Public Scrutiny*.

Second Opinion. P.O. Box 548, Bronx, NY 10468
"Second Opinion is the voice of rank-and-file employees of Memorial Sloan-Kettering Cancer Center. It presents news and opinions of the Center and the cancer field from the employees' point of view . . In cancer, we believe in putting prevention first; making research relevant to human diseases; an open-minded policy toward new and unorthodox methods; making the best treatment available to all people; taking the profits out of cancer."

Cancer Federation. P.O. Box 52109, Riverside, CA 92517 Ph: (714) 682-7989.

CanHelp. 3111 Paradise Bay Road, Port Ludlow, WA 98365 Ph: (206) 437-2291

National Self-Help Clearinghouse, 25 West 43rd Street, Room 620, New York, NY 10036

Nutrition Education Association, Inc., 3647 Glen Haven, Houston, Texas 77025 Ph: (713) 665-2946

Patient Advocates for Advanced Cancer Treatments, Inc. (PAACT), 1143 Parmelee NW, Grand Rapids, MI 49504 Ph: (616) 453-1477

Committee for Freedom of Choice in Medicine, 1180 Walnut Avenue, Chula Vista, CA 92011 Ph: 800-227-4473

International Academy of Nutrition and Prevention Medicine. P.O. Box 18433, Asheville, NC 28814 Ph: (704) 258-3243

International Association of Cancer Victors & Friends. 7740 W. Manchester Ave. No. 110, Playa del Rey, CA 90293 Ph: (213) 822-5032

Linus Pauling Institute of Science and Medicine. 440 Page Mill Road, Palo Alto, CA 91945. Ph: (415) 327-4064

Orthomolecular Project Cure. 5910 North Central Expressway, Suite 760, Dallas, Texas 75206 Ph: (214) 891-6111, Legal Issues.

Syracuse Cancer Research Institute, Inc. Presidential Plaza, 600 East Genesee Street, Syracuse, NY 13202 Ph: (315) 472-6616, Hydrazine sulfate.

Ann Wigmore Foundation. 196 Commonwealth Ave., Boston, MA 02116 Ph: (617) 267-9424, Nutrition.

International Health Council. 15328 Edolyn Ave., Cleveland, Ohio 44111

For additional information on orthodox treatments, and reasons why alternative therapies are not accepted, contact one or more of the following: They will explain it to you.

American Cancer Society. 777 Third Avenue, New York, NY 10017 Ph: 202-371-2900 Ph: (212) 371-2900

American Medical Association. 535 North Dearborn Street, Chicago, IL 60610 Ph: (312) 751-6000

Food and Drug Administration. 5600 Fishers Lane, Rockville, MD 20852 Ph: (202) 245-1144

Memorial Sloan Kettering Cancer Center. 1275 York Avenue, New York, NY 10021 Ph: (212) 794-7000

National Cancer Institute. 9000 Rockville Pike, Bethesda, MD 20012 Ph: (301) 496-6641

THERAPIES

Listed here are all of the alternative therapy clinics and hospitals mentioned throughout the book, plus some additional ones. Patients at nearly every one are treated under the supervision of M.D.s.

Laetrile: Contreras Clinic—Hospital Earnesto Contreras, Paseo Playas de Tijuana, No. 19, Tijuana, B.C. Mexico Ph: 011 52-66-80-1850 / (800) 262-0212 / (800) 523-8795 (Rest of U.S.A.).

Laetrile: Navarro Clinic—Manuel D. Navarro, M.D., 3553 Sining St., Morningside Terrace Santa Mesa, Manila 2806 Philippines.

Laetrile: Richardson Clinic—John A. Richardson, M.D., Clinic in Albany, California.

Gerson Therapy—For most people, the U.S. address and phone number will be easier to work with: Gerson Institute, P.O. Box 430, Bonita, California 91908. Phone: 619-585-7600 or 619-267-1150. Fax: 619-367-6441. Automated voice information 24 hrs/day: 1-888-4-GERSON.*Web:* www.hospital-meridien.com/meridien *Email:* meriien@hospital-meridien.com.

Gerson Institute: Mexico—The primary Gerson treatment center is Hospital Meridien, Lava #2971, Secc. Costa Hermosa, Playas de Tijuana, B.C., Mexico, CP22240. Phone: 011-52-66-801358. Fax: 011-52-66-801831. *Web:* meriden@telnor.net. Hospital Meridien is 30 minutes south of downtown San Diego.

Gerson Institute: Arizona—A recently opened U.S. treatment center is the Gerson Center at Sedona, 78 Canyon Diablo, Sedona, AZ 86351. Phone or write the Bonita, California, office, above. GCS, the Sedona facility, is located 100 miles north of Phoenix, and 28 miles south of Flagstaff, near Sedona, a small town of 8,000

Hospital Santa Monica—c/o Dr. Ross Pelton, P.O. Box 81365, San Diego, 92138-1365 (The hospital is located in Tijuana, Mexico.)

Hoxsey Therapy—Bio-Medical Center, P.O. Box 727, 615 General Ferreira, Colonia Juarez Tijuana, Mexico 22000 Ph: 011-52-66-84-9011 / 011-52-66-84-9081 011-52-66-84-9082 / 011-52-66-84-9376

Antineoplaston Therapy—Burzynski Clinic, 6221 Corporate Drive, Houston, TX 77036 Ph: 713-777-8233

Chelation Therapy—American College of Advancement of Medicine, 23121 Verdugo Drive, Suite 204, Laguna Hills, CA 92653 Ph: 714-583-7666; 800-532-3688

714X—C.O.S.E., Inc., 5270 Fontaine, Rock Forest, Quebec, Canada J1N3B6 Ph: 819-564-7883

Syracuse Cancer Research Institute—Presidential Plaza, 600 East Genesee Street, Syra-

cuse, NY 13202 Ph: (315) 472-6616

Immuno-Augmentative Therapy Center—P.O. Box F-2689, Freeport, Grand Bahama Ph: (809) 352-7455

IAT Patients Support Group—Mr. Frank Wiewel, P.O. Box 10, Otho, IA 50569-0010 Ph: (515) 972-4444

Issel's Whole Body Therapy—Akbar Clinc, 4000 East 3rd Street, Panama City, FL 32404 Ph: (904) 763-7689

Kelley's Nutritional Metabolic Therapy—Nicholas Gonzales, M.D., 737 Park Avenue, New York, NY 10021 Ph: (212) 535-3993

Revici Therapy—Emanuel Revici, M.D., 26 East 36th Street, New York, 10016 Ph: (212) 685-0111

Livingston Therapy—Livingston Foundation Medical Center, 3232 Duke Street, San Diego CA 92110 Ph: (619) 224-3515 [By State order, Livingston no longer gives the special injection.]

SUPPLY SOURCES

SUBSTANCES AVAILABLE AT MOST HEALTH FOOD STORES—Vitamin C, vitamin E, beta-carotene, omega-3 (flaxseed oil), germanium-132, chaparral, pau d'arco,

SUBSTANCES WHICH MAY BE PURCHASED FROM OVERSEAS MAIL-ORDER COMPANIES, OR FROM MEXICAN CLINICS USING IT—Hydrazine sulfate, clodronate, isoprinosine, urea (urea may also be purchased inexpensively in the U.S.)

ANTINEOPLASTONS—The Burzynski Clinic, 6221 Corporate Drive, Houston, TX 77036

ESSIAC—P.A.H. Products, P.O. Box 2665, Mission, KS 66201 / 800-318-2666

Sawnson Products, P.O. Box 2803, Fargo, ND 58102 / 701-277-1662

L&H Vitamins, 37-10 Crescent St., Long Island City, NY 11101 / 718-937-7400

HOXSEY TREATMENT—The Bio-Medical Center, P.O. Box 727, 615 General Ferreira, Colonia Juarez, Tijuana, Mexico 22000, Ph: 011-52-66-84-9011

HYDROGEN PEROXIDE—International Bio-Oxidative Medicine Foundation, P.O. Box 13205, Oklahoma City, OK 73113-1205 Ph: (405) 478-4266, or / Hospital Santa Monica, 4100 Bonita Road, Bonita, CA 91910 Ph: (800) 359-6547 / (619) 428-1147

IMMUNO-AUGMENTATIVE THERAPY—Immuno-Augmentative Therapy Centre, P.O. Box F-2689, Freeport, Grand Bahama Ph: (809) 352-7455, or / People Against Cancer, P.O. Box 10, Otho, IA 50569-0010 Ph: (515) 972-4444

LAETRILE—Hospital Ernesto Contreras, 494 Calle Primera, Suite 904, San Ysidro, CA 92173 Ph: (800) 326-1850

LIVINGSTON-WHEELER THERAPY—Livingston Foundation Medical Center, 3232 Duke Street, San Diego, CA 92110 Ph: (619) 224-3515

KELLEY PROGRAM—Dr. Nicholas Gonzales, 737 Park Ave., New York, NY 10021 Ph: (212) 535-3993

MISTLETOE—Physicians Association for Anthroposophical Medicine, P.O. Box 269, Kimberton, PA 19442

714X—Centre d'Orthobiologie, Somatidienne de l'Estrie (C.O.S.E.), 5270 Fontaine, Rock Forest, Quebec J1N 3B6, Canada Ph: (819) 564-7883

SHARK CARTILAGE—Cartilade, from Cartilage Technologies, Inc., 222 Grace Church St., Suite 204-A, Port Chester, NY 10573-5155 Ph: (914) 939-9000, or / Allergy Research Group, 400 Preda St., San Leandro, CA 94577 Ph: (800) 545-9960.

VITAMIN C (bulk)—Bronson's P.O. Box 628, LaCanada, CA 91012-0628 Ph: (800) 235-3200

The remainder of this supply listing are Gerson supply sources. Those on the Gerson therapy may obtain some of these items at lower prices, if they so notify the vender:

GERSON SUPPLIES—The various items used by outpatients, which cannot be obtained locally, are obtained as follows:

GERSON Rx PRESCRIPTIONS AND SUPPLIES—STAT, S.A., Apartado Postal 2392, Tijuana BCN, Mexico Ph: 011-526-680-1103

GERSON SUPPLIES—Baja Hosp. Services, P.O. Box 3535, Chula Vista, CA 91911 Ph: 619-425-1557. Here are examples of what is meant by "supplies": Lugol's [iodine] solution, potassium compound, potassium gluconate, acidoll [HCl], niacin, flaxseed oil, castile soap, enema buckets, food mill, etc. Some of these supplies (such as Lugol's) would be difficult to obtain elsewhere.

ORGANIC FOODS—Gerson emphasizes eating, if at all possible, organically grown fruits and vegetables. In order to learn whether this is

feasible in your area, and if you can afford them, you may wish to contact OFPANA, Box 1078, Greenfield, MA, 10301 Ph: (413) 74-7511. Or you can order a U.S. directory of sources: The book is called *Organic Wholesaler's Directory and Yearbook*, community Alliance with Family Farmers, Box 464, Davis, CA 95617 Ph: 916-756-8518. c. $35, plus $5 shipping.

FLAXSEED OIL—If you cannot obtain it at your health-food store, here are addresses for ordering it direct (it might even be fresher ordered direct): Omega Nutrition, 5373 Guide Meridian, Bldg. B, Bellingham, WA 98226 Ph: 800-661-3529. Keeps unopened in freezer up to 6 months, and in refrigerator 3 months. After opening, keep it no longer than three weeks. / One of the best flaxseed manufacturers is Barlean's high lignan Flax Oil, 4936 Lake Terrell Rd., Ferndale, WA 98248

JUICER (TRITIATOR AND PRESS)—Gerson says centrifigal juices are all right for most diseases; but, for cancer and bone-deformity conditions, a pulp grinder and press are needed. If you have lots of money ($2,000) the Norwalk Juicer and electric hydraulic press is the best: Norwalk Juicer, c/o Richard Boger, (800) 405-8423 in U.S., or (619) 755-8423 outside U.S. / Lower-cost set, with manual press (requires work!): K&K Grinder and Press, c/o Al Hasser, 14410 Big Canyon Rd, Middletown, CA 95461 Ph: (707) 928-5970. Shredder $750, and press $275. / Can substitute Champion juicer as a lower-cost shredder: Lodi Health Foods, 521 S. Central Ave., Lodi, CA 95240 Ph: (209)334-3868. $189 plus shipping. If you want a used, later model of a used Norwalk Juicer, call Richard Boger at 519-755-8423. Also phone 619-585-7600 and ask for their used Norwalk Juicer list. At the present time, they run about $1,500; saving you over $500.

OZONE GENERATOR—To purify the air, give off ozone and negative ions. Mountain Fresh Services, P.O. Box 1915, Bonita, CA 91908 Ph: (619) 656-9077 Fax: (619) 656-6627

TEST SOURCES

URINE TESTS—Air mail the sample to:
Manuel D. Navarro, M.D.
3553 Sining St., Morningside Terrace
Santa Mesa, Manila 2806
Philippines

BLOOD TESTS—Mark "handstamp" and mail the sample (not registered nor special) to:
Laboratorio Del Mar
P.O. Box 3973
San Ysidro, California 92073

Blood tests for patients on the Gerson therapy, are sent to:
The Gerson physician caring for them
c/o Hospital Baja California
Chula Vista, CA 91912
Fax direct dial from U.S.: 011-52-66-80-29-08
Fax from other countries: 52-66-80-29-08

WATER TESTS—If you can afford to pay up to $200 to test your drinking water, here are the addresses: National Testing Laboratories, 8151 Wilson Mills Rd., Cleveland, OH 44143 Ph: (800) 458-3330 / Water Test, 33 S. Commercial St., Manchester, NH 03101 Ph: (800) 426-8378 / Water Testing Laboratories, 4600 Kutztown Rd., Temple, PA 19560 Ph: (800) 433-6595. You especially want to beware of lead, radon, nitrate, fluorides, and chlorine.

— Part Nine —
Indexes

RESEARCHER INDEX (TO PART TWO TO FIVE)

This book would not be possible without the exhaustingly careful research of many men and women over the years.

The key laboratory and clinical cancer researchers mentioned in Parts Two to Five of this book are listed here, along with beginning of the primary article in which they were mentioned.

Only eight of the 80 experts, who developed the alternative cancer control methods discussed in Parts Two to Five, do not have doctoral degrees.

PREVENTIVE INDEX (TO PART ONE)

This is an index to Part One (pp. 16-43) of this book, which deals with preventative measures.

THINGS TO AVOID

THINGS TO INCLUDE

THERAPY INDEX (TO PARTS TWO TO FIVE)

Page numbers refers to articles in Parts Two to Five which deal with the topic. Numbers in bold italics refer to source locations.

"They cry unto the Lord in their trouble, and He saveth them out of their distresses."—*Psalm 107:19.*

"Thou hast given commandment to save me; for thou art my rock and my fortress."—*Psalm 71:3.*

"His God doth instruct him to discretion, and doth teach him."—*Isaiah 28:26.*

"They that sow in tears shall reap in joy. He that goeth forth and weepeth, bearing precious seed, shall doubtless come again with rejoicing, bringing his sheaves with him." —*Psalm 126:5-6.*

"Blessed is the man that feareth the Lord, that delighteth greatly in His commandments."—*Psalm 112:1.*

"If a man love Me, he will keep My words: and My Father will love him, and We will come unto him, and make Our abode with him."—*John 14:23.*

"The only major killing disease . . whose rates are sharply rising."

"Cancer is now the only major killing disease in the industrialized world whose rates are sharply rising. Just by way of quantitative contrast, mortality from AIDS, another eminently preventable disease, although highly alarming if not catastrophic, is relatively low. About 30,000 cases, more than half already fatal, have been reported since 1981 when the disease was first detected; additionally, it is estimated that 2-3 times as many Americans suffer from advanced symptoms of the AIDS-related complex which often progresses to frank AIDS. Rapidly increasing numbers of cases, totaling some 270,000 are projected by 1991. In contrast, there have been major reductions in deaths from cardiovascular disease, still the number one killer in the U.S., probably because of a recent decline in smoking and attention to diet and exercise.

"With over 900,000 new cases and 450,000 U.S. deaths last year, cancer has now reached epidemic proportions, with an incidence of one in three and a mortality of one in four. Analysis of overall cancer rates, standardized for age, sex and ethnicity, has demonstrated steady increases since the 1930s, with more recent sharp annual increases in incidence rates by some 2% and in mortality rates by some 1%.

"Cancer is an age-old and ubiquitous group of diseases. Its recognized causes and influences are multifactorial and include natural environmental carcinogens (such as aflatoxins and sunlight), lifestyle factors, genetic susceptibility, and more recently industrial chemicals. Apart from modern lifestyle factors, particularly smoking, increasing cancer rates reflect exposure to industrial chemicals and run-away modern technologies."—*Samuel Epstein, M.D., professor of occupational and environmental medicine, University of Illinois Medical Center of Chicago, quoted in 1987 Congressional Record, 133(135):E3452-3453.*

HOW TO LIVE **LONGER**

A researcher in Germany discovered that how you deal with problems can affect how long you will live and, to some extent, how you may die!

In this life, each individual is continually confronted by problems—difficulties in relation to persons, situations, and goals. Some of these problems can be quite large. Yet the attitude the person takes toward his problems can, literally, finish him off.

What you are about to read can affect your entire life, so you will want to consider it carefully; recognize it as good advice and, not only start doing it, but also sharing it with your friends and loved ones.

Ronald Grossarth-Maticek, a Yugoslavian oncologist, and his students were given access to mortality data in Heidelberg, Germany. They carefully studied thousands of deaths, read through autopsy reports, and interviewed relative of the deceased. He discovered that a person's attitude greatly affects his life span—and in special ways.

There are four methods of dealing with problems. The European researcher dealt with the first three. Other research studies reveal there is also a fourth. Here they are:

Type 1 - The first way of dealing with a problem is to let it get you down. The key words are **"hopeless/helpless."** This person is unable to solve problems relating to others, situations, or goals. If relationships are sour, circumstances unfavorable, and goals seemingly unachievable, he sinks into a depression, characterized by feelings of helplessness and hopelessness. This person seems unable to change his negative view of life. He consistently holds on to depression as a habit to run into and hide.

The coronary reports revealed the fact that the person choosing **this type of behavior is highly prone to cancer.**

Type 2 - The second way of dealing with a problem is to blow up. The key words are **"frustrated/angry."** This person also seems unable to deal with problems in a positive way. Instead, he becomes disgusted or loses his temper.

The person choosing **this type of behavior is highly prone to heart disease.**

Type 3 - The third way of dealing with a problem is to remain positive, and turn one's attention to finding a new way—a different way—to tackle the problem and resolve it. The key words are **"cheerful/positive."** The significant factor, of course, is the continued positive outlook.

The individual selecting this type of response to problems—tends not to get sick! That is what the interviews and coronary reports revealed. These people have the lowest incidence of disease. In fact, they have the lowest incidence of death due to all causes, including accidents.

Here we have two major killers, and many smaller ones. The solution to forestalling many of them is a change in outlook and thinking, a change in behavior.

Type 4 - There is also a fourth way of dealing with problems, which other studies have repeatedly shown to be highly beneficial to both mind and body. **This method increases the positive outlook of Type 3 living, intensifies the healthful results, and makes it easier to switch from Type 1 and Type 2 to Type 3 behavior.**

The fourth manner of dealing with a problem is to take it to God in prayer. Here we find a person who has chosen to accept Christ as his Saviour. He has dedicated his life to Him and, by enabling grace, seeks to obey His Written Word each day.

Then when a problem arises, he takes it to God in prayer. Those who do this have found that it produces wonderful results. In some cases, a beautiful solution appears all by itself. At other times, the person will arise from prayer, greatly encouraged to press forward in a Type 3 approach: With a positive outlook, he will try a new way to solve the problem. However, there are difficulties which, unfortunately, cannot easily be solved. They would try to hang as a dead weight around the neck, year after year. Only Type 4 living can deal effectively with such problems.

A Christian can face problems more positively than others. He can cheerfully live with problems which would crush others.

Yet there is something else about Type 4 living which is special: The person who puts God first in his life—will spend much of his thought and energy trying to make the lives of others happier. The person who is busy helping others will always seem to have fewer problems. He is too busy being a blessing to others to give them much attention.

What have we learned from these four types?

When you have a problem, do this: (1) Take the problem to God in prayer. Make sure you are obeying the Ten Commandments and all that He commands in His Inspired Writings. (2) Keep positive and cheerful. If you have a personal relationship with God, you will especially be able to do this. Trust everything to Him, and believe He will work it all out for the best. (3) Change your behavior in such a way that conditions are changed for the better. Obedience to God's laws will greatly encourage you.

Amid the problems of life, when you walk up to a wall of difficulty, you can go through it, go around it, or go over it. Sometimes, with God's help, the wall just disappears as you walk toward it.

Here are several additional pointers:

Just what is the problem? What new, alternative activities would produce more positive results? Think it through, and then, prayerfully, try making the changes. Always stay on the positive. Failure should not be regarded as a reason for not trying out new types of behavior and activity. Discouragement or anger accomplish nothing. Take it to the Lord in prayer, and arise ready to move forward positively again.

Some problems cannot be solved. Sometimes you live with them. This is when Type 4 living—walking hand-in-hand with God—can provide wonderful solutions, even if unfortunately circumstances do not seem to change as quickly as they might. It can also help you live in environments which would crush others.

Choose the sunshine side of life, and problems about you will evaporate. The Christian has heaven coming; he can afford to wait patiently through the days that are dark. For him, the future is bright.

May God bless and keep you, as you try to live longer. Remember to use your longer life to help and bless others. That is why you were born into this world. Spend your time making others happy. *—vf*

BIBLE PROMISES

"He that dwelleth in the secret place of the Most High shall abide under the shadow of the Almighty. I will say of the Lord, He is my refuge and my fortress: my God; in Him will I trust. He shall cover thee with His feathers, and under His wings shalt thou trust: His truth shall be thy shield and buckler. There shall no evil befall thee, neither shall any plague come nigh thy dwelling."—*Psalm 91:1-2, 4, 10.*

"I will lift up mine eyes unto the hills, from whence cometh my help. My help cometh from the Lord, which made heaven and earth . . Behold, He that keepeth Israel shall neither slumber nor sleep. The Lord is thy keeper: the Lord is thy shade upon thy right hand. The sun shall not smite thee by day, nor the moon by night. The Lord shall preserve thee from all evil; He shall preserve thy soul. The Lord shall preserve thy going out, and thy coming in, from this time forth, and even for evermore."—*Psalm 121:1-8.*

"Our help is in the name of the Lord, who made heaven and earth."—*Psalm 124:3-8.*

"Whoso hearkeneth unto Me shall dwell safely, and shall be be quiet from fear of evil."—*Proverbs 1:33.*

"Because he hath set His love upon Me, Therefore will I deliver him."—*Psalm 91:14.*

"And I will bring the blind by a way that they knew not; I will lead them in paths that they have not known. I will make darkness light before them, and crooked things straight. These things will I do unto them, and not forsake them."—*Isaiah 42:16.*

"Great peace have they which love Thy law: and nothing shall offend them."—*Psalm 119:165.*

"Lord, Thou wilt ordain peace for us: for Thou also hast wrought all our works for us."—*Isaiah 26:12.*

"He shall call upon Me, and I will answer him: I will be with him in trouble; I will deliver him and honor him."—*Psalm 91:15.*

"By Me thy days shall be multiplied , and the years of thy life shall be increased."—*Proverbs 9:11.*

"The fear of the Lord prolongeth days."—Proverbs 10:27.

— IMPORTANT NOTICE —

This book is not intended to prescribe or diagnose in any way. It is not meant to be a substitute for professional help. The intent is to offer historical uses of herbs, vitamins, and other potentially healing substances. Those who are sick should consult their doctor.

Neither the author nor the publisher directly or indirectly dispense medical advice or prescribe the use of herbs, nutrients, or other substances as a form of treatment. The author and publisher assume no responsibility if you prescribe for yourself without your doctor's approval.

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The information presented here will help those desirous of improving their health—**so they can prevent cancer from gaining a foothold in their bodies**.

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It is important that you be told that this book has not been written for cancer patients, those who already have this dread disease, or laymen desirous of treating it. **The AMA, NIH, NCI, and SKI have determined that anyone who has contracted cancer should see his or her physician.**

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