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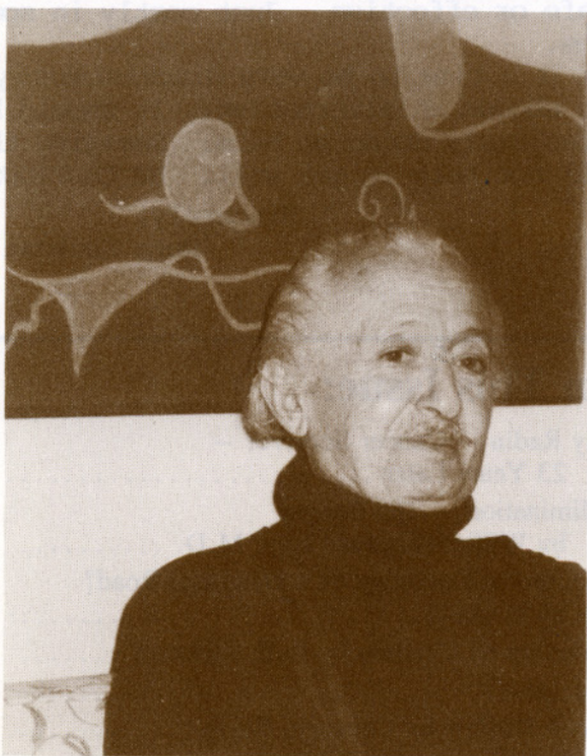

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Dear Reader,

When I decided to print Hy Radin's case history, it brought to mind how the nontoxic movement originated and what has happened to it.

It was started in San Diego by a teacher, Cecile Pollock Hoffman, who had exhausted all of her opportunities for recovery from cancer after using conventional therapy. In desperation she went to Canada for an unknown, nontoxic treatment - Laetrile. She improved. She subsequently added the Gerson dietary program as she became more knowledgeable and understoood the need for biorepair. Ultimately, she started a group comprised of cancer victims and friends to inform others of the value of non-toxic therapies.

Today the understanding of the nontoxic concept has wandered far from the original idea into a realm of confusion. Many people seeing the movement as a lucrative source of income have commercialized and distorted the concept of adhering to nontoxic systems and have promoted any type of therapy that can be labeled "alternative" only because it has not been accepted by the government. These are not necessarily safe or effective. Just costly in some instances.

This is a time to be very discriminatory when you choose an alternative. It should be safe, absolutely doing no harm. Damaging the body will not help it get well. BE CAUTIOUS!

Sincerely,
Ruth Sackman

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Hy Radin - Cancer Survivor - 23 Years Later

I always believed faithfully in our medical profession. Just listen to your doctor, "Don't worry, we have a major pill for everything." So I ate hot dogs, smoked, and boozed. Being in the advertising business didn't help. I helped advertise, promote, and market drugs, junk foods, petroleum, and services. There were many times my clients and I wound up in a bar in town or on a flight where we indulged in the niceties of life.

Hy Radin in the FACT office

At 35 years of age, I blew up like a balloon to 198 lbs. (I was only 5 feet, 7.) Lo and behold, I had become a diabetic.

Of course, I got the best doctor with a fancy Park Ave. address. "It's easy," the doctor said, "don't worry, we have the best drugs now. You don't need insulin; we have a magic pill. I'm putting you on Orinase." He didn't warn me about the side effects, and what do you know, after many years I got arteriosclerosis. It suddenly dawned on me that I had better start learning not to blindly trust these doctors who don't warn you about these unknown causes or side effects. Anytime I get a drug now from my doctor, I make sure I get the sheet of warnings from my pharmacist. He *must* give it to me. I read and study it.

The doctors I've met have known nothing about nutrition. The diet I got from my doctor was a printed sheet from a dietition and, if you have been in any hospital, you have seen the worst food in the world, prepared usually by a dietition. The food is lousy; there is no other word for it, and it lacks the nourishment the body requires.

Well, 17 years later I had pains in my back so I went to another specialist, one who took care of football players and fighters. He diagnosed it as a torn muscle. I had to see him 2 or 3 times a week for about 6 months. I left his office on Oct. 17, 1967 and collapsed in the street.

I got a cab and went to my family doctor. He immediately put me into Lenox Hill Hospital, and after x-rays and biopsies, I finally got the message: I had cancer in my spine and had to have surgery as the cancer was eating my 4th and 5th vertebrae. I was warned that this must be done immediately or they would not be responsible if I never walked again. Well, after surgery, I had 10 double shots of cobalt (200 rads) and chemotherapy.

Only a cancer victim would know my feeling. I was completely devastated. Why me? I went through more pain because of the spinal surgery and those bad miserable doctors who never gave me enough pain killers. It was so bad that I welcomed death! Somehow I managed to leave that hospital after 36 days of torture. They said I was terminal and couldn't last 3 weeks.

I have a friend, Lou Kashins, who had been after me for 20 years to go "natural" – all vegetarian – and follow Dr. William Howard Hay's program. What did I have to lose now? I started this therapy myself because I couldn't find a doctor who had enough guts to monitor me. After six weeks, I found Dr. Maxmillian LeWitter, who then went over my records and said, "Yes, I like this program; I know of Dr. Hay and his work." He didn't change anything I was doing except to cut down on the huge amounts of Vitamin A and D that I was using as this was in the danger zone.

Basically the program used was very simple. It had two parts: 1) a purge lasting 3 days and 2) nutrition lasting the rest of my life. I want to tell you it worked. I knew about two months later that it was working! Hey, I was still alive, my eyes cleared, and my pains disappeared – all without drugs. And my energy was coming back. I was walking again without crutches.

For someone like me who was basically a meat and

potatoes man, this was a new life style. I can say it was not easy. I had to change my life style of eating completely! My diet for one year was strictly vegetarian, but I ran into some problems and had to go into proteins like fish and eggs. I added fish (5 oz.) and eggs, soft-boiled or poached. When I ate eggs one day, I had fish the next.

There were no substitutions of junk foods and no coffee, tea, sugar, salt or spices. You must stick to the diet! Read the book, *How to Always Be Well* by William Howard Hay, M.D.

I had two enemas and 2-8 oz. glasses of carrot and celery juice a day. I finally cut down to one enema and one glass of carrot and celery juice a day, then finally no enemas and no juices. This is part of the detox program. As I felt better, I started to slowly get my strength back. Finally, it worked; there was no cancer detected after one year.

Now, 23 years later the cancer reactivated. In early June, 1990, a growth on my left jaw coming from the parotid gland appeared. The doctors wanted biopsies, surgery, etc. I said, "No," and went on the Dr. William H. Hay program again.

It's now 5 months later and I feel great. The growth has become slightly smaller. I'm hoping it will disappear entirely. I'm sticking to the program, playing golf weekdays, weather permitting, and I know that I have the cancer licked again.

And do you know what? I test my urine every morning and for the past 2 months the tests show *no* trace of sugar at all! Only a diabetic will know what I mean. I've taken no insulin or drug of any kind for 23 years. And believe it or not, I eat at least 7 or 8 pieces of fruit a day.

Usually, I start breakfast with a large piece of watermelon. A half-hour later I eat more fruit with plain yogurt or cereal with nuts and seeds. Lunch is often a fruit salad with nuts and seeds. Dinner is generally fish (about 5 oz.) and a vegetable salad with nuts and seeds. I have a snack between breakfast and lunch, between lunch and dinner, and sometimes between dinner and bedtime.

Yes, the Hay Therapy has taught me many things: Stop what's causing the problem because "cure" is never anything less than removal of the cause or causes, whatever these may be, and anything that does not meet these specifications can be nothing more than palliative at best. And keep in mind that internal filth or toxicity is the only cause of most disease.

I have had other problems like cataracts in both eyes. After going to my opthamologist, I asked if he knew of Dr. Bates' natural therapy for better eyesight without glasses, curing cataracts and glaucoma. He laughed and said, "Don't go to quacks." So I walked out and tried a natural way myself and dissolved the cataracts. I can't believe that I was so blind for so many years and accepted everything my doctor said!

Remember, I'm talking about myself and some of my experiences. As far as I'm concerned, I advocate eating raw foods when I'm sick. This has reduced my fatigue and restored my energy.

If your will power is strong enough and you give nature every ounce of cooperation, you would be surprised at the satisfactory results that follow. Unfortunately, most of us seek pain-killing remedies for instant relief instead of the slower and more tedious but decidedly more certain and permanent methods which aid nature in cleaning and rebuilding the body in order that our lives may be longer and more vital.

Yes, this is 23 years later. I'm 76 years old and still full of vim and vigor. I've run into some problems in trying to extend my diet. I couldn't handle regular milk, so I went to soy milk, and boy, did I get it! My body reacted violently. I had the runs and then the opposite, constipation. I found that soy milk is very acid and contains about 17% more phosphorus, about 400% more sulphur than human milk, both these elements being acid-forming. What I'm trying to say is that once you take a good food like soybeans and then process it to death, you don't have the same natural product. It's like taking an orange and juicing it; instead of eating the whole orange with its vitamin C and bioflavinoids, you're getting mostly citric acid which destroys the vitamins necessary for a good life.

Good benefits can be obtained by juicing raw vegetables as they contain all the minerals, enzymes, chemical elements, vitamins, calories, and amino acids. What a life you can get! Try it, you'll like it!

Hy Radin, going for the year 2000!

* * * *

The human body cannot be made dependably or permanently well unless the surplus toxins are removed from the blood and tissues. At least seventy-five per cent of all symptoms, diseases, and discomforts disappear with the removal of toxins. No one can expect full health unless he lives in a manner to keep his toxemia below the saturation point and his vital energy high. All people are more or less toxemic, but only those who are ill are pathologically toxic. The changes wrought in tissue by repeated and violent physiological disturbances often result in permanent alteration of organic structure, and real disease is always represented by pathological alteration.

– Dr. G. S. Werger

Elimination — The Enema

William Howard Hay, M.D.

The habitual use of the enema is freely condemned by the rank and file of the medical profession, under the assumption that to use it regularly is to take away from the colon all initiative, and thus insure a deepened tendency to sluggishness, or constipation.

If the colon is not delivering today all the residues from the food taken yesterday, it is *constipated*, contrary to the assumption that the average one-a-day affair is adequate.

A physician who makes such a statement has either had little experience with the daily use of the enema over long periods of time, or has not used a proper enema.

A full three quart enema of hot water will deplete and enervate the colon, and tend to its increasing sluggishness. When used occasionally it may appear to slow down colonic activity, by superseding the normal function.

Such use of the enema is wrong, and will never tend to cure any case of constipation.

An enema used properly does empty the colon much more thoroughly than will any laxative or even a drastic purge. But cure of the sluggishness in colonic action is a matter of general bodily rejuvenescence, a return to more vital condition of all the tissues of the body.

An enema used properly does empty the colon much more thoroughly than will any laxative or even a drastic purge.

The colon is merely a part of the body, and as such partakes of the state of the entire body, and when we are constipated, we also prove that the entire body tone has fallen below the normal.

The colon has a visible function, and we recognize the delay here, but since we do not see the internal functions of the body, we do not realize that they too have declined in efficiency.

If the colon is not delivering today all the residues from the food taken yesterday, it is *constipated*, contrary to the assumption that the average one-a-day affair is adequate.

About twenty-five years ago I analyzed nearly a hundred cases of once daily habit. None considered that they were suffering from constipation.

With no change in feeding habit these cases were fed a different color at each noon meal with their regular food, using carbon black, cochineal, or berries of dark color, as blackberries or blueberries, the red color interpolated between the two dark colors.

The passages were checked daily for appearance of the color, and the result was that twenty-four hours after the meal was taken the first color appeared; forty-eight hours showed the peak of passage, and seventy-two hours showed the last traces of the color.

This meant that from the time the food was eaten until it was all voided from the body, three full days had elapsed, which is far too long.

Food eaten today should all be fully voided tomorrow, no later, and anything slower than this rate constitutes constipation.

Some time ago Friedlander and Alvarez pursued similar studies, also selecting those of a once-a-day habit, using colored beads enclosed in a gelatin capsule, a different color to each capsule.

Is it better to allow material to continue to putrefy and decay and spread its toxins to the body than to empty it harmlessly by a simple enema of plain water?

They went to great trouble to check the result, collecting and sieving and washing the stools and counting the beads, and their results were exactly the same, twenty-four hours for the first appearance of color, forty-eight for the peak of passage, and seventy-two for the last appearance of the color.

They made the fatal mistake, however, of assuming that because this rate of passage of food residues was average, that therefore it was normal.

Averages and normals bear very little relation to each other, for the average man is far from the ideal normal.

The entrance of food into the stomach is the natural stimulus to evacuation of the lower third of the colon, and Nature seems in this way to make room for the oncoming materials just ingested.

The colon empties normally in thirds, and one-third should follow each meal, the entire colon being emptied after these three meals are taken.

Thus all the food eaten today should be voided entirely tomorrow, not the second day after tomorrow,

as is usual in those boasting of one movement per day.

If foods leave behind a recognizable residue, and if the bowel habit is once a day, you should recognize the foods eaten today by tomorrow morning, most of them the next day, and the balance the third day after they are eaten, as this color test proved. But this is constipation.

Even on the second day after foods are eaten there should be no trace of the foods at that time, all having been passed within twenty-four hours after their ingestion. Anything that falls behind this schedule is constipation to that extent.

With such delay the food residues are subject to too much fermentation and putrefaction, the toxins thus developed being absorbed in too great amount, while the twenty-four hour rate permits of little fermentation and less putrefaction. So the greater the delay the higher the degrees of fermentation and putrefaction, and the greater the percentage of absorption.

Decaying, fermenting, putrefying filth is the usual load carried by the average colon, isn't it?

If the bowels are not on a twenty-four hour schedule this is a sure indication for the use of the daily enema, until the bowels again achieve the twenty-four hour rate, which will always be very definitely recognized by the return of voluntary stools before the time for the enema.

Then you will know that this represents a twenty-four hour schedule, as the colon was presumably well emptied by the enema of the night before, and today's materials must have entered the colon since that time. When this time arrives it is well to quit the enema and see if the twenty-four hour rate is really established, that is, see if the bowels move after each meal, and if not, then return to the daily enema for a time.

Now as to the nature of a proper enema, let us say that no enema is proper unless its temperature is below that of the body.

Eighty degrees Fahrenheit or less is as warm as the enema should ever be used, and it is not necessary, generally not advisable, to add anything whatever to the water, as it is intended for the mechanical removal of the debris from the colon.

Do not use more than two quarts of water to each enema; but if the results are not wholly satisfactory do not hesitate to use a second or even a third enema immediately, the object being to empty the colon by any harmless means such as this.

Hang the enema bag or bucket not more than three feet above the hips, to prevent the too rapid inflow of water, which might cause much resistance on the part of the colon.

If gas is present and cramps are distressing, allow the water to flow out and fill the bag afresh and begin again. One enema after another does no harm, if the water is cool enough and the bag hung not too high, and after a few attempts it will be easy to retain the entire two quarts.

If the pressure is no greater than from a three-foot fall; if the water is not introduced at a temperature higher than eighty degrees Fahrenheit, thus slightly stimulating the peristalsis; if nothing but plain water is used, then the enema is certain to be harmless in results, and will offer opportunity for a very delinquent colon to catch up with its work.

If while using the enema daily the intake of food is so managed as to prevent the usual fermentations resulting from the incompatible combinations of starch or sugar with either acids or protein, then there will be a general revival of vitality, and the colon will partake of this change and gradually act more promptly.

If the skin of your face does not deteriorate through daily application of water, why should your colon?

You have heard it said that to begin the use of the enema is to take away all chance for recovery from constipation, and have even heard such fanciful objections as that the enema washes out mucous from the colon that is necessary in its function, or that it injures the delicate mucous membrane of the colon. No one who has had a long experience with this simple means of emptying the sewer would ever make such a statement, but lest you hear and fear such statements let us look at them.

Is it better to help the colon to get rid of its waste or to allow it to continue its struggles unaided? It is true that one seldom sees mucous in the stool except when the enema is used, or in mucous colitis, though it is always present in some degree.

As to the danger of injury to the mucous membrane of the colon by use of daily enemata, stop and think of the nature of the materials with which this delicate mucous lining is in continual contact in the absence of the enema. Decaying, fermenting, putrefying filth is the usual load carried by the average colon, isn't it?

Is it better to allow this material to continue to putrefy and decay and spread its toxins to the body

than to empty it harmlessly by a simple enema of plain water?

If the skin of your face does not deteriorate through daily application of water, why should your colon?

If the delicate mucous membrane of the colon has successfully resisted this contact with filth for these many years without breaking down into ulcers, then it is surely fair to suppose that it will not be seriously damaged by a few minutes contact with water.

Any way we look at it, there does not seem to be much cause for alarm in the daily use of the enema of plain water, for in my own experience it is estimated that well over fifty thousand cases have been instructed to use this simple daily means of keeping the colon up to date, and in not a single instance has harm appeared to result from this procedure. Besides, these persons acquire in time the normal three-times-a-day habit of evacuation, it they are patient and persistent, and if at the same time they are so managing their food as to increase their vitality and state of well-being. This they can do, and quite universally.

Help the colon out harmlessly until it can again do all its own work without the daily assistance of the enema.

Sir William Arbuthnot Lane states that there is but one cause for disease, deficient drainage.

This means that in his opinion there would never be any disease if we were able to get out of the body every day all the waste matter created.

Help the colon out harmlessly until it can again do all its own work without the daily assistance of the enema.

This does not apply to the colon alone, for it is by four channels of elimination that we depurate the body daily. Through the lungs, skin, kidneys and bowels we eliminate daily the wastes of every character, and these are of importance to this task in just the order in which they have been enumerated.

Without the action of the lungs we would live but five minutes, dying of accumulation of carbonic acid.

Without the action of the skin we would live but a few hours, five hours being the estimated time required to complete a fatal poisoning with the chemical debris that finds its way out through the skin.

Without the action of the kidneys we would live not over five days. Some have lived this long, dying of uremia, or a saturation chiefly with the end products of protein.

Without the action of the bowels of these four avenues of elimination plainly indicated as five minutes, five hours, five days and five weeks, and without the action of any one of these emunctories we could not live at all.

We must breathe and keep on breathing, and we must have air containing about the usual percentage of oxygen and carrying out about the usual amount of carbonic acid if we are to keep our system clear of carbon accumulation.

The skin must have the ability to excrete from the body those chemical wastes that can find their way out by no other means, chiefly common salt, or sodium chloride, and failing to secure this excretion we have but a few hours to live.

We must have kidneys of at least average capacity if we are able to eliminate the protein wastes that can pass out of the body by no other channels than

Sir William Arbuthnot Lane states that there is but one cause for disease, deficient drainage.

by the kidneys, and failing this, we are subject to rapid poisoning with this very irritating class of body debris.

The colon must be emptied at least occasionally if we would escape those depressing reabsorptions of debris created in this sewer of the body though we can build up a tolerance for these that will allow us to carry on for a long time before we become fatally poisoned.

It is not that carbon is more poisonous than the debris from the skin, kidneys or bowels, but that we create such vast amounts of this continually, our energies all resulting in the creation of carbonic acid and water. Thus life is terminated more rapidly through retention of the carbon debris, which accumulates so fast that in five minutes it will have stopped all function.

We can do nothing to speed up the elimination of this class of waste through the lungs except to take sufficient exercise and breathe plenty of good fresh air.

We can assist the action of the skin very little except through exercise to the point of perspiration, and the use of water and sunlight on the surface of the body.

We can do nothing at all to speed up the action of the kidneys, but we can lower the eliminative task by means of properly regulated intake of food.

So we cannot wholly manage elimination from these three emunctories, and can assist only through prevention of excessive tasks and the use of exercise, sunlight, and proper use of water.

But the least important of these avenues of elimination, the colon, is completely under our full con-

trol, through proper use of the daily enema.

To assist the body in keeping up with its tasks in elimination we should regulate the intake with this in mind; we should be reasonably active; we should take plenty of exercise in the open air, and use the sun bath when it is possible or convenient; and we should use the daily enema regularly unless there is a normal rate of rejection of debris from the colon, which means a movement of the bowels after each meal. How many are able to report such a condition? Most people would consider themselves the victims of too great activity of the bowels if blessed with this normal rate of movement.

This meant that from the time the food was eaten until it was all voided from the body, three full days had elapsed, which is far too long.

I have found it inadvisable to prescribe any set form or any fixed amount of exercise, for I believe firmly that when the other requisites of correct living are well established exercise will take care of itself very nicely.

With the daily enema and correct eating habits one will crave and take enough exercise to keep the lungs and skin sufficiently active, and the kidneys will always take care of themselves under such circumstances.

This conception greatly simplifies the task of keeping well, or of regaining health once it is lost or greatly impaired. Forget all about specific disease states, and remember only that all disease is the same thing with many different expressions.

In any recital of cures from the so-called impossibly low states in disease, I am not taking to myself the least atom of credit for a single one of these recoveries. For it is my belief that there is absolutely nothing that can be done for disease except what the patient himself does.

In other words, when we have removed from the case all visible handicaps to recovery we have done all that mortal man can do. Recovery is distinctly a matter for the body itself to determine; whether it has vitality enough to readjust itself to the normal when the handicaps are removed.

In deeply toxic states of the body so much of the chemical state depends on whether or not the colonic debris has been removed and is being removed, that it seems logical to empty the colon by means of a harmless cool enema, instead of waiting until a delayed or problematic recovery allows of spontaneous emptying of this sewer by the body's own efforts.

Why wait for this to occur, when every minute is adding to the toxicity of the body's fluids, when it can be done for the body without harm?

This removes much of the cause of the toxic state and so gives the body released vitality to attack the other eliminative tasks.

The cases I noted indicate that this simple procedure was sufficient to tip the scales in favor of recovery.

All the apparatus necessary for a proper application of the enema is the simple two quart enema bag or bucket. In case there is tenderness of the rectum that makes the pressure of water there intolerable, then slip over the tip a large size colon tube, about a twenty-six French or about the size of the little finger. Lubricate this well with an edible oil and insert slowly until it stops against what seems like a wall. Then turn on the water and at the same time press gently and twist the tube. You will feel this suddenly slip upward, which means it has passed through the sigmoid valve and the upper end is now in the sigmoid. The pressure on the rectum is thus relieved, and the water tends to pass up slowly without pain, unless the colon is inflamed or gas is present.

For it is my belief that there is absolutely nothing that can be done for disease except what the patient himself does.

Better take the knee-chest position on the bath rug, or if this is uncomfortable, then lie on the back.

If the enema is painful, get up and pass the water already injected, and with this much gas will be evacuated, leaving more room in the colon.

Again fill the bag or bucket full and try once more, and even a third time, or until the entire two quarts can be retained at one time, thus mildly distending the entire colon. If possible or at all comfortable, retain this two or three minutes, while lying on the back with the knees drawn up, and while massaging the abdomen deeply and thoroughly. When the water is discharged there will then be much more fecal matter present than if the enema is used and at once passed off.

It is necessary to keep the colon up to date, as well as to correct the intake of food in such a way as to prevent the usual amount of fermentation and putrefaction.

Reprinted from How to Always Be Well
by William Howard Hay, M.D.

Is Clinical Oncology on a Dead-end Road?

By U. Abel
(Biostatistician – Tumor Center,
Heidelberg University)

We have seen that for most advanced malignancies, there is no evidence for a survival prolonging effect of chemotherapy. Or, to express it more severely, oncologists have neglected hitherto to provide a satisfactory scientific basis for cytostatic therapy as it is used today. Yes, even worse: It appears in the meantime to have become completely impossible to remedy the situation of inadequate basis and proof since oncologists will hardly, for ethical reasons, plan comparisons with untreated or delayed patient groups, or if such studies were planned, they would meet with refusal from ethics-committees. The prescribed and in itself justifiable demand of the Tokyo convention to not keep the best therapy from the patient, leads here to a course of action which prevents the undertaking of necessary scientific investigations. In this way, the thesis of the efficacy of chemotherapy gains the character of a dogma, a situation certainly not singular in medicine, but yet difficult to reconcile with its claim to scientific validity.

The incapacity to transform doubts in a dogma into a plan for meaningful investigations can be noted on all sides, so for example also in the breast cancer studies of the EORTC: Although in 1986 the authors of the section on advanced breast cancer came to the conclusion that randomized studies gave no good evidence to indicate chemotherapy treatment for asymptomatic patients (Macaulay and Smith, 1986), the current studies of the EORTC take no account of that conclusion. Instead, none of the studies (EORTC – Yearbook 1988/89) contain restrictions to patients already suffering from tumor-determined symptoms. That clinical oncology has become a prisoner of its own views is also evident in the overwhelming predominance of chemotherapy studies among the controlled therapy trials. To an outsider, it must appear incomprehensible why therapy concepts, which have shown themselves to be effective in animal experiments for decades, and whose anti-neoplastic effects are supported in some human studies, are not subjected to controlled trials today. (Abel and Hager, 1987) The concentration of 90% of efforts and patients to chemotherapy studies may well reveal itself as an unfortunate medical venture with the most severe consequences. The predominance of chemotherapy investigations is by no means limited to the palliative situation, rather it also exists, although less powerfully expressed, in adjuvant therapy. This is the more amazing, since recently there have been notable and encouraging results in immunotherapeutic approaches (e.g. Hoover et al. 1985; Watanabe and Iwa, 1986; Cervical Cancer Immunotherapy Group 1987; Windle et al. 1988). Also, it is difficult to understand why the study plans hardly reflect the attempt to correct the deficiencies in line with the existing possibilities. There is no doubt, that oncology at present is on a dead-end road, and escape from it will only be possible in small steps and not without painful insights. Studies are needed urgently for most tumor localizations which would give direct evidence for the question of whether chemotherapy does prolong survival. Besides the exceptional comparisons of immediate vs. delayed chemotherapy there would also be the question of de-escalating dose studies, i.e. comparisons of customary dose with low-dose therapy. Also indicated and absolutely justifiable would be a comparison with competing, e.g. immuno-therapeutic concepts, however, the author shares the painful experience of many colleagues, that study suggestions in this direction are discarded outright on the basis of ethical considerations.

This paper would have achieved its purpose, if it would contribute to free the path for innovative therapy studies and comparisons which have been blocked by a combination of fallacies and rigidly established norms.

This paper consists of a comprehensive analysis of publications of ongoing investigations, as well as of personal responses to a questionnaire by clinical oncologists, regarding the question whether cytostatic chemotherapy in advanced cases of epitheleal carcinomas prolongs survival. This question has ethical, scientific and economic significance. Results of this inquiry are:

1) At least 80% of cancer fatalities are due to (advanced) epitheleal malignancies. Besides bronchial carcinoma (especially small cell type) there is no direct evidence that chemotherapy prolongs survival of these patients. The available indirect evidence, with exception of ovarian carcinoma, speaks altogether against such an effect. This reality stands in contradiction to the publicized evaluations of chemotherapy, which not uncommonly paint an overly optimistic picture of the effects of therapy. The basis for this unjustifiable positive interpretation of chemotherapy is the multiplicity of false interpretations of study results.

It is possible that certain subgroups of patients benefit from therapy, yet hitherto there is insufficient knowledge to precisely define these groups.

2) In the overwhelming majority of publications, the *effect of* chemotherapy is confused with or likened to *response*, without consideration of the effect on survival. Many oncologists consider it a matter of fact that response to therapy prolongs survival, a view based on a fallacy and not supported by controlled studies.

3) With few exceptions, there is no good scientific basis for the application of chemotherapy to symptom-free patients with advanced epitheleal malignancies. Although, this is also the valuation of quite a few internationally prominent oncologists, the ongoing studies do not appear to take this fact into consideration. All over the world clinical investigation proceeds at the burden and expense of the patient with an incomprehensible thoughtlessness; urgently required studies, e.g. de-escalating dose effect studies or comparison of immediate vs. delayed chemotherapy, are missing for almost all kinds of malignancies. It appears that clinical oncology is on a dead-end road from which an escape is very difficult.

The above is a summary of the article: "Verlaengert die zytostatische Chemotherapie das Ueberleben von Patienten mit fortgeschrittenen epithelialen Tumoren?" It was translated from the German by Philip Incao, M.D.

False Diagnosis

DEAR DR. MENDELSOHN: Your frank and well-informed column compels me to write this letter, but please do not use my name if you decide to print it.

As a cytotechnologist, I correlate all tissue work done in the pathology lab, and I have come to know of several mistakes about which I cannot say a word. Therefore, I am very suspicious when a doctor informs a patient that cancer has been diagnosed.

Recently, a relative of mine became a victim of false diagnosis. Some months ago, her urologist said a small, benign tumor had to be removed from her bladder. The tumor was removed, but the doctor said she had to return to his office for a monthly cystoscopy. After six months of these exams, she asked how long they'd have to continue. The urologist said that her tumor had been a low-grade cancer.

I decided I'd go right to the source, so I read the pathology report. It showed that three small biopsy specimens from the urinary bladder had been examined, all with negative results. No type of tumor had ever been removed!

Consumers will continue to be the victims of such unethical medical practices until they have the right to request a copy of the results of any test. We pay too much money to be deprived of such valuable information. Under the present circumstances, we need to hire a lawyer to find out the results of tests. Shopping around for a second opinion is a waste of time if we aren't told the truth in the first place. Consumers need written information, especially when cancer is diagnosed.

When my husband was hospitalized in London, he was provided with a copy of all tests performed, together with the results – we did not even have to request this information.

Please comment on this matter.

– New Orleans Reader

DEAR NEW ORLEANS READER: I appreciate your frank letter, coming as it does from an expert in laboratory diagnosis.

As long as we're on the subject of mistakes in biopsies, you may not have seen the Fall 1979 issue of CANCER NEWS for physicians in which Francis H. Staus II, M.D., Professor of Pathology at the University of Chicago Pritzker School of Medicine, details the technical problems associated with biopsies. This information is important enough that I quote it in length!

"Once the biopsy sample has been delicately removed from the patient, it (the sample) is not out of danger. It is all too easy to lay the biopsy down on the sterile prep tray and become engrossed in repairing the surgical defect while the tiny tissue morsel desiccates into a hard unrecoverable shadow of its former self. Compressive distortion by repeated picking up between forceps teeth or squeezing between fingertips should also be discouraged...

"One important but often overlooked aspect of biopsying is the cleanliness and sharpness of the biopsy instrument. Frequently the biopsy tool retains tissue fragments from a previous biopsy which dry on and later are autoclaved with the instrument. Such desiccated particles impair the function of the instrument and can confuse the pathologist when mixed with the current specimen. Many cup forceps biopsies are torn off because the cutting edges of the instrument have been allowed to become blunted from continual use."

I regret that this information is buried in a professional publication. This excellent statement of Dr. Straus might well be distributed to all patients, particularly those who, for any reason, suspect the accuracy of their biopsy report.

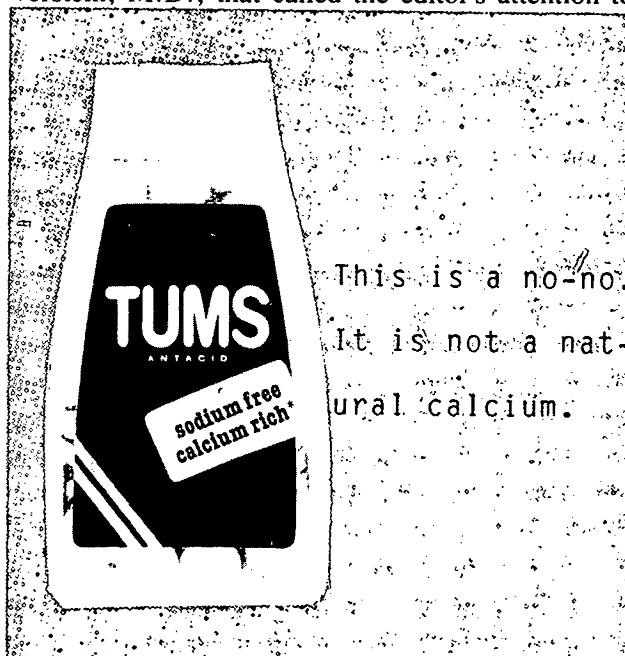
Reprinted from Public Scrutiny.

Bone Up on Calcium: The Calcium Myth

By Ruth Sackman

Readers of CANCER FORUM must surely be familiar with my repeated attempts to negate the present hype appearing in the media and in health articles claiming that people should take calcium supplements to protect themselves against osteoporosis. If you have paid careful attention, you are aware from the explanation in CANCER FORUM that inorganic calcium supplementation will create a calcium deficiency instead of improving bone density.

In the Winter 1988/89 (Vol. 9 No. 7/8) issue of CANCER FORUM, I reported about two letters to the editor of MEDICAL WORLD NEWS from two doctors, Neal D. Barnard, M.D. and H. Robert Silverstein, M.D., that called the editor's attention to research which concluded that it was not insufficient calcium that caused osteoporosis but high protein was responsible. The two doctors urged the use of raw vegetables and grains as an excellent source of high quality, easily absorbed calcium with the added benefit of the vegetables and grains in the diet capable of improving the health of the individual in general. Now we can add a third doctor.



Sherry A. Rogers, M.D. has written an article titled, "Calcium the Killer", which was published in NATURAL FOOD & FARMING, June 1990 issue, detailing the process which creates the calcium deficiency instead of improving bone density.

"Hard to believe, but true," she writes. "The way in which many are supplementing their calcium is killing them. They are speeding up the degenerative diseases that accompany it like hypertension, diabetes, heart disease, arthritis and , yes, don't forget cancer."

She explains that calcium, along with a host of other minerals, is absorbed from our food and incorporated into the bone. What happens if any of the minerals, such as magnesium, boron, zinc, manganese, sodium, etc., are missing? Since they must be available for proper synergism, the body draws from storage (i.e. nails, bone, teeth) in order for the calcium to be utilized, as a result causing weak bones.

Dr. Rogers says that the first sign of deficiency is osteoporosis of the jaw bone.

Unfortunately, that is not the only condition produced by inorganic or fragmented calcium. The unused calcium has to find a home so it settles in the blood vessels of the heart and brain. This calcification of blood vessels is labelled arteriosclerosis. When it settles in the joints at the bone ends, the inflammation is arthritis.

Dr. Rogers blames the lack of the bone's ability to absorb and hold sufficient calcium on drugs like cimetidine, antacids, food additives like buffers, stabilizers, dough conditioners, and more. Diuretics and vitamins cause a loss of calcium in the urine.

Another cause of calcium loss is food high in oxalic acid such as prunes, spinach, beets, swiss chard; but since they are balanced with minerals, they are less harmful substances unless they are overused by ingesting them daily. Used judiciously, they have a natural role in the diet.

It is scary listening to the media hype advertising synthetic type calciums leaving a no-harm impression that one should take supplementation with or without the doctor's help.

Hopefully, readers of CANCER FORUM, will be cautious and ever alert and alert others to the hazards of taking inorganic or fragmented calcium (containing no minerals) to avoid osteoporosis.

Calcitrol

New studies show that Calcitrol, a vitamin D hormone that was presented as a dramatic answer to osteoporosis, is disappointing. At safe levels it does not increase bone density; given at higher levels it causes kidney damage.

Nearly all drugs have side effects. Even the pharmaceutical industry concedes this fact. To be safe, if your doctor prescribes medication, look up the drug in the *Physician's Desk Reference* (PDR) which can be found in libraries, especially medical libraries. You can also ask your doctor or druggist for the package insert.

CALCIUM RICH FOODS

Sesame seeds	Fig, dried	Cowpea, dried	Pumpkin & Squash seed
Kelp	Sunflower seed	Pecan	Artichoke, globe
Irishmoss	Beet greens	Swamp cabbage	Onion, green
Agar	Mung bean, dried	Lima bean, dried	Parsnip
Dulse	Red bean, dried	Chive	Common cabbage
Collard leaves	Vinespinach	Rice polish	Peach, dried
Kale leaves	Pigeonpea, dried	Lettuce, Cos & Looseleaf	Macadamia nut
Turnip greens	Olive, ripe mission	Apricot, dried	Salsify
Almond	Broccoli	Savoy cabbage	Longan, dried
Soybean, dried	Purslane leaves	Dock (sorrel)	Chinese cabbage
Mustard spinach	Broadbean, dried	Rutabaga	Celeriac
Filbert	Fennel	Pea, dried	Pigeonpea, fresh
Collard leaves & stems	English walnut	Kumquat	Wheat, soft winter
Parsley	Rhubarb	Raisin	Orange
Dandelion greens	Spinach	Pea, edible podded	Kohlrabi
Brazilnut	Okra	Olive, green pickled	Tangerine
Mustard greens	Prune, dehydrated	Horseradish, prepared	Sapote
Kale leaves & stems	Swiss chard	Black currant	Celery
Spoon cabbage	Chicory greens	Date	Turnip
Watercress	Olive, ripe Ascolano	New Zealand spinach	Elderberry
Chickpea, dried	Cress	Green snap bean	Cashew nut
White bean, dried	Endive (escarole)	Yellow snap bean	Rye grain
Pilinut	Jujube, dried	Chestnut, dried	Carrot
Horseradish, raw	Lentil, dried	Leek	Shallot
Pinto bean, dried	Taro leaves & stems	Lima bean, fresh	Brussels sprouts
Pistachio nut	Olive, ripe Sevillano	Prune, dried	Fig, fresh
Hot red pepper, dry	Tamarind		

Recipes by Dr. Bernard Jensen

MINT AND CARROT SALAD

1 cup of grated carrots
Dash of lemon juice
1/2 teaspoon of raw honey
1/4 teaspoon of mint leaves
2 ripe olives
1/2 cup of ground almonds
1/4 cup of grated coconut

Mix carrots with lemon juice and honey. Add coconut, almond and mint. Mix thoroughly. Add ripe olives for garnish.

CABBAGE SALAD BOWL

1/2 head of cabbage (red or white)
2 small onions
1 cup of sour cream
1/2 cup of minced onion tops
1/2 teaspoon of rosemary
1-1/4 teaspoons of Jensen's vegetable seasoning
2 tablespoons of lemon juice

Shred cabbage, add thinly sliced onions, herbs and seasoning. Combine remaining ingredients and add to cabbage. Toss well.

VEGETABLE SALAD

2 stalks of celery
1/2 green pepper
1/2 cucumber
3 medium sized tomatoes
6 green onions
1 large avocado
A few sprigs of mint
1 pint of cottage cheese

Dice avocado and tomatoes. Chop all vegetables fine. Mix thoroughly and add cottage cheese. Toss all ingredients

ALMOND NUT DRESSING

1/4 cup of yogurt
1/4 cup of sour cream
2 tablespoons of raw almond butter
1 tablespoon of raw honey

Blend well in liquefier (blender).

Book Review by Consuelo Reyes

Roger's Recovery From AIDS

By Bob Owen

Bob Smith (pseudonym) is your quintessential caring, conventionally-oriented general practitioner complete with loving wife, two nice kids, and thriving practice in the suburbs. Indeed, most patients leave his office with a prescription in their pockets and the confidence that this doctor is their friend.

But one day in August 1986 the scene begins to loose its stereotypical hue when an emaciated old man enters Smith's office. It is only after the poor fellow utters his name that the doctor recognizes his buddy from Vietnam, Roger Cochran. The two – same age, same build – had graduated from UCLA Medical Center together, experienced the horrors of war in the same Saigon unit. But like so many others, Roger turned to drugs to try to escape the devastating pressures. Ultimately, he was rehabilitated and received an honorable discharge.

And now, after so many years of separate lives, the two friends meet with one announcing that the other is his last hope. Roger has AIDS and the doctors have told him there is nothing they can do for him.

These, remember, were the early days of AIDS hysteria – before the discovery of the demon HIV-I or II virus, before AZT.... AIDS was the new "homosexual" disease, appearing from nowhere to terrorize our innocent populace. But Roger was definitely not homosexual, nor was he an IV drug user. He had no idea why he had AIDS nor, what, in fact, AIDS was.

Roger's Recovery From AIDS, written by Bob Owen, a colleague of "Bob Smith", who has chosen to remain anonymous, details Dr. Bob's search for answers to these questions, a process which changes his life and medical practice forever.

The story makes fast and fascinating reading as Smith seeks common denominators and encounters concepts and books that were never discussed in medical school – such as *Toxemia Explained* by John Tilden, M.D. – ideas that set him thinking about disease in a whole new way. He realizes that though Roger is not a drug addict in the illegal sense, his body has been ravaged by a cornucopia of legal drugs – alcohol, caffeine, pain killers, sleeping pills, uppers, downers. When he eats – sporadically at best – he salts everything copiously. Mostly, he drinks coffee – a mimimum of 5 teaspoons of sugar per cup – all day. Moreover, a series of failed relationships and perceived lost opportunities have left Roger with a feeling of hopelessness about his life.

It becomes clear to Dr. Smith that Roger's body suffers from chemical overload and that his immune system is collapsing under the strain. And so the doctor, in territory totally outside his training, decides to detoxify Roger through fasting, then slowly to rebuild his body with good eating and living habits. The road is tough, but gradually, as the book's title divulges, his buddy recovers.

This is the stuff of great Sunday Night TV Movies! But I fear the message may be too real for the commercial media. As Dr. Smith sees it:

"Death, when it comes, is blamed upon AIDS, which is unfair. AIDS did not cause the death. AIDS cannot cause anything. AIDS is merely the condition the body finds itself in when it (the body) has destroyed its own immune system."

And from here he derives his fundamental premise: "Both hard drugs (externally ingested or injected) and 'soft' drugs (internally produced, as those induced by excess stress, and 'injected') bring progressive destruction to various organs of the body, which is the real cause of all sickness."

In other words the good doctor has arrived at the same conclusion that Tilden came to about a century ago: that toxema – not "germs" – is the root cause of most, if not all, sickness.

What is truly remarkable about this story is Dr. Smith's ability to cast off the fetters of his symptom-relief training and take an open look at the facts. Hopefully, members of the medical establishment, who now freely acknowledge their lack of answers to AIDS, will resist the temptation to dismiss this case history as simplistic or anecdotal. This view would be tragic because it misses the whole point of the book – namely, that Dr. Bob Smith's findings make sense!

(Roger's Recovery From AIDS By Bob Owen is available at Davar, P.O. Box 1100,. Cannon Beach, OR 97110-1100 for $14.95.)

* * * *

Good News!!

A recent Louis Harris poll conducted for "Organic Gardening" magazine found that, if given a choice, 84.2% of those surveyed would choose organically grown food, 11.6% would not and 4.2% weren't sure. Forty-nine percent indicated a willingness to pay more for organic food and 60% cited concern over the long-term health effects as the number one reason for going organic.

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