

CANCER FORUM

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

ANNUAL FACT CANCER/NUTRITION CONVENTION



Foundation for Advancement in Cancer Therapy

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

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SHALOM

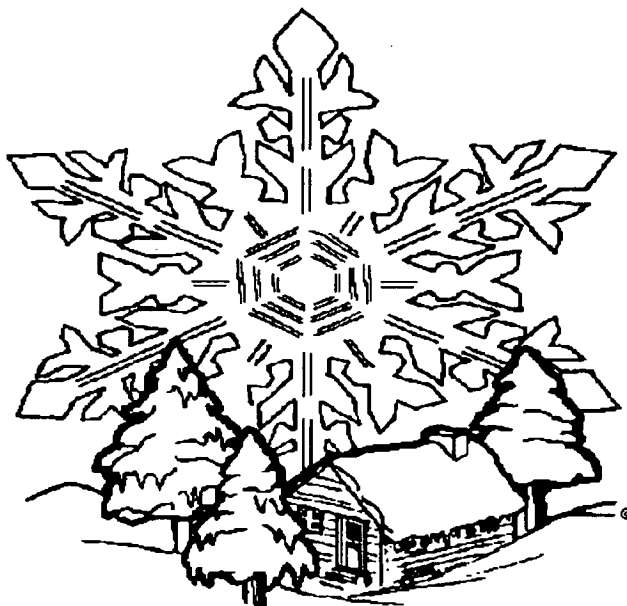
*My wish is to no longer blame
the other person,
brother, father, mother, sister, neighbor,
race, religion, tribe or country;
For my own pain, void, longing,
lack of love.
To no longer carry an ego
that judges the value
of someone else's life,
To be able to forgive myself
when I've forgotten.*

*We mirror the elements of one another,
We carry our pasts
but need to be responsible for NOW.
Knowledge* Love*
Empathy* and Acceptance*
(With Visions of Many transformations!)*
*We are living, breathing,
elements of the earth.*

—Susan Slapin

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REPORT OF THE 1995 CANCER/NUTRITION CONVENTION

by Ruth Sackman

Judging from comments at the convention after the lectures and later on the telephone, the 1995 Cancer/Nutrition Convention held at the Clarion Hotel in Elizabeth, New Jersey, on October 14th and 15th was a huge success. Organizing this event requires a great deal of time and effort, so it is gratifying to know that it was of benefit to the audience. FACT's role is to bring together important concepts that will add to the patient's knowledge and ability to make intelligent decisions.



Betty Fowler

I'll try to recap the highlights for those who were unable to attend this annual event. We opened with demonstrations by a few of the exhibitors to help people understand the value of distilled water, Green Life (chlorophyll food supplement), stainless steel waterless cookware, ways to protect oneself from low level electro-magnetic fields, the colema board, and vegetable juice extractors.

Betty Fowler, a recovered cancer patient, was the first speaker. Perhaps her case history was not the most dramatic, but if you had lived through her experience and the pain, you can appreciate her relief. The cancer was on her face so the metabolic program she followed enabled her to avoid scarring and plastic surgery.

I was the second speaker. My topic was "FACT:

An Optimum Resource for Cancer Patients". Some of the FACT trustees were in the lecture hall which gave me an opportunity to introduce these dedicated people. Corinne Loreto, an executive secretary, recently retired, has served as FACT's secretary for many years. She also did book reviews



Dr. Stanley Bass

for *Cancer Forum* and still does them when she has the time. Rhoda Koepfel, an attorney, has supervised our legal matters in order to avoid legal complications which would handicap our efforts and drain our resources. Martin Fall, a pharmacist, also recently retired, was one of the founders of FACT. His service to the organization is immeasurable. Leon Sackman, my husband, a retired businessman, has worked side by side with me in much of the everyday activities which keep FACT going.



Master Bo In Lee and Ruth Sackman

I also would like to mention two board members who couldn't attend: Nicholas Daflos, a retired high school teacher who is chairman of the FACT Safe Water Committee and Pat Judson, a recovered cancer patient and past president of our Detroit chapter (now discontinued).

None of these people receive any compensation. They serve at their own expense and they have been generous in helping FACT grow.

FACT has an international membership including professionals and lay people. Pakistan, Japan, India, Greece, Israel, Canada, Mexico, South and

Central America and others are all represented. FACT is a non-profit organization authorized by IRS for tax deductibility. Its goal is to educate, fund biological research, fight to clean up the environment of carcinogens, assist indigent patients and serve as a clearinghouse for patients floundering through the mass of information and misinformation flooding the health movement.

After lunch Dr. Stanley Bass presented his four-year research project with mice to determine the right diet for maintaining and regaining health. His motivation for the study was the tremendous confusion created by all the diets currently in vogue claiming to be the correct one. He compared macrobiotic, total vegetarian, lacto or ovo vegetarian, the hygienist system which he was committed to for years, high protein, foods claimed as anti-cancer foods and more.

This research was done at his own expense because he recognized the confusion and the hazards of wrong eating. Some of the little animals' reactions were startling! On some deficient diets their behavior was deadly; they became cannibalistic. One cannot help but wonder if poor diets and chemical pollutants are responsible for some of the extreme behavior of humans. There is so much violence and mean spiritedness pervading our society.

Dr. Bass' findings need to be replicated to find out if there is a correlation between diet and behavior and diet and health. Although he himself was a long-time vegetarian, Dr. Bass found that the mice on a pure non-meat regime didn't do well until he added a little animal protein. This

is what FACT has been claiming for years. We have found that a number of practitioners, such as Dr. Bernard Jensen, Dr. Max Warmbrand, Dr. William D. Kelley, recognized the need to introduce animal protein in small quantities for their patients. It is high protein that is a problem, not low protein. Dr. Bass' book, *In Search of the Ultimate Diet, Testing all Nutritional Theories on Mice*, has been added to our Book List on p. 15.

Seung Lee, on the staff of the New Life Health Center, presented some melanoma research done in Korea using an herbal preparation designed for a patient by Master Bo In Lee, director of the center. The results were positive which is encouraging. Master Lee gave a short talk which was followed up by a more extensive and enthusiastically attended demonstration at 7:30 P.M.

At 3:30 P.M. Dr. Moshe Myerowitz, a recovered patient and nutritionally-oriented chiropractor related his dramatic recovery from liver and mesentery cancer and gave the audience an insight into his nutritional practice.

The last speaker of the day was Dr. Jorge Estrella who specializes in Cellular Therapy. Here in the United States research is taking place as though cell therapy is just being discovered. In Europe, Canada, Mexico, England, etc. this therapy has been in existence for nearly 80 years. It is a method for rejuvenating the body in order to boost the overall healing ability.

On Sunday, after demonstrations by a few of the exhibitors and a brief talk, I introduced Dr. William H. Philpott, the most outstanding



Seung Lee



Dr. Moshe Myerowitz



Dr. Jorge Estrella



Dr. William Philpott

authority on the therapeutic use of magnets. He has and continues to do extensive research which is ongoing. If I can judge by their enthusiastic response, the audience found his presentation very informative.

Dr. Philpott's wife shared the time relating her experience with magnets for a tumor over her eye. She gave detailed information on how she dissolved the tumor successfully.

Dr. Philip Incao, the next presenter, has a unique understanding of the physiology of symptoms. The clarity of his presentation should help patients have better judgement in order to make sound decisions which are

so essential when attempting to overcome cancer, especially in the face of so many conflicting viewpoints.

Dr. John Lee spoke about balancing hormones—estrogen and progesterone. He was quite excited that recognition of the hormonal imbalance was being printed in some national and international publications. This is the most important new evidence in the armamentarium of treatment of some breast and gynecological cancers. I cannot help but wonder how it affects males.

For the last segment of the convention, Michal Ginach and Greg Hagerty, recovered cancer patients, gave testimonials based on their experience. Michal who at first seemed too timid to make tough decisions that negated her doctor's direction, refused the recommended chemotherapy. She did have breast surgery but opted for a biologically sound alternative as a follow-up. Although she had a fertility problem that resulted in miscarriages, after diligently following a metabolic program,

she corrected the breakdown in body chemistry and became the proud mother of two lovely girls.

Greg, a Hodgkins Disease patient, also had to struggle with a tough decision. It is very difficult leaving the established medical community's authority and starting an unfamiliar healing direction. Greg was young, still in college, had two years of chemotherapy and was a candidate for a bone marrow transplant. I can appreciate the inner strength that guided him to forego the conventional treatment. (A transcript of Greg's case history appears on page 7.)

I deliberately chose to have Greg's and Michal's

talk followed by Dr. Jane Goldberg, a psychoanalyst. Both Michal and Greg were patients of Dr. Goldberg and both attribute their success to the inclusion of psychological counseling with her. It was interesting hearing Jane's experience with her patients. It painted another side of the picture. Every patient could benefit by checking their emotional attitude with a professional to clear up any negative motivation that might be responsible for their cancer problem or their inability to

recover. There are people who might be psychologically vulnerable to creating their own health problems. They may want to punish themselves, punish others, have been deprived of affection and need sympathy, cannot cope with stresses of life or any number of impediments to recovery.

The meeting closed with a free drawing for a Champion juicer contributed by Mr. Pose, a distributor for the Pure Water Society which manufactures water distillers. The winner was Greg Hagerty—someone who has had a lot of experience with juicing! ❀



Dr. Philip Incao



Dr. John R. Lee



Michal Ginach



Dr. Jane Goldberg

HEALTH TIPS

The Skin

The skin is the largest organ of the body and due to its placement is subject to the most exposure and wear. It is the poorest nourished—additional feeding is the best care.

One of our most nourishing foods is (raw) honey. It is digested by the bees as they produce it and is ready to be assimilated by the body as soon as it is taken in. Honey applied to a skin break will heal the wound faster and with less scar tissue formation than any other application. Place a teaspoon of honey in an eight ounce glass of water—stir until the honey is dissolved and it is ready to use. The water is absorbed or evaporates leaving a thin layer of honey to be absorbed or cover the outside of the cells with a nutritious protective coating. Apply generously all over the body—at night before going to bed is an ideal time. It is especially good for chapped hands and rough skin. Keep the mixture cool as the diluted honey will start to ferment if not used in a few days.

To make a quicker drying solution mix the honey with rubbing alcohol. Shake well. If this mixture irritates tender skin or some parts of the body, dilute the rubbing alcohol with water—half and half. Rub in well.

This skin tonic is also nature's own deodorant. Apply to any and all parts of the body and feet. Odor-causing organisms cannot live in pure honey and coating the skin with a honey covering greatly restricts their activity.

—Ralph R. Hart

The Spice of Life

Ginger, the ancient spice mentioned in the Jewish Talmud and described by the explorer Marco Polo, is under investigation by 20th Century scientists interested in its potential medicinal properties.

This sandy-colored, tubular root has been studied in recent years with mixed results for a variety of applications, from easing migraine pain and treating burns to preventing ulcers, cancer and heart disease.

Ginger contains the fungicide, chavicol, and the bactericide, myrcene. A 1989 study of Danish women suggests ginger may help reduce the risk of

heart attack and stroke, while a 1990 British study found that specially prepared capsules of ginger-root powder given before surgery eased the queasy aftereffects of general anesthesia in 60 women who underwent gynecological operations.

The latest research says...

...That garlic can do even more than reduce the risk of cardiovascular disease and cancer (as reported to 1990's First World Congress on the Health Significance of Garlic and Garlic Constituents sponsored by Nutrition International, Pennsylvania State University, and the U.S. Department of Agriculture). Now, additional research indicates that a compound in the gourmet chef's favorite bulb can kill tumor cells grown from human colon, lung and skin origins. Sujatha Sundaram, a Penn State doctoral student in nutrition, found during her research that diallyl disulfide (DADS), an oil-soluble sulfur compound present in processed garlic, depressed the growth of those three types of human cancer cells or killed them altogether.

—*Modern Maturity*, Jan/Feb '95

Microbe-Phobia

The teaching of the early bacteriologists was directed towards showing that microbes were agents of disease. In the views of such pathologists, it was implicit that once the microbial cause was tracked down, the discovery of the cure would not long be delayed. This has been a false hope in most instances...

Nothing I have written should be taken to detract from the need of avoiding the cruder forms of infection. But let me suggest that fear of microbes is an old-fashioned notion, and that the microbial part in disease is not the aspect of microbes deserving the most attention. Even the worst epidemic leaves survivors... The question that is still unsolved is not why ten die and a hundred fall ill, but why thousands fail to get the disease? You will note that it has been left to a non-medical bacteriologist to propound a fundamental question about health.

—Hugh Nicol: *Microbes by the Millions*

Greg Hagerty— Recovered Cancer Patient

The following is an edited transcript of a talk given at the Annual FACT/Cancer/Nutrition Convention in Elizabeth, New Jersey.

Ruth Sackman, President of FACT: It gives me great pleasure to introduce Greg Hagerty who will discuss his recovery from Hodgkins Disease. I think you'll find it a rather dramatic story.

Greg Hagerty: I suppose it is, though it doesn't seem so dramatic to me. It all started about 10 years ago. I was an undergraduate, living a typical student lifestyle: lots of pressure, neglect, etc. I was tired. I developed a cough, high white blood count and a mass in my lung. After all the tests—transbronchial biopsy which kept me in the hospital for 3 months—I was diagnosed with Hodgkins Disease.

With Hodgkins it's really hard to argue with your doctor because they talk about such high cure rates with chemotherapy. There's nothing you can really say. It seems like you're totally crazy if you go against your doctor, so I went through chemo for 2 years. I finished school undergoing chemotherapy and my tumor disappeared which was nice.

So I tried to continue with my life for about 6 months. Then there was a recurrence and things got a little fuzzier. It was a lot more unclear as to what I was supposed to do.

But the doctors said there was still some hope.

They suggested I go to Johns Hopkins and try out a new treatment, bone marrow transplant. While it might not save my life, it had an 18% chance of success. Since then I was approached by my doctors saying bone marrow transplantation is much more effective these days. It now has a 30% chance of success.

But that didn't sound very good to me. It took a long time for me to get from listening to my doctor to where I'm at now which is listening to Ruth and taking a lot more control over my life. I guess what it really boils down to is taking more responsibility. Although at the time people did talk about positive attitude and taking responsibility, etc., it's still overwhelming. You just can't do it all at once. What do you do—especially when what you really should do is the opposite of what everyone thinks you should do? It takes a long time to figure things out.

The first step, I guess, was realizing that I had to try something different than what the doctors were offering. My mom was doing research and she said, look at this: "There's work going on in the Bahamas,



Greg Hagerty and his mother, Betty Lee Hagerty

with a Dr. Burton." Well, I pretty much threw the book at her. I threw the book across the room! How was I supposed to know what to do?

But finally I thought I'd give it a try. My doctor said he couldn't recommend it. We decided to try it for a few

months. It's an immunology program. At first I hated the Bahamas. Being a cancer patient at the time I wasn't really in the mood for hanging out on the beach. But now I love it and I can't wait to go back there every 4 months or so for a "tune-up." I spend most of the time out on the beach despite the fact that the sun's not supposed to be good for you. Well, I guess you can't do everything perfectly.

The idea of the Burton program is to boost your

immune system for fighting cancer. You give yourself injections of de-blocking proteins to try to get your immune system in sync. One of the first things people say when they're considering the Burton program is, how could I inject myself with a needle? When you tell them you've got to do that 12 times a day, it's like forget it! The thing is, you get used to it.

I went for a blood test every morning to see what different levels of proteins were in my blood and then I got my shots for the day, generally 8-12 shots. They were pretty much spaced out, an hour apart in a couple of series. You just live by a watch for a long time. Fortunately, I've kind of graduated and I just know what time it is. I think in 1 hour intervals and I just give myself a couple of shots throughout the day.

I don't remember what all the proteins are. One of them is to de-block the tumor, the idea being that cancer puts up a blocking protein around the tumor.

I did really well on that for a while, although the Burton program is like letting someone else take care of you. It's great to be able to relax on the beach and eat all the garbage food that's down there. You can drink if you want. "Just take your shots and Dr. Burton will cure you!"

Anyway, those proteins work to signal the body that, hey, there's something wrong. A lot of cancer patients' bodies—or in any chronic illness—just don't respond to the idea that there's something wrong. The body gets tired. The proteins seem to stimulate your body to keep fighting. It's difficult for me to give a scientific description because it's so mysterious. All I know is, it works for a lot of people.

The Burton patients, generally speaking, are still trying to be cured by someone else, though there's more of an awareness about helping the body along and taking responsibility for the injections every day. Burton was trying to do research on immunotherapy; he wasn't trying to provide a holistic cure. So down there, they say, "Eat whatever you like." Burton used to say, "Eat 6 eggs a day. Eat steak and all that."

They don't pay attention to detox either. They've got all these people on ultra-high tumor kill and they expect the body to deal with it. That's partly why it is tested and modulated everyday—because they don't want to boost your immune system so high that you overload your liver and kidneys.

Eventually I found that I should pay more attention to my nutrition and detoxification. I started using a coloma board, improving my diet. I had my irises checked by Dr. Bernard Jensen. I found I needed a more intensive detoxification and selected the Gerson clinic in Mexico.

I thought it was just going to be for a week or two, just for detox, but I got involved in their program. It's the kind of thing that once you start being aware, you realize that everything you put in your body matters. Gerson provided me with some structure, like drinking 10 carrot and apples juices a day with green juices (pressed greens) in between. Just about everything has a Granny Smith apple in it. Lots of coffee enemas which I did for a couple of years until Ruth convinced me that that's still a drug. And supplements, too.

It seems everyone is always focusing on immune stimulation. No one seems to pay attention to doing what's really important which is keeping yourself in balance—eating right and detoxifying to get rid of the waste that's produced. A lot of people get in a lot of trouble if their immune system gets working and they don't take care of the detox.

The Gerson program is really pretty difficult to stay on. You definitely need help. It was great down there having someone make juices every hour, cook salt and fat-free food. I appreciated it while I was there and I appreciated it even more when I did it for 3 years for myself! Sometimes I hired high school students to come in to wash carrots, help me make my soup, make some juices.

The other thing about Gerson, it was interesting to see that you won't drop dead if you don't eat much animal protein. I was pretty much off protein for 2 years. Eventually I added a cup of yogurt a day. The body, of course, does need some oils, so you use some flaxseed oil. I guess an important principle for nutrition is that it's good not to heat oil for cooking. I'm still continuing with a lot of the Gerson principles because I'm used to it and it's good food. I make soup for a week long. It's just something great to have around. I still do the juices. I've reduced my juice intake quite a bit, trying for 3 juices a day.

Another thing I think is really important—all along I've been doing psychotherapy which I think has really contributed to helping me grow up and has been part of this process of taking more responsibility for

myself. I have this different attitude now. I'm not as worried as I was.

You need a lot of experience to realize that your body does work. You have to learn gradually to take control. I guess you have to get scared to do that, to realize your own mortality and know that what you do really can make a difference. People don't see that they really can make a difference. They don't see that what they're doing, or not doing—not being aware of pesticides—that you really can die from these things. You get scared into taking things seriously.

I used to have a frustration not being able to eat out. You don't want to just eat steamed broccoli, you know. I make such exciting food at home. But eventually, you can eat in places. As you get more familiar with the diet, even if you're on a structured program, you learn why you need certain things and you learn where you can cut corners if you're basically eating good things. I'm still picky when I eat out—but you get a little more flexible.

I think it's quite an accomplishment that I've been able to travel abroad to Japan. I brought my shots. I ate okay. In Japan they eat pretty good food, closer to nature, a little more aware than people here. Although I did eat a lot of raw fish, I'm sure people here will say, what about parasites and all that. Well, I think they pay a lot more attention to the quality there. I'm very happy to feel free enough to be able to travel and find a way to survive and be happy.

RS: I want to say something before the questions. It's interesting when I've been in touch with a patient for a long period of time to hear him tell his story. I think his story is so dramatic. Yet he's just making it sound as though this is an ordinary thing. He did a lot of work. He had an organic garden during the summers. He adheres to his program very well. It doesn't matter if on occasion he feels as though he wants a little change. He does it very seldom. He's a very conscientious patient. You have to understand that he was scheduled for a bone marrow transplant. That's all that was offered to him at one time. He never had it. He had a tougher job to take care of than a lot of other people. So I think Greg should take quite a good deal of pride in what he has learned, how he has handled it and what he has accomplished.

All right, he's ready to take some questions.

Q: How old are you?

GH: I'm 32. I was 21 when it started. I had had mononucleosis for 4 years before and that's why I was immuno-suppressed. The tumor could have been developing from then.

Q: Did you have surgery?

GH: I only had a lung biopsy which was almost just as bad as surgery. Nothing was taken out, so I'm glad of that.

Q: Are your lungs now tumor-free?

GH: I think my tumor's gone, although—that's another point I could have made about the difference in looking at symptom and cause. Even the Gerson people and the Burton people say, "Get an MRI. We want to see what a good job we've done, etc." Ruth is saying, "what's the point of it? That's not what you're treating. You're not treating the tumor." I'm so much more concerned with the body. Well, some people might say that I'm afraid to see what's going on there, but I know what's going on there just because of my general health.

Q: Maybe it's more for their purposes, so they can show the medical establishment what can be done?

GH: Right. But it really won't tell me anything. Maybe I'm just too kind to my insurance company, because I could hit them up for \$800 a couple times a year if I wanted. I'm not going to make treatment choices based on that. It turns out I do research in medical decision modeling and that's one of our principles—you don't do a test if you're not going to make a treatment choice based on the outcome.

Q: How did the diet change the tumor?

GH: I don't have quantitative measurements. I know the tumor was growing when I went to Gerson. Although I believe Burton was controlling things, different stresses just got out of control. I can't tell you quantitatively, but I know qualitatively my health has improved dramatically since then. Also if the lymph nodes got enlarged, Burton would just throw Prednisone at me and stuff like that. I've since refused.

Q: How long have you been working with Ruth?

GH: Since the beginning actually. Even though I went through chemotherapy, she stuck with us and tried to educate us.

Q: How often did you do the chemo?

GH: Every other week for about 2 years.

Q: Did you go to school at the same time?

GH: Yes, I tried to keep up. It kept my spirits up ac-

tually. I had a really great doctor. I know people talk about their oncologists, you know, "My wife died but we had a great oncologist." But I did have a real nice oncologist who took me under his wing and sort of adopted me. I was actually going to school in Pittsburgh while my mom was here in New Jersey. There were good support programs that would allow her to fly out for free. I think it was good for me to continue trying to live a life while going through that, to take my mind off things, although you can do without the stress.

Q: Did you have any radiation?

GH: No, fortunately.

Q: How long were you on the full Gerson program and what kind of maintenance program did you follow?

GH: I guess I was on a full Gerson for 2 years. They cut back just a little with me. Instead of 13 juices and 5 coffee enemas, I was doing 10 juices and 3 coffee enemas. I really enjoyed the coffee enemas. I was always a coffee drinker—I have to get my caffeine somehow! It's very soothing, and I really enjoyed that. It's bizarre. But then I switched to colemas and I do that once a day. It's good reading time. I give myself an hour a day for that.

I've cut back on the juices. I still make the soup. I pretty much eat a Gerson diet. I'm experimenting with adding some things little by little. For the year after the 2 years I was trying to get 8 juices in a day. They wanted to treat me slowly because I had had chemotherapy. They feel like once you start on raw foods your body starts to let go of a lot of things. I dropped 10-15 lbs. really quickly. Now I've gotten used to the idea the body just reaches it's own weight. I don't worry about it.

I used to work on a computer on the colema board, but I decided not to. Playing piccolo is great on a colema board because your abdominal muscles relax. Sometimes I find when I read, I let go better, whereas if I'm just thinking about it, I hold things. I'm still working out how not to press too much.

Q: Did you have any Vitamin C drips?

RS: If he was in touch with me, I would discourage that. I don't think Greg would have done it without talking with me. Am I correct on that?

GH: Right.

RS: Thank you, Greg. ❀

"I pledge allegiance to the Earth
This unique blue water planet,
Graced by life, our only home.
I promise to respect all living things,
To protect to the best of my abilities
All parts of our planet's environment,
And to promote peace among
the human family
With liberty and justice for all."

—from the *Washington Spectator*

* * * * *

We abuse land because we regard it as a commodity belonging to us.

When we see land as a community to which we belong, we may begin to use it with love and respect.

—Aldo Leopold

ZOO STORY

"Insects and birds and fish and animals live in an environment which is normal to them. Even in our city zoos we have created artificially a normal ecology for the animals. But we refuse to do it for our human brothers. For mountain goats, we make them some rocks to climb on; we give antelopes a park-like place with a moat around it; even the snakes enjoy air-conditioning! But we won't provide proper housing for human beings and a good community environment for our children."

Ted F. Silvey
AFL-CIO

Worry?

Why worry? What can worry do?

It never keeps trouble from overtaking you.
It gives you indigestion and sleepless hours at night,
And fills with gloom the days, however fair and bright.

It puts a frown upon your face, and sharpness in your tone.

You're unfit to live with others and unfit to live alone.

Worry? Why worry? What can worry do?

It never keeps trouble from overtaking you!

—author unknown

Letters

Dear Ms. Sackman,

I was diagnosed about 1 1/2 years ago with multiple myeloma. I underwent radiation treatments for one month, then followed by medication which I take for five days every five weeks. Medication: Alkeran 2 mg and Prednisone, 2 mg.

He, my doctor, is very satisfied with my condition, quoting the "normalization" of a spike which showed on a CAT Scan and what he considers minimal dosage. I am indeed happy that the disease is under control. When I ask about possible damage to the immune system, he says I need not be concerned.

I know that I suffer from the effects of the medication: occasional confusion, stomach aches, headache, diarrhea, flatulence, weight gain, mouth sores, loss of taste. I could go on. Yes, tiredness, and falling. I could go on. And I need some reassurance that I am not killing off the good guys along with the bad. Just the mucous accumulating in my system with "flu symptoms" and frequent sinus infections keep me quite uncomfortable. Is there some alternative therapy that would be helpful for me to maintain a relatively normal life? I am struggling to maintain activities that mean a lot to me.

I am 72 years old and want to be as useful as I can to the end. Could you document alternative therapies that would be useful to me to counteract the effects of this malignant cancer?

Thank you for your valuable information.

Sincerely, E.S., Ph.D.

Start a dietary regimen to strengthen host resistance. The basic tool is a good metabolic program. A packet of information is available from FACT that includes A Balanced Diet.

Dear Ruth Sackman,

Enclosed is my contribution for a most valuable service to a community searching for some clear thinking. Also, I would not want to miss receiving copies of *Cancer Forum* while I'm away. My Florida address — until further notice — is...

Thank you and do have a healthy and successful winter.

Sincerely, B.S

Thank you for specifying the dates of your summer and winter addresses. This insures that you will not miss any issues of Cancer Forum.

Dear Mrs. Sackman:

Please find enclosed a \$10.00 check for my membership donation.

I apologize for being so late again in sending you the money. There are so many important organizations to support in the health movement at this time, the Food Irradiation fight, the various cancer and alternative therapy

organizations, the Defense Funds for persecuted physicians, as well as my own holistic treatments for health problems which expenses are not reimbursable or paid by Medicare; all these create a dilemma for me, since I would love to be able to support all financially, but cannot as a widowed Senior on fixed income.

I thank you for sending me some bulletins anyway, and the material on important subjects which I always zerox and distribute to interested persons and health food stores.

I do my small share of spreading the word on every important issue that comes to my attention from every organization which sends me their material. But membership to each of them is beyond my budget.

Very gratefully yours for your great work and strength in helping desperate patients save their own lives.

Many of God's blessings to you and your staff and love to all,

J.Z.

Dear Consuelo,

Read about *Exploding the Gene Myth*. Sounds great. Why don't you include info on how people can order the book? Would be most helpful.

Yours truly, R.M.W.

The book by Ruth Hubbard and Elijah Wald is available from Beacon Press in Boston.

Dear Ruth,

I just returned from the Annual FACT Cancer/Nutrition Convention in New Jersey. I want to tell you, I thought the program was excellent, outstanding, and very well orchestrated. I was especially impressed with you, Ruth. I am a Registered Dietitian and a Certified Diabetes Educator with both a Bachelors and Masters degree in Nutrition. In my 12 year career I have never been to such an excellent health program. You dealt with the many, many issues and questions openly and fairly, with intelligence and thought and insight. I can only repeat how *very impressed* I was with you and the way you ran the convention. The thought, "This is a first-class lady," kept running through my head.

My background is *very* conventional and traditional. I was taught that the only role a dietitian had in cancer treatment was to try to provide the patient with foods that wouldn't make him even more nauseated than the chemo was making him! And if the patient couldn't eat at all, it was my job to recommend TPN (Total Parenteral Nutrition via a central vein) and calculate the number of calories that should be in the TPN. Needless to say, I went to this convention with more than a little skepticism. (I went to support my sister who was diagnosed with breast cancer and had a modified radical mastectomy last November.) At the end of the 2-day program, I think I was more transformed and inspired than she! This, in large part, is due to *you*. You speak the truth — you don't argue or try to persuade others to see it your

way — you simply state the facts. And this has opened the eyes of a *very* conventional (in fact, Cornell-educated!) registered dietitian. I give you a lot of credit — you've worked hard, read A LOT! — and it shows. And I want to thank you for helping me see that there are other options—that my sister is NOT crazy for refusing to see the same surgeon she saw last year when again, this year, she found a lump in her other breast.

I would impose on you for one (or two) other things, if I may. As an R.D., we must maintain 75 hours of continuing education every 5 years. I would like to try to apply your program toward my C.E. credits. In order to do that I need an outline of the lectures from the various speakers. If you have their outlines, I would appreciate copies of them. If not, can you please send me the addresses and phone numbers of Jorge Estrela, Moshe Myerowitz, Philip Incao, Bernard Jensen, Shary Oden, and Richard Ribner, and I will write each one individually and request the same. (Please send me the outline *you* worked from in the first hour—it doesn't have to be long, very brief 1 page outline just highlighting the main points.)

Lastly, as an R.D., do you have any suggestions for me as to how I may learn more about nutritional approaches to “heal the host” in order to become what *you* would consider “qualified” to provide appropriate nutrition advice to people with cancer? Does FACT have a certification for this—or could you refer me to an organization that does? Since my sister has breast cancer, and I am an R.D., I would love to be able to learn more on the food/cancer relationship so I can truly help people who are diagnosed with cancer. Please, when you have time, advise me as to what path to take to get the Ruth Sackman “Stamp of Approval”! Thank you so much.

Again, I cannot tell you enough how *inspirational* and *transformational* I found the convention! (I even decided to give up coffee—it's already Noon on Mon. and I haven't had a cup!) It was almost a religious experience.

Thank you for being there. Thank you for your dedication. Thank you for the convention.

Sincerely, J.M.N.

Dear Mrs. Sackman!

Thank you for sending me the *Cancer Forum* all these many years. I read it always with great interest.

I am taking the liberty to copy the “Gender Benders” article you printed from *Science News* about the feminization of males and sending it to various friends. Scary!

Also wanted to tell you that I chose the “alternative” route for myself when I was diagnosed with chronic lymphocytic leukemia in 1982 during a jaundice attack from hepatitis A in Australia. Have been taking Essiac tea since August 1994 daily, preparing it myself in canned batches. Since adding frequent B12 shots in high doses (my daughter is an RN, midwife gives injections), I am free of the recurrent herpes zoster attacks and neuropathy

that plagued me during the past year. Am an organic gardener in earnest (fulltime!).

At 71 I no longer can spend the energy to internationally travel and teach. Since 1976 I had been active 18 years in 31 countries (my thesis was: “Humanizing Humanity from Birth On”).

I am living on \$506/month Social Security, as I gave all my previous earnings away for good causes. So am sorry I am unable to contribute to FACT. My love and respect to you for keeping up the good work.

Sincerely yours,

Eva R. Reich, M.D. (inactive), Hancock, ME
Dr. Reich is the daughter of Wilhelm Reich, M.D.

Dear Ruth,

The convention was wonderful, thrilling, inspiring, You're amazing. One wonders where you get your incredible energy, for one thing.

Of course, I can't thank you enough for having me as your guest. Given that I'm currently unemployed, it would have been difficult, if not impossible, for me otherwise and I'm so happy I didn't miss this terrific event.

My goodness, Master Bo-In Lee alone was a weekend's worth—and there was so much more: Dr. John Lee, Dr. Philpott, etc., etc., etc.

When I digest all the info, I'm going to call you with a few questions—even though I already asked many questions at the presentations!

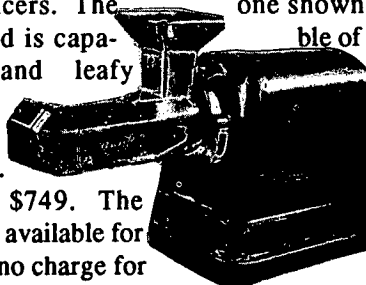
Bless you Ruth! Love, D.M.

Dearest Ruth:

The FACT Convention was well-organized and comprehensive; the speakers were energetic, enthusiastic; the audience attentive. The best speaker was you, Ruth. You explained over and over again the concept and process of “Host Resistance.” You and FACT are a great source of information cancer patients just can't get anywhere else. Carry on! Long live Ruth Sackman and FACT.

Love, Betty Fowler
Betty is a recovered cancer patient who is now a metabolic technician for the Health Excell Program.

Angel Life, a manufacturer of juicers, is offering people associated with FACT a \$100 discount on their juicers. The one shown is stainless steel and is capable of doing wheat grass and leafy vegetables as well as fruits and vegetables. The list price is \$749. The discount makes it available for \$649 and there is no charge for shipping which can be an additional saving of \$20. You can reach Angel Life at: 800-587-1004.



BOOK REVIEW by Consuelo Reyes

A Garden of Unearthly Delights—Bioengineering and the Future of Food by Robin Mather, Dutton, New York, 1995, \$23.95.

If we could take a look at the dinner table of the not too distant future, what would we see? Mmmm.Fat red "vine-ripe"-looking tomatoes that don't taste vine-ripened but last for days in all seasons, roasted chickens with four breasts and no legs, broiled fish flesh grown without the bother of an actual fish, or salmon 37 times larger than normal thanks to the addition of chicken and cow growth hormones? How about sizzling lean pork from a pig made sterile and arthritic by the transgenesis of human growth hormones?

If this sounds more Orwellian than delicious, you might be interested to know that the aforementioned are well beyond the drawing board stage (the pig, in fact, is already in the barnyard!)—all thanks to the "brave new world" of food bioengineering. And you may as well be forewarned: to oppose or question such marvelous scientific endeavors could earn you the adjective "Luddite" or worse, "hysterical."

One person who is definitely not hysterical is Robin Mathers, Food Editor of The Detroit News and author of *A Garden of Unearthly Delights—Bioengineering and the Future of Food*. Though it's not much of a stretch to guess where her sympathies lie, Mather goes out of her way to present a calm, balanced view of the situation. Methodically, she takes us into the bellies of the beasts: a Florida farm where genetically-altered tomatoes are grown, the dairy farm that first used Monsanto's bovine growth hormone (rBGH) to increase milk production, a processing plant where organic free-range chickens are humanely treated, etc. and she lets us decide what makes sense. We hear the words of the people whose daily work this is, individuals who believe they are doing the best job they can. There are no cardboard good guys/bad guys here as in so much alternative health literature. Rather what emerges are two diametrically opposed world views about nature and the future of humankind.

On the one hand, we have the genetic engineers, the agro-chemical executives, et al who believe that man's survival hangs on his ability to control and manipulate nature, i.e., "Better living through chemistry." They embrace the concept that world hunger can only be satisfied through a huge monocrop agro-culture that uses factory ideals like efficiency, high volume, standardization to produce cheap, abundant food. They see bioengineering as the key to cost and time efficiency, e.g.

corn genetically designed with insect repellent to lower pesticide expenses, animals bred already immunized against disease so as to require fewer antibiotics despite adverse living conditions, frost-resistant tomatoes, chickens that grow fatter faster with less feed, etc.

Bioengineering proponents believe that this is simply the next logical step after past advances like cross-fertilization, hybridization. They view the public's knee jerk resistance to innovation as just part of the territory. As with the hullabaloo over the introduction of pasteurization or frozen foods, the public gets over it.

On the other side of the fence, however, sits a burgeoning culture of small farmers and community-oriented producers who see working *with* nature as the key to man's survival and prosperity. They support sustainable agriculture—crop diversity, natural pest control, constant recycling of organic wastes, etc.—as the most cost effective way of insuring an abundant and quality food supply. In the long run they believe the consumer gains more and pays less because there are not the hidden costs of environmental pollution, soil erosion, excessive transportation, storage and processing, medical bills due to poor nutrition and chemical contamination, etc.

Proponents of sustainable agriculture are not opposed to science as a tool for working more effectively with nature, e.g. solar and wind power technologies, etc. But they fear that the great experiment of the essentially unregulated industry of bioengineering—tampering with DNA, the substance so basic to life itself—will lead not only to loss of age-old plant varieties, patents on basic food commodities concentrating power in fewer and fewer hands, but also unforeseen negative health consequences. They argue that bio-diversity protects against famine or blight, restores the balance of natural predators, and is part of a whole way of life—family values, small towns, community, self sufficiency.

In its very low key way this book makes a powerful point: there are no quick-fix solutions to feeding the world. Rather, each of us must ask ourselves what philosophy most resonates with our values and then do the utmost to support it. If your mindset favors bioengineering, continue to demand strawberries in November and buy the latest designer produce. If sustainable agriculture makes more sense, try to eat in harmony with the seasons, join a food co-op that supports local farmers, ask for organics at your supermarket, etc. We vote for our future every time we buy. It's time to give serious consideration to the kind of future we want or we may end up with something else. ☼

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- (18) Better Nutrition for Better Health
- (63) Cancer Program at Tallmogarden
- (66) How a Health Program Improves Host Resistance
- (141) What We Do at Tallmogarden to Strengthen Host Resistance

Edward Berk, Herbalist

- (55) Rebuilding the Immune System

Peter H. Duesberg, Ph.D.

- (133) The Role of Drugs in AIDS

Edwin Flatto, M.D.

- (151) Exercise—A Vital Tool for Restoring & Maintaining Health

Jorge Estrella, M.D.

- (79) Improving Host Resistance With Cellular Therapy
- (91) Cellular Therapy for the Improvement of Host Resistance

- (154) Cell Therapy

- (164) Jorge Estrella, M.D.: Immune System, Cancer and Cell Therapy

Charlotte Gerson, Director of Gerson Clinic

- (167) Charlotte Gerson: The Gerson Therapy

Jane Goldberg, Ph.D., Psychoanalyst

- (24) How Stress Alters Normal Body Function
- (62) Psychological Contributions to Cancer Contraction logical Immune System
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- (114) Who Lives and Why
- (143) Emotions - Friend or Foe?

Martin Goldman, M.D.

- (113) Integrative Approach for Strengthening Host Resistance

- (123) Oriental Medicine for Bio-Repair

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Phillip Incao, M.D.

- (126) Role of Fever in Immune Response
- (131) Inflammation - the Natural Enemy of Cancer
- (148) How Weakening the Immune System Causes Cancer
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- (162) Philip Incao, M.D.: Prevention of Cancer Starts in Childhood

Bernard Jensen, D.C., Ph.D., Nutritionist

- (2) Moving the Whole Body to Health
- (50) Rejuvenating the Body
- (77) Helping the Host Resistance Naturally
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John R. Lee, M.D.

- (64) Connection Between Fluoride Toxicity & Cancer
- (83) New Information Regarding the Fluoridation/Cancer Link

- (117) Fluoridation /Cancer Link

- (163) John Lee, M.D.: Progesterone—A Natural Cancer Fighter

Duncan McCollester, M.D.

- (169) Duncan McCollester, M.D.: Autologous Immune Therapy for a Variety of Cancers—Developmental Studies

Shary Oden

- (171) Workshop: Healing Power of Love, Laughter and Music

Ribner, Richard, M.D.

- (145) Healing the Mind/Healing the Body

Leo Roy, M.D., N.D.

- (28) Individualized Nutrition for the Cancer Patient
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- (68) Immunity & Host Resistance
- (94) Individualized Metabolic Programs to Improve Host Resistance
- (128) Biochemical Individuality and Biological Repair,
- (138) Pro Life - Yours!

- (152) A Trip Through Your Inner World

Ruth Sackman, President of FACT

- (29) Cancer Causes & Prevention
- (30) The Complexities of Cancer
- (60) Deciphering the Proliferation of Cancer Therapies
- (88) Making Sense Out of the Confusion Surrounding Cancer Information

- (95) Biologically Safe Programs for Rebuilding Host Resistance

- (100) How Misinformation is Hazardous to Your Health,

- (129) Concept of Biological Healing

- (135) Causes of Cancer and Balancing Body Chemistry

- (136) What Are Your Choices?

- (144) Comparing Conventional & Alternative Therapies; Healing the Host

- (160) Alternative Cancer Concepts

- (166) Ruth Sackman: Metabolic Approach in Controlling and Preventing Cancer

William F. Welles, D.C.

- (134) Colon Health to Improve Host Resistance

- (150) The Colon—Key to Immune Integrity

John Yiamouyiannis, Ph.D.

- (12) The Fluoridation Cancer Link

- (46) Fluoride & Cancer

Recovered Cancer Patients, Personal Case Histories

- (6) Michael Whitehill (Thymoma)

- (80) Betty Fowler (Skin Cancer)

- (16) Pat Judson (Colon Cancer)

- (41) Richard Mott (Lung Cancer)

- (43) Kay Windes (Breast Cancer)

- (58) Walter Carter (Pancreatic Cancer)

- (98) June McKie (Lymphosarcoma)

- (99) Bernard Nevens (Colon Cancer)

- (108) Kay Windes (Breast Cancer)

- (112) Louise Greenfield (Breast Cancer)

- (119) Bernard Nevins (Colon Cancer)

- (125) Louise Greenfield (Breast Cancer)

- (132) Pat Judson (Colon Cancer)

- (139) Lou Dina (Lymphoma) & Hy Radin (Spinal Cancer)

- (146) Tom Buby (Lymphoma)

- (147) Doris Sokosh (Breast Cancer) and Lou Dina (Lymphoma)

- (155) Neta Conant (Breast Cancer) and Kay Windes (Breast Cancer)

- (158) Moshe Myerowitz (Liver Cancer)

- (159) Doris Sokosh (Breast Cancer)

- (165) Greg Hagerty (Hodgkins)

- (170) Lou Dina (Lymphoma)

Panels of Recovered Cancer Patients

- (44) Doris Sokosh (Breast Cancer), Daniel Friedkin (Testicular Cancer), Ruth Williams (Melanoma)

- (67) Jeannie Glickman (Ovarian Cancer), Betty Fowler (Skin Cancer), Daniel Friedkin (Testicular Cancer)

- (45) Pat Judson (Colon Cancer), Doris Sokosh (Breast Cancer)

- (72) Hy Radin (Spinal Cancer), Doris Sokosh (Breast Cancer)

- (161) Doris Sokosh (Breast Cancer) and Michal Ginach (Breast Cancer)

1995 Annual Cancer/Nutrition Convention

- (172) Ruth Sackman: FACT—An Optimum Resource for Cancer Patients

- (173) Stanley Bass, D.C.: Testing Nutrition Theories with Mice

- (174) Jorge Estrella, M.D.: Boosting the Body's Healing Ability

- (175) Ruth Sackman: Caveats on Alternative Health

- (176) William H. Philpott, M.D.: Role of Magnetics in Cancer

- (177) Philip Incao, M.D.: Rational Approach to Healing

- (178) John R. Lee, M.D.: Xenobiotics—Endocrine Disturbance

- (179) Jane Goldberg, Ph.D.: Finding the Lost Soul and Greg Hagerty (Hodgkins): Recovered Cancer Patient

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