

CANCER FORUM

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



Foundation for Advancement in Cancer Therapy

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

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In this issue:

Immunization—An “Adverse Event”	
by Beth Topp.....	3
What is Cell Therapy?	
by Consuelo Reyes.....	5
Thymus Therapy by Milan C. Pesic, M.D.....	8
F.Y.I.....	10
Recipes.....	11
Letters.....	12
Tape List.....	14
Book List.....	15

Dear Reader,

Beth Topp's story on page 3 will no doubt evoke a lot of sympathy, but perhaps you might assume it is not relevant to the cancer patient. Not only is it relevant as it demonstrates the havoc that vaccinations play on the physiology of the body, but emotionally, the impact can be devastating for the family, creating a negative effect on our immune systems and our metabolism.

I know it must be burdensome to be asked to write to authorities repeatedly, but it is our only way to correct the wrongs imposed on us by legislators who think they are our guardian angels when they mandate vaccinations. Instead, they must be made aware of the harm done and that we are better qualified to decide some things ourselves.

Cell Therapy (page 5) has been available in some European clinics for nearly 70 years and in many countries other than the United States. Only recently has the U.S. medical establishment begun to recognize the merits of using healthy cells to rejuvenate organs that are degenerating. This technique may make transplants obsolete. Can you imagine what a boon it may be to people waiting on lists for transplants? Cancer patients with poor liver function may achieve rejuvenation to our most vital healing organ. Cells can be used for many organs such as thyroid, kidney, heart, adrenals, nerves, and other areas that need improvement..

Although cell therapy is not new information to FACT, it is the new frontier in the health field in the United States. I hope to continue to follow-up on cell therapy in future issues of *Cancer Forum* to keep our readers informed.

Looking forward to the complete control of cancer early in the new millennium!



Ruth Sackman

Immunization— An “Adverse Event”

The following is a letter from Beth Topp, a mother of a child who suffered serious mental and physical injury from a “routine “Hepatitis B vaccination required by his school. The letter was written prior to Congressional hearings on the wisdom of involuntary immunization in the military which ended inconclusively. Beth Topp’s experience is not unique. You may want to join with her in reminding our elected representatives that there are serious risk factors in immunizations which calls into question the policy of mandatory vaccinations.

To Whom It May Concern:

I am writing to you because I would not be able to live with myself if I didn't try to prevent other people from having to experience the same tragedy that our family did this summer.

Last month, I was required to have my children immunized against Hepatitis B. I didn't feel that my children were at risk for this disease, so I called the school and was informed that it was a new California law and my children couldn't attend school without having the shots. I still didn't agree that this was something they needed. I reviewed the benefits and “risk” information with our doctor. I read the pamphlets from county and state health departments. This is a new type of *genetically engineered vaccine* and everything said this vaccine was **safe!** In fact, the literature stated that **“no known serious reactions have been associated with the Hepatitis B vaccine.”** Like many of you, I think time with my children is precious so I try to choose my battles carefully. I made what I thought was an informed decision based on this information. I didn't think this battle was worth the effort.

On May 28, 1999 my 10-year old son and his 13 year old brother received the first of three “mandatory” Hepatitis B vaccines. My 10-year old son experienced mental, physical and personality deviations almost immediately. Five days later the left side of his face was paralyzed, followed shortly by his left arm, then his abdominal muscles and legs. He has been diagnosed with Central Nervous

System Demyelination/autoimmune Disorder from serious adverse reaction to Hepatitis B. The prognosis and severity of both are unknown. There are no practice standards of treatment.

The FDA (Food and Drug Administration), CDC (Center for Disease Control) and MERCK, the maker of the vaccine, don't know how to cure him. They do, however, keep a record of these reactions in the Vaccine Adverse Event Reporting System in order to monitor the frequency of very serious reactions. They classified what was done to Robert as an “Expected Experience.” I certainly didn't expect it!! Since then I have learned that many others have been injured by vaccines. Recently the American Association of Physicians and Surgeons spoke out against this vaccine on their website (www.aapsonline.org) after new studies have shown there is **100 times greater chance of being injured from the vaccine than the actual disease.**

There seems to be an underlying misconception that only a few members of society are at risk of being injured. Individuals killed or damaged by immunization policies aren't always statistically classified as being injured. It is not only these individuals who are being put at risk. Every member of our society is being subjected to the same risk. We don't know who will be injured or killed. Imagine if the law required all children entering 7th grade must first have a gun put to their heads and the trigger pulled before they will be allowed to attend school. Remember, by law they must attend school. Would it make a difference if they only loaded 100 bullets, 1000 bullets or 100,000 bullets? Would it matter how many other children were having a gun put to their heads? Or how many times they pulled the trigger? Or how many times your child had to go back and take another risk? Everyone must realize that we are all being subjected to the same risk.

Immunization laws are based on the idea that the risk to the individual doesn't outweigh the benefit to society. When there is no imminent danger to society, what possible benefit could outweigh the risk of losing a life? Public confidence and financial factors cannot be allowed to justify risk to health and safety. The FDA, CDC, MERCK and everyone involved in this policy use terms like “ad-

verse event" and "expected experience" to distance themselves from the lives that are at stake. They discuss the numbers and make casual decisions without ever having to acknowledge that the numbers are really lives being destroyed.

If you have ever visited the Vietnam Memorial Wall, you know the dramatic impact acknowledging the individual lives lost in this action makes when presented this way. I couldn't conceive it until I could see it. Reading a number could never have touched me the same way. It was just another chapter in my history class. Until the events, reports and claims stop being another statistic and somehow become a person with a future, hopes, dreams and a family, the policies won't change. They need to have a face and a name for every claim they evaluate for the National Vaccine Injury Compensation Program. We don't want the Department of Justice performance goals of closing defensive cases with at least 85% of the amount claimed against the Government being defeated. It should not be established without considering all the children who are suffering. They need to conceive the number of people impacted by their decisions.

People, like myself, should begin to send emails or letters to local, state and federal government officials, the media and other decision makers to remind them that every statistic has a name and people who love them. Tell everyone you know to do the same. We are calling this the Immunization Vaccination & You (IVY) campaign. Ivy grows quickly and we hope our campaign will, too. We plan to contact these officials as frequently as possible and ask others to do the same. It is our intention to build a "Virtual Memorial Wall" out of email and letters instead of bricks. It is our hope that our personal stories will assist our government in putting names on these claims and realizing they are not just numbers but lives.

Everyday more people risk their lives and the number of injuries grows. I don't want to wait for more people to be hurt before we are finally heard. Ironically, my family is no longer at risk because we learned the hard way what really can happen. It is the rest of society who is at risk: you, your loved ones and an entire generation of children.

I don't expect anyone to write a paper quoting

sources and statistics. Just a message, short or long. It is up to you to tell them your concerns or what has happened to you. Your support is greatly needed. You can send not only emails and letters, but fax, telegram, telephone or whatever you choose. You can forward my story if you would like or just a brief note. But please, anyway you can, do this. Every life damaged or lost deserves a brick in this "Virtual Memorial Wall." Don't let them be forgotten.

This is not something any parent can accept. My family needs to focus on accepting our current situation and begin healing so that we can overcome this challenge. God doesn't give more than we can handle and I believe he has a reason for everything, even for this. Perhaps we will become stronger or one day find a more acceptable answer. Until then I am compelled to do what little I can to prevent this from happening to others. I know that human beings can do miracles and I have felt the power of prayer. Please read this, share it and say a prayer for Robert and all the other vaccine injured children, both those we know and those we don't. I couldn't have known that before the shot, but maybe together we can let someone else know before it happens to them. Please help me to help them and pass this information on to everyone you possibly can. I live in fear that the person I didn't tell will one day tell me about their child being injured like mine.

Thank you for all your support,

Beth Topp, Robert's Mom

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* * * *

Physicians pour Drugs of which
they know little,
to cure Diseases of which
they know less,
into Humans of which
they know nothing.

—Voltaire

What Is Cell Therapy?

by Consuelo Reyes

Suppose you are a patient suffering from cancer, Parkinson's, crippling arthritis or any other chronic, degenerative malady. One day your doctor suggests that you may want to try a therapy that has been used successfully on thousands of people around the world for over half a century. It is non-toxic, and, when administered correctly, has no side effects. Moreover, unlike conventional drug medicines which use chemicals to block or interrupt living processes, this treatment restores health by stimulating the body's own healing and revitalizing abilities.

Chances are you'll say, "Well, let's try it!"—all the while wondering: "Gee, why haven't I heard of this before?"

This is cell therapy—a treatment widely employed in just about every developed country around the world—except the United States. It involves the injection of live animal fetal cells into humans. The basic concept, which goes back centuries, was well expressed by Paracelsus, a 16th century physician who believed that the way to treat illness was to use living tissue to rebuild and revitalize ailing or aging tissue: "Heart heals the heart, lung heals lung, spleen heals spleen; like cures like."

In the early part of this century there was much interest by researchers who, involved in a series of revitalizing experiments using animal tissue, accidentally discovered the procedure that led to today's cell therapy protocols. Paul Niehans, M.D., who was researching and experimenting in cell therapy, was called by a colleague who had inadvertently damaged a patient's parathyroid glands during the course of surgery. These glands are so vital to life that without them it was doubtful that the patient could survive even a day.

On his way to the hospital, Dr. Niehans, who was working at the time on a series of revitalizing experiments using animal tissue, obtained fresh parathyroid glands from a black lamb. He was fully intending to perform a parathyroid transplant.

But when he arrived, he found the patient vio-

lently convulsing and he knew there was not enough time to perform an operation. With life slipping away, he decided to try injecting the parathyroid cells directly into the patient. He took a surgical knife and sliced the lamb's parathyroid glands into very fine pieces. Then he mixed the pieces in a saline solution and loaded them into a large hypodermic needle. Surrounded by shocked and bewildered colleagues, he injected the mixture into the fatally ill woman.

To the surprise of all, almost immediately the convulsions stopped! Then, slowly, steadily, her condition began to improve and—against all seeming odds—she recovered. Years later, Niehans wrote: "I thought the effect would be short-lived...But to my great surprise, the injection of fresh cells...lasted longer than any synthetic hormone, any implant or surgical graft."

Indeed, the woman lived another 30 years, well into her 90's and thus was born modern cell therapy. Dr. Niehans, at his Clinique La Prairie in Montreaux, Switzerland, went on to administer live cell injections to thousands and thousands of patients, including many of the crowned heads of Europe, presidents, Pope Pius XII and Hollywood stars.

How does it work?

Niehans took cell therapy a great leap farther by developing fetal cell injections from a whole range of donor organs and glands which go directly to their counterparts in the human body, i.e., liver cells to the liver, adrenal to adrenal, spleen to spleen, etc. This specificity is a normal occurrence.

1) The live cells are organ specific, **not** species specific. Tests using tracers have shown that the cells are not broken down by the body's metabolism, but do indeed go directly to their corresponding organ. The recipient organism controls and selects the various cells needed.

2) These fetal cells have more "life force" than the diseased or aging tissue in a patient.

3) There is no rejection, perhaps because the

"new" cells are not contaminated. At any rate, the body's immune system generally does not recognize these highly potent cells as "foreign."

4) The implantation by injection brings about a rapid dispersion of the cells into the body, energizing and enhancing metabolic processes.

Why does it work?

A general hypothesis suggests that because aging or diseased cells simply don't work as well as new, healthy ones, the fresh, young cells may energize and stimulate secretions and other functions that have been out of whack, thereby, enabling things to get back on track.

What does the cell therapy patient experience?

The primary patient consideration is to work with a doctor (or clinic) with extensive knowledge and practice in this mode of treatment. Injected material must be meticulously prepared: living embryonic cells of certain animals, usually lamb, must be extracted under the most stringent precautions to insure sterility, then dissolved in sterile solution for subcutaneous injection into the patient. Because no two patients are alike, every injection must be individually prepared, taking into account the patient's unique condition. There is no standard set of cells for each disease because, though many suffer from the same illness, the underlying causes may be different due to hereditary factors, varying organ deficiencies, etc. Likewise, the same underlying causes can lead to different disease conditions.

In Europe cellular suspensions can contain cells from up to 30 organs or tissues, though rarely does an injection have over 6 or 7 cells from several different types of tissue. The frequency of injection varies according to the condition of the individual, usually with a booster after 6 months or so. Normally, the patient feels no specific change in an immediate way, though they may experience minor discomforting reactions temporarily. But gradually, over time, usually 3-6 months, there is often improvement—sometimes dramatic—along with increased sense of well being.

As always there are caveats: beware the inex-

perienced or unethical practitioners who tout cell therapy as the "fountain of youth" and will gladly treat any complaint—pathological or cosmetic—with too many injections, of poor quality, for too much money. Such indiscriminate use, ignoring the total picture of the patient, can overstimulate and overwhelm the body causing possible serious side effects. Cells rejuvenate, adding life or "youth" to a body, but the effects are subtle and gradual and are best achieved when used adjunctively with a comprehensive metabolic program, including balanced diet and detoxification. This is not a "magic bullet," though, when done competently, can be the missing link on the road to recovery.

What conditions respond best to this therapy?

Cell therapy has been helpful in a vast array of situations, from general loss of vitality, convalescence after illness, recovery from wounds or other traumatic disorders, immune weakness, arthritis and other degenerative diseases of the connective tissue, heart and peripheral circulation. Cell injections can be used not only to regenerate diseased or aged organs, but also to stimulate development of underdeveloped or retarded organs, e.g., treatment of dwarfism and Down's Syndrome.

As word of the effectiveness of cell therapy has spread (in Germany alone more than 5,000 physicians regularly administer cell therapy injections, a great proportion of which are reimbursed by the federal health care system.), the U.S. seems to be slowly getting into the act where research is ongoing in the following areas:

- Injection of muscle cells into mice with muscular defects was recently hailed as a possible breakthrough for treating Duchenne muscular dystrophy, the most common and severe form of the muscle-destroying disease that affects children.

- At Vanderbilt University Medical Center experiments transplanting adrenal tissue into Parkinson's patients, increased dopamine production and patients experienced mild to moderate improvement.

- As studies show that cell therapy is well tolerated by the body, even in the brain, work is underway to apply the therapy to other diseases of ag-

ing such as Alzheimer's.

• Stem cells (placenta and umbilical cord blood) were administered successfully to a twelve-year-old boy suffering from sickle cell anemia.

You may have heard in the news recently that the U.S. National Institutes of Health (NIH) have approved funds for stem cell research. The concept is similar to other types of cell therapy though the stem cells are derived from umbilical cord blood or the placenta. These cells, like the animal tissue used in cell therapy, are well tolerated by the body, but they are undifferentiated, that is, they are non-organ/gland specific and can develop into whatever specialized cells may be needed.

At Harvard Medical School Dr. Evan Snyder and his colleagues have successfully implanted neural stem cells from healthy mice into the brains of "shiverer" mice, so named because their bodies lack the ability to produce the myelin sheaths that protect nerve cells and so they shiver throughout life. The stem cells developed into various specialized cells of the brain, and the mice stopped shivering! Apparently, the new cells had rejuvenated the brain cells involved in myelin production—debunking the long held belief that brain cells cannot regenerate. These findings present new hope for diseases of the brain and nerves, such as Alzheimer's, Multiple Sclerosis, or Parkinson's.

Dr. Snyder and those who work with stem cells in the brain and other organs view this research with tremendous optimism. They foresee the opening of a new field of medicine based on the body's own repair system—**regenerative medicine**, something quite different from today's orthodox buy-time-symptom-oriented system.

They still do not understand how and why exactly it works, but perhaps these scientists are beginning to realize that the establishment tendency to validate only that which can be completely understood down to the minutiae of every part and process may be overrated: Nature is far more advanced than man in the healing arts. No doubt, we will understand more of the intricacies as time goes on. But why wait, when the benefits are available now?

Well, to these researchers we say, "Welcome aboard! We've been looking for you..." ❀

Cell Therapy Treatment in European Clinics for Parkinson's Disease

Dear Ms. Sackman:

Your Sunday night WOR radio program was so informative I would like to receive your newsletters and am enclosing, as you suggested, a \$10.00 donation in order to become a member.

I was especially interested in your comments on therapy for treating Parkinson's Disease and hope you have additional data on this very important disease for which there is no cure at present. Will this topic be included in any of your upcoming newsletters—or was it covered in previous ones?

Thank you so much for your organization.

Sincerely, M.E.L.

This issue of Cancer Forum should help to answer your question about cell therapy. I will try to be somewhat more specific about Parkinson's Disease.

In the cell therapy clinics in Europe and other countries where it is available, they have a protocol for Parkinson' Disease as well as other diseases. Just as adrenal cells are used here in the U.S., they are also used in Europe along with other cells related to the specific disease problem and the specific organs that require restoration. Liver, nerve and other endocrine cells would probably be included.

The vast difference is that these clinics do not use a surgical procedure, as is done here in the U.S., to open the skull in order to be able to inject the new healthy cells. It is known from years of experience that the new cells can be injected into the buttocks and automatically travel to their counterparts in the body. This is a given.

At FACT we have been aware of cell therapy for the many years of our existence. We are delighted that the work in the U.S. is progressing as well as it is and it is possible that the research with stem cells will be an advancement over the use of animal cells. It should be a valuable answer to many otherwise untreatable problems.

Ruth Sackman

Thymus Therapy

by Milan C. Pesic, M.D.

Many diseases can be traced back directly or indirectly to a disorder of the immunological system. Anergy, the lack of immunologically active cells, opens the door to germs. The use of thymus peptides, enzymes and other factors can in both cases contribute to a regulatory process of the immunological system.

The word "thymus" derives from ancient Greek "*thymos*" and refers to ideas about the function of this organ: *thymos* was the seat of the soul, volition, anima, courage and emotion. The thymus is stimulated in the easiest way by gently beating the chest slightly above the breastbone. Gorillas show this behavior before a fight. These animals want, thereby, to strengthen their courage and self-confidence.

In past centuries the thymus was regarded to be more or less superfluous. It was also believed to enable the development of the sexual organs until the age of puberty. In 1905 Hammer discovered that newborn animals were not viable without the thymus gland. Studies of Knipping (1924) came to the conclusion that the application of "fresh-made extract of the thymus gland" leads to an increase of lymphocytes and an increased resistance to diseases. In 1962 Miller discovered the real function of the thymus gland was to produce T-cells (lymphocytes).

From 1953 until his death in 1989 Sandberg treated his patients regularly and incessantly with watery thymus extract (THX).

In 1975 thymus therapy with the application of thymus extract, introduced by Pesic, reached its peak in Germany.

The School of Immune Defense

The thymus is in today's opinion the "brain" of the endogenous defense. It consists of two lobes and lies behind the breastbone in front of the heart. The thymus at birth is about the

size of the heart. It grows until the third year of one's age and then retains its weight from 30 to 40g until the period of puberty. As we advance in years this gland, part of the RES (reticulo-endothelial system), shrinks for reasons yet unknown. The glandular tissue converts into connective and fatty tissue. As a result the number of the T-lymphocytes is reduced and a concomitant reduction of defensive power. When we regard older people, this conclusion is validated. At the same time the serum level of the blood concerning the thymus peptides also falls.

Notwithstanding the reduction of the thymus until death, the remaining parts of this gland function on a smaller scale. After this change the keratinocytes—specialized skin cells—essentially take over further functions of the thymus.

The task of the thymus in general and the thymic hormones in particular has been only partly explored. It is known today, that the T-lymphocytes are related to the "immune defense," that they can distinguish between self and nonself. Three different types of cells are produced by the thymus: the helper cells—their contribution is to signal and regulate immune substances, for example, lymphokines, which stimulate killer cells and phagocytes. In addition to this the helper cells stimulate the production of antibodies by the B-lymphocytes. The second group is trained to become killer cells. They are able to attack directly cancer cells and destroy them. The suppressor cells belong to the last and third group. These cells are necessary, because they are able to calm down a defensive reaction once initiated. Otherwise, the highly aggressive helper and killer cells would be able to do harm to its own body. The normal ratio between T-helper- and T-suppressor-cells is 1.5 to 1. If this ratio is changed with upward (4 to 1) or downward tendency (1 to 2), the immune system is disturbed.

The Thymic Hormones

Today more than twenty thymus peptides have been isolated from the entire thymus extract. Five of them are already satisfactorily explored.

• **Thymosin δ (alpha) 1** increases the MIF- (migration inhibitory factor), the interferon and lymphokine production and also the immunity against viruses, fungi and tumors.

Singular thymus factors influence the different levels of maturity. Thymus peptides induce the expression of specific T-receptors on immature precursor lymphocytes, as well as the differentiation of T-lymphocytes in the thymus. During the therapeutic application of thymic preparations, the short-chained thymus peptides effect a regulation and modulation of the lymphocytes' sub-population. Over this the neogenesis of pre-thymocytes in the bone marrow is induced.

Thymus Therapy in General Practice

The number of clinical examinations that have been made with thymus peptides and the entire thymus extract is large. During the last few years three central areas of indication have taken shape thanks to the dominant regulatory ability of the thymus peptides: malignant tumors (lung, breast, stomach, intestines, kidney, bladder and prostate), chronic recurrent infections and rheumatism.

Patients with malignant disease usually have a disordered suppressed immune system. The power of the body is, on the one hand, destroyed by radical therapy—radiation therapy or chemotherapy. If you take clinical observations into consideration, which show the interdependence between the progress of the tumor invasion and the strength of the immune response, the existence of an immunological tumor-host interaction is highly probable. In 1970 Burnett defined the "hypothesis of the immune surveillance." The immunity, procured by the T-cells, plays a major part in the struggle against degenerative cells.

Among patients with malignant disease, we have to proceed on the assumption of a primary or secondary immune insufficiency. A still unknown noxa produces an inflammatory reaction in the joint, which has on its part an activation of the cellular and humoral power of defense. The B-lymphocytes produce an antibody. The increasing immunity complexes

are phagocytized by the granulocytes; this leads to a release of lysosomal enzymes and inflammation factors—the vicious circle runs its course. In this case a treatment with thymus peptides is appropriate, for thymic hormones and thymic factors modulate the cellular and humoral immunological response and if not, prevent the escalation of the self-destruction.

The weakened immune system is an ideal "culture medium" for opportunistic infections, which not infrequently take a chronic course or always recur. Methods of treatment which only attack the pathogens, only have a symptomatic effect. They frequently have the characteristic of weakening the immune system, so that the next infection is a foregone conclusion.

A study by Pesic and LaWniczak entitled "*Immune correction with the help of thymus extracts under negative influence of some antibiotics upon the phagocyte,*" clearly reveals the efficacy of using thymus extracts to correct the lack of enzymes brought about by treatment with antibiotics and cytostatic agents. After clinical examination the regular application of thymus reduces the susceptibility to infection. Moreover, a visible improvement of the general condition can be detected among the majority of the patients. The treatment with thymus extracts in cases of chronic, recurrent infections must be regarded as a causal therapy. It leads to a fundamental restoration of the immune system.✿



"There is an accumulating body of medical evidence which suggests that further increases in life-span and better health will come less from dramatic medical discoveries, than what I call 'well living.' In other words, your future health and length of life will be determined largely by what you and I do for ourselves, not what medicine can do for us."

—John H. Knowles, M.D., President
of the Rockefeller Foundation

Keep Your Blood Clean...

Every time I hear a woman say that the surgeon removed lymph nodes from her body to check for the presence of cancer, I cringe. Every part of the lymph system is of absolute importance to maintaining health. It is, amongst other things, the garbage disposal system transporting debris, foreign proteins, and yes, even cancer cells, from the body's tissues to the bloodstream for eventual removal via kidneys. The removal of lymph nodes is done solely for diagnostic purposes. When they're absent, the body has been dramatically altered and weakened. The build up of lymph fluid in the area where nodes have been removed is not unusual.

If you're one who has lost a part of your vital lymphatic system to a surgeon's knife, you would be well served to utilize the services of a massage therapist on a regular basis to help move lymph fluid. You will also need to work very hard at keeping your liver, blood, colon and kidneys clean, thus taking some of the stress off your already violated lymph system.

—*Health Quarters Monthly*

[*Ed. note: The warning about the lymphatic system is well taken. However, it is important to remember that the body in its wisdom attempts to open other pathways when one is blocked.*]

An Apple a Day?

Today the average non-organically grown apple is likely to contain trace amounts of the following:

- possible human carcinogens: captan and ortho-phenylphenol
- endocrine disruptors: endosulfan and methoxy-chlor
- neurotoxins: ethion and carbaryl
- developmental neurotoxins chlorpyrifos and methyl parathion

Non-organic apples are sprayed with an average of four pesticides and sometimes up to 10.

Safeguards for pesticides in food are based on the so-called average person and don't contain provisions for children, who are at particular risk. Congress passed a law in 1996 that was supposed to clean up food for kids, but not a single pesticide limit has been lowered. More than a million preschoolers ingest at least 15 pesticides a day. And some 324,000 kids age 5 and under daily exceed the limit established for methyl parathion. That's just one pesticide used on the assumption that we are exposed to one toxin at a time, which is clearly erroneous. These standards also fail to account for the fact pesticides are in our drinking water, as well as in our homes and gardens.

*From Environmental Working Group
(www.foodnews.org)*

Why Should We Eat Fermented Foods?

Fermentation is an important key to health and youth, for it is an easy-to-digest way to nourish with enzymes. Fermentation is the decomposition of organic substances, produced by the action of microscopic living organisms. During the process of fermentation, complex proteins, starches and fats in foods are broken down into simple compounds. These are called predigested or partially digested foods, which are easily assimilated by the body with a minimum of digestive effort. The effort usually expended for the digestion of food can be used for other needs, resulting in a more alert mind and more physical energy.

Fermented foods are utilized in the Living Food Program at the Ann Wigmore Foundation. The most popular fermented foods are rejuvelac, vegetable kraut, and fermented seed dishes, which provide protein of great value. These foods are included in the program for three reasons: They are rich in enzymes, predigested protein, and in lactic acid. Enzyme foods are easier to digest even when not chewed well. The enzymes provide for balanced digestion and, hence, nutrition needed for a balanced, healthy body and mind.

from Ann Wigmore Foundation

Recipes

These vegetable side dishes come from *Triumph Over Cancer—My Recipes for Recovery* by Doris Sokosh, a recovered cancer patient (available on the FACT Book List, p. 15). Doris suggests making more than necessary for one meal because these make good leftovers (cold or warmed).

Carrot/Raisin Casserole

4 Servings

1 lb. carrots, thinly sliced
1 1/4 cups raisins
1 1/2 cups water
1 tbsp. lemon juice
1/2 tbsp. fresh ginger, grated
1/4 cup sliced raw almonds

1. Preheat oven 375° F.
2. Combine carrots and raisins in a 1 quart baking dish. In a small bowl mix water, lemon juice and ginger and pour over the carrots.
3. Bake uncovered for 30 minutes, stirring occasionally. Just before serving sprinkle sliced almonds on top.

Variation #1: Substitute apple juice for water and a few dashes of nutmeg instead of ginger.

Variation #2: Slice carrots a little thicker (about 1/2"). Substitute pineapple juice for water and Dr. Jensen's Seasoning to taste instead of ginger. Cover and bake for 1 hour in 350° F. oven. Sprinkle with finely chopped fresh parsley just before serving.



Baked Beets

4 medium or large beets

4 Servings

1. Pre-heat oven to 350° F.
2. If beets are organic, just scrub surface dirt off with a vegetable brush. If inorganic, scrape off the skin with a knife. Leave whole.
3. Place beets in a shallow baking pan and bake for about an hour as you would potatoes. It's easiest to do along with baking chicken or some other oven dish.

Steamed Green Beans

4 Servings

1 lb. green beans
1/4 cup fresh chopped dill or 1 1/2 tsp. dried dill weed
1 1/4 cup raw slivered almonds

1. Cut off stem ends of beans and leave whole. Steam for 10 minutes or until tender.
2. Toss beans with dill and almonds.



Brussel Sprout Casserole

1 lb. Brussel sprouts, stems removed, cut in halves
2 tomatoes, chopped
1/4 tsp. ground nutmeg
1/4 cup grated unsalted cheddar cheese (raw, unpasteurized, available in health food stores)

1. Steam Brussel sprouts for 5 minutes. Stop the cooking by pouring ice water over the sprouts.
2. Combine sprouts and chopped tomatoes in a shallow baking dish. Sprinkle (or grate) nutmeg over and top with grated cheese.
3. Put under the broiler for a few minutes, just until cheese melts.

Letters

Dear Ruth,

Enclosed is a donation of \$750.00 to FACT. This money was raised through a Breast Cancer Awareness campaign Tweezerman® ran in October.

You may not have heard of Tweezerman®, we sell beauty and manicure implements and most of our customers are women. We created our breast Cancer Awareness Campaign by printing the pink ribbon on all our Slant tweezers and included an information packet with every tweezer sold during the month of October. The goal was to heighten the awareness of the disease itself and the importance of self-breast exams each time they use their tweezer.

The campaign was extremely successful and we earmarked the money raised to several local organizations. We heard about your organization through one of our employees, Lori Skroski, who has worked with FACT on a personal level and found it as a great resource of information and support. We are proud to have chosen FACT as one of the recipients of our donations and hope that you have continued success.

Have a happy holiday!

Regards, Lisa Bowen, President

Dear Ruth,

Did you see the article in the Sunday *New York Times* (8/29/99) about the Bt corn? Page 1!!

It's getting out there. Thank goodness for Europe and Japan rejecting it [genetically-engineered foods]. Instead of trying to force them to buy it, they should know **we don't want it either!** Hurry for the baby food companies who have rejected it, too.

Love, L.H.

Dear Mrs. Sackman,

Enclosing my money order for renewal to the *Cancer Forum*.

I admire you tremendously for the work you're doing and continue doing, after your husband's passing. I do hope you'll have more FACT seminars in the near future, if at all possible. You were such a delightful person and an inspiration to all of us. We miss you.

Most sincerely, R.D.

Dear Mrs. Sackman,

Greetings for the season.

Enclosed please find a check for seventy-five dollars (\$75.00) to cover the cost of materials mailed to me at the above address and also to cover a good will donation.

My mother is beginning to exhibit positive results in terms of increased strength and feelings of well-being. Thank you, I.T.

Ruth and Consuelo,

Here is a small token of my thanks to you for your concern for teaching me and your great mission for everyone; your sanity.

Love, D.G.

Dear Mrs. Sackman:

I had to write and tell you what a comfort you are to me. You give so much hope to me. As much as I went to doctors in the past, today I have developed a fear that's unbelievable of doctors and hospitals. You're the one I think of when a problem arises and there you are to give me hope and comfort. I'm 82 years old, my husband gone, and I don't have the courage I used to have, but I want to thank you for being such a caring person. God bless you,

I love you, T.C.

Dear Ruth,

You now have a real reason to extend my years. The longer I live, the greater my chance of winning the lottery, or getting a job (more reasonable) and paying back your kindness.

I was raised by people like you. I was beginning to think you had all vanished. I am delighted I was wrong.

Take good care of yourself. I am sure I am not the only one who needs you.

Your debtor, D.M.

Dear Mrs. Sackman,

First of all, I'd like to commend you for your work as president of FACT. I can see that the foundation is doing fine and important work.

Traditional cancer therapies, such as chemotherapy, are so debilitating. I had been praying for some other way of treating what my oncologist here in San Francisco called "rapid spreading metastasis." Hyperthermia was the alternative I needed. Thank you for your caring about people who need, but cannot afford this alternative, non-debilitating type of treatment.

My children were so happy to see me come home from the hospital looking well and happy and not sick from chemo.

Thank you Mrs. Sackman from all of my family for caring and help.

Most sincerely, B.B.

Dear Mrs. Sackman,

Enclosed is a small contribution to say a small "thank you" for your hard work and constant support to people like me who have cancer and making progress to gain good health.

Thanks a million. I wish I had a million to give you.

Sincerely, L.M.

Dear Ruth,

Enclosed is my annual contribution towards your remarkable work. I do hope all is well with you. Tried the telephone, but busy, busy, etc.

I understand from a friend that the *Cancer Forum*, Vol. 16, No. 9/10 contains information on soy. Would appreciate receiving it.

Thanking you for all the wonderful education you've been dispensing so generously and wishing you all the good.

B.S.

Dear Ms. Sackman:

I was delighted to read the story by Ms. Consuelo Reyes in the Summer Issue of *Cancer Forum* entitled, "The Wisdom of J.H. Tilden, M.D.: Toxicity—The Underlying Cause of Disease." What has happened to "modern medicine" that such fundamental concepts of keeping the immune system strong were discarded for crushing chemotherapies which have a poor track record and we are forced to accept the anti-wisdom of cytotoxic oncology?

In our marine experiments of detoxifying sick finfish in Florida estuaries, the Tilden effect is very pronounced and the fish make an excellent animal model to consistently prove the point: detoxicosis and healing are inexorably linked from within, if given the chance. This was a natural find and is called the Sindermann-Kandrashoff marine intervention procedure to show that sick fish can recover completely from the toxic effects of man-made polluted waters.

Local press coverage of our work has been excellent. Can it be that simply crossing over to the human side of this marine healing equation with the Tilden intrachange can produce pro-immune healing effects that will humble us all?

We have not been able to find a publisher who will take on the manuscript projects (2) concerning Florida's public health problems associated with polluted air, lakes and estuaries and the tragic doc-

umentation of increasing cancer/autoimmune affliction rates. Thanks to the Tilden article, my hopes are re-energized to keep the research and quest for a publisher going. Any suggestions you might have would be greatly appreciated.

I have enclosed a few article copies for your keeping.

Very Truly Yours, Mr. Thom Day,
Projects Director and President, Day (Memorial)
Cancer Research Foundation, Inc.

Dear Ruth and Friends,

I can't tell you how invaluable your advice has been over the past year. I hope this small donation will help keep the organization going—and also, please keep sending me the very interesting and informative *Cancer Forum* another year.

Best wishes to all for the New Year, J.B.

Dear Sir:

Letter of Application

I wish to formally apply for membership of your foundation. I am a Resident Surgeon at the Department of Surgery, Federal Medical Centre, Owo, Ondo State, Nigeria, with area of specialisation in Oncology.

I will appreciate it highly if I am invited for your annual conferences and seminars. I will be grateful if my application is urgently considered. Thanks for your cooperation.

Yours sincerely, Dr. F.K. Ajudua

Dear Ruth,

After several months away with my family, I tackled the accumulated issues of *Cancer Forum*. That's where I saw the announcement of Leon's death. I couldn't believe it. He was such a regular of FACT's group and conferences, and such a stalwart friend to everyone. Nothing can be said to replace that, but you already know how everyone feels and the unbelievably empty place that no one can fill. In addition to his obvious qualities, he was such a friend, so welcoming and so real. I extend to you my heartfelt sympathy. Unadmitted, we live our lives in prospect of change and loss, and a shorter opportunity than ever imagined. We have been blessed over and over for the opportunities afforded us, and he will be remembered as such a good man.

My sympathy, C.B.

Ruth—

Thank you! and FACT for all the assistance, consultation, information, and compassion. I am following the suggestions as much as possible and am doing very well. Juicing is great.

Sincerely, M.G.

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\$ 5.00 each. 12 tapes for \$50.00
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Chelsea Station, NY NY 10113.

Karl O. Aly, M.D.

(14) Cancer Program at Tallmogarden

Stanley Bass, D.C.

(173) Testing Nutrition Theories with Mice

(187) Discovery of the Ultimate Diet

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

Betty Fowler

(124) Health Excell Program

Jorge Estrella, M.D.

(79) Improving Host Resistance With Cellular Therapy

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

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

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 Immune System

(92) Using Your Emotions for Better or Worse

(114) Who Lives and Why

(143) Emotions - Friend or Foe?

(185) How the Mind Affects the Body

Martin Goldman, M.D.

(113) Integrative Approach for Strengthening Host Resistance

(123) Oriental Medicine for Bio-Repair

(168) Martin Goldman, M.D.: Oriental Medicine—An Adjunct for Host Defense

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

(162) Prevention of Cancer Starts in Childhood

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

(2) Moving the Whole Body to Health

(27) Tissue Cleansing Through Bowel Management

(77) Helping Host Resistance Naturally

(180) Nutritional Pathway to Health

Chaim Kass

(186) Alzium Update

Donald D. Kelley, D.D.S.

(21) Individualized Metabolic Nutrition for the Cancer Patient

John R. Lee, M.D.

(64) Connection Between Fluoride Toxicity & Cancer

(83) New Information Regarding the Fluoridation/CancerLink

(117) Fluoridation /Cancer Link

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

(178) Xenobiotics—Endocrine Disturbance

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

William H. Philpott, M.D.

(176) Role of Magnetism in Cancer

Ribner, Richard, M.D.

(145) Healing the Mind/Healing the Body

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

(28) Individualized Nutrition for the Cancer Patient

(42) Enzymes: Life's Miracle Workers

(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

(5) Symptoms Associated with the Restoration of Health

(29) Cancer Causes & Prevention

(60) Deciphering the Proliferation of Cancer Therapies

(88) Making Sense Out of the Confusion Surrounding Cancer Information

(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

(166) Metabolic Approach in Controlling and Preventing Cancer

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

(175) Ruth Sackman: Caveats on Alternative Health

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 Hagejrtj (Hodgkins)

(170) Lou Dina (Lymphoma)

(179) Greg Hagerjty (Hodgkins)

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)

(189) Doris Sokosh (Breast Cancer), Lou Dina (Lymphoma) and Daniel Friedkin (Testicular)

(190) Greg Hagerjty (Hodgkins), Barbara McClary (Ovarian Breast) and Michal Ginach (Breast Cancer)

Please Order Tapes by Number

BOOKS

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