

# CANCER FORUM

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



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*Cover by Sarah Reader*

One Dollar

# 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 patients; provides financial assistance; and fights to eliminate carcinogenic substances from the environment.

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Dear Reader,

Doctors believe in second opinions, shouldn't you?

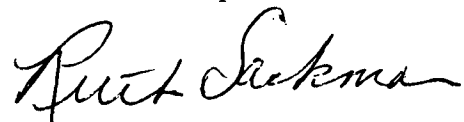
Medical mistakes are costing the lives of over 100,000 people per year. Doctors, insurance companies, health advocates, AARP etc. are urging patients to get a second opinion in health matters; only 1 in 4 people actually take this important step, a step that can save lives.

Many patients, to whom I have suggested a second opinion, felt it would offend their doctor. Instead, I think the doctor might be supportive. They understand that medicine is as much an art as a science. A second opinion provides additional opportunities for consultations and less likelihood of making medical errors. It is not only in the patient's interest but the doctor's interest as well.

As for cancer patients, they might be jeopardizing their lives by not getting a second opinion. Cancer is an area that can easily be misread or open to many opinions. The biopsy sample is not always clear which makes it subject to a mistaken diagnosis and that happens more frequently than the patient realizes. It was reported in AARP, a retired person's publication, that at "Emory University Hospital in Atlanta, pathologists found major errors in 68 of 500 soft tissue samples."

Cancer specialists can provide an experienced view that might make a difference in the treatment or even in the diagnosis. It would be wise to include a second opinion routinely.

Caveat Emptor,



*The following is an edited transcript of a short talk given by Victor Irons at a FACT Annual Cancer/Nutrition Convention some years ago.*

*The text has been printed here, hopefully, to help readers understand why we always suggest Green Life as an excellent and safe dietary supplement, though we do not advertise or endorse commercial products.*

— Ruth Sackman

## Green Life

by Victor E. Irons

**Ruth Sackman:** *Victor Earl Irons comes from California. He is one of the pioneers in developing food supplements. He has always maintained a very high standard in manufacturing supplements of quality. As a matter of fact, he spent a year in jail at a time when government agencies were hostile to the health movement because he would not change his standards. Please welcome Mr. Irons.*

**Victor Irons:** My 13 year-old daughter came home from school with an assignment to do an experiment of some kind. She asked me, "What can you suggest?" I said, "Guinea pigs." So we got a whole bunch of guinea pigs, which are very expensive up here. We got some cages to put them in and started a simple experiment to find out if an animal, a delicate animal, can live on certain things.

We have a product called Green Life. It is the dehydrated juices of the cereal grasses — oats, barley, wheat and rice — cut at the very young stage and then we squeeze the juice out and dry it without letting the texture get as hot as the air temperature. **This keeps the life in the grasses by preserving the enzymes and not altering the natural elements in any way.** We spend more money trying to keep the life in our product than we do growing it.

We have to put life into ourselves if we're going to be alive. The whole concept of drugs curing illness is ridiculous. **Only life can produce life and only life can sustain life.**

For this experiment we used our Green Life — sold as tablets or powder in bottles — to find out if they contained life. Thus, we used the actual product that you would use. Of course, it has no

oxygen in it. It's been replaced by nitrogen and it's alive when you get it.

So the first experiment was to find out whether Green Life has retained the life factor. All of the animals had psyllium seed for roughage and water. Then we put one group of animals on fresh carrots, another one on fresh spinach, another on fresh cabbage, the other one on fresh lettuce. One group had nothing but Green Life and one group had all four vegetables. These vegetables were given fresh every other day.

What do you think happened? Most of the guinea pigs not on Green Life died within 5 weeks. My daughter came in one morning carrying a whole tray of dead animals. She said, "Daddy, there are only 1 or 2 left in each cage. Can't I please put the rest of them on the Green Life? What's the use to kill any more of them?" We proved the point that you can't live on something that is not a complete food even if it has some life in it.

We took the remaining animals, just before they would have died, and put them on the Green Life. They revived, and in 30 days time were just as strong as if they'd been on Green Life all the time. This is because Green Life is a complete, live food.

Many animals live on grass. For example, horses, cows, sheep, goats, etc., all live solely on grasses and survive because grasses are a complete food.

Well, when this experiment was presented at school, my daughter got first prize and she asked, "What'll I do with the other animals?" I said, "Let's continue the experiment."

We then started on an experiment to find out if the food supplements people are swallowing all the time in quantity, tremendous quantity, are comparable to Green Life. We got 12 different green products from other suppliers. Now, these 12 chlorophyll products carry familiar labels. We put the guinea pigs on these products. Nothing else was given except water and the psyllium seed.

Not a single one of them lived more than 4 weeks. On one of the most popular supplements, the animals only lived 1 week. On other supplements some of them lived up to 4 weeks. That's the longest any of them survived.

Dr. Alexis Carrel of Rockefeller Institute ex-

perimented with chicken heart cells in a petri dish to see if cells were given the right care, they could maintain life. They lived for 30 years provided with the correct nourishment and the daily removal of the waste products. Dr. Carrel said if your intake is perfect, your elimination is perfect, theoretically, you could live forever. I believe that is true. But if we don't have perfect intake, therefore, we won't have perfect elimination. [Edit. note: after 30 years, although the cells were still thriving, Dr. Carrel discontinued the experiment.]

Here in the greatest nation on earth, the wealthiest nation on earth, more doctors, more equipment, more of everything, more knowledge among the people, yet we are not at the top of the life expectancy list. The health authorities conclude we should have more vitamins. Are we healthier today even though the health industry is a multimillion dollar business? I think not. Why? Because most of the vitamins are dead. Vitamins today are not what the word vitamin means — live amino acids. That's what the word means.

I made a statement when we first started our company, Veico (Victor E. Irons Company), in the 1950's, that Green Life was a product that will support life of mammals and **it was nontoxic in any quantity**. A professor took me up on that. He said, "It can't be. Everything in the world has a toxic point." I said, "Well, I'll donate \$1,000 to your department if you can prove that it's toxic." He went ahead. He started out with the animals — 1/4 of all their food was Green Life. Then he jumped it up to 1/2 — nothing happened. He went up to 3/4 — nothing happened. He got to the point where they ate practically nothing but our product and nothing happened. Now he says, "There has got to be a toxic point." So he started force-feeding them more and more. The poor animals were running around carrying double their own weight and still nothing happened. It didn't stop their love life, didn't change anything. Finally, he gave up. He said "You're right. It is the only product I know that is nontoxic to mammals."

Now, we're talking about experimenting with the thing that you buy and at the stage you buy it. So when you buy this grass, Green Life, you're buying something alive, healthful and safe.

## F.Y.I.

### How Sound Is Ultrasound?

The use of ultrasound screening during pregnancy has increased dramatically in recent years. But a panel at the National Institutes of Health (NIH) warns that the device should not be used routinely. The panel concluded that although there are valid medical reasons to use ultrasound, such as detecting fetal irregularities, it should not be used "solely to satisfy the family's desire to know the sex or to view the fetus." The NIH found no evidence that ultrasound harms human fetuses but said that in tests on laboratory animals, ultrasound had caused impaired immune response, cell damage and, in a minority of cases, death.

— Anne H. Oman, freelance reporter in *Family Circle*

### "NO" to Breast Radiation

Several clinical trials have shown that radiation given immediately after a radical mastectomy is useless. Yet 50 percent to 60 percent of cancer specialists still do it, said Veronesi. These doctors claim they are trying to prevent regional recurrence of the breast cancer, said Dr. Gianni Bonadonna, director of medical oncology at the Milan Institute. In the process, "they make a lot of money. They just don't want to accept the prospective trials," he said.

—Source unknown

### The "NOT LIST"

Since cotton is officially classified as not a food crop, it gets doused with incredible amounts of powerful poison sprays. Many organic food merchants, not recognizing the high probability for spray residues in cottonseed oil and cottonseed flour, are not removing these products from their shelves.

—from the Organic Merchants "NOT LIST", Erewhon Trading Co., Inc., Boston, MA

# Ruth Sackman's

## Notebook

Are you under the impression that Americans have the most advanced medical care delivery that is available? If you think that, you are mistaken.

I would like you to become knowledgeable about Whole-Body Hyperthermia (Fever Therapy) and wonder, as I do, why it isn't available in every oncology department in every hospital. Fever Therapy, in contrast to chemotherapy, can destroy cancer cells without destroying healthy cells, therefore, it does no harm to the patient. Isn't this what cancer research is looking for?

The fact that heat destroys cancer cells is an accepted fact.

We have to examine the conditions which the medical community uses to decide whether or not a therapy should be added to the accepted protocol. The individual doctor is not in a position to advance new ideas. He is usually too busy providing direct care to the patient. The final determination is up to research centers and our government agencies, primarily the Food and Drug Administration (FDA).

Fever Therapy has been known and used for about the last 40 years and possibly more.

A Dr. Robert Pettigrew treated patients in Scotland by using a clumsy method to raise the temperature to 110 degrees. Instead of failure, tumor reduction took place so rapidly the kidneys couldn't eliminate the dead cells fast enough. He referred to this problem as "kidney crunch." Today, Fever Therapy is much more sophisticated and simpler to use. Body temperature is usually raised only to 107.5 degrees and intravenous fluid is administered to help flush out the dead cells through a catheter in the bladder.

Dr. Robert Berman, an anesthesiologist at St. Johns Hospital in Far Rockaway, read about Dr. Pettigrew's work and started his own experiments. He subsequently developed water-filled blankets to raise body temperature and used light anesthesia to keep the patients comfortable during the procedure. The hospital only allowed him to treat severely advanced patients. The response was favorable, in

that, the patients gained additional time, and usually pain alleviation, but unfortunately, the patients were too debilitated to reverse the condition completely. Research was also done at the National Cancer Institute by Joan Bull, M.D. She was also able to get tumor and pain reduction for advanced patients. But, again, she was only allowed to help very advanced patients.

Eventually, I introduced two oncologists, Dr. Donald Cole and Dr. John Pung, to Whole Body Hyperthermia. They subsequently treated patients with Systemic Thermotherapy at the American International Hospital in Zion, Illinois, but the work was discontinued, I believe, because it was not covered by insurance. In my view, it is this lack of insurance coverage that is holding back the widespread use of Fever Therapy as hospitals prefer to have bills paid by third-party payers. I called Blue Cross to see about third-party payment and they said as long as FDA classified Hyperthermia as experimental, they were unable to pay for the treatment.

Fever Therapy has been classified by the FDA as experimental in spite of the fact that the agency knows that heat can destroy cancer cells.

As long as FDA maintains that classification, as it has for a long time, insurance carriers have no obligation to cover the therapy as a routine cancer protocol.

Understanding why the FDA considers Fever Therapy experimental after all the years it has been in use is quite puzzling. We automatically assume that the role of a government health agency is to advance any health program that will improve the well-being of people in need of health care. Well that doesn't seem to be its actual service.

I took the time to call FDA to see if there was a sound explanation for the experimental classification and to learn what the procedure was to upgrade the status of Whole body Hyperthermia so that it could be made available and paid for by insurance carriers for the benefit of cancer patients. I am sure it will be no surprise to learn that I could not reach a person who understood what I was talking about and to have an answer for you before this issue went to the printer. I'll keep trying and follow up in the next issue if I can find the answer.

# The Parotids —

## The Forgotten Glands

By Betty Gwyneth Morales and  
Johnny Gregg Clark

Below each ear, behind the mandible lie the parotid glands, largest of the three pairs of glands that make up what is referred to as the salivary glands. The other two pairs are known as the submaxillary and sublingual glands. Together, they secrete saliva which insures the first stage of digestion.

Sufficient chewing of foods is important for this reason, but recent research has shown it is important also from the standpoint of taste, which is related to the conditioned (learned) reflexes stimulated by the sympathetic and parasympathetic division of the autonomic nervous systems. (When you see a lemon, you secrete saliva.) Food in the stomach also stimulates what is known as the inborn reflex. Salivary glands are unique in that they are not activated by any known specific hormone.

The shape of the parotid is triangular, similar to the prism, and is composed of two partly overlapping leaves, continuous, behind, at a so-called isthmus. The parotid terminates at a minute duct orifice opposite the second molar.

In addition to the six major glands, there are numerous other glands located in the floor of the mouth, under the tongue and in the mucous membranes of the mouth and pharynx.

When too much saliva is generated, poisoning is always suspect, such as with mercury or potassium iodide, especially. When too little saliva is se-

creted, which is called "aptyalism," it is often of a nervous origin, and psychiatrists begin to look for deep-seated fears. Dry mouth associated with fevers of overexertion are not included.

Parotid function, in addition to being important in the formation and secretion of saliva, almost parallels the function of the pituitary gland, particularly when its function is depressed; it is also associated with development of the sex glands.

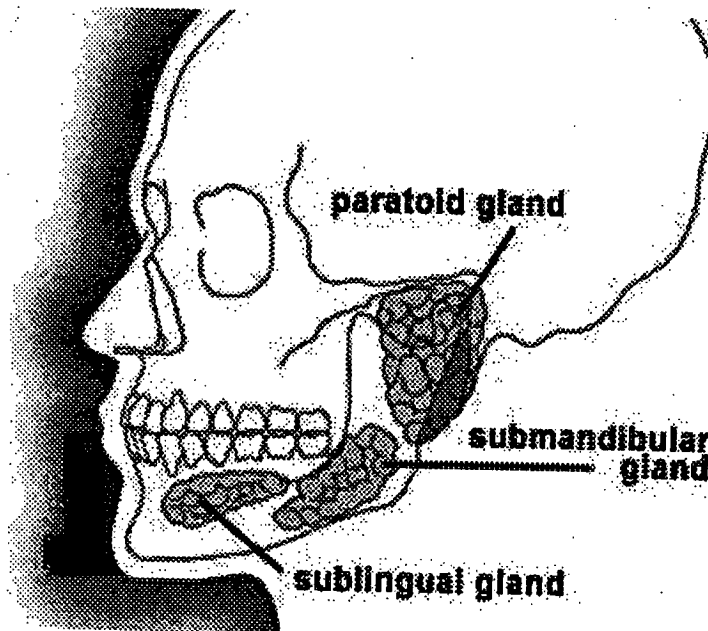
Saliva consists of water, inorganic salts, such as are found in body fluids, and organic solids, principally mucin and the starch-splitting enzyme, ptyalin, one of the amylases. Most important among the inorganic salts are sodium, potassium and calcium. Study of the endocrine glands emphasizes teamwork. It is not unusual when one gland, or one of

a pair of glands, functions below optimum, for another gland to "take over" and work overtime to compensate. This in turn can lead to exhaustion of the compensating gland if the condition is not corrected.

Keen observation has shown that when saliva is thick and ropey, the possibility of hyperthyroidism should be considered; when

the saliva is watery, the opposite, hypothyroidism, should be investigated. Ropey saliva has also been associated with pellagra (Sullivan & Jones) as reported in "Studies of Deficiency Diseases," by McCarrison, which accentuates the subtle influences of total nutrition and the equally subtle deficiency conditions too seldom identified.

Undoubtedly, foods grown with the use of synthetic fertilizers which alter or depress bacterial action which interferes with plant absorption of minerals, has had a profound and tragic effect upon a brainwashed society.



# THE IMPORTANCE OF THE ADRENALS

## I. INTRODUCTION

The adrenals are two small glands, each weighing 3 to 5 grams. They are located above the kidneys. The adrenals have one of the highest rates of blood flow per gram of tissue and the highest content of Vitamin C per gram of any tissue in the body.

Each adrenal gland is composed of two separate functional entities. The outer zone, or cortex, accounts for 80 to 90% of the gland, and secretes adrenal steroids (Cortisol, DHEA(s) and Aldosterone). The inner zone or medulla comprises 10% to 20% of the gland, and secretes adrenaline and non-adrenaline, called catecholamines. Cortisol, DHEA and adrenaline are the three adrenal stress hormones.

## II. THE ADRENAL RHYTHM AND ITS IMPORTANCE

The human adrenal gland does not secrete its steroid hormones at a constant level throughout the day. The hormones are actually released in a cycle with the highest value in the morning and lowest at night. This 24-hour cycle is called the circadian rhythm. An abnormal adrenal rhythm can influence many functions of the body, some of which are listed here.

### 1. Energy Production

Abnormal adrenal function can alter the ability of cells to make energy for activities of daily living. People who have a hard time rising in the morning, and those people who suffer from energy slumps during the day (and may even be tired all the time), often have abnormal adrenal rhythms.

### 2. Muscle and Joint Function

Abnormal adrenal rhythms are known to compromise tissue healing. Reduced tissue repair and increased tissue breakdown can lead to muscle and

joint injury and chronic pain.

### 3. Bone Health

The adrenal rhythm determines how well we build bone. If the night cortisol is elevated and the morning is too high, our bones do not rebuild well, and we are more prone to the osteoporotic process.

### 4. Immune System Health

Various immune cells (white blood cells) cycle in and out of the spleen and bone marrow for special conditioning, and possible nourishment and instructions. This immune system trafficking follows the cortisol cycle. So, if the cycle is disrupted, especially at night, then the immune system is adversely affected.

Short and long term stress is known to suppress the immune response on the surfaces of our body as in lungs, throat, urinary and intestinal tract. With the reduction in the surface antibody (called secretory IgA) the resistance to infection is reduced and allergic reactions are believed to increase.

### 5. Sleep Quality

The ability to enter REM sleep cycles, i.e., regenerative sleep, is interrupted by high cortisol values at night and in the morning. Chronic lack of REM sleep can reduce the mental vitality and vigor of a person and induce depression.

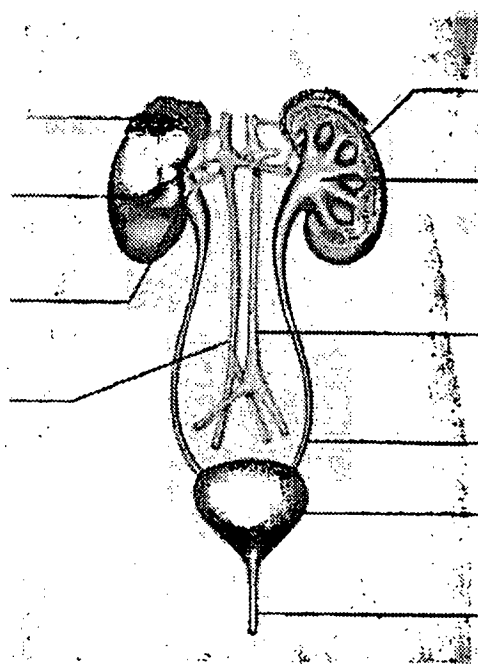
### 6. Skin Regeneration

Human skin regenerates mostly during the night. With higher night cortisol values, less skin regeneration takes place. So, a normal cortisol rhythm is essential for optimal skin health.

### 7. Thyroid Function

The level of cortisol at the cell level controls thyroid hormone production. Quite often, hypothyroid symptoms such as fatigue and low body temperature are due to an adrenal maladaptation.

*Edited from a brochure by Diagnos-Techs, Inc., a company that does adrenal diagnostic work.*



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# SURGEON, SPARE THAT TOOTH

By David Monagan

In the annals of knee-jerk surgery, removal of unerupted wisdom teeth has an honored position. "Most wisdom teeth are like little time bombs," claims the American Association of Oral and Maxillofacial Surgeons. "The question isn't will they go off, it's when."

Early removal of wisdom teeth is such a well-established "preventive" that by 1979 Pennsylvania Blue Shield, often considered a bellwether of national health trends, was already paying out more for wisdom tooth removal than any other kind of surgery — more, even, than for the coronary bypass.

Is yanking wisdom teeth necessary? Oral surgeons now defend it with their first "scientific" proof. The sooner the better, and definitely before age 24. But, say critics, this review of 15,000 extractions included no comparison group of people who left their wisdom teeth alone. The critics contend there were statistical flaws with the study's finding that surgery complications (notably, lip numbness) were four times more frequent in older patients. Regardless of age, only 0.02% of the extractions led to permanent damage — that is, three out of 15,000.

Some researchers doubt that early removal causes fewer medical complications. Herbert Denenberg, a consumer advocate and former insurance commissioner of Pennsylvania, is blunt: "This is the 'Blue Plate Special' of unnecessary surgery."

As debate goes on, a few important findings have now emerged from a variety of sources:

- Wisdom teeth, even impacted ones (unerupted through the gums), may be crucial to the success of later bridgework.
- There is little evidence that impacted wisdom teeth affect future crowding of lower front teeth, reports a consensus of experts gathered by the National Institute of Dental Research. They also criticized early wisdom tooth removal based

on predictions, by ages seven to nine, of future trouble. There might be, however, "cogent orthodontic reasons" for early removal.

- Left alone, large numbers of purportedly impacted teenage wisdom teeth will erupt perfectly normally in a few years, reports Dr. Jay Friedman, a Los Angeles dentist who has studied thousands of dental x-rays as an insurance company consultant on cost containment.

- Dentists often mistake normal "teething pain" just before third molars erupt as gum disease, and they use it as a rationale for wisdom tooth removal.

## After A While

by Veronica A. Shoffstall

After a while, you learn the subtle difference  
Between holding a hand and chaining a soul,  
And you learn that love doesn't mean leaning

And company doesn't mean security,  
And you begin to learn that kisses aren't  
contracts

And presents aren't promises,  
And you begin to accept your defeats  
With your head up and your eyes open  
With the grace of a woman, not the grief of a  
child,

And you learn to build all your roads on  
today

Because tomorrow's ground is too uncertain  
for plans.

And futures have a way of falling down in  
midflight.

After a while, you learn  
That even the sunshine burns if you get too  
much.

So you plant your own garden and decorate  
your soul,

Instead of waiting for someone to bring you  
flowers.

And you learn that you really can endure...

That you really are strong.  
And you really do have worth.

And you learn and learn...  
With every goodbye you learn.

## THE VALUE OF YOGURT

By Bernard Jensen, D.C., Ph.D.

Why is yogurt better than milk? Is milk a perfect food? It is perfect and complete for babies, but adults need other foods. Milk may seem like water, but it must not be gulped down like water. The solid curd formed on meeting the rennin and hydrochloric acid of the stomach, is indigestible, and may cause heartburn. Sip slowly and masticate. Although milk, as such, is not an ideal food for adults, the milk products are excellent. Milk is a marvelous host for disease germs. Yogurt is much safer because when milk is properly fermented, the lactic acid destroys the harmful bacteria. Raw milk, unlike meat, does not putrefy because the sugar in it undergoes lactic fermentation. This high acidity prevents the growth of putrefactive organisms in the intestines. Some countries even use yogurt to preserve meat because lactic acid impedes the decay of meat, so it helps meat eaters.

Yogurt has little more actual food value than milk. Fermentation lowers its sugar content, but it is richer in protein. It can be considered a substitute for meat. All cultured milks, especially yogurt, are far more easily digested than milk. The milk proteins are partially digested during the fermentation process (the casein is in a more friendly divided state), and milk calcium is dissolved by the lactic acid formations. Yogurt can be taken when milk cannot. For example, in gastric irritations it helps relieve gastrointestinal diseases (such as colitis and dysenteries) and tests have shown that prune whip yogurt is highly effective in alleviating constipation or diabetic ulcers. Yogurt is a natural regulator, both from the point of view of a laxative, and also as a treatment for chronic diarrhea.

Besides being a cleanser and sweetener of the intestinal tract, its lactic acid has such antiseptic qualities that "matsoon," the Middle East yogurt, has long been valued as a preventative and in the treatment of epidemics of cholera, typhus

and typhoid fever.

The vitamins in milk may even be synthesized by the organisms and made available to the system. Much vitamin B (riboflavin) is created by organisms in the digestive tract. Some raw milk yogurts are rich in vitamins A, B, C and D. Research shows that because most yogurt is especially beneficial in forming a health-giving flora in the digestive tract, the elimination flow is assisted. Yogurt is an alkalizing food.

Yogurt is useful in reducing diets due to the fact that it is low in calories (often being made from skim milk), and stays longer in the stomach than many other low-calorie foods. Though high in protein and calcium, yogurt is low in fat and is filling enough to satisfy hunger pains. It is a "natural" for diet-conscious persons and is featured at such swank resorts as Elizabeth Arden.

A general analysis of yogurt follows:

Water 85.43%; Fat 4.75; Alcohol 0.1 (less than); Lactose 4.79; salt .025; Calories 23.0 per oz.; Lactic Acid 1.41; Protein 4.21.

### Using Yogurt

A most delicious way to eat yogurt is to mix 1 cup of yogurt with 1 tablespoon of Dr. Jensen's Black Cherry Concentrate. Apple or Grape Concentrate may be substituted, or these can just be poured over a dish of yogurt. Serve thick as a custard, plain, or with honey or molasses; or beat it until it becomes smooth and serve as buttermilk. This also may be mixed with fruit juices or purées before serving.

Yogurt served over all kinds of fruit and berries is most delicious. This idea can be reversed by using the yogurt as a custard, and slicing fresh, canned fruit or berries over it.

Yogurt can be substituted for buttermilk or sour milk in cooking, but there is not the same nutritional value left since the bacteria are killed by heat.

Besides eating the yogurt plain, there are many ways it can be used. It can be the basis of a salad dressing, substituted for sour cream in any recipe. (This also cuts down the calorie count.) Delicious drinks and deserts can also be made with yogurt.

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# Yogurt Recipes

## Potato Salad

- 1 tablespoon cold-pressed olive oil
- 1 clove garlic, minced or pressed
- 1/2 tablespoon lemon juice
- 1/2 cup whole plain yogurt (or more if needed)
- About 2 cups cooked potatoes, diced
- 1 tablespoon chives, scallion or onion, finely chopped
- 1 - 2 tablespoons parsley, finely chopped

1. Soak garlic and olive oil in a small bowl for 5-10 minutes.
2. Mix in lemon juice, then slowly add yogurt. Stir vigorously.
3. Combine dressing with potatoes and let marinate about 1/2 hour. Sprinkle the chives, scallions or onions and parsley on top and mix again. Serve on lettuce.

## Yogurt Tomatoes

- 4 large tomatoes
- 1 cucumber, cubed
- 1/2 onion, grated
- 4 tablespoons whole plain yogurt
- 1 teaspoon dill weed

1. Cut 1/2" slice from stem end of tomatoes and remove pulp carefully. Combine cubed cucumber, onion, yogurt and dillweed with tomato pulp. Stuff the tomatoes. Serve on a bed of greens.

## Dressings

### Dressing No. 1

- 1 cup whole plain yogurt
  - 1/4 to 1/2 teaspoon dry mustard
  - 1 clove garlic, crushed
  - 1 small onion, grated
- Blend all ingredients together and refrigerate for fifteen minutes before serving. Add other herbs like thyme, oregano, basil for variety.

### Dressing No. 2

- 1 cup whole plain yogurt
- 1/4 teaspoon raw honey or maple syrup

1/2 teaspoon lemon juice, plus a little grated lemon rind if lemon is organic.

Mix together.

## Tahini/Yogurt Sauce

- 1/2 cup raw tahini (sesame seed butter)
- 1-2 large garlic cloves, minced or pressed
- 3/4 cup whole plain yogurt
- 1/2 cup flat parsley leaves, stems removed
- Juice of 2 lemons

Purée all ingredients in a food processor or blender. Keeps in refig 2-3 days.

## Fresh Tomato Cocktail

- 1 cup whole plain yogurt
- 1 diced tomato
- 1 teaspoon onion

Liquefy in a blender to make a smooth, frothy cocktail.

## Vitality Cocktail

- 3/4 cup apple juice
- 1/4 cup whole plain yogurt
- dash raw honey
- yolk of 1 egg

Blend well. Serve with a dash of nutmeg.

## Pick-Me-Up Shake\*

- Combine in a blender:
- 1 cup pineapple, cut in pieces
  - 1 cup whole plain yogurt
  - 1/2 cup apple juice
  - 1 egg

Blend until smooth, then drop a few ice cubes in one at a time while continuing to blend. This is a nice breakfast drink. Substitute other fresh fruit, such as strawberries, mango, raspberries, peaches. For a thicker shake, add 1/2 banana.

\* This recipe is from *Triumph Over Cancer — My Recipes for Recovery* by Doris Sokosh, available on the FACT Book List, p. 15.

## A Regulator

Dish of whole plain yogurt with a spoonful of Apple Concentrate. Take as a laxative.

# Letters

Dear Ruth,

There is no way I can ever thank you for all the help you have given me over the years.

I had spoken to you about my nervous stomach and not sleeping very well. I decided to try three new supplements by NutriPlex that Dr. Roy had said I should take. He had said the green nutrients were excellent for nerves and sleep, but the B complex is what has brought me total calm. When I run out I become very nervous again. I am sending you the ingredients. From what I can see there are no chemicals and only food in the supplements.

I will be talking to you soon and thanks so much and have a wonderful holiday.

Love, Libby N.

Betty,

I don't know if you remember me. About 3-1/2 years ago you helped me after I was diagnosed with advanced prostate cancer. Just thought I'd drop you a note to let you know I am doing very well. Presently, all tests indicate undetectable cancer. I want to let you know how much I appreciate the help you provided. I continue with the diet and cleansing procedures to this day. Your help was invaluable. Hope things are going well for you.

I will always be appreciative. Chuck W.

*Ed. Note: This letter was forwarded to FACT by Betty Fowler, a metabolic technician using the Health Excel Program, to whom we referred Chuck W.*

Dear Ruth,

Greetings to you. Thank you so much for the time you spent on the phone with me this past week. I wanted to let you know that Jim was taken to the Veteran's Hospital in New York City and an angioplasty was performed. To everyone's surprise, it revealed that his arteries were fine, he had no blockages, and in fact his heart and arteries were quite impressive. His cancer is in remission, and the doctors were pleased with his overall wellbeing. We're still trying to figure out how he could have gotten such terrible reports from the doctors in Easton and Wilkes-Barre. It sure shakes any faith you have in the system.

Ruth, you have been such an inspiration, and I continue to send your materials out and share them with any number of people. I am so grateful for the work you have done. I want to thank you again for the generous gift of audiotapes you sent to us.

They will bring help and inspiration to many people. We look forward to your book, and hope your days are filled with energy and satisfaction.

Love, Sr. Miriam MacGillis of Genesis Farm

Dear Ruth,

What a joy it was to finally meet you. The ride from Myrtle Beach, S.C. was certainly worth it, and I will make every effort to be at all of your lectures.

Thank you for caring about us and for sharing your knowledge.

Since 1999 I have had such a struggle trying to get back on the program that I had been following since my diagnosis of breast cancer in 1996. We lost my daughter-in-law to breast cancer and my son has many physical problems from his diabetes.

Your lecture has been just the spark I needed to get back on the road to optimum health! Since I returned home, I have been making every effort to follow my healthy program.

Hope to see you again in May.

Enclosed is a donation, please renew my subscription. I have been able to share so much information with others from the *Cancer Forum*.

Thank you for always being there for me.

Love, Paulette C.

Dear Ruth,

You've come to my rescue for many years and to my husband's as well. Now I need your advice and material for my brother with lung tumors. You are a blessing to humanity. Thank you and God bless you. Enclosed is \$100.

Gratefully yours, Maryann E.

Dear Ruth,

Once again you have come to the rescue of our cancer program. Something you have done so many times before. The flame still burns thanks to your generosity and deep understanding of where we are going. The check deposit was made Sept. 5.

As for the major funding, it is supposed to come in at anytime.

So many thanks,

Duncan Mc , M.D.

Dearest Ruth,

I have finished a course of treatments in Chelation therapy, 30 in 30 weeks. The doctor that I take this from has a good business, but he is very interested in alternative therapy and in vitamins. He told me he is interested

in cancer, but simply does not know enough about it to treat anyone. I want him to get started right, and mentioned the Gerson Therapy. (I have been to Mexico).

I want this doctor to get started right, and wish for you to send him a subscription to FACT because you have such an excellent magazine. To my knowledge there is not another like FACT. You do so much for so many people. I am sending you \$10 for his subscription.

Thank you sincerely,

God bless you, Claire S,

Dear Ruth,

Thank you for your sacrifices to help improve the living standards worldwide by research, education and administration in natural healing, in degenerative and all diseases possible.

We kindly request you to extend your services and assistance to us in East Africa. Many old and young are dying because of lack of knowledge in natural healing, counselling in preventive medicine and health workers. Also, the government workers discourage people in nature's way of healing.

We are operating our small clinic LHWM and many are requesting our services because of the testimonies of those we have helped. I am an Adventist evangelist, health instructor and practitioner. I am studying for Diplomas in herbal medicine and have planted some herbs on our small piece of land. As we get money, we shall buy land to plant them.

We want to be members of FACT and put us in your mail list. To help us in our ministry we need donations of the following: research papers and newsletters, reference books, directories, clinical and administration books for library, books for distribution, pamphlets and booklets, charts and tracts, up to 500 copies *Back to Eden* by Kloss, *Mad Cow*, *Ministry of Healing* by E.G. White and others available. We need equipments: juicers, grinders, packers and enema equipments.

Please do only what you are able.

Hope to hear from you,

May God richly bless and guide you.

Yours in Christ Jesus, Charles J.O. Michoma  
P.S. You can make our address available to health

services — natural healing.

Life and Health World Mission

PO Box 590

Nyansiongo

Kenya, East Africa

Dear FACT:

Enclosed is a check for \$35.00 which is being donated in memory of the following friends and relatives,

all of whom died of cancer within recent months. Donations are from my husband and me, Joe and Marie T., and please tell them a little about FACT.

1) \$10.00 in memory of friend M.K., Hollywood, FL  
Please acknowledge to her husband Dr. A.K.

2) \$15.00 in memory of relative C.B., Cheshire, CT  
Please acknowledge to his daughter Mrs. L.P.

3) \$10.00 in memory of friend's daughter N.M.J.R. (was only 29 years old).

Please acknowledge to her parents Mr. & Mrs. S.R. I wish I could have done more for each of them and also for the organization which I truly believe is doing a great job trying to educate people, but it is a little difficult on a retired budget. Keep up the good work — I keep referring people and informing people about FACT. May God Bless You!

Sincerely, Marie T.

Dear Ruth,

Thanks for your info — I've been looking for reliable info re: Alternative Medicine.

My HMO has my health insurance and Medicare tied up under contract and all they offer me is 6 months of chemo and radiation.

After surgical removal of testicle, no lymphoma cells can be found in system. I'm NED — no evidence of disease.

Enclosed \$100.00 for books and tapes and \$10.00 for back issues. After next Social Security will send FACT a donation.

John P. G.

Dear Ruth and Consuelo,

August 10 will be my 49th birthday, and I always remember back in 1988 when you helped me in my recovery from cancer into a more enlightened lifestyle of health.

With gratitude, please accept my contribution of \$250 to your wonderful work.

It was great to see you, Ruth, and to meet you, Consuelo, at PS 41 lectures earlier this summer.

Yours truly, Muna T.

Dear Mrs. Sackman,

We hope you are well. Miriam Diaz (my cousin) passed away in June. On behalf of her I am sure she would like me to say "Thank you" for how patiently and graciously you responded to her need for help.

She was a very sick gal. Sahid my husband is currently in a nursing home. Diagnosed as "Dementia."

Thanks again for the many years of information and support through FACT. Be well.

Sincerely, Althea J.

# Book Review by Consuelo Reyes

*Living Proof — A Medical Mutiny* by Michael Gearin-Tosh (Scribner, New York, 2002), 331 pp., \$25.00.

At the age of 54, Michael Gearin-Tosh, professor of English literature at Oxford University in Great Britain, was diagnosed with multiple myeloma — cancer of the bone marrow — a particularly virulent form of cancer. Statistically speaking, he was told, his chances were grim: if untreated, he would die within a year though 15% die within the first 3 months; with treatment, death might be delayed for 2 or 3 years.

Shocked, scared, confused, Gearin-Tosh did something that confounded his doctors and friends — he put off treatment and went to Scotland to enjoy the highlands of his youth: There he began a journal which became this book, *Living Proof*, in which he documented his circuitous and unorthodox response to his dire diagnosis. Today, some 8 years later, he's still alive, though struggling — a medical miracle in the minds of his doctors, especially because his treatment chiefly consisted of diet, supplements, enemas, ancient Chinese breathing exercises, visualization and acupuncture in place of the standard protocols.

The important thing about this book is **not** what the professor did. Based on the years of experience acquired by FACT, it was not an optimal metabolic program, but an exhausting regimen hobbled together from the mass of information and misinformation now rampant in the “alternative” cancer area (including the “kitchen sink” of so-called “natural” substances — megadose Vitamin C, multitudinous supplements and extracts associated with any anticancer activity, etc.). What is important, rather, is what he did not do and why.

First of all, he did not rush to treatment. A man with great love and respect for language, he queried the “experts” and expected sensible answers. His doctors said there was no cure for myeloma, yet still urged him to immediately begin chemo (“a procedure by which poison is put in the blood...”). When the professor questioned this logic, he was told: “The reason we can't cure cancer is that we can't give enough chemicals without killing the patient. The more chemo we give, the worse havoc we wreak.” “Havoc,” he learned, included “side effects like vomiting, aching veins, hair and eyelashes falling out, saliva not produced, nails falling out, green moss on the tongue, etc.” Not a promising avenue of pursuit, the professor deduced.

“Success,” he soon realized, had a unique meaning in the cancer lexicon. “Not very successful” really

meant failure, while “very successful, he recalled, had been applied to a friend who had responded well to treatment, but died from an “opportunistic” infection. Could it be, Gearin-Tosh wondered, that this opportunity came from the treatment itself? Conclusion: there must be a better way!

Another valuable lesson: beware statistics, i.e., they are of no practical use! By trusting his own instincts and reasoning, he showed that what an individual does is far more relevant than a bunch of numbers derived from what the majority may have done.

On guard — bully tactics of doctors. The professor discovered that, though many oncologists tell patients that therapy prolongs life and urge submission, there are many others who admit they would decline the treatment for themselves. He also became wary of doctors who claim to know all the answers to cancer instead of admitting they don't and learning by observation.

And watch out for well-meaning friends who try to pressure you into doing what *they* might think best. Thank them, but do what makes sense to you.

The sad thing about this book is that it's being touted as some sort of breakthrough for alternative cancer therapies because the Oxford don's 8-year survival represents, according to “experts,” the “best results of a medical advance in myeloma to date.” Many doctors, usually sceptical of “alternatives,” will want to study what this patient did which, in the view of FACT, is a gruelling scattershot program that could limit an individual's chances for complete recovery. Focused more on killing cancer cells than on repair of the whole body that produced the cells, his program is lacking in an overall understanding of balance so crucial to healing. Gearin-Tosh is the first to admit he's not really well and he's constantly anxious about how to proceed. Yet as inadequate as the regime was and is, it produced far better results than the usual orthodox toxic treatments. On the other hand, many a reader/cancer patient may be so intimidated by all the machinations the professor put himself through, they will conclude that *all* alternatives are not for them and settle for the “buy time” conventional approach.

I couldn't help thinking that if only the author had called FACT, he might have acquired a different picture and put together a more livable, competent plan. But, of course, then *Living Proof* would have been an entirely different book — not an excruciating scramble for **what** to do, but an account of what one thinking individual did to get on with his life.

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- (79) Improving Host Resistance With Cellular Therapy
- (164) Immune System, Cancer and Cell Therapy
- (174) Boosting the Body's Healing Ability

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

## Betty Fowler, Recovered Cancer Patient

- (124) The Health Excel Program

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- (167) The Gerson Therapy

## Jane Goldberg, Ph.D., Psychoanalyst

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- (62) Psychological Immune System
- (92) Using Your Emotions for Better or Worse
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- (143) Emotions - Friend or Foe?
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- (168) Oriental Medicine—An Adjunct for Host Defense

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- (126) Role of Fever in Immune Response
- (131) Inflammation—The Natural Enemy of 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

## William 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) Progesterone—A Natural Cancer Fighter
- (178) Xenobiotics—Endocrine Disturbance

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## Shary Oden

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- (176) Role of Magnetics in Cancer

## Ribner, Richard, M.D.

- (145) Healing the Mind/Healing the Body

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- (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

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## (175) 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)

- (41) Richard Mott (Lung)

- (43) Kay Windes (Breast)

- (58) Walter Carter (Pancreatic)

- (98) June McKie (Lymphosarcoma)

- (99) Bernard Nevens (Colon)

- (108) Kay Windes (Breast)

- (112) Louise Greenfield (Breast)

- (119) Bernard Nevins (Colon)

- (125) Louise Greenfield (Breast)

- (132) Pat Judson (Colon)

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

- (146) Tom Buby (Lymphoma)

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

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

- (158) Moshe Myerowitz (Liver)

- (159) Doris Sokosh (Breast)

- (165) Greg Hagerty (Hodgkins)

- (170) Lou Dina (Lymphoma)

## Panels of Recovered Cancer Patients

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

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

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

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

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

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

- (190) Greg Hagerty (Hodgkins), Barbara McClary (Ovarian) and Michal Ginach (Breast)

- (191) Betty Fowler (skin) Michal Ginach (Breast)

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