

Taking Charge of Cancer
Crows Nest Community Centre
2 Ernest Place, Crows Nest

16th & 17th October 1999
9.00am to 5.00pm

Cost: \$245 (CISS Members \$195)

For Bookings or Enquiries re
Future Dates
Phone (02) 9419 7731
Or Send Registration Form and
Cheque Payable to The Allergy
Prevention Clinic,
PO Box 681, Chatswood NSW 2067

Registration Form

Name.....

Address.....

.....Post Code.....

Contact Numbers:

Daytime.....Evening.....

Credit Card Details:

B/C ☐ M/C ☐ or VISA ☐

Card No.....

Expiry Date.....

Signature.....

Your Facilitators

Molly Knight

Molly is a nutritionist, natural therapist and clinical hypnotherapist who has worked with natural therapies since 1983. Molly works with many different chronic illnesses and has worked extensively with cancer patients for the last 11 years utilising many different forms of therapy depending on the needs of each patient. The basis of all her work is to detox and cleanse the system and rebuild the immune system, supporting the body in all areas to effect a healing. Molly has a clinic in Chatswood, Sydney.

Gerry O'Sullivan

Gerry is a Somatic Therapist and Life Coach. Somatic Therapy is a body-oriented psychotherapy that bridges the gap between traditional body-work and classic psychotherapy. Her vision is to empower and inspire her clients towards changes in their lives that bring balance and full human beingness. Gerry has her practise in Crows Nest, Sydney.

Taking Charge of Cancer

Or any Life Threatening
Illness



A Weekend Workshop That
Could Change Your Life
Forever

The human body is infinitely capable of healing itself, we simply need to get out of its way.

In this workshop we will look at ways we can reconnect with our bodies, become more aware of the wisdom they have to offer us and discover techniques to support the healing process.

Meditation is the keystone technique we can use to support the human organism in the healing process. Through meditation we bring the body to a state of relaxation and balance. Dr Ainslie Meares in his best-seller "Relief without Drugs" almost twenty years ago showed how "passive meditation can reactivate natural healing mechanisms which operate automatically and have profound effects".

We will look at our emotions and how these emotions are felt in our bodies. We will look at ways to express our emotions effectively and non-destructively and at ways to introduce more positive attitudes to our life and illness.

We will use imagery and visualisation.

We will look at the physical changes you can make to support your healing

- vitamin therapy
- mineral therapy
- dietary changes
- allergy involvement in healing
- electromagnetic therapy
- herbal treatment
 - what to use
 - when to use it
 - how to use it
 - western, chinese & ayurvedic herbs
- homeopathic treatment
- immune recovery & enhancement
- detoxification diets
- the art of breathing properly
- enema therapy
- specific diets for cancer
- enzyme nutrition
- deep cleansing methods
- how to overcome the toxic effects of chemotherapy
- viral & bacterial impacts
- candida & parasite involvement
- chemicals in food & water
 - what to look for
- self accupressure
- intravenous vitamin therapy
- hydrotherapy
- what is happening overseas

Living well with cancer or other life threatening diseases is a challenge. But there is a lot you can do in addition to your medical treatment so you can take back control over your life and actively participate in your healing process.

This is a weekend workshop full of information and fun

From this weekend you will take with you new strategies and possibilities to incorporate into your current lifestyle

Bring a blanket and pillow to ensure comfort during meditation

Bring lots of coloured pens

CANCER INFORMATION & SUPPORT SOCIETY



NEWSLETTER

CISS Home Page:
<http://www.ciiss.org.au>

The Secretary
Cancer Information &
Support Society
13/1A Berry Rd
St Leonards NSW 2065
Phone/Fax: (02) 9906 2189
Office hours:
Tuesdays: 10.00 - 1.00
2.00-4.30

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Calendar of Events and February, March and April Guest Speakers

Held on 4th Saturday of each month at the Swedenborg Centre, 1 Avon Road, North Ryde unless stated

- Saturday 24 February **Mark Stephens**, a Qi Gong and Tai Chi practitioner, will talk about the therapies he used
2.00 - 4.30 pm (including the Gerson Diet) to recover from cancer (a seminoma that became a large lymphoma 10-years ago). He will then describe and demonstrate some of the therapies. These include Qi Gong, Tai Chi, breathing and visualisation and imagery techniques.
(12.30 - 1.30 pm Meeting of the prostate cancer support group)
- Saturday 24 March **Dinah Berlin**, a psychotherapist, will describe how psychological techniques can benefit cancer patients. These include how to be assertive with your doctor and retain control, dealing with the effects of surgical invasion on your identity, hypnotherapy to aid with relaxation and pain management techniques.
2.00 - 4.30 pm
- Saturday 28 April **Rolf Janssen**, a chiropractor, will talk about the use of words and language to promote healing of diseases including cancer; the need to replace negative thoughts and attitudes with positive ones; and how to do it. Following the discussion will be a workshop in which you can put what you have learnt into practice.
2.00 - 4.30 pm
(12.30 - 1.30 pm Meeting of the prostate cancer support group)

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OVERSEAS NEWS

More hype on a new breast cancer drug

There has been a bit in the news lately about a new drug called Herceptin (trastuzumab) being used to treat metastasised breast cancer. As usual there has been much hype about this new drug. How does it work, and is there any truth in the claims for its efficacy?

Herceptin belongs to a class of drugs called recombinant humanised monoclonal antibodies. They are designed to target particular substances. In the case of breast cancer it is found that a particular gene HER2, an epidermal growth factor receptor, is over-expressed in 25-30% of breast cancers and this gene is claimed to induce tumour growth by activating a particular enzyme that attacks the cell wall allowing the tumour to grow and spread. By injecting Herceptin intravenously it is found that the herceptin binds with the HER2 gene receptor deactivating the enzyme so that tumour growth is inhibited.

In one phase II trial of 46 patients 5 of the 43 evaluable patients (11.6%) experienced a response (at least 50% tumour shrinkage); minor responses were observed in 2 others (4.7%) and tumour stabilisation was observed in 14 (32.6%). The response rate improved to 15% when used on patients who had received one chemotherapy treatment regime and 23% when used on patients who had not previously been treated with chemotherapy. Response lasted from a median of 6.6 months in the earlier trial to 9.1 months in the later trial.

The main problem with these Phase II trials is that they don't measure increased survival, only tumour response. Most chemotherapy drugs can shrink tumours but this is hardly ever associated with an increase survival when used in a randomised trial.

When later tested in a randomised trial Herceptin was not compared with no treatment, which would have tested its efficacy. Rather the trials compared survival after treatment with chemotherapy plus Herceptin with that from chemotherapy alone. This showed an increased survival of a few months. This could be due the Herceptin reducing the damage caused by the chemotherapy.

Herceptin itself causes cardiac toxicity when used with doxorubicin, cyclophosphamide or anthracycline, but not when used with paclitaxel. When Herceptin was used with anthracycline, 28% of patients developed heart failure. It appears that the HER2 receptors protect the heart by activating important cardiac survival pathways. This explains why targeting this growth factor receptor using Herceptin together with a chemotherapy drug that damages the heart can be counterproductive.

(This scenario sounds a bit like the one with Tambocor and Enkaid used to treat arrhythmia (abnormal heart rhythms). These two drugs caused the deaths of hundreds of thousands of Americans over the decades after they were approved until they were withdrawn from general use. (Thomas J. Moore, *Deadly Medicine*, Simon & Schuster, New York, 1995). It appears that the abnormal heart beat observed in 80-90% of heart attack patients is a method used by the body to protect the heart.)

Another monoclonal antibody Rituximab-MabTHERA,

developed by Roche, is used to attack Non-Hodgkin's Lymphoma cells that are CD 20 positive (see page 4).

Codex and Vitamin "harmonising"

John Hammell, founder of International Advocates for Health Freedom, claims that moves are afoot to ensure that the US Government will be unable to prevent the implementation of vitamin restrictions proposed by the World Trade Organisation's Codex Alimentarius Committee, ie the Committee on Nutrition and Foods for Special Dietary Use (CCFSNDU) once its recommendations become mandatory in all countries.

John Hammell claims that the only way the US could legally oppose the dictates of the WTO's requirements is through safety factors. He claims a model is being developed by the National Academy of Sciences that will state that many vitamins are dangerous at doses above a certain level. Such a model would be useful for weakening the US Congress' ability to oppose the harmonisation of vitamins and supplements in the US. (See next item)

National Academy of Sciences' Risk Assessment

The Food and Nutrition Board of the US National Academy of Sciences' (NAS) Institute of Medicine was given funding by government agencies and corporations to develop a Risk Assessment Model for Establishing Upper Intake Levels for Nutrients. This follows pressures from Pharmaceutical companies to restrict the sale of vitamins and supplements through health food stores.

Richard Malter, Ph.D., a Clinical Psychologist and Nutrition Counselor from Bloomingdale, Illinois has written a rebuttal to the NAS Model (see <http://www.iahf.com/index1.html>) "A Critical Review From a Psycho-physiological Perspective"

In it he states that: "...I have found no convincing evidence or arguments in the NAS Risk Assessment Model for Establishing Upper Intake Levels for Nutrients to support its basic thesis, namely that we need to establish such upper intake levels for nutrients in order to "protect" the public's health and wellbeing. From my personal and professional experience, I have a very strong inclination to distrust the purpose and methodology of the authors of the NAS paper. In the broader context of our people's health status today, it doesn't make any scientific or clinical sense. I believe the authors made their real agenda quite clear in their statement quoted above: "Many individuals are self-medicating with nutrients for curative or treatment purposes". This is exactly what one of my colleagues and I both did when we took personal responsibility and control of our own health. We found good sensible information and used nutrients to heal ourselves and restore our health.

I am highly skeptical about the NAS authors' claim that there is a need to "protect" me, my family, and the American people (Canadians as well) from the "risks" of nutrients, especially in the form of vitamins, minerals, herbs, and other supplements. From a psychological perspective, their use of the term "protect" sounds more like the language of the "Judge" than that of concerned scientists. Their intellectually tedious paper has failed to convince me otherwise. Given the financial and political backing for this NAS paper (see the list of supporting government agencies and corporations), it is likely to be presented as the "gold standard" of nutritional "science." In my opinion, it is "fool's gold."

LOCAL NEWS

Herceptin therapy not to be subsidised

Despite intense lobbying the Australian Pharmaceutical Benefits Advisory Committee has recommended that Herceptin not be subsidised under Medicare. Treatment using Herceptin is claimed to cost US\$2,500 per month in the United States and \$1,000 per week in Australia and the PBAC considers this exorbitant in view of the claimed benefits.

Effective Rife device criticised

Sydney Morning Herald journalist Ben Hills who wrote an article criticising alternative cancer therapies last year has had another go. This time attacking Rife devices.

His article was very biased and illogical. For example He describes how a person with inoperable cancer of the prostate is given six months to live and sent home to die with some pills. The man is treated with the device, the cancer goes into remission, he regains his appetite, gets up out of bed and throws away his pills. Later the cancer comes back and he dies after a year, rather than six months.

According to Hills the patient's son was ripped off by his paying \$1,425 for the Rife device which, according to Electronics Australia, contained only \$15 worth of components. He was mainly criticised for throwing away the pills.

CISS' new premises

We have settled in to the new premises and everything is looking good again. We were fortunate to be able to lease the car space for a long term so our rent is now less than it was at Crows Nest. The only remaining problem is a lack of space, so we are trying to sell a tinted brown glass coffee table that came with the office (\$50). Contact Don on 9413 7497 if you are interested.

Welcome to new members

Robin Bailey, Frank Booth, George Dean, Volker Guenther, John Jaeger, Neville Jensen, Raymond Livett, Darren & Darlene Lucas, Mahima Price, Lavinia Schivella, Carol Surrey, Tony Vassiliadis.

Donations to CISS

Oct: C.B. \$15; D.B. \$7; J.D. \$10; P.F. \$5; F & M.H \$20; N.H. \$50; R.J. \$50; C.L. \$15; D & D.L \$5; J.M. \$10; R.N. \$15; E.W. \$5; M.W. \$5; G.W. \$15;

Nov: D.J.B. \$70; J.B. \$200; M.B. \$5; L.S. \$15.

Bovine Cartilage for CISS Members

A reminder that Serge Magnery, the manufacturer of Liquid Bovine Tracheal Cartilage, will supply it to anyone with cancer at a reduced cost. For details contact Tom Nestel at 18 Thomas Avenue Roseville 2069, Phone (02) 9416 2202.

It is also available for those in the Hunter Valley and Newcastle area from Ted Berghofer who may be contacted on (02) 4951 8562 or at 17 George St, Wallsend 2287.

Sheep Sorrell Combination/Essiac tea

A supply of sheep sorrell combination of herbs (Essiac Tea) is available free. Please contact the CISS office.

Do you have a prostate problem?

If so we would like to hear from you, especially if you live outside Sydney. There's a lot we can do by mail or phone. Call Tom Nestel, Convenor of the Prostate Support Group - (02) 9416 2202.

CISS Committee profiles

Continuing in our CISS Committee profiles, this issue features Committee member Jim Craig. See page 8.

Useful hints: Radiotherapy

Having radiotherapy? Then rub aloe vera on the relevant part of the skin half an hour beforehand.

NEWS FROM THE BRANCHES

From Gosford

Coming activities:

Monday 5 February at 7pm: Talk night, plus optional Orion healing. These nights are proving to be very popular and rewarding. See you on the 5th. (Library available)

Monday 19 February at 7pm: Guy Buchanan speaks on a little known therapy not involving drugs or surgery, which is having a positive effect on the health of people with a range of diseases. This is generally ignored or not well understood. The effects of this therapy can sometimes be felt immediately. Some other people a little longer, but the majority of people are overwhelmed by the results. I estimate 60-70% of people walking around today have a problem with their health that is caused by this one condition. The talk will focus on the upper cervical spine and its relation to the brain stem. This should be an inspiring talk. Try not to miss it.

Thelma Clarke, CISS Gosford

FROM MEETINGS

Guest Speaker - Gye Bennetts:

Five Element Acupuncture Saturday 29 July 2000
(Report by Don Benjamin)

Gye outlined the history of Five Element Acupuncture as one of the original forms of acupuncture practised in China for over 2000 years (developed around 200 BC). It is somewhat less well known than other more recent developments that concentrate on physical symptoms and external causes of diseases. The technique was brought back from the east by an Englishman Professor J.R. Worsley. There are only about a dozen practitioners of it in Australia.

It differs from other branches of acupuncture by concentrating more on emotional causes of diseases and by categorising patients into one of five types - the five elements: Fire, Earth, Metal, Water and Wood. Each element is characteristic of a personality type that has particular effects on the function of five different groups of organs.

Fire: The element of Summer. It is associated with the emotion of Joy. Fire people love to reach out and be in

relationship with all people. They enjoy to laugh and sometimes they carry a sadness or lack of joy deeper in themselves.

Earth: The element of Late Summer. It is associated with the emotion of sympathy. Earth people have the ability to nourish like a mother can nourish a child. Thus food and understanding are important. Sometimes an Earth person can feel a sense of emptiness or neediness in their whole life.

Metal: The element of Autumn. It is associated with the emotion of grief. Metal people search for what is pure and spiritual. They set the highest standards for themselves and others. Respect is important. Sometimes they live in a sense of what could have been.

Water: The element of Winter. It is associated with the emotion of fear. Water people have a persistence and determination and will often excel in situations that others find too scary. Sometimes they might hide a deep sense of being frozen or washed away by their own fear.

Wood: The element of Spring. It is associated with the emotion of anger. Wood people excel in or have trouble in planning, decisions and action. The future and their ability to see it can be their strength. When out of balance they may procrastinate and have trouble moving forward.

Gye showed a diagram with the five elements shown interconnected in a circle describing how a malfunction in one organ, caused by emotional problems, can lead to symptoms in other organs which in turn can affect the others. The art of the therapist is to correctly identify the element (and organs) that first went out of balance, the real cause of the problem rather than the one that produces symptoms. The original diagnosis of the correct element might need to be changed in the light of feedback after the first session.

With the help of a personal history to identify the correct element, the therapist uses acupuncture needles in specific acupuncture points to increase the quality and amount of energy or *Chi* that flows in the 12 main meridians. This treats the emotional energy blockages or whatever is the real cause of the problem and restores balance or harmony to the whole being. Progress is monitored by feeling the 12 pulses in each wrist to ensure that all energies are flowing correctly.

A second technique involves the burning of a small cone of a herb Moxa resting on the skin to warm and supply energy to the acupuncture point.

During the whole process emotions may come to the surface and resolve.

A course of treatment typically requires 4-5 sessions. The first takes over an hour (\$100) and subsequent ones are about 45 minutes (\$70). Some of the cost can be recovered from health insurance funds. Gye offered to provide the first session free of charge to those attending the meeting.

As recent evidence points to emotional problems and other psychological factors being the major cause of most cancers this type of therapy would appear to be particularly beneficial for cancer patients. Gye can be contacted on (02) 9929 9329.

Guest Speaker Report - Bernard Trainor

Canhelp Wellness Courses for Treating Cancer

Saturday 28 October 2000 (Report by Keith Harrison)

Unfortunately Mr Trainor came without his hearing aids. He explained that these became necessary as a result of radiotherapy for his brain tumour.

Some 18 people were very appreciative of his story. Some commented that it was really good to get information that came from personal experience; another person also had a brain tumour, while others had had radiotherapy.

He began with a history of his journey through (armchair) misdiagnosis through the eventuality of the medical people saying "well maybe we should do a CAT scan". This showed a reasonable size tumour at the side of the head which had been growing for some time (3 years) by then.

He then went to Melbourne to the Ian Gawler Centre. He felt this was beneficial although he hardly saw Ian himself.

Bernard joined a self-help group in the Hunter region then came to Sydney. He is now actively involved in running and assisting in the running of groups for cancer sufferers.

The last part of his talk centred around the way in which the 12 week Wellness courses run and the areas of meditation, nutrition, coming to terms with the cancer (denial), caring for the carers, relationships, dying, etc. The emphasis of these courses is to enhance and sustain a positive attitude and ways of thinking. A number of people agreed with the acknowledgment of the role of the carers and the need for them to be supported.

Because Bernard was without his hearing aids it made question and answer in the group difficult. However on breaking up for refreshments the questions and discussion flowed quite enthusiastically.

A brochure given out at the talk describes Canhelp Cancer Support Group as a non-profit group formed in Sydney in 1993 by people who had been to residential programs run by the Gawler Foundation in Victoria and who felt the need for a support group in Sydney for themselves and other interested people. Canhelp promotes peace of mind and healthy lifestyle through:

- Self healing
- Positive thinking
- Meditation
- Stress management
- Nutrition awareness

Participants of the course will learn from experienced presenters how to:

- Develop longer term survival skills
- Be hopeful and empowered
- Develop a positive attitude
- Manage stress and relax
- Meditate to achieve peace of mind
- Better understand pain management
- Optimise the benefits of good eating and nutritional practices
- Complement the benefits of medical treatment

- Better understand death and dying
- Develop communication skills with partners, cares and doctors.

The 12 week course costs \$200 and is held on Tuesday mornings from 10 am-12.30 and starts on the first Tuesday in March, June and September. Participants can also attend individual sessions for \$25.

In addition to the 12 week course Support Groups meetings are held on the 1st and 3rd Tuesday of each month from 6 to 8.30pm and Meditation Groups meet on the 2nd and 4th Tuesdays at the same time.

All meetings are held at Pilgrim House, 262 Pitt St, Sydney and the Wellness Courses are held on the 1st Floor, 280 Pitt St. Ring Canhelp on (02) 9264 4106.

FROM MEMBERS

From Volker Guenther:

If you have or have had a brain tumour I would like to hear from you. You can contact me on 9939 0242 after 6pm.

From David Hulme:

More on Non-Hodgkin's Lymphoma

I have lived with non-Hodgkin's lymphoma (NHL) for 14 years so it was a real pleasure to see the topic so comprehensively covered in the last news letter. Keep up the good work!!

While I appreciated both of the articles (by Jill Royce and by Pat Thomas) and sympathised with a lot of what was written, there were a few angles with which I find that my experience has been significantly different so I thought you might appreciate a different perspective on the subject.

In summary

- I have successfully used chemo as the first line of attack to manage and control the NHL
- I have used supplementary treatments to support me and my systems, ensuring that I feel well and remain positive and active at all times
- I have found no "alternative" treatment that reduces the size of the cancer, let alone offers a cure
- I have found the side effects of chemo to be minimal, in part thanks to the supplementary approaches I have used
- there is a new drug, Mabthera, that offers a very exciting new agent for the treatment of NHL, with a small possibility (less than 5%?) of a cure for some people

It is my belief that, at least for people like me with low grade NHL, there is a real place for chemotherapy. For me it has been the first line of treatment in managing the disease for 14 years. This is not to deny the usefulness of "supplementary" treatments ... indeed I have found some of them very helpful. However none of them offer a cure (any more than chemo does) ... if there was a cure we would all know about it.

To rely solely on "alternative" treatments is, in my view, to throw away an invaluable tool (not to mention lots of

money); and with the advent of Mabthera and other new treatments on the horizon, avoiding traditional medicine might cut you off from what may prove to be the most hopeful treatment yet.

Things I have Learned

In the 14 years that I have lived with low grade NHL I have learned a lot ... about the disease, about various treatments for it, about the medical and the "alternative" practitioners, about my family and friends ... and of course about myself.

I have learned that all cancers are different and that we all react to our cancers and their treatments in different ways. So what follows is entirely a personal view, though my experiences seem to be similar to those of the few other people I know with NHL.

I have learned that low grade NHL is one of the easier cancers to manage, and has a better outcome than many other, more aggressive cancers. Because it is a non-aggressive cancer it can be treated with relatively non-aggressive chemo, with relatively light side effects. My heart goes out to those with more aggressive cancers where the chemo really knocks you around. I do not know what my approach would be if I were to have an aggressive cancer; I might well adapt a very different strategy.

I have also learned that NHL is a very unpredictable beast. It can grow very quickly, then stop growing altogether for months ... and I have heard of people where it has stopped for years. Once it has stopped, it can then restart at any time.

So it is very difficult to say whether a treatment is working ... it may just be that the NHL has stopped on its own.

My NHL and chemo

Typically the course of my disease is as follows:

- my lumps grow over about 12 months to a size where treatment is necessary
- I spend 12 months on low grade chemo (pills daily ... cyclophosphamide and prednisone). The lumps reduce to a size where they can hardly be felt, but cancer is still present. Normally my white cell count is also getting pretty low by this stage (i.e. around 2) so the chemo is stopped

Farewell from CISS

We offer our loving thoughts to the family and friends of these members who have died in recent months:

Barbara Curthoys
Vicki Hill
Chris Mitchell

Let us know of anyone else to include in our next Newsletter.

- over the next 12 months the lumps grow again, my white count recovers, and so we go through the cycle again

Of course there have been variations in the length of the cycle, at times other chemo drugs have been used, and so on ... but the overall pattern is pretty much as above.

Supplementary treatments

As well as the chemo, I have tried a whole range of "alternative" treatments. Whenever I have started a new treatment I have done so at a stage when the lumps were small and I was off chemo or any other form of treatment. That way I could tell if the new treatment was reducing the size of the lumps. None of them did. However I continued with those that helped me keep feeling well, healthy, positive and happy.

Things that have worked for me include diet, dietary supplements, self awareness / personal development books and courses, meditation, yoga, intravenous ozone and vitamins, keeping reasonably fit. Things that have not worked include traditional Chinese medicine, hypnotherapy, kinesiology, faith healing. I am not sure which category ayurvedic medicine fits into.

However I must stress that I do not view any of these treatments as "alternatives". I view them as "supplementary" therapies. They are there to support me and keep me feeling well and positive at all times, even when I am taking chemo.

My first avenue for treatment has been and will continue to be the traditional approach ... i.e. chemo. If my oncologist recommends that chemo should be re-started I may debate with him the starting date, or the drug to be used, and I certainly will ensure that I understand what he is prescribing and why. As a result we have at times modified the approach a little. But I have never rejected his recommendation and indeed have always felt comfortable that the chemo I am about to take is necessary and is the best course of action available to me.

Side effects to chemo

While at first glance it would seem to be most undesirable to have spent half of the last 14 years on chemo, and have had over 40 CAT scans, 7 marrow tests, 8 nuclear medicine scans, I have to say that it has not been onerous. I am lucky that my NHL has responded well to relatively light doses of cyclophosphamide and prednisone.

During the first month of each cycle on chemo I normally feel a little "off" but after that it has almost no noticeable effect on me. On the few occasions when the prescribed doses have been higher than usual or the prescribed drug has been more aggressive (e.g. vinblastine) the impact on me has been greater and at times has prevented me from doing all the things I want to do. At such times I increase the dosage of dietary supplements (zinc, magnesium, chromium, selenium, vitamins) and on most occasions I have felt well again. Of the 7 years of treatment I have probably spent no more than 20 days where I have felt absolutely lousy and another 3 or 4 months where the chemo has made me feel worse than 80% of my normal self. My systems may be fairly battered (white cell count normally below 3 even when I am off treatment) but I remain healthy, robust, cheerful and active.

In the above paragraph I am talking about the effects of

chemo. On top of the relatively minor stresses of chemo, for about 4 years I also had the effects of a very stressful job. While in that job the impact of the stress was significant and during the times where I was also undergoing chemo there were months and months when I had no energy left for anything at the end of the working day and used to spend the weekends feeling awful. My NHL started to become more difficult to control in that period and I seemed to be on a downward spiral. Once I got out of that stressful situation (I have now retired) I have been able to handle the chemo with the same ease as I could before the stressful job ... and the NHL has once again become relatively easy to control.

I think it important to isolate what it is that is causing a problem and do something about it.

A possible cure?

And for NHL sufferers traditional medicine is now offering a new and very exciting possibility. There is now a monoclonal anti-body treatment designed specifically for NHL called Mabthera. It is designed to attack only one form of cell ... NHL cells that are CD 20 positive, whatever that may mean (They can use a needle to remove some cancer tissue to test whether it is CD20 positive). Because Mabthera is meant to attack NHL cells only, the side effects are greatly reduced. So NHL cells are killed with little side effects.

But the really exciting thing about Mabthera seems to be that it makes the NHL cells that it does not remove very sensitive to other chemo drugs. I have now had three sessions with Mabthera over the last three years. The Mabthera has on each occasion removed all the cells that are CD 20 positive, but left plenty of cells that are not CD 20 positive. However subsequent treatment with cyclophosphamide has removed the lumps in about half the time that it used to take without the Mabthera. My oncologist believes that the combination of using Mabthera with other chemo drugs may mean that people with NHL may be cured. It is not clear at this stage whether this is achievable, but for the first time he thinks that it may be a possibility. He has never believed that this was a possibility until now; up to this stage his aim has always been to manage the cancer, not to cure it.

Other Things I have Learned

The whole process of managing my cancer has been extremely positive. I have learned heaps of things about myself, about my family and friends, and about life. A few random thoughts.

- I am one of the lucky ones. We are not much more at risk than the rest of the population, but we know that we are at risk, so
- I try to make the most of every day, because each day is a precious gift
- I can allow myself to do the things I really want to do, and avoid the things I do not like doing, and not feel guilty about it
- I aim (not always successfully!) to eliminate every negative emotion ... not just because it will improve my chances of survival, but because it makes each day so much more fun!!
- Life is not as it is ... it is as we are
- Stress is a killer
- I helped to give myself the cancer, by my attitudes, actions, inactions, and reactions to my environment, so...

(continued on page 8)

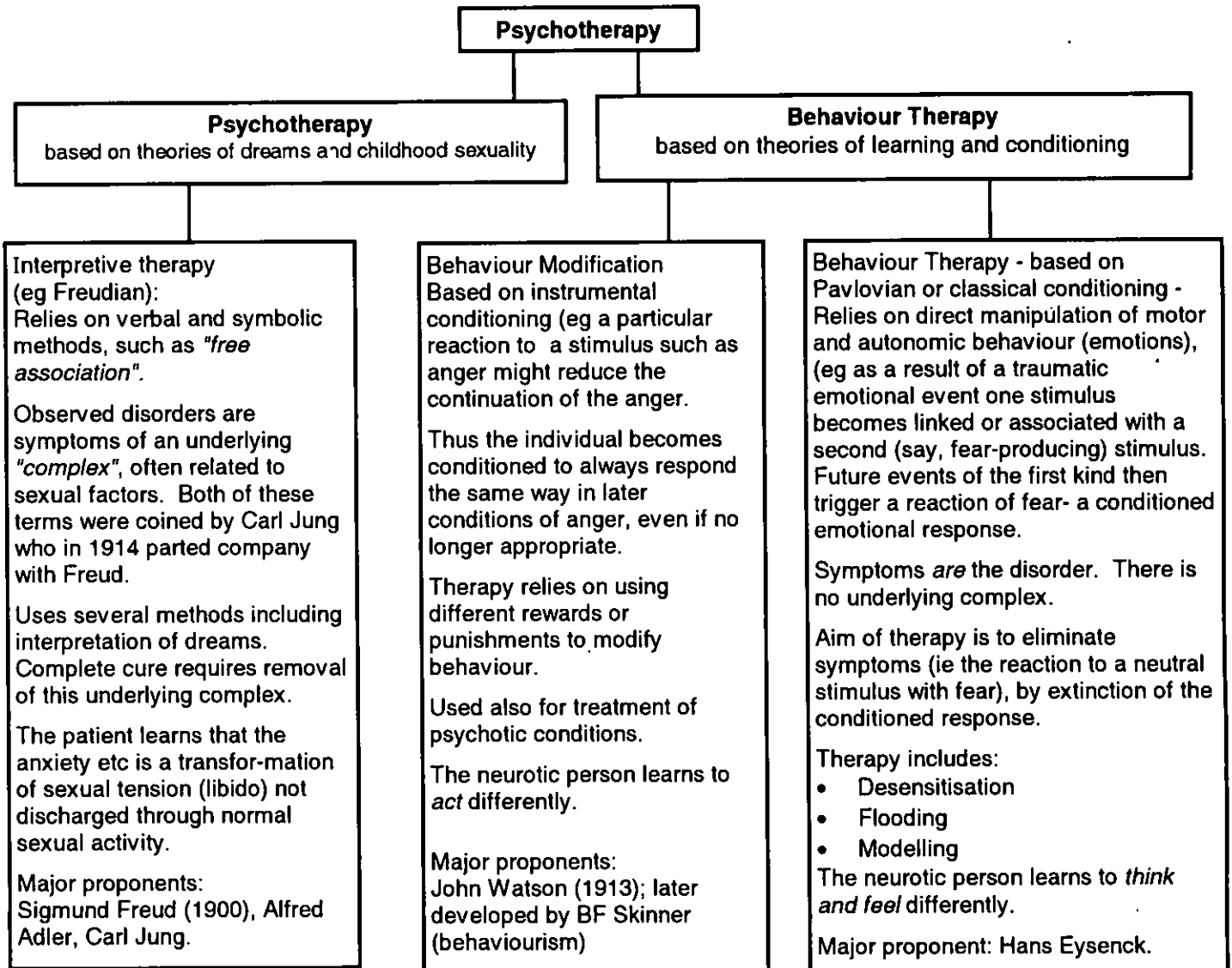
FROM CISS FILES

The Meaning of Behaviour Therapy

Don Benjamin

Several randomised trials have shown that psychological intervention of a particular type can increase survival and increase quality of life of people with cancer. This intervention is behaviour therapy. It is one of the many possible treatments for neurotic problems. (More serious psychotic problems require different treatment). What is behaviour therapy and how does it differ from other forms of psychological intervention?

The following chart explains some of the terms.



Thus *psychotherapy* is a general term used to describe a wide range of approaches to treating neurotic disorders. Until the 1950s when the term *behaviour therapy* was coined by Hans Eysenck, most psychotherapy was one or other forms of psychoanalysis (developed from Freudian analysis) or behaviour modification (developed by Watson and Skinner). Freud had developed psychoanalysis to replace hypnosis as a primary therapy of psychoanalysis.

Behaviour therapy has slowly replaced the other two main therapies for the treatment of neurotic conditions. The term Cognitive Behaviour Therapy is sometimes used but Eysenck believes the cognitive conditioning aspect is only a very minor modification of the behaviour therapy and adds little or nothing to the efficacy of the treatment. Two major studies have been carried out to evaluate the

relative efficacy of 18 different psychotherapies. One by Smith et al (1980)¹ found most of such therapies had an efficacy of about 0.6 (not very much but there is an effect). Placebo treatment (No 18) also scored about 0.6. In contrast the behaviour therapies generally scored above 1. The second study by Paul Grawe² confirmed behaviour therapy to be by far the most impressive and successful. Other writers have questioned the efficacy of any type of therapy suggesting it is likely to undermine the individual's autonomy³.

1. Smith, ML et al. The benefits of psychotherapy. Johns Hopkins University Press, Baltimore, 1980.
2. Grawe, K et al. Psychotherapie im Wandel, Gottingen, Hogrefe, 1995.
3. Masson, Jeffrey. Against Therapy. Collins, London, 1989.

CISS Committee Profiles

Jim Craig, Committee Member

I am married to Valerie, and we have a boy and three girls. Continuing with general disease prevention interests from my mother, we tried to help their health, by keeping pets out of the house and with the aid of a few books like "Look Younger Live Longer", G. Hauser, (which I gave to my father, for any smiles it would have generated, and they later treasured it) and clippings from newspapers and magazines.

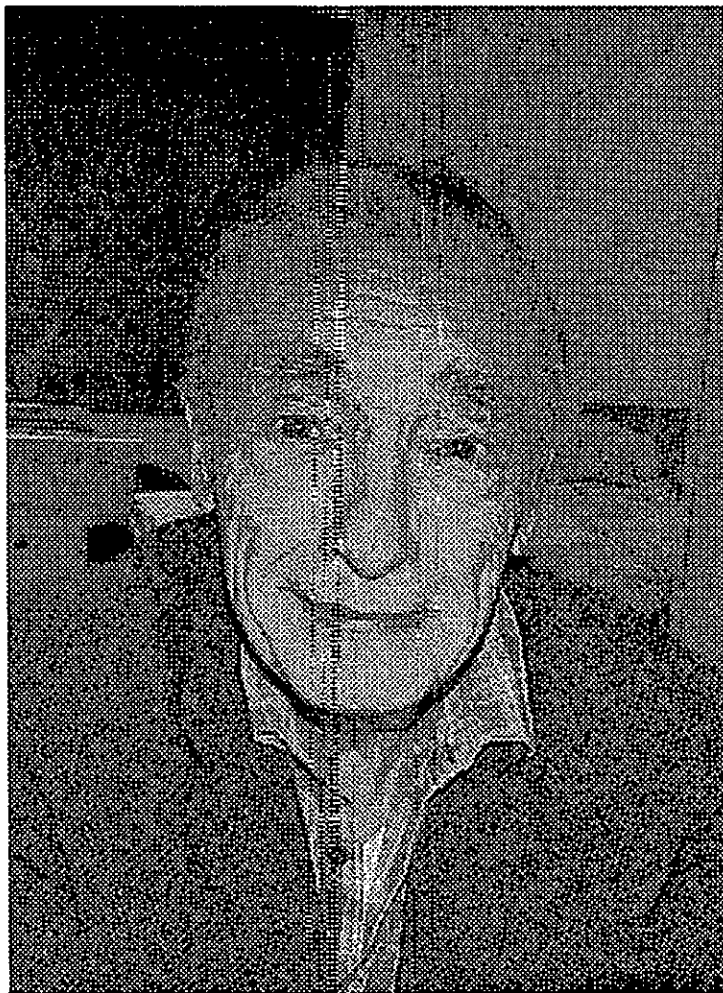
We tried to minimise lollies, biscuits and packed prepared breakfast foods, etc. and to help them in their exams with Hauser's brewer's yeast drinks, etc. Later we were lent about six copies of the CISS Newsletter of the early to middle 1980s by an older neighbor whose elderly husband had a well publicised recovery from a very severe pancreatic cancer.

When a school acquaintance couldn't come to a reunion in 1988 because of severe cancer pains and nausea, which he could only relieve by distracting himself with work at his architect drawing board, I attended my first CISS meetings at their Waverton rooms to try to help, and was persuaded to join the committee because of my optimism with 2 books, etc. "Has Dr Max Gerson a True Cancer Cure?", S. J. Haught and "A Cancer Therapy" by M. Gerson M.D. He had already tried the hydrazine sulphate for cachexia relief and didn't like it and I couldn't raise any more interest in help on the telephone, later on, or by letter, care of his business address.

Today I believe we have many additional optimisms in prevention and healing from:

(a) evidence of practically none of the hundreds of manifestations of degenerative disease including cancer occurring in the countries of the headwaters of the rivers from the glacial milk of the Himalayan (and other?) Alps, which have no agricultural shortages of about 60 essential mineral nutrients. We should be able to utilise the clays (ancient glacial milk), mixed with sand to aid root penetration, in our soils, together with any volcanic soils that we can find, to achieve access to these nutrients too, to combat the rapidly increasing exhaustion of most of these minerals from our commercial agriculture!

(b) evidence of no incidence of the above degenerative diseases in wild animals (excluding birds) who don't cook their food and thus don't kill its live enzymes. This (removal of enzymes) then overworks the natural supply of



live pancreatic enzymes, of digestive and metabolic type, creating these diseases. The metabolic type are less available if too many digestive enzymes are required to handle food which contains no live enzymes. They seem to act like short life couriers that have a catalytic type of grip to carry specific nutrients to where they are needed. Hundreds of different metabolic maintenance and healing enzymes are required, one for each different type of body tissue. There are measures that we can take to minimise our problem of cooking and killing these enzymes.

I had to retire in 1987 from my Engineering work in Industrial Waste Heat recovery in Turrumurra (about half way between our two largest Australian customers, the steel works at Port Kembla and Newcastle) after my employer died in 1986 and the office was closed, as I was already over the age limit, having been born in September 1925. Best wishes to everybody in this new century and millennium!

(cont'd from page 6)

- I can improve my chances of long term survival by changing my attitudes, my actions and reactions ... and
- improve the quality of my daily life in the process
- It is my disease so I must manage it. The medical professionals are there to inform us, to guide and help us. But we make the decisions as to what happens to us. We are responsible for our ourselves

That then is my story. I believe that I can go on indefinitely managing my disease as long as it remains low grade NHL. If it transforms into something more

aggressive (as it might) then I will be in a different ball park and will have to re-evaluate my approach.

I hope that the above is of interest to some of you, and that maybe in some way it helps you to fine-tune the treatment of your disease in a way that brings the best possible outcome for you. I wish you all the very best on your journey of discovery and fulfilment.

David Hulme
7 Winchester Ave, Lindfield NSW 2070
Phone: home (02) 9924 2954 mobile 0411 138 296

FROM THE INTERNET

From the Web site of Richard Evans' Texas Cancer Center, 1011 August Drive - Suite 210 - Houston, Texas 77057 <http://www.texascancercenter.com>. Telephone 1-713-975-6270; Fax 1-713-977-2716; email: raevansmd@iapc.net. Making the Right Choice is a book written by Dr Evans.

Breast Cancer - Medical Research on Radiotherapy

Chapter 1 of Making the Right Choice covers much of the history of breast cancer treatment. Beginning with the radical mastectomy of Halsted, it reviews the studies, which have led some surgeons to practice tumor excision plus post-operative radiation therapy. But, during the late 1980's, 55% to 90% of patients with stage I disease elected to have a mastectomy. Some patients did not wish to undergo several weeks of radiation treatment, or they found that radiation facilities were not easily available. Others chose mastectomy because they feared local recurrence. This is the reason that most surgeons recommend the routine use of postoperative radiation therapy following any form of tumor excision. In Chapter 4 I tried to reassure you that local recurrence following conservative surgery -- local persistence -- is not a grave event. Re-excision of a locally persistent cancer does not impair survival. In this chapter I would like to examine the role that radiation therapy plays in breast-sparing surgery, and encourage selected patients to avoid radiation altogether.

In the United States, the NSABP lumpectomy trial [B-06] is largely responsible for the increasing popularity of breast-conserving surgery. This study proved that lumpectomy or lumpectomy plus radiation therapy can achieve survival rates which are equal to mastectomy for patients with stages I and II breast cancer. The study also showed that patients treated with lumpectomy alone have a very high rate of local recurrence. These results are summarized in Table I.

Lumpectomy alone (without radiation therapy) resulted in a high rate of local recurrence, because lumpectomy removed such a narrow margin of breast tissue, usually less than 1 cm. Most breast cancers send out strands of tumor cells in many directions. Tumor cells grow along these strands.

In the NSABP trial most patients had a tumor excision that was close to the tumor, within 1 cm. Although the primary mass was removed, in many patients some cancer cells remained along these strands. There were so few cells that they could easily be missed, even by a careful surgeon and pathologist.

I believe that the secret to successful surgery is wide margin of excision. Excision of a 1 - 2 cm margin of breast tissue can remove most or all of the breast cancer cells in the breast. There is no doubt that radiation therapy killed tumor cells in most of the patients treated by lumpectomy and radiation. It reduced local recurrence from 43% to 12%. That is dramatic. But, can these cells be eliminated by surgery alone?

I believe that recent experience shows that surgeons who perform a careful wide excision, a real partial mastectomy, can achieve results equal to those achieved by lumpectomy

and radiation therapy. In this section I will focus on the experience of those surgeons who have treated patients with breast-sparing surgery alone. I have included the results of the NSABP study primarily for comparison.

In 1939, Vera Peters of the Princess Margaret Hospital in Toronto began to treat patients with tumor excision. By 1974, she had treated 184 patients with excision and postoperative radiation therapy and 19 patients with excision alone. Only one of the 19 patients developed "progressive disease." The survival rates in these two groups were the same. More recent results from this institution are presented in Table II.

George Crile of the Cleveland Clinic began treating patients with partial mastectomy in 1955. About 20% of his patients, those with more advanced disease, received postoperative radiation therapy. In 1990, he reviewed his experience with 291 patients treated through 1975. Thirty-two patients (11%) developed local recurrence in the breast.

In 1993, the Cleveland Clinic reported its experience treating 328 patients with lesions 2 cm or less in diameter. Following partial mastectomy about 11% of stage I patients developed local recurrence after five years; 14% of these patients developed local recurrence after 10 years. The importance of wide margins is demonstrated in the results from the Cleveland Clinic, where margins of 1 - 2 cm were standard. The Cleveland Clinic practises a meticulous technique, which Crile originally called a partial mastectomy.

In 1971, Robin Tagart of the Newmarket General Hospital in England began to treat 37 patients with partial mastectomy without postoperative radiation. He ended his study in 1978, when he learned that 37% of patients had developed local recurrence in the treated breast. But, he concluded that primary treatment of breast cancer did not affect survival even when limited to partial mastectomy alone.

Several institutions have recently reported their experience with breast-conserving surgery without radiation therapy. All agree that survival is not adversely affected by the omission of radiation therapy. The primary question then becomes what is the chance of developing local recurrence if radiation is omitted?

Is Radiation Always Necessary?

I will now focus on patients who have tumors, which are 2 cm or less in diameter. Table II presents the experience of several institutions treating patients with tumor, which are 2 cm or less in diameter. Most breast cancer patients in the United States are now treated with tumors of this size. Larger tumors are much more difficult to adequately treat using surgery alone. Patients with tumors larger than 2 cm are much more likely to develop local recurrence (22% - 35%).

These studies show that patients whose tumors can be removed with a 1 - 2 cm margin of tissue can often be spared postoperative radiation therapy. Local recurrence rates of 11% or less can be achieved in patients with tumors of 2 cm or less and negative axillary nodes. Most of these institutions no longer recommend routine radiation therapy following breast-conserving surgery.

Physicians at the Royal Marsden Hospital, the Uppsala-Örebro Hospital, the University of Miami, Roswell Park Memorial Institute, and the Cleveland Clinic believe that radiation therapy can be safely eliminated in selected patients.

There is nearly complete agreement that lymph nodes should be free of disease, and there should be little or no evidence of surrounding cancer (multicentricity, intraductal disease, or carcinoma in situ).

Treatment	Local Recurrence	Survival Rate after 8 years
Mastectomy	8%	82%
Lumpectomy alone	43%	83%
Lumpectomy with radiation	12%	84%

Table I - Local Recurrence and Survival in the NSABP Lumpectomy Trial [B-06] 4,(12)

Trial	No. of Patients	Margins	Rate of Recurrence
Royal Marsden	81	2.5 cm	11%
Uppsala-Örebro	194	1 cm	10%
Cleveland 1957-75	152	2 cm	11%
Roswell Park	78	1-2 cm	13%
Miami	59	1 cm	10%
NSABP	298	<1 cm	27%
Princess Margaret	207	0.5-1 cm	14% -low risk
Cleveland 1975-88	328	2 cm	11%
Milan, Italy	280	2-3 cm	9%

Table II - Patients with tumors 2 cm.

Investigators at Royal Marsden Hospital recommended that patients less than 50 years of age should be treated with radiation therapy. Investigators from Roswell Park Memorial Institute recommended radiation therapy for patients less than 70 years of age. Recurrence is less common among older patients. Surgeons from the University of Miami use postoperative radiation therapy if the tumor invades into nerves or lymph or blood vessels.

There are several factors that influence recurrence rates after surgery: the size of the primary tumor, the margins of excision (both width and pathological status), the lymph node status, patient age, the presence of intraductal carcinoma, tumor grade, DNA analysis, and invasion of tumor into blood vessels, nerves or lymphatic vessels. If patients are carefully selected patients based upon these factors, satisfactory local control can be achieved with surgery alone.

Comment from Don Benjamin:

Richard Evans is one of the pioneers of conservative treatment for breast cancer. The evidence he presents shows clearly that although radiotherapy has a significant effect on recurrence it has no effect on overall survival.

Unfortunately the trials referred to above refer only to tumours less than 2 cm. It would equally apply to larger tumours.

Statements from CISS over the years have pointed out that surgery and radiotherapy have never been shown in a randomised trial to improve survival for any type of cancer.

Because trials have never been held to measure the effect of surgery, Richard Evans still believes that the amount of tissue removed is important. In fact, like radiotherapy, all removing more tissue can do is reduce recurrence. There is no evidence that either surgery or radiotherapy have any effect on survival because cancer is a systemic disease.

FROM THE INTERNET (cont'd)

Meditation Benefits to Cancer Studied

Melatonin has been shown by a number of studies to significantly inhibit breast cancer in animals and tissue cultures. Preliminary studies in two new independent research programmes suggest a link between meditative practice and increased melatonin as measured by the major metabolite (six-sulphatoxy-melatonin) in the urine.

In the first study of its kind, Ann Massion and others at the University of Massachusetts Medical Centre recorded the difference between melatonin levels of eight experienced meditators and a control group of eight non-meditators. They found a higher level of melatonin in meditators than in non-meditators.

Neuroscientist Ranjee Singh at Saybrook Institute, Western Ontario Research Park, used a similar technique in a study of 12 healthy meditators and another three with cancer. He sought to learn if a combination of mantra intonations, visualization, specialised breathing and deep meditation could stimulate the pineal gland, as measured by melatonin. When differences in urinary levels on a single day were compared before and after practice of the combined techniques, all subjects showed increases in melatonin, varying between seven and 1,000 per cent.

Based on these results, Singh suggested that endogenous stimulation of the pineal should be ultimately healthier and more effective than ingestion of melatonin tablets, which only temporarily increases melatonin. He is now measuring tumour size changes in cancer patients who are using the technique daily. The team at the University of Massachusetts has launched a long-term study of the effect of meditation on women with early stage breast cancer.

Italian physician Paolo Lissoni has achieved intriguing results in administering 40-milligram daily doses of melatonin to cancer patients with advanced tumours and life expectancies of less than six months. His work was described by William Regelson in the June 1996 issue of Let's Live.

Caduceus Magazine (issue 33), Autumn 1996, p 44

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200gms - \$18; Tablets - 250 - \$21

Vitamin E: Micelle E, 50ml, 115mg/ml \$15.60; Micelle A + E, 50ml \$15.60

Water Purifier: NATURE'S SPRING Reverse Osmosis PA Model - \$450
(\$480 non-members). Other models available on request.

Zell Oxygen: (high in enzymes) - 250ml \$19.00

Zinc Eagle (with Vit C and B6): 60 tabs \$11.10

These prices are subject to change. Items can be posted to you.

There is a \$7.70 postage/packing fee for posted articles.

* These items need to be ordered 7-10 days in advance.

CANCER SUPPORT GROUPS

CISS GOSFORD

The Gosford Branch meets every 1st and 3rd Monday of the month (NOT on public holidays) at 8 pm at the Senior Citizens Centre, Albany St, Gosford. There is a pre-meeting meditation starting at 7 pm. An excellent library is available to members. For further information contact -Thelma Clarke on (02) 4328 4794 or Liz Humphries on (02) 4328 3842 (a.h.).

CISS HUNTER VALLEY

The Hunter Valley Branch holds a general meeting on the third Wednesday of each month at the Wesley Fellowship Centre, 150 Beaumont St, Hamilton at 7.20pm and is open to all. From 9am to 12 noon each Saturday they are open for counselling, library and sale of books and supplements. Phone (02) 4969-5566 for information.

BONDI SUPPORT GROUP

This group is part of an ayurvedic medicine centre. It specialises in support for both the cancer patient and the family or carer. Meets Tuesday mornings. For further information ring Jenny Kidnic on 9997 7870.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st and 3rd Tuesday of each month from 6.00-8.30pm at Pilgrim House, Level 2, 262 Pitt St. Meditation group meets 2nd & 4th Tuesday, same time and place. \$2 members, \$5 non-members. Ring (02) 9264 4106 or just turn up. CanHelp also run 12-week Wellness courses for \$200.

CANSURVIVE

This group on the Queensland Sunshine Coast meets from 10am to 12 noon on the 2nd Tuesday of each month at the home of Eve Williamson, "The Cascades", 9/23 Maltman St, Caloundra. Ph (07) 5492 6364. Books, tapes, counselling available.

FRUITARIAN RAW FOOD NETWORK

For info write to PO Box 293 Trinity Beach Qld 4879.

GAWLER FOUNDATION

10-day residential Life and Living Course, nine held each year at Yarra Junction. Also weekly cancer support group meetings held in the city (Melbourne) and at Yarra Junction. For details contact (03) 5967 1730.

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turrumurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

For cancer patients and their carers. This group meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Community Health Building. Contact Penny Snowden (02) 6562-6066.

MANLY HOSPITAL CANCER MEDITATION AND SUPPORT GROUP

Meets every Tuesday 10.30-12.30, in Seminar Room, Library Area, at the back of Manly Hospital. Program includes education, discussion, stress management, meditation, guest speakers, lending library of books and tapes. Cost \$6 (\$3 conc) includes handouts and morning tea. Phone Jan 9976 9531.

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone (02) 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, Suite 1, 22 Smith St, Charlestown, NSW 2290. Phone (02) 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education Centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green on (02) 6864-5123 or Mary McPhee on (02) 6862-3814.

QUEST FOR LIFE SUPPORT GROUP

Meets each Monday 11am-1pm (except public holidays) at the *Petrea King Quest for Life Centre*, Ellsmore Rd, Bundanoon - for people living with cancer

or other serious illness and their loved-ones. Facilitator: Hannah Herd. A relaxation, meditation group runs on Tuesdays from 12-1pm. Charge: \$10 donation. For further information ring the *Quest for Life Centre* on (02) 4883 6599. There are residential programs run each month for people with cancer.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at St George Community Hall, Premier St, Kogarah. For further information contact Shirley Percival (9529 4329) or Pat Minton (9524 6258).

SPRINGWOOD CANCER SUPPORT GROUP

Meets every Tuesday morning 9.30 - 11.30 at Springwood Health Centre. Emotional support for those with cancer and their families. Relaxation and a cup of tea. For details ring Michael Farrell-Wheelan on (02) 4759 1707.

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200 or Rosalie Shortland, 9525 2792.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 9.30-11.30am at 185 Fox Valley Rd, Wahroonga. They have a sharing time, an information segment & a meditation segment. Contact Pam or Nerolie on 9487 9897 or 9487 9772 (bh)

CANCER NATURAL THERAPY FOUNDATION

Support group meets each Tuesday night at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. This meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights: The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling also available. Contact Sandra Givva Maqueda (03) 9740 9921 or mobile 0411 100 947.

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The CISS Members' Buyers' Club has Hydrazine Sulphate already made up as a liquid available to members. Cost: \$13.50 per 375 ml bottle (~ 3 months supply) + \$6.50 postage/packing (= \$20). Please contact the CISS Office.

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FROM THE MAGAZINES and NEWSPAPERS

Your Life in Your Hands

Eating well is the first step to a healthy life

Compiled by Jane-Anne Lee

When Professor Jane Plant was diagnosed with her fifth bout of breast cancer, she thought her life was over.

So did her specialist - this time the disease had spread to her lymph system. So resigned was she to dying, she began to make arrangements for her three children.

"I was persuaded to have chemotherapy," says the assistant director of the British Geological Survey and author of *Your Life in Your Hands* (Penguin, rrp \$27).

"Being a scientist, I measured all my cancer lumps with the sort of calipers that palaeontologists use to measure fossils because you can lock them in position to get accurate readings. That way I could monitor how I was going."

After several chemotherapy sessions, Jane knew her lump had not changed size. Rather than dwell on her possible demise, she began to absorb

all the facts, figures and data she could find on breast cancer, finally deducing the reason Chinese women had such a low incidence of breast cancer might be because they didn't eat dairy products. During further research, she found yoghurt had been implicated in ovarian cancer in 1989.

About two weeks after her second chemotherapy session and a week after giving up all dairy and switching to soy milk, her lump began to itch, soften and reduce in size. After six weeks of being dairy-free, the inoperable lump had vanished.

"It was as amazing to me as it was to anyone else, but cutting out dairy was the one thing that shifted the cancer for me," says the 55-year-old, who has been free of cancer for seven years.

"I think the thing causing the problems is the protein hormones in dairy products. Now I won't touch dairy. I won't have anything that is produced from the milk of an animal because I think it's meant for very young

animals of the same species and it is not meant for adult animals.

"I'm back eating meat that has been slow-cooked like my mother used to do, but I think a vegan diet is good for people who have active cancer because you are cutting down your risk of getting exposed to hormones and growth factors."

Diana Pullia, nutrition marketing manager for the Australian Dairy Corporation, says there is no proven link between diet and breast cancer or dairy products and breast cancer. There is no one cause or one single cure for the disease.

"Breast cancer is increasing in incidence, whereas the consumption of dairy products in Australia has been static for some years," she adds. "My advice is for women to discuss the matter with their doctor and to contact a breast-cancer organisation."

While Jane Plant does not

recommend people abandon their conventional course of medicine, she believes dairy consumption might be implicated in breast, ovarian and prostate cancer. Before contracting the disease, she says she had consumed a high-fibre, low-fat diet based on dairy products such as cottage cheese and skim milk.

Her current diet is based on plenty of organic fruit and vegetables, soy products, fish, slow-cooked lean meat, cold-pressed extra-virgin olive oil, plus a supplement of brewer's yeast for B vitamins and Icelandic kelp for iodine, which may be protective against breast cancer.

"When I first told my specialist about my dairy-free diet, I think he thought I was mad. Now he asks me for the slide showing the distribution of breast cancer in China and I think he uses it for lectures for his students. I think he is totally bemused I am still here."

FROM: Woman's Day October 2, 2000

Diet's role in fighting cancer

Concerns about younger women contracting more virulent breast cancer were mentioned at the Pink Ribbon breakfast at the Westin Hotel this week.

The only solution given was to increase the age eligibility for free breast screening.

The same thing happened at a consumer breast cancer conference at Sydney University on October 14.

Most of what was discussed was lobbying for more expensive drugs to be available and increased diagnostic mammography.

Now those strategies might be important, but diet is more so. An English scientist was struck down with breast cancer five times. She researched extensively and eliminated her cancer by not having dairy foods in any form.

The cancer hierarchy ignores this and the CSIRO research findings mentioned in Mr David Bannerman's

letter (*Daily Telegraph*, October 25).

I talked to quite a few women at the conference and the breakfast. Many had bought Jane Plant's book. Many also had eliminated dairy foods from their diets. They seemed convinced. What did they have to lose?

What is wrong with the authorities that are in charge of cancer treatment? Why are they keeping silent on these issues?

Could it be because the dairy industry strongly supports the Cancer Council and dietitians in hospitals and the community? It is not good enough.

We have more and more women acquiring breast cancer. The slight increase of success in treatment is only because more cancers are being diagnosed at an earlier, treatable stage.

Barbara Wright, Busby

FROM: Daily Telegraph, October 27, 2000

Women simply want answers

I was diagnosed with breast cancer in January this year and in February had both breasts removed, followed by chemotherapy. My mother was just 10 years older than I am now when she died from breast cancer.

Before and after surgery and also during chemotherapy, each of the doctors I saw listened to me, took the time to explain anything I wanted to know and treated me with respect and consideration.

After my diagnosis I read many books about the disease and the most positive stories involved diet; some were anecdotal, others well-researched. Like Barbara Wright (*Letters*, October 27) I also read Jane Plant's book and was inspired. Unfortunately, the hospital dietitian, the doctor and a counsellor I spoke to about this diet were not.

I would like David Bannerman (*Letters*, October 25) to know his information is appreciated. Women like me are desperately trying to find what it is they should do to protect themselves and their children. Most health professionals hide behind a solid brick wall of denial, refusing to even consider ideas and research presented by people who are not in the system.

Instead of pushing us in the direction of wigs and turbans to hide our chemo-induced baldness and make-up techniques that are supposed to make us "look good and feel better", we should be given the results of research and the information required to make us healthy, inside and out.

Pat Nott, Dunedoo

FROM: Daily Telegraph, October 31, 2000

Chinese aid in cancer war

By DAVID LEWIS

Cancer claimed the lives of 34,000 Australians last year. Despite ongoing research, the disease remains resilient against the weapons orthodox medicine use against it.

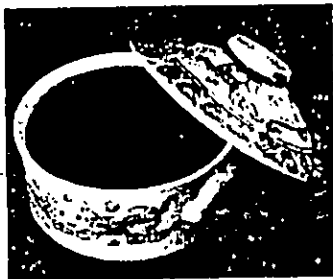
But there is another option for patients facing a dire diagnosis — traditional Chinese medicine (TCM).

Pioneered by Chinese Maoist teachings 3000 years ago, TCM philosophy hinges on Qi (life force) and the yin and yang theory, which divides the workings of the universe and the human body into two opposite yet mutually dependent entities.

Health, according to TCM doctrine, is determined by the body's balance and eels along its els.

Is it hard to catch thinking meridian dissected and microscope.

of only three in Australia



Effective... Chinese herbs

who specialises in tackling malignant tumours. His modest Ryde surgery overflows with testimonials from patients lauding his life-saving cocktail of herbal potions, acupuncture, massage, meditation and radical dietary changes.

His interventions have proven so successful — even with patients given only months to live — that sections of the orthodoxy are now acknowledging the benefits of TCM.

"I'm not saying it offers cures but there are certainly physical and psychological benefits which can-

not be questioned," says Dr David Bell of the Royal North Shore's oncology unit.

"People feel better, put on weight and believe they have some control in fighting the disease.

"A lot of my patients also see Dr Chen and I'm happy to work in conjunction with him. It's important to use different approaches when dealing with cancer."

Of the 50 or so patients under Chen's care, he says a quarter are in remission and a further 55 per cent are successfully holding the disease at bay, or as Chen puts it, living with cancer.

"I can't change the course for everyone and I make no promises," says Chen, who holds a degree in orthodox medicine and a post-graduate degree in TCM.

"The body is the real hero. What I try and do is produce an internal environment where healing can take place.

"It's clear that Chinese medicine can enhance the effectiveness of radiation and chemotherapy and substantially reduces their side effects.

"Acupuncture and herbs from China, of which we use over 1000, boost the immune response and enables the body to better battle cancer. At the very least I can greatly improve the quality of life and ease patients' discomfort."

He attributes a higher incidence of cancer here than in his native China to such factors as pesticides used on fruit and vegetables.

The doctor also notes a lack of trace elements, such as the powerful anti-oxidant selenium, in Australian soils.

Researchers at Sydney University have already successfully isolated and tested anti-cancer properties from some Chinese herbs and are now striving to prove their effectiveness.

"About a third of the most important drugs in Western medicine are of natural origin and drug companies have been looking for new products in China for some years," says the university's head of cancer medicine, Martin Tattersall.

"Some of these chemicals are novel and we have every hope they will go places."

THE DAILY TELEGRAPH, Monday, February 21, 2000

GPs warm to alternative therapies

By MARK RAGO

The first comprehensive study of the use of alternative therapies by Australian doctors has shown that some of them are well accepted.

Most GPs have referred patients for meditation, acupuncture, hypnosis and chiropractic, according to the study published in today's issue of the *Medical Journal of Australia*.

One third have trained in meditation, while more than 20 per cent practice acupuncture. About half the doctors surveyed wanted training in either meditation, hypnosis or acupuncture.

A separate study, also published in the journal, found that more than 70 per cent of cancer specialists believed meditation and relaxation to be of help to patients, while more than one third believed acupuncture and hypnotherapy helpful.

But most cancer specialists find other alternative therapies, such as high dose vitamin C, macrobiotic diets, coffee enemas, ozone therapy and shark cartilage either neutral or positively harmful.

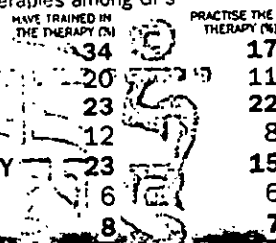
The cancer specialists' study,

Soul provider

Training and practise of complementary therapies among GPs

MEDITATION
HYPNOSIS
ACUPUNCTURE
HERBAL MEDICINE
VITAMIN AND MINERAL THERAPY
NATUROPATHY
CHIROPRACTIC

SMH GRAPHIC 7.2.00



SOURCE: ADAPTED FROM MEDICAL JOURNAL OF AUSTRALIA

carried out by the NSW Cancer Council and covering 161 of the 265 oncologists in Australia, found few specialists knew a lot about alternative therapies.

The best understood alternative therapies were acupuncture, antioxidant use, meditation and microwave therapy. But practices such as iridology, aromatherapy, immune-enhancing therapy and ozone therapy were little understood.

The GPs' study, carried out by the University of Melbourne, was based on a postal survey of 804 Victorian GPs, with 488 responses.

It showed GPs perceived

alternative therapies in two groups. Most doctors had referred patients for acupuncture, meditation or hypnosis, while fewer than one third had referred patients for homeopathy, aromatherapy, osteopathy and spiritual healing.

Most GPs would not encourage their patients to see a chiropractor, but interestingly, most had referred them to one.

Another feature of the study was that for most alternative therapies, doctors were twice as likely to have studied them than use them.

The exception was acupuncture, which was practised by most

doctors who had studied it. It is the only alternative therapy for which GPs trained in it receive a specific Medicare rebate.

These findings sit among signs of a decade-long trend towards the mainstreaming of alternative therapies.

Individual Australians now spend more money on alternative therapies than on prescribed pharmaceuticals, although government subsidies ensure more money is spent overall on pharmaceuticals.

At least 20 per cent of Australians see some sort of alternative therapist in a year, and half of us use some form of alternative therapy each year.

However, United States surveys suggest that most people who see non-medical alternative therapists do not tell their doctors.

For this reason, groups such as the Royal Australian College of General Practitioners have been running education programs on alternative therapies.

Even the top universities have started offering courses in alternative medicines, with Sydney University joining in this year.

FROM Sydney Morning Herald, Saturday, February 7, 2000

Lismore

Agency	Address	Staff			Specialist staff		Equipment/ facilities	Meeting room		Types of Services	Specialist services for Aboriginal Communities
		Num Staff	Indig Staff	Cleric al	Description	Num		Yes/ no	Capaci ty		
NSW Health Department Lismore Base Hospital Tony Sherbon Ph: (02) 66218000 Fax: (02) 66202166	Uralba Street PO Box 419 Lismore 2480	587	9		Specialist Medical Staff, Allied Health, Pharmacy, Child & Family Health, Women's Health		Photocopiers, VCR, Slide Projector, O/H Projector,	Yes	20, 20, 40	Hospital and Community Health	Hospital Liaison Officer - 2, Mental Health Worker - 1, Aboriginal Health Officers - 5, D&A Worker
NSW Police Service Police Station Sgt Donaldson Ph: (02) 66231599 Fax: (02) 66231511	38-40 Molesworth Street Lismore 2480	84	6	12	Detectives, Prosecutor, Forensic, Community Safety Officer, Domestic Violence, Liaison Officer, Youth Liaison Officer, Anti-Theft, HWP	28				Law Enforcement	Aboriginal Liaison Officer, Aboriginal Police Officer
NSW Premier's Department North Coast Regional Coordination- Program Jill Lang Ph: (02) 66201630 Fax: (02) 66201613 regcoord@nor.com.au	Dalley Street PO Box 73 Lismore 2480 www.premiers.gov.au	2								The program aims to improve government services by coordinating service delivery in a way that meets the needs of individuals and communities while making the best use of available government resources.	
Roads and Traffic Authority Motor Registry Graham Clark Ph: (02) 66220730 Fax: (02) 66212377	Carrington Street PO Box 568 Lismore 2480	14	Nil	14			Photocopier			Vehicle Licensing & registration	

TCM

Please return Peter H

CANCER INFORMATION & SUPPORT SOCIETY



NEWSLETTER

CISS Home Page:
<http://ciiss.org.au> (to be available soon)

The Secretary
Cancer Information &
Support Society
6/81 Alexander St
Crows Nest NSW 2065
Phone/Fax: (02) 9906 2189
Office hours:
Tuesdays: 10.00 - 1.00
2.00-4.30

Vol. 20 No. 2 March/April 2000

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Calendar of Events and March, April and May Guest Speakers

(Held on 4th Saturday of each month at the Swedenborg Centre, 1 Avon Road, North Ryde unless stated)

Saturday 25 March Keith Harrison will discuss briefly the role of T'ai Chi Chuan and its role in healing. He will give a demonstration and lead an experiential set of exercises in which everyone can participate. Please wear something comfortable. Keith is a registered psychologist, massage therapist and healer and is a member of the CISS Committee.
(12.30- 1.30pm Meeting of the prostate cancer support group)

Sunday 2 April 9-5 Overcome Fatigue, Increase Energy – Seminar Natural Health Society –see insert

Saturday 22 April Dr Qi Xin Chen will discuss the role of Traditional Chinese Medicine (TCM) in the treatment of cancer. His treatment includes Chinese herbs, acupuncture, massage, meditation and dietary changes. Dr Chen holds a degree in orthodox medicine and a post-graduate degree in TCM. (See news item page 12)
2.00 - 4.30

Saturday 27 May Ross Taylor was diagnosed with aggressive melanoma in 1993 with a 10% three-year survival and has recovered. That experience led him to write a book called "Living Simply With cancer" which Olivier Newton-John describes as "a book full of positive advice for people living with cancer". Ross is now an international speaker on stress, nutrition and living and preventing degenerative diseases. He is founder and President of LifeForce International and President of the Cancer Support Association of WA.
2.00 - 4.30 pm

The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

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OVERSEAS NEWS

Bias in medical journals

CISS literature often points out that medical literature contains various forms of bias such as conclusions not consistent with the data (eg the Buteyko breathing trials, reported in Sydney Morning Herald on 11 December 1998 which ignored evidence that most participants could reduce or cut out their inhaler use); trials not properly randomised or ignoring important factors (eg trials evaluating the value of mammography), and publication bias (where only trials with positive results are published).

Another serious form of bias has recently surfaced, viz editorial bias arising from a conflict of interest. In an article in the Sydney Morning Herald of 26 February 2000 it was reported that the prestigious New England Journal of Medicine has recently been found to have breached its own guidelines. (See page 4)

Healing power of prayer

As pointed out in the November 1998 CISS Newsletter various groups in the US are evaluating the efficacy of prayer. One group has just reported its results in Archives of Internal Medicine. It was a repeat of a 1988 study which showed similar results.

It involved 1,000 people admitted to a coronary care unit at St Luke's Hospital in Kansas City. They were randomised into two groups: those in the first group were prayed for by an outside prayer group that was given only their first name; those in the second group were not prayed for by this group. In the end those prayed for had 10% fewer complications than those who were not. (See page 11)

LOCAL NEWS

Cancer 'blues' a disorder

Up to 45% of women with early breast cancer experience an anxiety or depressive disorder that is unrecognised and untreated, according to new clinical practice guidelines released last month.

The report says there is overwhelming evidence that counselling significantly improves the quality of life for women with breast cancer. (see Herald article on page 11)

Unfortunately the report overlooks the effect of psychotherapy on survival. This oversight was pointed out in a letter from CISS to the Herald but it was not published.

TCM receives favourable publicity

The Sydney Daily Telegraph (February 21) featured a favourable report about the use of Traditional Chinese Medicine (TCM) in the treatment of cancer. The report was followed up with a television program on the following Sunday evening. The TCM practitioner featured in both items was Dr Qi Xin Chen who has a clinic in Ryde. CISS has arranged for Dr Chen to be a speaker for our April meeting (See page 1)

Australian GPs warm to alternative therapies

A recent report in the Medical Journal of Australia (February 7) says that most GPs have referred patients for meditation, acupuncture, hypnosis and chiropractic and one third have

trained in meditation. Another report published in the same issue of the Journal says that few cancer specialists knew a lot about alternative therapies. Yet most of them find therapies such as vitamin C, macrobiotic diets, coffee enemas, ozone therapy and shark cartilage either neutral or positively harmful. (See page 12)

It would be interesting to know if their views were different if they knew something about them. A report on oncologists' opinions about chemotherapy found that the more they knew about chemotherapy the less likely they were to use it themselves if they got cancer.

Trial of "the mat" enters final phase

Don Benjamin reports that the first part of the 16 week randomised double-blind controlled crossover trial of pulsed magnetic field therapy ("the mat") has finished and the control boxes were changed over for the second part of the trial that began in late January.

Welcome to new members

Dr Qi Xin Chen (10 year membership), Erica Conlon, Michael Derham, Peter Eaton, Lyn Farrell, Albert Flynn, Richard Gee, Bob & Irene Hirst, Mary Knowler, Roger Le Goade, Karen Neale, Elly Neimanis, Merella Nicomede, Peter Perry, Lorraine Rutter, Dr Iain Stewart, Ansel Zwaneveld.

Donations to CISS

January: M.B. \$5, N.B. \$10, N.H. \$4.50, A.K. \$30, J.S. \$20, M.S-O \$30 (in memory of Rick Scully), M.W. \$5, Osmo Sales \$10.

February: J.B. \$8, P.C. \$10, A.G. \$50, B & I.H \$250, R.L. \$70, P.M. \$5, W.N. \$30, M.S-O \$30 (in memory of Betty Letterman), L.S. & T.D. \$10,

March: Q.X.C \$80

CISS Homepage has new address

For those who use the CISS Home Page we apologise for the delay in transferring it to its new address: <http://ciss.org.au>. It should be up and running during March.

Bovine Cartilage for CISS Members

A reminder that Serge Magnery, the manufacturer of Liquid Bovine Tracheal Cartilage, will supply it to anyone with cancer at a reduced cost. For details contact Tom Nestel at 18 Thomas Avenue Roseville 2069, Phone (02) 9416 2202.

Do you have a prostate problem?

If so we would like to hear from you, especially if you live outside Sydney. There's a lot we can do by mail or phone. Call Tom Nestel, Convenor of the Prostate Support Group - (02) 9416 2202.

Your CISS Committee

At a meeting last year the Committee recommended that we add some more personal touches to the Newsletter. To start with each Newsletter will feature a member of the Committee with a photograph and some biographical details. This issue starts the process with a profile of CISS Convenor Don Benjamin. (see next page)

(continued on page 4)

CISS Committee Profiles

Don Benjamin – Convenor of the Cancer Information & Support Society. My main interests are civil liberties, politics and research. I was one of the founders of the organisation in April 1981 and have been Convenor and editor of the CISS Newsletter since that time.

Prior to that I chaired the sub-committee of the NSW Humanist Society set up to evaluate alternative cancer therapies.

Civil Liberties

The Report submitted to the Committee at the end of the year found several promising therapies that were being suppressed and recommended that the Society publicise this fact from a civil liberties viewpoint. The Humanist Society had several doctors on its Committee who questioned the findings of the Report and persuaded the Humanist Society to reject the report, which they did. The sub-committee's last action was to hold a public meeting, as suggested by Stephen Cantor, CISS' first Vice Convenor, at which Dr Ernesto Contreras from Mexico presented his approach to treating cancer and was questioned by a panel of doctors.

After the meeting many people from the audience expressed an interest in doing something about letting Australians hear about these alternative cancer treatments. Fifty people from the audience signed up and the Cancer Information & Support Society was born.

Politics

For many years from 1967 I was active in the Australian Reform Movement, which became the Australia Party, which in turn became the Australian Democrats. I was a member of the State and National Executives of these parties serving as State Publicity Officer and National Policy Co-ordinator.

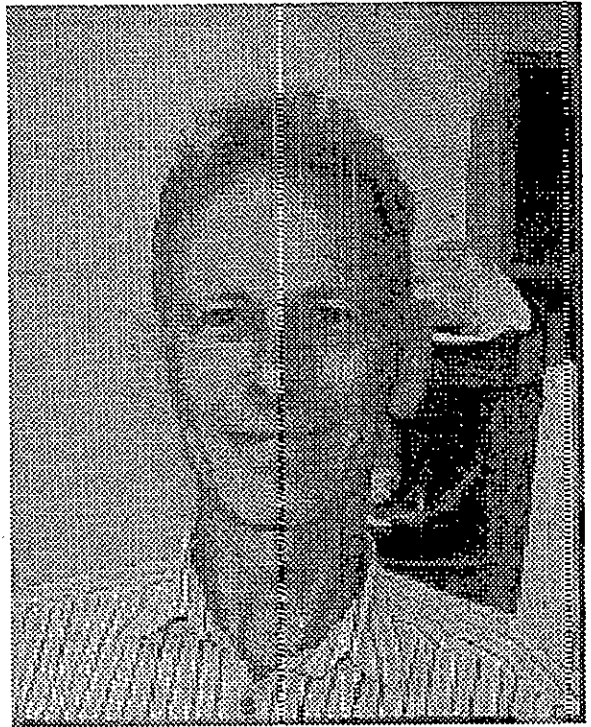
Research

My interest in research began in CSIRO where I worked from 1965-1988 as an Experimental Scientist. During that time I published two research papers related to a new form of mercury oxide I had discovered and the mechanism whereby this oxide prevents mercury evaporation. Since 1989 I have been a CSIRO Health, Safety & Environment Advisor and Rehabilitation Case Manager.

When I became involved in CISS I applied my research skills to evaluating orthodox and alternative cancer therapies, discovering that surgery had never been proven to be an effective treatment for cancer.

During a visit to Australia organised by CISS in 1983 for Dr Alec Forbes from the Bristol Cancer Help Centre, Dr Forbes agreed with my preliminary findings about surgery and suggested that I research the issue thoroughly and have the paper published. The paper was completed by 1989 but none of the ten journals approached would publish it. Finally Medical Hypotheses accepted it and published it in 1993.

Around that time claims were being made that mammograms saved lives by allowing earlier detection of breast cancer. This conflicted with my findings that surgery had not been found to affect the course of the disease in any type of cancer. So I analysed the results of the six randomised trials evaluating mammograms



and found they were all flawed. I was invited to present my preliminary findings at the breast cancer conference, The Challenge of Breast Cancer, organised by the Lancet in Belgium in 1994. My final paper was published in 1996 in Medical Hypotheses.

These findings have been ignored by the medical profession. In January 2000 the Nordic Cochrane Centre in Denmark published a paper in the Lancet confirming my conclusions, viz that most of the trials are flawed; those with fewer flaws had found no saving of lives; so mammograms are not justified.

I have also written articles on radiotherapy and chemotherapy and on the efficacy of alternative therapies. My article "An Assessment of orthodox therapies" was published in Nature & Health, Dec '95/Jan '96 and my article "Does Chemotherapy Work?" was published in the Winter 1999 issue of New Vegetarian & Natural Health.

My current research interests involve being Trial Leader for a randomised crossover trial evaluating the effects of pulsed magnetic field therapy on 10 cancer patients.

Personal

I am married to Sandra Benjamin the CISS Office Co-ordinator. I have four grown-up children from a previous marriage and Sandra has two. His other main interests are bushwalking, tennis, volleyball and playing the piano. I am 63 and plan to retire from full-time work in 18 months.

Multiple Myeloma Contact Wanted

I am 52 years old and was diagnosed with multiple myeloma 14 months ago. I have chosen to treat myself only with alternative therapies. I would like to be in contact with someone else who is treating their myeloma solely with alternative therapies. Could you please contact me on (0409) 002 500 or 9858 1550, Joseph Ayoub.

of their sleep with the injection of methylene blue and an IV of glucose. BioPulse has found that the regulation of glucose return—not too fast and not too slow—is vital to the comfort of the patient. Therefore they emerge smoothly, without any side effects, with a feeling of well-being. They are generally soaked with sweat, which is a positive therapeutic sign. They are also almost always hungry, which is extremely positive for a cancer patient.

Most positive of all is that 75% of the patients report a reduction in their pain from the very first session. Virtually all feel substantially better after the third session, and some are completely pain-free by then. The present course of treatment consists of 30 to 35 sessions over the course of eight weeks. With refinement, BioPulse is hoping to reduce their protocol to a four-week period, when their patients can leave the clinic well on the road to recovery, or even cancer-free.

Patients at BioPulse are never treated by IHT alone. This kills the cancer cells, but cancer is a systemic disease, and the entire environment of the body must be changed. To be truly cured of cancer, and to prevent its recurrence, the body must be detoxified, the immune system rebuilt, nutritional deficiencies rectified, and all biological functions normalized as much as possible.

To accomplish all this, BioPulse employs a number of techniques. Not all methods are employed for every patient, but combined as appropriate. For almost everyone, vitamin and mineral IVs are given to strengthen the body, along with amino acid and enzyme therapies, and oral supplementation. Nutrition and nutrition education are fundamental. Dr. Bernarda Lara, BioPulse's critical care M.D., personally determines a custom menu of five different breakfasts, lunches, and dinners for patients to use as guidelines when they return home.

For detoxification BioPulse uses chelation, and a program of colonics and enemas. Patients are sent to biological dentists to remedy problems caused by toxic amalgam fillings and infections from root canals.

Other weapons in the clinic's medical arsenal include Hyperbaric Oxygen and energy protocols such as Pulsed Magnetic Wave Therapy and Acoustic Light Wave Therapy.

Case Histories

The course of even successful therapy rarely runs smoothly. Take the case of 55-year-old John Franzoni, mentioned at the beginning of this article. The friend who originally referred John to BioPulse was the actress Sally Kirkland. She had learned about the clinic from *Alternative Medicine's* Burton Goldberg, when she consulted him about getting detoxified after having her silicone breast implants removed. When John arrived at BioPulse he had one large tumor on the back of his tongue and two large tumors on the inside of his throat that were so large he could hardly speak or eat. His conventional doctors thought that, if nothing else, these would cause John to starve to death. He also had one large tumor in the occipital area at the base of his skull that caused him dizziness. Plus, a life-long smoker, his lungs were riddled with tumors.

After a week of prep work, he began IHT. He emerged from his third session feeling especially good, until one-half hour

later he began spitting up blood. He spat up blood for some hours, until at 8.00 PM he spat up three chunks of tissue. BioPulse analyzed them in their laboratory and determined they were not coagulated blood but fibrous tissue. Immediately afterwards, however, John began to speak clearly for the first time in three weeks. Dr. Lara looked down his throat and saw that the three tumors were gone—either he had coughed them up or swallowed them. However, he now had three open lesions and they were bleeding.

John was taken to a San Diego area hospital's emergency room, but four hours later the hospital phoned BioPulse and said "This patient is going to be dead in nine hours. Where do you want us to ship the body?" So Loran Swensen, president of BioPulse, drove over and found John sitting up in bed.

"How do you feel?" Loran asked. "I feel fine," John replied, and, pointing to the ER physician, continued, "but this ass—here tells me I'm going to die." "Well, he's bleeding internally," said the doctor. "I don't think so," explained Loran, "I think he's just bleeding where he had had three tumors. They just came off." "That's impossible," said the doctor. "Look," Loran went on, "he's got three open lesions in his throat that just need cauterizing." The doctor refused to admit John, insisting that the procedure would be futile. John discharged himself, and Loran took him to the University of California at San Diego Medical Center, where he was admitted. The lesions were cauterized and the bleeding stopped immediately. John returned to the clinic ten days later and is doing fantastic. After three more weeks of IHT the remaining tumors in his lungs have decreased by 25 percent. Experiences like this prompted BioPulse to open their own critical care center on site in October, 1999.

Another amazing story is that of Talia Yampel, a 13-year-old girl from Tel Aviv, Israel. Talia had been diagnosed with Neurofibromatosis. Talia had developed a tumor in her thigh. It grew to the size of a walnut, and then rapidly spread like a spider web throughout the entire thigh.

Her physician, Yacov Goshen, M.D., at the Schneider Children's Medical Center in Israel, felt that the only thing he could do was to remove all the diseased tissue, which would have left her leg utterly deformed and useless. Her family had read about BioPulse in *Alternative Medicine* magazine, however, and decided to fly her to the clinic. Talia was given the full protocol of 35 IHT treatments. Although she felt better, two MRIs given during that time revealed that the tumor had not become even one millimetre smaller. Her walking improved, and her appetite; after the treatments, it didn't seem like she was sick at all, except that the tumor appeared to still be there intact.

The staff at BioPulse didn't know what else to do, and felt that perhaps they had encountered their first failure with this new procedure. Talia flew back to Israel, and went into the hospital to have the tumor removed surgically. But when her surgeon opened the leg, the tumor looked strange to him. He didn't proceed with the mutilating operation and instead took a biopsy. The results came back: the tumor was no longer malignant, it was completely benign. The treatments at BioPulse hadn't dissolved it, but they had changed its character. "I don't know how to explain this," her physician said, "I've never seen anything like it. Consider it a miracle. But there is no point in removing the tissue, because it is not a threat to the body. Talia can keep her leg."

There are, as of now, thirty similar Stories at BioPulse, but Loran hastens to add "The sooner people come to us, the better. Don't wait until you've exhausted your bone marrow and everything else and expect us to send you home cured. At that point, even if we are able to reverse the cancer, the body is so weakened from radiation and chemotherapy that it is vulnerable to infections and other problems that survival is still problematic."

As the doctors and staff at BioPulse are the first to state, thirty-odd cases treated over a four-month period is not conclusive proof that IHT is indeed a cancer cure for the millennium. But while this may not be equivalent to a large-sample study over an extended period of time, the absolutely amazing "anecdotal" results are no less compelling—especially for the three dozen patients who are the living, breathing "anecdotes."

Contact:

Besides treating patients, BioPulse is developing a program to train physicians in IHT. The BioPulse Rejuvenation Center is located in Tijuana, Mexico. Tel: 888-552-2855 (from U.S.); 801-233-9094 (outside U.S.); international direct: 011-526-686-1880. Fax: 801-233-9089. For more information on the Internet go to the Clinics section on www.alternativemedicine.com and click the BioPulse link.

How Conventional Medicine Suppressed a Promising Cancer Therapy for Forty Years - And How It's Been Revived

IHT was first used experimentally in 1928 by Manfred J. Sakel, a young Polish neuropsychiatrist. Insulin had only been discovered in 1921. Working at a mental hospital in Berlin, Dr. Sakel thought the substance might be helpful in treating morphine addicts. During his research, however, he had an accident, or, as he tactfully described it during a lecture in New York in 1933, he was helped "by chance." In his own words: "By chance I produced deeper hypoglycemic reactions than I had intended. I was able to observe that such reactions led to much quicker and more substantial alterations in mental states, and could even cause psychotic symptoms to vanish."

IHT was enthusiastically embraced to treat a variety of mental illnesses and thousands of patients received this therapy into the 1960s. It was then superseded by electric shock treatments, primarily because using electric shock was less labor-intensive and expensive.

IHT was used exclusively for the treatment of mental illness until 1957 when, again, "chance" intervened. That year, Dr. Surgis Koroljow, a psychiatrist and researcher practicing in New Jersey, treated two terminally ill cancer patients for severe depression.

The first patient was a 53-year-old woman who had a diagnosis of cervical cancer, confirmed by a biopsy. Upon commencement of surgery it was observed that the cancer had infiltrated surrounding structures and metastasized to the lymph glands, so the operational wound was closed and no further action was taken.

Electric shock therapy was contraindicated due to her debilitated and emaciated state, so Dr. Koroljow decided to employ IHT in an attempt to at least lessen her mental suffering. He began injecting small amounts of insulin and

gradually increased them until the patient was allowed to go into hypoglycemic sleep for an hour and a half, with her blood sugar level dropping as low as 22 mg/dL (normal is 100 to 150 mg/dL).

After ten weeks of five sessions per week, the patient had gained 32 pounds; her blood pressure was 125/75; her appetite was good; she slept well; and her mental condition was normal. One week after the termination of the IHT, she was examined by her surgeon who found no sign of malignancy. Another biopsy was performed, confirming the remission of the cancer. Two years later she was still well.

The second case was similar. A 62-year old woman was diagnosed with metastatic melanoma, with malignant nodes scattered throughout her body, confirmed by biopsy. After fifteen weeks of IHT, all traces of cancer were gone.

Dr. Koroljow published a paper on his work, and began treating cancer patients who came to his practice for psychiatric help. That's when the trouble began. According to Dr. Koroljow's widow, Maria Koroljow, M.D.—who is still currently practicing psychiatry—her husband began to be hounded by oncologists in the area, when their patients came back for re-examinations. He received a series of threatening phone calls, telling him that he was out of his field, and should only treat patients for depression. Finally, a letter arrived from the State of New Jersey, threatening to revoke his license to practice if he didn't cease treating cancer patients. In fear of the medical authorities, he complied. This remarkably promising therapy was not heard about again until 1998, when Dr. Koroljow's paper came to the attention of Wayne Martin, an 88-year-old private researcher in Alabama.

Martin was intrigued by what he read, and spoke about it to Helen O'Brien, a breast cancer survivor and activist. O'Brien contacted approximately 80 doctors and organizations to find someone who would reinvestigate IHT, without success. Then, in 1999, she brought it to the attention of Burton Goldberg, president of Alternative Medicine. Mr. Goldberg put O'Brien and Martin in touch with Loran Swensen, president of the BioPulse medical clinic in Tijuana. BioPulse's resident oncologist, Dr. Omar Sanchez, discussed it with his staff and it was decided to find a qualified medical doctor to implement the program. After a search they found Dr. Bernarda Lara, a critical care M.D. who had been Mother Theresa's personal physician. After several months of preparation, BioPulse commenced the use of IHT to treat cancer in June 1999. It is a tragedy that this protocol was quashed into oblivion for an entire generation afflicted with an epidemic of cancer.

(From Alternative Medicine, January 2000)

FROM THE INTERNET

Provocative Essays

by Burton Goldberg, editor of Alternative Medicine

The National Cancer Institute Does Not Want To Cure Cancer – Proof That they "Fixed" the Research

The National Cancer Institute (NCI) is doing everything it can to avoid finding a cure for cancer, and at taxpayer expense. Because it's in bed with the conventional medical establishment, NCI wants to keep successful alternative cancer treatments from being fairly tested, approved, and made available in the medical marketplace. I refer to the case of Stanislaw

Burzynski, M.D., Ph.D., medical director of the Burzynski Research Institute, Inc., in Houston, Texas. Dr. Burzynski is the inventor of an effective, non-toxic treatment for cancer called antineoplaston therapy, and for the last 12 years every available government, state, and medical agency has been doing its best to put him out of business.

Why? Because America's mainstream cancer establishment, led by the NCI (under the Department of Health and Human Services), seemingly does not want a cure or even a successful treatment for cancer to ever be found. That thousands of cancer patients suffer or die each year from lack of access to "approved" alternative cancer treatments is evidently of no concern to them.

The way the medical power structure is set up in the United States any cancer therapy must be tested, validated, and approved by the FDA in cooperation with the NCI before it can be officially and legally supplied to patients.

Theoretically, NCI and FDA use unbiased scientific criteria to make their determinations. In practice, they seem to bend science to deliver a predetermined outcome. When you sit at the top of the medical power structure, it's pretty easy to get the results you want. Here's how NCI fixed the research study to disqualify Dr. Burzynski's antineoplastons.

Dr. Burzynski had been using his antineoplastons for over a decade, successfully reversing life-threatening cancers in at least 30% of his patients whom conventional doctors had predicted would die. Antineoplastons are derived from amino acids and peptides, which are building blocks for proteins.

Dr. Burzynski originally identified and isolated at least 5 different antineoplastons in the urine of healthy humans. He determined that these molecules, naturally found in a healthy human body as part of its immune defence system, have a strong anti-cancer effect at a genetic level.

In fact, according to Dr. Burzynski, these molecules are able to turn off the activity of genes that would otherwise lead to cancerous (neoplastic) growths. They can actually stop cells from dividing and increasing, and eventually producing a tumor mass. It is almost as if cancer is the result of an antineoplaston deficiency.

Dr. Burzynski synthesizes antineoplastons in his 47,000-square-foot government-approved facility in Texas. For Dr. Burzynski's 3000 patients, antineoplaston treatment is a lifesaver; among prominent alternative physicians, the treatment is gaining respect and credibility. Outspoken alternative medicine advocate Julian Whitaker, M.D., for example, has stated: "This is a treatment I would try if I discovered I had cancer."

Even though getting an essentially hostile and intrinsically biased government agency such as NCI to cooperate fairly in a clinical trial to test and possibly approve an alternative cancer treatment is a dubious long shot, Dr. Burzynski knew NCI validation was necessary for the future of his antineoplaston therapy. In 1991, Dr. Burzynski began negotiating with NCI to set up a study involving his patients and protocols.

There were problems from the beginning and, in August 1995, NCI shut down the cancer trials and blamed the fail-

ure on Dr. Burzynski. However, a careful study of the correspondence between him and NCI officials reveals how NCI deliberately and craftily scuttled the research trials, then tried to cover its tracks with bureaucratic backfilling and misleading statements. They weren't quite clever enough because they left a smoking gun.

In October 1995, NCI released a statement to the press and public called "Cancer Facts," explaining why the antineoplaston trials, part of its official Cancer Therapy Evaluation Program (CTEP), were closed. NCI's "facts" were more sleight-of-hand and misrepresentation than fact.

First, NCI said that out of Dr. Burzynski's "entire" clinical experience, he was able to select only seven brain tumor patients who had benefited from antineoplastons. The inference, of course, is that for the several thousand other patients, the therapy had been ineffective. According to Dr. Burzynski, he prepared "dozens of cases for the NCI reviewers." They had seen only seven because they had budgeted only one day to visit his office.

Second, NCI claimed Dr. Burzynski had not included all available patient information. The opposite is true, says Dr. Burzynski, who notes that an NCI official actually commended him on "how complete and well-organized" his patient studies were.

Third, specific ground rules were established by Dr. Burzynski. At the dosage level to be tested, only patients with a tumor of a specific size would be included in the study. At the time, NCI agreed, but in late 1993, Michael A. Friedman, M.D., Associate Director of CTEP, asked Dr. Burzynski if NCI could change the protocols and make cancer patients with bigger tumors eligible. Dr. Burzynski said no, because this would require a stronger dose, not agreed-upon in the study.

In a letter dated November 2, 1993, Dr. Friedman acknowledged this and agreed that NCI would "accede to all the modifications that you have stipulated." In March 1994, Mario Sznol, M.D., also of CTEP, asked Dr. Burzynski if they could modify the protocols. In April 1994, Dr. Burzynski declined again, requesting a separate trial for patients with larger tumors. After all, the clinical future of his antineoplastons was at stake and they must be given a test equal to their therapeutic abilities. It's hard to believe that anyone at CTEP or NCI really wanted any proof to emerge that antineoplastons worked.

The dates are not clear for the next stage, but at some point NCI disqualified two patients from the ongoing study. One patient no longer had any detectable cancer cells; the second had skin reactions, not from antineoplastons, but from a different drug. Actually, this skin condition had improved under antineoplastons. In other words, the minute NCI saw evidence of antineoplastons working, they scuttled the data by withdrawing the two patients and thus the evidence.

In early 1995, NCI investigators modified the testing protocols without Dr. Burzynski's permission or knowledge. Later, when challenged by him, Dr. Sznol tried to prove that what they had done was not that much different from "criteria and methods in [Burzynski's] experience."

A few months later, the legal advisor for NCI's parent organization, the National Institutes of Health, told Burzynski that permission of a drug's inventor "is not required" in order to make changes in a study. In effect, NCI was saying they can change the research rules anytime they want and Dr. Burzyn-

ski can't stop them. For good measure, NCI also blamed the change in rules on its research affiliate, Memorial Sloan-Kettering Cancer Center in New York City, who, in turn, blamed NCI.

Finally, NCI said they dropped the studies because "there was no hope of completing the studies in a timely manner." Since when is there a time limit when it comes to saving lives? NCI has already had more than 30 years to find a cancer cure. Is this a "timely" manner?

The net result of NCI's shady backroom maneuvers is that the trials were halted and Dr. Burzynski's antineoplastons are no closer to government approval in 1996 than they were in 1991. Science is not always completely objective; if you are clever, you can set up an experiment to prove (or disprove) virtually anything you want.

NCI was able to stack the odds against antineoplastons by altering the eligibility criteria so they would be tested under conditions for which they were not designed. It's like fixing a horse race because you've bet heavily on a lame horse (chemotherapy) that would otherwise not even place. Then, when the antineoplastons did poorly, NCI could claim they had scientifically and objectively evaluated them and antineoplastons had come up short. But as the documents suggest, it was a rigged outcome.

If NCI was genuinely interested in finding a non-toxic alternative to conventional cancer treatment, they would have worked with Dr. Burzynski every step of the way, on his terms as the inventor and prime clinical user of antineoplastons. They could have assured that this therapy would be given the best conditions in which to exhibit and prove its benefits. Instead, they used the situation to discredit it.

Today, almost 1 out of every 3 Americans is expected to develop cancer. Existing conventional cancer treatments are dangerous, toxic, expensive, and usually ineffective. NCI should be doing everything possible to find safe, non-toxic, and effective alternatives for cancer treatments. Instead, they are conspiring with our tax dollars to defraud the U.S. public of life after cancer.

From: <http://alternativemedicine.com>

(continued from page 4)

Iris Jaffray 77 years

Iris was born en route to South Africa and grew up in New Zealand. When war broke out she joined RNZ Women's Airforce as a nurse. Later she worked at Concord Hospital. After her son Julian was born she returned to NZ where she worked as crew for St John's Ambulance NZ.

Julian had married and she returned to Australia to enjoy the pleasures of being a grandmother in a loving family. She worked for Community Aid Abroad and 2RPH radio for the print handicapped.

A valued member of CISS, she lived a full life, born on New Years Eve, she always loved the 'fireworks' celebration of her birthday.

Vale Iris, we will all remember you and continue to love your family.

Thelma Clarke, CISS Gosford

FROM BOOKS

Some thoughts on "healing"

The following is an excerpt from a book called Absolute Truths by Susan Howatch, Harper Collins, London 1994. In it the main character in the book, Bishop Charles Ashworth, is discussing healing with Father Lewis Hall, who describes himself as an Anglo-Catholic

"Hall began by giving his views on the ministry of healing. He insisted that the healer should be a mere channel for the Holy Spirit; he denounced all healing ministries in which the healer allowed the cult of the personality to flourish; he condemned the healers who ignored the fact that humility and a devout life were essential if they were to avoid corruption; he rejected the idea of a ministry which involved regular, large, emotional services of healing; he insisted that although healing centres might accept donations for the furtherance of their work, the people who worked there should never charge the sick for their ministrations, and he recoiled from the notion that his own services should ever be marketed in a commercial manner.

Then having erected this strictly orthodox framework for my approval he became more original. Highly sceptical of instant wonder-cures, he thought healing took place best over a period of time within the quiet, undramatic context of a prayerful community.

'In the mental hospital where I worked,' he said, 'we had a small core of praying people - both staff and patients - and the daily mass. I did practise the laying-on of hands, and also anointing where appropriate, but it was all done in an atmosphere devoid of melodrama. The aim was to make each patient feel cherished and cared for, and the aim was expressed through counselling and befriending. I also introduced music therapy, because music often speaks to people who can't be reached by words. I wanted to introduce painting as well, but the occupational therapists decided I was trespassing on their territory and they made a fuss.'

'Was that when you decided you'd be better off in a less narrow environment?'

He said it was. 'And as soon as I tried to visualise the ministry outside the hospital,' he added, 'I saw myself in an Anglo-Catholic parish setting with a daily celebration of the mass and a congregation who would pray for the sick. I would still be healing in small groups but there would be more opportunity to be innovative - and certainly more opportunity to help a wider range of people. I thought how I could train volunteers to share the task of listening and befriending - that was an idea I got from Chad Varah's Samaritans, of course ...'

He went on to draw the vital distinction between a cure and a healing; a cure signified the banishment of physical illness but a healing could mean not just a physical cure but the repairing and strengthening of the mind and spirit to improve the quality of life even when no physical cure was possible. '... so the role of befriender, providing strength through the alleviation of loneliness and fear, can be in its own way as vital as the role of the doctor - although I would hope to have doctors too at my healing centre eventually, because orthodox medicine and spiritual healing should be complementary and not opposed to each other ...'

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FROM THE JOURNALS

Case Study

I BEAT MY BREAST CANCER THROUGH DIET

I was shattered when I was told I had cancer. The doctor said I had to have a radical mastectomy on the right breast and a partial mastectomy on the left breast, followed possibly by chemotherapy or radiotherapy, or both, and removal of lymph nodes if deemed necessary.

It was obvious from the Internet that people in America treat many different types of cancer with a non-carcinogenic, organic diet and vitamins and minerals, plus other natural plant extracts.

I then decided to seek another opinion from Dr Jean Monro, who runs her own Allergy & Environmental Medicine

Hospital in Hemel Hempstead, Hertfordshire (01442 261333), as I had known her for many years, and felt I could rely on her implicitly. She confirmed that I had Paget's disease of the nipple, which could produce multiple tumours overnight, and which could spread rapidly. Together, we designed a programme of treatment, including vitamins A, C, E, all the Bs, magnesium, betaine, folic acid, linseed oil capsules and other items, some of which were taken intravenously.

I attended the hospital each day as an out-patient. I started my treatment programme in mid-November 1998, and within a fortnight, I felt 20 years younger. On 1 February 1999, my blood test results were normal; the cancer had regressed, and was not now apparent. My intravenous injections were gradual-

ly reduced, one by one, and I have now ceased my hospital treatment.

My oral supplements, which I take at home, include vitamins and minerals, plus other supplements and natural plant extracts. I also take Jason Winter's tea, and Essiac.

I now anticipate being alive to see my grandchildren grow up and would advise anyone in a similar position to seek a second or even a third opinion, until they are satisfied that the information they are given is correct.

I was convinced that there had to be an alternative to surgery and chemotherapy. I hope this gives people hope, and the chance to say 'If she can do, why can't I?' Take control of your life, and help your body to heal itself.

HE

West Ashling, West Sussex

From What Doctors Don't Tell You, December 1999, Vol 10, No. 9

BREAST CANCER: FIGHTERS BECOME SURVIVORS

Researchers investigating breast cancer survivors have discovered that a "fighting spirit" can positively influence the outcome.

In a study of 578 women, researchers at the Royal Marsden Hospital in London found that after five years, 395 of the women were alive and well without relapse, while 50 were alive with relapse and 133 had died. A significantly increased risk of relapse or death occurred in those women whose psychological profiles revealed a high rate of helplessness, hopelessness and depression, while those who felt hopeful and empowered tended to have the best prognosis.

Scientists rarely evaluate the role of personality type and emotions in the recovery from serious illness. However, these results add to a growing body of opinion which holds that there is a tangible link between emotional states, such as depression, and immunosuppression (Lancet, 1999; 354: 1331-6).

WDDTY

December 1999 Vol 10 No 9

FROM THE NEWSPAPERS

Healing power of strangers' prayer

An experiment appears to show that having people pray for you — people who know nothing about you except your first name — reduces your complication rate in hospital.

Cardiologists at St Luke's Hospital in Kansas City took a group of about 1,000 people admitted to the coronary care unit over one year. Every time a new patient was admitted, the chaplain was notified. He told his secretary only the first name of the new patient, and she put it into one of two groups — to be prayed for, or not. She contacted a prayer leader, passed on the first name and nothing else.

Members of the prayer group could be of any denomination, or none, but had to believe in God and believe prayer helps heal the sick. They were asked to pray daily for 28 days, asking for "a speedy recovery with no complications".

Members of the prayer group didn't meet each other. They didn't meet the patient. They didn't come to the hospital. They weren't told whether their prayers were working or not.

They just prayed.

In the end, the group being prayed for had 10 per cent fewer complications than those who weren't being prayed for.

It's not the only research linking religion with health. For example, Seventh Day Adventists are healthier in all sorts of ways than non-Adventist neighbours, with less cancer, less heart disease and bigger babies.

This is usually put down to their vegetarian diet and general taboos against fun of the pharmaceutical kind, but only half are vegetarians and some smoke and drink.

But many pray, many tithe their income and many spend Sundays as quiet days with their families.

The research was published in the US journal *Archives of Internal Medicine*.

It was a repeat of a 1988 study which showed similar results.

In science, once is a fluke, an idea, a suggestion. Twice is proof, or pretty close to it. This is twice.

Mark Ragg

Sydney Morning Herald, 22 November 1999

Cancer blues 'a disorder'

Up to 45 per cent of women with early breast cancer experienced an anxiety or depressive disorder that was unrecognised and untreated.

New clinical practice guidelines on breast cancer, to be released today, say there is overwhelming scientific evidence that counselling significantly improves the quality of life for women with breast cancer.

The chairwoman of the National Breast Cancer Centre's psychosocial working group, Dr Jane Turner, said there was reluctance, even among some health professionals, to acknowledge that depression after a cancer diagnosis was not just a normal grief reaction.

The guidelines recommend how best to tell women they have cancer, provide information about treatment options and how to involve them in decisions about their health care.

The Age

Sydney Morning Herald.

14 February 2000

Chinese aid in cancer war

By DAVID LEWIS

Cancer claimed the lives of 34,000 Australians last year. Despite ongoing research, the disease remains resilient against the weapons orthodox medicine use against it.

But there is another option for patients facing a dire diagnosis — traditional Chinese medicine (TCM).

Pioneered by Chinese Maoist teachings 3000 years ago, TCM philosophy hinges on Qi (life force) and the yin and yang theory, which divides the workings of the universe and the human body into two opposite yet mutually dependent entities.

Health, according to TCM doctrine, is determined by the body's ability to maintain a balance and keep the Qi flowing freely along its 12 meridians or channels.

Western science finds it hard to come to grips with such thinking because Qi and the meridian energy grid can't be dissected and measured under the microscope.

Dr Qi Xi Chen is one of only three TCM practitioners in Australia



Effective ... Chinese herbs

who specialises in tackling malignant tumours. His modest Ryde surgery overflows with testimonials from patients lauding his life-saving cocktail of herbal potions, acupuncture, massage, meditation and radical dietary changes.

His interventions have proven so successful — even with patients given only months to live — that sections of the orthodoxy are now acknowledging the benefits of TCM.

"I'm not saying it offers cures but there are certainly physical and psychological benefits which can-

not be questioned," says Dr David Bell of the Royal North Shore's oncology unit.

"People feel better, put on weight and believe they have some control in fighting the disease.

"A lot of my patients also see Dr Chen and I'm happy to work in conjunction with him. It's important to use different approaches when dealing with cancer."

Of the 50 or so patients under Chen's care, he says a quarter are in remission and a further 55 per cent are successfully holding the disease at bay, or as Chen puts it, "living with cancer".

"I can't change the course for everyone and I make no promises," says Chen, who holds a degree in orthodox medicine and a post-graduate degree in TCM.

"The body is the real hero. What I try and do is produce an internal environment where healing can take place.

"It's clear that Chinese medicine can enhance the effectiveness of radiation and chemotherapy and substantially reduces their side effects.

"Acupuncture and herbs from China, of which we use over 1000, boost the immune response and enables the body to better battle cancer. At the very least I can greatly improve the quality of life and ease patients' discomfort."

He attributes a higher incidence of cancer here than in his native China to such factors as pesticides used on fruit and vegetables.

The doctor also notes a lack of trace elements, such as the powerful anti-oxidant selenium, in Australian soils.

Researchers at Sydney University have already successfully isolated and tested anti-cancer properties from some Chinese herbs and are now striving to prove their effectiveness.

"About a third of the most important drugs in Western medicine are of natural origin and drug companies have been looking for new products in China for some years," says the university's head of cancer medicine, Martin Tattersall.

"Some of these chemicals are novel and we have every hope they will go places."

THE DAILY TELEGRAPH, Monday, February 21, 2000

GPs warm to alternative therapies

By MARK RAGG

The first comprehensive study of the use of alternative therapies by Australian doctors has shown that some of them are well accepted.

Most GPs have referred patients for meditation, acupuncture, hypnosis and chiropractic, according to the study published in today's issue of the *Medical Journal of Australia*.

One third have trained in meditation, while more than 20 per cent practice acupuncture. About half the doctors surveyed wanted training in either meditation, hypnosis or acupuncture.

A separate study, also published in the journal, found that more than 70 per cent of cancer specialists believed meditation and relaxation to be of help to patients, while more than one third believed acupuncture and hypnotherapy helpful.

But most cancer specialists find other alternative therapies, such as high dose vitamin C, macrobiotic diets, coffee enemas, ozone therapy and shark cartilage either neutral or positively harmful.

The cancer specialists' study,

Soul provider

Training and practise of complementary therapies among GPs

MEDITATION

HYPNOSIS

ACUPUNCTURE

HERBAL MEDICINE

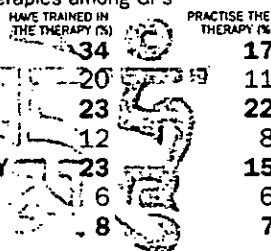
VITAMIN AND MINERAL THERAPY

NATUROPATHY

CHIROPRACTIC

SMH GRAPHIC 7.2.00

SOURCE: ADAPTED FROM MEDICAL JOURNAL OF AUSTRALIA



carried out by the NSW Cancer Council and covering 161 of the 265 oncologists in Australia, found few specialists knew a lot about alternative therapies.

The best understood alternative therapies were acupuncture, antioxidant use, meditation and microwave therapy. But practices such as iridology, aromatherapy, immune-enhancing therapy and ozone therapy were little understood.

The GPs' study, carried out by the University of Melbourne, was based on a postal survey of 800 Victorian GPs, with 488 responses.

It showed GPs perceived

alternative therapies in two groups. Most doctors had referred patients for acupuncture, meditation or hypnosis, while fewer than one third had referred patients for homeopathy, aromatherapy, osteopathy and spiritual healing.

Most GPs would not encourage their patients to see a chiropractor, but interestingly, most had referred them to one.

Another feature of the study was that for most alternative therapies, doctors were twice as likely to have studied them than use them.

The exception was acupuncture, which was practised by most

doctors who had studied it. It is the only alternative therapy for which GPs trained in it receive a specific Medicare rebate.

These findings sit among signs of a decade-long trend towards the mainstreaming of alternative therapies.

Individual Australians now spend more money on alternative therapies than on prescribed pharmaceuticals, although government subsidies ensure more money is spent overall on pharmaceuticals.

At least 20 per cent of Australians see some sort of alternative therapist in a year, and half of us use some form of alternative therapy each year.

However, United States surveys suggest that most people who see non-medical alternative therapists do not tell their doctors.

For this reason, groups such as the Royal Australian College of General Practitioners have been running education programs on alternative therapies.

Even the top universities have started offering courses in alternative medicines, with Sydney University joining in this year.

FROM Sydney Morning Herald, Saturday, February 7, 2000

CANCER INFORMATION & SUPPORT SOCIETY



NEWSLETTER

CISS Home Page:
<http://www.ciiss.org.au>

The Secretary
Cancer Information &
Support Society
6/81 Alexander St
Crows Nest NSW 2065
Phone/Fax: (02) 9906 2189
Office hours:
Tuesdays: 10.00 - 1.00
2.00-4.30

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INSERT CISS Values/Services Survey
INSERT Membership Renewal Form

Calendar of Events and September, October and November Guest Speakers

(Held on 4th Saturday of each month at the Swedenborg Centre, 1 Avon Road, North Ryde unless stated)

- Monday 18 September 7pm Senior Citizens Centre, Albany St, Gosford: **John Conan** tells Ben's story see p. 3
- Saturday 23 September 2.00 - 4.30 pm **Paul Murray** is participating in a large clinical trial to evaluate lifestyle changes as a
treatment for prostate cancer. Paul will describe the protocol and discuss some of the
experiences he has had treating his prostate cancer.
(12.30- 1.30pm Meeting of the prostate cancer support group)
- Monday 9 October 7pm Senior Citizens Centre, Albany St, Gosford: **Robert Todd**, hypnotherapist. See p. 3
- Monday 16 October 7pm, Senior Citizens Centre, Albany St, Gosford: **Bernard Trainor** (see item below)
- Saturday 28 October 2.00 - 4.30 pm **Bernard Trainor** has recovered from a brain tumour after treating himself. He will
discuss his use of meditation, positive thinking, nutrition, pain control, healing, living
and dying, and positive emotions
- Saturday 25 November 2.00 - 4.30 pm To be decided. See November/December Newsletter
(12.30- 1.30pm Meeting of the prostate cancer support group)

The Cancer Information & Support Society is an educational, non- profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

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OVERSEAS NEWS

"Universal" Cancer vaccine questioned

A recent report in Nature Medicine by researchers at Duke University Medical Center and Geron Corporation in California has been greeted with a justifiably sceptical response.

One theory behind the use of cancer vaccines is to stimulate the immune system to build cells that recognise, attack and kill cancer cells. The problem of the proposed universal cancer vaccine is that it is being designed to target the enzyme telomerase, a protein present in all major human cancers that, it is argued, allows the tumours to grow unchecked.

Unfortunately telomerase is found in some types of normal cells, including those of essential stem cells of the bone marrow, reproductive organs and probably other tissues.

For these reasons Professor Nick Lemoine from Britain's Imperial Cancer Research Fund is sceptical of this approach. "There is a significant danger that triggering the immune system to seek and destroy telomerase-positive cells could do more harm than good. (Sydney Morning Herald August 31)

LOCAL NEWS

Medical Practitioners Act amended

In September 1998 the NSW Health Dept called for submissions to the panel reviewing the NSW Medical Practice Act 1992. (See CISS Newsletter May/June 1999.)

Walter Last reports that in the latest amendments to the Act both of the clauses restricting cancer therapy have been removed. These were clauses 108 and 109.

Section 108, provided that a person other than a registered medical practitioner must not hold him or herself "to be entitled, qualified, able or willing to cure" a range of diseases specified in the Act's Regulations. The diseases concerned were AIDS, cancer, diabetes, epilepsy, hepatitis, HIV infection, leukemia, multiple sclerosis, poliomyelitis and tuberculosis. This provision did not preclude unregistered persons from treating patients for one of the specified diseases. Rather the prohibition was limited to preventing such persons from advertising cures.

Under Section 109 an unregistered person could not supply a substance about which the manufacturer or supplier claimed that the substance was likely to have the effect of preventing, curing or alleviating cancer.

Walter reports that the Act amending the Medical Practice Act was assented to on 5 July 2000. It should by now have come into effect.

NSW has quietly passed another important milestone with the removal of these restrictions on the use of alternative cancer therapies.

The Energy Approach to Healing

One of the popular approaches used to treat cancer and other diseases starts from the assumption that all disease results from blockages of energy paths or Ch'i in the body.

In recent months several different developments have highlighted the similarity of different therapies:

Our July speaker Gye Bennetts described five element acupuncture. This sees people as being made up of five different personality types which make them susceptible to particular emotional problems. The five elements of water, fire, metal, wood and earth represent the five organ systems, each dependent on the proper functioning of the other four. The art of the 5 element acupuncturist is to diagnose the personality type and the main organ system affected; then provide acupuncture to release the blockages in the main organ system caused by the underlying emotional problem. (see next newsletter for further details).

A second technique related to this is body electronics. In our Nov/Dec 1998 newsletter we reported on an interview with Dr John Whitman Ray in which he described his technique of Body Electronics. This involves preparing the individual for therapy with an individualised set of supplements then subjecting them to a series of point-holdings at specific acupressure points. This is claimed to release the build-up of toxins and stress stored in various parts of the body allowing the body to heal and regenerate itself. According to its proponents it can restore the use of limbs and sight. A recent article in the New Idea describes a particular regeneration using body electronics. (see page 8)

CISS Mission Review – Have Your Say

Thank you for your thoughtful responses to the questionnaire in our May/June Newsletter. Your answers have been used by the review team to create a comprehensive list of the possible values and services that CISS should provide.

We now ask you to tell us which values and services are most important to you by completing the enclosed CISS Member Survey of desired Values and Services.

Welcome to new members

Elba Araya, John & Kay Croucher, David Hayson, John Kavanagh, George Leppard, Elizabeth Longley-Bourne, Gloria Peacock, Margaret Morris & Frank Moore, Gerry O'Sullivan, Jane Seeger.

Donations to CISS

July: D.A. \$30; B.B. \$20; P.C. \$10; G.F. \$20; M.G. \$15; W. L. \$20; G.M. \$15; I.T. \$25

August: B. & H.A. \$55; L.A. \$50; S.B. \$10; A.C. \$5; H.C. \$5; R.C. \$65; P.D. \$15; J.G. \$20; T.G. \$15; N.H. \$65; A.I. \$15; H.N. \$5; J. & G.O. \$10; J.P. \$15; M.P. \$30; S.P. \$25; J. W. \$6.90

September: F.P. \$5; A.W. \$10.

Bovine Cartilage for CISS Members

A reminder that Serge Magnery, the manufacturer of Liquid Bovine Tracheal Cartilage, will supply it to anyone with cancer at a reduced cost. For details contact Tom Nestel at 18 Thomas Avenue Roseville 2069, Phone (02) 9416 2202.

It is also available for those in the Hunter Valley and Newcastle area from Ted Berghofer who may be contacted on (02) 4951 8562 or at 17 George St, Wallsend 2287.

Do you have a prostate problem?

If so we would like to hear from you, especially if you live outside Sydney. There's a lot we can do by mail or phone. Call Tom Nestel, Convenor of the Prostate Support Group - (02) 9416 2202.

Have you tried the Breuss therapy?

We have a request from a member for any positive outcomes from using the Breuss therapy. If you have tried it and got positive results, please contact the CISS office.

CISS profiles

In line with a decision by the committee to add some more personal touches to the Newsletter this issue features a profile of Susie Benjamin (see next page).

Membership Renewals Overdue

Members are reminded that all CISS membership subscriptions fell due on 1 July, except for those who have joined since 1 January this year. A membership renewal form is enclosed with this newsletter for those who have not yet renewed. Please note the increase in membership from \$30 to \$35 for single members and from \$40 to \$45 for couples.

Share Your Experiences

At the August meeting Denise Fong and James Garland shared their experiences of a range of cancer therapies. For those who can't get to these Saturday monthly meetings, share your experiences with the various therapies, both conventional and alternative, by writing to us. We will put it in the Newsletter so others can benefit from them.

(LOCAL NEWS continued on page 12)

FROM MEMBERS

From Brian Brett, PO Box 685, Nelson, New Zealand

This is to explain why I shall not be renewing my subscription to the Society this year. For some time I have been concerned that it has become bogged down in detail and is failing to address the important issue of cancer prevention as opposed to treatment. It seems to be well established that cancer a disease of civilisation and therefore to some extent dependent on lifestyle and hence largely self-inflicted. To attempt to eradicate this disease by treating symptoms must ultimately prove to be futile. That this is so can be clearly seen from the fact that, by and large, cancer is on the increase world-wide in spite of the vast sums of money spent on scientific research and treatment.

The multiplicity of 'alternative' or complementary therapies, remedies and treatment, constantly being added to, alongside the 'breakthroughs' regularly triumphed in the Press, only serve to cloud the issue as most of them endure only until the next one is announced, upon which they fade away and are heard of no more. Cancer sufferers are desperate people, clutching at straws to save themselves. With so many choices, constantly changing, they can only become

confused and despondent as one after another of the 'miracles' fails to work.

I appreciate that every effort should be made to enable the latest information to be made available to your members so that they may decide for themselves what to do. In this respect I believe that the greatest value of the Society is the opportunity it offers for individuals to meet and provide mutual support. However, the fact that lifestyle changes are perhaps the most important part of any treatment and certainly of prevention is, I believe, insufficiently dealt with. As an overseas subscriber I am unable to take part in mutual therapy and so the value of the Society for me is necessarily limited.

I wish you well in your endeavours and admire the work that you are doing. If a 'magic bullet' should perchance be discovered it will of course be immediately suppressed as otherwise the whole profit-motivated cancer Industry would come crashing down. But don't let this deter you - it could happen.

With best regards, Brain Brett

NEWS FROM THE BRANCHES

From Gosford

I want to tell you about our helpers - the volunteers who have come every meeting for years: One, Liz Humphries, is like myself a foundation member. Liz has faithfully done wonderful relaxations for us - for most of those years; Barry who offers Reiki healing; Jerry, Irene, Brian and others over the years have supported Barry; Joan, who does the Library, and our "newest" Betty who does "the door". Where would we be without you all. And all the others who have helped over the years. Thank you all. It could not have happened without you. Love from Thelma Clarke, CISS Gosford.

Coming talks: All at 7pm at the Senior Citizens Centre, Albany St, Gosford -

Monday 18 September - John Conan tells "Ben Conan's Story". Ben has a brain tumour. He is 8 years old. He is almost blind, but he ran 800 metres at his school last Monday and finished in the middle of the field. This is a story of courage, of seeking a cure and of support by a community. This ongoing story of family love is one we all need to hear.

Monday 9 October - The final talk in the series by Robert Todd. These are very rewarding and enjoyed by everyone attending. Cost is \$10.

Monday 16 October - Bernie Trainor from CanHelp. Bernie was trained by Ian Gawler and will describe his "Wellness Course". "How I got involved (brain tumour), a 12 week course in meditation, positive thinking, nutrition, healing causes and solutions, pain control, living and dying, positive emotions. For further info contact Thelma on (02) 4328 4794.

FROM MEETINGS

Guest Speaker Report

Pauline Rose from CEM (Complementary & Ecological Medicine) - spoke to CISS on Saturday 27 May.

Pauline began by describing cancer as a failure of the body's immune system to adequately defend itself. Mainstream treatments typically do not acknowledge this. Radiotherapy and chemotherapy are *Catabolic*, that is, they may be destructive to
(continued next page)

CISS Personal Profiles

Susie Benjamin— Office Co-ordinator

I first heard about CISS soon after I met Don (my husband) in 1989 and didn't have a clue what it was. Then I went to a CISS Seminar and heard nine members tell their story about dealing with cancer. It was an inspiring experience and when asked to work in the CISS office in 1994 I was happy to say yes.

I had worked in various offices and done some telephone counselling and courses in aspects of personal development, and after I learned my way around CISS everything came together for me in a job I love. Talking to members is great and I like doing the paperwork too.

Members often ask me if I've had cancer. No I haven't, but at 28 I had what was called a severe psychiatric illness which took a long time for my recovery. As I got better I started a long (lifelong) trek to find out what and why and who and how about myself. It's often been a painful and difficult business, and I've had therapy for years off and on; but I've found more and more health and happiness as I've got older. Marrying Don has been a wonderful bonus.

While I was a single mother (my first marriage ended in divorce) and my two daughters were starting their adult lives, I found life easier; but I knew that in order to have more "growings" I needed complexity in my life. I have found it. Now with marriage, CISS, a part-time job in a bookshop, adult children, grandchildren, it's a juggling act



to find enough time to read, walk, garden, see friends, go to movies, learn drawing, sing in the Messiah... and time to think.

(Continued from page 3)

cancer but they also attack the host. This means these treatments typically deplete resources, particularly the immune system, and cause rapid aging.

Pauline presented the following treatments offered by the CEM Centre and quoted a number of successes with advanced cases. Each of these treatments is *anabolic*, that is, designed to re-build a person's natural defences and is relevant for both prevention and cure:

- Detoxification including bowel, liver and lymphatic system.
- Nutritional program
- Intravenous Vitamin C
- Homoeopathic Program
- Electromagnetic Program
- Emotional therapy

Nutritional Program – All cancer patients that Pauline has seen have shown deficiencies. An effective program (must be individualised or patient specific) will, enhance the immune system, enable healthy cells to become healthier, detoxify the body, define supplement needs, restore friendly bacteria, enhance natural enzymes, restore adequate amounts of EFA, address antioxidant requirements, limit viral and parasite infections, and encourage dietary changes.

Bioelectrical Medicine – Pauline presented three tools as the future of medicine.

1. **LISTEN or EQ4 Machine** – this computer based system uses measurements of the acupuncture meridians to sense a body's homoeostasis and prescribe treatments which return balance. It is capable of reading all major organs, glands and tissues, to assess nutritional status and supplements, food sensitivities and allergies, and manage treatments. Printed reports assist monitoring and management.
2. **BARE-RIFE** – an instrument that generates specific frequencies designed to correct a wide range of human conditions including, cancer, ulcers, viruses, eczema, chronic fatigue, parasites and digestive problems.
3. **QRS Mat** – this was the subject of a CISS study to be reported shortly. Benefits include immune support, improved circulation and oxygenation, cellular energy gains, enhanced post operative healing, and melatonin release.

Emotional therapy – Our emotional state directly affects our immune system. CEM offers a unique program called Newcode PSH (Private Subconscious-mind Healing) which is designed to help the inner abilities of the mind to privately and completely resolve underlying causes of symptoms.

FROM THE JOURNALS

From The April 2000 Issue of Nutrition Science News
Vol 00/04

Cancer's Sweet Tooth

by Patrick Quillin, PhD, RD, CNS

During the last 10 years I have worked with more than 500 cancer patients as director of nutrition for Cancer Treatment Centers of America in Tulsa, Okla. It puzzles me why the simple concept "sugar feeds cancer" can be so dramatically overlooked as part of a comprehensive cancer treatment plan.

Of the 4 million cancer patients being treated in America today, hardly any are offered any scientifically guided nutrition therapy beyond being told to "just eat good foods." Most patients I work with arrive with a complete lack of nutritional advice. I believe many cancer patients would have a major improvement in their outcome if they controlled the supply of cancer's preferred fuel, glucose. By slowing the cancer's growth, patients allow their immune systems and medical debulking therapies--chemotherapy, radiation and surgery to reduce the bulk of the tumor mass--to catch up to the disease.

Controlling one's blood-glucose levels through diet, supplements, exercise, meditation and prescription drugs when necessary can be one of the most crucial components to a cancer recovery program. The sound bite--sugar feeds cancer--is simple. The explanation is a little more complex.

The 1931 Nobel laureate in medicine, German Otto Warburg, Ph.D., first discovered that cancer cells have a fundamentally different energy metabolism compared to healthy cells. The crux of his Nobel thesis was that malignant tumors frequently exhibit an increase in anaerobic glycolysis--a process whereby glucose is used as a fuel by cancer cells with lactic acid as an anaerobic byproduct--compared to normal tissues¹. The large amount of lactic acid produced by this fermentation of glucose from cancer cells is then transported to the liver. This conversion of glucose to lactate generates a lower, more acidic pH in cancerous tissues as well as overall physical fatigue from lactic acid buildup^{2,3}. Thus, larger tumors tend to exhibit a more acidic pH⁴.

This inefficient pathway for energy metabolism yields only 2 moles of adenosine triphosphate (ATP) energy per mole of glucose, compared to 38 moles of ATP in the complete aerobic oxidation of glucose. By extracting only about 5 percent (2 vs. 38 moles of ATP) of the available energy in the food supply and the body's calorie stores, the cancer is "wasting" energy, and the patient becomes tired and undernourished. This vicious cycle increases body wasting⁵. It is one reason why 40 percent of cancer patients die from malnutrition, or cachexia⁶.

Hence, cancer therapies should encompass regulating blood-glucose levels via diet, supplements, non-oral solutions for cachectic patients who lose their appetite, medication, exercise, gradual weight loss and stress reduction.

Professional guidance and patient self-discipline are crucial at this point in the cancer process. The quest is not to eliminate sugars or carbohydrates from the diet but rather to control blood glucose within a narrow range to help starve the cancer and bolster immune function.

The glycemic index is a measure of how a given food affects blood-glucose levels, with each food assigned a numbered rating. The lower the rating, the slower the digestion and absorption process, which provides a healthier, more gradual infusion of sugars into the bloodstream.

Conversely, a high rating means blood-glucose levels are increased quickly, which stimulates the pancreas to secrete insulin to drop blood-sugar levels. This rapid fluctuation of blood-sugar levels is unhealthy because of the stress it places on the body (see glycemic index chart, p. 166).

Sugar in the Body and Diet

Sugar is a generic term used to identify simple carbohydrates, which includes monosaccharides such as fructose, glucose and galactose; and disaccharides such as maltose and sucrose (white table sugar). Think of these sugars as different-shaped bricks in a wall. When fructose is the primary monosaccharide brick in the wall, the glycemic index registers as healthier, since this simple sugar is slowly absorbed in the gut, then converted to glucose in the liver. This makes for "time-release foods," which offer a more gradual rise and fall in blood-glucose levels.

If glucose is the primary monosaccharide brick in the wall, the glycemic index will be higher and less healthy for the individual. As the brick wall is torn apart in digestion, the glucose is pumped across the intestinal wall directly into the bloodstream, rapidly raising blood-glucose levels. In other words, there is a "window of efficacy" for glucose in the blood: levels too low make one feel lethargic and can create clinical hypoglycemia; levels too high start creating the rippling effect of diabetic health problems.

The 1997 American Diabetes Association blood-glucose standards consider 126 mg glucose/dL blood or greater to be diabetic; 111-125 mg/dL is impaired glucose tolerance and less than 110 mg/dL is considered normal. Meanwhile, the Paleolithic diet of our ancestors, which consisted of lean meats, vegetables and small amounts of whole grains, nuts, seeds and fruits, is estimated to have generated blood glucose levels between 60 and 90 mg/dL⁷. Obviously, today's high-sugar diets are having unhealthy effects as far as blood-sugar is concerned. Excess blood glucose may initiate yeast overgrowth, blood vessel deterioration, heart disease and other health conditions⁸.

Understanding and using the glycemic index is an important aspect of diet modification for cancer patients. However, there is also evidence that sugars may feed cancer more efficiently than starches (comprised of long chains of simple sugars), making the index slightly misleading. A study of rats fed diets with equal calories from sugars and starches, for example, found the animals on the high-sugar diet developed more cases of breast cancer⁹. The glycemic index is a useful tool in guiding the cancer patient toward a healthier diet, but it is not infallible. By using the glycemic index alone, one could be led to thinking a cup of white sugar is healthier than a baked potato. This is because the glycemic index rating of a sugary

food may be lower than that of a starchy food.

To be safe, I recommend less fruit, more vegetables, and little to no refined sugars in the diet of cancer patients.

What the Literature Says

A mouse model of human breast cancer demonstrated that tumors are sensitive to blood-glucose levels. Sixty-eight mice were injected with an aggressive strain of breast cancer, then fed diets to induce either high blood-sugar (hyperglycemia), normoglycemia or low blood-sugar (hypoglycemia). There was a dose-dependent response in which the lower the blood glucose, the greater the survival rate. After 70 days, 8 of 24 hyperglycemic mice survived compared to 16 of 24 normoglycemic and 19 of 20 hypoglycemic¹⁰. This suggests that regulating sugar intake is key to slowing breast tumor growth (see chart, p. 164).

In a human study, 10 healthy people were assessed for fasting blood-glucose levels and the phagocytic index of neutrophils, which measures immune-cell ability to envelop and destroy invaders such as cancer. Eating 100 g carbohydrates from glucose, sucrose, honey and orange juice all significantly decreased the capacity of neutrophils to engulf bacteria. Starch did not have this effect¹¹.

A four-year study at the National Institute of Public Health and Environmental Protection in the Netherlands compared 111 biliary tract cancer patients with 480 controls. Cancer risk associated with the intake of sugars, independent of other energy sources, more than doubled for the cancer patients¹². Furthermore, an epidemiological study in 21 modern countries that keep track of morbidity and mortality (Europe, North America, Japan and others) revealed that sugar intake is a strong risk factor that contributes to higher breast cancer rates, particularly in older women¹³.

Limiting sugar consumption may not be the only line of defense. In fact, an interesting botanical extract from the avocado plant (*Persea americana*) is showing promise as a new cancer adjunct. When a purified avocado extract called manno-heptulose was added to a number of tumor cell lines tested in vitro by researchers in the Department of Biochemistry at Oxford University in Britain, they found it inhibited tumor cell glucose uptake by 25 to 75 percent, and it inhibited the enzyme glucokinase responsible for glycolysis. It also inhibited the growth rate of the cultured tumor cell lines. The same researchers gave lab animals a 1.7 mg/g body weight dose of mannoheptulose for five days; it reduced tumors by 65 to 79 percent¹⁴. Based on these studies, there is good reason to believe that avocado extract could help cancer patients by limiting glucose to the tumor cells.

Since cancer cells derive most of their energy from anaerobic glycolysis, Joseph Gold, M.D., director of the Syracuse (N.Y.) Cancer Research Institute and former U. S. Air Force research physician, surmised that a chemical called hydrazine sulfate, used in rocket fuel, could inhibit the excessive gluconeogenesis (making sugar from amino acids) that occurs in cachectic cancer patients. Gold's work demonstrated hydrazine sulfate's ability to slow and reverse cachexia in advanced cancer patients. A placebo-controlled trial followed 101 cancer patients

Medical Dictionary

Artery	The study of paintings
Benign	What you be, after you be eight
Bacteria	Back door to cafeteria
Barium	What doctors do when patients die
Cesarean section	A neighbourhood in Rome
Catscan	Searching for kitty
Cauterise	Made contact with her
Colic	A sheep dog
D&C	Where Washington is
Dilate	To live long
Enema	Not a friend
Fester	Than someone else
Fibula	A small lie
Genital	Non-Jewish person
GI Series	World Series of military baseball
Hangnail	What you hang you coat on
Indwelling	For use at home
Isotonic	A cold drink
Lumbar disk removal	Sampling a tree trunk to count rings
Leukocytes	Where Sydney's nuclear reactor is
Lycopodium	Lecturer's request for facilities
Lingual retainers	Interpreters' expenses
Macrocyte	The big picture
mRNA	Motorists organisation
Nitrate	Overtime
Orchidectomy	Flower pruning

Acknowledgments to the Rotary Club of Ourimbah

taking either 6 mg hydrazine sulfate three times/day or placebo. After one month, 83 percent of hydrazine sulfate patients increased their weight, compared to 53 percent on placebo¹⁵. A similar study by the same principal researchers, partly funded by the National Cancer Institute in Bethesda, Md., followed 65 patients. Those who took hydrazine sulfate and were in good physical condition before the study began lived an average of 17 weeks longer¹⁶.

In 1990, I called the major cancer hospitals in the country looking for some information on the crucial role of total parenteral nutrition (TPN) in cancer patients. Some 40 percent of cancer patients die from cachexia.⁵ Yet many starving cancer patients are offered either no nutritional support or the standard TPN solution developed for intensive care units. The solution provides 70 percent of the calories going into the bloodstream in the form of glucose. All too often, I believe, these high-glucose solutions for cachectic cancer patients do not help as much as would TPN solutions with lower levels of glucose and higher levels of amino acids and lipids. These solutions would allow the patient to build strength and would not feed the tumor¹⁷.

The medical establishment may be missing the connection between sugar and its role in tumorigenesis. Consider the million-dollar positive emission tomography device, or PET scan, regarded as one of the ultimate cancer-detection tools. PET scans use radioactively labeled glucose to detect sugar-hungry tumor cells. PET scans are used to plot the progress of cancer patients and to assess whether present protocols are effective¹⁸.

In Europe, the "sugar feeds cancer" concept is so well

accepted that oncologists, or cancer doctors, use the Systemic Cancer Multistep Therapy (SCMT) protocol. Conceived by Manfred von Ardenne in Germany in 1965, SCMT entails injecting patients with glucose to increase blood-glucose concentrations. This lowers pH values in cancer tissues via lactic acid formation. In turn, this intensifies the thermal sensitivity of the malignant tumors and also induces rapid growth of the cancer. Patients are then given whole-body hyperthermia (42 C core temperature) to further stress the cancer cells, followed by chemotherapy or radiation¹⁹. SCMT was tested on 103 patients with metastasized cancer or recurrent primary tumors in a clinical phase-I study at the Von Ardenne Institute of Applied Medical Research in Dresden, Germany. Five-year survival rates in SCMT-treated patients increased by 25 to 50 percent, and the complete rate of tumor regression increased by 30 to 50 percent²⁰. The protocol induces rapid growth of the cancer, then treats the tumor with toxic therapies for a dramatic improvement in outcome.

The irrefutable role of glucose in the growth and metastasis of cancer cells can enhance many therapies. Some of these include diets designed with the glycemic index in mind to regulate increases in blood glucose, hence selectively starving the cancer cells; low-glucose TPN solutions; avocado extract to inhibit glucose uptake in cancer cells; hydrazine sulfate to inhibit gluconeogenesis in cancer cells; and SCMT.

A female patient in her 50s, with lung cancer, came to our clinic, having been given a death sentence by her Florida oncologist. She was cooperative and understood the connection between nutrition and cancer. She changed her diet considerably, leaving out 90 percent of the sugar she used to eat. She found that wheat bread and oat cereal now had their own wild sweetness, even without added sugar. With appropriately restrained medical therapy--including high-dose radiation targeted to tumor sites and fractionated chemotherapy, a technique that distributes the normal one large weekly chemo dose into a 60-hour infusion lasting days--a good attitude and an optimal nutrition program, she beat her terminal lung cancer. I saw her the other day, five years later and still disease-free, probably looking better than the doctor who told her there was no hope.

Patrick Quillin, Ph.D., R.D., C.N.S., is director of nutrition for Cancer Treatment Centers of America in Tulsa, Okla., and author of *Beating Cancer With Nutrition* (Nutrition Times Press, 1998).

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Farewell from CISS

We offer our loving thoughts to the family and friends of these members who have died in recent months:

Daniel Bustamante
Wally Ebdon
Albert Flynn
Mary Knowler
Tamzin Sherwood

Let us know of anyone else to include in our next Newsletter.

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My breast grew back

After her fight against breast cancer, Val Higson was left with a disfigured left breast, until she underwent an amazing alternative therapy

Once, nothing would convince Valerie Higson to wear a bathing suit. Instead, she shunned pools and beaches, her confidence shattered by a deep hole and rope-like scar caused after a cancerous growth and the surrounding tissue were removed from her left breast.

Now it's a different story. Valerie smiles for the camera, her robe fluttering in the wind and her cleavage glowing in the sun. While Val could be a great example of the benefits of plastic surgery, she says her breast actually grew back in an afternoon with an amazing alternative therapy.

In a letter of certification, Val's GP, while not endorsing the therapy, having consulted with Val's breast surgeon, confirms Valerie had a wide excision (tissue removal) on her left breast where a 'reasonable' amount of breast was taken and that Val has not had any breast reconstruction operations since the excision took place. Val says her breasts are now identical except for a faint scar across her left breast from the surgery.

'It's a miracle,' Val says. 'I only did the therapy to help my immunity and instead my breast grew back.'

Val, from Brisbane, went to the breast clinic to have a mammogram to support a friend who'd found a



small lump in her breast. 'My friend's lump turned out to be a harmless cyst while my mammogram showed up a suspicious tumour,' Val recalls. 'It was very frightening.'

The lump was removed and a biopsy confirmed it was cancer.

'I refused further treatment as I'd heard so much about chemotherapy and I didn't want to go through it. I looked to alternative therapies first. I changed my diet to organic vegetarian and meditated. I worried about the cancer, but I didn't feel sick, so I kept on examining my breasts and kept up my lifestyle changes.'

But after five years, a bout of bronchitis sent Val to her GP, who urged her to have another mammogram. The mammogram discovered another small lump in the same breast. Val's breast surgeon removed the lump. A biopsy confirmed the cancer had returned. He then did

a partial mastectomy to see if it had spread. Luckily it hadn't, although the operation left her breast disfigured.

'At the time, I was concerned with my life. It was fortunate I hadn't lost my whole breast, but I felt self-conscious and unattractive. I'd always loved pretty dresses and had jobs in the public eye where it was important to look and feel good.'

'Because the hole was at the top of my breast, it was very visible. It knocked my self-esteem and I wore high-necked clothes to hide it. Plastic surgery wasn't an option as I thought I couldn't afford it. And I was searching for reasons why I would have cancer twice.'

A year after the operation, Val heard about Body Electronic therapy in an alternative lifestyle magazine.

'I thought it would help with my immunity. I didn't want the cancer to come back,' Val explains. 'I thought I must have emotional blocks like stress and past hurts feeding the cancer. I thought this therapy could help clear those blocks.'

'I bought videos explaining the therapy and liked what I saw. There were many testimonials from people who said the therapy benefited them. The videos warned it was very intense, but I felt ready for it.'

'After seeing the videos, I went to a week-long seminar on the Gold Coast. I didn't think anything amazing would happen, I was more concerned with improving my general wellbeing.'

Body Electronics is based on acupressure and is claimed to assist cell regeneration. Like many alternative therapies, Body Electronics advocates a positive attitude and an optimum diet as contributors to health.

During a session, the person receiving therapy lies on a table while three or more people, called point holders, push on different acupressure points on the body for hours at a time. Body therapists believe these points retain energy which needs to be cleared. For Val, it was an incredible experience.

'I was point held for over three hours,' Val recalls. 'It was painful and there was an overpowering smell of anaesthetic coming from my body. I relived the operations. I could see them operating on me. I had

About Body Electronics

Body Electronics uses the body's own electrical current to facilitate regeneration and healing. Advocates believe many serious illnesses, such as cancer, originate in a build up of toxins, such as pollution and stress, in various parts of the body.

As well as Val's story, others claim Body Electronics has restored the use of limbs and sight. The Body Electronics booklet advises seriously ill people to

take conventional medical advice, then explore natural therapies such as Body Electronics. For more information call Global Vision Productions: 066802900.

Norman Olbourne, a member of The Australian Society of Plastic Surgeons, says it's impossible for breast tissue to grow back in an afternoon, but breasts can change in size over time with weight fluctuations due to fatty tissue.

flashbacks of my first marriage, which was abusive.

'Then I felt this overwhelming sense of peace and the point holders stopped. I went to the bathroom to splash my face with water and I thought: "My breast feels funny." I looked down and saw my left breast had grown back to normal. I couldn't believe it. I rushed back to the seminar and was flashing my breast everywhere saying: "Look, it's grown back!" It was so amazing that Dr Ray, the founder of Body Electronics, asked me to be filmed as a testimonial. But I wasn't the only amazing story. You could see people's hair change from grey back to normal colour. One young man's leg which was shorter than the other grew centimetres. It was absolutely incredible.'

Until now, Val hasn't spoken about what she calls her miracle, because she knows people will be sceptical. But to help raise awareness, she agreed to speak about her experience with New Idea. 'All I can say is this is the truth,' Val says emphatically. 'People can believe what they want to believe, but I'm so happy. I now only have a faint scar from the operation instead of a disfigurement.'

I now have my life and my breast.'

By Kerrie Davies

Pictures: Jasin Boland

FROM: New Idea, 19 August, 2000

LAUGH ... GO ON!!

There's a lot of them about. Miserable people, that is. Rain or shine, you'll find plenty whingeing, moaning and scowling about something or other. By hook or by crook, you need to make sure you don't become one of them. In fact, your health depends on it!

FOR starters, laughing exercises several muscles in your body, from face to abdominals. The more uncontrollable the laughter, the more strenuously the muscles are exercised. This doesn't mean that you can afford to throw away that tracksuit and settle for watching Candid Camera videos for half-hour a day instead, but many studies have shown that, amongst other things, laughter can significantly lower your blood pressure and is good for your immune system (as opposed to stress and tension which suppress the immune system).

In general, it is a valuable emotional release, untangling the biochemical knots that could otherwise cause very real health concerns. While laughing you forget about your problems, if only for a short while. And anyway, says Jean-Louis Barsoux in his book *Funny Business: Humour, Management and Business Culture*, "Being able to laugh at a problem is the first step to overcoming it".

Laughter also makes you feel good (partly because it encourages the body to release endorphin, a substance which has properties not unlike morphine).

We adults do not make anywhere near enough use of this particular feel-good factor, says Dr Annetta Goodheart, one of the world's experts on the benefits of laughter, based in California, who has been using laughter for nearly 30 years in her capacity as a psychotherapist: "The average 4-year-old laughs 400 times a day, adults 15 times a day".

How can something as simple and natural as laughing really be so beneficial? On its own it's unlikely to cure an illness, but it will benefit your health, maybe considerably. At least that's what many people with first hand experience have believed down the centuries and to this day. As Robert Holden says in his book *Laughter, The Best Medicine: The Healing Power of Happiness, Humour & Laughter*, "Laughter medicine is not a new

phenomenon ... anthropologists have unearthed evidence of laughter medicine in the most ancient cultures. For example, one South American rain forest community held a festival of laughter and happiness whenever one of its people got seriously ill, so as to speed healing and recovery."

Nobody can teach you how to rediscover your zest for laughter as well as you can. Just ask the men and women in the street who have already taught themselves to use laughter as a major tool with which to cope with everyday life - you will hear some very practical advice.

But you ask, if laughter is so good for you, surely you can't force yourself to laugh if you don't particularly feel like laughing? And even if you could, won't people think you're a bit, well, weird?

Dr Goodheart explained: "You can force yourself to laugh by 'faking it until you make it'. The diaphragm muscle that convulses to cause laughter is stupid and doesn't differentiate between real and fake laughter. Faking it is akin to putting a key in a car ignition and kick-starting it into action".

Holden prescribes something similar in his book: "On waking each morning, sit, in a cross-legged position before a mirror and embark upon two minutes of laughing for no reason whatsoever. Life will never be the same."

Not that you should have to kick-start your laughter engine too often. Being such strange creatures, we humans have an innate ability to find absolutely anything funny. Just seeing someone else laugh can start us off. And even the most annoying or intimidating person can be made laughable just by imagining them speaking like Donald Duck, or something equally ridiculous.

"Yes, people will think you are weird," Dr Goodheart continues, "but they do anyway!" of course there are times when even a giggle would be inappropriate - but as long as you don't upset others, most of the time you can get away with at least a smile. The truth is that people warm to laughers more than to stone faces. Think about it - who would you prefer to spend a day with?

Not too many decades ago, laughing too freely would have branded you as a simpleton or a lunatic. Perhaps this is one of the reasons why many of us develop into adults who have completely suppressed our natural ability to see the fun and absurdities in life. The question is, what can be done to remedy this?

It only takes little steps to make great strides: read the comic strip in your newspaper instead of the problem page, avoid decorating your home like a museum, watch more cartoons and sit-coms, or listen to comedy cassettes in your car on the way to work.

And when you get to work, don't leave your sense of humour on the doorstep - laughter is an extremely good way of making the day go quicker! Don't feel guilty about laughing at work either, as it actually makes you a more effective and creative employee or employer. Besides, if you can make the workplace that little bit less stressful, you will be doing your bit for everyone else's health as well as your own.

New Vegetarian & Natural Health, Spring 1998, p26



FROM THE JOURNALS (cont'd)

PROSTATE CANCER: HORMONE BLOCKS DON'T WORK

Men with prostate cancer are unlikely to gain any real benefit from androgen suppression procedures, either surgical or pharmacological, which are aimed at controlling male hormones.

Researchers at the Netherlands Cancer Institute reviewed 27 randomised trials comparing methods of androgen suppression in the treatment of prostate cancer.

The five-year survival rate in those whose treatment regime consisted of androgen suppression, using surgical castration or drugs to control testicular hormone secretion, plus an antiandrogen to block hormones of adrenal origin—referred to as maximum androgen blockade, or MAB—was 25.4 per cent.

This was little different from the 23.6 per cent five-year survival rate of those who had only surgery or drugs to control testicular hormone secretions.

MAB is a very extreme regime in the treatment of prostate cancer. While no comment was made on the adverse effects caused by MAB, the experience of women with breast cancer suggests that hormone manipulation can produce a wide range of unpleasant effects which substantially reduce quality of life.

What is more, the results of this analysis suggest that the improvement in survival rates is minimal. According to their data, the MAB regime will only improve survival by an average about 2–3 per cent (Lancet, 2000; 355: 1491–8).

• Similarly, caution is now being advised in prostate cancer regimes that involve radiotherapy. Men

who have received high-dose radiotherapy are now reporting side-effects, including rectal bleeding, pain and mucus discharge, the possibility of which they may not be informed about at the time of receiving therapy.

The warning comes after research showing that moderate doses of conformal radiotherapy (in which the radiation strikes only the prostate and not the surrounding tissues) produces fewer rectal symptoms (Lancet, 1999; 353: 267–72).

The authors of this trial concluded that, on the basis of their findings, the radiation dose could be safely increased. However, other researchers are warning that such a recommendation cannot be drawn from the data and that routinely increasing the intensity of irradiation could end up producing just as many rectal symptoms as conventional high-dose radiation (Lancet, 353; 1999: 1443).

HIGH-DOSE CHEMO SUFFERS A FATAL NEW BLOW

An early report of a recent trial has shown that high-dose chemotherapy does not improve survival in women with metastatic breast cancer (Lancet, 2000; 355: 905).

In the trial, conducted at the University of Pennsylvania Cancer Center, there was no significant difference between groups receiving standard-dose compared with high-dose chemotherapy either in three-year survival or in the median time the disease took to progress.

Of 553 women aged between 18 and 60 with untreated metastatic breast cancer, 310 responded partially or completely to the treatment. Of these, 110

received high-dose chemotherapy with stem-cell rescue and 89 received conventional chemotherapy—a difference that is not considered significant.

The only difference between the two groups was in the effects of the different drug dosages: the high-dose group experienced a higher rate of moderate-to-severe (non-fatal) side-effects than the standard group. High-dose chemotherapy was shown to simply increase side-effects without any clear benefit.

• These results come only a month after Werner Bezwoda, professor and author of a study of the efficacy of high-dose chemotherapy and stem-cell transplants in the treatment of breast cancer, admitted falsifying his evidence.

In light of this admission, The Lancet (2000, 355: 999–1003) has published a reanalysis of some of his study data.

While the initial reports of the Bezwoda study showed significant survival advantages for women on a high-dose regimen, a record review by a team of US researchers revealed serious irregularities. There were discrepancies between the recorded and presented data, the women had not signed informed consent forms to participate in the trial and there was no record of any approval of the study protocol by the appropriate committee. After the investigation, Bezwoda admitted using a control protocol that was different from that described in the presented data.

In light of these findings, the question asked in the accompanying editorial was, not surprisingly, "Where next with stem-cell-

supported high-dose therapy for breast cancer?" (Lancet, 2000; 355: 944–5).

At this time, admits the journal, there is no good evidence to justify such an aggressive regime. Instead, the editorial concluded, therapy for breast cancer must be tailored to the individual, taking into account the nature of her disease, her tolerance of therapy and her preferences.

BETA-CAROTENE REDEEMED AS A TREATMENT FOR CANCER

Precancerous lesions in the mouth may regress when patients are given beta-carotene, says a new study.

In a recent multicentre, double-blind, placebo-controlled trial, 54 subjects were given 60 mg of beta-carotene daily. After six months, 26 (52 per cent) were shown to have a clinical response.

These responders were then randomised into either beta-carotene or placebo groups for further monitoring over a period of 12 months.

Interestingly, responders had a lower intake of dietary fibre, fruits, folate and vitamin E supplements than did non-responders.

During the study, the rates of relapse were similar for both groups: 18 per cent for those who'd taken beta-carotene versus 17 per cent in the placebo group, suggesting that the treatment must be kept up.

Biopsies performed initially in all patients found that dysplasia (abnormal cells) were present in 38 per cent of the subjects. Of these, there was an improvement after supplementation of at least one grade of dysplasia in 39 per cent and no change in 61 per cent (Arch Otolaryngol Head Neck Surg, 1999; 125: 1305–10).

What's Available from the CISS Office?

Antioxidants: Tresos B 150 tabs \$40.50

Bio Beet crystals: 200gms \$29.50

CHAMPION Juicers - \$505 (\$540 non-members)

Enema Kits: \$9.65

Ethical Nutrients: Naturen:

* **NATRA DOPHILUS** (L-acidophilus) 70gms \$24.60;
125gms \$39.30

* **NATREN BULGARICUM** 70gms \$27.30

Evening Primrose Oil: Naudicelle 500gms, 60 caps
\$8.90; Kordel's 1,000mgs, 50 caps \$8.40.

Kyolic Garlic: 60 ml, \$18.00; 120 ml, \$36.90

Linseed/Flaxseed Oil: Pure Stoney Creek, 0.5 litre
Regular \$16.20, Organic: \$18.00

Pancreatin: 90 tabs \$19.50 (Azeo-Pangen)

Vitamin C: Powder - 500gms \$20 (The most common combination is
Ascorbic Acid 200gms and Sodium Ascorbate. 300gms).

Prescribing Biochemists Vitamin C & Hesperidin - 200gms \$12.60;
ESTER C: Powder - 250gms - \$42.90. Orthoplex C with Bioflavonoids
200gms - \$18; Tablets - 250 - \$21

Vitamin E: Micelle E, 50ml, 115mg/ml \$15.60; Micelle A + E, 50ml \$15.60

Water Purifier: NATURE'S SPRING Reverse Osmosis PA Model - \$450
(\$480 non-members). Other models available on request.

Zell Oxygen: (high in enzymes) - 250ml \$19.00

Zinc Eagle (with Vit C and B6): 60 tabs \$11.10

These prices are subject to change. Items can be posted to you.

There is a \$7.70 postage/packing fee for posted articles.

* These items need to be ordered 7-10 days in advance.

CANCER SUPPORT GROUPS

CISS GOSFORD

The Gosford Branch meets every 1st and 3rd Monday of the month (NOT on public holidays) at 8 pm at the Senior Citizens Centre, Albany St, Gosford. There is a pre-meeting meditation starting at 7 pm. An excellent library is available to members. For further information contact -Thelma Clarke on (02) 4328 4794 or Liz Humphries on (02) 4328 3842 (a.h.).

CISS HUNTER VALLEY

The Hunter Valley Branch holds a general meeting on the third Wednesday of each month at the Wesley Fellowship Centre, 150 Beaumont St, Hamilton at 7.20pm and is open to all. From 9am to 12 noon each Saturday they are open for counselling, library and sale of books and supplements. Phone (02) 4969-5566 for information.

BONDI SUPPORT GROUP

This group is part of an ayurvedic medicine centre. It specialises in support for both the cancer patient and the family or carer. Meets Tuesday mornings. For further information ring Jenny Kidnie on 9997 7870.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st and 3rd Tuesday of each month from 6.00-8.30pm at Pilgrim House, Level 2, 262 Pitt St. Meditation group meets 2nd & 4th Tuesday, same time and place. \$2 members, \$5 non-members. Ring (02) 9264 4106 or just turn up. CanHelp also run 12-week Wellness courses for \$200.

CANSURVIVE

This group on the Queensland Sunshine Coast meets from 10am to 12 noon on the 2nd Tuesday of each month at the home of Eve Williamson, "The Cascades", 9/23 Maltman St, Caloundra. Ph (07) 5492 6364. Books, tapes, counselling available.

FRUITARIAN RAW FOOD NETWORK

For info write to PO Box 293 Trinity Beach Qld 4879.

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turramurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolak.

KEMPSEY CANCER SUPPORT GROUP

For cancer patients and their carers. This group meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Community Health Building. Contact Penny Snowden (02) 6562-6066.

MANLY HOSPITAL CANCER MEDITATION AND SUPPORT GROUP

Meets every Tuesday 10.30-12.30, in Seminar Room, Library Area, at the back of Manly Hospital. Program includes education, discussion, stress management, meditation, guest speakers, lending library of books and tapes. Cost \$6 (\$3 conc) includes handouts and morning tea. Phone Jan 9976 9531.

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone (02) 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, Suite 1, 22 Smith St, Charlestown, NSW 2290. Phone (02) 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green on (02) 6864-5123 or Mary McPhee on (02) 6862-3814.

QUEST FOR LIFE SUPPORT GROUP

Meets each Monday 11am-1pm (except public holidays) at Quest for Life Centre, 3 Phillip St, Bundanoon - for people with life-threatening disease

and their loved-one, facilitators: Petrea King or Jenny Maher. A Relaxation, Visualisation and Meditation group meets on Mondays from 1.30-2.30pm. No charge for attending either of these groups. For further details ring Petrea King or Wendy Batho (02) 4883 6599. There are eight residential programs each year for people with cancer.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at Community Hall, Premier St, Kogarah. For further information contact Shirley Percival (9529 4329) or Pat Minton (9524 6258).

SPRINGWOOD CANCER SUPPORT GROUP

Meets every Tuesday morning 9.30 - 11.30 at Springwood Health Centre. Emotional support for those with cancer and their families. Relaxation and a cup of tea. For details ring Michael Farrell-Wheelan on (02) 4759 1707.

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200 or Rosalie Shortland, 9525 2792.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 9.30-11.30am at 185 Fox Valley Rd, Wahroonga. They have a sharing time, an information segment & a meditation segment. Contact Pam or Nerolie on 9487 9897 or 9487 9772 (bh)

CANCER NATURAL THERAPY FOUNDATION

Support group meets each Tuesday night at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. This meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights: The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling also available. Contact Sandra Givca Maqueda (03) 9740 9921 or mobile 0411 100 947.

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QRS Pulsed Magnetic Therapy Mat.
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Phone 9418 8352

Hydrazine Sulphate Available from CISS Buyers Club

The CISS Members' Buyers' Club has Hydrazine Sulphate already made up as a liquid available to members. Cost: \$13.50 per 375 ml bottle (~ 3 months supply) + \$6.50 postage/packing (= \$20). Please contact the CISS Office.

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Nutrition advice is given for profit, says professor

Judith Whelan
Health Writer

Virtually all announcements about the links between diet and disease are "commercially driven", a prominent nutritionist says.

"Usually when you see an announcement about nutrition, usually someone has paid for it," Professor Stewart Truswell, of the University of Sydney, said.

"If I have one message, it is that most statements about nutrition are commercially driven and this is bad. It is agreed amongst most nutritionists that this is a major reason for confusion and scepticism about nutrition in the community."

Professor Truswell was one of the most prominent critics of an announcement by the Nutrition

Advisory Council, a group convened by Sanitarium, that the best way to prevent cancer was to eat a diet rich in fruit, vegetables and cereals and limit meat intake to 80 grams a day.

The group was chaired by Professor Mark Wahlqvist of Monash University, who also chairs Nutrition Australia, one of the nation's main diet advisory groups.

Its Web site reveals it is sponsored by, among others, Sanitarium (which was awarded the Nutrition Australia Award for Excellence in July), the Australian Dairy Corporation, Goodman Fielder, Monsanto, Watties, Kellogg's, Jenny Craig, Nestlé and Protein Technologies International, which manufactures soy products.

In other examples of commer-

cial links with diet advisory groups, the Dietitians' Association of Australia's sponsors include Kellogg's, Nestlé, Novartis, Sanitarium and Meat and Livestock Australia, and the Gut Foundation is sponsored by, among others, Kellogg's and the Australian Dairy Corporation.

Professor Truswell described the Nutrition Advisory Council announcement as "a wicked deception". "I have written to him [Professor Wahlqvist] to say that this is the first time I've disagreed with him in public . . . I think he is wrong on this occasion. I think it is in the public interest to put that out."

Professor Truswell said the majority of studies had shown no definite link between eating meat and developing cancer.

"It is probably a good idea not

to go over 150 grams," he said.

But he admitted that about 18 months ago, he "agreed to chair a meeting for the meat people" in Adelaide which analysed various studies and found "that ordinary amounts of meat in a diet with vegetables and fruit" could not be linked to cancer.

He also said that the meat producers had sponsored a CSIRO study "which found nothing in it [the link between meat-eating and cancer]".

Professor Wahlqvist has characterised the dispute as a difference of opinion. He and his team had been "very comfortable about Sanitarium funding this", he said.

"Obviously they have an interest in a plant-based diet, but they have in no way influenced us to promote vegetarianism."

FROM Sydney Morning Herald, 24 August, 2000

LOCAL NEWS (continued from page 3)

New Book on Electromagnetic Radiation & Health

A new book entitled *ElectroMagnetic Radiation & Your Health* written by Betty Venables has just been released. It covers the areas of EMR in the home, workplace and motor vehicle and deals with mobile phones, microwaves and radio-frequency transmissions, high and low voltage power lines and electrical equipment. This assists the reader identify sources of EMR and assess the risks to their health. We hope to have a review of the book in the next Newsletter.

Members can obtain a copy from Betty by contacting her on (02) 9540 3936. It cost \$19.95 + \$4.50 postage and handling.

A request for help from our members

Several months ago the owner of the property that CISS leases put the rent up from \$460 per month to \$660 (including GST), an increase of 43%. The increase amounts to about \$2,400 a year - about the value of CISS' annual profit.

The owner of the premises has refused to repair the two broken windows during the past two years. One has a broken hinge and could fall down into the courtyard below and kill someone. The CISS Committee decided in principle to move to other premises. The feeling was that if we are to pay such an increase in rent we should have better premises, eg closer to a railway station, to improve our services to members.

We have looked at various premises and so far found nothing suitable in our price range (up to \$660 per month). Some cheaper premises were either too small, devoid of natural light or not self contained.

One option we are considering involves buying our own premises. One property we found near the station at St Leonards

was available for about \$75,000 (~\$85,000 including GST). It included a security car space that we would have to rent out for about \$180 per month. Repayments on a loan of 75% of its value (\$56,500) at 8.65% over 15 years would be \$561 per month. Rental of the car space for \$180 per month would reduce this outlay to \$380 per month and therefore give us an extra \$3,360 in revenue each year.

(IMB are able to lend at 8.65% on condition that one or more individuals are prepared to go guarantor on the loan rather than rely on recouping the value of the property by selling it. In the event of financial difficulties it is unlikely that the property would not be able to be sold for at least 75% of its current value so the risk for a guarantor would be minimal.)

We would need \$28,500 of which we have reserves of only \$10,000. So we would need help from our members for the difference of \$18,500. If we used the \$3,360 per year saving to repay a loan of \$18,500 we could pay it off in 7-1/2 years at 8.65%.

We have therefore several options available that rely on help from our members to:

1. help identify suitable premises, eg if they have or know of someone who has an area of about 30 square metres, zoned commercial, available near a railway station (preferable on the north side of the harbour where most of our volunteers live)
2. make a large donation to this cause (tax deductible)
3. lend money to CISS at the going commercial rate of 8.65%
4. go guarantor on all or part of the \$56,500 loan

If you can help please contact the CISS office.

CANCER INFORMATION & SUPPORT SOCIETY



NEWSLETTER

CISS Home Page:
<http://www.ciiss.org.au>

The Secretary
Cancer Information &
Support Society
6/81 Alexander St
Crows Nest NSW 2065
Phone/Fax: (02) 9906 2189
Office hours:
Tuesdays: 10.00 - 1.00
2.00-4.30

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Calendar of Events and May, June and July Guest Speakers

(Held on 4th Saturday of each month at the Swedenborg Centre, 1 Avon Road, North Ryde unless stated)

- Saturday 27 May **Pauline Rose**, principal of *Complementary & Ecological Medicine*, will focus on three of her specialities: Nutritional health; Emotional health and a process, Newcode PSH designed to resolve underlying emotional issues; and Bio-electrical medicine including the Listen/ EQ4 System, an energy based instrument capable of measuring and treating body imbalances by screening of critical body organs, food sensitivity and other allergies, assessment of dietary deficiencies and supplement benefits, and preparation of remedies; Bare-Rife, an EMF treatment which may attack cancers directly and help other treatments; and the QRS ("the mat").
2.00 - 4.30 pm
- (12.30- 1.30pm Meeting of the prostate cancer support group)
- Saturday 24 June **Robin Woods** is a qualified aromatherapist and reflexologist with experience in supporting people with cancer. She will be demonstrating some reflexology techniques that we can use on ourselves and others and will delight us with some of her fragrant aromatherapy blends.
2.00 - 4.30
- Saturday 29 July **Stephanie Relfe** will be discussing kinesiology. See next Newsletter for further details
2.00 - 4.30 pm **PLEASE NOTE: This is the 5th Saturday instead of the 4th Saturday**
(12.30- 1.30pm Meeting of the prostate cancer support group)

The Cancer Information & Support Society is an educational, non- profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

PRINT POST No.231335/00041

OVERSEAS NEWS

Bacteriophages finally recognised

The Health Report on Monday 10 April discussed phages (or bacteriophages). They are virus that are essentially nucleic acid with a protein coat. Each type of phage is capable of killing one particular type of bacteria. They do this by getting into the bacteria and taking over the chemistry of the bacteria and use it to reproduce themselves. They kill the bacteria in the process. As they are harmless themselves they eliminate the disease caused by the bacteria.

The organisms have been known since 1915. When used from the 20s to the 40s they didn't work very well because researchers didn't know that each phage was specific to only one strain of bacteria. Also some were contaminated with other toxic substances. With the discovery of penicillin, interest in phages died out, except in the Soviet Union.

Why is it of interest to cancer patients?

In the first issue of the CISS Newsletter in May 1981 twenty promising therapies were listed that had been suppressed by orthodox medicine. One of these was called the Lincoln Bacteriophage Therapy. It is also mentioned on the CISS Home Page.

Dr Robert E. Lincoln was a small-town doctor who made some important discoveries in the 1940s about the bacterial origin of various diseases, and had developed the relevant bacteriophages to treat these diseases. He later used them to treat cancer with some remarkable results.

His paper reporting on his discoveries and results was rejected by the Journal of the American Medical Association and the New England Journal of Medicine. In the early 1950s he used the bacteriophage to treat US Senator Charles Tobey's son who then recovered from terminal cancer. The local Massachusetts Medical Society was not interested and instead issued statements saying that the treatment was ineffective. Senator Tobey criticised the Society from the floor of the Senate. Lincoln accused the Society publicly of a "high degree of stupidity" and was expelled from the Society in 1952. He died the following year. Lincoln's name was added to the American Cancer Society's list of quacks and his bacteriophage method was added to the Unproven Methods list without ever being properly investigated.

It seems that now orthodox medicine has found a use for bacteriophages to help treat people infected in hospitals with vancomycin resistant enterococcus (VRE) ie a bacteria resistant to vancomycin, the antibiotic of last resort. So they are researching it. Of course it will take them a while to discover its uses with cancer. It is unfortunate that it is virtually impossible for cancer patients to receive his treatment.

Success Claimed for Cancer Vaccine

A vaccine developed from lymphoma cells from a woman in Britain's has been claimed to have produced an immune response keeping the woman clear of cancer after six months (see page 12).

There is very little evidence that the immune system is a major factor in controlling cancer. The only indirect evidence comes from results from two alternative cancer

treatments:

1. Immuno-Augmentative Therapy (IAT) used at the IAT Clinic in the Bahamas uses four serum components to boost the natural immune system's immunoglobulins. It has been reported that about 15% of terminal cancer patients treated with IAT were alive and well 5 years after treatment.
2. Dr Virginia Livingston-Wheeler's Autogenous Cancer Vaccine is developed from the particular strain of a microbe *Progenitor cryptocides* identified in the cancer patient's urine.

Both of these methods have been criticised by orthodox medicine. Dr Lawrence Burton's IAT discovery was suppressed for many years. His IAT Clinic in the Bahamas was closed down in 1986 and only reopened after the US Congress investigated the suppression and directed the National Cancer Institute to cease its harassment and political interference in the Bahamas' Dept of Health.

Shortly before Dr Livingston's death in 1990 California state health authorities prohibited her from using this unique technique.

Hitherto, orthodox medicine has claimed that the only area where vaccines might be of use are for the rare forms of cancer they believe are related to a virus. Research using natural immune components such as interferon and interleukin have been a failure after many earlier claims of successful treatments using these agents. We would therefore have to remain quite sceptical of a single report of success with a cancer vaccine.

LOCAL NEWS

Senate Suggests Media Complaints Authority

A Senate Select Committee has come up with a proposal that the Federal Government set up a statutory authority (Media Complaints Commission) to oversee the handling of public complaints against the print television, radio and electronic media. The proposal was criticised in an editorial in the Sydney Morning Herald of 15 April on the grounds that the existing self-regulation model for newspapers, based on the Australian Press Council works reasonably well.

Under the existing framework the Australian Press Council (APC) publishes its findings in its own newsletter but newspapers are not required to publish them. Under the proposed framework the Commission could require the newspaper found in breach of its principles to publish the report in full.

CISS complained to the Australian Press Council in 1997 about the bias in reporting of cancer treatments, with repeated success stories and breakthroughs with orthodox treatments but no objective evidence or similar report later when the "breakthrough" was found to have produced no benefits to cancer patients.

On this occasion the APC sought a comment from the local cancer authority and published its response alongside the CISS complaint in its newsletter in November 1997. (The cancer authority essentially agreed that most stories were biased.) But no change was apparent in any subsequent newspaper reports.

CISS talk on TCM well attended

The CISS meeting on Saturday 22 April (Easter Saturday) featured Dr Qi Xin Chen describing the use of Traditional Chinese Medicine (TCM) in the treatment of cancer. About 65 people turned up, most of whom were Dr Chen's patients. Dr Chen has a clinic in Ryde. He used the public meeting as an opportunity to tell many of his cancer patients the philosophy behind the treatment, what it involves and how the various items fit together. Most doctors don't have the time (or interest) to explain their treatments in such detail to their patients.

Ocham's Razor talk on The Mind and Cancer

An Ocham's Razor program rebroadcast on 24 April featured an interview of Sarah Edelman by Robyn Williams. Sarah is a Sydney researcher whose PhD thesis covered the area of the link between the mind and cancer. After reviewing the trials she concluded that there was not any strong evidence for such a link.

She did not mention the study by Hans Eysenck published in 1991 that showed such a strong link. CISS contacted Sarah to find why she had not mentioned Eysenck's paper. In her reply she said that "the work is very poorly regarded by the scientific community. As the size of effect reported by these researchers was astronomical, the study aroused a great deal of interest amongst fellow researchers. After initial reluctance to allow their data to be scrutinised the authors finally agreed to an inquiry. An entire issue of Journal of Psychological Inquiry (1991, vol 2, number 3) was devoted to a critical evaluation of the work." The "independent" researchers had subsequently discredited his study on several grounds, highlighting "a lack of sufficient information, misleading and incorrect statements, substitution of data and interchange of study samples (subjects appearing in different data sets, with different causes of death). The likelihood of 'data manipulation' was suggested, in addition to the use of questionable methodology and conclusions. Other reviewers pointed to inconsistency of the reported methodology, vague or missing information, poor statistical procedures, questionable categorisation of subjects into personality types and questionable conclusions.

Sounds like the usual list of shortcomings from most randomised trials. Don Benjamin's 1996 paper identified similar shortcomings in the randomised trials of mammogram screening and showed how these errors explained the observed results, but this did not stop researchers from accepting the results of those trials as acceptable and credible. Those critical of Eysenck's study were not able to explain away the large effect observed, other than suggest the result had been faked. This is quite surprising in view of the fact that results from the study had results strikingly similar to those from the Spiegel study published in the Lancet in 1989 whose results have been more widely accepted as "credible".

It looks like there is one set of criteria for trials that support the current paradigm of what cancer is and a much tighter set of criteria for trials that question the current paradigm.

Mobile Phone Hazards

Jenny Burke from Australian Biologics reports that blood clot reaction tests taken on people after using mobile phones for a short period showed significant disturbances in their endocrine system lasting for at least an hour afterwards. More details next Newsletter. In the meantime it is suggested that all people with cancer minimise their use of mobile phones.

Good Weekend Letter

An article in the Sydney Morning Herald's Good Weekend on 1 April by Norman Swan described the risk factors for heart attacks with people with coronary heart disease. It made no mention of the role of the mind that has been shown to be the most significant contributory factor.

CISS wrote a letter pointing out that on Norman Swan's own program the Health Report psycho-social factors had been shown to be the main factor causing both heart disease and cancer. The Good Weekend published the letter but omitted the reference to cancer.

Flaxseed Oil Debate

John Dobbie has sent us an article by Charles E Meyers Jnr, Editor of the Prostate Forum Newsletter questioning the use of flaxseed oil by men with prostate cancer because a study had found that people with the highest alpha-linolenic acid levels had nearly a three fold increase in risk of prostate cancer compared with those who had the lowest levels of this fatty acid. (Flaxseed oil is about 50% alpha-linolenic acid)

Some comments about this debate are on page 9.

Cancer miracle a sham

South Africa's leading chemotherapy specialist, Professor Werner Bezwoda, has admitted falsifying research results that were reported at an international conference in the US last May as a ray of hope for women with advanced breast cancer. (see page 12)

CISS Mission Review

CISS is reviewing its Mission and seeks feedback from members about how we can improve our services to you. Please fill in the enclosed Questionnaire and post it back to us.

Trial of "the mat" completed

Don Benjamin reports that the 16-week randomised double-blind controlled crossover trial of pulsed magnetic field therapy ("the mat") has finished. The results are being processed.

Welcome to new members

Beverley Begg, Mark Urbanski, Trude Millis, Frank Edleston, Liz McMartin, Ross Pepper.

Donations to CISS

March: C.L. \$10; R.J. \$20; M.S. \$500

April: F.F. \$100

May: R.J. \$50

CISS Homepage has new address

For those who use the CISS Home Page, it is now running. Its
(cont'd next page)

CISS Committee Profiles

Keith Harrison: Committee Member

Keith's main interests are involved in the areas of health and healing. These are an expression of his personal philosophy to assist people to enter into the process of their own healing. Keith is qualified in the science areas of psychology, massage therapy, and engineering, and is a practitioner of t'ai chi chuan and spiritual healing.

His interest, and possible motivation in this field of endeavour, in working with People Living With Cancer (PLWC) and their partners/carers comes from personal experience. This includes the death of his first wife from Hepatitis C and the eventual death of his second wife from adeno- sarcoma (a cancer of the lymph system).

Keith's working with bereaved and terminally ill people over many years has led to an integration of knowledge and experiences. Current research and work in ongoing medical/healing centres throughout the world using several modalities (e.g. meditation & cognitive behaviour therapy) with PLWC have confirmed his understanding of the nature of health and healing.

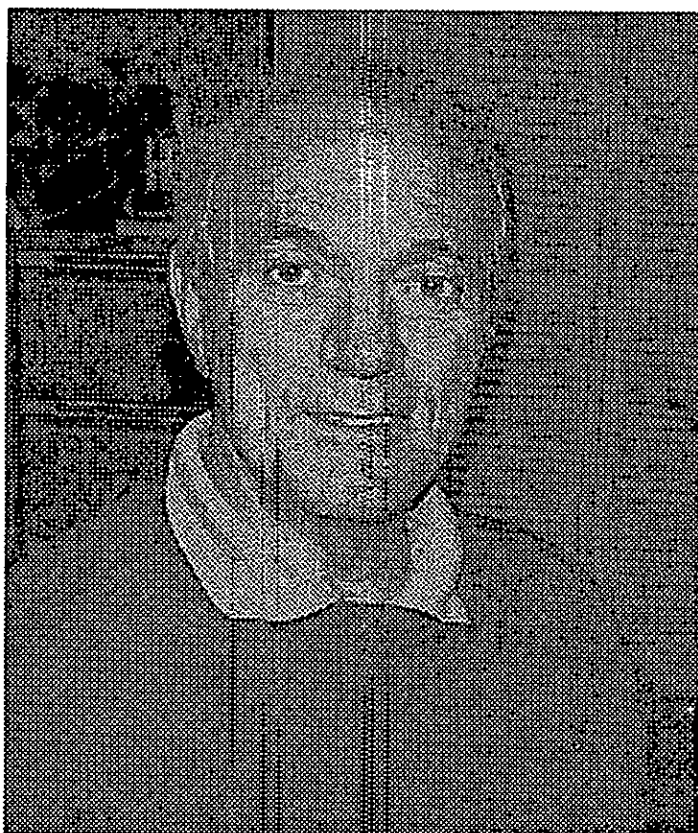
Keith has a private practice at Crows Nest and Dee Why.

Psychology:

Keith is currently a registered Psychologist in N.S.W. and a member of the Australian Psychological Society. His work is client-centered and would be described best as Transpersonal therapy and counselling. This means that the healing which takes place essentially encourages the "sacred" to enter into the process.

Massage Therapy:

Keith is a Level 2 Massage Therapist with the Association of Massage Therapists (N.S.W.), and a member of its executive committee. He uses a variety of massage techniques and therapeutic styles and, with informed consent, uses the trans-



fer of chi (energy) to enhance the benefits of the massage. Clients also report the lessening of the side effects of some medical interventions.

T'ai Chi & Spiritual Healing:

Keith progressively integrates these modalities of healing into both his psychological and massage work as it is appropriate.

Personal: Keith is 64 years of age, has three children and eight grandchildren all of whom are loved dearly.

(cont'd from previous page)

new address: <http://www.ciiss.org.au>. It is expected that it will soon not be necessary to include the "www".

Thanks to David Hildyard for his dedication and persistence.

Bovine Cartilage for CISS Members

A reminder that Serge Magnery, the manufacturer of Liquid Bovine Tracheal Cartilage, will supply it to anyone with cancer at a reduced cost. For details contact Tom Nestel at 18 Thomas Avenue Roseville 2069, Phone (02) 9416 2202.

Do you have a prostate problem?

If so we would like to hear from you, especially if you live outside Sydney. There's a lot we can do by mail or phone. Call Tom Nestel, Convenor of the Prostate Support Group - (02) 9416 2202.

Your CISS Committee

At its April meeting James Garland was co-opted onto the Committee. This brings out strength up to 8, so we still have one vacancy.

In line with a decision by the committee to add some more personal touches to the Newsletter this issue features a profile of Keith Harrison (see next page).

Membership Renewals Due

Members are reminded that all CISS membership subscriptions fall due on 1 July, except for those who have joined since 1 January this year. A membership renewal form is enclosed with this newsletter. Please note the increase in membership from \$30 to \$35 for single members and from \$40 to \$45 for couples. This is the first increase in subscriptions since December 1996. Members who find the increase a hardship should contact the Office.

TESTIMONIALS

From Michelle Balcombe

I thought you might like to know about my husband's cancer as an inspiration to all those other people and their families who are suffering.

In July 1998 Steven was diagnosed with secondary

melanoma after having a mole removed in 1998.

He had two lesions on his lungs and one in his sternum. By November there was another one, December another and then by February 1999 another four.

He underwent chemotherapy for six months and radiotherapy for 8 weeks which was vicious and painful and of course depleted his immune system greatly. By June it was obvious that the disease was still active and subsequently a tumour was removed from his small bowel which had intussuscepted and turned gangrenous. He was very lucky to have survived.

I had heard of a woman in Sydney who worked with cancer patients from my sister. She knew someone who had been to her for help in a similar situation and had great success. I was extremely keen phoned Molly. Molly's methods concentrate on building up the immune system and bringing the whole body back into balance. The doctors had told us that the most important thing in the fight against cancer is the immune system, but they didn't tell us how to stimulate it. Steven has a very scientific mind and dismissed the alternative method by saying it is grasping at straws. So like so many other cancer patients he put all his faith into modern medicine.

After his gruelling treatment had finished and it was obvious it was not achieving results I phoned Molly at her Clinic and convinced Steven to at least give her a try. He was dubious but agreed to give it a go. In fact Molly was our last resort, because the Melanoma clinic in Sydney had informed us that there was no other treatment available to Steven. That absolutely shattered us because we believed from the beginning there was always something they could do. But after chemotherapy and radiotherapy there is absolutely nothing. The odds are extremely low for these types of treatment to work.

Molly tested Steven and devised a diet along with vegetable juices herbs and vitamin supplements specifically for his body needs. We have followed her strict regime to the limit. It was hard getting it all together in the beginning, but it doesn't take long for it all to fall into place, and now I am finding it quite easy - especially now we are seeing such fantastic results.

Two tumours have vanished and the others are shrinking. It's funny you know, one Doctor told me you need a "miracle" - well Doctor we have it!!

We both now realise how lucky we are to have found Molly - just by someone who told her story to my sister who lives in Canberra and we live in Hobart. It is amazing how these things happen, for a reason, and thank God it did.

I have no doubt Steven would not be here if it wasn't for her. We are both happy again, the stress levels are gone and we are enjoying life and our 5 children.

I read something in a church window the other day. It said: "There are three important things in life - 'Love, Hope & Faith. But the greatest one of these is Love. So I honestly believe that with the love and support of your family and guidance and dedication from someone special like Molly, you can do it. You must have faith and never give up hope!

If anyone would like more information I would be quite happy to talk to them. They can phone me at any time.

Yours sincerely

Michelle Balcombe, Tel: (03) 6227 8185

FROM MEMBERS

From Barbara Wright

The following letter was published in the Australian Health Consumer, Number 1, 2000

Paucity of treatment information

I would like to make some comments prompted by a frontpage article in Breast News, (Vol.5, No.3) that addressed the subject of psychosocial guidelines. The article related to information provision by health professionals to those being treated for cancer.

Following my husband's experience regarding the paucity of treatment information provided in his last year of life, I have made the improvement of this situation in Australia one of my deep concerns.

The article in Breast News made mention of providing information in a discussion format or taping of consultations but there is a glaring deficiency in all these suggestions. No mention was made about providing accurate, objective, written information about the dangers and side effects of current orthodox treatments. I have found some information is provided at times, usually in the form of information paid for and printed by drug companies which, by and large, minimises risks and is unclear.

I have a sister who lives in Vancouver, who is also a Registered Nurse. She has a colleague who had breast cancer treatment. This woman gave me copies of the information she was given, which included simple, accurate fact sheets for her two chemotherapy drugs. She said the fact sheets were crucial. There seems to be nothing like this given to women in Australia. Perhaps the incidence of litigation in North America is the root cause of more democratic information provision occurring over there. Anecdotally, I have heard of women in Australia being given information about their chemotherapy drugs on pieces of paper the size of post-it notes.

Barbara Wright

email: wunschy@ozemail.com.au

AHC received this letter about an article in the newsletter of the National Breast Cancer Centre.

Reply from Sally Crossing, Breast Cancer Action Group, NSW: 'The National Breast Cancer Centre is planning a series of fact sheets about the disease, to be accessible by the community, health professionals, the media and consumers. Consumers have sought this for some time. The design and content will have consumer input and may provide a model for other diseases. The concept of providing consumer-oriented fact sheets about particular drugs is another step, but one which we would fully endorse.'

FROM MEMBERS (Cont'd)

From James Garland

Dietary guidelines for improving metabolic rate and improving blood sugar regulation.

1. Avoid all refined carbohydrates – sugar, dried fruit, white flour products, fruit juices, chocolate etc.
2. Avoid alcohol, coffee, tea, soft drinks.
3. Drink six to eight glasses of filtered water daily (some of this may be in a form of herbal teas).
4. Small meals eaten frequently. Snack every two hours between breakfast and lunch and every three hours between lunch and dinner (see suggested snacks attached).
5. Avoid saturated fats but include a small amounts of essential fats (raw nuts, seeds, flaxseed oil, avocado, tahina, extra virgin olive oil).
6. The best breads are 100 per cent wholemeal or rye and preferably soured dough or yeast free. Good brands are, Country Life, Dallas, Better Bread. Only eat bread at breakfast – NO bread for lunch or dinner.
7. Exercise regularly but it needs to be something you enjoy doing.
8. Include a treat once a week – anything you like. But only once a week and enjoy it without guilt.

On Rising choose from,

- Warm water with juice of ½ lemon
- Ginger tea
- Kombu tea (maximum twice per week)
- Carrot, celery & cucumber juice

Breakfast – try to eat within 30 to 45 minutes of waking, choosing from (low fat protein plus one starch),

- Boiled egg + 1 slice of rye toast (maximum twice weekly)
- Scrambled tofu (include onion, carrot, English spinach, ginger and Tamari, or vegetables and herbs of your choice)
- 2 rice cakes / Corn cakes / Ryvitas & salmon/ Sardines / Turkey / Chicken and lettuce and tomato.
- Baked beans (sugar free) or leftover legume dish (EG Dahl) on one slice of toast.
- Vita Brits / Porridge / Sugar free muesli and soya milk / Rice milk (cereals only on alternate days).

Morning snack - Every 2 hours between breakfast and lunch:

- eat raw and chew thoroughly.
- Choose from:

- | | | |
|--------------------------------|------------------------|--------------|
| • 2 carrots | • 1 cup of green beans | • 1 cucumber |
| • 1 apple | • 2 stalks celery | • 1 pear |
| • 4 steamed asparagus spears | • 1 cup radishes | |
| • 1 cup cabbage (red or green) | • 1 cup fennel bulb | |

Lunch / Dinner - starch vegetables only on alternate days and lunch only, not for dinner.

That is, corn, sweet potato, potato, pumpkin, turnips, parsnips, green peas.

- choose from:

- Lentil patties / Salmon rissoles and salad/Stir fried vegetables.
- Tempeh and vegetable curry and Basmati rice.
- Grilled fish / chicken and salad / stir fry vegetables.
- Felafel (Savion or Mum's Choice) plus Tabouli and Humus.
- Tacos with kidney bean and tomato stew plus salad.
- Wholemeal noodles (Ramen) plus stir fry vegetables and tofu / chicken / chick peas.
- Marinated tofu slices and salad/stir fried vegetables.
- Lentil, vegetable and barley soup.
- Salmon salad/egg salad/chicken salad/sweet potato and lentil salad/chick pea and avocado salad.

Afternoon snack - every 3 hours between lunch and dinner

- as for morning snack choose from:

- | | | |
|---|----------------|----------------|
| • 1 peach | • 1 nectarine | • 2 plums |
| • 4 apricots | • 2 kiwi fruit | • 1 mango |
| • ½ grapefruit | • 1 orange | • 2 fresh figs |
| • 1 small bowl of melon or cherries | | |
| • 100gms Blueberries/ Strawberries/ Raspberries | | |

Some Trials & Tribulations, by Tod Kennedy

Dear Roman,

Thank you for your email and offer of antineoplastons. I was very dismayed to learn that the medical people have caused such a negative turn of events. Surely you could find an "alternative doctor." You could try contacting the Cancer Support Association in Perth. I will check and send you their address if you don't have it. Re your generous offer, I intended to start on antineoplastons recently, however have decided to do a course of chemo-therapy first for the lung tumours (which are starting to block my airways). I start tomorrow, and will know if it is going to work within two months, after which I will go for the expensive alternative. But might start earlier since according to Burzynski the two can be taken together. I must admit I don't care for chemo, realising it is not the long-term answer, however it may help at this critical time. Give more time to consider other approaches such as antineoplastons and laetrile etc.

My wife and I have a lot of peace about the whole matter, as believing christians and receive much love and prayer support which I think is essential, since cancer is a "wholistic" disease (spirit, mind and body). We have seen some marvellous recoveries through prayer. Also I can see the stresses and background that brought about my own problem and the need to address the matter at these levels. I would gladly put your mother on our group prayer list if that is OK. Preferably need her given name. I will advise you if and when I take on the antineoplastons. Again, thanks for your offer.

Best regards

Howard (Tod) Kennedy

To which Tod received the following reply:

Dear Tod,

I apologise for the delay in replying but I was very busy

recently and since you were not immediately interested in medication, I left the matter for the long weekend. Thank you for your offer of prayer for my mother. It is however too late. She died in June after a 24-year battle with breast cancer.

We have found out about Antineoplastons only when the disease had progressed beyond any hope (oncologist was "talking" weeks). My Mum took tablets for over 2 months when we had to stop. This possibly bought her some more time. You see, Antineoplastons are not the kind of pills you just pop into your mouth after meals. As they fight the cancer at the cellular level, they cause imbalance in the level of electrolytes (mainly potassium which goes down, and sodium which goes up, plus some others). As the lack of potassium may cause instability in your nervous system, you can not only "act strange" with the acute lack but your heart might be disrupted as signals carried to it from the spine might be interrupted. At the Burzynski Clinic they check the level of electrolytes daily. For outpatients they recommend every couple of days or twice a week. Once a week is the absolute minimum. Level of fluid intake and medication level can then be adjusted accordingly to maximise benefit and to keep the patient strong. You simply Email results to the US and they reply on the same day. Our doctor only agreed to send a prescription to the US, if she was to have no further involvement. Now, if we were to pay for all the blood tests twice a week, we could not afford to carry on for too long. If the doctor was to prescribe the tests - questions would have been asked from Medicare as to what treatment she was using that necessitated 2 or 3 tests each week for 6 months. I believe she was pressured by the AMA, Therapeutic Drugs Administration and somebody else from Canberra to stop the treatment.

Having lymph glands removed as part of breast cancer surgery, my mother's body was not well equipped with disposal of a vast amount of fluids taken as part of therapy. In fact prior to any Antineoplaston treatment her arms were very swollen and she wore special constricting sleeves. After 2 months of taking a gallon of water a day she was so swollen we had to stop the therapy as her heart could not cope with the amount of fluid in cells and between them.

Fighting cancer is a bit like applying for a loan at the bank, where you have to prove that you do not really need one to get one. You will need a strength of a healthy man to fight the disease. If you can afford it, throw everything you have got at it, as soon as you can - before you are too weak.

For my mother what worked the best was surgery. Then radiotherapy. She had 6 or 7 courses of chemo. Four of them slightly slowed down the progress of illness. One was extremely effective with remission lasting a year. One was pretty good as it stopped the progress for 8 months - if I remember correctly. But one - supposedly mild - course was stopped after 5 days. It weakened her and from a healthy and strong person she became fragile and lost her mobility.

If you ever decide to get Antineoplastons you will have to do as I did:

1. Get a doctor to prescribe it.
2. Pay US\$100 for 3 day door to door delivery.
3. After 3 weeks, locate where the stuff is (Customs holding bay).
4. Customs are not going to deal with it until FedEx with officially submit it.
5. FedEx is not going to submit it, because they know it is medicine and additional paperwork is necessary and they don't know what it is that they need and how to get it.

Farewell from CJSS

We offer our loving thoughts to the family and friends of these members who have died in recent months:

Noelle Campbell
Florence Windle
Joy Cummings
Judy Longden
David Jones
Maria Rodrigues

Let us know of anyone else to include in our next Newsletter

6. You will then need to convince the nice Customs guy to pick the stuff off the floor and read the papers. He will tell you "no go". But being nice, he will tell you to:
7. Contact Therapeutic Drugs Administration which can issue a permit for the importation of a small quantity for personal use. You cannot buy any more than 2 months' worth of supplies at the time (as it becomes a commercial quantity).
8. You have to tell him that the drug is not going to be injected and is not derived from body fluids - or it will not be let in. But the good news is that Australia unlike other countries allows anything in, unless it is banned (others ban everything unless it is specifically allowed).
9. Then you ring the nice guy at Customs with gratitude and Licence No. from TGA. He tells you "we do it all the time" although it does not seem like that to start with. He then says: the item is cleared - no duty.
10. You have to convince FedEx that it is true that the item is cleared - by then they are sick of your phone calls. When you try to get your US \$100 back for non-performance (3 weeks rather than 3 days) he tells you: if you don't like it, we will send it back to the US...
11. And a week later you start all over again (I was getting 1 month's supply at the time). I had however all the names, phone and extension numbers plus the TGA Licence number. So start when you are still healthy.

Best regards and don't give in,

Roman

THERAPIES

FROM MEETINGS

Dr Robert Beck's Electrical Therapy Devices

Highlights from a Presentation and Demonstration on 26 February by Don Benjamin – summarised by Jim Craig.

Following a screening of a 2-hour video based on Dr Robert Beck's presentation "Take Back Your Power - Suppression of a Discovery" three fairly simple electrical devices were demonstrated which can be purchased in Australia for less than a few hundred dollars and which can be made up at home for about \$100 including small rechargeable batteries, with parts from Radio Shack etc.

They are claimed by Beck to neutralise the ability of harmful microorganisms to multiply in our blood and lymph systems so that they can be excreted from our bodies with the help of drinking a few litres of distilled water per day.

The therapy has been claimed to banish all infection conditions including Aids, HIV, Cancers, Ebola, Yellow fever, Flu, Common colds and any other infections including present and future germ war threats.

A 37-page handout was issued, most with Internet addresses, including:

www.sharinghealth.com/beck.htm (2 pages)
www.krc.com.au/electrification.htm (2 pages)
www.explorepub.com/articles/beck/hiv_article.html (11 pp)
<http://healthtronics.com.nz/aboutbl.htm> (3 pages)
http://www.krc.com.au/blood_electrification.htm (3 pages)
www.explorepub.com/articles/beck/hiv_images/Schematic.gif (circuit diagrams)

Beck's trials on himself included losing more than 50 kg of excess weight and growing a full head of black bushy hair, in his late 70s!

CISS WORKSHOP ON T'AI CHI, 25 March 2000

by Keith Harrison

"The confidence of our faith comes through experience"

T'AI CHI:

T'ai Chi is the symbolism for "The Grand Terminus", or the "Supreme Ultimate and is the symbol of the *Eternal Tao*. This is a kind of mandala having a circle containing one Yin and one Yang each with an essential element of the other, harmoniously interconnected. T'ai Chi is a popular abbreviation of T'ai Chi Chuan which may be thought of as "The Supreme Ultimate Boxing System".

CHI is a difficult concept for Westerners particularly because we have an attitude that in order to understand we must define it precisely. An example in Western science which may be analogous is the concept of Entropy [the energy of the universe or its unavailability (?)]. Change of Entropy may be defined mathematically, but to understand what it is requires time and using the concept until we have a feeling for it. That is, an internal sense and awareness of it.

Although there are different forms of CHI described and used in Traditional Chinese Medicine (T.C.M.) including *blood chi* and *vital chi*, chi is probably best realised as the energy of the universe which is streaming to this planet.

This energy is able to be received by us all, every child, woman and man [regardless of age, colour or creed, rich or poor] especially in the open air and under trees. The T'ai Chi Chuan exercise has been designed to enable us to receive and mobilise this energy for our *well-being*. Hence we see that T'ai Chi Chuan and Traditional Chinese Medicine both derive from Taoism and it is no surprise that they complement each other perfectly.

Benefits of T'ai Chi Chuan:

There has been some 640 different ailments claimed to be warded off by T'ai Chi Chuan. Most of these are still to be verified by Western Science, however such ailments as tuberculosis have living testaments to T'ai Chi Chuan's healing effectiveness.

Some examples given by Yearning K Chen [Tai-Chi Chuan] are "people suffering from neurasthenia, high blood pressure, anemia, tuberculosis, gastric and enteric diseases, paralysis, kidney diseases, etc", while a list from Lawrence Gallant's book [Tai Chi - The Supreme Ultimate] includes "Arteriosclerosis, Arthritis, Asthma, Bronchitis, Cholecystitis, Colds, Constipation, Diabetes, Dizziness, Flu(s), Heart disease Hypertension, Insomnia, Lethargy, Liver diseases, nervous disorders, Rheumatism, Senility, Stress, and Ulcers".

Besides the above-mentioned, T'ai-Chi Chuan is claimed to make the brain more sensitive, and the body more active "and readier to resist attacks". "The muscles, glands, and nerves of the body should correlate closely and function together. No one of these can be done without. T'ai Chi Chuan needs slow movements only and makes use of intrinsic energy, concentrates the mind and eliminates irrelevant thoughts, and calms the nerves, so that the muscles stretch and contract slowly and naturally, the glands gradually adjust their secretion, and the brain becomes calm and sensitive." [Yearning K. Chen, p 22].

Breathing is done through the nose, and natural breathing causes the diaphragm to move up and down exercising the internal involuntary muscles.

Geoff Pike, author of *The Power Of Ch'i*, suffered from bilateral cancer of the larynx, and through the exercises of Pa Tuan T'sin [which utilises intrinsic energy or Ch'i] was able to triumph over the cancer. He began the set of exercises before having radiotherapy in London, and continued afterwards. He writes of this in *The Power is You*.

T'ai Chi Chuan and Other Systems:

T'ai Chi can be related to Yoga, Zen, Western Psychology systems, and "Occult" [meaning hidden] systems of the Hermetic Sciences including the Kabbala, Tarot, Astrology, Alchemy, and Magic. Note that such systems as Kung Fu may be regarded as occult [various forms were kept secret from everyone originally] because one needs real discipline to progress step by step from initiate to adept gaining in knowledge which is hidden from the general population. The word Yoga means "union" and this union is with Brahman, which has no dimensions and is therefore limitless as is the Eternal Tao. The Eternal Tao is the "mother of one thousand things" giving rise to the duality of Yin and Yang - the Tai Chi. All of the above systems or derived methods are to create the connection of body, mind and spirit. Thus there is the fundamental basis of meditation implicit in all of them. Meditation may be

through sitting, standing, walking or working. The inner meaning of meditation is to *be centered*, and the purpose of every one of the methods of these systems is to attain inner knowledge of oneself. That is the unity of mind, body and spirit and therefor the connection with the source of all creation by directing ourselves inwardly [being centered]. T'ai Chi is intimately connected with health.

T'ai Chi and Health:

Health may be looked at from the point of view of the World Health Organisation that says, basically, that to be healthy one needs *mental, physical, emotional, social and spiritual health*. This begs the question a little as it does not say what health *is*. Socrates wrote that the health of the body cannot be achieved without the soul. "Health" comes from the Greek language meaning to "be beside". Thus one needs to understand just what the state of *being* means. To *be* beside oneself [or another] indicates a profound state of empathy. Thus an open state of awareness within, whereby everything may be in our consciousness yet rendered passive so as not to manifest and destroy our state of presence, may be achieved. This is also the ultimate goal of existential, active meditation [the body-mind-spirit connection].

"Health" also derives from the Latin word meaning to "be at one with" [one's God, Higher Power, Intrinsic Energy, Creator etc]. Here again we can apply the same existential understanding as for the Greek to show its relationship with the body-mind-spirit connection. The T'ai Chi [Grand Terminus] is derived from Yin and Yang the duality emerging from the Eternal Tao. T'ai Chi Chuan is the form and exercise which brings the intrinsic energy of the Eternal Tao [chi] into the physical manifestation for the Health and total Well-being of everyone who practices it. T'ai Chi Chuan is also known as *Meditation in Motion*.

T'ai Chi Chuan and Practice:

It is important at the beginning to *agree with oneself* NOT to get too caught up in the theoretical issues.

Take it easy - be interested, it is your health and well-being after all.

One learns T'ai Chi Chuan step by step. When we practise, we need to develop the discipline of getting the positions of the feet, the body postures, the hand positions correct and the breathing synchronised. All of these are essential for the healing qualities to manifest in us. The beauty and harmony of the movements are a joy to experience. The feelings of calmness, mental focus, and the up-lift of the spirits of the T'ai Chi Chuan student/practitioner supplies the impetus to continue the discipline of practice.

Note: that you can have *FUN* when practising, simply through "being free" or exaggerating the movement *AF-TER* one has thoroughly learnt it [often painstakingly].

Keith J. Harrison
[T'ai Chi Chuan practitioner]

FROM THE JOURNALS

Is Flaxseed Oil a Risk for Prostate Cancer?

The following are extracts from comments in the Prostate Forum Newsletter Vol 1, No. 6 November 1996, Charlottesville, VA by its editor **Charles E. Meyers Jnr** followed by comment from Carl Dransfield and Don Benjamin:

"...There are many health benefits associated with alpha-linolenic acid. It helps prevent atherosclerosis or hardening of the arteries.

There is also evidence that alpha linolenic acid may slow the growth of some cancers such as breast cancer. Thus, there are sound reasons why a physician might recommend flax seed oil to patients with atherosclerosis or certain other cancers.

What about alpha-linolenic acid and prostate cancer? This issue was addressed by the Physicians' Health Study published in 1994 by Gann et al. In this study, the blood fatty acid levels were measured in 15,000 physicians and the result correlated with the subsequent risk of developing prostate cancer. Of all of the fatty acids, alpha-linolenic acid was the one most closely associated with the risk of developing prostate cancer. In fact, men with the highest alpha-linolenic acid levels had nearly a three fold (300%) increase in risk of prostate cancer compared with those who had the lowest levels of this fatty acid.

We have tested alpha-linolenic acid in the laboratory and found that it causes a dramatic increase in the growth of human prostate cancer cells.

Which dietary fats are high in alpha-linolenic acid?

Flax seed or linseed oil is 50% alpha-linolenic acid. Canola oil is 12% and soybean oil is approximately 7% alpha-linolenic acid.

I would strongly recommend that all prostate cancer patients avoid flax seed oil."

Comments from Carl Dransfield:

"...I would point out that the in vitro researchers probably read the label only using the test product with no prior analysis for oxidation status (whether the product has gone rancid or not.)

At the same time such studies (eg beta carotene and lung cancer) utilise magic bullet thinking failing to take note of the metabolic consequences of isolated materials.

All fats are a problem in the body as while essential to life, they produce metabolic wastes that are life threatening - **if acting in isolation....**

Oxidation of any fat is normally handled by the body's own anti oxidant/free radical scavenging system or by ingested anti oxidant nutrients such as selenium E, beta carotene, lycopene, green tea etc. Shortages of these mean oxidative damage will occur. It must be remembered (a fact that seems to have escaped the medical research machine) that free radical formation comes in a number of forms and that each form requires more than one anti oxidant for resolution of its damage potential effect. In effect the quenching of free radicals is usually a cascade of events requiring a number of quenching elements in which a first step may actually produce a more active and damaging free radical. This was the problem with the beta carotene study.

(continued on page 11)

FROM THE JOURNALS (cont'd)

(continued from page 9)

The 15,000 physicians study sounds impressive. We must assume all were eating normal diets so those having the highest of alpha-linolenic acid levels probably had the highest

total oil intake. Note: normal fat ratios, other fats to alpha-linolenic acid, exceed 200 to 1.

It would also be reasonable to assume that they did not add extra anti-oxidants (noted in the oil literature for years). The level of oxidised fatty acid being processed in the prostate would be very high as fatty acids are found in both prostate tissue and semen.

I feel the accompanying in-vitro study suffered from the problems of all in vitro studies involving complex metabolic functions. Failure to control cell metabolic wastes and to maintain as in body environments.

In this case my belief is that the researchers have

- a) used an already oxidised oil; or
- b) allowed it to become oxidised (by exposure to light and oxygen); or
- c) did not provide the appropriate anti-oxidants during the experiment to mop up the harmful free radicals by-products of normal cellular metabolism; or
- d) A combination of these.

I have recommended flaxseed oil since 1988 to a large number of prostate cancer sufferers. This has always been with the proviso that the oil be the best. (Stoney Creek) and that anti-oxidants be part of the protocol.

Reviewing the results over the years I would not change this opinion without a much better proof than has been offered.

Should a patient have any doubt it would appear that the proposed risk could be lowered by reducing overall oil consumption and substituting DHA and EPA capsules, but this is a very expensive route.

Comments by Don Benjamin:

Charles Meyers quotes from a paper by P. Gann et al. "Prospective Study of Plasma Fatty Acids and Risk of Prostate Cancer". Journal of the National Cancer Institute 1994; 86:281-286.

There are four problems with this type of reasoning:

Firstly, the study measured blood fatty acid levels. A high level of a substance in the blood doesn't necessarily mean that there is also a high level of the substance in tissues. If the blood is viewed as a transport route for nutrients, the higher the level of a substance observed in transit, the greatest is the need for that substance somewhere in the body. In contrast, if there is a surplus of the substance somewhere it might only be sent via the blood if there is a deficiency somewhere else. If the levels of the substance are just right one would not expect to see much being transported via the blood.

The cholesterol issue is a case in point. Cholesterol is produced in most cells. If excess cholesterol is eaten it

doesn't mean this will result in excess cholesterol circulating in the blood. Similarly if cholesterol levels are high in the blood it doesn't necessarily mean that cholesterol deposits in the arterial walls will be abnormally high. In fact the cells might produce less cholesterol themselves if there are high levels in the blood to maintain a balance. If insufficient cholesterol is eaten more will be produced by the body.

Randomised trials of cholesterol lowering drugs and low cholesterol diets have shown that their effects on cholesterol deposits on the walls of coronary arteries is minimal.

Secondly, Meyers' conclusions are based on the results of correlations, not cause and effect. For example there are many risk factors for breast cancer. However most women who get breast cancer don't have most of these risk factors. So risk factors are a very questionable concept when it comes to cancer causation. For example, (assuming high intake of flaxseed oil results in higher blood levels of alpha-linolenic acid) men who have the highest intake of foods high in alpha-linolenic acid could also have the highest intake of other foods more dangerous to the prostate.

Thirdly, the conclusion Meyers draws from the paper is different from that of the authors. In fact the conclusion in the paper cited by Myers states CONCLUSIONS: "These results suggest that low plasma levels of alpha-linolenic acid might be associated with reduced risk of prostate cancer, independently of high meat intake. High linoleic acid and low marine fatty oils were not associated with increased risk, as previously hypothesized. IMPLICATIONS: The effects of dietary alpha-linolenic acid, particularly from vegetable sources, warrant further study. The effects of dietary linoleic acid and marine fatty acids seen in animal bioassays might not apply to human prostate cancer."

So if the results of the paper are accepted fish oils might not be a useful substitute for flaxseed oil for men with prostate cancer.

Meyers exaggerates the effect of increased risk by comparing upper and lower limits. A more realistic assessment might be to say that highest a-l-a blood levels are associated with a risk of 1.5 (an increased risk of 50%) and lowest blood levels are associated with a risk of 0.5 (a decreased risk of 50%).

The fourth problem is the laboratory study. Meyers says that alpha linolenic acid causes a dramatic increase in the growth of human prostate cancer cells (in a test tube). Most drugs in use for cancer today are based on the results of reactions observed in laboratory studies. These studies are sometimes reproducible in animal studies. Even when this happens the effect is only rarely reproducible in humans. And when this happens the reaction is usually unrelated to improved survival. (None of the chemotherapy drugs shown to be "effective" in the test tube have a proven effect on survival, even if they can shrink tumours.)

Cancer miracle a sham

Expert faked research

From CHRIS MCGREAL
in Johannesburg

SOUTH Africa's leading chemotherapy specialist has admitted falsifying "ground breaking" research into a controversial cure for breast cancer that gave hope to women with advanced cases of the disease, but divided the international medical community.

Witwatersrand University in Johannesburg is also investigating suspicions that Professor Werner Bezwoda experimented on dozens of black women for the research without their consent.

The university suspended him as head of hematology and clinical oncology after he admitted in writing to "a serious breach of scientific honesty and integrity" by lying about the conduct of experiments, which claimed to show that high doses of chemotherapy followed by bone marrow transplants were more effective than existing treatments for breast cancer.

The study was hailed as a "ray of

hope" for women with advanced breast cancer when it was presented to an international conference of 12,000 researchers in the US last May.

It was approved by some of the doctor's peers but was contradicted by four other studies.

Dr John Durant, vice-president of the US oncology society which hosted the conference, said the research was worthless.

"I'm very angry at Bezwoda personally," he said. "He misled his patients, he misled us and he misled women who had hope."

"When it was learnt that his research wasn't credible, it put an end to any research in the same area. He has done a lot of damage to clinical trials of all sorts."

US cancer researchers had already begun trials on the basis of Prof Bezwoda's claim that his treatment increased the survival rate and reduced relapses, when his research was exposed as a fraud after US experts visited Witwatersrand University last month.

Their suspicions were roused by missing data and the professor's refusal to provide paperwork for half of the 154 women he claimed were part of his study.

After the US team confronted Prof Bezwoda he admitted to "improving" his results by lying about the drugs given to women in his control group.

The US investigators may have uncovered other irregularities. Patients who participate in clinical trials are required to sign consent forms.

None have been found for those women — all of them black — who are known to have been used in Prof Bezwoda's experiments.

Professor Peter Cleaton-Jones, head of the university's medical ethics committee, said Prof Bezwoda had not even told them about his research.

Other researchers fear that the women treated by Prof Bezwoda may have been denied proper care.

The university is attempting to locate the women, but the experiments were spread over five years from 1990, and it believes many of them have died.

FROM SUN-HERALD, February 20, 2000

Woman free of cancer after vaccine

By JACQUI THORNTON
in London

A cancer patient has been successfully treated by having her immune system boosted with a vaccine made from her tumour.

Cathryn Nosrati, 42, from Verwood, in south-west England, is clear of the disease six months after having the vaccine made from the DNA of lymphoma cells.

The vaccine took 10 years to develop and Ms Nosrati was the first person in the world to

receive it. Scientists believe that in five years it should also be able to tackle cancer of the breast, prostate, ovary and colon.

DNA from the tumour cells was removed and put alongside DNA from tetanus toxin, which "alarms" the immune system to form the vaccine. Ms Nosrati was injected every second week for 12 weeks at Royal Bournemouth Hospital. She had previously been undergoing chemotherapy.

The vaccine works by activating the immune system, seeking

and destroying cancer cells left over from chemotherapy, which normally lead to relapse. The immune system recognises the tetanus as a poison and acts to destroy it, while attacking cancer cells.

Professor Terry Hamblin, who led the research backed by a cancer charity, Tenovus, said tests showed Ms Nosrati had produced an immune response and was clear of cancer. She would be re-tested in 18 months.

The Sunday Telegraph, London

FROM Sydney Morning Herald, 8 May, 2000

Multiple Myeloma Contact Wanted

I am 52 years old and was diagnosed with multiple myeloma 14 months ago. I have chosen to treat myself only with alternative therapies. I would like to be in contact with someone else who is treating their myeloma solely with alternative therapies. Could you please contact me on (0409) 002 500 or 9858 1550, Joseph Ayoub.

CANCER INFORMATION & SUPPORT SOCIETY



NEWSLETTER

CISS Home Page:
<http://www.ciiss.org.au> (to be available soon)

The Secretary
Cancer Information &
Support Society
6/81 Alexander St
Crows Nest NSW 2065
Phone/Fax: (02) 9906 2189
Office hours:
Tuesdays: 10.00 - 1.00
2.00-4.30

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Seminar – Taking Charge of Cancer

Calendar of Events and October & November Guest Speakers

(Held on 4th Saturday of month at the Swedenborg Centre, 1 Avon Road, North Ryde unless stated)

Saturday/Sunday Seminar organised by Molly Knight and Gerry O'Sullivan: "Taking Charge of Cancer
16-17 October or any life threatening illness "
9.00am – 5.00pm Community Centre Crows Nest. Cost \$295 (ask for discount for CISS members)
Bookings essential (02) 9419 7731 – See special insert for more details

Saturday 23 October This will be an afternoon to **exchange experiences**. Come along and tell others
2.00 - 4.30pm what you have done to control your cancer, and find out how others have sorted out
their problems. We will discuss physical (diets, supplements, exercise, breathing),
psychological (meditation, relaxation and the emotions) and spiritual techniques.
(12.30- 1.30pm Meeting of the prostate cancer support group)

Saturday 27 November See next Newsletter for details
2.00 - 4.30 pm

The Cancer Information & Support Society is an educational, non- profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

PRINT POST No.231335/00041

OVERSEAS NEWS

Epstein-Barr Virus (EBV) and Breast Cancer

There have been a few "cancer breakthrough" stories since the last Newsletter, most of them quite meaningless as usual. One was a report of a study linking the EBV with breast cancer. It said:

"Epstein-Barr virus has already been implicated in lymphoma, stomach tumors and nose and throat cancer. And just last week, US researchers reported that the human mammary tumor virus was found in more than 85 percent of women with breast cancer. In the new study, Joab and a team in Germany detected EBV in 51 of 100 tissue samples from breast tumors. When the same DNA-based analysis was performed on healthy breast tissue taken from the same patients, only three of 30 samples showed evidence of the virus.

The report noted that at least five other studies have found no connection between the Epstein-Barr virus and breast cancer, but the the government researchers and study author Irene Joab (of France's medical research institute INSERM) agreed further study is needed.

It sounds a bit like AIDS and the HIV. Just because a virus is found in a tumour scientists claim the virus helped cause the tumour whereas it is more likely the virus grows because the conditions allowing tumour growth also allow viruses to proliferate. Anything to encourage more funding for researchers.

A very useful Website

A CISS member has brought to our attention an excellent web site for those women who want to look at the options for surgery and radiotherapy for breast cancer. Dr Richard Evans is one of those unusual doctors who believes that surgical practice should be determined by evidence and the needs of women rather than past practices and the needs of doctors. As a result he says "it is illogical for physicians to insist that radiation therapy be administered to all patients treated with partial mastectomy. Partial mastectomy without routine radiation therapy should be a treatment option for selected patients with early breast cancer. Women should understand that radiation does not improve the survival of patients with this disease". For more info: <http://www.texascancercenter.com/>

LOCAL NEWS

Professor Waldmann's visit

As they say "the best laid plans of mice and men..." Well a week or two before the Waldmann visit was due to start Professor Jürgen Waldmann had a mild heart attack. His doctor said he shouldn't fly to Australia. Stewart Penny who was organising the visit was able to arrange a last minute substitute. In the event Dr Hannalore Bilz came instead. She not only had a lot of the knowledge that Professor Waldmann had about pulsed electromagnetic therapy (PEMT) but had actually used PEMT on about 5,000 patients. So she had clinical experience as well.

Within a week she had put together a presentation showing the role of PEMT in the treatment of ADHD for "The Mind of the Child" conference at Manly and another

suitable for an audience of cancer patients.

About 55 people came to the CISS meeting on 21 August. Dr Bilz' son Alexander helped with some of the translation from German as Dr Bilz had not spoken English in 5 years. It was widely agreed that Dr Bilz did a remarkable job in such a short time.

Tony Fitzpatrick, who organised the Sydney and Melbourne legs of the trip, reports that the Sydney public meeting on the following Monday was videotaped. So for those who couldn't make it to the CISS meeting on the Saturday or the one on the Monday evening we should have a video of the presentation in the CISS library by the time this newsletter comes out.

Trial of the mat should start soon

The randomised trial of "the mat" should start over the next couple of months. The trial is to monitor the effects of pulsed magnetic fields on different parts of the body including the blood and the immune system. Because of the short length of the trial (16 weeks, during which each group gets 8 weeks of therapy) it is not for measuring the effect on survival. In fact being a crossover trial it would not be suitable for this. Those who have expressed an interest in participating will be notified when the trial is ready to start and whether they have been included.

Lyprinol banned in New Zealand

Dr Henry Betts, Principal Research Scientist in the Rheumatology Research Unit at the Queen Elizabeth Hospital at Adelaide, has shown that Lyprinol, an extract from the green-lipped mussel, was a potent inhibitor of the two cell pathways that cause inflammation in both humans and animals. One of these pathways was also claimed to be responsible for the spread of cancer cells. He suggested that the substance should therefore also be effective in controlling cancer growth and later claimed that he had demonstrated the ability of Lyprinol to halt the proliferation of human cancer cells in the test-tube. He then began trials to test the efficacy of Lyprinol on patients with prostate cancer.

On Thursday 29 July 1999 the company that distributes Lyprinex, a form of Lyprinol, Life Plus International, issued a press release entitled Cancer - Hope from the sea, in which the company suggested "the potential for remarkable anti-cancer action" of Lyprinol, a dietary substance.

Within days this news release was interpreted as a claim as a cancer cure and sales of the substance was banned in New Zealand, but not before 1 million tablets had been sold and NZ fish retailers had sold out of live mussels.⁵

Health officials in New Zealand accused manufacturers MacLab of manipulating public opinion and exploiting vulnerable cancer patients by illegally claiming on the Internet that the product could cure cancer when this had not been proved. The health ministry is investigating the links between the announcement by Adelaide rheumatologist Dr Henry Betts and the drug's release in New Zealand. For further details see page 10.

ABC Radio National's conflict of interest

Last newsletter we reported on Norman Swan's reply to CISS justifying not mentioning psychotherapy on two

programs on the treatment of breast cancer. CISS wrote to the ABC again pointing out that Norman Swan's reply was inaccurate and only served to confirm our claim that the Health Report program was not based on evidence but opinion.

In the ABC's reply Andy Lloyd-James stated that "the program is constrained by medical orthodoxy - it would be irresponsible if it were not. The program's producers believe medical orthodoxy is clear that psychotherapy is not an effective treatment for cancer. Surgery, chemotherapy and radiotherapy can all be effective" (No evidence was cited for this)

He then questioned the CISS claim that "there is not a single properly controlled randomised trial that supports [these treatments] for breast cancer". To refute this he stated that "doctors in New Zealand did a trial of the efficacy of surgery on cervical cancer and women died. A Royal Commission was the result". Unfortunately the trial referred to was not a properly randomised trial and was not on breast cancer. In fact it was not on cancer at all; it was on the treatment of carcinoma-in-situ of the cervix, a non-malignant condition claimed to be a precursor of invasive cervical cancer.

It seems ABC Radio has been caught in a web of conflict of interest. The more it tries to get out of it, the more it reveals that it is in fact a mouthpiece for the medical profession. It finds itself having to rely on inaccurate statements it cannot substantiate. A program that provided a balanced coverage for its listeners would not have this problem.

CISS wrote back to the ABC pointing out the unsatisfactory and inaccurate response to our last letter. We await the ABC's further reply with interest.

Welcome to new (and rejoined) members

Bruce & Hilary Amm, Kay Armstrong, Greg Britten, Paul Edwards, greg Denaro, David E. Gough, Peggy Johnson, Evan McConnochie & Helle Nielsen, Catherine Maahs, Thomas Malonyay, Stanley Marks, Colin Matthews, Gariel Montgomerie, Dorina B. Petre, John L Pike, Ros Reid, Rika Schwenkenbecher, Vita Stillone, Simona Strettles, Enid Taylor, Glyn Thomas, Phil Watkins, Norma Weaver, Gretel Young, Manuel Zoumbatli.

Donations to CISS

July: B. & H.A \$4; B.B. \$10; V.B. \$20; A.C. \$10; H.C. \$5; D.F. \$10; J.F. \$5; M.G. \$20; E.H. \$50; S.H. \$10; A.I. \$20; C.L. \$20; P.L. \$10; W.L. \$20; B.M. \$5; C.M. \$10; E.M. & H.N. \$10 + \$8;; G.M. \$10; J.M. \$5; J.P. \$20; L.P. \$10; S. P. \$20; A.R. \$10; B.S. \$21.50; L.S. \$100; M.S. \$100; V. S. \$10; E.T. \$5; J.T. \$20; J.T. \$5; A.V. \$20; G.W. \$20; M. W. \$5.

August: D.B. \$20; S.B. \$35; S.B. \$20; R.C. \$20; R.D. \$20; A.G. \$500; B.G. \$70; N.H. \$30; B.L. \$30; B.M. \$20; G.M. \$10; R.M. \$20; K.McK \$50; R.N. \$20; L.S. \$100; I.T. \$25; E.W. \$10.

September: M.B. \$30; Grosvenor Properties \$500; B.L. \$3.50; M.K. \$30; W.L. \$6.50; H.N. \$5; J.W. \$10; M.W. \$5.

Also Liz Sterzel & Trevor Dunkley have donated 2 books to the CISS library "Breaking Out of Environmental Illness" by Robert Sampson & Patricia Hughes and "Oxygen Therapies".

John Sands donates display stand

Sandra, our Office Co-ordinator, noticed that the WA Cancer Support Association had acknowledged in their Newsletter a donation of a display stand from John Sands. As we had been looking for something similar for quite a while, she suggested to the Committee that we might contact John Sands locally for a similar donation. We did so and Peter Axton from John Sands at Rydalmere rang back offering a stand. It is now in the CISS office with all the pamphlets in it. We would now like to acknowledge the generous donation of the excellent display stand.

Minolta Provides Cheaper Photocopier

Minolta have provided CISS with a reconditioned photocopier for about half the usual price (\$475 instead of \$975). CISS would like thank Minolta, particularly Mike Newin, for the equivalent of a donation of \$500. CISS members wishing to photocopy items at the CISS office can now do so for 20c a page.

CISS Homepage has new address

For those who use the CISS Home Page it should soon be at a new address: <http://www.ciss.org.au>

Bovine Cartilage for CISS Members

A reminder that Serge Magnery, the manufacturer of Liquid Bovine Tracheal Cartilage, will supply it to anyone with cancer at a reduced cost. For details contact Tom Nestel at 18 Thomas Avenue Roseville 2069, Phone (02) 9416 2202.

Do you have a prostate problem?

If so we would like to hear from you, especially if you live outside Sydney. There's a lot we can do by mail or phone. Call Tom Nestel, Convenor of the Prostate Support Group - (02) 9416 2202.

Schultz Relaxation Technique

Dorina Petre, a psychologist with 25 years' experience in teaching the Schultz relaxation technique, has been showing a small group of CISS members the benefits of this method over recent weeks. Everyone attending has been enjoying the new experience. Anyone who would like to join the group is most welcome. Enquiries to Dorina at 9888 1973.

FROM MEMBERS

Barbro Spike reports: a very special occasion

In July CISS received a letter from the Reverend Janet Dawson (a CISS member) from the Parramatta Mission asking if CISS could suggest a "fairly long term survivor" who might be prepared to attend the Westmead Uniting Church's special service for Daffodil day as a sign of hope.

The service was "not to be a typical service with traditional hymns and preaching, but rather a quiet, reflective time aimed at both remembering our loved ones who have died of cancer as well as expressing our hopes and dreams for the future".

Barbro Spike accepted the invitation. She reports that she had never been to a service like this before. It was dedicated to people who had died of cancer. People, including whole families, lit candles for their departed loved ones. Barbro

(FROM MEMBERS continued on page 5)

What's Available from the CISS Office?

Antioxidants: Tresos B 150 tabs \$40.50

CHAMPION Juicers - \$490 (\$520 non-members)

Enema Kits: \$5.50

Ethical Nutrients: Naturen:

* **NATRA DOPHILUS** (L-acidophilus) 70gm \$24.60;
125gm \$38.45

* **NATREN BULGARICUM** 70gm \$27.30

Evening Primrose Oil: Naudicelle 500mgs, 60 caps
\$8.90; Kordel's 1,000mg, 50 caps \$8.40.

Kyolic Garlic: 60 ml, \$18.00; 120 ml, \$36.90

Linseed/Flaxseed Oil: Pure Stoney Creek,
0.5 litre \$14, Organic: \$16.50

Magnesium Orotate: 400mg, 60 tabs \$15.65

Pancreatin: 90 tabs \$19.50 (Azeo-Pangen)

Vitamin C: Powder - 500gms \$20 (The most common combination is
Ascorbic Acid 200gm and Sodium Ascorbate. 300gm).

Prescribing Biochemists Vitamin C & Hesperidin - 200gms \$12.60;
ESTER C: Powder - 250gm - \$36.20. Orthoplex C with Bioflavonoids
200gms - \$18; **Tablets** - 250 - \$21

Vitamin E: Micelle E, 50ml, 115mg/ml \$15.60; Micelle A + E, 50ml
\$15.60

Water Purifier: NATURE'S SPRING Reverse Osmosis PA Model -
\$450 (\$480 non-members). Other models available on request.

Zell Oxygen: (high in enzymes) - 250ml \$18.35

Zinc Zenith (with Vit C and B6): 60 tabs \$8.95

These prices are subject to change. Items can be posted to you.

There is a \$6.50 postage/packing fee for posted articles.

CANCER SUPPORT GROUPS

CISS GOSFORD

The Gosford Branch meets every 1st and 3rd Monday of the month (NOT on public holidays) at 8 pm at the Senior Citizens Centre, Albany St, Gosford. There is a pre-meeting meditation starting at 7 pm. An excellent library is available to members. For further information contact - Thelma Clarke on (02) 4328 4794 or Liz Humphries on (02) 4328 3842 (a.h.).

CISS HUNTER VALLEY

The Hunter Valley Branch holds a general meeting on the third Wednesday of each month at the Wesley Fellowship Centre, 150 Beaumont St, Hamilton at 7.20pm and is open to all. From 9am to 12 noon each Saturday they are open for counselling, library and sale of books and supplements. Phone (02) 4969-5566 for information.

BONDI SUPPORT GROUP

This group is part of an ayurvedic medicine centre. It specialises in support for both the cancer patient and the family or carer. Meets Tuesday mornings. For further information ring Jenny Kidnie on 9997 7870.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st and 3rd Tuesday of each month from 6.00-8.30pm at Pilgrim House, Level 2, 262 Pitt St. Meditation group meets 2nd & 4th Tuesday, same time and place. \$2 members, \$5 non-members. Ring (02) 9264 4106 or just turn up. Canhelp also run 10-week wellness courses for \$150.

CANSURVIVE

This group on the Queensland Sunshine Coast meets from 10am to 12 noon on the 2nd Tuesday of each month at the home of Eve Williamson, "The Cascades", 9/23 Maltman St, Caloundra. Ph (07) 5492 6364. Books, tapes, counselling available.

FRUITARIAN RAW FOOD NETWORK

For information write to PO Box 293 Trinity Beach Qld 4879.

CENTRAL COAST LIVING WELL WITH CANCER SUPPORT GROUP

Also based on the Ian Gawler approach, meets on 1st Wednesday of each month from 3-5pm at Pearl Beach. Ring Joan Hart (02) 4342 4566

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turramurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Kroluk.

KEMPSEY CANCER SUPPORT GROUP

For cancer patients and their carers. This group meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Community Health Building. Contact Penny Snowden (02) 6562-6066.

MANLY HOSPITAL CANCER MEDITATION AND SUPPORT GROUP

Meets every Wednesday 10.30-12.30, in Recreation Hall, rear Manly Hospital. Program includes education, discussion, stress management, meditation, guest speakers, lending library of books and tapes. Cost \$6 (\$3 conc) includes morning tea. Details phone Jan 9977 9531.

NAMBUCCA VALLEY SUPPORT GROUP

Meets 3rd Wednesday each month, Agnes Grant Centre, Macksville & District Hospital. Phone (02) 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, Suite 1, 22 Smith St, Charlestown, NSW 2290. Phone (02) 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green on (02) 6864-5123 or Mary McPhee on (02) 6862-3814.

QUEST FOR LIFE SUPPORT GROUP

Meets each Monday 11am-1pm (except public holidays) at the Quest for Life Centre, 3 Phillip St, Bundanoon - for people with life-threatening disease and their loved-one, facilitated by Petrea King or Jenny Maher. A Relaxation, Visualisation and Meditation group meets on Mondays from 1.30-2.30pm. No charge for attending either of these groups. For further details ring Petrea King or Wendy Batho on (02) 4883 6599. There are eight residential programs each year for people with cancer.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at Community Hall, Premier St, Kogarah. For further information contact Shirley Percival (9529 4329) or Pat Minton (9524 6258).

SPRINGWOOD CANCER SUPPORT GROUP

Meets every Tuesday morning 9.30 - 11.30 at Springwood Health Centre. Emotional support for those with cancer and their families. Relaxation and a cup of tea. For details ring Michael Farrell-Wheelan on (02) 4759 1707.

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200 or Rosalie Shortland, 9525 2792.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 9.30-11.30am at 185 Fox Valley Rd, Wahroonga. They have a sharing time, an information segment & a meditation segment. Contact Pam or Nerolie on 9487 9897 or 9487 9772 (bh)

CANCER NATURAL THERAPY FOUND'N OF AUST

Support group meets each Tuesday night at 7pm at Mt Aitken Estates, Calder H'way, Gisborne Sth. Victoria 3437. Includes discussion, relaxation exercise, Reiki Healing. Contact Sandra Maqueda or Roger Mclean (03) 9744 6122 (bh) or (03) 9740 9921 (ah).

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The Retreat, Grevillia 2474, Phone (02) 6636 4275

Hydrazine Sulphate Available from CISS Buyers Club

The CISS Members' Buyers' Club has Hydrazine Sulphate already made up as a liquid available to members. Cost: \$13.50 per 375 ml bottle (~ 3 months supply) + \$6.50 postage/packing (= \$20). Please contact the CISS Office.

FROM MEMBERS (cont'd from page 3)

was one of the three, including Janet, who spoke of their own experiences with cancer. Things happened spontaneously. She was very impressed by the respect people showed for the memories of the past. She immediately remembered her own son Cameron, who had died very young, although not from cancer.

Thanks Janet for the opportunity for one of our members to experience such a "gorgeous night".

Walter Last on Health, Science and Spirituality (Summary From Tod Kennedy, CISS August 7, 1999)

Walter Last is an Australian natural therapist who has written several books on Health, Science and Spirituality, dealing with many diseases, and including his approach to the cause and cure of cancer. His books originally published by Penguin Books in 1992 (now out of print) have been updated for his Health & Spirituality web site www.mrbcan.net.au/~wlast.

In his introduction he states "I feel that my training and work experience as research chemist, biochemist and toxicologist, together with that of practising nutritionist and natural therapist, allow me an insight that would not have been possible if I had worked only as a conventional scientist or natural therapist."

He claims there are no incurable diseases, only incurable people. Get people away from their disbelieving families and doctors (drugs). Diet and the mind provide the avenue for the only true form of healing.

Although much of his advice would be well known and accepted by anyone involved in natural healing, his views on the five dimensional vortex theory of spirituality, categorising of metabolic types of people groups, and his love cure for cancer may be of special interest.

Under the heading of Healing Foods he covers the well-known approach to natural foods however some highlights in his writing are given here. "Nutrition is the main tool with which I help patients overcome a wide range of diseases claimed medically to be incurable. Unnatural nutrition is one of the major causes of most of our diseases, while natural nutrition is an equally powerful agent in curing these diseases and rejuvenating our bodies."

He recommends healing foods and the most powerful health diet designed to cure incurable diseases and rejuvenate body and mind.

Regarding signs of declining health he believes a good indicator is the iris, and another indicator is the number of colds we have each year. "Even one cold or respiratory infection per year show that we are not in good health. Presently babies have an average of four to five colds before the first birthday.

"It is now regarded as normal that we develop chronic diseases as we grow older and later in life become weaker in body and mind." He says our normal life span should be 120 to 150 years in good health of mind and body until the day we die." A natural death is now almost unheard of, nearly everyone dies of a disease. Even worse, debilitating diseases such as arthritis and cancer that formerly were only seen in the elderly are becoming increasingly common in children."

He strongly believes in high doses of vitamin C (2 to 12 g daily). Even with small supplements of vit. C we (unlike animals that produce their own supply) are only getting 1% of what keeps animals healthy.

Sounding the death knell on sugar and wheat he recommends sourdough baking: "This liberates minerals from their bonds to phytic acid so that they can easily be absorbed." Quick baking is helpful.

He adds " Food grown organically in rich soil can easily have ten times higher the values of various vitamins and minerals than those grown with chemical fertilisers. "However much more widespread than pronounced deficiencies of individual nutrients are multiple subclinical deficiencies that do not produce clear-cut symptoms, but lower our resistance to infections, predispose us to allergies, weaken our metabolism, organs and glands and lead to the gradual development of chronic degenerative diseases.

Walter Last has a lot to say about allergies: "As the allergy response is largely regulated by the adrenal glands, it is not surprising that our emotional condition has a large influence on the development of allergies. Any emotional stress reinforces the stress caused by allergens and environmental factors ...Therefore in a heavily stressed condition we may have allergic reactions to a wide variety of foods, while a happy, contented disposition offers a high degree of protection against allergies."

On the subject of wastes and toxins in the body a common source is from dead teeth, metal fillings and diseased jawbones. "The protein in the dentin of dead or dying teeth gradually decomposes and releases a steady stream of breakdown products into the jawbone and eventually into the bloodstream."

On infections he states "The main gland responsible for the health of our immune system is the thymus gland, but due to the stress and deficiencies caused by food allergies and problem foods, this important gland generally atrophies by the time we reach puberty. Important nutrients for a healthy immune system are the vitamins A, C, E B6, pantothenate, folic acid and the minerals zinc, iron, magnesium and manganese. All of these are either sub-optimal or even deficient in most individuals.

Last claims that "cancer can develop and tumors start growing because the immune system is too weak or inefficient to kill all abnormal cells, and especially cancer cells, before they invade a tissue. It has been shown that a tumor develops predominantly in tissue low in vitamin C. Metastases commonly spread after an operation or even after a biopsy of a primary tumor. This could be prevented by strengthening the immune system with immune-enhancing nutrients before and after surgery."

Of course this flies in the face of the popular medical theory that cancer cells cannot be recognised by the immune system and therefore all these immune boosting modalities are basically useless!

Last mentions the Virginia Livingston-Wheeler theory that cancer and AIDS is linked to the proliferation of an endogenous germ called Progenitor Cryptocides, or just the "cancer microbe." He says "the microbe starts its uncontrolled growth when the immune system has been sufficiently weakened after a long period of food allergies,

deficiencies, exposure to toxins and accumulating wastes. It weakens the immune system still further and its enzymes attack the collagen structure, thereby paving the way for tissue invasion by cancer cells and other microbes."

He believes that a major part of our immune system is located in the small intestine where poor digestion causes trouble. We therefore need good intestinal sanitation using garlic and/or hydrogen peroxide flushes.

On the subject of our metabolism, Last claims that our bodies lack balance between the sympathetic nervous system (SNS) and the para-sympathetic nervous system (PNS) which contributes to disease.

SNS's main function is to prepare the body for action (causes adrenalin to flow), while PNS relaxes the muscles. Problems arise when the tension-relaxation cycle is not centered but remains one sided - such as during work.

He goes on to describe basic metabolic types: P Type - in which PNS dominates, S Type - with a dominating SNS, and a balanced type. Typical P Types are the American Indians and Eskimos - stoic, powerful bodies, eats meat and few carbohydrates. Typical S-Types include the desert Arab - agile, energetic, quick emotions, eats mainly dates, long endurance.

The meat diet of the American Indian stimulates SNS and adrenaline while Arab (dates) sedate the SNS. If they interchanged diets they would become unbalanced.

Other P Types are the northern Europeans, Russians, and Polynesians - traditional hunter societies. S Types are grouped around the Mediterranean and South Asia. Most middle Europeans have a balanced ancestry, according to Last.

Last also describes "converted metabolic types" metabolic pathways and diets for metabolic types (too lengthy to outline here).

Re science and spirituality: "The birth of an atom, a thought or idea, a human baby or a star all follow the same hidden energy pattern. This five-dimensional vortex theory allows us to use the same set of basic principles to come to a logical understanding of quantum physics, astrophysics, biology, psychic phenomena as well as religion and spirituality. With this we have a Theory of Everything which is capable of unifying all aspects of our lives, including the perceived opposites of science and God or science and religion."

This theory is presented in two articles:

A spiritual philosophy of life and existence which he says demonstrates the scientific or objective reality of our life as a spiritual journey.

Energy/matter related subject which describes how a unified and logical understanding of quantum physics and astrophysics is only possible within the framework of a five-dimensional vortex theory.

On a closing note I will include Walter Last's Love Cure for cancer and other diseases.

He says that "learning to love again" is associated with heart or chest areas particularly pertaining to women with breast cancer. This is where relaxing and meditation comes in with all important breathing exercises.

Note the warm air going out of the lungs and the cool air

in. Pause 1 to 2 seconds between the inhale/exhale breaths and feel a light pressure in the middle of the chest during this pause, then focus on the warm out-breath. Now combine this warmth with the light pressure felt in the middle of the chest - intensify this feeling and spread it right over the chest, but especially the location of any health problem (eg. A tumour). When you feel the warmth you can disregard the pressure (on the heart centre).

Feel the warmth (love) and recall other situations when you felt this way. Convert the warm feeling in the chest to other love sensations.

He advises to regularly gaze on something grand or beautiful, like a tree.

As with love, breathe in joy to the gland between the eyes (pituitary gland in the forehead, and direct your smile inwards. Do a similar exercise for peace.

The solar plexus is a storage ground for resentments and other unreleased emotions. Breathe warm air into this area. Fill it with white light. I would like to add: visualise the white light of Christ healing and cleansing your body, mind and spirit. Meditation is a prayer in action.

FROM THE INTERNET

Hoffer's Home Page - Orthomolecular Treatment of Cancer

(Continued from last Newsletter)

Review of Previous Reports and Present Summary.

The use of large doses of nutrients for the treatment of cancer has not yet entered the mainstream of medicine, not in the Universities, nor in the medical journals, or in the wards, halls and corridors of hospitals. But it is beginning to do so, largely due to the persistence and dedication of Professor Linus Pauling. He needed forums in which to outline his views and these were provided for him by the physicians and other interested individuals. The Canadian Schizophrenia Foundation was honored to host Linus Pauling on three separate occasions, in Toronto and in Vancouver.

About the same time the National Cancer Institute held a meeting in September 1990. This was not a clinical meeting. No one presented clinical data showing what nutrients might do. At this meeting Dr. Linus Pauling and two associates presented their findings. Dr. Pauling commented at that meeting "It is very interesting to be here since, for some ten years or so, you have refused every request of mine for research grants on vitamin C". The Proceedings, National Academy of Sciences (US) refused to publish any clinical papers authored by Dr. Linus Pauling. The first paper, by Hoffer and Pauling, was rejected.

During May 10-12, (1991) Jay Patrick, President, Alacer Corporation, hosted a meeting- the Second World Congress on Vitamin C and The Immune System, in San Diego, Bahia Resort Hotel. He had hosted the First World Congress on Vitamin C in 1978 in Palm Springs. That one was addressed by Dr. Szent-Gyorgyi who won the Noble Prize for his work on vitamin C and intermediary metabolism, by Dr. Linus Pauling, and by Dr. Fred Klenner, the first physician to use megadoses of vitamin C.

The Second World Congress brought together a distinguished group of vitamin researchers and clinicians

recently and since you were not immediately interested in medication, I left the matter for the long weekend. Thank you for your offer of prayer for my mother. It is however too late. She died in June after a 24-year battle with breast cancer.

We have found out about Antineoplastons only when the disease had progressed beyond any hope (oncologist was "talking" weeks). My Mum took tablets for over 2 months when we had to stop. This possibly bought her some more time. You see, Antineoplastons are not the kind of pills you just pop into your mouth after meals. As they fight the cancer at the cellular level, they cause imbalance in the level of electrolytes (mainly potassium which goes down, and sodium which goes up, plus some others). As the lack of potassium may cause instability in your nervous system, you can not only "act strange" with the acute lack but your heart might be disrupted as signals carried to it from the spine might be interrupted. At the Burzynski Clinic they check the level of electrolytes daily. For outpatients they recommend every couple of days or twice a week. Once a week is the absolute minimum. Level of fluid intake and medication level can then be adjusted accordingly to maximise benefit and to keep the patient strong. You simply Email results to the US and they reply on the same day. Our doctor only agreed to send a prescription to the US, if she was to have no further involvement. Now, if we were to pay for all the blood tests twice a week, we could not afford to carry on for too long. If the doctor was to prescribe the tests - questions would have been asked from Medicare as to what treatment she was using that necessitated 2 or 3 tests each week for 6 months. I believe she was pressured by the AMA, Therapeutic Drugs Administration and somebody else from Canberra to stop the treatment.

Having lymph glands removed as part of breast cancer surgery, my mother's body was not well equipped with disposal of a vast amount of fluids taken as part of therapy. In fact prior to any Antineoplaston treatment her arms were very swollen and she wore special constricting sleeves. After 2 months of taking a gallon of water a day she was so swollen we had to stop the therapy as her heart could not cope with the amount of fluid in cells and between them.

Fighting cancer is a bit like applying for a loan at the bank, where you have to prove that you do not really need one to get one. You will need a strength of a healthy man to fight the disease. If you can afford it, throw everything you have got at it, as soon as you can - before you are too weak.

For my mother what worked the best was surgery. Then radiotherapy. She had 6 or 7 courses of chemo. Four of them slightly slowed down the progress of illness. One was extremely effective with remission lasting a year. One was pretty good as it stopped the progress for 8 months - if I remember correctly. But one - supposedly mild - course was stopped after 5 days. It weakened her and from a healthy and strong person she became fragile and lost her mobility.

If you ever decide to get Antineoplastons you will have to do as I did:

1. Get a doctor to prescribe it.
2. Pay US\$100 for 3 day door to door delivery.
3. After 3 weeks, locate where the stuff is (Customs holding bay).
4. Customs are not going to deal with it until FedEx with officially submit it.
5. FedEx is not going to submit it, because they know it is medicine and additional paperwork is necessary and they don't know what it is that they need and how to get it.

Farewell from CJSS

We offer our loving thoughts to the family and friends of these members who have died in recent months:

Noelle Campbell
Florence Windle
Joy Cummings
Judy Longden
David Jones
Maria Rodrigues

Let us know of anyone else to include in our next Newsletter

6. You will then need to convince the nice Customs guy to pick the stuff off the floor and read the papers. He will tell you "no go". But being nice, he will tell you to:
7. Contact Therapeutic Drugs Administration which can issue a permit for the importation of a small quantity for personal use. You cannot buy any more than 2 months' worth of supplies at the time (as it becomes a commercial quantity).
8. You have to tell him that the drug is not going to be injected and is not derived from body fluids - or it will not be let in. But the good news is that Australia unlike other countries allows anything in, unless it is banned (others ban everything unless it is specifically allowed).
9. Then you ring the nice guy at Customs with gratitude and Licence No. from TGA. He tells you "we do it all the time" although it does not seem like that to start with. He then says: the item is cleared - no duty.
10. You have to convince FedEx that it is true that the item is cleared - by then they are sick of your phone calls. When you try to get your US \$100 back for non-performance (3 weeks rather than 3 days) he tells you: if you don't like it, we will send it back to the US...
11. And a week later you start all over again (I was getting 1 month's supply at the time). I had however all the names, phone and extension numbers plus the TGA Licence number. So start when you are still healthy.

Best regards and don't give in,

Roman

THERAPIES

FROM MEETINGS

Dr Robert Beck's Electrical Therapy Devices

Highlights from a Presentation and Demonstration on 26 February by Don Benjamin – summarised by Jim Craig.

Following a screening of a 2-hour video based on Dr Robert Beck's presentation "Take Back Your Power - Suppression of a Discovery" three fairly simple electrical devices were demonstrated which can be purchased in Australia for less than a few hundred dollars and which can be made up at home for about \$100 including small rechargeable batteries, with parts from Radio Shack etc.

They are claimed by Beck to neutralise the ability of harmful microorganisms to multiply in our blood and lymph systems so that they can be excreted from our bodies with the help of drinking a few litres of distilled water per day.

The therapy has been claimed to banish all infection conditions including Aids, HIV, Cancers, Ebola, Yellow fever, Flu, Common colds and any other infections including present and future germ war threats.

A 37-page handout was issued, most with Internet addresses, including:

www.sharinghealth.com/beck.htm (2 pages)
www.krc.com.au/electrification.htm (2 pages)
www.explorepub.com/articles/beck/hiv_article.html (11 pp)
<http://healthtronics.com.nz/aboutbl.htm> (3 pages)
http://www.krc.com.au/blood_electrification.htm (3 pages)
www.explorepub.com/articles/beck/hiv_images/Schematic.gif (circuit diagrams)

Beck's trials on himself included losing more than 50 kg of excess weight and growing a full head of black bushy hair, in his late 70s !

CISS WORKSHOP ON T'AI CHI, 25 March 2000

by Keith Harrison

"The confidence of our faith comes through experience"

T'AI CHI:

T'ai Chi is the symbolism for "The Grand Terminus", or the "Supreme Ultimate and is the symbol of the *Eternal Tao*. This is a kind of mandala having a circle containing one Yin and one Yang each with an essential element of the other, harmoniously interconnected. T'ai Chi is a popular abbreviation of T'ai Chi Chuan which may be thought of as "The Supreme Ultimate Boxing System".

CHI is a difficult concept for Westerners particularly because we have an attitude that in order to understand we must define it precisely. An example in Western science which may be analogous is the concept of Entropy [the energy of the universe or its unavailability (?)]. Change of Entropy may be defined mathematically, but to understand what it is requires time and using the concept until we have a feeling for it. That is, an internal sense and awareness of it.

Although there are different forms of CHI described and used in Traditional Chinese Medicine (T.C.M.) including *blood chi* and *vital chi*, chi is probably best realised as the energy of the universe which is streaming to this planet.

This energy is able to be received by us all, every child, woman and man [regardless of age, colour or creed, rich or poor] especially in the open air and under trees. The T'ai Chi Chuan exercise has been designed to enable us to receive and mobilise this energy for our *well-being*. Hence we see that T'ai Chi Chuan and Traditional Chinese Medicine both derive from Taoism and it is no surprise that they complement each other perfectly.

Benefits of T'ai Chi Chuan:

There has been some 640 different ailments claimed to be warded off by T'ai Chi Chuan. Most of these are still to be verified by Western Science, however such ailments as tuberculosis have living testaments to T'ai Chi Chuan's healing effectiveness.

Some examples given by Yearning K Chen [Tai-Chi Chuan] are "people suffering from neurasthenia, high blood pressure, anemia, tuberculosis, gastric and enteric diseases, paralysis, kidney diseases, etc", while a list from Lawrence Gallant's book [Tai Chi - The Supreme Ultimate] includes "Arteriosclerosis, Arthritis, Asthma, Bronchitis, Cholecystitis, Colds, Constipation, Diabetes, Dizziness, Flu(s), Heart disease Hypertension, Insomnia, Lethargy, Liver diseases, nervous disorders, Rheumatism, Senility, Stress, and Ulcers".

Besides the above-mentioned, T'ai-Chi Chuan is claimed to make the brain more sensitive, and the body more active "and readier to resist attacks". "The muscles, glands, and nerves of the body should correlate closely and function together. No one of these can be done without. T'ai Chi Chuan needs slow movements only and makes use of intrinsic energy, concentrates the mind and eliminates irrelevant thoughts, and calms the nerves, so that the muscles stretch and contract slowly and naturally, the glands gradually adjust their secretion, and the brain becomes calm and sensitive." [Yearning K. Chen, p 22].

Breathing is done through the nose, and natural breathing causes the diaphragm to move up and down exercising the internal involuntary muscles.

Geoff Pike, author of *The Power Of Ch'i*, suffered from bilateral cancer of the larynx, and through the exercises of Pa Tuan T'sin [which utilises intrinsic energy or Ch'i] was able to triumph over the cancer. He began the set of exercises before having radiotherapy in London, and continued afterwards. He writes of this in *The Power is You*.

T'ai Chi Chuan and Other Systems:

T'ai Chi can be related to Yoga, Zen, Western Psychology systems, and "Occult" [meaning hidden] systems of the Hermetic Sciences including the Kabbala, Tarot, Astrology, Alchemy, and Magic. Note that such systems as Kung Fu may be regarded as occult [various forms were kept secret from everyone originally] because one needs real discipline to progress step by step from initiate to adept gaining in knowledge which is hidden from the general population. The word Yoga means "union" and this union is with Brahman, which has no dimensions and is therefore limitless as is the *Eternal Tao*. The *Eternal Tao* is the "mother of one thousand things" giving rise to the duality of Yin and Yang - the Tai Chi. All of the above systems or derived methods are to create the connection of body, mind and spirit. Thus there is the fundamental basis of meditation implicit in all of them. Meditation may be

through sitting, standing, walking or working. The inner meaning of meditation is to *be centered*, and the purpose of every one of the methods of these systems is to attain inner knowledge of oneself. That is the unity of mind, body and spirit and therefor the connection with the source of all creation by directing ourselves inwardly [being centered]. T'ai Chi is intimately connected with health.

T'ai Chi and Health:

Health may be looked at from the point of view of the World Health Organisation that says, basically, that to be healthy one needs *mental, physical, emotional, social and spiritual health*. This begs the question a little as it does not say what health *is*. Socrates wrote that the health of the body cannot be achieved without the soul. "Health" comes from the Greek language meaning to "be beside". Thus one needs to understand just what the state of *being* means. To *be* beside oneself [or another] indicates a profound state of empathy. Thus an open state of awareness within, whereby everything may be in our consciousness yet rendered passive so as not to manifest and destroy our state of presence, may be achieved. This is also the ultimate goal of existential, active meditation [the body-mind-spirit connection].

"Health" also derives from the Latin word meaning to "be at one with" [one's God, Higher Power, Intrinsic Energy, Creator etc]. Here again we can apply the same existential understanding as for the Greek to show its relationship with the body-mind-spirit connection. The T'ai Chi [Grand Terminus] is derived from Yin and Yang the duality emerging from the Eternal Tao. T'ai Chi Chuan is the form and exercise which brings the intrinsic energy of the Eternal Tao [chi] into the physical manifestation for the Health and total Well-being of everyone who practices it. T'ai Chi Chuan is also known as *Meditation in Motion*.

T'ai Chi Chuan and Practice:

It is important at the beginning to *agree with oneself* NOT to get too caught up in the theoretical issues.

Take it easy - be interested, it is your health and well-being after all.

One learns T'ai Chi Chuan step by step. When we practice, we need to develop the discipline of getting the positions of the feet, the body postures, the hand positions correct and the breathing synchronised. All of these are essential for the healing qualities to manifest in us. The beauty and harmony of the movements are a joy to experience. The feelings of calmness, mental focus, and the up-lift of the spirits of the T'ai Chi Chuan student/practitioner supplies the impetus to continue the discipline of practice.

Note: that you can have *FUN* when practising, simply through "being free" or exaggerating the movement *AF-TER* one has thoroughly learnt it [often painstakingly].

Keith J. Harrison
[T'ai Chi Chuan practitioner]

FROM THE JOURNALS

Is Flaxseed Oil a Risk for Prostate Cancer?

The following are extracts from comments in the Prostate Forum Newsletter Vol 1, No. 6 November 1996, Charlottesville, VA by its editor **Charles E. Meyers Jnr** followed by comment from Carl Dransfield and Don Benjamin:

"...There are many health benefits associated with alpha-linolenic acid. It helps prevent atherosclerosis or hardening of the arteries.

There is also evidence that alpha linolenic acid may slow the growth of some cancers such as breast cancer. Thus, there are sound reasons why a physician might recommend flax seed oil to patients with atherosclerosis or certain other cancers.

What about alpha-linolenic acid and prostate cancer? This issue was addressed by the Physicians' Health Study published in 1994 by Gann et al. In this study, the blood fatty acid levels were measured in 15,000 physicians and the result correlated with the subsequent risk of developing prostate cancer. Of all of the fatty acids, alpha-linolenic acid was the one most closely associated with the risk of developing prostate cancer. In fact, men with the highest alpha-linolenic acid levels had nearly a three fold (300%) increase in risk of prostate cancer compared with those who had the lowest levels of this fatty acid.

We have tested alpha-linolenic acid in the laboratory and found that it causes a dramatic increase in the growth of human prostate cancer cells.

Which dietary fats are high in alpha-linolenic acid?

Flax seed or linseed oil is 50% alpha-linolenic acid. Canola oil is 12% and soybean oil is approximately 7% alpha-linolenic acid.

I would strongly recommend that all prostate cancer patients avoid flax seed oil."

Comments from Carl Dransfield:

"...I would point out that the in vitro researchers probably read the label only using the test product with no prior analysis for oxidation status (whether the product has gone rancid or not.)

At the same time such studies (eg beta carotene and lung cancer) utilise magic bullet thinking failing to take note of the metabolic consequences of isolated materials.

All fats are a problem in the body as while essential to life, they produce metabolic wastes that are life threatening - if acting in isolation....

Oxidation of any fat is normally handled by the body's own anti oxidant/free radical scavenging system or by ingested anti oxidant nutrients such as selenium E, beta carotene, lycopene, green tea etc. Shortages of these mean oxidative damage will occur. It must be remembered (a fact that seems to have escaped the medical research machine) that free radical formation comes in a number of forms and that each form requires more than one anti oxidant for resolution of its damage potential effect. In effect the quenching of free radicals is usually a cascade of events requiring a number of quenching elements in which a first step may actually produce a more active and damaging free radical. This was the problem with the beta carotene study.

(continued on page 11)

What's Available from the CISS Office?

Antioxidants: Tresos B 150 tabs \$40.50

Bio Beet crystals: 200gms \$28.00

CHAMPION Juicers - \$490 (\$520 non-members)

Enema Kits: \$9.65

Ethical Nutrients: Naturen:

* **NATRA DOPHILUS** (L-acidophilus) 70gms \$24.60;
125gms \$39.30

* **NATREN BULGARICUM** 70gms \$27.30

Evening Primrose Oil: Naudicelle 500gms, 60 caps
\$8.90; Kordel's 1,000mgs, 50 caps \$8.40.

Kyolic Garlic: 60 ml, \$18.00; 120 ml, \$36.90

Linseed/Flaxseed Oil: Pure Stoney Creek, 0.5 litre
Regular \$16.20, Organic: \$18.00

Pancreatin: 90 tabs \$19.50 (Azeo-Pangen)

Vitamin C: Powder - 500gms \$20 (The most common combination is
Ascorbic Acid 200gms and Sodium Ascorbate. 300gms).

Prescribing Biochemists Vitamin C & Hesperidin - 200gms \$12.60;

ESTER C: Powder - 250gms - \$39.00. Orthoplex C with Bioflavonoids
200gms - \$18; Tablets - 250 - \$21

Vitamin E: Micelle E, 50ml, 115mg/ml \$15.60; Micelle A + E, 50ml \$15.60

Water Purifier: NATURE'S SPRING Reverse Osmosis PA Model - \$450
(\$480 non-members). Other models available on request.

Zell Oxygen: (high in enzymes) - 250ml \$18.35

Zinc Zenith (with Vit C and B6): 60 tabs \$8.95

These prices are subject to change. Items can be posted to you.

There is a \$7.70 postage/packing fee for posted articles.

* These items need to be ordered 7-10 days in advance.

CANCER SUPPORT GROUPS

CISS GOSFORD

The Gosford Branch meets every 1st and 3rd Monday of the month (NOT on public holidays) at 8 pm at the Senior Citizens Centre, Albany St, Gosford. There is a pre-meeting meditation starting at 7 pm. An excellent library is available to members. For further information contact -Thelma Clarke on (02) 4328 4794 or Liz Humphries on (02) 4328 3842 (a.h.).

CISS HUNTER VALLEY

The Hunter Valley Branch holds a general meeting on the third Wednesday of each month at the Wesley Fellowship Centre, 150 Beaumont St, Hamilton at 7.20pm and is open to all. From 9am to 12 noon each Saturday they are open for counselling, library and sale of books and supplements. Phone (02) 4969-5566 for information.

BONDI SUPPORT GROUP

This group is part of an ayurvedic medicine centre. It specialises in support for both the cancer patient and the family or carer. Meets Tuesday mornings. For further information ring Jenny Kidnie on 9997 2780.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st and 3rd Tuesday of each month from 6.00-8.30pm at Pilgrim House, Level 2, 262 Pitt St. Meditation group meets 2nd & 4th Tuesday, same time and place. \$2 members, \$5 non-members. Ring (02) 9264 4106 or just turn up. Canhelp also run 10-week wellness courses for \$150.

CANSURVIVE

This group on the Queensland Sunshine Coast meets from 10am to 12 noon on the 2nd Tuesday of each month at the home of Eve Williamson, "The Cascades", 9/23 Maltman St, Caloundra. Ph (07) 5492 6364. Books, tapes, counselling available.

FRUITARIAN RAW FOOD NETWORK

For information write to PO Box 293 Trinity Beach Qld 4879.

CENTRAL COAST LIVING WELL WITH CANCER SUPPORT GROUP

Also based on the Ian Gawler approach, meets on 1st Wednesday of each month from 3-5pm at Pearl Beach. Ring Joan Hart (02) 4342 4566

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turramurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolak.

KEMPSEY CANCER SUPPORT GROUP

For cancer patients and their carers. This group meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Com-munity Health Building. Contact Penny Snowden (02) 6562-6066.

MANLY HOSPITAL CANCER MEDITATION AND SUPPORT GROUP

Meets every Tuesday 10.30-12.30, in Seminar Room, Library Area, at the back of Manly Hospital. Program includes education, discussion, stress management, meditation, guest speakers, lending library of books and tapes. Cost \$6 (\$3 conc) includes handouts and morning tea. Phone Jan 9976 9531.

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone (02) 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, Suite 1, 22 Smith St, Charlestown, NSW 2290. Phone (02) 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green on (02) 6864-5123 or Mary McPhee on (02) 6862-3814.

QUEST FOR LIFE SUPPORT GROUP

Meets each Monday 11am-1pm (except public holidays) at Quest for Life Centre, 3 Phillip St, Bundanoon - for people with life-threatening disease and their loved-one, facilitators: Petrea King or Jenny Maher. A Relaxation, Visualisation and Meditation group meets on Mondays from 1.30-2.30pm. No charge for attending either of these groups. For further details ring Petrea King or Wendy Batho (02) 4883 6599. There are eight residential programs each year for people with cancer.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at Community Hall, Premier St, Kogarah. For further information contact Shirley Percival (9529 4329) or Pat Minton (9524 6258).

SPRINGWOOD CANCER SUPPORT GROUP

Meets every Tuesday morning 9.30 - 11.30 at Springwood Health Centre. Emotional support for those with cancer and their families. Relaxation and a cup of tea. For details ring Michael Farrell-Wheelan on (02) 4759 1707.

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200 or Rosalie Shortland, 9525 2792.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 9.30-11.30am at 185 Fox Valley Rd, Wahroonga. They have a sharing time, an information segment & a meditation segment. Contact Pam or Nerolie on 9487 9897 or 9487 9772 (bh)

CANCER NATURAL THERAPY FOUNDATION

Support group meets each Tuesday night at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. This meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights: The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling also available. Contact Sandra Givca Maqueda (03) 9740 9921 or mobile 0411 100 947.

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Lyprinol and Cancer

According to Dr Henry Betts, Principal Research Scientist in the Rheumatology Research Unit at the Queen Elizabeth Hospital at Adelaide, he had shown that Lyprinol was a potent inhibitor of the two cell pathways that cause inflammation in both humans and animals. When subsequently reviewing medical research papers on cancer he noticed over 600 references suggesting the same cell pathways were also involved in cancer. One pathway, which produced a compound called 5-HETE, was claimed to be responsible for cancer-cell growth. The second pathway, producing 12-HETE was claimed to be responsible for the spread of cancer cells¹.

He suggested that a drug that would inhibit the pathway responsible for 5-HETE production, thereby inhibiting inflammation of joints with arthritis, would also be effective in controlling cancer growth.

He claims that he has demonstrated the ability of Lyprinol to halt the proliferation of human cancer cells in the test-tube.¹

He has therefore begun trials to test the efficacy of Lyprinol on patients with prostate cancer because he claims simple blood tests can effectively show progress or shrinking of prostate tumours.¹

On Thursday 29 July 1999 the company that distributes Lyprinex, Life Plus International, issued a press release entitled Cancer - Hope from the sea, in which the company announced that the clinical trial of Lyprinol for prostate cancer had been approved by Queen Elizabeth Hospital. It suggested "the potential for remarkable anti-cancer action" of Lyprinol, a dietary substance.¹

Lyprinol banned in New Zealand

Within days this news release was interpreted as a claim as a cancer cure and sales of the substance was banned in New Zealand, but not before 1 million tablets had been sold and NZ fish retailers had sold out of live mussels.⁵

Health officials in New Zealand accused manufacturers MacLab of manipulating public opinion and exploiting vulnerable cancer patients by illegally claiming on the Internet that the product could cure cancer when this had not been proved. The health ministry is investigating the links between the announcement by Adelaide rheumatologist Dr Henry Betts and the drug's release in New Zealand.⁵

REFERENCES

1. <http://lyprinex.hypermart.net/lyprinex.htm>
2. Larkin JG et al. Scatone in rheumatoid arthritis: a six-month placebo-controlled trial. *Ann Rheum Dis* 1985 Mar; 44(3): 199-201.
3. <http://www.bodycare.com.au/ProdPortfolio.htm>
4. <http://www.mcfarlanclabs.com/products/psecatone.html>
5. Sydney Morning Herald, Tuesday August 3, 1999, p.2.

FROM THE JOURNALS

The following letter appeared in Cancer Wellness News, September 1999, (the newsletter of the Cancer Support Association of WA, in Cottesloe, WA) following the publication in their July issue of an article by Don Benjamin "Does Chemotherapy Work? (that had been

reprinted from the Winter issue of Vegetarian and Natural Health).

Surgical treatment of cancer letter from Dr John Holt

As the first radiotherapist in the world to use cytotoxic chemotherapy against solid cancers (as distinct from the non solid cancers like leukemias etc) in 1955 in the Royal Marsden Hospital (The Cancer Hospital) in London and having caused its use in such situations from 1973 onwards the article "Does Chemotherapy Work?" was very welcome.

There is no report published in the world's medical literature that describes the cure of any patient suffering from solid cancer who has been treated with chemotherapy in isolation.

The article by Don Benjamin triggered my memory and search for an article written also by a D J Benjamin. This paper is entitled "The Efficacy of Surgical Treatment of Cancer" and appeared in 1992. I enclose a copy and trust that you will find space to publish it.

On page two of your August 99 issue. Volume 14, Number 2, a letter by JP Urquhart entitled "Treatment v's No Treatment" is interesting. The explanation of the various few points regarding surgical treatment of cancer, radiotherapy, chemotherapy or alternative methods can only be rationally decided by people trained in all the methods.

Radiotherapists in the United Kingdom are trained in the use of radiotherapy and cytotoxic chemotherapy. Before 1960 a doctor was not admitted to training in radiotherapy in the UK without a higher qualification and experience in either surgery or medicine. An FRCS or an MRCP or the corresponding degrees MS or MD were required before you could train in radiotherapy. The Royal Australasian College of Radiologists decided to sever connections with the UK system of training and candidate examination and there is no requirement for other than a qualifying degree prior to training. Opinions given therefore by surgeons, radiotherapists and oncologists trained under the Australasian systems must all be subject to limitations in the coverage of the knowledge of cancer.

This explains, in my opinion, Mr/s Urquhart's puzzlement regarding consensus of opinions on treatment.

Conclusions from "The Efficacy of Surgical Treatment of Cancer" by DJ Benjamin

In summary, surgery became an 'accepted' treatment for cancer as a result of several factors. Because of the ethical problems of providing a proper control group of untreated patients, no scientifically acceptable trials have ever been carried out to prove that surgery is 'effective' in extending life.

A graphicol method used for analysing mortality rates suggests that there is no difference in survival between treated and untreated patients.

Comparative studies of surgical techniques using differing degrees of excision show no difference in survival. This would be expected if tumours were only symptoms of a systemic disease.

Percentage 5-year survival statistics offered to show that surgery is an increasingly effective method of cancer treatment are unreliable because of several methodological problems.

The difference between incidence and mortality, which is a

more reliable measure of the effects of surgery on cancer control, suggests that no improvement in survival has occurred as a result of surgery.

The best, properly documented results of survival with terminal cancer patients have been achieved using therapies based on the hypothesis that cancer is a systemic disease and therefore should be treated by methods designed to restore the body's own natural

immune system.

Surgery has therefore not been shown to be an effective or proven method for the treatment of cancer. These findings add weight to the hypothesis that cancer is a systemic disease when first diagnosed.

A copy of this 10 page report can be obtained from CWC for \$2 each [or from CISS, Ed].

FROM THE NEWSPAPERS

Why Lawrence is a miracle



Medical marvel: John Cirocco with wonder-boy Lawrence

LAWRENCE Cirocco is something of a tiny miracle.

The youngster stunned his parents John and Anna when his pending arrival was confirmed two years ago as they thought they could not conceive naturally.

John was diagnosed with testicular cancer and was told he would face surgery and arduous chemotherapy and radiotherapy.

He also had cancer cells in his lymph nodes and lung.

The couple had already tried to conceive for four years on fertility treatments before having twins after artificial insemination.

But such cancer treatment would have rendered John completely sterile.

The Adelaide couple shunned traditional treatment against advice, and sold up their

By health writer
SONIA MILOHANIC

home and business to travel to Mexico for alternative therapy.

John spent a month in Tijuana on a strict vegetarian diet and vitamins.

After arriving home, he was stunned to discover the cancer in the lymph nodes had gone, the spot on the lung reduced and his tumour had softened.

Within three months, Lawrence was conceived.

"It was probably the most wonderful day in my life. We were beside ourselves because we never thought we could conceive naturally," he said.

"But he is living proof."

John and Anna told their story at a seminar on Sunday, July 11 at the Y on the Park Hotel, Wentworth Ave, Sydney from 2pm.

FROM Daily Telegraph July 4, 1999

Just For Laughs

The following snippets are actual inquiries reported by American and Canadian library reference desks:

"Do you have books here?"

"Do you have a list of all the books written in the English language?"

"Do you have a list of all the books I've ever read?"

"Do you have that book by Rushdie: 'Satanic Nurses'?" (Actual title: 'Satanic Verses')

"Which outlets in the library are appropriate for my hair dryer?"

"Can you tell me why so many Civil War battles were fought on National Park Sites?"

"Do you have any books with photographs of dinosaurs?"

"I need a colour photograph of George Washington [Christopher Columbus/ King Arthur/Moses/Socrates/ etc]"

"I need to find out Ibib's first name for my bibliography."

"Why don't you have any books by Ibib. He's written a lot of important stuff?"

"I'm looking for information on carpal

tunnel syndrome. I think I'm having trouble with it in my neck."

"Is the basement upstairs?" (Asked at the First Floor Reference Desk)

"I am looking for a list of laws I can break that would send me back to jail for a couple of months."

"I got a quote from a book I turned in last week but I forgot to write down the author and title. It's big and red and I found it on the top shelf. Can you find it for me?"

(Mental Answer 1: Books classified by color are shelved downstairs in the (non-existent) third sub-basement.)

(Actual answer: "What were you looking for when you found the book the first time?")

"I'm looking for a book."

(Mental Answer 1: "Well you're in the right place.")

(Mental Answer 2: "Here's one." - Hand over nearest book)

"Do you have anything good to read?"

(Reference person gets her mental and audible answers mixed up: "No ma'am. I'm afraid we have 75,000 books, and they're all duds.")

"I'm looking for a globe of the earth." Reply: We have a table-top model over

here." Patron: "No that's not good enough. Do you have a life size?"

Ref (after a short pause):

"Yes, but it's in use right now."

LIFE

I took my burden to the Lord
to cast and leave it there,
I knelt and told Him of my plight
and wrestled deep in prayer.
But rising up to go my way
I felt a deep-despair
For as I tried to trudge along
my burden was still there.
Why didn't you take my burden Lord?
Oh won't you take it please.
Again I asked the Lord for help
His answering words were these.
My child, I want to help you out;
I long to take your load.
I want to bear your burdens too as
you walk along life's road.
But this you must remember,
This one thing you must know;
I cannot take your burden
Until you let it go.

Corrie Ten Boom 1892-1983.

CANCER INFORMATION & SUPPORT SOCIETY



NEWSLETTER

CISS Home Page:
<http://ciiss.org.au> (to be available soon)

The Secretary
Cancer Information &
Support Society
6/81 Alexander St
Crows Nest NSW 2065
Phone/Fax: (02) 9906 2189
Office hours:
Tuesdays: 10.00 - 1.00
2.00-4.30

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Calendar of Events and February and March Guest Speakers

(Held on 4th Saturday of month at the Swedenborg Centre, 1 Avon Road, North Ryde unless stated)

Saturday 26 February **Don Benjamin** will show a video called "Take Back Your Power" which is a recording of a talk given by Robert Beck D.Sc in 1997 in which he describes three therapies. He claims that when these are used together they are capable of killing all harmful organisms in the body, thereby controlling degenerative diseases including cancer. The therapies are the blood purifier, the magnetic pulser and the colloidal silver generator. After the video Don will demonstrate the three devices.
2.00 - 4.30 pm

Saturday 25 March Speaker to be decided. Please see the March/April Newsletter

The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

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OVERSEAS NEWS

Others Question Use of Vitamins A and E

In our last issue we reported that Dr Robert Jones, pioneer of Phenergan (promethazine) Therapy had questioned the use of Vitamin E with phenergan (or any other cancer therapy).

Robert Jones believes that tumour promotion (an early stage of tumour growth) depends on the action of free radicals. Vitamin E interrupts that process, so for healthy individuals Vitamin E is a good thing as a cancer preventative.

But destruction of tumours once they are formed involves coagulative necrosis. Vitamin E can be involved in this process because it involves the activity of free radicals. So the presence of too much Vitamin E at this stage can interfere with the destruction of the cancer cells by the free radicals. High levels of Vitamin E observed in tumours suggest that tumours might accumulate this vitamin to protect themselves from cell death caused by the free radicals. We have since found another paper that suggests something similar.

Researchers at the University of North Carolina found that mice who were placed on low-A and -E diets showed 19 percent of their tumour cells dying, while mice on normal-A and -E diets had only 3 percent dying. (see page 7: Vitamins A & E Don't Mix with Chemotherapy)

We include an update on Phenergan Therapy on page 4.

CISS Research on Mammograms vindicated

The Lancet of 8 January 2000 included a paper entitled "Is screening for breast cancer with mammography justified?" by Peter Gotzsche and Ole Olsen from the Nordic Cochrane centre in Denmark. (Lancet 2000; 355: 129-134.)

In that paper the authors identify bias in randomisation in six of the eight trials. In the two trials that were properly randomised no benefit from mammograms was observed. They also found that deaths from other causes among screened women was 6% higher than among those in the control group. The excess in these deaths from other causes exceeded the reduced number of deaths from breast cancer claimed by other trial authors by a factor of 5 to 1. They therefore concluded that mammography is not justified.

One weakness in that paper is that the authors did not explain how the bias resulted in an apparent reduction in mortality among screened women in the six biased trials, or how the excess number of deaths from other causes was caused by screening.

In 1996 CISS Convenor Don Benjamin published a similar paper showing bias. (Medical Hypotheses 1996; 47(5): 389-97.) He gave details of how the use of radiotherapy and chemotherapy differed between the study and control groups in all trials where their use was reported. He also described how radiotherapy could have caused damage to the heart and respiratory system and thereby caused deaths from other causes. So, many women who would have died of breast cancer had instead died of other causes. The data published was consistent with this explanation. He concluded that mammography is not justified.

The Sydney Morning Herald of 8 January reported briefly on the Lancet paper and reported the views of local cancer

"experts" criticising the paper because it questions their belief in the benefits of mammograms. For example "Early detection saves 200-300 women in Australia each year, and that is not something you put at risk until you are absolutely convinced of a contrary case" and "Problems identified with the earlier trials were not new and that all the available evidence had suggested that screening would detect cancers earlier".

These local "cancer experts" forget that the only evidence for their claims that early detection saves lives comes from these flawed trials. No amount of evidence will persuade them that they are wrong.

LOCAL NEWS

Trial of "the mat" enters final phase

Don Benjamin reports that the first part of the 16 week randomised double-blind controlled crossover trial of pulsed magnetic field therapy ("the mat") has finished and the control boxes are being changed over for the second part of the trial.

Welcome to new members

Pauline Bish, Russell Cail, Jim Arachne, Jenni Carroll, James W Garland, Elizabeth Hunter, Gerard & Willemina Kas, Jo McLachlan, Harold Singleman, Mrs J. Timmins, Ronda Townend.

Donations to CISS

November: J.G. \$10; T.G. \$10; Blue Moon Planning & Research Pty Ltd \$200; Iris Taylor \$1,282.

Iris Taylor received this \$1,282 as a legacy from a relative who died in Europe. She has donated it to CISS. Thank you Iris for your generosity.

December: E.H. \$10; F.H \$70; R.J. \$50; G & W K \$20; J. L. \$20;

CISS Homepage has new address

For those who use the CISS Home Page we apologise for the delay in transferring it to its new address: <http://ciss.org.au>. It should be up and running during February.

Bovine Cartilage for CISS Members

A reminder that Serge Magnery, the manufacturer of Liquid Bovine Tracheal Cartilage, will supply it to anyone with cancer at a reduced cost. For details contact Tom Nestel at 18 Thomas Avenue Roseville 2069, Phone (02) 9416 2202.

Do you have a prostate problem?

If so we would like to hear from you, especially if you live outside Sydney. There's a lot we can do by mail or phone. Call Tom Nestel, Convenor of the Prostate Support Group - (02) 9416 2202.

New CISS Committee

The CISS Annual General meeting was held at 4pm on Saturday 27 November after the public meeting. The new
(continued on page 4)

THERAPIES

Self-Medication: the Treatment of Cancer with Phenergan Updated

By Robert Jones

The destruction of both primary and secondary (metastatic) cancerous tissue in the body can be achieved by modulating energy metabolism in the malignant growths themselves. Two mechanisms are known by which this can be brought about, namely necrosis and programmed cell death (apoptosis). The advice that follows here is relevant to treatment evoking necrosis. By contrast with conventional treatments for malignant disease the procedure is largely selective, and associated risks are negligible. Patients are asked to be realistic and not to allow their hopes to rise too high; no guarantee of a successful outcome is provided. Careful adherence to the advice provided is necessary.

Certain drugs acting on the central nervous system possess the additional property of causing injury to tumours by interfering with energy production. Some belong to the large group of drugs known as phenothiazines, many of which have been in use for half a century. Their diverse uses include the treatment of schizophrenia and other mental conditions.

The active drug in this form of cancer treatment is Phenergan (promethazine), a phenothiazine currently used to quell travel sickness, as an anti-histamine, and as a paediatric sedative. It has the advantage that its effects on the central nervous system are less marked than those of most other phenothiazines. In order to produce its anti-cancer action the drug has to be taken according to a specific schedule. The maintenance of continuous destructive pressure against malignant growths constitutes an essential feature of the treatment. Phenergan can be freely purchased in the form of 25mg tablets, but other phenothiazines are available only on prescription. Formulations in which the drug is provided in conjunction with other drugs should be avoided.

What is unusual about this novel and unconventional treatment is that a new chemotherapeutic target is selected within the cancer cell. Anticancer drugs currently in use are supposed to react with DNA located mostly in the nuclei. In marked contrast phenothiazines active against cancer interfere with the production of chemical energy in the power-houses (mitochondria) of malignant cells, and act by intensifying their natural state of partial disablement.

The treatment is in three parts:

1. First, the white cells of the blood need to be protected against rare side-effects (blood dyscrasias) by taking certain micro-nutrients. A multi-vitamin/mineral preparation is necessary, containing copper (2.5mg), manganese (4mg), zinc (15mg) and selenium (50mcg, or 0.05mg) should be taken daily. Minor deviations from these amounts are unimportant, but higher quantities may prejudice the outcome of the treatment and should *not* be taken. Largely for similar reasons vitamin supplements in excess of the recommended dietary allowances, especially vitamins C and E, should be avoided.
2. Second, a quantity of polyunsaturated fatty acids (the so-called omega-3 fatty acids) of fish origin is needed

Flax oil may also be taken. Patients should aim at a minimum of a gram daily; more is advisable, but the intake can be cut back if bowel looseness is experienced. If possible patients should begin to take nutritional supplements several days before starting on Phenergan, and will need to keep going for the entire duration of the treatment.

3. Third, treatment is initiated by taking Phenergan as a 50mg dose one evening at retiring. It is necessary to continue eight hours later on the following day with 25mg. Phenergan must be taken every eight hours until an adequate period of time has elapsed *after* the last traces of disease have disappeared. At present that period is put at six months, but should be extended if any doubt exists over the elimination of disease.

Success depends on maintaining continuous pharmacological pressure against the cancer throughout the entire period of treatment. The advice on offer is gentle and humane; for those with experience of the fiercer forms of chemotherapy and radiotherapy the difference will come as a pleasant surprise.

A general improvement in terms of improved sleep, normal appetite, and general wellbeing should be perceptible at least by the end of the first week. Pain can be expected to dissipate. A record of body weight should be kept.

Contra-indications and eligibility

Cancer patients are unlikely to benefit from this treatment if:

- (1) Steroids are being administered.
- (2) There has been brief or intermittent exposure to phenothiazines or to certain chemically-related drugs after the onset of disease; this, it might be added, would be unusual.
- (3) Certain analgesics (non-steroid anti-inflammatory drugs such as aspirin) are being taken frequently. As a precautionary measure these particular analgesics should be avoided. Paracetamol in moderation is suitable for pain relief.
- (4) There is dietary supplementation with vitamin E.

The question of vitamin E calls for special mention. Recent work has shown that for healthy individuals dietary supplementation (50-100iu daily) is highly beneficial, offering protection not only against the development of cancer but also against coronary heart disease. Unfortunately the same beneficial properties are exploited by cancerous growths, which protect themselves to the disadvantage of the patient. Current advice is therefore to stop supplementation immediately and, if possible, to wait for a week before starting with Phenergan. Most diets contain adequate amounts of the vitamin, the daily requirement being a modest 8-10 iu.

Existing anticancer drugs are unable to cross the blood-brain barrier; for this reason brain tumours are usually difficult to treat. The sedative action of Phenergan (see below) confirms its ability to gain access to the brain. These patients therefore stand to benefit from the present

advice, provided they are not receiving steroids.

Simultaneous use of certain chemotherapeutic drugs (cyclophosphamide, 5-fluorouracil, methotrexate) neither block nor interrupt the anti-cancer action of Phenergan.

Side effects

Drowsiness in the first few days after commencing Phenergan is to be expected and should lessen within a week or two. If not, 10mg tablets can be substituted, with two (20mg) taken at night. Sedation is the principal side effect; on the whole patients do not find the experience unpleasant, but driving a car and using machinery or sharp tools are not recommended, at least for the first fortnight.

A small minority of patients may find the therapy insupportable. There are also tiny chances that jaundice may develop within a few days, or that the white cell count may fall (leucopenia or agranulocytosis) after 4-6 weeks. The former can be recognised by a yellowing of the features, the latter by sore throat. Thrombocytopenia (a fall in platelet count) is again highly unlikely, but may be recognised from unexplained bruising or cuts bleeding for longer than usual. In these instances specialist medical attention should be sought immediately, and treatment discontinued.

Patients suffering from radiation-induced peripheral neuritis may find that Phenergan will clear the condition up.

Duration of treatment

The therapy works slowly; just how long it will be necessary to keep taking Phenergan will depend, among other factors, on the extent of disease when treatment is started and on the state of nutrition. Patience is called for. It may be necessary to stay with Phenergan for as long as two years, especially where there are secondary deposits in the bone. What is certain is that the sooner the treatment begins, or, put another way, the smaller the tumour burden is, the quicker the patient may become cancer-free.

Conversely, delay confers no advantage. If it is at all possible to start with Phenergan while other treatments

are being followed, this would be a better plan than waiting and seeing what the outcome may be. After all, the overriding aim is to get the patient cancer-free as soon as possible.

Precautions

It is necessary to give up alcohol completely. Sunlight, especially sunbathing and exposure to ultraviolet light, are to be avoided as far as possible. A leaflet is provided with the Phenergan packet; its contents should be read carefully and adhered to. The group of drugs known as monoamine oxidase inhibitors must not be taken in conjunction with Phenergan.

The doctor and cancer specialist

The help and support of medical advisers must at all costs be enlisted and retained. Accurate reports of progress need to be requested. Being secretive is discourteous; keeping your oncologist fully informed is essential, and may stimulate genuine interest and additional sympathy. Your doctor is unlikely to have heard of this means of treating cancer, and may be sceptical. In these circumstances the only question one can reasonably expect to have answered is whether harm is likely to ensue.

If attempts are made to talk you out of therapy with Phenergan, ask what the dangers of the treatment are perceived to be; reassurance will very likely be given that the risks are negligible. If necessary reference can be made to a paper entitled "Successful Cancer Therapy with Promethazine: the Rationale," published in *Medical Hypotheses* 46, 25-29 (1996).

General advice The success of this treatment depends on various factors, of which one is the state of advancement of the disease. Under no circumstances should Phenergan treatment be discontinued prematurely; if treatment is interrupted before the growth is wholly eliminated, residual tumour cells acquire resistance, and Phenergan will be found to have no anti-tumour effect second time round. No reason is known for this peculiar behaviour, and no means of resensitisation is known at the present time. The maxim is: if in doubt, don't quit out.

If, after reading the above, uncertainty persists, the question remains: what is there to lose?

(continued from page 2)

Committee consists of Convenor: Don Benjamin, Vice Convenor: vacant, Secretary: vacant, Treasurer: Katrina Clark, Committee Members: Jim Craig, Keith Harrison, Tod Kennedy, Ray Mitchum and Bill Ziv.

New Committee Members needed

We still need a new Committee members, plus new office bearers, particularly a Secretary and Vice Convenor. If you are interested please contact the CISS Office. Meetings are once a month, usually from 7.30 – 9.30 pm on the second Monday of the month.

Second Hand Water Purifier For Sale

Nature Spring Water Purifier, PA Model. New RO membrane and inlet and outlet filters. \$200. Contact CISS.

FROM BOOKS

Some thoughts:

"...And acceptance is the answer to all my problems today. When I am disturbed, it is because I find some person, place, thing, or situation—some fact of my life — unacceptable to me, and I can find no serenity until I accept that person, place, thing, or situation as being exactly the way it is supposed to be at this moment. Nothing, absolutely nothing happens in God's world by mistake.... Unless I accept life completely on life's terms, I cannot be happy. I need to concentrate not so much on what needs to be changed in the world as on what needs to be changed in me and in my attitudes..."

From: Alcoholics Anonymous, 3rd edn. Alcoholics Anonymous World Services Inc., New York, 1976.

Surviving terminal liver cancer

All opinions in this text are my personal opinions and I take full responsibility for any comments that I make. It is written for cancer patients, only for cancer patients and no one else. All cancer patients could be divided in two groups. First group: those who doctors are able to treat successfully; and the second group: those who doctors could not treat successfully. Those from second group die sooner or later; they are the real cancer patients. So make no mistake, my comments are only for that second group.

I do not care about laws and regulations, about medical associations, their regulations, their lost incomes and the lost incomes of billions of dollars for pharmaceutical companies. Cancer patients have rights to live, to defend and protect their lives from cancer and from medical associations the best way they can, even if some laws and regulations are broken.

The killers are not the cancers. The killers are the medical associations and oncologists. They constantly refuse to use the methods that would save cancer patients lives. If they don't know about them or they don't believe in those methods, it is no excuse. Their only obligations are and always will be to save cancer patients lives using all available methods. I would like to see some law firm take a class action on behalf of all relatives of dead cancer patients against medical associations.

At the end of February 1997 I become sick, and in November 1997 I was diagnosed with terminal liver cancer after I changed my GP. I also have chronic Hepatitis B. It took about eight months for that diagnosis to be made. Now I know that there is an instrument that can diagnose any cancer and cancer locality in 10 to 20 minutes, and the cost for patient is about \$50. The instrument costs about \$1,000 and any one can learn to operate it. For the cost of the recent government tax concessions for CAT scans we could have one of those simple instruments in every grocery and coffee shop and testing for cancer would be as simple as getting tea or coffee.

My dear God, is there any justice and common sense in this society of ours, or does money rule everything? I don't know. Life expectancy for me was 2 to maybe 6 months without orthodox treatment and maybe 2 years with orthodox treatment. I went on natural self healing treatments and survived. Did I cure my cancer? Who cares? Definitely I don't care. I have survived so far and hopefully with Gods' help I could live much longer. My age is 59 years. It would be right that you now ask: "Can I and all other cancer patients survive?". The answer is:

Yes, you can if you really want to.

I didn't discover anything new. Everything has already been discovered for me and for you too. I only studied a lot and very hard. My rules were very simple: if a book didn't have case histories of cancer patients surviving I did not read it and you shouldn't read it either. Such a book wouldn't be good even for toilet paper. I knew that there was no magic pill supplement to cure cancer and I refuse any offer or suggestion to use a single supplement.

Taking into account the fact that billions of dollars are spent each year on cancer research without any positive results, I came to the decision that all those scientists are

taking the wrong approach. By the way I am an electronic engineer in atomic and nuclear physics. So that you can understand me properly I will tell you an old story:

A king placed a jug on a tree over a pool and ask for contestants to dive in the pool to get the jug, and as a reward, the one that got the jug would get the hand of his daughter. Anyone who did not get the jug would be executed. Many made a mistake and were executed.

In my opinion all cancer scientists make the same mistake. Another comparison are white ants. If you leave a piece of a tree in or on the ground, sooner or later you will find white ants in it.

If you poison them and leave another piece of tree 10 to 15 metres away from first, the white ants come back. You can kill them too but more white ants will come to another piece of tree and so on. This is exactly 100% the same as with cancer. Doctors cut off a patient's leg to remove the cancer but it comes back on other organs and so on until the patient dies. My conclusion is that unless we kill the nest of cancer there will be no success.

You will be surprised to hear that there are methods to do so and many tens of thousands of cancer patients have survived and lived a full life. You didn't hear about them? Ask the media why they do not report it and how much money they get from medical associations and pharmaceutical companies, directly or indirectly, to withhold information. One exception is Today Tonight on Channel 7. We all know now how banks influence what the media says.

Methods to kill a cancer nest are not simple; in fact they are very complex, complicated and hard to follow, but anyone can use them in their own home. For the time been, until scientists find a magic bullet we have to use those methods that are the only ones available. We cannot sit and die waiting for a magic bullet to be discovered, or use orthodox treatments that are sometimes going to kill patients faster. All methods to survive / cure cancer use many supplements, herbs, teas, juices, diets, fasts and so on. They have to be followed religiously and 100% - no ifs or buts.

We all know that smoking causes many cancer-related deaths and that there are many legal actions against tobacco companies. What is happening with rest of the cancer-related deaths from air pollution, contaminated water and food, pesticides, preservatives, poisons, alcohols and so on? Will someone take action against car companies, petrochemical companies, road authorities, the other chemical companies, fast food outlets? I don't know. Your guess is as good as mine.

My public announcement is: I will give any information that I have about controlling cancer; offer any help that I can; sell or supply any book or give information about where to find any book about controlling cancer; sell or give information about how or where to get supplements, herbs, teas, juices; help or give any information on any diet or fast; present any lecture or class to help cancer patients survive.

This is not to challenge to any authority. I like only to help fellow cancer patients to survive their illness. I am sorry if I am breaking rules, but protecting or defending lives will justify my actions. I would be very glad to help any individual, to help or speak to any cancer group or society, and I hope that many will take this opportunity to hear more.

Vlateta Zivadinovic
Ph:(02) 9337 6064

3/24 TowerSt, Vaucluse NSW, 2030
Mobile:0412 650 803

FROM THE INTERNET

A nice little story

This is a nice little story. Hope you like it. Just take 30 seconds to read this. It's really something.

Two men, both seriously ill, occupied the same hospital room. One man was allowed to sit up in his bed for an hour each afternoon to help drain the fluid from his lungs. His bed was next to the room's only window. The other man had to spend all his time flat on his back.

The men talked for hours on end. They spoke of their wives and families, their homes, their jobs, their involvement in the military service, where they had been on vacation.

And every afternoon when the man in the bed by the window could sit up, he would pass the time by describing to his room-mate all the things he could see outside the window. The man in the other bed began to live for those one-hour periods where his world would be broadened and enlivened by all the activity and colour of the world outside. The window overlooked a park with a lovely lake. Ducks and swans played on the water while children sailed their model boats. Young lovers walked arm in arm amidst flowers of every colour of the rainbow. Grand old trees graced the landscape, and a fine view of the city skyline could be seen in the distance.

As the man by the window described all this in exquisite detail, the man on the other side of the room would close his eyes and imagine the picturesque scene.

One warm afternoon the man by the window described a parade passing by. Although the other man couldn't hear the band - he could see it in his mind's eye as the gentleman by the window portrayed it with descriptive words. Days and weeks passed.

One morning, the day nurse arrived to bring water for their baths only to find the lifeless body of the man by the window, who had died peacefully in his sleep. She was saddened and called the hospital attendants to take the body away. As soon as it seemed appropriate, the other man asked if he could be moved next to the window. The nurse was happy to make the switch, and after making sure he was comfortable, she left him alone. Slowly, painfully, he propped himself up on one elbow to take his first look at the world outside. Finally, he would have the joy of seeing it for himself. He strained to slowly turn to look out the window beside the bed. It faced a blank wall.

The man asked the nurse what could have compelled his deceased room-mate who had described such wonderful things outside this window. The nurse responded that the man was blind and could not even see the wall. She said, "Perhaps he just wanted to encourage you."

Epilogue. There is tremendous happiness in making others happy, despite our own situations. Shared grief is half the sorrow, but happiness when shared, is doubled. If you want to feel rich, just count all of the things you have that money can't buy. "Today is a gift, that's why it is called the present."

The origin of this letter is unknown, but it brings good luck to everyone who passes it on. Do not keep this letter. Do

not send money. Just forward it to five of your friends to whom you wish good luck. You will see that something good happens to you four days from today.

Fresh evidence found of cancer risk near pylons

Jonathan Leake and Chris Dignan
November 28 1999

A British scientist has produced the most powerful evidence yet of a link between cancer and electricity power lines. His study confirms that people living near them are exposed to radiation levels dozens of times greater than the legal limit.

The research, to be released this week, firmly links the power lines with childhood leukaemia and other forms of cancer. The levels recorded in some areas were two times higher than the legal maximum allowed for adult nuclear power workers -- the group permitted maximum radiation exposure.

Its most serious implication is that more than 23,000 homes built under or near power lines are unsafe, especially for children. The effect of the fields can extend more than 100 yards either side of the lines.

Professor Denis Henshaw, of Bristol University's human radiation effects group, showed three years ago that there was a theoretical mechanism whereby power lines could increase human uptake of the radioactive gases produced naturally in the soil and also of traffic pollutants. His latest study quantifies this effect in the field and shows that power lines are indeed linked to childhood leukaemia and other cancers. Henshaw took 2,000 field measurements to support his research.

A university insider described the findings as dynamite. "The study has serious implications for the electricity industry, which could face huge compensation claims and pressure to move its pylons."

Children are especially vulnerable to radiation and pollution damage because they have more growing and dividing cells than adults. Such cells are far more prone than adult ones to become cancerous when exposed to hazardous substances.

The research will be published in the *International Journal of Radiation Biology**. Its editor, Professor Gordon Steel, said it was a comprehensive study of how electric fields of the kind generated by power lines and, to a lesser extent, domestic appliances, could increase the uptake of radioactive gases and pollutants by humans. Details will be revealed at a press conference at the Institute of Mechanical Engineers in London on Wednesday.

The study, funded by the Department of Health and the Medical Research Council, is backed by another carried out by Sir Richard Doll, due for publication in *The Lancet* on Friday. Doll, who discovered the link between tobacco and lung cancer, has collated details of every childhood leukaemia case in the past four years to try to find common causes, including links with electric fields.

Childhood leukaemia has long been seen as a target for such studies since it occurs in clusters, suggesting a common cause that is probably linked to local environmental factors. Clusters associated with power lines have been

noted for years but the electricity industry has insisted such associations were too weak to be significant.

Three years ago Henshaw discovered the complex interactions between the alternating electric fields surrounding power lines and the radioactive breakdown products of naturally occurring radon gas. His theory was dismissed by the electricity industry and, more importantly, the government's National Radiological Protection Board (NRPB).

Henshaw is understood to have shown that in some areas children living near power lines could receive doses of 95 millisieverts of radiation a year, compared with the maximum for homes of one millisievert. Nuclear workers are allowed a maximum dose of 50, soon to be reduced to 20.

Henshaw was unwilling to comment on the study before publication but said: "It is clear that if there is radon gas or traffic fumes in the air near pylons, then people living nearby will suffer increased exposure because of the electric field."

The National Grid and electricity distribution companies could find themselves in a difficult position. A spokesman said it was too early to comment.

The findings will be welcomed by victims and their families, some of whom have tried to sue for compensation. Ray and Denise Studholme, of Bolton, launched the first legal case of its kind in Europe in 1994, when they took Norweb, the electricity supplier, to court after their son Simon, 13, died from leukaemia in 1992. They had to drop their action in 1997 after an American study, now criticised as flawed, raised doubts over a link. This weekend Ray, 51, said he would consider restarting legal action in the light of the new evidence.

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*This paper was published as follows:

Fews AP, Henshaw DL, Keitch PA, Close JJ, Wilding RJ. Increased exposure to pollutant aerosols under high voltage power lines. *Int J Radiat Biol* 1999 Dec; 75(12): 1505-21.

The earlier paper referred to was:

Henshaw DL, Ross AN, Fews AP, Preece AW. Enhanced deposition of radon daughter nuclei in the vicinity of power frequency electromagnetic fields. *Int J Radiat Biol* 1996 Jan; 69 (1):25-38.

Vitamins A & E Don't Mix With Chemotherapy

Researchers at the University of North Carolina, Chapel Hill have found vitamins A and E appear to protect cancer cells during chemotherapy and radiation therapy. Thus while these antioxidant vitamins may be good for healthy people, cancer patients undergoing therapy may be better off avoiding them. North Carolina professors Rudolph Salganik and Terry Van Dyke described their group's study with mice at the annual meeting of the American Society for Cell Biology. Mice who were placed on low-A and -E diets showed 19 percent of their tumor cells dying, while mice on normal-A and -E diets had only 3 percent dying. Salganik says, "It suggests that cancer patients,

especially those undergoing chemotherapy or radiation therapy, may do better on an antioxidant-depleted diet."

FROM CISS FILES

The following letter was written by Don Benjamin to The Lancet following the publishing of the paper by Gotzsche and Olsen on 8 January 2000 "Is screening for breast cancer with mammography justified?" (see pages 2 and 11)

The Editor,
The Lancet
Dear Sir,

Gøtzsche and Olsen have provided a comprehensive analysis of the shortcomings of six of the eight randomised trials evaluating the effect of mammographic screening on breast cancer mortality. It would have been better had they shown how some of the factors that differed between the screened and control groups could have explained the apparent reduction in mortality observed in the screened group in six of the trials.

Age for example has been shown to be a significant factor in mortality, doubling in humans every 8½ years. The extent of this effect was not explained. In the 'two counties' trials the screened groups were slightly older than the control groups so this type of bias would not explain the reduced mortality.

In my paper at the Lancet Conference in Belgium in 1994 published in 1996 I pointed out that the treatment protocols used in most trials required that the treatment given depended on the stage of the tumour at diagnosis. This guaranteed that treatment provided to women in the screened groups would be markedly different in many respects from that given in the control groups, undermining the randomisation process. If such treatments were capable of affecting mortality the integrity of all the trials was in question.

I therefore measured the extent of this treatment bias and the possible effects on outcome. I first noticed that the trial with the most early surgical intervention, Malmö, had the least reduction in mortality, and the trial with the least early surgical intervention, New York, had the largest reduction in mortality. So earlier surgical intervention, the *raison d'être* for mammographic intervention, could not have been the cause of the apparent reduction in mortality observed in the screened groups.

Data for chemotherapy given were reported in only two trials. Data for radiotherapy given were reported in only three trials so I had to estimate its use for two others from data provided by their authors. Despite this limitation I found that radiotherapy given produced a closer correlation with decreased mortality than did earlier surgical intervention.

In the 'two counties' trials the number of deaths from breast cancer was 124 in the screened group and 177 in the control group (corrected for group size), a reduction of 53 or 30%. The corresponding deaths from other causes among women with breast cancer in these two groups were 81 vs 50, an increase in 31 or 62%, an unlikely figure for a properly randomised trial. So 31 of the 53 fewer deaths could be explained by any treatment capable of converting

a death from breast cancer into a death from other causes. The remaining 22 deaths might also be explained by the fact that the pathology reports for these trials were not blinded. A later reassessment revealed a disagreement as to whether breast cancer was the underlying cause or not in about 50 cases from these two trials. For the Malmö trial the increased deaths from other causes was 29%.

These two factors suggest that different use of radiotherapy, and possibly chemotherapy, had increased the morbidity of women with breast cancer to the extent that between 31 and 53 women who would otherwise have died of breast cancer were instead classified as having died from other causes.

This phenomenon has now been confirmed from randomised trials measuring the effect of adding radiotherapy to surgery in early breast cancer. Analysis of causes of death have shown that the 6% reduction in breast cancer mortality was accompanied by an increase in 24% in deaths from other causes (attributed to the effect of radiotherapy), producing no overall difference in survival after 10 years.

A similar effect from chemotherapy could have occurred there as well.

Brown et al analysed the causes of death among 1.2 million cancer patients and found non-cancer deaths accounted for 21% of all deaths, the most common causes being circulatory and respiratory malfunction, likely outcomes from both radiotherapy and chemotherapy. Deaths were in excess of those predicted by 37% overall. For women with breast cancer there was an overall excess of 9% with a much larger excess observed in the year following diagnosis. They attributed this to the effects of treatment.

I have found no evidence implicating surgery as a cause of excess mortality but there is ample evidence of such harm from radiotherapy and chemotherapy with breast cancer.

The authors of all trials showing reduced mortality in the screened group must now rule out the possibility that the effects of radiotherapy, chemotherapy or any of the other biases identified by Gøtzsche and Olsen have confounded their results. Until they have done so the conclusion of Gøtzsche and Olsen that "screening for breast cancer with mammography is unjustified" must be accepted.

Don Benjamin
16 January 2000

Sixteen references cited in the above letter have been omitted. They are available on request from the CISS office.

FROM THE JOURNALS

The following are from Cancer Wellness News, October 1999:

Cancer risk for frequent flyers

from *The West Australian* 2/8/99

Frequent flyers and flight crews face significant exposure

from cancer-causing cosmic radiation, according to a British report.

Britain's Medical Research Council Radiation and Genome Stability Unit, at Halwell, Hampshire, has found that high flyers can be exposed to levels equivalent of having a chest x-ray on each flight or 50 times the normal daily dosage.

Studies by Professor Dudley Goodhead show that ionising radiation causes damages to the body's DNA which can result in genetic mutation in human egg and sperm cells and damage to developing fetuses.

Flight crew were at most risk, the report found. A study of 1577 female flight attendants at Finnair showed they had double the risk of breast cancer.

Nuclear radiation at low levels is a part of the environment, while cosmic radiation pervades the entire universe and solar radiation the entire solar system. Mu-h solar radiation is blocked by reactions in the Earth's atmosphere. In sea-level Perth, the natural radiation level is about 65 millirem a year but at an altitude of 1,500m it doubles and an airline crew flying 720 hours a year would pick up an additional 160 millirem.

Short of fitting planes with lead-lined walls, which is not practical, there is nothing that can be done except for planes to fly lower. But this burns more fuel and would raise airfares.

The natural levels of radiation form a base on which additional man-made dosages are added. According to the University of Alberta in Canada, television sets add one millirem a year, gas ranges and clocks 6 to 9 millirem per year but airport x-rays add very little, perhaps 0.002 millirem.

The pilot's union in Germany is looking into the problem and talking to airline chiefs.

Solar radiation affects people only in sunlight. Cosmic radiation is present at all times and increases with sunspot activity, so flying at night does not make a difference.

Breast cancer pesticides link

from *Environment & Health News*

US findings that the breast fat of women who contracted breast cancer contains higher than normal levels of organophosphate pesticides have now been reinforced by British researchers. David Phillips and colleagues at the Institute of Cancer Research in London took samples of healthy breast tissue from 40 women and found that the tissue - or the chemicals it contained - caused DNA damage and mutation in bacterial and human cells. They believe that fatty tissue which makes up 80% of a woman's breast soaks up carcinogens (which tend to be fat soluble) thus making cells in the breast more likely to form tumours.

Toxins in food

During a talk presented by Dr Peter Dingle, PhD of the School of Environmental Science at Murdoch University, WA at the 3 October meeting of SOMA, he said that:

Soya contains a cyanide-related compound (cyanide glycoside). In Australia we tend to use too much soy. Dr Tingle said that cyanide works by asphyxiation and stops the enzyme action in the body. Fermentation makes soya safe to use (from SOMA Newsletter Oct 1998, V9 No4)

Boiled vegetables are more nutritious

from *SOMA Health Newsletter* July 99

School dinner ladies had it right all along: **over-boiled vegetables are good for us**. In fact, mushy peas, watery cabbage and soggy carrots may be even more nutritious than their raw equivalents, according to Dr Sue Southron of the Institute of Food Research in Norwich, working with a team of scientists from across Europe.

Although cooking can remove vitamins from food, it also makes vegetables easier to digest. Cooking, says Southron, breaks down the outer walls of plant cells, allowing nutrients to flood out and be absorbed by the body more efficiently. If a carrot, for instance, is eaten raw, about 4 per cent of its carotenoids are absorbed by the gut. **But with a carrot that has been cooked and mashed**, reports The Daily Telegraph, **up to 20 per cent more nutrients are absorbed**. To reduce the risk of cancer, says the Daily Mail, people should eat five servings of fruit or vegetables a day. Cancer rates among vegetarians are only half those of the rest of the population.

Katrina Clark, naturopath, comments on the last two items, Soy products and Boiled Vegetables:

Soy products:

Personally, I believe that fermented soy products like miso and tempeh are easier to digest but I would also think that cooking would also affect the compound mentioned. I think the benefits of soy far outweigh the negatives but also agree that it shouldn't be "overused". I think we would have to eat an awful lot before I would consider it overused.

Boiling vegetables:

Boiling does make vegetables easier to digest from a purely scientific aspect of breaking down cell walls, but it doesn't consider the "life-force" or loss of water-soluble nutrients. I think it is good to have a balance of both raw and cooked. People with a "cold" constitution or condition should eat more cooked and those with a hot constitution/condition should eat more raw. In summer we should eat more raw and in winter more cooked.

The following is from Cancer Wellness News, November 1999.

profile- Rudolph Breuss

From *Alternative News*, Spring 1998

"To my mind, healing means returning a malfunctioning human body to full unrestricted function, not to remove parts of it by operation or amputation." When a book has sold more than 900,000 copies, been translated into five languages, purports to describe a simple and effective healing prescription for some of the deadliest diseases known to man and boasts over 45,000 testimonials from cured sufferers ... well ... one has to at least sit up and take notice!

And this is exactly what Adelaide herbalist Hilde Hemmes did on a business trip to Germany where she

learned of an extraordinary book that documented an alternative method of curing cancer and other seemingly incurable diseases. The book, **Cancer/Leukaemia** by Rudolf Breuss, so inspired Hilde that she knew she had to publish it in Australia. "What convinced me most about the book, apart from the simple and effective cures, were the convincing testimonials written by those who were cured of disease" said Hilde. This evidence was hard to ignore!

Rudolf Breuss was a healer from Austria, an educated man who had an incredible understanding of, and love for, his fellow human beings. Born in 1899, he turned his attention to finding an alternative and more gentle treatment for cancer and other diseases than that offered by conventional medicine. A simple German book written more than 300 years previously that expounded the value and use of fruit and vegetable juices was to capture his attention and direct his work for the rest of his life.

Breuss maintained that cancer, whenever it occurs in the body, feeds and grows from protein. He therefore deduced that if one fasted for what has now been confirmed as an ideal period of 42 days, during which various herbal teas and juices are taken to detoxify, cleanse and eliminate, the cancer would starve, be absorbed and subsequently pass out of the body. It was radical thinking that flew in the face of the accepted medical wisdom, but is now used all over the world and is known as the Breuss Total Cancer Treatment.

It is against this backdrop that Rudolf Breuss developed his Total Cancer Treatment, using the therapeutic properties of vegetable juices and herbal teas that have been associated with many types of cancer.

The Breuss Tea mix and a specific mixture of organically grown carrot, beetroot, celery, Chinese radish and potato worked wonders on his patients. His mixture provided, in liquid form, all of the minerals and vitamins required by the body during the 42 day fast, whilst the body's own resources are used in dealing with the diseased tissue. Testimonial after testimonial confirmed that his treatment worked.

Breuss' book outlines cures for a variety of ailments - serious and those not so serious. Various cancers, leukaemia and prostate disorders - even hay fever and infertility - have a cure according to Breuss.

When he was in his eighties, Breuss was taken to court by the Austrian medical fraternity who considered his simple and inexpensive cure to be too simple and inexpensive! He was acquitted when his defence lawyer, a cancer sufferer cured by Breuss, presented an entourage of cured patients who all attested to the success of his Total Cancer Treatment. The Austrian President, Rudolf Kirchschiaeger, even intervened on his behalf!

CISS has a copy of the Breuss book in the Library.

FROM THE JOURNALS continued on page 11

What's Available from the CISS Office?

Antioxidants: Tresos B 150 tabs \$40.50

Bio Beet crystals: 200gms \$28.00

CHAMPION Juicers - \$490 (\$520 non-members)

Enema Kits: \$5.50

Ethical Nutrients: Naturen:

* **NATRA DOPHILUS** (L-acidophilus) 70gms \$24.60;
125gms \$38.45

* **NATREN BULGARICUM** 70gms \$27.30

Evening Primrose Oil: Naudicelle 500gms, 60 caps
\$8.90; Kordel's 1,000mgs, 50 caps \$8.40.

Kyolic Garlic: 60 ml, \$18.00; 120 ml, \$36.90

Linseed/Flaxseed Oil: Pure Stoney Creek, 0.5 litre
Regular \$16.20, Organic: \$18.00

Pancreatin: 90 tabs \$19.50 (Azeo-Pangen)

Vitamin C: Powder - 500gms \$20 (The most common combination is
Ascorbic Acid 200gms and Sodium Ascorbate. 300gms).

Prescribing Biochemists Vitamin C & Hesperidin - 200gms \$12.60;

ESTER C: Powder - 250gms - \$36.20. Orthoplex C with Bioflavonoids
200gms - \$18; Tablets - 250 - \$21

Vitamin E: Micelle E, 50ml, 115mg/ml \$15.60; Micelle A + E, 50ml \$15.60

Water Purifier: NATURE'S SPRING Reverse Osmosis PA Model - \$450
(\$480 non-members). Other models available on request.

Zell Oxygen: (high in enzymes) - 250ml \$18.35

Zinc Zenith (with Vit C and B6): 60 tabs \$8.95

These prices are subject to change. Items can be posted to you.

There is a \$7.70 postage/packing fee for posted articles.

* These items need to be ordered 7-10 days in advance.

CANCER SUPPORT GROUPS

CISS GOSFORD

The Gosford Branch meets every 1st and 3rd Monday of the month (NOT on public holidays) at 8 pm at the Senior Citizens Centre, Albany St, Gosford. There is a pre-meeting meditation starting at 7 pm. An excellent library is available to members. For further information contact - Thelma Clarke on (02) 4328 4794 or Liz Humphries on (02) 4328 3842 (a.h.).

CISS HUNTER VALLEY

The Hunter Valley Branch holds a general meeting on the third Wednesday of each month at the Wesley Fellowship Centre, 150 Beaumont St, Hamilton at 7.20pm and is open to all. From 9am to 12 noon each Saturday they are open for counselling, library and sale of books and supplements. Phone (02) 4969-5566 for information.

BONDI SUPPORT GROUP

This group is part of an ayurvedic medicine centre. It specialises in support for both the cancer patient and the family or carer. Meets Tuesday mornings. For further information ring Jenny Kidnie on 9997 7870.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st and 3rd Tuesday of each month from 6.00-8.30pm at Pilgrim House, Level 2, 262 Pitt St. Meditation group meets 2nd & 4th Tuesday, same time and place. \$2 members, \$5 non-members. Ring (02) 9264 4106 or just turn up. Canhelp also run 10-week wellness courses for \$150.

CANSURVIVE

This group on the Queensland Sunshine Coast meets from 10am to 12 noon on the 2nd Tuesday of each month at the home of Eve Williamson, "The Cascades", 9/23 Maltman St, Caloundra. Ph (07) 5492 6364. Books, tapes, counselling available.

FRUITARIAN RAW FOOD NETWORK

For information write to PO Box 293 Trinity Beach Qld 4879.

CENTRAL COAST LIVING WELL WITH CANCER SUPPORT GROUP

Also based on the Ian Gawler approach, meets on 1st Wednesday of each month from 3-5pm at Pearl Beach. Ring Joan Hart (02) 4342 4566

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turramurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

For cancer patients and their carers. This group meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Com-munity Health Building. Contact Penny Snowden (02) 6562-6066.

MANLY HOSPITAL CANCER MEDITATION AND SUPPORT GROUP

Meets every Wednesday 10.30-12.30, in Recreation Hall, rear Manly Hospital. Program includes education, discussion, stress management, meditation, guest speakers, lending library of books and tapes. Cost \$6 (\$3 conc) includes morning tea. Details phone Jan 9977 9531.

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone (02) 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, Suite 1, 22 Smith St, Charlestown, NSW 2290. Phone (02) 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green on (02) 6864-5123 or Mary McPhee on (02) 6862-3814.

QUEST FOR LIFE SUPPORT GROUP

Meets each Monday 11am-1pm (except public holidays) at the Quest for Life Centre, 3 Phillip St, Bundanoon - for people with life-threatening disease and their loved-one, facilitated by Petrea King or Jenny Maher. A Relaxation, Visualisation and Meditation group meets on Mondays from 1.30-2.30pm. No charge for attending either of these groups. For further details ring Petrea King or Wendy Batho on (02) 4883 6599. There are eight residential programs each year for people with cancer.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at Community Hall, Premier St, Kogarah. For further information contact Shirley Percival (9529 4329) or Pat Minton (9524 6258).

SPRINGWOOD CANCER SUPPORT GROUP

Meets every Tuesday morning 9.30 - 11.30 at Springwood Health Centre. Emotional support for those with cancer and their families. Relaxation and a cup of tea. For details ring Michael Farrell-Wheeler on (02) 4759 1707.

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200 or Rosalie Shortland, 9525 2792.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 9.30-11.30am at 185 Fox Valley Rd, Wahroonga. They have a sharing time, an information segment & a meditation segment. Contact Pam or Nerolie on 9487 9897 or 9487 9772 (bh)

CANCER NATURAL THERAPY FOUND'N OF AUST

Support group meets each Tuesday night at 7pm at 34 Gap Road, Sunbury, Victoria 3429. This meeting includes discussion, relaxation, meditation and reiki Healing. Also available: resource library, workshops/courses, organic produce, guest speaker program every month. Contact Sandra Maqueda (03) 9740 9921 or mobile 0411 100 947.

NATURAL HEALTH REJUVENATION HAVEN

Situated Border Ranges, Northern NSW. Featuring: Detox Program, Raw Juice Cleanse, Lifestyle Education, Nutritional Instruction, Vegan Dishes, Colonic Therapy, Saunas, Home-style Accommodation, Ensuite Bedrooms

The Retreat, Grevillia 2474, Phone (02) 6636 4275

Hydrazine Sulphate Available from CISS Buyers Club

The CISS Members' Buyers' Club has Hydrazine Sulphate already made up as a liquid available to members. Cost: \$13.50 per 375 ml bottle (~ 3 months supply) + \$6.50 postage/packing (= \$20). Please contact the CISS Office.

Leukemia Contact Wanted

I am 44 years old and was diagnosed with acute lymphocytic leukemia eight months ago. I have chosen to treat myself only with alternative therapies. These are: Traditional Chinese herbs, acupuncture, massage, spiritual healer, nutrition. At this stage my blood readings have shown some improvement. I would like to be in contact with someone else who is treating their leukemia solely with alternative therapies. Could you please contact me at PO Box 1295, Lismore, NSW 2480.

Di Furniss.

Organic Chicken and Eggs

Organic grain-fed young chicken straight from the farm. No chemicals nor hormones given. \$9/kg. Eggs \$3 to \$4.40/doz. Phone (02) 4372 1305 - Annoli Somersby

FROM NEWSPAPERS

Breast cancer screening 'unjustified'

By LEONIE LAMONT
and wire services

National breast cancer screening programs are a waste of time and offer dubious value in saving lives, according to a controversial article in the leading medical journal *The Lancet*

Dr Peter Gotzsche and Mr Ole Olsen, from the Nordic Cochrane Centre, Copenhagen, have criticised several trials conducted in Edinburgh, New York and parts of Sweden for being biased and producing unreliable results — including findings that screening could reduce the risk of death by up to 25 per cent.

In the magazine, published today, they concluded: "Screening for breast cancer with mammography is unjustified."

However the article has been criticised by medical experts in Britain, Australia and Europe with *The Lancet*

itself including a critical commentary.

In Australia, the national breast screening program costs around \$50 million a year. It is targeted at women aged 50-69, although a review is under way to gauge whether the focus should be on the wider age range of 40-75.

The screening is for women who have no signs of breast abnormalities; those with suspect lumps are referred for mammograms, which are not part of the free national screening program.

Dr Paul Jeffs of the Australian Institute of Health and Welfare said screening was aimed at detecting small cancers (10mm or less), and with earlier detection came better treatment outcomes.

From 1996-97, 858,303 women were screened, with 1,789 cancers detected — 654 of which were under 10

millimetres.

Professor Paul Coates, chief executive of the Australian Cancer Society, said he strongly disagreed with the Danish report.

He said the researchers had praised a Canadian study—which had been universally seen as flawed—and had not acquainted themselves with the most recent update from Sweden which showed increased survival rates.

"Early detection saves 200-300 women in Australia each year, and that is not something you put at risk until you are absolutely convinced of a contrary case."

Associate Professor Jane Hall, head of the Centre for Health Economics Research and Evaluation at Sydney University, said problems identified with the earlier trials were not new and that all the available evi-

dence had suggested that screening would detect cancers earlier.

"One of the things that has been less certain has been whether early detection would lead to reduced mortality, and it takes a lot longer to know that . . . we are talking 10-20 years."

Dr Owen Ung, clinical services director at the NSW Breast Cancer Institute based at Westmead Hospital, said that given there had been no major changes in intervention in treatment of cancer, the lower mortality rates in Sweden and Britain should be linked to earlier detection through screening.

"It is the commonest cancer that women in our society get. The lifetime risk for a woman, if she were to live to 80 is one in 10, or one in 11. Screening is still cost-effective compared to some other types of intervention."

FROM Sydney Morning Herald, Saturday, January 8, 2000 page 9.

FROM THE JOURNALS cont'd

Is back pain caused by an immune system breakdown?

Your excellent review of back pain (WDDTY Vol 10, No. 5) prompts this letter. You did not mention the use of heated (80° Fahrenheit) pools such as those provided by the YMCA, founded by the English around the 1840s, and the use of water aerobics. The recommendation is three sessions a week of 45 minutes.

My second recommendation to patients agrees with yours—meditation.

As a psychiatrist I ask in the opening visit how many of one's family and friends have died in the last two years. As the answer is typically six, I realise that life and death situations are caus-

ing the health problems of the patient.

In addition I am very sensitive to the relations of the male to women and support the relationships by increasing male self-mastery through increasing work abilities.

Separations and divorce cause an increase in back pain.

As I use figure drawings to pinpoint unconsciously drawn pain problems, I am quite aware that more than one area of the body is in pain.

The development of heart complications is magnified by the development of arthritis, diabetes and hypertension. This seems to point to an immune-system problem as the ultimate cause of back pain.

I also think a sexually transmitted disease is often involved in the muscle spasm process. The presence of

chlamydia in heart muscle has been noted. I have the suspicion that the muscle spasm noted by so many doctors is virally or bacterially caused in a group which has been more sexually active with a large number of women.

However, the virus is relatively dormant until injury. At that point, where one may expect acute pain improvement in two to three months, the chronic pain patterns set in.

The virus is now activated and a major problem.

The antiviral and antibacterial qualities of various alternative medicines, such as garlic, St John's wort and others are vital medications in my armamentarium to treat back pain.

Leonard R Friendman, MD
Boston, Mass.



THE SUNDAY TIMES

December 19 1999

Blunders by doctors kill 40,000 a year: Lois Rogers Medical Correspondent

MEDICAL error is the third most frequent cause of death in Britain after cancer and heart disease, killing up to 40,000 people a year - about four times more than die from all other types of accident.

Provisional research figures on hospital mistakes show that a further 280,000 people suffer from non-fatal drug-prescribing errors, overdoses and infections. The victims spend an average of six extra days recovering in hospital, at an annual cost of £730m in England alone.

A pilot study investigating the issue - the first attempt to measure the problem in Britain - shows that one in 14 patients suffers some kind of adverse event such as diagnostic error, operation mistake or drug reaction.

Charles Vincent, head of the clinical risk unit at University College London, who is leading the study, has pioneered efforts to examine the extent of clinical errors in Britain. His team has so far concentrated on two London hospitals. The first data from one hospital showed that 32 out of 480 patients in four different departments were victims of hospital mistakes.

Vincent's estimate of 40,000 deaths comes from studies showing that 3-4% of patients in the developed world suffer some kind of harm in hospital. For 70% of them the resulting disability is short-lived, but 14% subsequently die.

"It is a substantial problem," Vincent said. "There is a need to find out the true extent of error, what kind of things are going wrong and the cost." He believes the death rate may be even higher than indicated by the preliminary figures.

Britain's death rate is comparable to that in America, where recommendations in a report produced by the Kellogg Foundation three weeks ago are likely to result in the creation of a new federal agency to protect patients from medical error.

The report drew on studies that examined the records of 30,195 patients and found a 3.7% error rate. Of these injured, 14% died. Researchers concluded that 70% of the errors - and 155,000 deaths - were avoidable.

Anne Rogers is the victim of one of these mistakes in Britain. Her husband Brian, a father of 10, bled to death after Christopher Ingoldby operated on him for stomach cancer. He is one of 11 patients whose deaths have been linked to treatment by Ingoldby.

Pinderfields and Pontefract NHS Trust is investigating 40 other cases of alleged malpractice involving the surgeon, who has been suspended since January. But Rogers said last week: "There is no point in making an example of Ingoldby if they are going to allow another one like him to come and take his place."

Bill Twist, 42, from Essex, lost his wife Sue, 37, through misdiagnosis and delay in treating her malignant skin cancer. "If people are dealt with properly, thousands more could be cured, instead of spending vast sums on litigation and extra treatment for those who are terminally ill," he said.

Department of Health officials are now examining a proposal for a £1.2m three-year national study of 20 hospitals and 10,000 medical records to establish exactly how these avoidable deaths occur and how to prevent them.

Graham Neale, former professor of clinical medicine at Trinity College Dublin, who is a leading expert on medical risk management, said: "In Britain outside the weekday hours of nine to five, medical emergencies, which are often the most difficult things to treat, are left to the most junior doctors.

"It is disgraceful that nothing has been done. There are far too many errors happening that are nothing to do with NHS understaffing. They are happening simply because we have not examined how to avoid them."

Every year in Britain 156,000 people die from cancer and 140,000 from heart disease. Somebody suffering a full cardiac arrest has a 30% chance of survival in the American city of Seattle - but only a 1%-3% chance in a British hospital.

In a confidential inquiry's report into perioperative deaths published last month, doctors admitted that 20,747 British patients had died unexpectedly during operations or shortly after surgery. A study of junior doctors at 20 hospitals in the north of England revealed that 46% admitted they had given a wrong drug or the wrong dose at least once in the period under investigation.

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