NEW BEGINNINGS
CISS
Newsletter of The Cancer Information & Support Society
Vol 44 No 1
January/February 2024
... let us be the light at the beginning of your journey

Sugar and Cancer

by Dr Subrata Chakravarty

The following is an interview of Dr Subrata Chakravarty from Hope4Cancer in Tijuana by Ty Bollinger as one of the 131 interviews by him in the book Quest For Cancer

Ty: I am here with Dr Subrata Chakravarty.

Dr Chakravarty: That's right.

Ty: I am going to say it quickly before I screw it up. Thanks for joining me today.

Dr Chakravarty: Thank you, Ty. It's a pleasure to be here.

Ty: We are here at Hope4Cancer in Tijuana. And I wanted to get your - a little bit about your background.

Dr Chakravarty: Certainly. I'm the Chief Science and Technology Officer of Hope4Cancer Institute. I come from a background of conventional science. I'm a trained chemist. I got my PhD in organic, medicinal, and computational chemistry back in 1997. Since then I've been working in different research projects that involve cancer.

As a scientist, I was trained to work with a lot of chemotherapy agents. I did a lot of my doctoral work on Taxol. A lot of the work that I did after that was on kinase related anticancer agents as well. So that was where I was coming from.

Somewhere around the year 2000 - about 2 years into my pharma career - I walked into a Wal-Mart and I find this gentleman with this little boy. And I was there with my son as well. We started talking and he introduced himself as Tony Jimenez. That's how we first met.

You have to understand that at that time I was a skeptical scientist who didn't know anything other than this science. And here I meet a person who is talking about healing cancer patients with alternative medicine. I was fascinated. I was really truly attracted to what he stood for. We struck up a friendship for a long time. It didn't stop me from being skeptical but it definitely kept me really fascinated for years.

So for about five or six years we maintained our friendship and we stayed in touch. One day he taps me on the shoulder and said, "You know what? Can you come and work with us for few writing projects that we have?" So that's how we started working together.

Dr Subrata Chakravarty

And then he said, "Well, we are opening a supplement company. Could you come and lead that company?" I said, "I don't know anything about leading a company. And I'll have to give up my pharma career to do that." He said, "Well, will you?" And I thought about it for five minutes and I said, "Okay. Yes, I will." And that's how we started working together.

Honestly, it was just the man that attracted me - you know - to Tony. I knew that he was a great man doing great things and he was accomplishing something in life. And I was really at a point in time where, although I did enjoy what I was doing from a research point of view, I just felt that it was a dead-end and it wasn't getting me to where I wanted to go, not just from a career perspective but from doing something significant in life. I wanted to make a difference.

Most of the work that we were doing in pharma was very limiting in my mind. We weren't solving any problems. We were just creating more and more drugs that we are getting out there and going to the FDA and either getting rejected or approved.

When I started working with kinases, I kind of realized the problem. Most of the times when we are driving along a highway - if I can give an analogy - you know, you're driving on the roads and you hit a traffic light. You have choices. You can make a right, you can make a left, you can go straight and maybe you can make a U-turn at the worst-case scenario. In the case of when you're working with drugs, that is how scientists make decisions. You're going in there and saying, "You know what? With this drug we can either go right or we can go left." But the body is not like that.

When you study kinases, you study the way the body's biochemistry works. It is so many processes happening at the same time. It's like an accident waiting to happen. You can't control that with a drug that is built on a thought process of going, "Two choices: left and right." You have to be able to address the whole thing in one shot.

That just got me thinking that - how does the body not have more accidents doing what it does? It's an incredible beast. And that's when I realized that there has to be more to medicine than just creating drugs and trying to solve things by cause and effect. So I decided to take that leap and walk into the world of natural medicine with Dr Tony.

One of the first assignments that I did for Hope4Cancer was to work on the home program in our Aftercare Department that needed to get strengthened. Working with patients directly for two years transformed my life because that's when I really understood what cancer was all about.

It wasn't about drugs. It wasn't about the treatments, but it was about the people who were suffering that needed the help and that needed the information that we could provide them. So that's what got me into that, working with Dr Tony.

Ty: Well, that's interesting. So that was something that you felt, I guess, disillusioned in big pharma and you felt like that was not

(continued on page 4)

CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

Vol. 44 No. 1 January/February 2024

Editor: Don Benjamin

CISS Home Page: www.ciss.org.au

Office hours: Tuesday and Friday { 10.00am - 1.00pm & 2.00pm - 5.00pm

The Secretary
Cancer Information & Support Society
6/56 Chandos St
St Leonards NSW 2065
Phone/Fax: (02) 9906 2189
email: support@ciss.org.au

IN THIS ISSUE

Women don't need Radiotherapy after breast cancer surgery

Women with early-stage breast cancer are routinely given radiotherapy after surgery - but it's unnecessary, new research suggests.

Breast-conserving surgery is sufficient to treat stage 1 breast cancers that are known as luminal A. This subtype accounts for 40-70 percent of all breast cancers and has a low risk of recurrence.

Women typically receive daily radiotherapy after surgery for several weeks to reduce the risk of the tumour returning, but researchers at McMaster University say it isn't necessary. Radiation is expensive, inconvenient for the patient and accompanied by short-term effects including fatigue and skin irritation.

Over the longer term, these women can also suffer breast pain and tissue thickening, which can change the way the breast appears.

The researchers tracked the progress of around 500 women aged 55 and older after breast-conserving surgery. Just 2.3 percent of the women suffered a recurrence of their cancer within five years after not undergoing radiotherapy – about the same as the 1.9 percent risk of developing a new cancer in the untreated breast. REFERENCE: New Eng J Med, 2023; **389**(7): 612-19.

From: What Doctors Don't tell You, January 2024

Editor's comment: The above assumes that the surgery is the main reason so few women get a recurrence of breast cancer after surgery and radiotherapy. In fact surgery and radiotherapy have never been evaluated and all the indirect ways of evaluating it have shown that there is no evidence that any form of cancer surgery or radiotherapy has any effect on survival of mortality. This was the conclusion in my papers on "The efficacy of surgical treatment of cancer" in 1993 and 2014. So what some researchers are discovering 30 years later is that the radiotherapy has no benefit. In fact it has been implicated in many deaths from heart failure among women diagnosed with a tumour in the left breast in breast cancer screening trials. It turns out that the radiotherapy to the breast tumour had damaged the heart underneath. I wonder how many more decades it will take to discover that the surgery is also not having any effect.

The term *recurrence* is also an unproven concept. It assumes that if all local cancer cells are removed, there is no cancer left. In contrast, the conclusions from my papers published between 1993 and 2020 are that there was no survival benefit from any surgery, including earlier surgery made possible by screening. All evidence suggests that cancer must be a systemic disease and tumours only local late stage symptoms of the disease. So you would not expect any survival benefit from removing or killing symptoms, using either surgery or radiotherapy, unless a later stage tumour became immediately life-threatening, such as by pressing on the brain, obstructing the bowel or liver etc.

Laughter best medicine for your heart

Laughter really is the best medicine - especially for those who suffer from heart disease.

People with heart problems who regularly laugh are less likely to suffer a stroke or heart attack. All their biomarkers improve, and these changes can be achieved in just three months of watching a comedy film twice a week, for instance.

Laughter reduces inflammation and increases the heart's capacity to pump oxygen, say researchers from Hospital de Clinicas de Porto Alegre in Brazil. They tested the healing powers of laughter on a group of 26 people with an average age of 64 who had coronary artery disease (CAD). For three months, half of the participants watched two hour-long comedy programs every week, while the rest watched two serious documentaries.

By the end of the trial, the laughter group showed a 10 percent improvement in their V02 max, a test that measures the amount of oxygen being pumped around the body, and they also saw

(concluded on page 5)

Supplements for CISS Members

Low Dose Naltrexone all strengths 1.5mg to 4.5mg
100 compounded capsules (Doctor's prescription needed)
Look up "Low Dose Naltrexone" Homepage
Stabilised electrolytes of oxygen 50ml—$15 (Chlorine Dioxide)

Visionary Health Compounding Chemist (02) 4969 5081

Free Psych-K for CISS members

CISS members can receive Psych-K to identify and change negative belief systems free of charge. Ring the Office if you want to try it.

DVDs for Sale from the CISS Office

CISS Seminar "Cancer & Hope - Survivors share their Lessons" available for $29.50 plus postage for members + postage

PRINT POST No. 231335/00041

INTERNATIONAL & LOCAL NEWS

Conspiracy theories

This issue of the newsletter includes a fairly long article by Dr Joseph Mercola that is a summary of an interview by Tucker Carlson of Bret Weinstein, a former US professor.

I include it with some reservations because, if only part of Weinstein's claims and hypothesis is true it suggests an almost unbelievable scenario of how the World Health Organisation (WHO) plans to take control of world health by stealth – thereby giving it total control of what people can say about almost anything.

Over the past couple of years I have included several articles in the Newsletter that have pointed in this direction, but I have tried to avoid drawing a clear conclusion about what it all means, because there are different conclusions possible. The media in general and health authorities in particular suggest that all such conclusions are "conspiracy theories" and therefore shouldn't be taken seriously. In other words do not discuss any theory about loss of freedom of speech.

Of course if there were such an attempt by the WHO to take control of what people can say, and eliminate free speech, this would be a real conspiracy; in which case such a conspiracy theory would be valid. Some of the articles I have included pointing in this directions include:

- *November 2022 Newsletter*: following claims in 2021 by Australian health authorities that the COVID-19 vaccine was both safe and effective:
  - extracts of an article by Dr Mercola in February 2022 where he quotes Robert Kennedy Jnr as providing data that tells us that the jab is killing more people than it can save. The most common cause of death in the vaccine group was heart attack;
  - an article by Ramesh Thakur that was introduced with the words: The Covid vaccine does harm—but soon no medical practitioner will be allowed to say that;
  - details of legislation passed in Queensland (the National Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022), potentially to become applicable in other states, that would threaten doctors and other health professionals who questioned the claim - that the Covid vaccine was safe and effective - with removal of their right to practise for spreading "misinformation" and thereby threatening the "safety" of citizens;
  - a summary of a presentation to senators by retired barrister Julian Gillespie, that described the process that started in 2007 when Australia entered into a treaty with the WHO. He pointed out that there is no law at the federal level authorising AHPRA to threaten health practitioners with losing their licence if they criticise health policy;
- *January 2023 Newsletter:* The head of the US National Institute of Health, Francis Collins prevailed upon Anthony Fauci, former director of the of the National Institute of Allergy and Infectious Diseases, and head of the US COVID response group, to silence all COVID dissent;
- *May 2023 Newsletter:* In a Review of the book "The Real Anthony Fauci, Bill Gates, Big Pharma, and the Global War on Democracy and Public Health" I summarise how Kennedy had documented how the whole US health and medical regulatory system became corrupted by Fauci to enable it to be run by him and Big Pharma. (It also explains why Australia's TGA, that gets over 95% of its funding from Big Pharma, decided to ban Ivermectin—because it was a cheap and more effective treatment for COVID.) Other Chapters describe how Bill Gates teamed up with Tony Fauci and how Gates invested about $1 billion to buy control of the WHO's $5.6 billion budget; by 2017 Gates' power was so complete that he handpicked his deputy Tedro Adhanom Ghebreyesus as the WHO's new director general. He had no medical degree and had been claimed to have run a terror group associated with extreme human rights violations including genocidal policies against a rival tribal group in Ethiopia.
- *July 2023 Newsletter:* an article pointing out that new legislation is being introduced by the Labor government to stop anyone from providing opinions or even accurate, evidence-based information about health or any other matter that disagrees with government statements, thereby protecting "public safety". This uses the terms *misinformation* (providing information that inadvertently disagrees with a government statement) and *disinformation* (that does so deliberately). Some of the 4,000 posts that were censored by the Australian Government during the Covid pandemic were censored on the grounds that they breached community guidelines because they were "potentially harmful information" that was "explicitly prohibited" in the media because it might "invoke a deliberate conspiracy by malicious and/or powerful forces" This is not a party-political issue (Liberal versus Labor) but appears to be common to both parties. For example on 20 Mar 2022 under the previous Liberal Government, the Herald had a heading "Government to introduce laws to combat misinformation" that said Communications Minister Paul Fletcher has announced plans to introduce legislation this year to combat harmful disinformation and misinformation. The two bills are virtually identical.

Don Benjamin, Editor

My questions is: What outside influence is so strong that it can persuade both major parties to introduce legislation to severely restrict free speech in Australia – with very little discussion in the mainstream media? Bret Weinstein refers to the proposed

(continued on page 12)

PRINT POST No. 231335/00041

(continued from page 1)

being discussed and that was not even in the picture.

Dr Chakravarty: That was not in the picture and it had all become about money. It was all about disease management. It was not about curing the disease. It was about how long you can keep the disease going in fact. I would hear a lot in our meetings and in the town hall meetings that it was all about making the shareholders happy.

And I'm like, "You know what? I don't want to make the shareholders happy." That's not the point of what we are doing. We want to be able to solve bigger problems than to see how much money goes into the shareholders pockets.

Ty: Wow, that's really fascinating that in the shareholders meetings they are just talking about making money, really. So with a big pharmaceutical company, what's the way they make money? They sell more drugs.

Dr Chakravarty: They sell more drugs, exactly. And they have to keep on selling more drugs, hopefully for them to the same people, over and over and over again.

I don't want to take away from that though because there are a lot of great people from the pharmaceutical industry who have devoted their lives and have discovered great things. There are a lot of things that we know today that we can apply into the work that we do here that has been developed based on strong science. And I rely a lot on that in being able to structure what we do here.

But at the same time I think we are missing the big picture there. That is where I wanted to make a difference. Get out of there and run towards the big picture. And that is what Dr Jimenez is running towards.

Ty: And so now you are.

Dr Chakravarty: And here I am.

Ty: Dr C, I want you to elaborate now a little bit on one of the potentially most confusing aspects of cancer and nutrition and that's sugar. So we always hear, "Cancer cells feed on sugar".

So elaborate on sugar because we were talking last night at dinner with Dr Tony and several other people and sugar is a word that's not specific in the English language. It's like, "Hey, I love my wife. I love pizza." Love is not specific there. You don't love your wife the same way you love pizza. It's the same with sugar. There are a lot of different types of sugars. But is it true that cancer feeds on sugar? And explain that please.

Dr Chakravarty: Well, that's a great question. And it's such a huge question that we could do a whole conference on that and still not come to any conclusions because there will be so many different points of view. But for the sake of people who will be listening to this - and I would like to simplify it as much as possible, but at the same time not oversimplify it, too, so that people make wrong decisions

Sugar metabolism in the body is probably the most complex process that happens in the body. It's something that without proper regulation, it can be the cause of so many different diseases. It can start from - of course cancer is implicated. You're looking at diabetes, you're looking at so many other chronic diseases that have a lot to do with the metabolism of sugars. I think that the lack of understanding of how that works has really made us all pay a huge price with regard to that.

Very recently I wrote an article about food addiction where sugar is one of the things that people get addicted to very easily. It's not just a question of it being a molecule. It's almost like a hormone that can impact the brain into wanting more and more of that.

So the question is, what is the reality of sugar and how does it actually impact cancer?

If you want to break it down into simple things, from a molecular standpoint sugar has got six carbon atoms. It's made up of carbon, hydrogen, and oxygen. And you're looking at sugar as not just one molecule, as you said. It's a multiple series of molecules.

You can think of little Lego pieces, glucose being one of them, the simplest form of sugar. Another one is fructose which you find in a lot of fruits. And there are several other little pieces that you can then join together. For example you can take a glucose Lego piece and you can join it to a fructose Lego piece and bond them together and there you have table sugar - sucrose.

So you have all these different forms. And you have the complex carbohydrates which involve many of those pieces that come together. The beauty about sugar is that they all look very similar to each other - all these Lego pieces - but they are all incredibly different from each other as well.

Glucose is essential for the body. If you look at how glucose works in the body - and this is a confusion that I hope a lot of people will - I want to clarify here. The body needs to have a minimum amount of glucose floating around in it. We need to have about between 5 to 10 micromoles per litre of glucose in the blood at all times. If we don't have that our brains will stop functioning. And our brain, of course, controls everything else. So without that sugar we don't have life.

So the question is, how do we deprive our body of sugar, hoping that we are going to kill the cancer cell, and yet hope that we are going to survive? We can't do that. In fact the body has got compensatory systems set up so that if you do deprive it from sugar, it will find somewhere else where it can generate sugar from and it will boost up the sugar levels once again to the standard concentration that it expects. In the case of diabetics you will see a lot of variation in that sugar level and that's why their health becomes - why they have that risk factor that they are dealing with.

So the question then becomes, from a practical perspective, what is a cancer patient to do? Should they not eat sugar or should they eat sugar?

The good thing there is that the source of sugar matters. How you are eating the sugar makes a difference. But if you look at the patterns of sugar-eating back in the 1960s most of our sugar came from sugarcane. And that sugarcane - if you look at what it's made of, it is mostly sucrose. So it is 50 percent glucose and 50 percent fructose.

Over time what has happened is that high-fructose corn syrup has kind of caught up with it. If you look at the composition of high-fructose corn syrup it's again roughly 50/50 glucose and fructose. You have different varieties like the 42 or 55 which give you the percentage of the fructose. But essentially it is about the same in balance.

The only difference between fructose and regular sugar is that, in this case, the monomers are separate. They are not joined together like they are in sucrose. So the body has to go through a process of actually breaking down the sucrose into its subunits.

Does that make a difference? Research doesn't tell yet if it does, however there are a lot of indications to show that high-fructose corn syrup has got several negative health effects.

Part of the reason that we have to be cautious about high-fructose corn syrup is that there is a lot of sugar, glucose, being absorbed, too, in the body. So it's not just about fructose, it's also about glucose. So now the glucose level goes up and it goes through a spike.

If I really have to boil it down to the most important thing that we need to do is to control those spikes. If you think of cancer - inside cancer there is a processing centre for glucose. Inside any cell there is always a processing centre for glucose. They are what we call the hexokinase receptors, HK2 - so to speak - in cancer cells and in normal cells as well. The only difference is that there are way more HK2s in cancer cells than they are in regular cells.

The problem that happens is that now you've got a hungry dog out here. And you've got a dog that is not so hungry, that will get satiated easily. And if you have a sudden spike of sugar - guess what? The hungry dog is going to overfeed on that sugar. So what we really are looking to do is to stop the spikes

(continued on page 5)

(continued from page 4)

of sugar. That's why we are looking to give people diets that have got a low glycemic index.

A lot of people think, "Okay, fruits and vegetables." You know, that is something that we recommend for cancer and that a cancer patient should eat fruits and vegetables. A lot of people think, "Oh my god. Fruits and vegetables are so high in sugar. How is that going to affect our cancer cells?" The answer lies really in not so much the composition of the sugar itself, but in how it is delivered.

So in the case of sugars, if you look at the balance of what content most fruits have, it's different. Some fruits have got a higher level of fructose. Some fruits have got a higher level of glucose. Some of them have sucrose. So you have various varieties.

Apples, pears - they are pretty good to eat because they have got a relatively higher fraction of fructose to glucose, but they have both and they have sucrose as well. But they also have a lot of fibre with them. So when you're eating them what the fibre does is that it slows down the absorption of the sugars into the body.

And that makes sure that you are not going through those incredible spikes that are causing the absorption of the sugars into the cancer cells which then feeds into their mechanism of growth because the more sugar they get, the more they can grow and they can replicate themselves. So we try to avoid that.

Ty : That makes a lot of sense. So really what we are looking at is we want to avoid the spikes in the sugar or in the insulin. And the way that that is accomplished is by eating things that are natural. Because then you've got the glucose, the fructose, the sucrose or whatever it is, but it's coupled with fibre, that stops the insulin spikes. So then you don't have the problem with the cancer cells being fed by this because it's got the fibre attached.

Dr Chakravarty: Well, the cancer cells would still be fed. It's not like they will - they will take nutrition whether you like it or not. The question is that you don't want to overfeed them. You don't want to give them too much fuel that they don't deserve.

Sometimes a lot of people ask this question that, "Why we don't just give a high-fructose diet because glucose goes into the path when that is the energy from that is used. Fructose itself cannot be directly used as energy. It can convert in the liver into glucose and then get to the cells. But it's an indirect route. Most of the fructose that we eat ends up as fat. And that causes other problems.

So now when you're looking at a high-fructose diet, now you've got your lipid levels going up, your triglycerides going up and all of a sudden your obesity is going up. So all those are connected together and cause different types of problems that we don't want to have.

I think the ideal is to have fruits and vegetables that are low in sugar, maybe a 1:1 balance of fructose and glucose, things that will absorb slowly in the body. Have complex carbs because we need carbohydrates. But make your body work to break it down so that it's absorbed at a slow rate. And that will make sure that the cancer is not being fed at an incredible pace.

Ty: What about juicing? So you've got juicing where you're basically-you got a bunch of sugar in the juice, but you don't have the fibre. It's been removed.

Dr Chakravarty: Well, juicing is again a slightly controversial topic. Very often - the way I would look at it in this case is that the proof is in the pudding. There are so many cancer patients who have done very well with juicing. So it makes sense that juicing is a good idea.

What I would definitely tell people to do though when they are juicing is to make sure that what they put in the juice - they have to be careful about that. If they are putting in too many fruits which are very high in sugar, their sugar levels are going to go up. You are going to go through a spike. And what you have to be careful about there is that you don't let that happen.

At the end of the day caloric intake is extremely important, whether it's through sugar or through different forms there has to be a balanced amount of calories that any patient is consuming during the day. That has been one of the big things.

If you really look at history - 1960s we used to consume about a 100 pounds (45 kg, Ed) of sugar in all its various forms per year per person. Now it's somewhere around a 120 pounds (54.5 kg, Ed) per year per person. So that just tells you that that 20 pounds (9 kg) extra has to go somewhere and it's feed ing things that don't need to be fed.

Ty: And a hundred years ago it was like five pounds (2.3 kg).

Dr Chakravarty: It was.

Ty: So it's really crazy the amount of sugar that we are intaking now, isn't it?

Dr Chakravarty: Indeed.

Ty: So I guess maybe a good rule of thumb is that if you're going to eat foods that are high in sugar, eat the whole foods.

Dr Chakravarty: Exactly

Ty: So you've got the processed sugars that are not going to have the fibre, the man-made sugars, and the white sugars.

Dr Chakravarty: Stay away from those, absolutely. And if you have to juice, lots of vegetables in your juice.

And once again it's about balance. For example with the potatoes you've got starch. Starch is a complex carbohydrate. It takes a lot to break it down. So that's why it may not cause massive spikes in the sugar. That's why eating potatoes, I personally think, is not such a bad idea.

But what I would definitely recommend people to do - and I think is an important point for anybody - is to seek advice of a good-nutritionist, especially if you're dealing with a disease situation. Good nutritionists can really guide you very carefully because there are too many parameters associated with any one of these statements that I've made.

Sugar is something that we should not take lightly. It is, you know, how much of it should you take, how many of different sources? One of our scientists I was talking to recently said that, "If you're going to eat sugars, just make sure that you're eating it from a variety of different sources as opposed to any one source." I think that's great advice to give as long as the total caloric intake is also in control.

Ty: So maybe a good rule of thumb would be: be sure you watch the glycemic index.

Dr Chakravarty: Absolutely yes.

Ty: Eat things with a lower glycemic index.

Dr Chakravarty: Exactly, yes.

Ty: Very good. Well, Dr C, thank you for sharing with us today. I really appreciate it.

Dr Chakravarty: It's my pleasure. Thank you.

Ty: You bet. Take care.

[end of transcript]

(continued from page 2)

improvements in flow-mediated dilation tests, which measure the ability of arteries to expand. With CAD, arteries start to stiffen as they fill with plaque.

The researchers say the group also showed "significant" reductions in inflammatory biomarkers, suggesting plaque levels around the artery walls had also reduced

Marco Saffi, Proceedings of the European Society of Cardiology Congress, August 27, 2023.

FROM: WDDTY January 2024

Editor's comment: As mentioned on page 10, stress is a proven contributing factor to cardiovascular (heart) disease. So it should not be surprising that the opposite of stress—laughter—would be a method of preventing heart disease. If stress contributes to plaque build-up in the heart arteries, laughter might help dissolve the same plaque.

Understanding the WHO's Plans for You

by Joseph Mercola

Bret Weinstein is an American podcaster, author, and former professor of evolutionary biology. He served on the faculty of Evergreen State College from 2002 until 2017, when he resigned in the aftermath of a series of campus protests about racial equity at Evergreen, which brought Weinstein to national attention. Weinstein has been criticised for making false statements about COVID-19 treatments and vaccines. The following is a summary by Dr Joseph Mercola of a podcast of an interview of Bret Weinstein by Tucker Carlson on 5 January 2024[1].

The main points

- Many have reflected on the fact that Big Pharma has a perverse incentive to promote ill health, as its financial bottom line depends on it. But few understand just how elaborate its efforts to that end are
- American podcaster and former professor of evolutionary biology Bret Weinstein describes the pharmaceutical industry as an intellectual property racket. Big Pharma patents molecules, compounds and technologies, and then looks for diseases against which their patents can be applied
- Pharma is engaged in a continuous effort to portray its intellectual properties as more useful and safer than they are, and to persuade the medical establishment, journals, medical societies, hospitals and government to direct people toward drugs they wouldn't otherwise be taking. So, when COVID-19 happened, the industry was more than prepared to take advantage of it
- The introduction of the mRNA platform technology was central to the entire COVID response. The technology has a lethal flaw that would prevent it from getting to the market under normal circumstances. The COVID pandemic allowed Pharma to bypass this obstacle and deploy this incredibly lucrative technology
- By way of amendments to the International Health Regulations and the pandemic treaty, the World Health Organization seeks to achieve global dominion and total control of the masses under the guise of public health

In the interview[1] they discuss the COVID-19 pandemic, "the game of Big Pharma," the catastrophic effects of the mRNA shots, and the World Health Organization's plan for humanity going forward. It's an excellent interview you won't want to miss.

Bret Weinstein

The Big Pharma Racket Explained

Weinstein begins by addressing what he refers to "the game of Big Pharma." He believed himself to be somewhat of an expert on the drug industry, but during the last four years, he found himself being "schooled," and many facets of the industry were not at all what he'd imagined.

Of course, Big Pharma has a "perverse incentive" to promote ill health as its financial bottom line depends on it. They make no money from healthy people.

> "But what I think most of us did not realize is how elaborate its bag of tricks is," he says, "and what the nature of that bag of tricks is. To describe it, I would say Pharma is an intellectual property racket…
>
> Essentially, Pharma owns various things — it owns molecules, compounds, it owns technologies, and what it's looking for is a disease to which these things plausibly apply."

Once a disease has been identified against which one of Pharma's intellectual properties can be used, the industry's profits rise to the extent that:

- The disease is widespread
- The disease is serious
- Competing drugs are deemed unsafe or ineffective
- Government will mandate the drug
- The medical establishment will declare it the standard of care

"You've just described pandemic response!" Carlson says. And, indeed, analysing the pandemic response is what allowed Weinstein to identify these tricks.

Pharma, he says, is engaged in a continuous effort to portray its intellectual properties as more useful and safer than they are, and to persuade the medical establishment, journals, medical societies, hospitals and government to "direct people toward drugs they wouldn't otherwise be taking. That's what the racket is."

It's important to understand what the Pharma racket is, and how it works, because long before COVID, Pharma was "expert at figuring out how to portray a disease as more widespread and more dangerous than it was," and it was "excellent at portraying a compound as more efficacious than it is."

So, when COVID-19 happened, the industry was more than prepared to take advantage of it. COVID was "the biggest pharmacological cash cow conceivable," Weinstein notes.

A Fatal Flaw

The immediate needs of the crisis allowed Pharma to do what otherwise would have been impossible, and that is to roll out mRNA technology at "warp speed" under the pretence that it was the latest and greatest vaccine technology. Gene therapies must undergo far more stringent safety and efficacy testing, all of which were bypassed in this case.

Weinstein suspects the mRNA technology "would never have gotten through even the most cursory safety tests" under normal circumstances, as it has a "terrible safety flaw."

The lipid nanoparticles (LNPs) are not targeted, so they can and are taken up by any cell they encounter. This wouldn't be so bad if the injection actually stayed in the injection site, as promised, but it doesn't.

This was, of course, entirely predictable. Just about any compound injected will leak from the injection site and end up circulating through your body. The risk of systemic effects was further augmented by the fact that health authorities advised AGAINST aspiration of the needle prior to injection.

Aspiration involves pulling back on the plunger to make sure there's no blood. If there's blood, you've landed in a blood vessel, which means you're injecting straight into the blood stream and not into the deltoid tissue, which would help minimize the mRNA's spread through your body.

As explained by Weinstein, the danger of the mRNA technology has to do with

(continued next page)

(continued from page 6)

how immunity naturally develops.

A viral infection occurs when a virus enters into a cell and tricks it into making copies of the virus. These copies enter into and infect adjacent cells, and many also spread to other people through coughing and sneezing. When your cells produce an antigen (a foreign protein) that your immune system cannot recognize, your immune system assumes that cell is virally infected and sets out to destroy it.

The problem with the mRNA transfection technology is that it tricks cells haphazardly throughout your body to produce a foreign protein, which your immune system recognizes as an infection in progress.

Your immune system therefore starts to destroy the affected cells, and when those cells are in your heart, brain or other internal organs, the result can be life threatening. Aside from lethal heart problems, we're also seeing a dramatic uptick in extremely rapidly progressing cancers.

> "To go back to the original story, Pharma had a potentially tremendously lucrative property that it couldn't bring to market because a safety test would have revealed this unsolvable problem at its heart," Weinstein says.
>
> "My hypothesis is that it recognized that the thing that would bypass that obstacle was an emergency that caused the public to demand a remedy...that would cause the government to streamline the safety testing process so that it wouldn't spot these things.
>
> And indeed ... the safety testing was radically truncated so that long-term harms were impossible to detect. So, the hypothesis in question is, Pharma used an emergency to bypass an obstacle to bring an incredibly lucrative technology — to normalize it in the public and the regulatory apparatus — to sneak it by the things that would ordinarily prevent a dangerous technology like this one from being widely deployed."

The Plot to Introduce Risky Tech Was Central to the COVID Response

In a supplementary commentary about and to this interview, Jeffrey A. Tucker, founder of the Brownstone Institute, writes[2]:

> "The bigger picture, the ominous reality, was slow to dawn on me, namely that the mRNA platform technology... was central to the entire COVID response. Without understanding that, we miss the forest for the trees. It was the driving motivation for the initiation of lockdowns ... and their absurd prolongation …
>
> When you consider the scale of the damage to the whole society and the entire world, all for purposes of patent piracy and fast-tracking a technological deployment, one almost cannot imagine that any government could be so captured and corrupt. It seems to stretch the bounds of plausibility and yet here we are.
>
> Knowing all of this helps frame up some of the mysteries of the time, such as the wild and aggressive censorship. To manage a caper on this scale required the creation of the appearance of consensus. The point was to prepare the way for the vaccine rollout, which everyone was supposed to regard as their salvation from lockdowns, masks, and closures …
>
> There is a reason we haven't heard any high-profile apologies or admissions of wrongdoing. The reason is that there was never a purpose to do the right thing. It was an industrial takeover from the beginning, a perfect corporatist scheme for gaining a major advantage in the wars for pharmaceuticals and their future."

Tens of Millions Have Likely Been Killed Already

Weinstein cites research[3] by Joseph Fraiman et. al., in which they reanalysed Pfizer's own trial data, showing there was a 1 in 800 risk of a serious adverse event. This risk was cleverly disguised by giving the placebo group the real mRNA shot just one month into the trial.

This was not a risk of 1 in 800 people, but 1 in 800 doses, and people got two doses to start. Research presented at a recent conference in Romania suggests some 17 million people have died as a result of the shots so far. Yet these shots are still recommended for children as young as 6 months, and in the absence of any kind of emergency.

And, as noted by Weinstein, while booster uptake is now in the single digits percentagewise, we are not seeing a clear majority acknowledging that the mass vaccination campaign was a mistake to begin with. It's as though most people simply don't want to think about the damage that has been done. They don't want to acknowledge that they were fooled by a sophisticated propaganda machine. But we're still injecting these shots into children, and that means we have a moral obligation to acknowledge the uncomfortable truth that the shots are dangerous and must be stopped.

Free Speech Is a Matter of Life and Death

As noted by Weinstein, a relatively small number of alternative media voices were fortunately able to educate enough people about the harms, such that booster uptake has now dropped off the proverbial cliff. The problem we now face is that the WHO, in its amendments to the International Health Regulations (IHRs) and the international pandemic treaty, is seeking to gain control over all media worldwide.

If the IHRs and the treaty go through, the WHO would have the sole authority to decide what medical truth is, and all countries would be obliged to censor accordingly, by whatever means necessary.

Considering how crucial alternative news have been in waking people up to the realities of COVID, what will happen if we're forced to face another pandemic without them? You could easily say that free speech, within the context of health and medicine, is a matter of life and death. If scientific debate and opposing views are eliminated, the death toll from medical propaganda is bound to be even greater than we've seen already.

The WHO's Plan in Broad Strokes

Weinstein goes on to review the WHO's planned coup by way of the IHR amendments and its pandemic treaty. In broad strokes, these two instruments seek to achieve global dominion by the few and total control of the masses, under the guise of public health.

In short, this treaty will require all member nations that sign onto it to relinquish their national sovereignty to the WHO, making it a de facto totalitarian ruler of the whole world.

According to the WHO, the reason the COVID pandemic got so bad is because nations failed to cooperate. Hence, the reasoning goes, we need an international treaty that centralizes pandemic response powers to the WHO.

The problem, of course, is that most nations DID follow the WHO's ir-

(continued on page 8)

(continued from page 7)

rational and unscientific recommendations. Its ineptitude — whether intentional or not — is what destroyed economies and resulted in needless deaths.

Under the proposed treaty, the WHO will have the authority to declare a public health emergency on any basis, even without evidence, and will be entitled to mandate remedies that all member states will be required to implement.

This includes vaccine mandates, travel restrictions, which drugs can and cannot be used, and the censorship of everything that does not conform to the WHO's official recommendations, just to name a few. Importantly, the censorship will not be limited to "misinformation" (erroneous information) and "disinformation" (intentionally erroneous information and lies), both of which are at least to some degree related to truth versus falsehood.

No, as explained by Weinstein, the most important term you need to understand is that of "malinformation," defined as truthful information that causes distrust in authority.

Criminalizing Malinformation - The Legalized Silencing of Truth

So, when you point out lies by government officials, you're committing an act of malinformation, which the U.S. Department of Homeland Security now includes in its definition of terrorist acts, in addition to spreading mis- and disinformation. This is absolutely terrifying, because "terrorism" is "a legal designation that causes all of your rights to evaporate," Weinstein says, adding:

> "So, at the point that the Department of Homeland Security says that you are guilty of a kind of terrorism for saying true things that cause you to distrust your government, they are also telling you something about what rights they have to silence you.
>
> They are not normal rights. So, these things are all terrifying, and I do think the COVID pandemic caused us to become aware of a lot of structures that have been built around us, something that former NSA officer William Binny once described as the turnkey totalitarian state. The totalitarian state is erected around you, but it's not activated. And then, once it's built, the key gets turned.
>
> We are now seeing ... something that even outstrips William Binny's description, because it's the turnkey totalitarian planet. The World Health Organization is above the level of nations, and it is going to be in a position, if these provisions pass, to dictate to nations how they are to treat their own citizens, to override their constitutions."

The Timeline

The 77th World Health Assembly, during which the IHR amendments and the pandemic treaty are to be voted on, is scheduled to begin May 27, 2024. The IHR amendments will only require a 50% vote of whomever is in the room at the time of the vote.

However, the IHR amendments working group must submit their final package of amendments by January 27, 2024.[4] If the final version of the proposed amendments has not been properly submitted by that date, then the World Health Assembly does not have the legal right to vote on them at the 77th World Health Assembly in May 2024.

This means we only have two weeks left to raise enough awareness about these amendments to prevent their adoption. So, please, help spread the word by sharing the videos listed on James Roguski's Substack.

Roguski has also generously provided the world with a list of other actions you can take depending on where you live:[5]

- USA
- CanadianPetition.com
- UK PARLIAMENTARY PETITION
- AustraliaExitsTheWHO.com
- Worldwide:

(Links provided in the original text)

Door To Freedom (doortofreedom.org), an organization founded by Dr Meryl Nass, also has a poster that explains how the pandemic treaty and IHR amendments will change life as we know it and strip us of every vestige of freedom. Please download this poster and share it with everyone you know. Also put it up on public billboards and places where communities share information.

If adopted, the IHR amendments will take effect 10 months later for any nation that does not opt out. Nations that have not officially opted out will then be bound by the new terms laid out in the amendments.

Timeline for the Pandemic Treaty

The pandemic treaty will also be voted on during the World Health Assembly's annual meeting, May 22 through 24, 2024.[6] It will require two-thirds vote in favour by the members that are in the room and will go into effect as soon as 30 nations have ratified it.

Thirty days after that, the treaty will go into effect for all the nations that have signed on. Any nation that has not signed the treaty will be excluded from its terms. Those who sign the treaty must wait three years before they can get out.

The most recent version of the treaty, dated October 30, 2023, can be found here. The Intergovernmental Negotiating Body (INB) has been directed to produce yet another draft before the next meeting scheduled for February 19 through March 1, 2024, so additional revisions are to be expected.[7]

The Good News

While the situation may appear bleak, Weinstein remains optimistic, if for no other reason than the fact that we, the opposition to this global coup, actually have the most courageous intellectuals on OUR team.

Scientists, researchers, medical professionals, academics and journalists of all stripes across the world who dared speak out against the official narrative were ousted from their prestigious positions.

As a result, we now have a "Dream Team" of "every player you could possibly want on your team to fight some historic battle against a terrible evil," Weinstein says. Indeed, as noted by Tucker, all of these experts "now form a huge counterforce of correct information," and they're not going away.

That said, to truly prevent this global coup, we need you, everyone, regular folk everywhere, to speak and share the truth to the point that you're able. For only then will our voices outnumber the voices of the propaganda machine.

Sources and References

1 Tuckercarlson.com January 5, 2024
2,8 Brownstone January 7, 2024
3 Vaccine September 22, 2022; 40 (40):5798-5805.
4,5 James Roguski Substack January 6, 2024
6 WHO Governance, Dates of Constitutional Meetings
7 WHO Provisional WGIHR Timeline, November 16, 2023.

(continued from page 12)

sale. A potential buyer of the CISS premises pulled out at the last minute before Christmas so the agent has readvertised. Nothing to report yet. (continued on page 11)

The WHO's ability to regulate health in Australia and New Zealand

In the November/December 2022 CISS Newsletter I summarised the process as described by barrister Julian Gillespie whereby Australia became enmeshed in the requirements of the World Health Organisation starting in 2007 when Australia entered into a treaty with the WHO:

Because under the Australian Constitution the federal government has only limited powers to regulate health matters, it passed the National Health Security Act to invite the States to provide it with the public health powers it needed. All the States had signed up to the NSA Agreement by 2011.

The Agreement designates the federal Secretary of Health in the Department of Health to implement the WHO regulations.

A Committee of the Department of Health then develops policies and implements and enforces any requirements.

Another group develops propaganda to ensure consistent nation-wide implementation of lock-downs etc. all on the basis of "protecting national security" not to protect health or personal freedoms.

So if the WHO amendments soon to be voted on take away more freedoms, and Australia doesn't opt out in advance, the WHO can decide Australians' rights and freedoms, not the Australian Government

---

The following extracts were a small part of the interview of Karen Fox on RUMBLE that covered may other aspects of the WHO issue, including Covid:

FROM UTUBE Oct 16, 2023

Karen from Exit the WHO joined us to talk about the proposed amendments to the International Health Regulations and what this means for Australia. Audio cut out during part of her presentation, so this is an edited version which may jump around and not make sense in parts. (They did not explain why certain audio was cut)

The WHO wants to change from an advisory board to a legislative authority that can make recommendations binding under international law. These recommendations include during any "perceived pandemic" as declared solely by the WHO Director General (a delightful fellow accused of genocide and terrorism in his home country Ethiopia that does not support him) and under the "One Health" banner include the entire biosphere – so it includes animals and hello climate lockdowns. One Health is a misnomer for One World Government.

Our Parliament does not get to vote on the IHR Amendments (as with the 2022 amendments) before we agree to them in May 2024 – and if we do not reject them we are already bound to them, and are required to change any local laws that impede them. Any vote in Parliament will be after they have been agreed to, once we are bound, so a fait accompli.

For the Pandemic Treaty they do need to vote, but most of the really nasty stuff is in the IHR Amendments. (PS if you are lost this has been designed to confuse! There are glaring errors on this topic on the Parliamentary Library online and Dept of Health websites.) As with most things in the last 3 years + if you follow the money it will lead you to understand "The Science". The WHO's biggest non-member nation donor is the Gates Foundation, and 84% of their current budget comes from non-member donors that get to decide where the money is spent. Aka it is completely corrupted. [End of extracts]

https://rumble.com/v3pe4m0-interview-with-karen-from-exit-the-who-edited.html

---

Moves in New Zealand

Meanwhile in New Zealand a new National Party government led by Christopher Luxon was elected in October 2023. It is under pressure from its two minority coalition partners to do something to avoid New Zealand being told what to do about Health by the WHO.

One minority party is the ACT Party that is a right wing libertarian party that concentrates on personal freedoms and is opposed to having different laws and responsibilities for different races (such as Maoris). The second is the NZ First Party led by Winston Peters. It is a populist party that says they are in favour of pragmatism and balanced decision making from the centre for all New Zealanders rather than ideologies for the benefits of a minority.

According to David Icke (who is described on Yahoo as an English conspiracy theorist) "the newly sworn-in New Zealand government intends not to be pushed around by UN resolutions or by the World Health Organisation anymore.

According to a coalition agreement with New Zealand First, the new government will undertake a "National Interest Test" before accepting any agreements from the United Nations or the World Health Organisation's proposed amendments to the International Health Regulations.

To this aim, the New Zealand Cabinet must "reserve against" proposed amendments to International Health Regulations by 1 December 2023.

[Soon after], centre-right National signed coalition agreements with libertarian ACT New Zealand and populist New Zealand First allowing the three parties to form a government, bringing an end to six years of left-wing governments in New Zealand.

[Then], New Zealand Governor General Cindy Kiro, who represents British monarch King Charles III as head of state, swore National Party leader Christopher Luxon in as New Zealand's 42nd prime minister along with ministers of his cabinet at Government House in Wellington. Parliament is expected to sit next week and begin working on new policies.

On the day they were signed, Friday, the incoming government released its coalition agreements which outlined a number of policy plans. [You can read the coalition agreement between the three coalition parties in the link at the end]

According to the coalition agreement with New Zealand First, one of the most urgent issues the new government must address is that the Cabinet will tell officials not to agree to any policy changes suggested by the World Health Organisation ("WHO").

The coalition agreement states:

Strengthening Democracy and Freedoms

Ensure a 'National Interest Test' is undertaken before New Zealand accepts any agreements from the UN and its agencies that limit national decision-making and reconfirm that New Zealand's domestic law holds primacy over any international agreements.

As part of the above, by 1 December 2023 reserve against proposed amendments to WHO health regulations to allow the incoming government to consider these against a "National Interest Test."

https://davidicke.com/2023/11/29/new-zealand-government-will-inform-who-it-does-not-agree-to-international-health-regulations-amendments/

The cholesterol myth revisited

by Don Benjamin

HOW DID THE CHOLESTEROL MYTH COME ABOUT?

In 1953 when the heart disease epidemic in the Western world was approaching its peak, an American researcher, Ancel Keys, PhD, was convinced that a high consumption of fat and cholesterol resulted in heart disease. He used six leading countries to produce a graph showing that the higher the levels of fat and cholesterol, the higher the rate of heart disease.

These findings were widely accepted, right up to the US Congress. However, it went unnoticed that Keys' charts had ignored 20 other countries that he had assessed because they didn't provide the clear result he wanted.

If he had included the other 20 countries, including France, Italy, Spain, Sweden and Holland, his graph would have been all over the place and any link between high-fat/high-cholesterol diets and heart disease would have been much less compelling.

It took 25 years before anyone discovered the missing data, but by then the major food conglomerates and pharmaceutical companies were making vast profits selling low-fat/low-cholesterol foods and cholesterol lowering drugs.

One of the most significant recent contributions has come from Dr Uffe Ravnskov, a Swedish medical doctor and researcher, who is an expert on cholesterol [and who addressed a seminar in Sydney, New South Wales, in August 2006].

After reviewing a vast number of cholesterol studies and trials, Dr Ravnskov found flaws and inconsistencies that few medical researchers had ever bothered to look for. He discovered that *people with elevated cholesterol were only slightly more at risk of developing heart disease, and the difference was so slight that it wasn't worth worrying about.*

FROM The natural health AUTUMN 2019.

This and other flaws in the theory are described in the book “The Big Fat Surprise” by Nina Teicholz, Scribe 2014.

Many researchers have helped explode the cholesterol myth. But one of the first was Australian nutritional biochemist Dr Robert Buist who reviewed the early studies in his book *The Cholesterol Myth* (1992).

According to the Noakes Foundation there are two theories about the causes of heart disease:

1. ***the cholesterol theory***—that holds that a high fat diet results in a build-up of plaque in the arteries leading to the heart—so a low-fat diet is recommended along with statins designed to lower the level of cholesterol in the body.

There is little evidence that cholesterol itself is a problem.

Cholesterol is the principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in their fats and oils. It is bio-synthesised by all animal cells and is an essential structural component of animal cell membranes. In vertebrates, hepatic cells typically produce the greatest amounts. In the brain astrocytes produce cholesterol and transport it to neurons.

However there is some evidence that *oxidation* of fat and cholesterol can be a problem. Oxidation can occur externally (e.g. by heat and light), but also internally if free radicals are not kept in check by anti-oxidants such as vitamins A, C and E, the carotenoids and the minerals zinc and selenium.

Also there is a lack of evidence of the benefits of cholesterol-lowering drugs such as statins.

One of the many examples quoted by Buist were the findings from 194 autopsies where the health data was known before death:

- Two-thirds of those with severe atherosclerosis had *none* of the *major* risk factors;
- Of those with moderate to severe atherosclerosis, an extraordinary 72% had cholesterol below the US recommended 5.2 mmol/l;
- In those who died of severe atherosclerosis, 27% had cholesterol between 5.2 and 6.5, and only 7% were above 6.5 mmol/l So only about 7% of those who had died were at a so-called ‘high-risk” level above 6.5.

2. the insulin theory - that holds that a consistently elevated blood insulin concentration can cause the constellation of conditions we recognise as NonAlcoholic Fatty Liver Disease (NAFLD) and the Metabolic Syndrome (MS)

NAFLD is a condition in which excess fat builds up in your liver, not caused by heavy alcohol use, without causing any symptoms or liver damage;

MS is a disease diagnosed by a cluster of at least 3 out of the following conditions:

- abdominal obesity,
- high blood pressure,
- high blood sugar,
- high serum triglycerides,
- low serum high-density lipoprotein

Metabolic Syndrome is associated with the risk of developing cardiovascular disease and type 2 diabetes.

It is these five conditions that really put one at risk of heart attack because MS can be the direct cause of these conditions – most especially continually elevated blood insulin concentration (hyperinsulinaemia) that can lead to heart attack.

It is not easy to establish the level of evidence in support of the *Insulin Theory* because there are so many factors involved and they often act in combination, some neutralising the others.

Another problem is the lack of consideration by researchers of the known effects of acute and chronic stress on cardiovascular disease and heart attacks. (e.g. Helman TJ et al. The sex-dependent response to psychosocial stress and ischaemic heart disease. Front Cardiovasc Med. 2023; 10: 1072042.) The same applies to cancer causation.)

Chemo can kickstart new breast cancer

Women whose breast cancer is treated with the chemotherapy drug docetaxel are more likely to suffer a recurrence.

The drug damages healthy cells that surround the cancerous ones, and it can promote cancer growth a few years later, say researchers at Emory University.

Up to 23 percent of breast cancer patients suffer a recurrence within five years, and many of these cases are caused by the unintended effects of chemotherapy. The drug can trigger a resurgence of dormant cancer cells by harming healthy cells that surrounded the site of the original cancer.

The researchers replicated the damaging effects of chemotherapy on laboratory cell lines and in mice. In both examples, dormant cancer cells were awakened by two signalling molecules, granulocyte colony stimulating factor (G-CSF) and interleukin-6 (IL-6).

If chemotherapy is to be used, some other drug that dampens the signalling process might need to be taken as well, the researchers suggest.

PLOS Biology, 2023; 21 (9): e3002275

Evidence of benefits from alternative cancer therapies – Hydrazine Sulphate by Don Benjamin

One of the reasons CISS' charitable status was revoked by the Australian Charities & Not-for-profits Commission was that the Society made claims of benefits of a cancer treatment that was not approved by cancer authorities such as Cancer Australia and we were "Providing information about treatments and about unapproved therapeutic goods which are a serious risk to patient health and safety". The regulator was referring to hydrazine sulphate that Australia's Therapeutic Goods Administration (TGA) had listed as an unapproved/prohibited substance in Australia. Perhaps, coincidentally, hydrazine sulphate is one of the best examples of a cheap and effective alternative cancer treatment. (CISS members were accessing the treatment for about $30 for 3 months supply.)

Let's look at hydrazine sulphate and see if what the ACNC says is correct. With conventional drugs most medical trials have to recruit large numbers of participants. This is mainly because most cancer drugs are not expected to increase survival or other condition by more than about 10%. To produce a result that is ***significant,*** rather than a possibly chance finding, the requirement is that the probability of the result being real should be greater or equal to 95%. (This is usually stated as being a probability (P) of the result being due to chance of $P \leq 0.05$. The smaller the likely beneficial result the greater the number of participants must be to reach significance. If a larger benefit is probable, significance can be reached with a smaller number of participants. The only reliable trial is the randomised controlled trial that ensures that the total participants are randomised into two identical groups. The treatment is given to one group. The other receives a placebo (ineffective treatment) so any difference in outcome can be attributed to the treatment being evaluated.

In 1990 The Journal of Clinical Oncology published the results of a clinical trial designed to evaluate the benefits, if any, of hydrazine sulphate as a treatment for non-small-cell lung cancer (NSCLC); particularly as a treatment for cachexia (the wasting disease that it is claimed about 40% of people with cancer die from), and also to measure any difference in survival, if any, between those given hydrazine sulphate and those who were not. The cancer to be treated had advanced beyond the stage where it could be treated with surgery (i.e. unresectable). In the report of the results the authors summarised the results as follows:

This randomized, prospective, placebo-controlled clinical trial compares the influence on nutritional status and survival of hydrazine sulfate with placebo addition to cisplatin-containing combination chemotherapy in patients with unresectable non-small-cell lung cancer (NSCLC). The trial consisted of 65 patients with advanced, unresectable NSCLC who had had no prior chemotherapy, were at least partially ambulatory (Eastern Cooperative Oncology Group [ECOG] performance status [PS] level 0-2), and who had adequate hematologic, renal, and hepatic function. All patients received the same defined combination chemotherapy (cisplatin, vinblastine, and bleomycin) and the same defined dietary counseling with the addition of either three times daily oral hydrazine sulfate (60 mg) or placebo capsules.

Hydrazine sulfate compared with placebo addition to chemotherapy resulted in significantly greater caloric intake and albumin maintenance (P less than .05). Considering all patients, survival was greater for the hydrazine sulfate compared with placebo group (median survival, 292 v 187 days), but the difference did not achieve statistical significance. In favorable PS patients (PS 0-1), survival was significantly prolonged (median survival, 328 days v 209 days; P less than .05) for hydrazine sulfate compared with placebo addition. In a multifactor analysis, PS, weight loss, and liver involvement were the final variables. Objective response frequency and toxicity were comparable on both arms. Hydrazine sulfate may favorably influence nutritional status and clinical outcome of patients with NSCLC. Further definitive studies of hydrazine sulfate addition to therapeutic regimens in NSCLC are warranted.

So Hydrazine Sulphate at the recommended dose increases survival by about 57% and also improves the appetite and wellbeing for people with NSCLC whose tumour was too advanced for surgery. Why is this type of treatment, that produces survival 10 times longer than any conventional cancer treatment, banned in Australia and not considered effective by the US National Cancer Institute?

There are several reasons:

1. Most cancer authorities are locked into an old and unproven cancer paradigm that assumes cancer starts as a local cell and later spreads;
2. Based on this invalid paradigm they therefore assume that the only proof of efficacy is the ability of the treatment to cut out the whole tumour with surgery or kill it either by burning it with radiotherapy or poisoning it with chemotherapy;
3. Alternative treatments like hydrazine sulphate are based on an alternative paradigm that assumes cancer is a systemic disease and tumours are only a late stage development where several bodily systems, including the immune system, have broken down, allowing tumours to grow;
4. Most conventional cancer treatments are very expensive and provide a high income for those who make the drugs for chemotherapy, and use surgery and radiotherapy. There is a strong financial incentive to prohibit the use of anything in competition with the $500 billion a year cancer industry (~$8 billion in Australia);
5. The US NCI says that hydrazine sulphate is not effective because it does not destroy the tumour. (Hydrazine sulphate is not designed to kill the tumour but to remove the tumour's ability to commandeer the body's supply of glucose, which starves the person to death. Hydrazine sulphate interrupts this process. The person remains healthy and the tumour sometimes shrinks;
6. Australian health authorities share the NCI's wrong assumptions and ensure that the TGA cuts off access to it by people with cancer;
7. People with cancer in Australia are entitled to get access to hydrazine sulphate if they hear about it. So one of the jobs of cancer authorities is to ensure that no can hear about it;
8. Hence the action by the ACNC to revoke the Society's charitable status so as to reduce the chance of its receiving tax-free donations and bequests;

We believe that the earlier attempt to take over CISS in early 2019 was based on the same incentives.

Next Newsletter we will summarise the results of another alternative cancer therapy: Dealing with Acute and Chronic Stress.

(continued from page 8)

Claire has started a new job for 3 days a week. She is available for a few hours one day a week for specific jobs such as paying staff, once the property is sold,

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a meeting on the third Monday of the month at 7 pm, and on the third Saturday of the month from May to August at 2 pm. Meetings are held at Green Point Community Centre, 96 Koolang Road, Green Point. Informative speakers, extensive library, support and shared experiences. All are welcome. For further information contact Sue Johnston on 0410 696 458 or email cisscentralcoast@bigpond.com.

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meet at Balgowlah RSL, Ethel St, Seaforth on 3rd Monday of the Month at 7pm. Also meet first Friday of the month 12-2pm Gusto Café in Curl Curl, Carrington Parade opposite Stewart House. Contact Maureen 0413 983 358.
Email: Activewomencancergroup@gmail.com

BLUE MOUNTAINS CANCER WELLNESS, SUPPORT—LEURA

Support groups and complementary therapies. A not-for profit charity supported by our op shops. Facilitator is Viv Maitland Counsellor/ Psychotherapist. Head Office: Robin Yates Centre, Leura Phone 4784 2297,
email: www.cancerhelp.net.au.

PARKES CANCER SUPPORT

Cancer Assistance Network CanAssist
Pat Bailey 0447 051 946

QUEST FOR LIFE FOUNDATION

Residential and day programs and webinars (on-line seminars) for people living with cancer, grief, loss or trauma. Contact (02) 4883 6599 ; www.questforlife.com.au.

SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

Meets 1st Monday of the month at Tradies Gymea. 75 Manchester Rd, Gymea from 7-9pm. Pre-group dinner at Willow Restaurant from 5.30pm. Also 3rd Saturday of the month (call for details). Glenda, 9523 5200 or 0407 255 728.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Breast Cancer Support group meets every second Tuesday 1-2.30pm at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for breast cancer patients and carers. There are also special support groups for different cancer types and for carers. Contact Bernie on 9487 9061.
email: cancersupport@SAH.org.au

VICTORIA

CANCER NATURAL THERAPY FOUNDAT'N

Support group meets on Tuesday nights at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. 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 available. Contact Sandra Givca Maqueda (03) 9740 9921; mobile 0411 100 947.

GAWLER FOUNDATION

The Gawler Foundation has leased the property to the Brahma Kumaris group. During this time the BKs will maintain the property and run their own meditation retreats there. The Gawler Foundation will still have access to the property to run some of their programs, and for 2021 intend to run 4 x 5 day Cancer Fundamental retreats over the next 12 months. But without any paid admin staff, this will depend on the initiative of the therapists. Anyone interested in these programs or in individual cancer coaching could contact Maia and Paul Bedson at paulandmaia1@gmail.com

QUEENSLAND

CANSURVIVE on the Sunshine Coast meets from 10am-12 noon, 2nd Tuesday of each month at Eve Wilkinson's home, 99 Maleny-Kenilworth Rd, Maleny. Ph. (07) 5429 6598. Contact Cansurvive: PO Box 941 Maleny Qld 4552, Ph.: 5499 9918. Books, tapes, counselling available.

Cairns CANSURVIVE support meetings offer support, information and self-help activities for people affected by cancer or any other debilitating illness. Emphasis on self-help & development to enable individuals to better cope with fears and uncertainties. Meets 1st Saturday of each month at Cominos House, Greenslopes Street, Cairns from 2 - 4 pm. Cost $10 per year + a coin donation on the meeting day. Afternoon tea provided. Books/videos available for loan for members. Contact Beulah 4051 5544 or Helga 4047 4812 (b.h.).

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

Meets on the North Side of Brisbane. For details phone Alan on 3263 8390 or Michelle on 3269 9687.

What's Available from the CISS Office?

DVD: CISS 2007 Seminar: Cancer & Hope $29.50

Enema Kits: $16.50

Prices are subject to change. Items can be posted to you. There is a $8.50 postage/packing fee for standard articles, $10-$14 for country and interstate, $15.00 Express Post.

(continued from page 3)

amendments to the International Health Regulations that will be voted on at the World Health Assembly's annual meeting, May 22-24, 2024. It will require a two -thirds vote in favour by the members that are in the room and will go into effect as soon as 30 nations have ratified it. Governments such as Australia (that signed the WHO Treaty in 2007) would be bound by its requirements for 3 years unless they specially opted out in advance – that Australia appears unlikely to do.

According to Julian Gillespie the restriction on free speech during the COVID period was linked to Australia's current treaty with the WHO. So it would make sense if people are worried by the WHO introducing even more restrictive requirements. And knowing Gates' role in the WHO and his interests in Big Pharma makes the situation even worse.

The big pharmaceutical companies have nearly all been fined billions of dollars for fraud and misrepresentation, with recent total fines of over $30 billion. Among the main Covid marketers, Pfizer is probably the worst single offender. It has been fined 90 times since 2000, paying out a total of $10.27 billion. It has been fined 20 times for making false claims about its products. These are the companies that are working within Australia's health system to ensure doctors don't speak out.

Finally, the increasing influence in Australia by those on the extreme left opposed to freedom of speech—as I described in the July 2023 Newsletter—suggests that unless something is done soon to reverse this situation, it might be too late.

CISS was formed 40 years ago because a group of like-minded citizens believed in freedom of choice in medicine, particularly for people with cancer. Until a few years ago we felt we were making some progress. But in the last five years all this has been reversed. An attempt to take over CISS in early 2019 by a group acting on behalf of outside medical interests was thwarted. (It use a similar technique to that used six months earlier to remove Peter Gøtzsche from the board of the Cochrane Group in the UK that he had helped to set up in 1992.) The following year the same interests, working through Australia's charity regulator, the Australian Charities & Not-for-profits Commission had our charitable status revoked illegally.

So these powers behind the scenes in Australia are quite strong. They can tell governments what legislation needs to be passed; they can get governments to threaten doctors with losing their livelihood if they disagree with government policy; they can initiate a takeover of a charity and if that fails they can tell the regulator to revoke the charity's charitable status.

Technically, what I have just said, is a conspiracy theory so could be prohibited from any Australian media if this legislation is passed. So it would be illegal to discuss a possible take-over.

NEWS UPDATE

Because CISS has run out of funds we have advertised the premises for

(continued on page 8)