



January/February 2023

... let us be the light at the beginning of your journey

## Interview with Dr Manuela Malaguti-Boyle

by Ty Bollinger

29 September 2020

Gold Coast naturopath Manuela Malaguti has had her appeal dismissed by the District Court of Queensland.

A naturopath who claims her treatments can halt cancer progression has been banned from calling herself an "integrative oncologist" after a court ruled it implied she was a medical specialist.

For example, she is introduced as "Doctor Manuela Boyle" and the screen includes her qualifications as "Ph.D. N.D."...

**The following is an interview of her by Ty Bollinger from the series The Truth About Cancer**

**Interviewer.** What was your "aha" moment when you realized that conventional medicine wasn't working?

**Dr Malaguti:** Right. Well I realized that when I kept on seeing patients who had gone through a conventional treatment, however throughout remission they had, in fact, had a reoccurrence of cancer or perhaps a secondary cancer, meaning that the first approach hadn't worked.

And beside that fact, they had experience throughout the first treatment was so horrific that they were really not wanting to go through the same process again. So recurrence of another cancer throughout the time between two to five years post treatment as well as of course the side effects were accompanying all these patients and unfortunately were going to pretty much affect them for the rest of their lives.

I realized that, yeah, there wasn't quite enough. And of course these patients clearly were reaching out for something different to help themselves overcoming cancer once again.

I also had a chance to spend some times in cancer ward hospitals. Some of my patients asked me to support them there as well and I really got in touch with-realized the horrible treatments these patients get,



### Dr Manuela Malaguti-Boyle

receive. Just the smell in a chemotherapeutic ward of hospitals is something you'll never forget.

The acetyl toxic drugs used in those cancer wards are so extreme that nurses, for example, wear masks or gloves and it's just, yeah, something that people don't realize. It's really, really quite confronting and difficult to see patients being injected with so many drugs and toxins and poisons and you see them just fading away.

On the observation point of view, yes, absolutely. You see these people are going through the nuclear war in many ways. And on the science point of view, since I am also very much a scientist - I'm doing a PhD study on use of a particular type of amino acid to prevent a secondary effect from the chemotherapeutic drugs -so from the science point of view also it shows that there are many other agents that can be used to help these patients and these agents are highly likely to be as effective if not more effective, without the side effects.

**Interviewer:** Why does cancer develop? What are the main causes?

**Dr Malaguti:** That is a very good question and a question that perhaps could deserve hours and hours and hours and hours of explanation. There is no one only theory why cancer develops. It can be seen in a variety of different ways. From the nutritionists point of view of course it is absolutely an issue with metabolic disturbances, with the particular type diet, with high sugar, with all sorts of very poor nutritional status.

From the immunology point of view, there is a very broken down immune system that is not able to cope well, or well enough anyway, to get rid of or keep on track what the immune system is supposed to do.

There obviously are from the virologist's point of view, there are viruses that become viral of the genes and they can create in fact disruption, to a degree, of creating cancer. And from the cognitive, from the psychological side of oncology point of view is really a breakdown of core beliefs and purpose in life.

There are many theories really. All of those are in my opinion very valid, they are all part of a big puzzle, and if we have had just one clear explanation why cancer happens to some people and not to others and a solution to it, we wouldn't be talking about cancer. Cancer is a very complex issue that requires a multi-specialist approach and one is not exclusive to the others.

All of these elements participate and work together and that's why I work within an integrative model. I work with all different specialists when a patient comes to me. There is the nutritionist, there is the naturopath, there is the doctor, the nurses, there are psycho-oncologists. There are specialists, massage therapists. There are all kinds  
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# CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

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### The four secret causes of back pain

*Chronic back pain is a mystery to medicine, and doctors invariably blame it on poor posture and lack of exercise. But it could be an indicator of a more serious problem that doctors almost never suspect, as Bryan Hubbard reports*

Most of us will suffer pain in our lower back at some time in our life; it could be constant and nagging, or it could be so excruciating that we can't move. And although it affects 80 per cent of the adult population and results in millions of days of lost work, medicine is at a loss to explain why chronic back pain happens, other than to blame our sedentary lifestyle, poor posture and the fact that we now spend hours crouched over a computer or mobile phone.

While all of these reasons may be to blame for some cases and might be helped by exercise and remedial therapies like osteopathy and chiropractic, the 'standard response' masks four other causes of back pain that are rarely suspected; in these cases, back pain is a symptom of something far deeper and will never improve until the real cause is treated.

So, if you suffer from constant back pain, and exercise, osteopathy and chiropractic haven't helped, suspect one of these four causes.

#### Infection

The idea that chronic back pain is a

symptom of an infection treatable by antibiotics suddenly hit the headlines last year, although it's a theory that's been mooted for more than a decade. The media hype was sparked by two new studies. In the first, researchers said that people who have suffered intervertebral disc herniation—bulging of the disc contents through a tear in the disc ring—are most likely to develop an infection of the spinal disc that then causes their long-term back pain.<sup>1</sup>

Turning the theory into practice, researchers at the Spine Centre in Denmark put 162 back-pain sufferers on a 100-day course of Bioclavid (amoxicillin-clavulanate) antibiotics. The participants had suffered from chronic back pain for at least six months following an operation for a herniated disc. Half were given the antibiotic and the rest were given a sugar pill, or placebo. After a year, those given the antibiotic reported significant improvements in pain and mobility—and these results weren't just 'in the head'. MRI scans showed that the antibiotics had shrunk swelling of the bones, a sign of infection, around the disc.<sup>2</sup>

The infection around the herniated disc was due to Propionibacterium acnes bacteria—that bane of many a teenager's life, as it causes acne

and pimples—which are usually found in the hair follicles, but which can enter the bloodstream and so end up in disc material. One of the researchers, rheumatologist Claus Manniche, said: "Our studies show that at least 40 per cent of the herniated patients lying on the operating table are infected with P. acnes bacteria. It is possible that early intervention with antibiotics may prevent the infection from becoming chronic pain."

This wasn't the first team of Danish researchers to discover a link between infection and back pain. Five years earlier, a group also led by Manniche had successfully treated 29 back-pain sufferers with amoxicillin-clavulanate antibiotics.<sup>3</sup>

It's a therapy that is also being used as part of day-to-day care. Peter Hamlyn, a consultant neurospinal surgeon at the Institute of Sports Exercise and Health at University College Hospital in London, has successfully treated more than a dozen back-pain sufferers with antibiotics instead of surgery. Hamlyn has even set up a web-based training company, The MAST Medical Academy, to help specialists understand the new antibiotic therapy, and how and when to apply it.

The worry, says Hamlyn and the other Academy members, is that consultants  
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#### 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

## OVERSEAS & LOCAL NEWS

### OVERSEAS NEWS

There have not been many developments in the cancer field over the holidays except for the usual hyped-up break-throughs we have become accustomed to.

Most of the news in the health field has come from the aftermath of the COVID-19 pandemic, where attempts have been made in the US to expose corruption among those who have promoted the unsafe and ineffective mRNA COVID vaccines.

#### Dr Anthony Fauci questioned

As expected, notable among these is Dr Anthony Fauci, President Joe Biden's Chief Medical Advisor, who was involved in channelling funds illegally (in breach of a prohibition by Congress) into research that could be related to bio-warfare research at the Wuhan Institute of Virology in Wuhan, where a leak of the virus is alleged to have occurred.

#### COVID-19 an engineered virus?

More recent evidence suggests that the virus had been engineered in a lab to enhance its transmissibility. This argument is based on the hypothesis that the virus' furin cleavage site — a feature that helps the virus enter cells — shows evidence of engineering/human manipulation: firstly because when a virus modifies naturally, the cleavage site displays a randomness in the appearance of its location, whereas in SARS-CoV-2 its location appears to have been carefully chosen; and secondly because SARS-CoV-2 has these sites but its closest relatives don't. The furin cleavage site is important because it's in the virus's spike protein, and cleavage of the protein at that site is necessary for the virus to infect cells.

Fauci has suddenly morphed from being an expert on everything to being a bit more like Manuel in Faulty Towers who says "I know nothing!" According to the transcript of his deposition to a court investigating claims of his involvement, Fauci answered questions with "I don't recall" 174 times. See COVID Criminals in the Wild West on page 10.

#### Medical tyranny continues

Making predictions about the power



**Don Benjamin, Editor**

of health bureaucrats is a difficult thing to do. But Ramesh Thakur wrote in the Spectator in March 2021 that "The death of Covid tyranny may be nigh", based mainly on developments overseas. Yet 18 months later in Australia if a doctors criticises the biased and irrational statements about COVID-19 expressed by Australian health authorities they are threatened with losing their licence to practise by an illegally constituted federal health body called the Australian Health Practitioner Regulation Agency (AHPRA).

In the name of "public safety", doctors now have to promote unsafe and ineffective mRNA vaccines to Australian children and be forbidden to mention any other options.

#### Social media support world-wide censorship of dissent

If you were wondering why you have not been hearing anything but the official dogma about COVID, there is a simple explanation: The top US health officials are to blame for the communist/fascist-type censorship of the truth. 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 (as if he had not already done enough.

Fauci of course complied. See 'Don't Declare' on page 10.

These revelations show how easily a bastion of free speech like the US can gradually and silently become a one-party state with all dissent banned, without the strong safe-guard of the Freedom of Information legislation.

Israeli researchers have found that this suppression of science is world-wide. See Silencing Covid science on page 6.

### LOCAL NEWS

#### Administrative Appeals Tribunal to be abolished

It was reported on 16 December that The Administrative Appeals Tribunal (AAT) will be abolished and legal challenges against federal government decisions sent to a new body with a merit-based appointment system. It was argued by the new Labor government that previous Coalition governments have used the AAT as an opportunity to provide retirement perks to former politicians or bureaucrats by appointing them to the AAT. Attorney-General Mark Dreyfus said "'By appointing 85 former Liberal MPs, failed Liberal candidates, former Liberal staffers and other close Liberal associates, without any merit-based selection process ... the former government fatally compromised the AAT."

This is very relevant to CISS because if the Australian Charities & Not-for-profits Commission rejects CISS' appeal against the revocation of its charitable status, the next step would have been to appeal to the AAT. It is now clear that if this situation eventuates, the appeal process could take a long time. The new body to replace the AAT will first need to be legislated and that could take months.

One of the problems with losing our charitable status, that was back-dated to 30 June 2019, is that the remaining funds we are to receive from the bequest from the late Jessie Barrie Speight Estate will be reduced by an amount equal to the tax payable on the money to be received.

We have already received about \$620,000 (made up from ~\$535,000 in shares and \$75,000 in cash) but some shares were sold by the Executor so any capital gains tax payable on these sales would be deducted from CISS' 15% share of the remaining cash to be distributed in the bequest.

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of people and all kinds of people do their very best to help patients.

But why cancer comes? Why some people and not others? Well there also is the genetic understanding that some people are more susceptible than others to develop cancer. Yeah, from the genetic point of view of course it is also important to understand that some people are susceptible, more susceptible than others to develop cancer and some patients of course carry genes. Certain genes make them more susceptible to develop cancer, but our genes are not our destiny.

There's a lot of things that can be done, a lot of things that can be done. The knowledge that we have today is so much more advanced compared to what it was five years ago, ten years ago. In the world of integrative medicine, there has been heaps of new research coming out which has been translated into clinical practice and I'm happy to be part of it.

**Interviewer:** Talk about the link between stress and cancer. What emotions are important in the cancer equation?

**Dr Malaguti:** Of course. Yes, this is also an excellent question. We can see this in two different ways. From the biochemical point of view there is a shift in the pH of the body. The body becomes instantly acidic. And when there is acidity, there is inflammation, there is absolutely the great terrain for cancer to develop and to metastasize, we know that. There is a shift in acidity and calcidity of the system.

From the emotional, psychological point of view, well, people don't have any purpose in life. When there is a major stress, a major breakdown, there is lacking of purpose, of joy of living. When I see my patients, I always ask them. "Okay, say. you were diagnosed six months ago, three months ago, a year ago with cancer. What happened then? What happened at that point in time in your life?"

There is always some major stress or some major trauma, and unfortunately when there are unresolved ... It becomes - the joy of living, the emotional distress continues on and there is just no reason to live. So regaining that, making sure that people can - I suppose they have been overcoming the stresses - it's very important and moving on.

The key - one of the key persons in

my team is an excellent psycho-oncologist who absolutely helps greatly, helping these people really facing the distress they are going through right there and then, but also going back a bit to the time when this stress culminated and it was concomitant to a diagnosis of cancer. It works great. So stress has a significant impact on people's lives. Yes.

**Interviewer:** How does it feel for you to help people get through those stressful - like that stress, that thing that is causing them so much difficulty? A lot of the people wouldn't even have identified that it was a causative factor and then you help them identify something. You've given the steps by which they can change that scene and increase their level of happiness. How has that felt for you doing that?

**Dr Malaguti:** Oh, it feels absolutely fantastic. The point is, every time I have a patient, it is always clear that this is our team effort. He or she is very much the center of the attention and care. But it is a team effort. This team, even if though I'm the coach of this team, the team has to perform and work well together to be successful.

Their success is my success. I rejoice in seeing patients who thrive and I have, I don't know, hundreds of testimonials of people who are happy to write their gratitude to witness that. But most of all what is important is that once the healing has taken place, then they are happy to tell others and there are hopes. There is hope and there are options available.

My youngest patient is three and a half years old. She's a little girl with brain cancer. My oldest patient is about 83 years old. She's an old lady with breast cancer, and I've seen everybody in between. I've seen young guys and girls and older people and they all obviously have their own story and their successes and their failures and their tough times and good times.

I always make sure that they know that they are not alone and we can go through this together. So it makes me feel very happy when there is success and when they thrive and they put their lives back together really.

**Interviewer:** That must be amazing. That must be an amazing feeling.

**Dr Malaguti:** It is, yes. Very much so. Cancer is an extremely stressful, in fact beyond stressful, a distressful time and very traumatic for a lot of people. I've been in practice for almost 20 years. I'm originally from Milan, from Italy. I worked for a number of years in

London, a very big clinic in London. I used to see over there also cancer patients. I worked in Singapore as well, so over there same thing, and in Australia. Overall there would be oh, a lot of people.

I see new patients. There is a certain waiting list to see me but overall I'd say I've seen a few hundred patients. The majority of them are people who came to me - or come to me while they are undergoing chemotherapy and radiation therapy. Those are people who have chosen to go through conventional treatment but also to seek out somebody who can help them through overcoming the journey.

But there is also quite a large population there of people who have decided to take an alternative approach. I want to make sure that they go to see somebody who knows about biochemistry, about how to use and what to use throughout their treatment.

I see a lot of people in my two clinics. I have a clinic on the Gold Coast and a clinic in Brisbane and I also see people overseas as well. I have a guest practitioner in a couple of centers overseas as well. Very much of my experience overseas and my experience in Australia has brought me to the understanding that cancer is very much an international issue.

There are some differences in perhaps, obviously, cultural background, beliefs and diets, but at the end of the day, the patient who is undergoing chemotherapy at the local hospital here on the Gold Coast will be receiving exactly the same type of drug that a patient in Sri Lanka right now with breast cancer will be receiving, and the person in America will be receiving and in South Africa will be receiving, which means basically the conventional treatment is still one size fits all.

In terms of integrative approach, we know that this is obviously a very significant shortcoming. One size doesn't fit all, at all. We have the opportunity to use botanical agents and nutritional supplementation that is designed for each and every individual.

We have about 220 different cancers that have been identified. Those 220 different cancers are again different for each and every person. Individualized treatment is absolutely essential for the successful treatment of an individual patient. This is something that hopefully, one day, perhaps still in my lifetime, we'll be able to see in integrative hospitals. If you have two patients with the same cancer, same age, same name,

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dietary background, they'll have two completely different responses to treatment. Therefore making sure that there is an individualized approach, that there is a really deep understanding of the biochemistry of each individual is very important. This is what we do.

My team and I have the ability to use cutting edge technical, amazing machines. We have a hyperthermia machine, hyperthermia chamber. We have IV, Vitamin C, glutathione, alpha Lipoic acids. We have dendritic vaccine injections.

All this is absolutely evidence-based, it is supported by human clinical trials and it is very successful. Each and every time it's modified and tweaked according to the presentation of each patient. I'm very happy to be able to use all this knowledge and to help people.

My first experience of cancer was when I was about 14. My grandmother had ... At the time I was living in Milan and my grandmother had been diagnosed with breast cancer.

At the time, the treatment required to have very invasive surgery. She had a mastectomy and most of her lymph nodes were removed. The result of that was a significant scar and also her right arm became very swollen, very big and she was very much ashamed of all of it.

She was a simple woman, she was a country woman and she felt that the whole experience had taken such - her feminine attributes away from her. She spent her life really hiding and covering and being very shy about the way in which she looked.

I remember the time also that she hadn't had any support post-surgery, once she was obviously dismissed from the hospital, released from the hospital. She was very much severely sore and sad for a very long time. She survived that cancer. She died many years later and when she died her ... After the surgery she had chemotherapy and radiation therapy and she died some years later.

When she died, her bones were still radioactive, so a significant amount of chemotherapy and radiation therapy that had been given to her, let alone the surgery which disfigured her in many ways and the lack of help and support from the medical team made me realize that it was the most horrible experience anyone could go through. From that fear to then realizing there

were other people I got to know in life who had been affected by cancer made me realize that surely there would have to be a better way to go through this and so my interest in studying more.

I had two wonderful mentors in my life, One is Dr Jeffrey Bland from the Institute of Functional Medicine whom I'm very happy to know and correspond with. The other one is Henry Osiecki who is very much one of the greatest biochemistry and nutritionists in Australia and overseas as well. They taught me a lot.

I studied in Australia, in England and also in the United States and I am a Fellow of Integrative Oncology, My learning and studying is ongoing and hopefully I will conclude my doctorate at the end of this year and we'll be in a better place then.

*Interviewer:* Wow. That's incredible. Manuela, with your grandmother, when you were watching her go through that, was that hard for you? Was that painful seeing her like that? You obviously would have seen her when she was happy and well.

*Dr Malaguti:* Sure. She transformed completely. Women of that generation, again so many years ago, had absolutely no emotional or psychological support. You can imagine that they hardly knew what cancer was about and from one day to another they were put through such a significant and horrible treatment and the operations at the time weren't done in a way to preserve the breast as much as possible.

Those were extreme surgeries from taking as much tissue as possible out; it was what we call an aggressive treatment from the surgery point of view. That means that women were scarred immensely. So her change of life from again a happy go lucky, lovely lady to being very withdrawn, reclusive, suffering, ashamed of herself, covering the part that she had been obviously missed ... Yeah, there was a significant change. So she, yeah, very much suffered for the rest of her life because of that. I think that, look, If surgery is necessary—if it is necessary—I understand that, but the methods and the way in which it was done was really pretty much not okay, non-human.

*Interviewer:* You think that was robbed from her?

*Dr Malaguti:* Yeah, very much so. Oh yeah.

*Interviewer:* That femininity?

*Dr Malaguti:* Very much so, yes. Yes. Yes, absolutely. At the time there was no reconstruction, breast reconstruction. They weren't small surgeries that I'm talking about, extensive surgeries.

*Interviewer:* So now you're able to help women, have you ever seen women that recover without having to do surgery and they come - patients that you work with personally?

*Dr Malaguti:* Oh yes.

*Interviewer:* How does that feel now that you give to them what you would have loved to have given to your grandmother, that you had to live it out in the lives of your patients?

*Dr Malaguti:* It's a wonderful possibility to be able to see people thriving. Everyone who is within or works within a medical system whether it is conventional or integrative, is obviously - aims at improving people's lives and supporting their quality of life. I certainly do that. I know a lot of colleagues and a lot of other doctors and naturopaths and nutritionists who do that too.

It's the joy that you see in the faces of these patients who are able to overcome the biggest fear in their lives. It is priceless. The gratitude and the happiness that... Also the family members is just amazing. And this is at the end of the journey.

Throughout the journey there are moments that are really difficult, difficult for everyone. As a healthcare practitioner I have to make sure to keep the information clear, focused and just to move on in such a way that patients are supported and the families are supported and they know a clear way where to go and what to expect.

*Interviewer:* What treatments do you use for cancer?

*Dr Malaguti:* I have a six steps protocol which, again, I individualize absolutely for each and every one. I use a number of steps. I use pancreatic enzyme therapy, I use obviously, hormonal blockade. We use detoxification of heavy metals, reconstruction of GIT tract integrity and lots of machines and herbal medicine as well as nutritional medicine.

*Interviewer:* And what results does that get for people?

*Dr Malaguti:* Great. Great results. Look, I'm so lucky I have witnessed spontaneous remissions, I have witnessed people who had a second or  
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third cancer to thrive and come out of it. I've had people who were able to go back to their oncologist and say, "Look, I'll show you here. These are the tests. I don't have this cancer anymore" and be triumphant about it.

So the oncologists always scratch their head and think, "What's going on? How is this possible?" and then they come to the conclusion, "Yes, there are lots of things that can be done. Good." So I'll cooperate with a lot of oncologists. And it works okay - most of the time.

**Interviewer:** It must be a great feeling when they come in with having had success and going back to have that conversation and then ...

**Dr Malaguti:** Yes. Yes.

**Interviewer:** Does it make sense to treat cancer by suppressing symptoms and the body's immune system?

**Dr Malaguti:** No. That's the biggest fallacy of all times. The immune system is the cancer patient's best friend. In fact, conventional oncology is moving towards embracing immunotherapy as part of their treatment. We've been saying that for a long time.

**Interviewer:** For those who have undergone chemo, how can they rebuild their immune system?

**Dr Malaguti:** They need a lot of help from integrative support. There are specific botanicals, specific nutrients and those dependent methods that can certainly help them through a lot.

**Interviewer:** That's great. Do you ever wish that people would come to you after they go through chemo a lot, do you ever wish they had come to you first?

**Dr Malaguti:** Yes, I do, for the simple reason that even if they do choose at the end to go through chemotherapy, for whatever reason, and sometimes it's family pressure believe it or not, but even if they decide to go through that, it is essential to prepare the patient for that event.

When somebody is diagnosed with

cancer, there is this quickness in wanting to schedule surgery or chemotherapy or radiation therapy almost immediately, almost instantly. This is from the oncologist's point of view.

There is absolutely no rush with this. Scheduling the patient six or eight weeks after the diagnosis, in most cases, makes absolutely zero difference, but what it gives integrative oncologists the opportunity to do is to build up the resistance, the nutrition, the immune system and everything else to prepare the patient for treatment.

If we do that, if we are able to do that and the patient still wants to go through chemotherapy, first of all he will receive less chemotherapy, fewer drugs simply because his resistance is high and also will bounce back in a much better way. So yes, I wish they came to see me before they choose to go and do whatever they want to do at the end. It's still the patient's decision and I support whichever decision they make.

Well I love Ty. Ty is a friend of mine. I admire his work. He is awesome and he starts with education and education is empowerment. People can make better choice, better options and feel secure about their options and their choices.

I owe Ty a lot. I think all of us do. He's a very courageous man and good on him for doing so. He's really great.

The Global Quest is saving lives, no doubt about that. Ty is not only a celebrity in the United States but also here in Australia. I know a lot of people who know of Ty, who obviously have been following him and listening to him and reading his blog and so on and so forth.

Absolutely what Ty has done is something that not many others have attempted so far, making sure that the truth is out there, the truth is available. There is a lot still to be learned, to be explored, but by and large by giving some tools and educational tools, some motivational tools to people, the fear factor all of a sudden goes, and if the fear is out of the way, well, there is a lot of room for a true quest and a true recovery and true healing.

Look. I think that if one in three people in the US as well as in Australia will be diagnosed or has been diagnosed at some stage with cancer, one in three, it pretty much touches everyone. Everyone knows somebody who has had cancer or who has cancer right now. I invite people to log on or connect with Ty. The website is amazing. The newsletters are amazing. The knowledge is there, is available, is up to date, is cutting edge, is there. Just a list of gifts of information.

I have patients who come to see me and they've been diagnosed with a cancer and I ask them, "Well do you know what that means?" and they say, "No, because the oncologist didn't have time to explain." "What do you mean? That's all about you and your life and he hasn't had the chance to explain that to you?"

Well, it's difficult. Teaching, giving the options, giving the tools is number one and Ty is doing that for us all and that's fantastic. So my advice is don't hesitate to own the series. It can absolutely save your lives, save the lives of your loved ones, save the lives of somebody you know. Like I said before, one in three people will be diagnosed with cancer or has already been diagnosed with cancer. It makes a lot of sense to own the series. Have a look, take a look. You'd be very amazed, impressed.

Dr Manuela Malaguti-Boyle, PhD, N.D is an Integrative Medical Practitioner, Author and International Lecturer. She practises in Varsity Lakes, Queensland. Her 8 publications include

1. *Evidence for the effectiveness of clinical nutrition therapy in diabetes mellitus type 2: Management in primary care* (Jan 2016)
2. *Whole-system approach and evidence-based medicine research models: Are these two systems irreconcilable?* (Jan 2015)
3. *How does vitamin D improve the management of cancer? A literature review* (Jan 2014)
4. *Mind matters: Mind-body intervention in cancer treatment* (Mar 2013)
5. *An Interview with Henry Osiecki* (Dec 2012)
6. *The Dynamic Of Stress* (Jun 2012)
7. *Phytoestrogens and breast cancer: Friends or foes?* (Jan 2012)
8. *Inflammatory Process in Alzheimer's Disease* (Dec 2011)

**The above is one of the 131 interviews from the series The Truth About Cancer by Ty Bollinger.**

## Silencing Covid science

by Bryan Hubbard

Doctors and scientists have had their homes invaded by police, faced imprisonment and lost their jobs because they questioned the Covid-19 narrative, a new study has discovered

Thousands of doctors and scientists have lost their jobs and had their reputations trammelled by authorities

working hand-in-glove with governments and media.

The true extent of the censorship and suppression of doctors and scientists who did not follow the mainstream narrative of the Covid-19 pandemic is finally coming to light. Scientists have lost their jobs and doctors have been

barred from practising medicine for speaking out against lockdowns, mask-wearing and vaccinations or offering effective treatments.

One doctor has had a \$1 million lawsuit filed against him for taking an alternate view, and another had his

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## Has Big Pharma Hijacked Evidence-Based Medicine?

by Dr Mercola

Extracts from an article by Dr Mercola, 9 December 2022.

- Cardiologist Dr Aseem Malhotra shares data on the Big Pharma takeover of modern Medicine
- Due to Big Pharma's stronghold over health care, we're facing what Malhotra calls a pandemic of misinformed doctors and unwittingly harmed and misinformed patients
- Malhotra shares data showing why he believes COVID-19 shots should be suspended

Malhotra, a cardiologist trained by the U.K.'s National Health Service (NHS), as well as a visiting professor of evidence based medicine at Bahiana School of Medicine and Public Health in Salvador, Brazil<sup>4</sup>, cited a 2020 study published in the British Medical Bulletin<sup>5</sup>.

It used data from the U.K.'s Office for National Statistics from 2010 to 2020, which showed a "dramatic slowdown in life expectancy and diverging trends in infant mortality in the UK as a whole and England and Wales, respectively." Health trends in the U.K., the study concluded, "are worrying and raise important questions about government policies."<sup>6</sup>

Throughout his career, Malhotra has tried to call attention to failures in treating heart disease. "Despite so-called modern science," heart disease remains the No. 1 cause of death globally.<sup>7</sup> "So clearly there's something that we've done wrong on that front," Malhotra said.<sup>8</sup>

More recently, he's focused on using real evidence-based medicine to share the truth about COVID-19 mRNA vaccines. His two-part paper on the topic was published in the Journal of Insulin Resistance, specifically,<sup>9,10</sup> because this journal does not accept money from the pharmaceutical industry.<sup>11</sup>....

### A Pandemic of Misinformed Doctors and Patients

Due to Big Pharma's stronghold over health care, we're facing what Malhotra calls a pandemic of misinformed doctors and unwittingly harmed and misinformed patients. This misinformation comes from a variety of sources, including:<sup>12</sup>

- Biased funding of research — Research funded because it's likely to be profitable, not because it's likely to be better for patients
- Biased reporting in medical journals
- Biased patient pamphlets
- Biased reporting in the media
- Commercial conflicts of interest

- Defensive medicine
- Medical curricula that fail to teach doctors how to comprehend and communicate health statistics

Malhotra describes John Ioannidis, professor of medicine and professor of epidemiology and population health at Stanford University, as the "Stephen Hawking of medicine."<sup>13</sup> Ioannidis co-wrote a paper in 2017 titled, "How to Survive the Medical Misinformation Mess."<sup>14</sup> At the time, he described four key problems:

1. Much published research is unreliable, offers no benefit to patients or is not useful to decision makers;
2. Most health care professionals are not aware of this problem with published research;
3. Health care professionals lack the necessary skills to evaluate the reliability of medical evidence;
4. Patients and families lack accurate medical evidence and skilled guidance when they need to make medical decisions.

The solution, according to Ioannidis, involves focusing efforts on "making health care professionals more sensitive to the limitations of the evidence, training them to do critical appraisal, and enhancing their communication skills so that they can effectively summarize and discuss medical evidence with patients to improve decision-making."<sup>15</sup>

Ioannidis also wrote a 2005 paper about why most published research findings are false. Not surprisingly, one factor that makes a research finding less likely to be true is "greater financial and other interest and prejudice."<sup>16</sup>...

Recently, Malhotra was heavily involved in campaigning to end NHS COVID-19 shot mandates. But prior to this he spoke to the European Parliament in 2018 to warn them of the epidemic of misinformed doctors and patients, stating, "Honest doctors can no longer practice honest medicine. We have a complete health care system failure ..."<sup>19</sup>

In fact, in 2016, Dr Peter C. Gøtzsche, cofounder of the Cochrane Collaboration and the Institute for Scientific Freedom, stated prescription drugs are the third leading cause of death — most of them preventable.<sup>20</sup> "The reason for that," Malhotra said, "is the information that comes from drug companies — essentially the results of clinical trials— exaggerate the benefits and the safety of the drugs."<sup>21</sup>

Corporate crime and fraud are also rampant — from 2009 to 2014, Gøtzsche noted that most of the top 10 drug com-

panies committed fraud, totalling about \$14 billion, including hiding data on drug harms and illegally marketing drugs.

Yet, the fines the drug companies had to pay for their crimes were miniscule in comparison to the profits they made from the drugs. Since then, however, nobody was fired and "nothing has changed to stop them from committing these crimes again."<sup>22</sup>

### Tobacco Tactics Revisited During COVID Pandemic

Malhotra is among those who early on during the pandemic said poor diet can increase your risk of dying from COVID-19, by increasing obesity risk, chronic disease and disrupting your gut microbiome.<sup>23</sup> In April 2020, he tweeted, "The government and public health England are ignorant and grossly negligent for not telling the public they need to change their diet now."<sup>24</sup>

Not only did they not publicly share the importance of healthy weight and diet to ward off COVID-19, but they glamorized and encouraged junk food consumption via their official social media channels...

### How COVID Shots Were Oversold

Malhotra was one of the first to take Pfizer's COVID-19 shot, and he's double-jabbed.

Initially, he was in favour of the shots but a study published in *Circulation*, which found an increased incidence of inflammatory markers linked to heart attacks in people who'd received mRNA COVID-19 shots,<sup>28</sup> gave him pause.

Then, a whistleblower from a prestigious British institution contacted him and said a group of researchers had found inflammation of coronary arteries after the mRNA shot. However, the researchers had a meeting and decided not to share their findings because it might affect their funding from the drug industry.<sup>29</sup> He then learned of data from Scotland that showed an unexplained 25% increase in heart attacks.

He went to the media, armed with data, to share his concerns in October 2021, calling for an investigation. It received a lot of attention, but Malhotra was soon targeted by anonymous complaints to a medical organization, which put his medical license at risk. At that point, he decided to gather other experts and critically

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review the data - then publish the truth.

In November 2020, Pfizer claimed their COVID-19 shot was 95% effective against COVID-19, but this was highly misleading and, according to Malhotra, based on flawed methodology:<sup>30</sup>

"Relative risk reduction is a way of exaggerating the benefits of any intervention... which would be in the interest of people trying to sell you something — in this case, the pharmaceutical industry.

So if, for example, you have 1,000 people in a trial that didn't have the vaccine versus 1,000 people that did... In the placebo group ... you may have two people dying. And in the intervention group, you may have just one person dying. And that's a reduction of 50%. One over two is a 50% relative risk reduction. But actually you've only saved one life out of 1,000.

So, the absolute risk reduction is only 1 in 1,000. It's a big difference. The guidance has been for many years that we must always use absolute risk reduction in conversations with patients, not just relative risk reduction alone; otherwise, it's considered unethical,' Malhotra said.

The accusation is that governments acted on Pfizer's relative risk figure of 95% efficacy, when the absolute risk was a mere 0.84%. In other words, you'd have to vaccinate 119 people to prevent just one from catching COVID. 'So we were basically sold on something that ultimately, and in retrospect now, was very, very misleading.'

#### **Pharma Provides Majority of Budget for Leading Regulators**

If there were ever any doubt that regu-

latory agencies are captured by industry, consider that significant portions of regulatory agencies' budgets come from the pharmaceutical industry that these agencies are supposed to regulate. For instance:<sup>31</sup>

Australia's Therapeutic Goods Administration (TGA) - 96% of budget derived from industry  
Europe's EMA — 89%  
U.K.'s MHRA — 86%  
Japan's Pharmaceuticals and Medical Devices Agency —85%  
U.S. FDA — 65%  
Health Canada — 50.5%

Data and health advice from these agencies cannot be considered independent or trustworthy when it's clouded by vested interests. What did one study<sup>32</sup> — conducted by people who do not take money from the drug industry - find?

It re-analysed data that led to the original approval of the shots, and subsequent shot mandates, revealing people were more likely to suffer a serious adverse, disability, hospitalization or life-changing event after receiving an mRNA COVID-19 shot than be hospitalized with COVID.<sup>33</sup> Malhotra shared additional facts about COVID-19 shots that are now known based on the best available evidence:<sup>34</sup>

- COVID-19 shots offer no protection against infection now
- No reduction in COVID mortality
- Natural immunity is very protective
- Shot side effects are nearly three times more likely if you get the

shot after having COVID-19

- Unprecedented harms have been reported from the shots

"We have pulled vaccines in the past for much less," Malhotra said. ...

"This vaccine needs to be suspended completely, pending an inquiry."<sup>35</sup>

So why haven't you heard about this? It's clear that wilful blindness has taken over. Malhotra notes that political involvement and policy advocacy, combined with social participation and social movements can together lead to the creation of relevant knowledge.

"We need to make sure we've got clear, relevant, concrete knowledge in a way that can be disseminated and understandable to the public."

Toward that end, Malhotra states that it's crucial for the integrity of public health for the facts to be acknowledged and for regulators to state that they've changed their minds too. Moving forward, in order to ensure access to real, evidence-based medicine, key changes need to be made, according to Malhotra, including:

- The Drug industry should play no role in testing drugs
- The Drug industry should not be able to hide raw data from trials
- All results of all trials in humans must be made publicly available
- Regulators such as the FDA and MHRA should not get any money from the drug industry

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home raided by police, who didn't even have a warrant. Dr Jackie Stone, a doctor in Zimbabwe who successfully treated Covid patients with ivermectin and colloidal silver, faces imprisonment, and many other doctors - such as leading cardiologist Peter McCullough—may lose their licences.

Scientific papers have been retracted, and many of their authors have lost their posts at universities and research centres or have been "named and shamed" by medical authorities.

These examples are just a snapshot of the backlash against dissenters and are based on interviews that Israeli researchers have carried out with just 13 doctors and scientists who have questioned the narrative. This superficial analysis suggests that many thousands more have lost their jobs and had their reputations trammelled by authorities

who have worked hand-in-glove with governments, mainstream media and websites, including social media platforms such as Facebook and Twitter, to silence alternative voices<sup>1</sup>....

The researchers fear the official narrative wasn't created only to protect the public and avoid confusion but has been influenced by commercial interests that have earned vast sums from the Covid outbreak.

As the BMJ's executive editor Kamran Abbasi put it in the early days of the epidemic, "Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale and it is harmful to public health."<sup>2</sup>

In the last couple of months, Pfizer's chief financial officer David Denton has told institutional investors that Covid-19 is a "multi-billion-dollar fran-

chise for years to come," and Pfizer tripled the price of its mRNA vaccine this year.<sup>3</sup>

Earlier in the pandemic, another drug company official described the outbreak as like "Christmas every day."

But it hasn't been only Big Pharma that has driven the narrative. Google has, until recently, banned any content that suggested the virus "escaped" from a research laboratory in Wuhan, China, and yet for the past 10 years has been funding virus research through the EcoHealth Alliance, a New York foundation that has channelled research grants from the US to China.

Even independent "fact-checkers," the website police squad that has "corrected" contrary views, are not so independent. The International Fact-

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## COMMENT

## PHELPS BREAKS AHPRA'S CULTURE OF FEAR

By: Christopher Neil on Dec 23, 2022  
5:53:36 PM

Dr Kerryn Phelps AM has been a household name in Australia since the 1990s. I remember well her frequent appearances as a guest on television, in her role as the then President of the AMA, the Australian Medical Association. In a career of advocacy that few medical professionals will ever have, the former MP has combined a sharp intellect with a concern for the community and a stage presence where necessary.

On Tuesday, however, she was trending for quite different reasons, following a bombshell article regarding her submission to the federal government's Long Covid Enquiry. Phelps described the 'devastating' experience of her wife, Jackie Stricker-Phelps, who suffered multiple persistent neurological symptoms following her first Pfizer dose. Unfortunately, Phelps went on to suffer a cluster of difficult cardiovascular symptoms with her second dose of the same. Judging by the way her message resonated with large sections of the online community, although some predictably interpreted her honesty as dangerous 'anti-vaxx' sentiment, it is clear that Phelps was giving a voice to many whose similar suffering has been compounded by isolation and lack of acknowledgment from doctors. She frankly identifies what could be the root cause of this hesitancy on the part of doctors: 'Regulators ... have censored public discussion about adverse events following immunisation, with threats to doctors.'

The protracted crisis brought about by SARS-CoV-2 has revealed much to everyday Australians about how government and health care interact in Australia. But if our situation is indeed that medical censorship has been impacting on the care of patients, the condition of Australian Medicine is both serious and complex. At AMPS, the Australian Medical Professional Society, we believe that is indeed the case, but it is necessary to dissect back to some core issues and first principles.

With very few exceptions, the doctor has the greater share of knowledge in the doctor-patient relationship. However, this asymmetry is balanced out by the doctor's fiduciary duty to put the interests of the individual patient first, together with the fact that the patient holds the power to accept or reject any advice. The concept of free informed consent also entails a duty of candour



Dr Kerryn Phelps AM

and disclosure on behalf of the doctor, who must therefore be free of any conflict of interest.

As many have clearly identified, a culture of fear has entered into Health Practice in Australia, which directly relates to a Joint Statement from AHPRA and the National Boards on March 9, 2021. Our thoughts were expressed in a letter to AHPRA CEO, Mr Martin Fletcher, dated April 14, 2022: 'AHPRA's gag orders impede professional health advice and patient advocacy based on individual patient risk/benefit assessment by labelling such professional advice "the promotion of anti-vaccination statements", "health advice which contradicts the best available scientific evidence" or "seeking to undermine the national immunisation campaign".'

Whether your GP or Specialist, Nurse or Chiropractor, has analysed the Joint Statement is not necessarily relevant: it is impossible for clinicians to be unaware of the dangers posed to them by what Phelps calls 'threats to doctors'. Compounded by other cultural factors in the pandemic, this becomes the basis for understanding the conflict of interest which has been created in practitioner-patient relationships across this country, which may play out in different ways. For example, if the health practitioner has clinical concerns from a critical appraisal of Covid vaccinations, formulated through his or her knowledge or experience, then that health practitioner risks damaging consequences through regulatory action every time he or she exercises their clear duty of candour, inherent in the practitioner-patient contract. Alternatively, that practitioner may elect to not disclose their concerns, which is potentially breach of their contract.

A further scenario must be discussed also: a clinician who is aware of the dangers to his or her career, may elect to never to engage with any material or discussion in their personal research or interactions with colleagues and patients, if that material or discussion seems to go against the thrust of the national immunisation campaign and related public health goals and directions.

This may absolve the clinician superficially. However, it is an outworking of a culture of censorship and a conflict of interest, in which many patients will feel frustrated and undermined in the therapeutic relationship, for example when trying to deal with vaccine adverse events or persistent problems which they attribute to vaccination.

Hence, although many of us believe the Joint Statement of AHPRA and the National Boards to be unlawful, it is at the root of a dangerous shift in Australian Medicine. Furthermore, AMPS believes that Australians need to be aware of changes to the National Law for Health Practitioner Regulation introduced in October in the Queensland Parliament. We believe these changes further supplant the place of the individual in Australian Medicine and distort the clinician-patient relationship. To step up our advocacy in this matter, our members are speaking out on the 'Stop Medical Censorship' National Tour.

Public health considerations should always be weighed appropriately, but once a therapeutic relationship is entered into, the individual can never be supplanted by any notion of public health. However strongly this notion is appealed to, it can never outweigh a doctor's duties of candour, disclosure and informed consent. The doctor-patient relationship cannot lawfully be redefined by any interest or priority that conflicts with the best care of the patient, in that doctor's best assessment. If conditions producing a serious compromise or conflict of interest become embedded in the long term, then a cultural shift in the Australian Medicine will have taken place, to the detriment of doctor, patient and public alike.

With these things in view, the honesty of Dr Kerryn Phelps, coming as she does from the Medical Estab-

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 lishment of this country, could not be more critically needed. The issues highlighted by her courageous submission, most especially the assertion of medical censorship in Australia, should be afforded the attention of all who care

about this country and should transcend the left and right of politics. As difficult as her own journey as a patient must have been, together with the devastating experience of her wife Jackie, given the far-reaching implications of medical censorship,

this could prove to be the most significant piece of advocacy of her career.

Dr Christopher Neil is the President of the Australian Medical Professionals Society, AMPS

(Originally published in the Spectator, Australia 23 December 2022)

### COVID Criminals in the Wild Wild West—by Dr Joseph Mercola

December 21, 2022

Summary:

- In May 2022, the New Civil Liberties Alliance and the attorneys general of Missouri and Louisiana (Eric Schmitt and Jeff Landry) sued President Biden for illegally colluding with social media companies to suppress Americans' First Amendment rights to free speech
- October 21, 2022, the court authorized expedited depositions of eight key federal officials. Dr Anthony Fauci's deposition took place November 23, 2022, and the full transcript was released on

December 5.

- Fauci, who last year claimed to be the personification of science and whose statements could not be challenged or questioned, suddenly did not know much about anything and even claimed he's unqualified to speak on certain scientific issues. According to the transcript, Fauci answered questions with "I don't recall" 174 times
- In his deposition, Fauci definitively stated that it is "impossible" that

the research he funded in Wuhan could have sparked the pandemic. Yet at the same time, he claimed to be only "vaguely familiar" with the research he funded there

- Fauci also denied knowing key researchers whose work he's been funding with millions of dollars for years, including Shi Zhengli at the Wuhan Institute of Virology, EcoHealth Alliance president Peter Daszak and Ralph Baric at the University of North Carolina at Chapel Hill .

### Sudden Death: The No. 1 Cause of Death for Under 65s in 2021- by Dr Joseph Mercola

January 06, 2023

Summary:

- Mounting evidence shows the COVID shots are destroying people's immune systems and are triggering turbo-charged cancers
- A survey by Steve Kirsch found sudden death is the No. 1 cause of death among those under the age of 65 who got the COVID jab
- Myocarditis as a cause of death is

now registering across all age ranges but only for the vaccinated. Cardiac-related deaths are also significantly elevated among younger people (under 65) who got the jab compared to their unjabbed peers

- Recent research shows repeated jabs trigger a switch in the types of antibodies your body produces and lower your ability to clear vi-

ruses. By switching from spike-specific neutralizing IgG antibodies to IgG4 antibodies, your body switches from tumor suppression mode into tumor progression mode

- In addition to the potential for cancer cells to run amok, IgG4 dominance may also have severe autoimmune implications, as the COVID jab spike protein share similarities with human protein

### COVID Boosters Trigger Metastasis

by Dr. Joseph Mercola

January 05, 2023

Summary:

- Cancer rates have increased since the introduction of the COVID shots and is now one of the top three leading causes of premature death among younger adults — a trend that in turn is driving down U.S. life expectancy
- The leading causes of death in 2021 were heart disease and cancer, both

of which are potential side effects of the COVID jabs

- Dr Angus Dalglish, professor of oncology at St. George's University of London, warns that COVID boosters may be causing aggressive metastatic cancers
- Research shows SARS-CoV-2 spike protein obliterates 90% of the DNA repair mechanism in lympho-

cytes, a type of white blood cell that helps your body fight infection and chronic disease, including cancer

- The COVID jab is less effective in lymphoma patients. Emory University researchers found only 68% of non-Hodgkin lymphoma and chronic lymphocytic leukemia developed neutralizing antibodies after the second dose, compared to 100% of healthy controls

### DON'T DECLARE

Google, the web's major search engine, changed its algorithms so that search results for the Great Barrington Declaration all but disappeared. The declaration was created by three epidemiologists from Harvard, Stanford and Oxford Universities who argued that lockdowns were socially and economically damaging and that it was sufficient to focus on protecting the most vulnerable. Facebook later deleted a page set up by scientists linked to the declaration.

YouTube removed a recording of an official

public hearing on the pandemic that featured Florida's governor Ron DeSantis and the authors of the declaration. Twitter separately censored one of them, Harvard professor of medicine Martin Kulldorff, who is one of the most-cited epidemiologists in the world.

The social media giants were complying with an official line promulgated by Dr Anthony Fauci, fondly referred to as "America's Doctor," who headed up the country's Covid response. Fauci had falsely claimed the declaration's central theme was to "Let the virus rip."

He had responded to Francis Collins, who was head of the US National Institutes of Health, to stop the declaration gaining traction.

In an email uncovered as part of a Freedom of Information request, Collins told Fauci that "this proposal from the three fringe epidemiologists [sic]... seems to be getting a lot of attention" and that "there needs to be a quick and devastating published takedown of its premises."

FROM: WDDTY January 2023

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will start using antibiotics for every sort of back problem—especially as the current tools available seem to be so ineffective—when the drugs should be reserved only for those who have had disc-herniation surgery, which may represent only around 20 per cent of all back-pain cases.

They are also concerned that the antibiotics come with their own side-effects—some of those in the earlier Danish study had diarrhoea and other gastrointestinal problems bad enough to cause them to drop out of the study—and the discovery adds to the overuse of these drugs, so hastening the emergence of antibiotic-resistant ‘superbugs’.

### Heart problems or cancer

A bad back could be a symptom of something more serious, such as heart problems or even cancer. Researchers in Finland stumbled upon an association between heart disease and a bad back 20 years ago when they tracked the lives of 8,816 farmers, aged 30 to 66, for 13 years. At the start of the study, none of the farmers had heart problems—but those suffering from back pain, including sciatica, before starting the study were far more likely to have died of heart disease before the study ended. This was also the one association that persisted after the researchers had ruled out all the usual suspects for heart disease, such as smoking, body weight and social status.<sup>4</sup>

But an association doesn't necessarily mean a cause, although a little understanding of biology gives more credence to the Finnish researchers' findings. The muscles in our back play an important role in helping to pump blood back to the heart. As they contract, they squeeze blood out of the surrounding tissues, but in a back that has been injured, the muscles may remain in a continuous state of spasm with no symptoms. An inability to pump efficiently over years means that damage could build up and affect healthy heart function.

It can work vice versa too. A poorly functioning heart could cause chronic back pain. If the veins that supply blood and nutrients to the spine aren't working properly, it can lead to degeneration of spinal tissue.

Although rare, back pain may be a symptom of cancer, as actor Andy Whitfield, who starred in the TV series *Spartacus: Blood and Sand*, discovered. He started to suffer from back pain during rehearsals, but assumed it

was because of the rigorous training he was going through in preparation for the role. It was only after filming had finished and the pain had become more severe that he had it checked out and was diagnosed with non-Hodgkin's lymphoma. He died 18 months later, aged just 39.

Low back pain is sometimes a symptom of cancer of the spine or breast cancer and should always be considered a ‘red flag’, especially among the over-50s, say researchers at the Institute of Public Health in Heidelberg, Germany. In a review of eight large-scale studies of back pain involving a total of 6,622 patients, the researchers say the chances of being a spinal malignancy are very small—just 0.66 per cent of the cases reviewed turned out to be cancer—but being aware of the possibility does mean the cancer can be caught early.<sup>5</sup> Doctors should particularly suspect cancer if the pain radiates from the lower back to the abdomen and to the fronts of the thighs, one specialist reported, or if the patient has a history of cancer.<sup>6</sup>

Back pain can also be a symptom of pancreatic cancer. Around half the patients with cancer in the head of the pancreas suffer abdominal or back pain. And anyone over the age of 40 who has unexplained weight loss along with upper abdominal or back pain, or late-onset diabetes, should be checked out for pancreatic cancer, one study says.<sup>7</sup>

### Bladder dysfunction

Chronic back pain may be a symptom of bladder problems.<sup>8</sup> Interstitial cystitis (bladder pain syndrome), which is chronic, recurring and doesn't respond to treatment, can cause long-term back pain, as Michelle Law discovered.

Michelle had suffered chronic back pain since childhood, but it was only when she was 35 that a doctor thought to have her kidneys checked out. Eventually it was discovered that the cause of her back problems was interstitial cystitis, which attacks the lining of the bladder. But by the time it was discovered, the bladder was so badly damaged that it had to be replaced by bowel tissue, and Michelle now has to use a catheter.<sup>9</sup> Women seem to be especially vulnerable to bladder problems masked as back pain, says urologist Dr Zaki Almallah, at the Birmingham Bladder Clinic. As the spine connects most parts of the body, it is often the target of referred pain from organs like the kidneys, bladder and gallbladder.

A survey of 629 interstitial cystitis sufferers asking participants to describe their pain revealed that lower abdominal and lower back pain were among the most common areas where pain was experienced. Most said the pain was intermittent and moderate.<sup>10</sup>

### Stress

Chronic back pain may be a complex problem that doesn't always have a physical cause, as psychological issues, including stressful life events and anxiety, can be involved too.<sup>11</sup> Factors like stress can cause pain by increasing muscle tension around the spine, which eventually becomes painful because of the accumulation of waste products like lactic acid in the muscles.

Although it's difficult to prove that stress can cause chronic back pain, the fact that relaxation therapies ease the problem suggests a connection. Meditation, hypnosis, biofeedback and cognitive behavioural therapy have all been successfully used for back-pain management, so much so that they have been endorsed by America's National Institutes of Health. In one study, these non-conventional therapies reduced stress levels and resulted in a reduction in back pain of around 47 per cent, a drop of 37 per cent in visits to the doctor and a rise of 73 per cent in the ability to cope with pain. There was also a 47 per cent increase in activity levels within the group as a whole.<sup>12</sup>

And as possible further proof of the mind-body connection when it comes to back pain, three Japanese researchers took 23 back-pain sufferers to an amusement park. Their pain levels, as assessed by a visual analogue scale and saliva tests, were measured after 10 minutes, one hour and three hours after arriving. From the start, these volunteers forgot about their pain, and the physical checks confirmed that their pain was dramatically reduced just by having fun.<sup>13</sup>

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## 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.

### 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](mailto: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](mailto: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](http://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](http://www.questforlife.com.au).

##### SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

Meets 1st Monday of the month at Tradies Gynea. 75 Manchester Rd, Gynea 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](mailto: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](mailto: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.

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Checking Network, which is run by the Poynter Institute for Media Studies, is funded by Facebook and Google, the US government and the Koch Institute.<sup>4</sup>

The Israeli researchers, led by Yaffa ShirRaz, a health and risk communication scientist at the University of Haifa, carried out in-depth interviews with 13 doctors and scientists who had been censured for questioning aspects of the standard Covid-19 narrative, such as the virulence of the SARS-CoV-2 virus, social distancing and mask-wearing, the use of effective therapies, and the safety and efficacy of the vaccines.

Although the 13 are based in seven countries, they all report uniformity in the responses against them, including exclusion, derogatory labelling (such as "conspiracy theorist" or "anti-vaxxer" hostile comments and threatening statements by the media, dismissal, official inquiries, revocation of their medical licence, lawsuits and retraction of scientific papers after publication. One scientist who had questioned the

narrative had been vilified in a national newspaper as a quack, an anti-vaxxer and a Covid denier. But sometimes third parties were used, such as a Wall Street Journal article quoting a junior doctor who disparaged the views of three of the world's leading epidemiologists who created the Great Barrington Declaration. Others had their views "corrected" by "fact-checkers" who criticised statements that were never even made but that "all trace back to the vaccine manufacturers or the vaccine stakeholders," one respondent said.

After being "corrected," the respondents said their names and reputations were so blackened at work that they were dismissed or forced to resign. One doctor, whose therapy resulted in his hospital having one of the lowest Covid death rates in the world, was eventually forced to resign after journalists started visiting the hospital. He was vilified and slandered, so he left, he

told the researchers.

Others were dismissed. One was told that his contract would not be renewed at the medical unit where he worked, and two universities that he was associated with also stripped him of his professorship, giving him no explanation or right to respond.

One reported having a \$1 million lawsuit filed against him for "violating terms of my separation agreement" by mentioning his employer in presentations that questioned the Covid narrative, even though no association had ever been made. Another had his home raided by the police on the orders of his medical board even though they didn't have a warrant to enter his home. Most of the respondents had published papers retracted, and one was so intimidated that he refused to add his name to any future research....

The Centers for Disease Control and Prevention (CDC) was forced to release data...(only after it had been sued twice) that suggests the vaccines cause hospitalisation in 7.7% of people.

FROM WDDTY, Jan 2023