

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

Interview by Ty Bollinger

The following is an interview of Liz Jonas by Ty Bollinger. It is a transcript of one of the 131 interviews by him of world leaders in the alternative cancer field in the book *The Truth About Cancer—A Global Quest*.

Ty: Well, Liz Jonas I'm so happy to be sitting here talking to you.

Liz: Nice to be with you, Ty.

Ty: I've followed the Hoxsey Clinic for a long time, and I know the story of Harry Hoxsey. One thing that you may not know is my father was diagnosed with cancer in 1996, on July 1st. He died the 25th, twenty-five days. But we wanted to get him here. We were trying to get him to the Biomedical Center.

Unfortunately, he didn't live long enough to get him down here. But this is really exciting for me to be able to be here and to interview you about the Hoxsey treatment. I really want to get the history of this Clinic all the way back to Harry Hoxsey in the 30s and 40s.

So I'm going to get you to be a historian for us today, Liz, if you could. And first of all, tell the viewers who you are and how you're related to the clinic.

Liz: I'm Liz Jonas and my sister was Mildred Nelson. I have no medical background.; mine is business. Mildred was the medical one in our family. My mom had cancer, ovarian and uterus. And they had planted radiation in her body, and burned her very bad., and then told her to go home to die.

My Dad heard about Harry Hoxsey who was in Dallas, Texas. We lived in Jacksboro, which is about 90 miles. So my Dad called



Liz Jonas

my sister. She was the oldest in our family. There were seven of us, and asked her to come drive for him. He was an old-timey rancher. And she said, "What are you going to Dallas for?" She said, "To get parts for the tractor?" And he said, "I'm taking your mother to the doctor." So she came and drove. And through the day Hoxsey found out she was a nurse and offered her a job. And my dad told them, "No. She doesn't want to work for you. She thinks you're a quack."

He offered for her to go look at all his files but she didn't. And she couldn't talk my mother and daddy out of this. So she decided to go to work for him to prove he was a quack and to save her mom. Our mom lived to be 99 years old.

Ty: So, it is true. The things that I've read was that Mildred thought Harry was a quack, and she went to work for him to prove that he was a quack. And ended up being his chief nurse. That's true.

Liz: That is true. She's said that people would come in so sick and she'd think, "We'll never see them again." And in three months, they came back much better. And in six months, better. She said just case after case. So then Harry would tell her some big story and she'd laugh and he'd say, "Go look at the records." But she wouldn't but then it would prove out that it was true.

Ty: And Harry had a big heart, didn't he? He wanted everyone to get treatment if they couldn't afford it.

Liz: Yes. He would buy—if someone didn't have the money to come, he would send them a train ticket or a bus ticket, and then he would put them up in a rooming house close to the Clinic, and treat them.

Ty: At no cost to them?

Liz: At no cost, you know.

Ty: Now, one of the things that I've read, and I'm not sure if this is true or not, was that the AMA with Morris Fishbein came and tried to buy the formula.

Liz: True.

Ty: But Harry found out that they weren't going to—either they weren't going to use it properly, or they were not going to for free to people that needed it. And refused to sell it to them.

Liz: They got to the point of signing the papers and he said, "You have to make this available to everybody." And they said, "We may not make it available to anybody. We may not use it even." And he said, "No, then I won't sell it."

Ty: So they basically wanted to buy it and bury it.

Liz: Bury it, yes.

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 INSERT: Membership Renewal Form for 1 July.

Please note: All memberships need to be renewed From 1 July. Use the membership renewal form attached to this Newsletter. My apologies for omitting it last time.

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tributor to the WHO funding—Bill Gates, also described by Kennedy in his book.

In this context, it is also relevant to note that most (~66%) conventional interventions don't work⁴, the conclusions of most (>70%) published medical papers are not valid⁵ and most of the major drug companies have been fined in the billions of dollars for fraud and misrepresentation of their data⁶.

Who is behind this massive campaign to censor free speech?

Another relevant issue is who else is behind the suppression of information on behalf of the pharmaceutical companies such as Pfizer and what are their motives?

According to Andrew Lowenthal*, one of those involved in this censorship is Claire Wardle[#], founder of *First Draft*, a leading anti-disinformation NGO. *First Draft* was the only NGO in the Trusted News Initiative (TNI), a consortium of media organisations that included the BBC, New York Times, Facebook, Twitter and the Washington Post, among others. TNI coordinated to steer the prevailing Covid narrative in favour of the guidelines

and mandates imposed by most major governments and to suppress dissent. A lawsuit against TNI showed that TNI claimed it was misinformation to suggest that "COVID vaccines are not effective in preventing infection (since found to be true, Ed.)

... During the pandemic First Draft produced multiple incorrect "fact-checks" such as suggesting a possible Wuhan lab leak was a "conspiracy theory" (the Wuhan Lab leak is now conceded to be the most likely source of the Covid virus pandemic, Ed.) instead insisting that the virus "likely transferred to humans via another animal, possibly the armadillo-like pangolin" (since found to be highly unlikely, Ed.). The group also claimed it was "misinformation" to suggest that vaccine mandates would be introduced. – as they were".

So First Data and TNI would appear to be acting on behalf of Big Pharma. "The misinformation Bill extends the voluntary disinformation code developed by the Digital Industry Group Inc. (DIGI), in partnership with First Draft.... First Draft closed in 2022 and morphed into the Information Futures Lab at Brown University. Wardle coined the Orwellian concept of "mal-information" and was one of the biggest promoters of the Mis- Dis- Malinformation framework that is now commonplace

among "anti-disinformation" organisations and eager regulators" (such as the Australian Communications and Media Authority that hosts the eSafety Regulations, Ed)

*Andrew Lowenthal is an investigative journalist and Executive Director of *libernet*, a digital civil liberties initiative and manager of the *Network Affects Substack*.

#Claire Wardle is co-founder and co director of the Information Futures Lab, a professor of The Practice at the Brown University[@] School of Public Health and co-director of its Information Futures Lab. Previously she was U.S. director of the nonprofit First Draft and a research fellow at the Shorenstein Center on Media, Politics and Public Policy at Harvard University. She has a Ph.D. in communication from the University of Pennsylvania. She wrote an article in the September 2019 issue (Volume 321, Issue 3) of *The Scientific American Magazine* titled "Misinformation Has Created a New World Disorder - Our willingness to share content without thinking is exploited to spread disinformation".

@Brown University is located in Providence, Rhode Island in the US and is one of the US' oldest Universities.

1. Michels CA et al. *Forensic Analysis of the 38 Subject Deaths in the 6-Month Interim Report of the Pfizer/BioNTech BNT162b2 mRNA Vaccine Clinical Trial JTPR 3(1) Page 998 https://doi.org/10.56098/ijvtr.v3i1.85, 17 Oct 2023.*
2. Mead MN. *COVID-19 Modified mRNA "Vaccines": Lessons Learned from Clinical* (concluded on page 12)

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

INTERNATIONAL & LOCAL NEWS

The world's biggest medical scandal and Australia's involvement in it.

This Newsletter contains some very serious comments about the state of the world based on the situation in the area of health. Two years ago several commentators were claiming that the COVID-19 vaccine was essentially a wolf in sheep's clothing. Their claims essentially were that where the vaccine producers were stating that the new mRNA vaccines had been proven to be both safe and effective, there was information being suppressed that showed that they were neither safe nor effective. They were saying that the vaccines did not stop transmission of the virus – a vaccine's main requirement; and that they caused a very high number of deaths - such that would normally result in their being withdrawn rather than approved.

This issue of the Newsletter provides what would appear to be a damning exposure of the US' and Australia's governments involvement in what could amount to the greatest health scandal in the world's history. Secondly, there is also evidence presented that suggests that the major media were complicit in this major scandal, operating under the title "Trusted News Initiative" whereby these self-appointed moral guardians of the truth suppressed the actual scientific and medical evidence and promoted the propaganda of the pharmaceutical industry – thereby being jointly responsible for hundreds of thousands, if not millions, of deaths by encouraging people to accept the vaccine's safety.

The claim that the Pfizer mRNA vaccine was neither safe nor effective is spelt out in the article on pages 9 and 10 and concluding on page 2. I have tried to present the complicated statistics in as simple a form as possible. The diagram at the bottom of page 9 on the left shows the actual deaths of those in the Pfizer vaccine trial who died after receiving either the vaccine or the placebo injection (i.e. unvaccinated). Many of the deaths were not related to either the vaccine or placebo, such as car accidents or some heart attacks – that occur on a regular basis in any community. It is the purpose of a randomised controlled trial to correct for these natural occurrences by show-



Don Benjamin, Editor

ing any difference between the two arms of the trial, and seeing if this difference has been caused by the intervention – in this case the Pfizer vaccine. The "Forensic analysis of the 38 subject deaths"¹ looks at the autopsies of all the deaths and when they occurred and shows clearly that there was a slight excess of deaths among the vaccinated, including a significant increase in deaths due to heart-related conditions – confirming the vaccine was not safe.

The second figure at the bottom of page 9 on the right confirms the conclusion that the vaccine should never have been approved.

The third issue of the suppression of this critical information is explained on page 2 by Andrew Lowenthal who shows how those wanting to suppress the above facts were being advised by intellectuals who coined the terms misinformation, disinformation and malinformation in order to brand anyone wanting to exposed this truth as conspiracy-theorists.

How the above situation could have happened in the US was described by Robert F Kennedy Jr in his book "The Real Anthony Fauci...." where he provides the detail of the 40 year process by Anthony Fauci of corrupting the US health system between the early 1980s and 2020 so that it

gradually became controlled by the pharmaceutical industry – Big Pharma.

I have presented information in earlier Newsletters showing how Australia's health system has become part of this medical monopoly based on suppressing any dissent among Australian doctors; with our own medicines regulator, the TGA, receiving over 90% of its funds from the pharmaceutical industry – resulting in it prohibiting the main alternative to the mRNA vaccines, the safe and effective ivermectin.

With both government and opposition supporting the Misinformation/Disinformation Bill, the prospect of anyone becoming accountable for this massive world-wide scandal would appear to be remote. This is apart from the claim that the virus was engineered by prohibited "gain of function" technology in China's Wuhan Virus Laboratory supported by funds from sections of the US government.

Forced retraction of Covid vaccine cancer-risk study

Behind the scenes there have been many examples of pressure on medical journals to censor anything that questions the dogma that the COVID-19 vaccines are safe and effective.

As Peter Gøtzsche has pointed out since he was expelled from the Cochrane group in late 2018, most of the leading medical journals are now essentially controlled by Big Pharma who have bought out their publishers. So *The Lancet* and *The New England Journal of Medicine* both published scientific papers confirming the safety and efficacy of the Covid-19 vaccines using fabricated data supplied by Pfizer on the results of its vaccine trials showing their vaccine was "Safe and Effective".

The article on page 6 shows the sort of paper that should have published in 2021.

Harry Hoxsey's herbal treatment

This issue highlights one of the cheapest medical/herbal treatment still available. Liz Jonas' interview provides a bit of the history behind this treatment, previously in the US but later moving to Tijuana, across the Mexican border, like most other alternative cancer therapies, to escape the control by the US' corrupt medical system.

On pages 11-12 I provide some details of the herbs that Harry's grandfather started to use for cancer in humans after he had seen his horse recover from cancer after eating
(concluded on page 12)

DISCLAIMER

All opinions in articles. We provide references where possible to make this easier. CISS publishes for educational purposes only and takes no responsibility for the veracity of any claims presented. Where necessary we try to provide a variety of opinions in controversial areas.

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(continued from page 1)
Ty: Because it was too effective.

Liz: That's right. In my opinion.

Ty: Mine too. Well, I think anybody that has any kind of a brain capacity would come to that conclusion, right? They wanted to keep it off of the market. Harry was arrested numerous times for, what were the charges?

Liz: All different kinds, just whatever they came up with, you know. But the patients—he always carried a roll of bills in his pocket with him, a big roll of bills. He made his money, in my understanding, in penny stock, all penny stock. But he carried a big roll of bills with him. And sometimes he'd bail himself out, sometimes he'd just stay in jail. The patients would come and bring food and they would circle the whole block. So they would just get him out to get rid of the patients.

Ty: If that's not a testimony to Harry and the treatment, then nothing is. So the patients would surround the jail?

Liz: Yes. Surround the jail. Can you imagine?

Ty: No. I can't, I mean, not today. But this was back when, 40s, 50s?

Liz: In the 40s. But his patients were very loyal to him. Because the AMA and FDA, they would find out they were going to mail medicine to a patient and they would be standing at the patients' door and take the medicine so the patients couldn't have it.

Ty: And it's not like this was something dangerous for them. It's herbs.

Liz: It's herbs. What the Lord meant for us to treat with.

Ty: Exactly. it's natural medicine. And now the story of the Hoxsey tonic and how it came about, from what I've read, was it Harry's granddad?

Liz: Yes.

Ty: Was—could you tell us the story?

Liz: The way I understand it, because that was way before my time too, was that the granddad was a veterinarian and he had a horse that had cancer. He turned him out to die, you know, in a pasture, to let him run free. And he noticed he was getting better and better. So he started watching what he was eating and it was

herbs in the field that he was eating. That made him well.

Ty: And then he used those herbs?

Liz: He started gathering some of these herbs and playing around with it. And as he had success on the horses, then people started coming, you know, wanting. They had been giving up. There wasn't anything that could be done. So he started playing around with it a little bit and it was kept very secret. And then Harry's father had it and on his deathbed he gave Harry the formulas for this. And made him promise that he would use it for the benefit of the people.

Ty: And that's one of the reasons he wouldn't sell it, to keep the promise to his father.

Liz: Yes. On a deathbed.

Ty: I imagine even if he hadn't promised, he still wouldn't have because Harry had integrity.

Liz: He did.

Ty: So you've got these herbs that are being used to treat cancer successfully, and, as the story goes, Harry's persecuted heavily in Dallas. And he had many other clinics as well eventually, right?

Liz: He did. And the Dallas clinic was the last clinic that they closed. He had clinics in Ohio, Indiana, all up in the East. There were 11 of them. But they closed each one of them one at a time and then Dallas was the last one. And at that time when they closed Dallas he told Mildred, "If you're going to keep it going, you have to move it." So she moved to Utah. She was not a doctor so she always had to have a medical doctor work for her.

Ty: But she was a nurse?

Liz: She was a registered nurse.

Ty: What was the time period that your mother was treated by Harry and the Hoxsey clinic?

Liz: That was in the 40s and 50s.

Ty: So it was in Dallas?

Liz: It was in Dallas.

Ty: And then as you said, your mother, who had been really badly damaged by the radiation, lived to be 99?

Liz: Ninety nine.

Ty: Now, if that's not a testimony for the Hoxsey clinic, nothing is.

Liz: Yes.

Ty: So after your mom dies, was Mildred still alive?

Liz: Oh yes, Mildred had moved it to Mexico by then. She had moved it several times in the States and they came in and raided her office.

Ty: So was Harry dead by the time that you moved down to Mexico?

Liz: No. He came one time. He was not in good health. Harry had a heart condition. Always had. And really, it was my understanding that's what he died from. Because the [American] Medical Association was after him. His doctor was out of town when he died. So they said he died from prostate cancer.

Ty: I'm glad to know that because you always hear Harry Hoxsey invented this great Hoxsey formula and he died of cancer. That's not true.

Liz: But my understanding was that's the way the [American] Medical Association got back at Harry. When Mildred moved the clinic to Mexico, he told her, he said, "You have to drop the Hoxsey name."

Ty: So that's why you got rid of the Hoxsey name, right?

Liz: That's right. That's why we went Biomedical.

Ty: Because they tried to discredit him. And I've read that from other sources that he actually did not die of prostate cancer.

Liz: That's not what is on his death certificate.

Ty: Prostate cancer?

Liz: Because his doctor was out of town. So they had a medical examination, another doctor, and they put prostate cancer.

Ty: I see. Well, you know it's too bad that they did that but it's not surprising.

Liz: No, it isn't.

Ty: In light of the fact that he was thrown in jail for curing people with herbs. In light of the fact that they'd stand at the patients' door and snag their formula so they couldn't take them. That's not surprising, is it?

Liz: No it isn't.

Ty: So after your mother dies, Mildred moves the clinic to Mexico.

Liz: No. Mildred moved it before. My mother came out here many times and visited. I have patients today that come and say, "Oh, I met your mother years ago."

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Ty: Now, what was the year that your mom died then?

Liz: My mom died in '97.

Ty: I was thinking it a longer—

Liz: No, only two years before Mildred died.

Ty: So then when Mildred died, she had moved the clinic to Mexico. Was this your big ambition to take over the clinic?

Liz: Absolutely not. I was not going to do the clinic. I had helped her with her business in the States but I wasn't going to do the clinic because I had no medical background. I didn't think I could.

Ty: But, what was it that led you to—

Liz: Well, the Lord decided this was what I'd do. And he put obstacles in my way. Like one time when I flew in to San Diego and got off the plane and was walking up when you get—there's a bend you go around to go down on the escalators or you can go out straight and go in front of the airline ticket windows. And there's an elevator there.

And I had had to use the wheelchair a lot so I knew this. And I started out that way and a young lady said, "Ma'am, ma'am. You're going the wrong way." And I said, "No, this is the way I go, but thank you." And I went and got down, was waiting for my luggage, and she comes up a few minutes later.

And she said, "How'd you beat me down?" And I said, "Well, I come every month." And she said, "You come every month? Do you have family out here?" And I said, "No. I run an alternative cancer clinic." She said, "No, no you don't" And I said, "Ma'am, do you have a problem?"

And she said, "I have breast cancer, and I'm trying to cure it myself. And I'm not doing very well." I said, "What are you out here for?" She was out here for a convention. I said, "If you get any time, come over and sit in the waiting room. Come check us out. I'm not saying come do treatment."

And I gave her my card and she came. And she tells the same story today in the waiting room. So is that not God putting people in your way?

Ty: It is. And you know one of the

things that I'm really impressed about here is that you're carrying over Harry and his father, and his grandfather, their vision to be able to treat people that can't afford much. Because according to Dr Gutierrez this is the cheapest treatment in Tijuana.

Liz: It is. And we can't treat for free. Mildred did and Harry did. But times have changed. I have employees to pay, I have the upkeep, we have to buy the medicine, you know.

Ty: But you don't have to mortgage your house to come here.

Liz: No. No they don't.

Ty: Well, that's good to know because a lot of people are looking for natural treatments for cancer. They're looking for clinics. But then, most insurances are not going to pay so they've got to come out of pocket for it. This is a very affordable alternative and very successful. Tell us about some of the patients that have had success here.

Liz: Well, when I first came, or maybe the first five years I was here, the ambulance drove in our driveway. "What's that?" Anyway, they carried this man in and put him in bed. And I had just had both my knees replaced. It was my first week back so I wasn't staying all day.

But I went in and stood and asked this man, "So what are you doing here in an ambulance?" And he said, "Well, I have bone cancers in my spine. I can't sit up." And I said, "Why did you come by yourself? Why didn't you send somebody with your records, and we would have sent you the medicine until you got better."

He said, "I don't have anybody." And I said, "Nobody to come with you?" And he said, "No, I took an ambulance to the motel in the States then the ambulance picked me up this morning, took me to the border, changed me from the US ambulance over to the Mexico border and they brought me up here."

So I stood and visited with this man most of the morning and told him, I said, "You're going to get better if you do what our doctors say. Take your medicines, stay on your diet. And you're going to feel so much better. You're going to get up and you'll break a bone because you have holes in your bones."

I said, "So have somebody put a potty chair right by your bed and be very careful how you turn."

Three months later this man walked in, hugs me. I told him, "Don't lift anything. Don't do anything really strenuous." And he said, "You saved my life." And I said, "No, the doctors and you saved your life. I had nothing to do with it."

He said, "Little lady, don't you let me hear you say that. You stood by my bed most of the day and talked to me and I listened." And I didn't even recognize him because when somebody is lying in the bed in a gown they don't look the same as when they're up.

Ty: Right. And how many years ago was that?

Liz: That was five or six years now. But you know, there are many, many cases like that.

Ty: There's a man that I talked to out there that I think we're about to interview. And I think he was told that he was—by the Mayo Clinic I think it was.

Liz: Yes, David Olson.

Ty: David Olson. He was told that he would be dead within a couple weeks.

Liz: He told me he was given a diagnosis by 17 doctors, one day to a year. And then he came here and that was eight years ago.

Ty: Eight years ago?

Liz: Eight years ago.

Ty: And so he's a big Hoxsey success story, isn't he?

Liz: He is.

Ty: Is he still taking the tonic? Do you take it after eight years?

Liz: He may be on three months and off three months, or he might not be taking it at all. I don't know. I haven't asked David. But he comes once a year for a checkup. He always comes for a checkup.

That's where a lot of the patients get in trouble. They don't keep doing their checkups. Unless something shows up, you know. If something does come back, you can get on it right away. Because a lot of patients have maybe even three different kinds of cancer in their life.

(concluded on page 6)

So it's good to keep it monitored.

Liz: Oh yes. You have to keep monitoring.

Ty: So Liz, what would you say to somebody that's been recently diagnosed with cancer, in light of the fact that your mother was being killed by the radiation until she used the Hoxsey.

We talked about David, given a day to a year to live. And so somebody that's been diagnosed with cancer and their doctor says, "You're terminal, you're going to die." What's your message to them?

Liz: My message to them is, "get to the clinic as soon as you can." I own the clinic so maybe you're not going to believe me. But we have miracles there. We can help you. Even the patients that die, they have an easier death. We've been told this by many, many families. We don't save everybody. Nobody can. But we save a lot. We have about an 80 percent cure rate.

Ty: That's amazing.

Liz: And you're not supposed to say cure, but—like Pam Kelsey today, you're going to interview her. She had pancreatic cancer in the 70s. Mildred cured her.

Ty: So 30, 40 years ago?

Liz: She now has liver cancer. You're going to talk to her later, she'll give you her story.

Ty: Yes, but she's still alive.

Liz: She's still alive and well and looks well.

Ty: So Liz, is there always hope?

Liz: There's always hope. There's always hope. We don't want our patients to come if they're not able to travel. We want some family member to bring their records and the doctors will look at it, do the best they can, and diagnose them what they need. Get them started and at a later date they'll be able to come.

We had one patient, I remember, from England. His father-in-law and wife flew over. He had three or four children, little kids. He was in the bed and couldn't get out of the bed. He was bedridden. They came over and got the tonic and six months or a year later he was able to come and they brought one of their children. He played in the yard with him. You know, that's wonderful to see.

Ty: It is. You're influencing the lives of the next generation. Kids are going to have their parents because of these treatments.

Liz: Absolutely.

Ty: Well, I think your mother would be proud. I think she is proud, and I think you're doing God's work here, Liz. Thank you.

Liz: I think I am too, Ty.

Ty: I appreciate the time today. You keep up the good work.

Liz: Of course, I believe in it. You can tell I believe in it.

Ty: I know you do.

Liz: And I think you're doing a wonderful job in all that you're doing. You're doing a great job. By putting the tapes out. Michael has 11 tapes.

Ty: Well thank you, I appreciate that. We're all on the same mission to help people, aren't we?

Liz: That's right. And that's what we're put on this earth for. Really. If you really stop and think about it, we're supposed to help each other.

Ty: That's right. Well, you keep it up, we'll keep it up. Together we'll change the world.

Liz: Great, that's wonderful.

Ty: Thanks Liz.

Liz: Okay, thank you.

[end of transcript]

See p.11 for the Hoxsey herbs

EXCLUSIVE REPORT: Forced retraction of Covid vaccine cancer-risk study, scientist alleges

by Rebekah Barnett JUN 02, 2024

Emails obtained under FOIA show external pressure to falsely discredit a study showing that Covid vaccines may increase cancer risk

Explosive new evidence uncovered in a two-years long investigation reveals that one of the authors of a retracted paper revealing the Covid vaccines' potential to cause cancers never agreed to its retraction, which she now claims was "forced" in "violation of academic ethics." Emails obtained under FOIA corroborate her story.

The scandal involving Stockholm University, reputable peer-reviewed science publisher MDPI, and a high-level National Institutes for Health (NIH) employee has serious implications for scientific integrity, and for the risk of cancer globally - predominantly for women.

In October 2021, an important scientific paper was published in the peer-reviewed journal, MDPI *Viruses*,¹ highlighting that the spike protein from both the SARS-Cov-2 virus and the associated vaccines* damages key

DNA repair pathways.

The study generated a lot of publicity due to its implications for immune suppression and cancers arising from repeat exposure to Covid infections and vaccination. The authors' findings have since been confirmed in other peer-reviewed scientific studies, but in the highly-politicised environment at the time, they were new and controversial.

The study was then swiftly retracted under strange circumstances, with the lead author requesting the retraction of his own paper. Stranger still, the same editor who approved the paper for publication then did a 180 and approved its retraction. Some speculated that Jiang had been pressured to request the retraction in a politically-motivated effort to bury evidence of Covid vaccine harms.

Now, one of the authors of the study alleges that this was indeed the case.

"Stockholm University asked the first author, Hui Jiang, to retract it, and they began to formalize the process. This is an illegal retraction. I have reported to

the editorial office that the retraction process is incorrect, and I strongly disagree with it."

The paper, titled 'SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro' was authored by Dr Hui Jiang of Stockholm University and Dr Ya-Fang Mei of Umeå University.

In an email exchange, Mei informed me that Stockholm University pressured Jiang to request retraction of the paper, and that she never consented to the retraction.

"Stockholm University initially decided to retract the paper without the authors' consent, a clear violation of academic ethics," she said.

Mei stands by her study's findings and hoped they could be used to produce better, safer vaccines. "We demonstrated that the SARS-CoV-2 spike protein manifests some disadvantages that must be solved before it becomes a vaccine," she said.

<https://news.rebekahbarnett.com.au > p > exclusive-report-forced-retraction/>

Alzheimer's Disease – what is it and how can it be treated? Summary by Don Benjamin

According to Jacqueline Birks, lead author of a paper analysing the efficacy of a particular drug donepezil, Alzheimer's disease is the most common cause of dementia. As the disease progresses, people lose the ability to remember, communicate, think clearly and perform the activities of daily living. Their behaviour may also change. In severe Alzheimer's disease people lose the ability to care for themselves.

The most commonly used treatment for Alzheimer's disease are medicines known as acetylcholinesterase inhibitors. Donepezil is one of these medicines. It is taken as a pill once a day.

In Alzheimer's disease, one of the changes in the brain is a reduced number of nerve cells called cholinergic neurones. These are nerve cells that signal to other cells using a chemical called acetylcholine. Acetylcholinesterase inhibitors, such as donepezil, work by preventing acetylcholine from being broken down. This may improve the symptoms of dementia. However, acetylcholine is also found elsewhere in the body and so drugs of this type may have unwanted effects.

According to Kathy Liu et al drug trial designs have aligned with regulators' requirements for marketing approval, which do not include demonstration of a minimum difference in outcome. Clinicians widely recognise that a statistically significant difference favouring treatment on any trial endpoint does not necessarily represent a clinically meaningful benefit. US Food and Drug Administration (FDA) approvals of two anti-amyloid monoclonal antibodies for the treatment of early Alzheimer's disease have been accompanied by disagreement on the relevance of empirically determined minimal clinically important difference thresholds, and by ambiguity as to what constitutes a clinically meaningful benefit for Alzheimer's disease therapies.

The appraisal of clinical benefit has implications for interactions between patients, caregivers, and clinicians when discussing prescribing options and delivery of cost-effective interventions in health-care systems increasingly strained by an ageing population. In this Personal View, we summarise current views on the concept of a minimum treatment effect to measure clinical benefit, and we propose how future research could approach this fundamental issue...[It is important to identify that there is [a distinction between *statistical significance* and *clinical meaningfulness* of any treatment effects

observed in clinical trials....The interpretation that the mean CDR-SB change from baseline associated with a true treatment effect (i.e., the reduction in decline observed in the trials) is smaller than the mean CDR-SB change corresponding to a (minimal) meaningful clinical decline is, therefore, both valid and useful.... Comparing the proportion of patients in drug and placebo groups who meet a pre-specified minimal clinically important difference threshold (i.e., a responder analysis) is also associated with loss of power and could be erroneously interpreted as the chance that a drug will help a patient to have a clinically important treatment effect. Because how the treatment group would have responded to a placebo is unknown, a higher so-called response rate in the active treatment group could still be due to a marginal (and clinically trivial) average drug response that pushes some individuals slightly past the cut-off to be classified as responding to the drug....

The End of Alzheimer's

by Dr Dale Bredesen

Dale Bredesen believes that there are no single drugs that can slow down or reverse Alzheimer's Disease. This is because the conventional belief is that its main cause is the accumulation in the brain of sticky synapse-destroying plaques made of a piece of protein called amyloid-beta. So treatment requires the destroying of these plaques. This is called the amyloid hypotheses.

This has led to the development of a drug that will destroy these plaques. The research suggested that the amyloid-beta was caused by the reduction in the brain of a chemical called acetylcholine that is a neurotransmitter. This carries signals from one neuron to another – a requirement for proper brain function. The reduction in this chemical is caused by the presence of an enzyme called cholinesterase. So if you block this enzyme, more acetylcholine will remain in the synapses and the cognitive decline will be slowed down or stopped. Unfortunately drugs based on this hypothesis have produced limited effect on cognitive decline, even when the drugs destroyed these plaques or blocked the enzyme necessary to reduce them. In fact sometimes the patients treated with these "effective" drugs got worse.

To most researchers this would cause them to amend the hypothesis to one that produced the result they wanted. But because of the influence of the

drug companies, this has not happened. As with other since discredited hypotheses, such as the *high cholesterol* hypothesis with heart disease and "the spreading of cancer cells throughout the body" hypotheses with cancer, the evidence was ignored.

The stages of Alzheimer's

According to Dr Dale Bredesen there are four stages of Alzheimer's

1. The first stage is **pre-symptomatic**, in which you can already see changes on PET scans if you look, or in the spinal fluid, but you're still asymptomatic;
2. The second stage is SCI, **subjective cognitive impairment**, which could be called early Alzheimer's disease. You're still scoring in the normal range on cognitive testing, but you know something's wrong. And often your spouse and your co-workers may notice it as well. On average it lasts for 10 years.
3. The third stage is called **mild cognitive impairment** or MCI. Well, it's unfortunately got this label of mild. It should be called advanced stage Alzheimer's disease. You are now scoring abnormally on cognitive tests. But you haven't lost your activities of daily living.
4. The fourth stage is full-on Alzheimer's. You've lost or begun to lose your activities of daily living. That's really the end stage of Alzheimer's pathophysiology.

In contrast to other researchers who claim that Alzheimer's is caused by a single factor that can be dealt with using a single drug, Bredesen found that there are five key points that drive cognitive decline:

1. Insulin resistance
2. Inflammations/infections
3. Hormone/nutrient and trophic factor optimisation
4. Toxins (chemical, biological and physical)
5. Restoration and protection of lost (or dysfunctional) synapses

Therefore successful treatment requires that one must first identify which of these factors are driving any cognitive decline, then adopt a treatment designed to deal with the one or more of the particular factors. Bredesen designed the ReCODE approach that describes blood tests to measure the level of these five influences. Once this is done a particular treatment is designed to treat the factor (s) that are causing the problem.

(continued on page 8)

The Blood Tests

Dale Bredesen's ReCODE Protocol includes a range of blood tests designed to identify which of the five key points are driving the cognitive decline. Details of these blood tests are in his two books "The End of Alzheimer's" and "The End of Alzheimer's Programme". The following is the first part of this long list of tests. I understand that there are doctors in Australia who are familiar with the ReCODE Protocol and are experienced in interpreting the results.

Summary of key tests for the ReCODE protocol

	Critical tests	Target values	Optional tests	Comments+F1F2:F20
1 Genetics	ApoE	Negative for ApoE4	Whole genome exome, or SNPs	Saliva or blood

2 Blood tests

Inflammation vs cellular protection

hs-CRP	<0.9	<i>IL-6, TNFa</i>	
Homocysteine	≤7 µmol/L		
Vitamins B6	25-50 mcg/L (PP)		
B9 (folate)	10-25 ng/ml		
B12	500-1500 pg/mL		
C	1.3-2.5 mg/dL		
D	50-80 ng/mL		
E	12-20 mg/L		
Omega-6 to Omega-3 ratio	1:1 to 4:1		Ratio of inflammatory to anti-inflammatory omega fats

The benefits of dark chocolate

A new study published in Scientific Reports says the researchers investigated how eating dark chocolate affected participants' risk of several cardiovascular diseases and found that the creamy treat was associated with a reduced chance of essential hypertension, or high blood pressure with no known cause. Previous studies have also found that flavanols found in cocoa may help protect the heart and lower the risk of diabetes. The only catch is that you should choose dark chocolate with at least 70% cocoa solids and limit your intake to about 6g - or about one or two small squares a day.

Here are 7 health benefits of dark chocolate or cocoa

1. Quality dark chocolate is rich in fibre, iron, magnesium, copper, manganese, and a few other minerals. In addition, it has plenty of potassium, phosphorus, zinc, and selenium
2. Cocoa and dark chocolate have a wide variety of powerful antioxidants, way more than most other foods
3. The bioactive compounds in cocoa may improve blood flow in the arteries and cause a small but statistically significant decrease in blood pressure
4. Dark chocolate lowers oxidation-prone LDL and improves insulin sensitivity
5. Research shows a reduction in heart disease risk among those who consume a moderate amount of chocolate
6. Flavanols from cocoa can improve blood flow to the skin and protect it from sun damage. (concluded on page 12)

RECIPE

POACHED SALMON WITH GRILLED ASPARAGUS AND POACHED EGGS, By Ita Buttrose

SERVES 2 HANDS-ON TIME 5 MINUTES

COOK TIME 15 MINUTES

4 spears asparagus, woody stalks trimmed

Extra virgin olive oil

200g poached salmon, flaked

2 soft poached eggs (see right)

25g parmesan cheese, shaved

½ bunch chervil, leaves washed, picked and chopped (see note)

1. Preheat oven to 180°C.
2. Lightly blanch the asparagus for 4 minutes. Drain and refresh in cold water.
3. Preheat a griddle plate until smoking.
4. Coat the asparagus in olive oil, a little salt and freshly ground black pepper and cook on griddle plate for 5 minutes.
5. Place the salmon on a tray and reheat in the oven for 5 minutes or until warmed through.
6. Arrange the asparagus on warmed plates and top with the salmon. Place the poached

egg beside the salmon. Sprinkle the shaved parmesan over the egg, and then sprinkle the chopped chervil over the entire dish and serve.

Note Chervil isn't available all year round, especially in the warmer months, but fresh parsley makes a perfect substitute.

How to perfectly poach an egg

Bring a small saucepan of water and 1 tablespoon of white vinegar to the simmer. Crack an egg into a bowl and gently slide it into simmering water. Allow to cook for about three minutes and remove with a slotted spoon. Remember that poached eggs need to be quite soft when serving with fish and vegetables. So, when poaching eggs to serve on toast for breakfast, cook them for at least 5 minutes or to your liking.

NUTRITION (per serve) 2186kJ/528cal. Protein 39.5g. Carbs 0.6g. Sat fat 10.2g. Fibre 0.7g. Sodium 508mg

Covid Vaccine trial – the facts, finally

by Don Benjamin

There was a lot of confusion about the safety of the mRNA vaccines after Pfizer released selected results of its vaccine trial less than 6 months after the trial started. Leaked results suggested the vaccine might not be safe or effective and have caused more deaths than it saved. There were suggestions that there was an increase in heart related deaths that was greater than the saving of lives from Covid-19.

The story from Pfizer was that there was 1 death from Covid among the vaccinated and 2 among the unvaccinated (a 50% reduction of deaths). They also said at the time it was safe; with only mild to moderate reactions. On this basis the vaccine was quickly approved.

About a year later a very different story emerged from sources opposed to this particular vaccine, such as Robert Kennedy Jnr, suggesting 5 cardiac-related deaths from those vaccinated against only 1 from the unvaccinated, part of an overall 23.5% increase in deaths among the vaccinated. The figures he quoted were 21 deaths among the vaccinated vs 17 among the unvaccinated. I provided these figures quoted by Dr Mercola in the CISS March 2022 Newsletter under the title "The Vaccine Data that is still being withheld"

On Pfizer's figures the vaccine was "safe and effective". On Kennedy's figures it was neither safe nor effective. What is the truth? It was at first difficult to find out. But America has very strong Freedom of Information legislation that overrode the 75 year embargo placed on the results by the US drug regulator, the FDA, under Emergency Use Authorisation (EUA) on behalf of Pfizer.

Although two of the world's top medical journals, The Lancet and the New England Journal of Medicine both published what appeared to be authoritative confirmation of Pfizer's figures, other medical journals have more recently published

the full information obtained via Freedom of Information that paints a completely different picture – and destroys the credibility of these prestigious journals. In particular It suggests Kennedy's version was closer to the truth, but there was an important qualification.

The figure below, bottom left, from the more recent publication¹ shows when the deaths happened among the vaccinated and unvaccinated during Pfizer's randomised controlled trial evaluating its mRNA Covid-19 vaccine that started on 27 July 2020 and was terminated at the end of November after only 17 weeks. It continued unblinded thereafter to the end of the 7½ months instead of going for the usual 5 years.

There were 43,448 patients in the trial of whom 21,720 received the Pfizer vaccine and 21,728 remained unvaccinated (i.e. received a placebo). The vertical solid black bars represent the individual deaths each week of those vaccinated. The solid vertical grey bars represent the deaths of those unvaccinated. The slowly rising solid line is the cumulative deaths of those vaccinated and the dotted line is the cumulative total deaths of the unvaccinated.

As can be seen in the figure, the first death was an unvaccinated during week 5 with a vaccinated in week 7. There were then 5 subsequent unvaccinated deaths in weeks 10, 15 and 17, giving a total of 6. There were also 6 more vaccinated deaths during weeks 13, 15, 16 and 17 giving a total of 7 by week 17 when there was a "data cutoff". At this stage there was 1 more death among the vaccinated than among the unvaccinated. This was when it was decided to submit the data to the regulator for evaluation. During weeks 18 and 19 there was one more vaccinated death and 3 more unvaccinated bring the totals to 8 vaccinated and 9 unvaccinated.

Three weeks later the numbers had again reversed with 13 vaccinated deaths and 11 unvaccinated.

From then on, after the vaccine's approval on 11 December deaths from the vaccinated always exceed those from the unvaccinated.

The question then becomes: How could Pfizer have reported the data at week 17 when there were clearly more deaths from the vaccine than from the unvaccinated?

This is answered in the October 2023 publication¹ where the authors summarise:

After week 20, as subjects in the placebo group were unblinded, and after the majority of them received a BNT162b2 injection, deaths among those sticking with the placebo slowed and eventually plateaued. Deaths in the BNT162b2 vaccinated subjects continued at the same rate. Our analysis reveals inconsistencies between the subject data listed in the 6-Month Interim Report and in publications authored by Pfizer/BioNTech trial site administrators. Most importantly, we found evidence of an over 3.7-fold increase in number of deaths due to cardiac events in the BNT162b2 vaccinated individuals compared to those who received only the placebo. Delayed reporting of the subject deaths into the Case Report Form obscured the cardiac adverse event signal and allowed the Pfizer/BioNTech Emergency Use Authorization to proceed unchallenged....[By December 10th] there were a total of 17 deaths, 8 in the vaccinated arm and 9 in the placebo arm. Of the vaccinated subjects, 6 of 8 or 75%, died due to a cardiac event while only 3 of the 9 (33.3%) of the placebo subjects died of a cardiac event. This clear cardiac adverse event signal in the brief 20-weeks of the trial should certainly have given pause to the FDA reviewers, had they been aware of it...

In other words Pfizer had failed to (continued page 10)

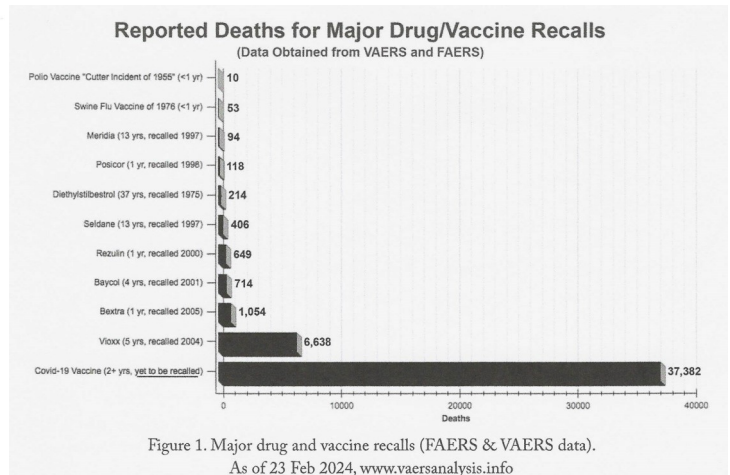
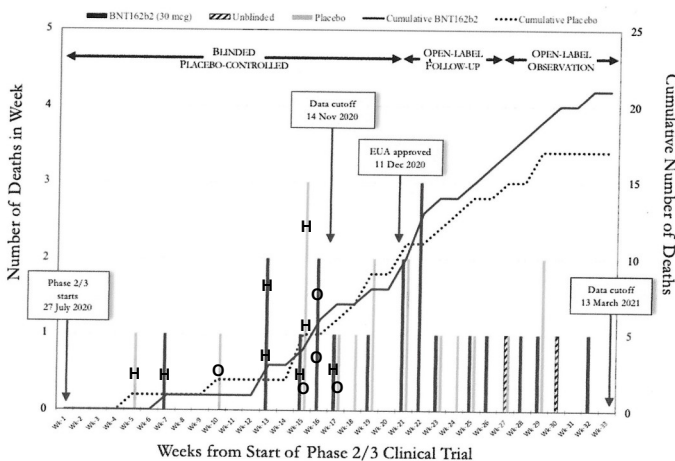


Figure 1. Major drug and vaccine recalls (FAERS & VAERS data). As of 23 Feb 2024, www.vaersanalysis.info

(continued from page 9)
report the last 3 vaccinated deaths in weeks 15 and 17, even though they knew of them, making it appear that there were more unvaccinated deaths.

It would therefore appear that the multi-billion dollar potential profit to Pfizer flowing from the vaccine's approval was too much of an incentive. If later discovered it could always be put down to an oversight.

There were many other discrepancies between the information reported to the regulator in December 2020 and the final published information. It mainly involved withholding information relating to vaccination related deaths that involved cardiac related events. As a result it failed to report the many signals from the excess heart-related deaths among the vaccinated that might have alerted the regulators to a need for extending the trial period.¹

Also there are no events prior to the cut-off period in the published information that could suggest a 50% reduction in deaths from Covid-19 which appears to be the main justification for the vaccines approval.

From a randomised controlled trial (RCT) point of view it is absurd to suggest that a short-term apparent reduction in deaths from Covid-19 after the vaccine of 1 vs 2, even in if were true, can be described as a 50% reduction in deaths. The main requirement of an RCT is to provide a figure for the uncertainty of the result being valid, described as ($p=0.05$) meaning a probability of 95% of it being valid. This would require much larger numbers than 1 vs 2 out of 13 deaths. It would require something more like 10 vs 20 deaths from Covid-19 over more than 100 total deaths.

There is also a significant qualification to the interpretation of any of the post approval deaths: Once approval was given the trial was unblinded (i.e. became "open label") after Week 21 and most of the unvaccinated were given the false information that the vaccine was effective and saved lives, exaggerating the benefits of the vaccine and omitting its harmful effects. This persuaded most of them to accept the vaccine. This meant that very few of the 21,720 who had been randomised to receive the placebo, remained unvaccinated. So some of the subsequent deaths were from those who had been unvaccinated and then were vaccinated.

So there were fewer deaths from the unvaccinated and extra deaths from the now vaccinated, as shown by the widening gap between the two rising

lines on the right of the figure. So comparisons after the unblinding are not completely valid. It would have been necessary to compare deaths per 1,000 to give a more accurate picture. This would have narrowed the gap between the two rising lines on the right.

Another more recent publication² looks at the implications of this potential corruption of the approval process and the financial pressures that undermine the integrity of this important area of health. It tends to support the claims of Robert F Kennedy Jr in his book "The real Anthony Fauci,....." where Kennedy describes how, with Fauci's help, the evaluation of drugs and vaccines is now largely carried out by medical scientists who are sympathetic to the drug companies, if not still their employees.

Deaths from other causes

The new publication¹ also provides details of all the deaths and the causes of deaths during the 7½ months of the trial. It confirms the much higher number of heart-related deaths among the vaccinated reported by Kennedy and Dr Mercola in 2022.

Vaccine-related deaths

On the Figure below right on the previous page the official deaths from the COVID vaccine reported on the US websites show how it was not recalled as would normally have been the case with earlier drugs and vaccines with a similar fatality record. This also confirms the trial results that showed the harm caused by the vaccine.

Autopsies confirm vaccine-caused deaths

A study, initially censored by The Lancet, analysed 325 autopsy cases and found cardiovascular issues were the most common cause of death, followed by blood and respiratory problems.

Conclusions from other publications

On 7 December 2022 the Cochrane Group published their conclusions from analysing reviews of the safety and efficacy of mRNA vaccines. Although they concluded that "most vaccines reduce, or likely reduce, the proportion of participants with confirmed symptomatic COVID-19"... "There is probably little or no difference between most vaccines and placebo for serious adverse events." On their Figure 5 comparing deaths from all causes, all trials showed that the vaccine produced (significantly) more deaths than the placebo. On their Figure 6 comparing Serious Adverse Events between the vaccines and placebo, 4 out of 5 trials showed the vaccines produced a (significant) 9%, 24%, 50% and 399% increase in adverse events compared to the placebos and the 5th trial

showed a (significant) 8% reduction.

The context for this scandal

It would be wrong to consider the above scandal by Pfizer and the other drug companies as an isolated error. There are several other factors that show that this misrepresentation by one of the world's biggest drug companies is just the latest development of a long process that started in the middle of the last century.

First there was the suppression of any alternative therapies, not only for cancer but for heart disease and other areas of health where the allopathic school of medicine tried to stamp out any competition. Recent Newsletter articles described the three conspiracies that were exposed from the 1980s involving Dr Josef Issels in Germany, the chiropractors in the US, and the Immuno-Augmentative Clinic in the Bahamas. Each was a good example of competition to doctors being closed down using false accusations by the medical profession that were exposed by the courts or the US Congress, the last of these exposing people at the top of the US Government's National Cancer Institute.

Also from the 1980s, the head of the US Government's National Institute of Allergy and Infectious Diseases (NIAID), Dr Anthony Fauci started on a 40 year campaign to provide closer links between the US Government health systems and the trillion-dollar pharmaceutical industry with mutual financial benefits. The long process is described in detail by Robert F Kennedy Jr in his book "The Real Anthony Fauci, Bill Gates, Big Pharma and the Global War on Democracy and Public Health (2021)". It contains copious references and personal interviews of those who were present during the power games.

Then there was the exposure by Australian Shari Markson in her book "What Really Happened In Wuhan" (2021).

By this time the US health authorities had sufficient powers to suppress any dissent from the "official facts" that the COVID-19 virus jumped from animals to humans—and was not developed at Wuhan Laboratory in China – with any dissent branded as the work of those promoting conspiracy theories. This power was clearly shared by Australian health authorities—with threats of serious fines for "Misinformation and Disinformation" with memories of "Big Brother is watching you!" - undermining our freedom of speech.

Then finally the exposure of the World Health Organisation (WHO) and its Director General appointed by major con-

(continued on page 2)

Another Cure for Cancer?

by Don Benjamin

Words like “Another Cure for Cancer” often appear in the media as a result of an ongoing propaganda campaign by the pharmaceutical companies to convince the public of the benefits of their drugs, particularly their latest ones. A recent report like this was in the Australian on August 3-4, 2024 under the title “New frontier in fighting the cause of cancer” written by their Health Editor Natasha Robinson.

As with most, if not all such claims, they become quickly forgotten as the drug gets withdrawn as reality sets in, and it is found to cause more harm than good. But its persuasive and pervasive effects remain: We must be winning the war on cancer as there have been so many breakthroughs in recent years – and we never hear about those that were withdrawn.

What is behind this latest claim?

It is a claim that a new technique specifically targets the underlying cause of cancers that have what is known as the “neurotrophic tyrosine receptor kinase gene fusion” or the NTRK fusion that occurs when two different genes fuse together for no apparent reason and act as an “ignition switch” for tumour growth. The new type of drug acts by blocking the protein that is produced following the fusion process. An example of such a drug is Vitrakvi, that has the generic name of larotrectinib and is an inhibitor of this protein.

The article says the drug has “spectacular response rates of the order of 75% and seems to occur across most tumour types bearing mutations” according to leading cancer clinician from a genomic research institute.

Australia’s Health Minister Mark Butler, falling for this propaganda, says “This will be life changing for patients”.

Which patients? The only patients it has been used on so far are those with this rare NTRK gene fusion whose previous treatments have not worked. So the patient has to stop the drug when the shrinking stops and they die soon after.

And **how life changing?** There have not been any randomised controlled trials showing evidence for any of these claims that imply that the patients live longer on the drug; only that the drug is capable of shrinking tumours, like most chemotherapies can do, with the usual serious side effects and little evidence for increased survival. For example, in 2004 a review of chemotherapy drugs for solid tumours found that “The overall contribution of curative and adjuvant cytotoxic chemotherapy to 5-year survival in adults was estimated to be 2.3% in Australia and 2.1% in the USA”. Only 1,690 of 72,903 people with the 22 most common cancers in Australia (2.3%) survived 5 years. The best examples of benefit from this review of trials include cancer of the testis – 42% survived 5 years, and Hodgkin’s Disease – 35% survived 5 years. There has been little improvement in this figure over the past 20 years.

What does the drug cost? The drug costs \$130,000 a year, or if they can afford to pay for genomic screening, eligible patients might be able to get it for about \$380 a year on the PBS.

A professor from the Centre for Molecular Oncology at the University of NSW says precision drugs like larotrectinib hold the prospect of a cure for cancer. “It will certainly be able to significantly extend patients’ lives and maybe even control the cancer for not months, but years”.

Like most theories to promote the latest drug, those who promote and use the drug ignore any facts that don’t support their theory. For example many specialists treating early dementia as part of Alzheimer’s disease use a drug like donepezil. The theory behind the treatment is that Alzheimer’s disease is caused by the production of amyloid tissue in the brain. This is allegedly caused by the production of an enzyme acetyl cholinesterase. So a drug such as donepezil, an acetyl cholinesterase inhibitor, is used.

The fact ignored is that, although the drug can inhibit the acetyl cholinesterase, and can stop the amyloid production, there is no noticeable slowing down in the dementia as perceived by the patient. The amyloid growth might only be a late-stage symptom of what is in fact causing the dementia, not part of its cause. This suggests that the theory might be wrong. Similarly the drug treatment for the gene-fusion initiated cancers is based on the assumption that the tumour is the disease, rather than a late stage symptom of an underlying systemic disease. This is why killing the tumour has little effect on survival – as is observed with most chemotherapy.

Harry Hoxsey’s herbal treatment

Hoxsey’s remedies basically consist of an external salve and an herbal potion. The external medicine is an escharotic—a kind of burning paste—composed of zinc chloride, antimony, trisulfide, and bloodroot; its purpose is to corrode cancers. The paste is used principally for skin cancer (usually basal cell carcinomas), and many ambitious claims have been made for it. However, few reports on its efficacy (or lack thereof) exist in peer-reviewed literature. Moh’s micrographic surgery, an orthodox procedure that bears some relationship to the Hoxsey treatment, is cited (Swanson, 1983): Moh’s method consists of the use of zinc chloride paste to “fix” the tumour in place; the tumour is then removed in a series of steps.

The internal medication, which is the primary concern here, is made up of various herbs added to a base of potassium iodide and cascara, which is a bark preparation. The principal herbs are pokeweed root, burdock root, barberry (Berberis), buckthorn bark, stillingia root, and prickly ash. As Patricia Spain Ward noted in a contract report to OTA for its Unorthodox Cancer Treatments project, many of these roots and barks are now known to have anticancer and immunostimulatory effects. The following items discuss several:

* **Pokeweed.** Pokeweed root (Phytolacca americana) has several effects on the immune system includ-

ing stimulation of the production of two cytokines (see the glossary), interleukin 1 (IL-1) and tumor necrosis factor (TNF) (Bodger et al., 1979a, 1979b). Boosting the immune system is generally thought to help the body fight cancer. Although pokeweed root is poisonous, it apparently has been used without serious toxicity problems since the mid-18th century.

* **Burdock root.** Burdock root (Arctium lappa) contains what Japanese scientists have called the “burdock factor” (Morita et al., 1984), which is reputed to act as a desmutagen, that is, a substance
(concluded on page 12)

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.

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 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

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

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QUALITY OF LIFE CANCER SUPPORT GRP

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that reduces mutations. Burdock also has been shown to inhibit HIV, according to the World Health Organization (1989). In Japanese and macrobiotic diets young burdock roots are eaten as a vegetable called "gobo."

* **Buckthorn.** Buckthorn contains emodin, which has shown antileukemia activity in the laboratory (Kupchan and Karim, 1976). It is noteworthy that, despite intense op-

position, the Hoxsey formula has persisted as a cancer treatment for almost 100 years (Chowka, 1985). Among numerous anecdotal accounts of its effectiveness, some are hard to dismiss out of hand; it therefore warrants investigation.

Despite decades of controversy, no clinical trials have ever been performed by either supporters or detractors of the Hoxsey therapies. But since the Hoxsey formula contains the poisonous

substance pokeweed, testing the formula is also a public health concern.

FROM: **Alternative Medicine: Expanding Medical Horizons**

A Report to the National Institutes of Health on Alternative Medical Systems and Practices in the United States

FROM: http://www.chiro.org/alt_med_abstracts/FULL/Expanding_Medical_Horizons_UPDATE/Pharmacological_and_Biological.shtml

(continued from page 2)

- Trials, Mass Vaccination, and the Bio-Pharmaceutical Complex, Part 1.* *IJVT* 3(2) June 2024.
3. Graña C et al. *Efficacy and safety of COVID-19 vaccines (Review).* *Cochrane Database Syst Rev.* 2022 Dec 7;12(12):CD015477. doi:10.1002/14651858.CD015477.
 4. See *CISS July/August 2023 Newsletter*, p 3.
 5. Ioannidis, John P. A. (2005). "Why Most Published Research Findings Are False". *PLOS Medicine.* 2 (8): e124. doi:10.1371/journal.pmed.0020124.
 6. See *CISS January/February 2024 Newsletter* p.12.

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7. Cocoa or dark chocolate may improve brain function by increasing blood flow.

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some of them in his pasture. There are more now than in his grandfather's day and the anecdotal evidence for their efficacy has grown over time.

The list is an extract of a comprehensive "Report to the National Institutes of Health on Alternative Medical Systems and Practices in the United States" written by alternative world leaders and

researchers such as Ralph Moss, Frank Wiewel, Berkeley Bedell, Stanislaw Burzynski, Barrie Cassileth, Michael Culbert, Peter Chowka, Morton Walker and many others.

It includes information about 16 of the best documented alternative cancer therapies in the mid-1990s.

See previous page.