NEW BEGINNINGS
CISS
Newsletter of The Cancer Information & Support Society
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... let us be the light at the beginning of your journey

Metabolic Typing, by Dr Nicholas Gonzalez

Ralph Moss' book Cancer Therapy refers to a therapy called Metabolic Typing. This is based on an interpretation of Texas orthodontist William Donald Kelley's Diet by Dr Nicholas Gonzalez. Until his sudden death in July 2015, Gonzalez was a practising physician in New York City who specialised in treating cancer with his treatment developed from Dr Kelley's diet.

His metabolic typing describes three types of people: sympathetic dominants (those with an active sympathetic nervous system); parasympathetic dominants (those with an active parasympathetic nervous system); and balanced types.

Gonzalez believed that sympathetic dominants evolved from ancestors from the subtropical parts of South America, Africa, Asia and Australia who survived largely on plants such as fruits, seed and nuts, so need these in their diet. The parasympathetic dominants descended from the Northern and Arctic people and those who inhabited the cooler parts of Asia and America who survived on a meat-based diet and only occasionally consumed plants.

Treating cancer therefore needs to recognise their metabolic type.

The following is an article by Dr Mercola on Dr Gonzalez published on April 23, 2011 that appeared in the November/December 2015 CISS Newsletter.

By Dr Mercola—April 23, 2011

New York City physician and cancer specialist Dr Nick Gonzalez focuses on alternative cancer treatment using a three-pronged nutritional approach. He's had remarkable success treating patients diagnosed with some of the most lethal forms of cancer that conventional medicine cannot effectively address.

Nicholas Gonzalez MD

Alternative cancer treatments are a kind of "forbidden area" in medicine, but Dr Gonzalez chose to go that route anyway, and has some remarkable success stories to show for his pioneering work.

He didn't set out to treat cancer at first, let alone treat patients. His original plan was to be a basic science researcher at Sloan-Kettering, a teaching hospital for Cornell Medical College. He had a chance meeting with William Kelley, a controversial dentist who was one of the founders of nutritional typing. Dr Kelley had been practicing alternative and nutritional approaches for over two decades at the time, leading him to begin a student project investigation of Kelley's work in the summer of 1981.

"I started going through his records and even though I was just a second year medical student, I could see right away there were cases that were extraordinary," he says. *"Patients with appropriately diagnosed pancreatic cancer, metastatic breast cancer in the bone, metastatic colorectal cancer... who were alive 5, 10, 15 years later under Kelley's care with a nutritional approach."*

This preliminary review led to a formal research study, which Dr Gonzalez completed while doing his fellowship in cancer, immunology and bone marrow transplantation.

The 'Impossible' Recoveries of Dr Kelley's Cancer Patients

After going through thousands of Kelley's records, Dr Gonzalez put together a monograph, divided into three sections:

1. Kelley's theory
2. 50 cases of appropriately-diagnosed lethal cancer patients still alive five to 15 years after diagnosis, whose long-term survival was attributed to Kelley's program
3. Patients Kelley had treated with pancreatic cancer between the years 1974 and 1982

According to Dr Good, the president of Sloan-Kettering who had become Gonzalez' mentor, if Kelley could produce even one patient with appropriately diagnosed pancreatic cancer who was alive 5-10 years later, it would be remarkable. They ultimately tracked down 22 of Kelley's cases. Ten of them met him once and didn't do the program after being dissuaded by family members or doctors who thought Kelley was a quack.

The average survival for that group was about 60 days.

A second group of seven patients who did the therapy partially and incompletely (again, dissuaded by well-intentioned but

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IN THIS ISSUE

Charging a lot for brain cancer surgery? by Don Benjamin

A dispute has broken out among Australian surgeons about Charlie Teo's high charges for his unapproved extreme forms of surgery performed on people with brain cancer that other surgeons have considered beyond treatment.

Many people have used crowd funding to raise the $120,000 claimed to be sometimes charged by Professor Teo for his often extremely risky brain surgery.

The surgeons claim that no one needs to pay large amounts for brain surgery whether performed in public or private hospitals.

CISS members might recall the case of surgeon Chris O'Brien who was treated by the late George Malka with homeopathy and herbs that reduced his large life-threatening brain tumour to the size of a pea. Chris O'Brien, himself a surgeon, then went to Charlie Teo to remove the small brain tumour. Teo advised against it on the grounds that it was no longer life threatening. O'Brien persisted, Charlie Teo obliged and O'Brien was dead within six months.

Charlie Teo has been defending himself against allegations from his fellow surgeons that he has been over-charging for surgery for life-threatening brain tumours that other surgeons have claimed are beyond treatment.

The letter on page 11 is a response from CISS on this issue to highlight a deeper problem: many people go to Charlie Teo because they believe that if he can get rid of the brain tumour where others have failed, they might recover from cancer.

Committee Member Elizabeth Lyons reported to the June CISS Committee meeting that Rachel David, CEO of Private Healthcare Australia had made a similar comment in a discussion on the ABC program The Round Table on Sunday 16 June. This is what she said towards the end of the discussion in relation to how much cover is provided by insurance companies for this type surgery:

"..There does need to be some evidence base to under-

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Free Psych-K & Emotion Code for CISS members

CISS members can receive Psych-K and Emotion Code to identify and change negative belief systems—free of charge. Ring the Office to try it.

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

New Members June: Juanita Gomes, John Smartt
Donations to CISS June/July: LA $30; MA $50; MA $50; WRB $50; AC $50; HF $50; JG $10; SG $20; SG $50; M & TG $10; NH $50; LSL $20; BM $10; CMc $50; DLN $50; SO $50; W & JR $10, GS $100; BT $10; EW $50;

DVDs for Sale from the CISS Office

CISS Seminar "Cancer & Hope - Survivors share their Lessons" are available for $29.50 plus postage for members or $39.50 + postage for non-members

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OVERSEAS & LOCAL NEWS

Overseas News

Dental Amalgam phase-out

Three more European countries are phasing out the use of amalgam—which is 50 per cent mercury—in dental surgeries. Ireland, Finland and Slovakia have announced a timetable that will see amalgam banned over the next few years. They join Sweden and Norway in banning amalgam, which has been linked to neurological and kidney problems.

Dentists in all the 28 member states of the European Union are forbidden from using the material in pregnant and breastfeeding women, and in children under the age of 15. Under the 2018 ruling, the member states have also been asked to submit plans for the phased withdrawal of amalgam from all dental surgeries. Ireland, Finland and Slovakia have been among the first to respond.

The ruling follows pressure from lobby groups such as the Campaign for Mercury-Free Dentistry, which is now turning its focus to North America. Although the American Dental Association still supports the use of amalgam, and claims it doesn't have any health risks, the campaign is confident the US's Food and Drug Administration (FDA) may soon shift its position.

Campaign president Charles Brown said: "We congratulate these countries on taking this important step to protect our planet and patients from this outdated mercury product. Now the heat is on the FDA and Health Canada to get off the dime."

Regulators are concerned about any backlash to an outright ban. A sudden announcement that amalgam is unsafe could trigger millions of demands for the removal of dental fillings, and there is also the worry that people may sue the authorities if they link neurological problems to their fillings.

WDDTY 25 July 2019

Cancer-linked Breast implants recall

Allergen, the manufacturer of the Biocell textured breast implants linked to a rare cancer has been forced to issue a global recall – two weeks after Australia threatened tougher regulatory action – following a significant increase in cases.

The breast implant has been associated with a "breast implant-associated anaplastic large cell lymphoma (BIA-ALCL).

The US FDA has found 573 unique

Don Benjamin, Editor

cases globally of which 481 are linked to the Allergen implants and 33 patient deaths of which 12-13 were linked to Allergen implants.

Regulators in France have banned the implants and other countries are considering doing so.

BIA-ALCL grows in the fluid and scar tissue that forms around a breast implant or, less commonly, in the breast or armpit.

The newspaper article states that "the risk is rare – experts suggest between one in 1000 and 1 in 10,000 – and it has been suggested that women who are diagnosed can have the implant removed and be cured".
The Australian, July 26, 2019

As no type of cancer has ever been shown to be "cured" this must refer to the misleading definition of "survival for 5 years without return of symptoms". (Ed.)

5G rollout blocked in Brussels

In our November 2018 Newsletter we reported on a growing number of scientists who say that electromagnetic hypersensitivity (EHS) is real – that cell phones increase the risk of brain tumours. Electromagnetic radiation (EMR) is already classified as a Class 2B possible carcinogen (the same category as DDT and leaded petrol). Some population studies have found a correlation between brain cancer rates and heavy cell phone use. "Heavy use is defined as only a half hour a day! It is feared that the situation will get worse with the coming roll-out of the 5G network.

In our March Newsletter we expanded on the topic reporting that a group of 230 scientists – the 5G Appeal - are campaigning to delay the 5G network roll-out. As 5G is effective only over short distances many more transmission masts are needed, possibly one for every 12 houses in urban areas, that will massively increase exposure to EMFs.

The July issue of WDDTY reports that Brussels is the first European city to block the roll-out of the new 5G network because it doesn't meet safety standards. Other cities around the world are expected to follow suit. 21 local government authorities in the US have already passed legislation to restrict the new network's spread.
www.takebackyourpower.net; The Brussels Times April 1, 2019

Meanwhile in a small town in California, Ripon in San Joaquin County, four students and three teachers have developed cancer in the past 4 years. Parents are convinced that a cell transmission tower installed on the school grounds a few years ago is responsible. The district receives $2,000 a month from the tower's operator.

Several countries including France have already banned all cell towers and wi-fi from elementary school premises because of concerns that children are especially vulnerable to the EMF radiation.
CBS Sacramento, March 25, 2019

CISS Member surveys

Now that CISS is almost back to where we were in January we need to reassess the way forward. The Committee has developed two surveys for members to provide feedback on

1. what other services we need to provide starting with possibly an additional more frequent and briefer newsletter; and
2. How we can improve our current website.

See page 7 for details.

Farewell from CISS

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

Tony Cope

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misguided family members or doctors), had an average survival of 300 days.

The third group consisting of five patients, who were appropriately diagnosed with advanced pancreatic cancer and who completed the full program, had an average survival of **eight and a half years!** In Dr Gonzalez' words, this was "just unheard of in medicine."

One of those patients included a woman diagnosed by the Mayo Clinic with stage four pancreatic cancer who had been given six months to live. She'd learned about Kelley's program through a local health food store. She completed his treatment and is still alive today, 29 years later.

The Truth About Medical Journals: Why Gonzalez's Book Was Never Published

However, despite-or rather *because of*-the remarkable success of the treatment, Gonzalez couldn't get his findings published.

"We tried to publish case reports in the medical journals; the whole book, parts of the book, individual case reports-with no success," he says.

This is an important point that many fail to realize.

Those of us who practice natural medicine are frequently criticized for not publishing our findings. My justification for that is that it's not going to be published anyway, and Dr Gonzalez's anecdotal story confirms this view.

His mentor and supporter, Dr Good, was one of the most published authors in the scientific literature at that point, with over 2,000 scientific articles to his name. He'd been nominated for the Nobel Prize three times, and yet he was refused because the findings were "too controversial," and flew in the face of conventional medical doctrine.

If the cream of the crop is refused, how does a general primary care physician get an article published?

He doesn't...

"Robert Good was at the top of his profession: President of Sloan-Kettering, father of modern immunology, and did the first bone marrow transplant in history. Yet, he couldn't get it published," Gonzalez says. *"He couldn't even get a single case report published.*

In fact, I have a letter from one of the editors, dated 1987, who wrote a blistering letter to Good saying, 'You've been boondoggled by a crazy quack guy. Don't you see this is all a fraud?'

It was just the most extraordinary, irrational letter... [Because] the patients' names were there, the copies of their pertinent medical records were there... Any of them could have called these patients, like Arlene Van Straten who, 29 years later, will talk to anyone... But no one cared. They wouldn't do it; they didn't believe it.

They couldn't believe it.

It was very disturbing to me because I say, 'It is what it is.' I come out of a very conventional research orientation, and it was astonishing to me-I had assistance; I had the president of Sloane-Kettering who couldn't get this thing published because it disagreed with the philosophy that was being promoted in medicine; that only chemotherapy, radiation, or immunotherapy can successfully treat cancer, even though the success rate was abysmal.

The idea that medical journals are these objective and unbiased repositories of the truths about science is total nonsense. Most of them are owned by the drug companies. They won't publish anything that disagrees with their philosophy."

By the end of 1987, it was clear that the work would never get published, and since Dr Good had retired from Sloan-Kettering, they no longer had the power-base to conduct clinical trials.

Dr Kelley, realizing his work would never be accepted, let alone get published, "went off the deep end," in Dr Gonzalez' words, and stopped seeing patients altogether.

"When I last spoke to him in the summer of 1987, he accused me of being part of a CIA plot to steal his work, and I knew that I had to move on," Dr Gonzalez says.

"To this day, of course, I give him credit for his brilliant innovation. It's kind of like Semmelweis, who ended up going crazy during the 19th century after showing doctors should wash their hands before delivering babies and no one accepted that. Semmelweis just went off the deep end, and that's what kind of what happened to Kelley, I say with great sadness."

Starting the Alternative Cancer Treatment Practice

Dr Gonzalez set up a practice in New York together with his associate, Dr Linda Isaacs, and started seeing patients using Kelley's three-pronged approach. The results were impressive.

One of his remarkable success stories includes a woman diagnosed with inflammatory breast cancer, which is the most aggressive form. She'd been given a death sentence.

Today, over 23 years later, she's still alive and well, and cancer-free.

"Here's a woman that was given six months to a year to live AND developed metastases while getting aggressive multi-agent chemotherapy, yet 23 and a half years later, she's alive and well, enjoying her life and just doing so well.

We could see that Kelley's approach really worked and when I report these cases I'm giving Kelley the credit because he developed this treatment," Dr Gonzalez says.

Recognition from the National Cancer Institute

In 1993, as part of a legitimate effort to reach out to alternative practitioners, the National Cancer Institute (NCI) invited Dr Gonzalez to present 25 of his cases in a closed-door, invitation-only session. On the basis of that presentation, the NCI suggested he conduct a pilot study with patients diagnosed with advanced pancreatic cancer, which in conventional medicine is known to be an untreatable, highly lethal form of cancer.

Interestingly, Nestle stepped in to finance this pilot study. It may seem an odd choice, but the business motivation was the same then as it is today-making junk food appear healthier is a good business move, even if it's only in theory.

Supervised directly by Dr Ernst Wynder, a premier cancer researcher, the study was completed in early 1999 and published in June that year. According to Dr Gonzalez:

"It showed the best results for the treatment of pancreatic cancer in the history of medicine."

Chemotherapy vs. the Kelley Treatment

To put his results in perspective, the chemo drug, Gemzar, approved for

pancreatic cancer dates back to 1997, and the major study that led to its approval had 126 patients. Of those, 18 percent lived one year. Not a single patient out of the 126 lived beyond 19 months.

Dr Gonzalez' study had 11 participants, of which:

- Five survived for two years
- Four survived three years
- Two survived five years

Based on these results, the NCI decided to fund a large-scale clinical trial, to the tune of $1.4 million, to test his nutritional approach against the best chemo available at the time.

"My friends say, 'Why did you get involved with something like this? How could you trust the NCI?'

Well, the NCI had been very fair, up to that point, and the then-director, Richard Klausner, in face-to-face meetings with him said he thought I was doing something really interesting and needed to be properly supported," Dr Gonzalez says.

But that goodwill soon disappeared.

How to Sabotage a Clinical Study 101

About a year after the study was approved, Klausner left the NCI and was replaced by new management with a wholly different attitude.

"[F]rom our first meeting, we knew something has changed significantly," Dr Gonzalez says,*" and all the people that had initially been assigned to the study, who were supportive and believed we were doing something useful, were taken off it. In fact one of them couldn't even talk to me. She said she'd be fired if she talked to me; if she took my phone call.*

I was told by another person who had supported me at the NIH that I shouldn't call him at his office; that he was afraid his line was tapped, and I should only call him at home.

That's how insane the politics over this clinical study got. I couldn't believe it! I thought this was just something you'd read about or see on TV, or that some paranoid or crazy person would make up. But here I was living it. Coming out of Robert Good's group, I don't say that to impress people, but my background is so pure and conventional! It was unbelievable to see that the profession I respected and wanted to join could behave like this."

Unfortunately, the study was, in the end, sabotaged.

"Turned out the principal investigator at Columbia, who's supposed to be completely neutral, had helped develop a chemo regimen that was being used against us-a conflict of interest that was never declared," Dr Gonzalez explains.

"[T]here are specific requirements for entry into a clinical study. Ours is a nutritional program, and when the first protocol version was written, we had a list of specified criteria... They have to be able to eat... Ours is a nutritional program, so patients have to be able to eat. If they can't eat, they can't do the therapy. They have to be able to take care of themselves…

This is a program the patients have to follow at home.

... Initially, the patients could do it and responded to the treatment. Then, there was a sudden change, around 2000-2001, when the Columbia group took total control of the entry of patients in the study. We were excluded from that process, except during the initial months. The thinking was that if we were involved in the admission process, we'd enter the dreaded bias, whereas if conventional doctors were in control, they couldn't possibly be biased.

Of course, the chief investigator helped develop the chemo regimen used in the study. That's virtually the definition of a 'potential bias'!
He started sending us patients that couldn't eat. We had patients that were so sick we would never have accepted them into our private practice. That were so sick, they died before they got the treatment.

Whether it was a trick to the protocol or not, the Columbia team, the NCI, and the NHI insisted that we had an 'intent to treat provision into protocol.' This means that the minute a patient is accepted into the trial, they're considered treated, even if they never do the therapy.

So the chief of the study at Columbia would enter patients that were so sick, several died before they could pursue their treatment. But because of this intent to treat provision into protocol, they were considered treatment failures.

Ultimately, 39 patients were entered for treatment. Maybe at best, being kind and optimistic, maybe five or six actually did it, the great majority were so sick they couldn't do it."

As a result, the chemo treatment appeared to be a clear winner in this head-to-head evaluation of treatments against incurable pancreatic cancer.

In 2006, Dr Gonzalez and his partner filed a complaint with the Office of the Human Research Protection (OHRP), which is a group responsible for making sure federal-funded clinical trials are run properly. After a two-year investigation, the OHRP determined that 42 out of 62 patients had been admitted inappropriately. Unfortunately, this never made it to the media, and the Columbia team was able to publish the research findings without mentioning the results of the OHRP review.

"So the study was a total boondoggle; a waste of $1.4 million," Dr Gonzalez says. *"Even though I won the grant, all the money went to Columbia. It's all gone. The data, as far as I'm concerned, is worthless, and the NIH and NCI are using it to show that my therapy doesn't work.*

So that's how this long journey of 30 years, from when I first met Kelley, has gone.

I tell people now regarding the National Center for Complementary and Alternative Medicine (NCCAM), I wouldn't send a dog to that group.

They're not there to help you objectively investigate alternative therapies; they're there to undermine them. It gives the illusion that the government's interested in alternative therapies, when in fact that office is being used, as it was in my case, to help undermine promising useful alternative therapies."

Gonzalez's Three-Pronged Approach to Cancer Treatment

Although most of the studies done on this approach were done on pancreatic cancer, Dr Gonzalez uses it to treat ALL cancers, from brain cancer to leukemia. His treatment, which is based on Kelley's work, consists of three protocols: diet, supplements and enzymes, and detoxification.

The Dietary Protocol:

The cornerstone of the treatment is a personalized diet based on your nutri-

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tional or metabolic type (which happens to be a key component of my own optimized nutrition plan).

Dr Kelley originally had 10 basic diets and 90 variations that ranged from pure vegetarian and raw food, to heavy-protein meals that included red meat three times a day.

"In terms of diet, Kelley... found that patients diagnosed with the typical solid tumours: tumours of the breast, lungs, stomach, pancreas, liver, colon, uterus, ovaries, and prostate needed a more vegetarian diet," Dr Gonzalez explains. *"But he had all gradations of a vegetarian diet; one that was 80 percent raw, one that was 80 percent cooked. So even on the vegetarian side, there were all different variations.*

Some had minimal animal protein, some had fish, some had also red meat.

A patient with immune cancer (leukemia, lymphoma, myeloma, and sarcomas, (which are connective tissue cancers that are related to immune cancers) tended to do best on a high-fat, high meat diet.

... Then there are balanced people that do well with a variety of foods, both plant foods and animal products, but they don't tend to get cancer.

Cancer tends to occur on the extremes, the extreme vegetarians-those that tend to be too acid-or extreme meat eaters, who tend to be too alkaline. Balanced people don't tend to get cancer too much. So we continued the individualized approach, as did Kelley."

Individualized Supplementation and Enzyme Protocol:

The second component is an individualized supplement protocol, designed for your particular metabolism.

"For example, our vegetarian patients need completely different supplements from our meat eaters. The vegetarians do very well with most of the B vitamins, while the meat eaters don't. The vegetarians don't do well with vitamin A, but the meat eaters do. The vegetarians do well with vitamin D; the meat eaters not so well with large doses, and so on," Dr Gonzalez explains.

"The meat eaters do well with calcium ascorbate as a vitamin C source, while the vegetarians do well with large doses of ascorbic acid. So the supplement protocols are very individualized and very precisely engineered."

Omega-3 fats are also prescribed, but even here Dr Gonzalez prescribes different types of omega-3s depending on the patient's nutritional type. In his experience, vegetarians, or carbohydrate types, tend to fare better on flaxseed oil, which contains alpha linoleic acid (ALA) - a plant-based omega-3.

"It is thought that the conversion of the plant-based ALA into the fish-oil based eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) is not that efficient," he says, *"But we find that our vegetarian patients actually do it very well and don't use the fish oil or animal-based omega-3 fatty acids as effectively."*

Chia and hemp seed oils can also be used.

Protein types, on the other hand, appear to need the EPA and the DHA and do better on animal-based omega-3 such as krill oil.

"They don't do well with flaxseed," he says. *"Those are the people who can't make the conversion."*

In addition to vitamins, minerals and trace elements, he also prescribes large doses of pancreatic enzymes.

"The essence of Kelley's work was based on the work of Dr Beard, which goes back to the turn of the last century, about 110 years ago. Beard was a professor at the University of Edinburg, an embryologist actually, not a medical researcher, who first proposed that pancreatic proteolytic enzymes are the main defence against cancer in the body and are useful as a cancer treatment," he explains.

When treating cancer, however, he found it's important to take the right ratio of active and inactive enzymes. The *inactive precursors* are particularly active against cancer. They also have far longer shelf life, and are more stable.

"That would be my advice - get an enzyme that isn't completely activated," Dr Gonzalez says. *"More active isn't better when it comes to pancreatic enzymes, just like more and more D isn't better than getting the right dosage. You want the right proportions of activated and inactive-most of it as an inactive precursor."*

His proprietary enzyme formula is manufactured by NutriCology. According to Dr Gonzalez, pancreatic enzymes are not only useful as treatment for active cancer but are also one of the best preventive measures.

Antioxidants, such as astaxanthin, are also very helpful, both in the prevention and treatment of cancer.

The Detoxification Protocol:

The third component is a detoxification routine. Coffee enemas are used to help your liver and kidneys to mobilize and eliminate dead cancer cells that have been broken down by the pancreatic enzymes.

Coffee enemas, although often scoffed at today, were actually used as part of conventional medicine all the way up to the 1960s, and were included in the Merck Manual, which was a handbook for conventional medical treatments into the 1970s.

"They fell out of favour not because they didn't work, but because the drug industry took over medicine, so things like coffee enemas were kind of laughed at," Dr Gonzalez says. *"So Kelley learned about coffee enemas from conventional literature and incorporated them into his program and found them extremely helpful."*

When you drink coffee, it tends to suppress your liver function, but when taken rectally as an enema, the caffeine stimulates nerves in your lower bowels, which causes your liver to release toxins as a reflex. Other detox strategies include colon cleanses and liver flushes developed by Kelley.

It's important to realize, however, that **conventional coffee should NOT be used for enemas. The coffee MUST be organic, naturally caffeinated coffee**, and were you to do this at home, you'd also want to use non-bleached filters to avoid introducing toxins into your colon.

"[Organic coffee] is loaded with antioxidants," Dr Gonzalez says. *"In fact, there are recent studies showing that coffee loaded with antioxidants can have an anti-cancer effect and that coffee may actually help suppress cancer.*

But you have to use organic coffee, it has to have caffeine, and you have to use a coffee maker that doesn't have aluminium, and preferably no plastic." Dr Gonzalez also relies on sodium alginate as a detoxifying agent.

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"We have a preparation that we put together and it's very effective... It's an algae and it chelates heavy metals and halides. I never use intravenous chelation; we just use sodium alginate."

He recommends taking three capsules three times a day, away from meals, for six weeks to detoxify your body of heavy metals, such as mercury, and halides.

Final Thoughts

This is one of the most fascinating interviews I've ever done, and it is chock full of information-far more than I can summarize here. So please, I urge you to take the time to listen to the interview in its entirety.

In addition to expounding on the subjects mentioned above, Dr Gonzalez Also reviews the benefits of optimizing vitamin D during cancer treatment, and how iodine supplementation can benefit breast cancer-not to mention help protect against thyroid cancer, in light of the current nuclear crisis in Japan.

We discuss the benefits of juicing and chiropractic adjustments, and the importance of regular exercise for cancer patients. We also review the dangers of electromagnetic field (EMF) exposure, in terms of how it may aggravate cancer growth and hinder cancer recovery, and the benefits, along with some surprising precautions, of Earthing or grounding.

For more information about Dr Gonzalez and his practice, see www.drgonzalez.com. He was also working on a series of books, two of which have already been published and received five-star reviews: *The Trophoblast and the Origins of Cancer*, and *One Man Alone: An Investigation of Nutrition, Cancer, and William Donald Kelley*, which is the original monograph of Dr Kelley's work that he couldn't get published 23 years ago.

This written summary is only a small glimpse of the insights that were shared in our interview. If you or anyone you know struggles with cancer I would strongly encourage you to listen to the entire interview at

http://mercola.fileburst.com/PDF/

ExpertInterviewTranscripts/Interview-Gonzalez-onAlaternative-Cancer-Treatents.pdf

Although Dr Gonzalez died in 2015 his work is carried on by his colleague Dr Linda Isaacs, see

https://www.drlindai.com/njg.html?gclid=EAIaIQobChMIgJa94p624wIVkTUrCh3bwwVfEAAYASAAEgI1zPD_BwE

CISS Member Surveys

Dear CISS member,

Everything is now almost fully restored to bring CISS back to our normal services, as Don detailed in the last Newsletter. This gives us a chance to think ahead again. During the June committee meeting we discussed the possibility of communicating more regularly with CISS members through an email blog, but we need to know your thoughts about this.

Cancer can be an isolating experience no matter where in Australia you live. So, can dealing with the challenges of related chronic conditions or a carer/support role. We also think there is a lot of combined potential amongst CISS members for contributing to some sort of a regular email blog to supplement the main bimonthly CISS newsletter without making still more work for Don or overloading Claudine, our new office manager.

We've put together a 'CISS Blog?- Member Survey' for all members so that we can be guided by your opinions and suggestions about this.

Some committee members also highlighted aspects of the website that could be improved, but again we need to be guided by members before making any major changes because members opinions about needed changes are likely to vary quite a bit. Completing the 'CISS Website Member Survey will help us with this.

To complete both surveys, ***if you received this Newsletter via email***, simply open each of the two SurveyMonkey links below and when "DONE" they will remain secure and automatically be returned to Claudine. It generally takes only a few minutes to contribute your view within each survey.

If you received this Newsletter via post, please fill in both sides of the Survey sheet included with the Newsletter and post it back to Claudine at CISS, 6/56 Chandos St, St Leonards NSW 2065 or email it to *support@ciss.org.au*

The more responses we receive back, the more sure we can be that we are on the right track for all members.

Warm regards,
Selwyn, Leonie, Raelene, Frank, Maxine, Jennie, Lynne, Elizabeth, Susie, Don and Claudine.

Link for 'blog' survey
https://www.surveymonkey.com/r/8PYWM86

Link for 'website' survey
https://www.surveymonkey.com/r/LLBS53Y

(continued from page 2)

lie the process or the procedure that's being proposed. So what we won't do is fund something that is so far from established medical practice or that really has no chance of success.

And this goes with particularly vulnerable families, particularly with a diagnosis of cancer. People can have a kind of thought process that thinks "if I cut this out or we have surgery, that is has gone; but unfortunately for a number of cases of cancer that has spread, or very aggressive forms of cancer, cutting it out or having surgery is no better; You're not likely to live longer than if you had conservative treatment or radiotherapy or chemotherapy or sometimes no treatment at all.

The idea the if we cut it out it's gone. Unfortunately that does not guarantee a longer life and under … no circumstances should people be charged a lot of money to go down that path…"

The CISS letter on page 11 goes a bit further by questioning the likely benefit of cancer surgery generally, even when the cancer has not spread, or is not an aggressive form of cancer. The available evidence suggests that cancer is a systemic disease with tumours only late stage symptoms of this underlying condition.

COMMITTEE MEMBERS

Elizabeth Lyons

My name is Elizabeth and I'm new to the CISS committee. I am a retired psychologist with some research experience in medical psychology and personal experience with cancer.

I'm 64, have been married for 42 years and we have an adult daughter and a courageous foster-daughter with three special teenaged boys. Both daughters are strong women helping to make this world a better place.

My initial academic training was in education during the mid 1970s, followed by work with disadvantaged young people on the Gold Coast. With appointment to a teaching position on the NSW far south coast we discovered the joys of bushwalking the Snowy mountains in spring and cross-country skiing and snow-camping in winter.

After completing further psychology courses at UNSW and masters coursework at Macquarie University I began my long career as a psychologist. This included 20 years working in school counselling while dabbling in organisational psychology followed by 15 years in private practice as a psychologist.

After training in psychotherapy my work extended to specialised trauma recovery, working mostly with police officers, domestic violence survivors and other victims of crime, torture and war trauma.

I retired after another cancer recurrence in late 2015. Now I enjoy more time for music, art and meditation, reading other's research, staying connected with friends and family and watching nature documentaries while writing.

My only vested interests are in GetUp, where my daughter is the environmental campaigns manager, The Australian Greens, and recently, The New Democracy Foundation and the Consumers Health Forum.

Probably of more relevance to CISS, in early 2013 I'd initiated a multidisciplinary research project that secured competitive grant funding for three years. This aimed to help GPs disillusioned with the over-prescription of antidepressants to

Elizabeth Lyons

shift from the simplistic biomedical paradigm of cause and treatment of depression (etc.) that had been experienced as harmful by most of my patients.

Basically the project aims to promote informed patient choice with GPs who share decision-making regarding individualised combinations from nine evidence-based treatment options, including sleep, social support, exercise and nutritional interventions, etc.

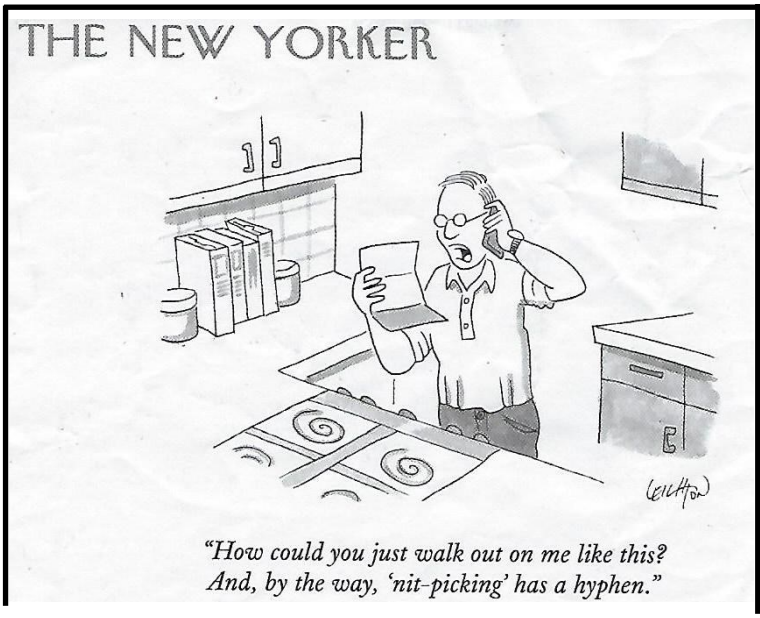
This is a similar concept to that long used by CISS when helping people decide on their individualised cancer survival plan. It would be so helpful if future integrative oncologists and supportive GPs have the knowledge, skills and confidence to do likewise.

Since 2015 I transferred my research skills to try to understand for myself why patient-valued outcomes (survival and quality-of-life) from the conventional approach to cancer aren't better. I've also been educating myself by looking at promising evidence-based (and/or plausible but under-studied), safe alternative treatment approaches that seem to help promote long-term cancer survival and the commonalities between these.

I've collected a searchable data-base of over 50,000 peer-reviewed works I consider relevant from independent researchers. This prioritises traditional anticancer plants, their synergistic phytochemicals and systemic mechanisms which is a longstanding particular interest that I've started writing up in a book.

The general data base may in the future also prove useful to CISS when looking at very specific cancer research-related questions. The more I've learned about cancer, the more I realise how much there is still to learn (a little like fractals where the pattern becomes more complex the closer you look). Finding CISS early in 2018 helped me feel less radical in questioning the assumptions behind the mainstream paradigm.

I want to help CISS grow in any way I can. First however I'd like to see CISS financially secure for well into the future (with regular income from independent donors). This would enable CISS to build upon its uniquely independent information and support services that are consistent with the systemic and "whole-person" understanding of cancer. I'd also like to see CISS connect with international researchers who've also been questioning the origins and nature of cancer itself and thinking along similar lines about cancer prevention, management and treatment.



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FROM: WDDTY
June 2019

Heart Disease—The Insulin Connection

….Some cardiologists believe that the incidence of heart disease can be slashed and cite a large body of published science that identifies those people who are most at risk for heart attacks before they happen. Better yet, they have numerous suggestions on how to counter those risks and put your heart right to prevent a heart attack from ever striking.

“There is a mantra I would like you to repeat over and over;” says holistic cardiologist Joel Kahn, professor of clinical cardiology at Wayne State University in Detroit, Michigan, and director of the Kahn Center for Cardiac Longevity: "Heart attacks are preventable.”

Kahn is convinced that upwards of 90 percent of heart attacks can be thwarted, primarily through fewer than 10 diet and lifestyle changes. The enormity of this assertion is staggering. It means that in the United States alone, more than 700,000 of the 785,000 first-time heart attacks experienced each year could be prevented. More than 360,000 of the nearly 400,000 lives claimed by heart disease annually could be saved….

Like other cardiologists critical of mainstream medicine, Kahn, who has used an integrative approach to treat and reverse heart disease in more than 10,000 patients, says the current paradigm not only is a colossal failure, but actually contributes to heart disease by treating everyone with pills or balloons and stents, which carry dangerous side-effects and a false sense of security.

“In current cardiology, none of the pills, none of the drugs, none of the procedures, none of the surgeries, have one single, solitary thing to do with the causation of the illness. However, we've built a billion-dollar industry over an illness that does not exist in half the world,” Caldwell Esselstyn Jr., director of the cardiovascular prevention and reversal program at The Cleveland Clinic Wellness Institute, told WDDTY.

Trying to change this cardiac paradigm is “a little bit like turning the Queen Mary,” Esselstyn added, because it is built on profit. “What you get paid for doing a bypass and what you get paid for inserting a stent doesn't compare to what you get paid for talking to your patient about Brussels sprouts and broccoli.”

Cholesterol nightmare

For the past 30 years, the pharmaceutical industry has produced slick anti-cholesterol campaigns such as one television commercial that equates cholesterol - a natural component of every single cell in the human body - to greasy fat choking up the plumbing of a kitchen sink like ‘clogged’ arteries causing heart attacks.

Consequently, for more than a decade, cholesterol-lowering statins have been among the world's best-selling drugs. Just one of them - Pfizer's Lipitor - generated the company more than $100 billion between 2003 and 2011 when its patent expired. Even with competition from generic drugs, it still rakes in more than $2 billion annually.

Over the years, the definition of a healthy cholesterol level has changed time and again. Whenever the threshold is lowered, the statin market massively widens its net as millions more people become eligible for cholesterol-lowering drug prescriptions.

Twenty years ago, the threshold for ‘elevated’ cholesterol in the US was 240 mg/ dL (equivalent to 6.2 mmol/Las it's measured in the UK), while today, ‘healthy’ is defined as 200 mg/dL (5.0 mmol/L). In one large-scale study of over 39,000 American adults, average total cholesterol fell from 204 mg/dL (5.3 mmol/L) in 1999 to 189 mg/dL (4.9 mmol/L) in2013.[2]

It is no coincidence that most of the research on statins has come directly from the pharmaceutical industry itself or has a money trail leading to it. For example, a recent study examining concerns about dangerous side-effects of statins, for the elderly in particular, concluded that despite "less definitive direct evidence of benefit" in those over age 75, statins were still worth the risk.

Yet nearly every researcher included in the group that authored the paper - the Cholesterol Treatment Trialists' Collaboration - had received grants and/ or “personal fees” from statin manufacturers including Pfizer, Merck and AstraZeneca. The authors’ influence reveals how medical education and training as well as research have been captured by industry interests.[3]

About one in 400 people inherit a genetic inability to metabolize cholesterol, according to Dr Kahn....

Now, the evidence is pointing to a different underlying pathogenesis of the disease. “Increasingly, it would appear that inflammation is a very important element” says Dr Esselstyn of the Cleveland Clinic, author of *Prevent and Reverse Heart Disease* (Avery, 2008).

He cites a landmark 2017 study from Brigham and Women's Hospital in Boston, which monitored more than 10,000 heart attack victims who had raised levels of inflammation. These patients were given an anti-inflammatory drug, canakinumab, which didn't affect their ‘bad’ low-density lipoprotein (LDL) cholesterol levels at all.

But the drug still reduced the study participants’ risk of a second heart attack (usually about a 25 percent risk within five years) by between 15 and 17 percent over 25 years when their inflammation levels were also 1owered. Their need for bypass surgery and angioplasty was also cut by 30 percent, blowing cholesterol-lowering drugs out of the water.

The drug canakinumab has its own troubles, though, and the study researchers noted that one in every 1,000 participants suffered a fatal infection, likely due to the drug's suppression of the immune system. It is another nail in the coffin of the cholesterol theory, however, and there are many safer, non-pharmaceutical, alternative strategies to fight inflammation.[4]

In chronic inflammation, the immune system is activated by stimuli such as smoking, and immune system factors interact with metabolic risk factors to begin producing a build-up of plaque in the arteries (atherosclerosis), which may suddenly form a clot leading to a heart attack. Just 30 minutes of passive smoking increases platelet activity that can lead to blood clotting, and recent declines in cardiovascular disease are tied to falls in smoking rates.

Dr Aseem Malhotra, British cardiologist and outspoken critic of mainstream approaches to heart disease, calls chronic inflammation the “twin brother” of insulin resistance, claiming that “the more insulin resistance in an individual’s body, the more systemic inflammation, and vice versa.”

In fact, a 2009 study that analysed all the known risk factors for heart disease concluded: “Insulin resistance is likely the single most important cause of CAD [coronary artery disease].”

Preventing insulin resistance alone would slash heart attacks by a whopping 42 percent, the researchers found, compared to 36 percent for cutting high blood pressure and just 16 percent for lowering LDL cholesterol.[5]

The diet and lifestyle changes described below have been proven to protect the heart by targeting inflammation and metabolism - without a prescription pad.

Here are our top seven practical recommendations from leading wholistic cardiologists that you can put in place today to prevent and reverse cardiovascular disease:

1. Eat real

Except smoking, nothing impacts heart health so much as what you put in your mouth. Just one apple a day offers better protection than a statin[6].

There are so many books and websites from doctors offering their advice on how to eat for a healthy heart, with all sorts of conflicting advice. The best solution is to look for the common denominators. Here are the fundamentals that most heart health diets have in common:

1. Eat more vegetables and berries

Most heart-healthy diets are referred to as "plant-based" for a reason: they include lots of fresh vegetables. Make sure raw and cooked, preferably pesticide- free vegetables occupy the majority of your dinner plate.

2. Ditch sugar, especially the processed kind

Sugar fuels diabetes, and soaring blood sugar levels are behind insulin resistance. When you want something sweet, have a piece of fruit or a square of organic dark chocolate.

3. Eliminate all processed foods, especially ultra-processed, packaged foods including bagged breads, cookies, crackers, cakes, breakfast cereals, granola bars, fast foods and anything that contains heat-destroyed, processed vegetable oils.

4. Eat a handful of fresh nuts every day

A 2013 study of nearly 18,000 people published in the *New England Journal of Medicine* found that those who ate the most nuts lived the longest. In fact, the more nuts they ate, the less likely they were to die from cancer, heart disease and respiratory disease.[7]

2. Fast

A number of holistic cardiologists advise some kind of fasting period, whether it's once or twice a week for a 24-hour period, or only eating within an eight-hour window everyday (intermittent fasting). Aseem Malhotra recommends skipping breakfast, although he does drink coffee with coconut cream in the morning.

Fasting may improve the way your body metabolises sugar, which reduces insulin resistance. One recent study found that men who ate three meals within an eight-hour window (at 1 pm, 4 pm and 8 pm) had decreased blood glucose and insulin concentrations compared to those who ate three meals over 12 hours (at 8am, 1 pm and 8 pm). They also had increased levels of adiponectin, a hormone that reduces inflammation and improves insulin sensitivity.[8]

3. Get physical

Hundreds of studies point to the heart benefits of regular exercise, but a 2017study of 130,000 people in 17 countries underscores that you don't need a gym membership to get the benefits. The Prospective Urban Rural Epidemiology (PURE) study showed that any activity - from running on a treadmill to walking to work or mopping a floor - allows people to meet the current guideline of 30 minutes of activity a day, or 150 minutes a week, to raise the heart rate.

Meeting the guideline by any means reduced the risk for death from any cause by 28 percent and death from heart disease by 20 percent.[9] According to Dr Salim Yusuf director of the Population Health Research Institute at McMaster University in Canada and the principal investigator of the PURE study, "If everyone was active for at least 150 minutes per week, over seven years a total of 8 percent of deaths could be prevented."

What's more, the more physical activity - in whatever form taken - the greater the benefits, with no indication of a ceiling effect. People getting more than 750 minutes of physical activity per week had a 36 percent reduction in their risk of dying .

4. Chelate toxins

Toxic metals such as lead and arsenic and hormone-disrupting chemicals like phthalates an bisphenol from plastics have all been increasingly linked to heart disease.[10]

In 2013, a massive $31 million study by the US National Institutes of Health shocked cardiologists when it reported a modest reduction in heart-related events among patients who received a form of chelation therapy - which removes metals from the body - compared to controls.

Notably, chelation therapy was linked to a 40 percent decline in bad outcomes, with few side-effects, in the heart patients with diabetes, with a more modest decline among nondiabetics. Combined with multivitamins, the therapy was even more effective.[11]

Dr Kahn recommends that his patients use N -acetylcysteine to help flush toxins from the body and eat cruciferous vegetables like cauliflower, broccoli and bok choy, which also help chelate metals.

One study of N-acetylcysteine given at a dose of 1.8 grams per day for just four weeks found that the supplement reduced levels of the inflammatory molecule homocysteine and lowered blood pressure regardless of patients' cholesterol status or whether they smoked.[12]

5. Sweat it out

Sweating is a key way for the body to dump toxins including metals like lead, arsenic and mercury, and to rid itself of unwelcome phthalates from plastics.[13] Many studies have found that regular sauna use is linked to favorable cardiovascular health. Sauna has been found to lower blood pressure and improve artery function.[14]

One 2018 study by researchers in Finland concluded that the more often people frequent a sauna and the longer they stay in one, the less likely they are to have a fatal cardiovascular event in middle age.[15]

6. Berberine

Berberine, a brightly colored derivative of the goldthread plant, has been used in Chinese medicine for more than 2,500 years, and interest in its medicinal effects on the heart has grown in the West recently. A2015 review describes positive effects of berberine on heart failure, high blood pressure, high cholesterol levels, insulin resistance, heart rhythm abnormalities and blood clotting,[16] and it has also been shown to reduce blood sugar levels, fight obesity and have antioxidant and anti-inflammatory activity.[17]

Suggested daily dosage: 500 mg three times per day

7. Magnesium

The essential mineral magnesium is necessary for blood pressure regulation, glycemic control and the breakdown of fats in the body. It's also critical to cardiovascular function. According to a 2018 review, roughly 42 percent of hospitalised patients are deficient in magnesium.[18] Another study in a cardiac intensive care unit found that more than half (53 percent) of patients had magnesium levels below the lowest normal control.[19]

Suggested daily dosage: 400-800 mg, but 500 mg twice a day if you have heart palpitations. Choose magnesium chelate or glycinate, and avoid magnesium oxide, which may irritate the digestive tract.

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(Continued on page 8)

Measles is a Natural Cancer Killer

Health authorities may want to think twice about eradicating measles: researchers are discovering that the virus can fight cancer, and in one case dissolved a golf ball-sized tumour in just 36 hours.

The virus makes cancer cells join together and explode, explains Mayo Clinic researcher Angela Dispenzieri. It also stimulates the immune system to detect any recurring cancer cells and "mops them up."

Although it's been recognized for a long time that measles and other viruses are natural cancer fighters - it's known as virotherapy - the dose seems to be an important factor. Dispenzieri and her colleagues genetically modified the measles virus strain, and gave it to a woman with end- stage multiple myeloma in a dose strong enough to vaccinate 10 million people.

Virotherapy was a last-resort therapy, as the 49-year-old woman had endured every type of chemotherapy and two stem cell transplants without success.

The response was immediate. Within five minutes, the doctors say she developed a splitting headache and a temperature of 105°F (40°C) before she started vomiting and shaking. A tumour the size of a golf ball had vanished: within 36 hours, and all signs of cancer had disappeared from her body within two weeks.

“I think we succeeded because we pushed the dose higher than others have pushed it," said Mayo researcher Stephen Russell. "The amount of virus that’s in the bloodstream really is the driver of how much gets into the tumours."

Researchers at University College London agree that virotherapy could be a promising way forward in the fight against cancer. In a study titled "Measles to the Rescue," the researchers say that "virotherapeutic agents are likely to become serious contenders in cancer treatment," and that the vaccine strain of measles virus holds special hope.[1]

1. Mayo Clin Proc, 2014; 789: 926-33;

Researchers at the Mayo Clinic have discovered that the measles virus kills cancer.

Admittedly, it was an engineered form, and delivered at extremely high doses, but it has cured a woman who was terminally ill with stage IV multiple myeloma, a cancer of the blood that had spread through her body and bone marrow[2].

Within five minutes of getting the infusion, she developed a splitting headache and a fever of 105°F (40°C), and then vomited and shook violently. But 36 hours later, a golfball-sized tumour on her forehead had vanished. All traces of the cancer had completely disappeared from her body two weeks later.

Until she had the measles therapy, she had endured every type of chemotherapy and undergone two stem cell transplants, but nothing had been successful.

The Mayo researchers had engineered the virus and weakened it before giving her a dose that was strong enough to vaccinate 10 million people. Thousands of cancer patients have been treated with the measles virus before, but the Mayo researchers were the first to crank up the dose.

"I think we succeeded because we pushed the dose higher than others have pushed it. And I think that is critical. The amount of virus that's in the bloodstream really is the driver of how much gets into the tumours," said Dr Stephen Russell, one of the Mayo researchers.

The cancer cells joined together as a response to the virus, then destroyed themselves. The virus also kick-started the immune response, which was able to recognize cancerous cells and mopped them up as they were forming.

This isn't news to grandmother. She knew that measles was a relatively benign virus that helped the development of the immune system, provided the child was well nourished.

As the WHO should be telling everyone, measles can be lethal only in the malnourished and those with a compromised immune system. It's about nutrition, not vaccination.

Measles is an oncolytic virus, which means it kills cancer cells. It's an example of a therapeutic approach called virotherapy that was discovered in the early part of the last century - one physician in 1904 had noted that two cases of leukemia had been reversed after the patients developed influenza - but research only really got going in the 1960s.

A modified form of herpes, another oncolytic virus, was approved in the US and Europe in 2015 as a treatment for advanced melanoma. But it's the measles virus that seems to have special potential.

The truth is we're not winning the war against cancer. Current therapies can be more damaging than curative, and, as so often proves to be the case, the answer lies in nature, even when it seems to be malign.

Who, after all, would have thought that a killer virus could also be our saviour?
Bryan Hubbard

2. Viruses, 2016; 8: 294

FROM: WDDTY July 2019

Dr Teo and the cost of cancer care

The issue of whether or not Charlie Teo overcharges for treating patients with life-threatening brain tumours misses the main point: surgery for cancer has never been evaluated in a properly run randomised controlled trial to see if it increases survival or reduces mortality.

Surgery to remove a tumour clearly can extend life for months if a tumour is threatening life by obstructing the bowel or pressing on the brain. But all the evidence points to cancer being a systemic disease, with tumours being late-stage symptoms. So this does not mean the cancer has been removed by the surgery.

The problem of excessive costs with cancer treatment starts with patients being wrongly told that treatment might save their life.

Cancer treatment has not been shown in proper trials to produce a significant reduction in deaths for any type of cancer, except following treatments designed to remove causes, such as emotional trauma or chronic stress

Our charity is currently evaluating the evidence for this alternative cancer paradigm.

Don Benjamin, research director, Cancer Information and Support Society

THE SUN-HERALD, Sunday June 16, 2019

FROM MEMBERS

Dear Don & Committee,
Following the news of the recent shemozzle in the Committee/Management, I intended to not renew membership. However, I was delighted to read in the latest newsletter that the criminals have left and CISS is back in reliable hands.

Good people do tend to be trusting. Generally I have found we get back what we give out. I have been a naturopath for 27 years and have only been ripped off by about 5 clients in that time. I want to continue to help people until my end, but our governments, the media and all their financial backers are doing their best to put an end to natural medicine. So I really appreciate your efforts to educate people. I send a monthly newsletter to my clients, but must be very careful what to say about conventional medicine, what they say about natural medicine, or I will have the HCCC on my back and that will end my career.

Once again, good to see the good guys back at the helm.
Best regards,
John (Naturopath)

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a general meeting on the third Saturday of each month in June to August at the Arts & Crafts Centre, Henry Kendall Gardens, Bellbird Drive (off Maidens Brush Rd, Wyoming at 2pm with a guest speaker and sharing of information and common experiences. An excellent library is available to members. All are welcome. For further information contact Mary Sponberg-Macready on (02) 4322 8767.

What's Available from the CISS Office?

CHAMPION Juicer - $575 ($615 non-members)
OSCAR Juicer - $485 **DVD:** CISS 2007 Seminar : Cancer & Hope
Enema Kits: $12.00 $29.50 plus $5 postage
Water Purifier: Reverse Osmosis - $495. Other models avail.

Prices are subject to change. Items can be posted to you. There is a $15.00 postage/ packing fee for standard articles, $16-$18 for country and interstate, $18 Express Post. CISS Handbooks $13.50, $15 including postage.

CANCER SUPPORT GROUPS
NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meets at Balgowlah RSL, Ethel St, Seaforth on 2nd Tuesday of the Month at 7pm. $5 donation. Guest speakers. Contact Robin 9938 6128 or Kate 8902 0196

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

Support groups and complementary therapies. Groups include the Gawler "Living Well" 12 week program at Katoomba and Springwood, and a Breast Cancer group. Regular support groups held twice a month. A not-for-profit charity supported by our op shops. Phone 4782 4866 www.cancerhelp.net.au.

CANDLES CANCER SUPPORT GROUP

Meets Fortnightly [Thursdays] 10-noon Kanwal Community Hall, Pearce Rd Kanwal [Central Coast] Provides information, support, empathy and understanding. Phone/ email contact available if unable to attend meetings. Open to all types of cancers patients, male and female. Survivors and carers all welcome. Contact: 4393-5017 for details.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 3, 280 Pitt St. Enjoy meditation, sharing and support. Ring Sue Saxelby 0408 442 030 or just turn up.

HILLVIEW COMMUNITY SUPPORT GROUP

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

KEMPSEY CANCER SUPPORT GROUP

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

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am – 1 pm. Phone 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, 44 Dudley Road, Charlestown, NSW 2290. Phone 4943 8462.

PARKES CANCER SUPPORT GROUP

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

QUEST FOR LIFE FOUNDATION

Based on 30 years of delivering exceptional retreat experiences for people living with cancer, our 5 day residential retreats deliver the latest research on health, healing and neuroscience. Contact 02 4883 6599 or visit www.questforlife.com.au

SUTHERLAND SHIRE CANCER SUPPORT GROUP

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

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 10-12 noon at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for patients and carers of any cancer type. Also special support groups for different cancer types and for carers. Contact Nerolie on 9487 9061.

VICTORIA

CANCER NATURAL THERAPY FOUNDATION

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

Learn how to create wellness in the face of cancer at our 5-day and 10-day Cancer Retreats in Victoria's beautiful Yarra Valley. Call 1300 651 211 or visit www.gawler.org to learn more.

QUEENSLAND

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GROUP

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

WESTERN AUSTRALIA

Solaris Cancer Care (formerly Cancer Support Association of WA)

Cancer Wellness Centre, 80 Railway St Cottesloe WA 6011. Counselling hours: Tues-Thurs. Phone (08) 9384 3544. The CSAWA Inc is a non profit organisation with the primary objective to provide support services, information and self-help activities in a safe and caring environment for people affected by cancer, to enhance their emotional, physical, spiritual and mental well being. Emphasis on self-help and development, teaching life skills that enable individuals to better cope with the fear and uncertainty of a cancer diagnosis.
Website: https://solariscancercare.org.au/page/support/support-services