



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

Modern medicine's overall score card in its fight against most cancers is 'F' for fail!

By Greg Fitzgerald, (Allied Health),
Osteopath, Chiropractor and Naturopath

When the United States' President Nixon declared 'war on cancer' in 1971, he promised to find the cure within 10 years, believing that if man could land on the moon, he surely could beat cancer.

Tragically, more blanks than bullets have been fired!

Fastrack to today, and despite limited success in less common cancers like lymphoma and some childhood cancers like leukemia, cancer still cuts a swathe through the population, and now ranks ahead of heart disease as the number one killer in many countries.

While research has been focussed on stronger and more targeted treatments, little medical research has ever been conducted on those who do survive and thrive against cancer, despite a terminal prognosis.

In Australia, two of the most well-known survivors of terminal cancer are Dr Ian Gawler and Petrea King. As with other 'radical remissions', the medical fraternity has not been particularly interested in the modus operandi of their recoveries. Their personal lifestyles and behaviours have been of little interest to the medical community.

Such medical disinterest prompted Dr Kelly Turner, a PhD graduate of Harvard University, Boston, to write: "I was surprised how little research was being done by the medical community on long-term cancer survivors".

Dr Turner spent one year travelling through 10 countries interviewing many holistic therapists and studying over 1000 cancer survivors who defied the odds and survived a terminal prognosis. In-depth personal interviews were conducted with hundreds of survivors.

This culminated in her book: *Radical Remission: Surviving Cancer Against All Odds*. Her study involved people with



Dr Greg Fitzgerald

cancer who either had shunned conventional treatment altogether (no chemo, radiation or surgery) or who had tried conventional treatment but had decided to stop, either because they were told nothing more could be done, or because the side-effects were so unbearable. During her research, she identified 76 different healing factors that patients used to help heal themselves. These were outside conventional 'cancer treatments'. Of these, 9 stood out as common denominators amongst all survivors.

Turner states: "Many of these patients had healed without western medical treatment or, following its failure, they used other therapies to extend their survival".

The Nine Factors

1) They all adopted radical dietary change.

Many became vegans or vegetarians. All increased plant-based foods, most eschewed alcohol and all ceased smoking. Almost all made the decision to omit meat, wheat, sweets and dairy.

They all dramatically increased their intake of fresh vegetables and fruit. This is in stark contrast to orthodox dietary recommendations given to cancer patients undergoing treatment, who are encouraged to eat high calorie foods like ice cream, milkshakes and biscuits in order to gain weight.

2) They took more control of their health than ever before and became strong activists in their choices of food, treatments and behaviours.

3) All followed their intuition more closely than ever.

Intuition is the 'tuition within' and is not encouraged medically, as it is deemed not science or evidence based. All those studied said they had re-learned to trust themselves, and then take responsibility for the consequences of that trust and intuition.

4) Almost all took some form of nutritional supplementation.

This ranged from pro- and pre-biotics, vitamins, minerals, herbs, food extracts and various food concentrates like fresh raw juices. Each person had a unique approach which was most often guided by a health-care practitioner conversant with nutrition who was not an oncologist, doctor or hospital dietician. There was no one thing that was taken by all the group. Their supplements varied widely.

5) All gave attention to releasing suppressed emotions.

They adopted the attitude it's 'free to-be me' and worked at not suppressing any emotions. Again, the methods used varied widely. Some resorted to hypnotherapy, counselling, psychotherapy, group meetings, workshops, courses and reading relevant books.

6) Without exception they all made a conscious effort to increase posi-

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er to The Science of Self *Empowerment* (Hay House, 2017)

Another mysterious mutation is with the FOXP2 gene in Human Chromosome 7 that gave us our ability for language and complex speech. It occurred 200,000 years BP according to the Max Planck Institute for Anthropology and the David Geffen School of Medicine at UCLA and I cite this in *Human by Design*.

Clearly evolution has played a powerful and significant role in the long, slow emergence of life in our world, and we are part of that emergence until relatively sudden and rapid mutations that give us our humanness occurred 200,000 years ago.

So I don't see a conflict between what Bruce and I are saying in general...I'm simply more specific about human life and the unexplained mysteries underlying our origin.

I hope this helps to clarify the statements in Nathan's video, and your concerns regarding the timeline that Bruce and I are talking about...

Thank you so much for the opportunity to clarify whatever portion of my interview with Nathan made it into the video (I haven't seen the final cut).

Warmly,
With Gratitude,
Gregg

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Ullman: Oh yes, busier than ever. Check out my website, **homeopathic.com**. I have 100 different articles at my website, plus 140 different articles at the famous Huffington Post. If you do a Google for my name, Dana Ullman, and the words Huffington Post, you'll be able to see my collection of articles there. Now, don't go to the Huffington Post directly. If you do a search, you may only do searches for articles in the past year, and most of my articles are older than that. You know, in the last five to 10 years, they've published a lot of my articles, and I'm very proud of that.

Moss: Well, we will definitely let our listeners know about that. One more question, how does one find a quali-

fied homeopath in the United States today?

Ullman: Well, you know, of course, you do that with Dr. Google. You do search for it depends on if you want an MD or homeopath. If you want an MDH in one, there's the American Institute of homeopathy, that actually was started two years before the AMA. And when the AMA got founded in 1846, they said one of the reasons for their formation was to slow the growth of the homeopath. There are also some excellent naturopathic doctors who specialise in homeopathy. So, the first thing I always recommend is that you don't want just a person that uses or practises in homeopathy, you want someone who specialises in homeopathy; because if they

get with a whole bunch of different things, they're not going to be as good in homeopathy. Which really requires a certain degree of specialisation. And then there are what we call professional homeopaths, who are not naturopaths or medical doctors who have gone through the most rigorous training in homeopathy in order to be practising. And the list of homeopaths there is what's called the North American Society of homeopaths. And their website is homeopathicdirectory.com. And I'm in that directory amongst many others and my general, my conventional training is also in public health, where I got my Master's in Public Health from UC Berkeley. And I was honoured that back in 1999, the University of California at Berkeley, their alumni magazine
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Supplements for CISS Members

Low Dose Naltrexone all strengths 1.5mg to 4.5mg
100 compounded capsules (Doctor's prescription needed)
Look up "Low Dose Naltrexone" Homepage
Stabilised electrolytes of oxygen 50ml—\$15 (Chlorine Dioxide)
Visionary Health Compounding Chemist (02) 4969 5081

Free Psych-K for CISS members

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

DVDs for Sale from the CISS Office

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

OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

The role of the heart

We have been reporting occasionally on the findings of HeartMath that supports the idea that the heart, as an organ, is as important, or in some ways more important in sensing the feelings of others nearby. For example it can sense the presence of others before the brain can respond to seeing or hearing someone approaching. A new claim from the UK is that the heart's main physical function is not to pump blood through the body but just to regulate its flow; the claim is that the water that makes up much of the blood, by means of its contact with the artery walls, provides the pumping mechanism. See Blood in the Water p.11.

Gregg Braden response

In our March issue we included an interview of Gregg Braden by Nathan Crane. I interpreted his interview as implying that humans, including their brain, did not evolve from earlier life forms, but appeared somehow 200,000 years ago roughly as we are now—in contrast with Bruce Lipton's view, as expressed in his books such as Spontaneous Evolution. I asked Gregg to clarify this apparent disagreement. His response is on page 5.

Some quotes used on CISS' Instagram

“Changes to your Thoughts, Emotions, Perception and Awareness are the key to healing cancer, possibly via the immune system” — *Don Benjamin*

“The moment you change your perception is the moment you change the chemistry of your body. You can literally change the fate of your cells by changing your thoughts” — *Bruce Lipton*

“Awareness can actually transform matter, create an entirely new body” — *Candace Pert, Molecules of Emotion*

“When you have a fully functioning immune system your body will remove cancer, exactly as it's designed to do. But when your immune system is not functioning fully, cancer finds its way through the cracks, and proliferates” — *Nathan Crane*



Don Benjamin, Editor

Low Dose Naltrexone for cancer

We have referred to Low-dose naltrexone (LDN) in our Newsletter for some years (e.g. See p.2 Supplements for members. New evidence has confirmed its benefits for the treatment of cancer. See page 6.

LOCAL NEWS

Radical Remission

Selwyn Garwell has drawn my attention to a particular chapter in the book Radical Remission: Surviving Cancer Against All Odds by Kelly A Turner that summarises the nine factors that are apparently involved in recovering from late stage cancer. The chapter was written by Sydney osteopath, chiropractor and naturopath Gregg Fitzgerald. See page 1.

Radiotherapy harm re-confirmed

On ABC Radio National Health Report on 20 June Tegan Taylor interviewed Bruce Mann who confirmed what CISS has known since 1996 that radiotherapy after surgery for early breast cancer does more harm than good. See page 5.

Membership Renewal time

We have included a membership renewal form with all newsletters this month in case you forgot in May/June. If you have already renewed please ignore it.

See important notice on page 12

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did one of those five page interviews, usually it's with ex Nobel laureates, but in this case, they interviewed me. So, nothing better than to have one's own alma mater like UC Berkeley honour being a detailed interview about what my feelings and thoughts about homeopathy are.

Moss: Dana, thank you so much for this interview. I'm sure it's going to be absolutely fascinating for our listeners and our readers. My final question is, do you think that homeopathy in any sense is winning this battle, or is it just surviving, is it falling behind? How do you, after having been in this field for so many years, how do you assess the current situation?

Ullman: Well, you know, up until the early 21st century, there was a lot of interest in alternative medicine. It was definitely growing. But big medicine is biting and really taking out the big guns. But as it turns out, what people don't know is that homeopathy gained its greatest popularity in the 19 century, due to our incredible successes in treating infectious disease epidemics in that era. I'm talking about cholera, yellow fever, scarlet fever, typhoid fever, these serious infectious diseases quite different than the pandemic that we have now, which is comparatively mild, because these other pandemics killed people of all ages and whether they were healthy or not. With this particular pandemic, it is mostly hitting the elderly, it's mostly hitting people that are already chronically ill, even with multiple comorbidities. So, the difference in approach to homeopathy is to not attack the virus, but to strengthen the body's immune defence system. And that makes sense. The other thing that I'm trying to popularize, I call homeopathy, nano pharmacology. A type of nano medicine and nano technologies are the future, and I think eventually, homeopathy will be seen as an integral part of the medicine of the future, and everyone that's of an educated mindset will seek homeopathic treatment, especially as a first method of treatment because those of us that honour hypocrites, remember the words first, do no harm. And that's why homeopathy fits that bill better than anything.

Moss – thank you.

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(continued from page 1)

tive emotions.

This does not say these people had no negative emotions, on the contrary. However, they were all mindful that their responses to certain events or situations remained their choice, and they consciously sought to increase positive emotions like love, laughter, warmth, forgiveness, joy, appreciation, gratitude and compassion.

7) Every radical remission was achieved in the context of much social support.

From loved ones including immediate and extended family, to friends and colleagues, to support groups and professionals, social support was repeatedly stated to play a leading role in their recoveries.

8) Without fail, they all were engaged in deepening their spiritual connections.

This also varied widely. Commonly it involved meditation and prayer. Often it involved a deeper connection to nature, and a greater and more deep appreciation of the natural world.

Whether the person followed a conventional religion, or simply felt a resurgent connection to nature, it did not matter. All felt a connection to something more powerful than themselves. This connection to a greater force or energy was viewed as just as important as any other key factor engaged in.

9) Everyone had a strong reason to live. A purpose.

This transcended just a personal desire to keep going. Again, reasons and purpose were uniquely individual. This backed up what Dr Viktor Frankl stated in his iconic book *Man's Search for Meaning*, in which he noticed as a captive during World War Two that prisoners in Auschwitz concentration camp died quickly if they lost their reason to live. It did not matter what that meaning was, but he did note that the survivors, like him, all had strong reasons to wake up each day. He often quoted Friedrich Nietzsche: "He who has a why to live can bear almost any how".

The Term Itself

Dr Kelly called the recoveries 'radical remission' and not the medically used term 'spontaneous remission' because the latter term implies the healing was instant, like a miracle that just happened without reason. It implies luck or

chance, whereas radical remission was not instant, but a process involving conscious change over time. They all said it was hard work and not luck that made the difference.

It involved a central focus to live differently than previously, to actively engage in their own healing physically, emotionally, spiritually and mentally.

It involved taking up new ideas and releasing some old ways. Taking up and giving up. The old adage was appropriate to all of them: if you want to go up, you have to give up!

IN ESSENCE, THE RADICAL REMISSIONS WERE PRECEDED BY RADICAL CHANGE.

After personally interviewing over 200 radical remission cases and studying over 1000, Dr Kelly stated that for every published radical remission case (published in medical journals) there were over 100 unpublished cases, which no-one ever gets to hear about.

Conventional Disinterest

Dr Kelly heard repeatedly from those she interviewed that this was the first time any medical person had shown the slightest interest in what they had personally done to defy the odds and survive terminal cancer. No doctors, oncologists or dietitians enquired about what they did that could have led to such remarkable remissions.

This did not surprise her as it was the main reason that she commenced this study. Her thoughts were that everyone would be better off if clues could be picked up as to why such people recovered, in order to more wisely inform other patients in future.

Having said that Dr Kelly emphasises that her study does not mean that these nine factors will cure cancer or that people should reject conventional treatment. She makes the point strongly that each case is unique and that there is no cookie-cut approach to manifesting radical remission. There are indeed no guarantees, something all the survivors appreciated.

Such conventional disinterest in radical remissions has been my experience for 36 years, not just in cancer but in diseases like rheumatoid arthritis, lupus, Crohn's, multiple sclerosis, asthma and many others.

One 67-year-old patient who fully recovered from type two diabetes, asthma, hypertension, crippling arthritis and severe migraines went back to her

doctor to show him the transformation, thinking he would embrace her recovery and be thrilled, with many questions. She was gutted when he indignantly told her she had been conned and that he could no longer see her as a patient.

What a lost opportunity!

A Wider Relevance

The original study was confined to terminal cancer patients, but over time it became obvious to Dr Kelly that the nine factors could be extrapolated to include recovery from any disease, and in fact, include otherwise healthy people with no diagnosed disease.

She now trains other doctors help people implement the nine factors.

Incidentally, Petrea King (*Quest for Life*) has been using these same nine factors for decades, with outstanding success.

The nine factors are indeed relevant to all people because they remove the causes of disease and illness and provide the conditions for health, the two most important tenets of Natural Hygiene/Natural Health.

Individually and collectively, the nine factors improve general health, and therefore improve the chances of improvement or recovery in all illnesses.

And wonderfully, there are no adverse side-effects.

If you know anyone experiencing cancer or any major illness, please share this with them. You never know who it could help.

REFERENCES:

Dr Kelly Turner: Radical Remission: Surviving Cancer Against All Odds 2014.
Paul Kraus Editor: Surviving Cancer: Inspiring Stories of Hope and Healing from the Gawler Foundation 2008.
Dr Ian Gawler's blogs: Out On A Limb
Petrea King: Up Until Now, 2017.
Ralph Moss: The Cancer Syndrome, 1980.

The above are extracts from the book *Radical Remission: Surviving Cancer Against All Odds* by Kelly A Turner PhD

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The importance of health:

"In matters of **finance**, ignorance can be costly.

In matters of **relationships**, ignorance can be lonely.

In matters of **health**, however, ignorance can be fatal" - Dr Greg Fitzgerald

Radiotherapy for early breast cancer confirmed to cause more harm than good

Ever since the mammogram trials were carried out between 1965 and 1982 to evaluate the benefits and harms of mammography screening, we at CISS have known that radiotherapy for early breast cancer causes more harm than good.

We evaluated five randomised controlled trials carried out to see if early detection was of benefit. This produced the first paper published (in 1996) to show that mammography screening had no significant benefit on overall mortality; and that the apparent reduction in breast cancer deaths observed had resulted from the post-surgery radiotherapy treatments causing an increased in deaths from other causes. So fewer women died from breast cancer because they died of something else instead: often heart failure from damage to the heart or respiratory failure from damage to the lungs.

For example in one trial, although there was a 30% reduction in deaths from breast cancer among the screened women compared to those not offered screening, there was a 178% increase in deaths from other cancers, a 35% increase in cardiovascular deaths, a 62% increase in non-breast cancer deaths and a 40% increase in deaths from other causes, together essentially nullifying the reduction in breast cancer deaths.

These findings of no significant overall benefit from screening were confirmed

by the Nordic Cochrane Group in 2001 and reconfirmed in subsequent years but have been ignored ever since by breast cancer groups throughout the world who continue to claim that breast cancer screening saves thousands of lives and continue to promote mammography screening.

Radiotherapy in the spotlight

Now in 2022, over 25 years later, a brave surgeon who believes in using less intervention where possible has shown that radiotherapy after surgery for a common type of early breast cancer is not necessary and can in fact do more harm than good.

On 20 June 2022 in an ABC Radio Health Report Tegan Taylor interviewed Bruce Mann, Professor of Surgery at the University of Melbourne, who reported on a trial carried out on 201 women with early breast cancer¹. Early breast cancer was defined as tumours less than 2 cms, not in the lymph nodes and not triple-negative cancer. These 201 women had been prepared to not have radiotherapy in this experiment. They had been selected from 443 women scheduled to undergo breast cancer surgery plus radiotherapy.

It was known that about 10% of women who have surgery followed by radiotherapy experience a recurrence, so up to 20 women were expected to do so in this experiment. Instead only one experienced a recurrence in the first 5 years and a second by the end of seven

years. This suggested that normal post-surgery radiotherapy not only does not reduce recurrence (i.e. doesn't produce any benefit) but causes the known harm – as shown in the early mammography trials.

But don't expect any change in breast cancer treatment any day soon. As Bruce Mann pointed out, it is hard to persuade specialists to do less. It will first be necessary to replicate his trial – and this might not happen for years, if at all.

Vested interests have ensured that both surgery and radiotherapy have been "accepted" as safe and effective treatments for cancer with neither of them having ever been shown to be effective in a randomised controlled trial – the current basic measure of proof of efficacy.

Yet anyone who suggests that they might not be effective, and in fact might cause more harm than good, is told by those same vested interests that to prove they are not effective requires not only one randomised trial but a second to replicate it. So to prove they are effective doesn't require a trial but to prove they are not requires two!

Such is the abysmal state of logic in the conventional health system.

REFERENCE

1. ABC Radio National Health Report. 20 June 2022. Tegan Taylor interviews Bruce Mann.

Reply from Gregg Braden

In the March/April Newsletter Gregg Braden, when interviewed by Nathan Crane said that "What the science suggests is that humans mysteriously appeared on earth about 200,000 years ago....beings we thought were our ancestors are not. We may have shared the earth with them, but we did not descend from them..."

This appeared to me to be in conflict with Bruce Lipton's description of a slow evolution as described in his books. So I asked Gregg to clarify. Here is his reply:

Good morning Don,
Thank you so much for reaching out regarding the details of this information...

As I read your question, I can see where the confusion is...There is no contradiction between Bruce and I... Just different levels of the timeline. I'm replying from memory as I don't have

Nathan's video or my books in front of me in this moment...

I have made it a point to state clearly in my work and live presentations that, as a degreed geologist, I support the theory of evolution for life in general.

The theory breaks down, however, when it comes to the emergence of modern humans, that are called **Anatomically Modern Humans (AMH)**

The open literature now clearly and abundantly states that we Anatomically Modern Humans did not descend from Neanderthals, as previously believed.

The scientific community, and open source references, are generally in agreement that Anatomically Modern Humans emerged 200,000 BP.

I agree and state that evolution is responsible for the predecessors.

My statement is that evolution does

not, and cannot, explain the genetic mutations that are responsible for the sudden emergence of AMH.

The mysterious telomere-to-telomere fusion of 2 preexisting primate chromosomes that resulted in Human Chromosome 2, (our larger brain and human qualities of sympathy, empathy and compassion) and the subsequent addition and removal of genes to stabilize the fusion in a documented fact, it is dated at 200,000 BP, and the scientific community published the following conclusion that evolution, as we know it, cannot explain this fusion.

The paper that I cite in the books and videos is from the *Proceedings of the National Academy of Sciences (October 1991)* the volume is titled "Genetics". I cite this in my book *Deep Truth* (Hay House, 2011) and *Human by Design* (now re titled by the publish-

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CANCER and other NEWS

Low Dose Naltrexone proposed as an anti-cancer drug.

For several years we have had an advertisement in our Newsletter from Visionary Health in Hamilton, a suburb of Newcastle. It has listed a few products as being available including Low Dose Naltrexone. This requires a doctor's prescription. See page 2.

On 26 January last year there was a paper published in Current Drug Research Reviews Volume 14, Issue 3, 2022 under the title "Low Doses Naltrexone: The Potential Benefit Effects for its Use in Patients with Cancer".

The paper's Abstract included the following:

"Naltrexone (NTX) is an opioid antagonist that inhibits cell proliferation in vivo when administered in low doses. Naltrexone in low doses can reduce tumour growth by interfering with cell signalling as well as by modifying the immune system. It acts as an Opioid Growth Factor receptor (OGFr) antagonist and the OGF-OGFr axis is an inhibitory biological pathway present in human cancer cells and tissues, being a target for the treatment with naltrexone low-dose (LDN). Clinical trials have proposed a unique mechanism(s) allowing LDN to affect tumours. LDN shows promising results for people with primary cancer of the bladder, breast, liver, lung, lymph nodes, colon and rectum. This short review provides further evidence to support the role of LDN as an anticancer agent."

Many papers have been published on this issue. In addition to the positive results referred above with primary cancer of the bladder, breast, liver, lung, lymph nodes, colon and rectum, other papers include positive results with cancer of the pancreas, one of the most difficult cancers to control.

More on Low Dose Naltrexone

The following is from a video presentation by Dr Linda Elsegood founder of the LDN Research Trust in the UK.

"...I had a patient who I really thought their advanced cancer should be progressing and was delighted and surprised that she hadn't progressed in a certain time. And I asked her if she was taking anything else that I didn't know about because lots of patients do take all sorts of things, and she told me she was taking low dose naltrexone, and this is well over 12 years ago, if not longer.

And I asked her where she got it and the whys and the wherefores, and I learned she was getting it from Dr Bi-hari in New York. And she told me a bit

about the background and said that I should go and visit next time I was in New York, which is essentially what I did.

And I realized he came from a proper clinical background, that he had been a narcotics expert and was weaning people off morphine heroin, which is how he knew about naltrexone and had been convinced that at low doses and not at high doses, a lot of chronic conditions seem to improve.

So that's how I got interested, and I became more interested in it (from) the fact that it might have a role in cancer when I noticed that other patients were doing very well on it.

And at the end of that, often when there were no therapeutic options, I started prescribing it myself and being impressed that there seemed to be more to it than a placebo or smoke and mirrors, which is what many doctors regard something at a low dose.

Well, what really excited us is that I've taken the clinical observations from this seriously and because some of the results I saw are being really quite remarkable.

For instance, I had a patient who had very serious melanoma of the head and neck, and he'd been on a vaccine program for about four years. And when he started to progress, he wouldn't take any chemotherapy, but I did discuss with him about my suspected properties of low dose naltrexone.

And he did agree to take that and rather than be grateful for taking the low dose naltrexone, he came and complained to me two weeks later that he had broken out in vitiligo, which means you get white patches all over. And often just in the arms sometimes subtly on the face. In fact, about 5 to 8% of people have some form or other of it, except this appeared quite dramatically a few days after taking the low dose naltrexone.

He didn't like the cosmetic aspect of it. I basically said I was delighted because it was a sign that the immune system's responding and had targeted the melanoma, and that's exactly what it is. It is due to the killer T cells recognize a major component of melanoma and the normal melanins are taken out as bystanders of friendly fire as it were.

Well, he is still here. I mean, he had a dramatic clinical response to this. And what that showed me was that low dose naltrexone had to be stimulating part of the immune receptor pathway. And that was the start of our research.

<https://ldnresearchtrust.org/%E2%80%9C-game-changer%E2%80%9D-ldn-cancer-ldn-low-dose-naltrexone>

LDN: A Game Changer for Many Patients, by Pamela W. Smith, MD, MPH, MS

I have been blessed to be a physician for 44 years. It is rare in my career that there is a drug that comes out that is a game changer for many patients. Compounded low-dose naltrexone (LDN) is one of those medications.

Naltrexone has traditionally been used for drug overdose. Naltrexone is a reversible competitive antagonist at μ -opioid and κ -opioid receptors, which when used at standard doses of 50 to 150 mg was initially intended for use in opioid and alcohol use disorders.

In recent years, there have been novel and significant findings on the off-label usage of naltrexone in much lower dosage forms for many purposes. The following are some examples.¹

- Immune modulator in autoimmune diseases
- Anti-inflammatory
- Chronic pain control
- Weight loss
- Reduction of cytokine storm

Some of the proposed mechanisms of action include blockade of the opioid growth factor receptor (OGFR) axis, which normally stimulates B and T cell proliferation and stimulation of beta-endorphin and enkephalin release, which has anti-inflammatory effects on T and B cells.² In addition, a study examined how LDN also helped to normalize immune system function.³

Moreover, low-dose naltrexone has shown promise to reduce symptoms related to chronic pain conditions such as fibromyalgia, inflammatory bowel conditions, and multiple sclerosis. The mechanism of action appears to be modulation of neuro-inflammation, specifically, the modulation of the glial cells and the release of inflammatory chemicals in the central nervous system.⁴

Consequently, LDN has also been shown to be very effective for pain control.⁵

Low-dose naltrexone has many references in the medical literature concerning its use in different diseases. This exposé will explore the use of LDN in a multitude of medical disorders.

Cancer

Low-dose naltrexone has been shown to be a promising comple-

mentary medication for patients with a broad range of medical disorders as already discussed. Although not a proven cure, evidence from clinical trials supports LDN as being a valuable adjunct for disorders in which the immune system plays a centralized role. One of these diseases processes is cancer. Clinical trials have proposed a unique mechanism(s) allowing LDN to affect tumours, including non-small cell lung cancer, at the cellular level by augmenting the immune system.^{27,28}

Moreover, it has been reported that at lower doses naltrexone is able to reduce tumour growth by interfering with cell signalling. Scientists evaluated the gene expression profile of a cancer cell line after treatment with low-dose naltrexone and assessed the effect that adapting treatment schedules with LDN may have on enhancing efficacy. LDN had a selective impact on genes involved with cell cycle regulation and immune modulation. Similarly, the pro-apoptotic genes BAD and BIK1 were increased only after LDN use.

Continuous treatment with LDN had little effect on growth in different cell lines; however, altering the treatment schedule to include a phase of culture in the absence of drug following an initial round of LDN treatment, resulted in enhanced cell killing. Furthermore, cells pre-treated with LDN were more sensitive to the cytotoxic effects of a number of common chemotherapy agents. This data supports further the idea that LDN possesses anti-cancer activity, which can be improved by modifying the treatment schedule.²⁹

FROM Townsend Letter -The Examiner of Alternative Medicine, Monday, June 27, 2022.

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Update on medical censorship of doctors in the UK and US

The UK's General Medical Council (GMC) has learnt nothing from its failed attempt to deregister a doctor (Dr Sam White) for disagreeing with the medical dogma about Covid and vaccinations - The UK High Court recently overturned the GMC's decision as a breach of freedom of speech. (See CISS May/June Newsletter)

Now the GMC has again shown its Big Brother mentality by suspending an Indian doctor Manjula Arora, a general practitioner, for dishonesty claiming that she had been "promised" a laptop by her Medical Director. (He had instead said that while no laptops were currently available, "I will note your interest when the next roll out

happens.") This continued political attempt by the GMC to change how doctors think is reminiscent of how the Chinese Communist Party treats its lawyers (by locking them up and torturing them if they criticise some of the CCP's actions as illegal under Chinese law).

It has inspired the British Medical Journal to state 'The GMC has lost the profession's trust and respect' in a letter under the heading Editor's Choice on 1 June 2022 (*BMJ* 2022;377:o1374)

Meanwhile in the US the GMC's counterpart, the American Board of Internal Medicine (ABIM), has
(continued on page 12)

Vale Silvia Stickel



Silvia Stickel

Silvia joined the CISS Committee in December 2007 and stayed until June 2015 a period of 7½ years. During this time she was absorbing all the information about available alternative cancer treatments with much interest as she had been diagnosed with breast cancer herself.

She was able to provide feedback to the committee about the problems faced by people such as other members who

were in this situation.

What made it a bit difficult for her was that Frank Hewstone, who joined the Committee in February 2015, had recovered from terminal cancer himself years before. So she was able to see at first hand what can happen if someone follows the program seriously. Unfortunately after trying several alternative methods she lost faith in the alternative approach.

So she had become disillusioned with both the conventional and the alternative approaches. She resigned from the Committee in June 2015 and from CISS shortly after.

However she had provided the Committee with much practical help during this period and did what she could do, and survived another 7 years. She retained a close friendship with Susie until the end.

On behalf of the Committee:

Thank you Silvia.

Farewell from

CISS

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

**Silvia Stickel
Susan O'Neil**

What is homeopathy? Does it help control cancer? Dana Ullman interviewed by Ralph Moss

Welcome to the Moss Report with your host, Dr Robert W. Moss. Hi, this is Ralph Moss. And I'm very pleased to have as my guest today, Dana Ullman MPH (Master in Public Health). Dana is one of the foremost spokespersons on the topic of homeopathic medicine in the United States.

He's the author of *Discovering Homeopathy - Medicine for the 21st century*, which includes a foreword by the physician to Her Majesty Queen Elizabeth the Second.

He also published *The Homeopathic Revolution* which documents famous people over the past 200 years who have been known to use and advocate for homeopathic medicine. He served as an instructor at the University of California in San Francisco and a member of the Advisory Council on Alternative Medicine for Columbia University's famous college for physicians and surgeons. So it's my pleasure to welcome him today to the Moss Report.

Moss: Dana, welcome to the show. Can you very briefly explain to our listeners what homeopathy is?

Ullman: Sure. Well, first of all, a lot of people misunderstand homeopathy; think homeopathy just as another word for alternative or natural or holistic? No, it's neither of those things. It's a very specific way of using medicines using very small doses, what I call nano-doses of medicines. And the basic premise is a profound respect for evolution.

And what I mean by evolution is that we as a human species have evolved. Because we get exposed to infective agents we get exposed to stress and our body does all that it can just to survive. And so all too often in conventional medicine, when a person is sick and they develop symptoms, we assume that that sickness is something wrong with their body. In fact, actually, the symptoms are ways that our body is trying to survive, and those symptoms are actually part of our defences. So when we take medicinal agents to suppress that symptom, we are therefore suppressing the body's defences.

And from a homeopathic point of view, one of the reasons why we're having so much immune breakdown, immune dysfunction in chronic disease is that we've been treating various acute ailments, fevers, coughs, headaches, simple, acute responses of the body that are the body's defences, and we're suppressing that defence. We're not enabling the body to really heal: we are providing a short term benefit, but creating a long term problem in the process. So quite different than medicines that suppress symptoms. The very word homeopathy is taken from two Greek words *homeo*, which means similar and *pathos*, which

means disease or suffering. And the principle of in homeopathy is to use a very small dose of whatever a substance causes in order to heal them. More specifically, let's say you're cutting an onion in your kitchen and as you're cutting it, it causes tears in your eyes, your running of your nose, and mind you these symptoms sometimes resemble symptoms of a cold or an allergy. And so homeopaths would use a nano-dose of an onion. If and when a person has not just a drippy nose or runny eyes, but the unique factor of exposure to an onion is that the nasal discharge is of a burning nature.

And the symptoms are worse whenever a person is peeling an onion in a warm room. So if a person has a cold or an allergy with a watery nasal discharge, that is the sort that irritates the nose because it has a burning discharge. And so that you might use a Kleenex and you think my Kleenex is really hurting my nose. The Kleenex isn't doing that. It's the nasal discharge that is irritating it. My point in giving this example is not just that that onion causes these particular symptoms. But in homeopathy, we don't use a medicine based on the disease that they have, but on the unique syndrome of symptoms that every substance causes. So in this case, if a person has a cold or an allergy, which is worse when they're in a warm environment and are inside; it feels better in the outdoor air or cool air. That might be an indication for a very small dose of it.

Now before I did homeopathy, this principle might even sound a bit like a vaccination. And in fact, the first scientist to ever win the Nobel Prize in Medicine did so for discovering the tetanus vaccine and the good theory of the vaccine; and he claimed to have got the idea from homeopathic principles.

And he was only able to say this after he won the Nobel Prize because in the early 1800s to express any interest in homeopathy was like saying you're a gay communist. I mean, it was really frowned upon at that time; even though the very founder of homeopathy Samuel Hahnemann was a very prestigious doctor and chemist.

And so once you realise that symptoms are defences, you look for a medicine in nature, that might have been given to other people that causes the similar symptoms that you're having. Let's say you have a cold;

that nasal discharge is full of dead viruses and then white blood cells. And then the body uses this liquid substance called mucus as a way of ridding the body of this dead particulate matter. And if you use a conventional over the counter drug, which dries up your mucous membranes, and it doesn't allow your body to create the mucus, then you can bet what happens with all those dead viruses and the dead white blood cells: they congest—so instead of coming out; they congest your respiratory tract, they not only make your nasal discharge worse, they can and will lead often to other respiratory problems, cough, bronchitis and more serious respiratory conditions. So we've turned a very common simple infection into a more chronic problem.

What Hahnemann and other homeopaths since the early 1800s have found is that when you're using a medicine whose symptoms of toxicology resemble the symptoms of the sick person, the person's body is like a radar. They just need a really nano dose of that as a way to elicit a healing response. And for 200 years homeopaths have treated a large variety of acute and chronic and even hereditary ailments.

In fact, homeopathy was so popular in the early 1900s In America, there were 22 homeopathic medical schools; medical schools that you know and respect today: Boston University was originally founded as a homeopathic medical school. University of Michigan, Ohio State. New York Medical College was called New York Homeopathic Medical College. Hahnemann Medical College in Philadelphia was named after the very founder of homeopathy, University of Minnesota. And even that radical University of Iowa in middle America was earlier a homeopathic medical school. And many of our cultural leaders, the leading literary greats of America from Mark Twain, William James Longfellow and Thoreau, Emily Dickinson and Louisa May Alcott, all were big advocates of homeopathy.

But then the sceptic would say, Well, that was because medicine was so bad in the 19th century that, even as a writer, nothing would have been better than what they had.

Moss: But what is the basic reason for the antagonism of the American

medical profession against homeopathy? I run into this all the time. Sure.

Ullman: Well, there's two primary reasons. Number one, most homeopaths are medical doctors - not myself - but many, most practitioners throughout Europe and in the world are medical doctors. So that's threatening in and of itself. And a part of our analysis in homeopathy is that much of what conventional medicine has done and is even presently doing actually does more harm than good. I don't want to say all medicine is bad. I would never say that. See my father was a medical doctor, pediatrician and an allergist.

But we don't and doctors have always said: well, in the past, we were dangerous, but now we're saying, Well, like I said, they've said that every decade; and we question it because the very premise for much of conventional medicine is 'whatever the body's doing is wrong'. Whatever symptoms we are having, the best way to deal with it, is to somehow inhibit the symptoms or even suppress them. And in so doing, we provide a good short term benefit, but ultimately create greater immune suppression and dysfunction.

The second reason that the spread of homeopathy is a threat to the conventional medical and scientific mindset is because we use extremely small doses.

And because we use such small doses the conventional doctor and scientist say those are too small to have any effects. But today, we know several things. One, besides all the research has been done on it, we'll get into that.

But in fact, as it turns out, many of our own bodies, our neuro chemistry, uses extremely small doses of these different things: cellular systems, cell signalling systems, neurotransmitters: they are at the super nano dose level. And the best research published in major scientific journals today has found that although homeopathic pharmacies do this process of making the medicines through a process of diluting and shrinking, diluting and shrinking and diluting and shaking, and although conventional doctors say that's done so many times that we don't have any of the original molecules left, the best research publishing journals, for instance, American Chemistry society have concluded that these nano doses persist in the water solutions and they will not have any effect unless the person's symptoms happen to resemble the toxicology of the substance. And then our organism develops a hypersensitivity to that substance, and it creates a powerful immune response.

Moss: All right, so you're saying that the

standard argument is there's nothing left. I'm just repeating what you said. But I think everybody who's ever heard about it has heard this, that it's like a one drop of water in a swimming pool or something like that.

Ullman: Let me explain one important thing that might clarify things because there was a study published in a journal called Mind Mirror, which is published by the American Chemical Society, and they tested six different homeopathic medicines. That were diluted one to 100, 200 times. And using three different types of spectroscopy they are able to find nano particles of the original substances.

And let me explain why. When they take a substance and dilute it, they might take a plant, mineral, animal or chemical and put it in double distilled water. So distilled water distilled again to create the highest level of purity in the world. Then they use glass containers because if you use metal containers, the metal would leach into the water and contaminate it. We didn't think that would happen with glass, but in fact, it happens with everything.

And here's what happens when the pharmacy does these dilutions and then shakes the test tubes vigorously: The substance bounces against the sidewalls of the glass and conventional scientific research has found that when that substance bounces against the sidewalls, little nano particles of silica fragments fall off the glass walls into the water. Now that doesn't create any toxicological problem; our body filtrates all these nano particles all the time.

But what ends up happening is, because of the turbulence from the shaking, the medicine is pushed into the silica fragments and then when the manufacturer cleans out 99% of the water, a lot of these fragments just cling to the glass walls; you can't get them out. And now modern technology to spectroscopy can find nano particles of the original substances in the water.

Once again, they will not have any effect on a person unless that person happens to be hypersensitive to that substance. And then if a person is given a nano dose of a substance whose toxicology matches their own symptoms, that elicits a step immune reaction that we see as key. and so the study that was done at the University of Vienna, and published in that major oncology journal called The Oncologist.

This was just the third study that this

group of scientists have done. And what was so remarkable about this study is it was done at the highest level of scientific inquiry and research.

They not only had everybody get conventional medical care, but they had three different groups. One group got conventional medical care; and then they were given a homeopathic interview; and they were given a placebo. The second group was given conventional medical care and a homeopathic interview and then got a real homeopathic medicine. The third group just got conventional medical care and didn't get the homeopathic interview, or any homeopathic medicine.

So, the thing about research is sometimes a institution like a hospital or a university will not engage in research. That deprives patients of conventional medicine. So this didn't deprive anyone, everyone got their conventional medical treatment, but they found so dramatically that those that were actually given the homeopathic medicine as an additive had a survival rate that was not just statistically significant, but what we call substantially significant. So instead of having an additional 228 days for the people who got no extra treatment 257 days for those who got the placebo, (the fake homeopathy as it were); and 435 days for those who got the homeopathy. It was literally a double of survival in the people who got a real homeopathy versus those who had no extra treatment.

Again, as you said, these are people who are getting standard treatment for non small cell lung cancer. I mean, those are blown away results.

And the other thing, the other point that you may draw a line under is that according to the title of the paper, this was a prospective, randomised, placebo controlled, double blind, three arm multi-centre study. In other words, it literally ticked all the boxes for what we've been told for 200 years. was lacking in homeopathy; that whatever small trials were done in the past, well, there was always something wrong with them. They weren't prospective studies, they weren't randomised. They weren't placebo controlled; maybe it was all just a mental effect and so on. And there were numerous authors, the lead author of Michael Frass, and your colleague is at the Medical University of Vienna and clinical division of oncology. And, and there was no arguing with this. I mean, they literally did just about everything and anything that anybody would want to, to show

whether or not this was effective.

Moss: And I think anybody who's doubting this has to look at the paper. Its mind-boggling. I believe in homeopathy to the extent that I carry my Arnica around with me and they're both in cream and in pellet form. I have a little case of homeopathic medicines right by my bedstand. But I've always felt a little bit defensive about it, because I couldn't really explain it. And you feel like a bit of a fool I think if you say you believe something, but you can't explain it to people. So thank you for that explanation, because I've never heard those issues that you raised before.

Ullman: And published in a major scientific journal. published by the American Chemical Society. By the way, there have been dozens of studies published in the British Medical Journal, in The Lancet, published in Paediatrics, published in Paediatric Infectious Disease journal, and published in the journal Cancer itself; and published in Rheumatology. And Dr Frass, for several decades, has taught a course in homeopathy at the University of Vienna, and shortly before this study was published, he was reprimanded, and his course was withdrawn from the university. So this is the penalty you get from doing good research, that doesn't provide the narrative that the conventional medical mind-set supports.

Moss: This is so typical of so many things in the world and in medicine, but what I was struck by, and you're probably very familiar with this, there is a gentleman in the UK, who is a self-styled opponent of homeopathy and of anything non-conventional. — Edzard Ernst, and one of the things he complained about (they made a special target of Dr Frass) was "Frass' sensational results are almost invariably published in very minor journals" So this is hysterical because if that's the charge, that he only publishes in minor journals, which isn't his fault; he didn't go seeking out the minor journals. But finally, a top-drawer journal, Oncologist, and a world famous oncologist, Dr Bruce Chabner chose to publish this in their journal.

Ullman: Well, Dr Frass and I wrote a review of research on homeopathy and respiratory allergies. And we sent it to the journal Allergy and it was turned down within one hour; they see the word *homeopathy* in it, and they immediately turned it down. So this is their trick. You know, it's like a catch 22222, where is the research that we don't allow you to publish, we don't allow you to conduct and we ignore everything that gets published.

And by the way, Dr Frass had published an earlier study in one of the most respected respiratory journals in the world, called Chest and he did a study on patients with COPD, chronic obstructive pulmonary disease, which is either emphysema or chronic bronchitis. And this is a disease that's so serious. That is the number three reason that people in America die; and what they did is: they had earlier found that there's one homeopathic medicine in particular; it's a rare situation in homeopathy that one remedy can be given to many people with the same disease, because most of the time homeopathy needs individualised treatment and it can be one of several 100 remedies. So, in these cancer trials, there might be 30 or 40 different remedies used amongst the hundreds of people.

But in this trial, they had such dramatic results and this was randomised, double blind, placebo controlled, published in this major journal, and it cut the death rate substantially. It cut the time in the hospital by a half and then when other people tried to replicate this research, the hospitals wouldn't let them conduct the study. So once again, this is the catch 22222

Dr Frass' work is impeccable. Just this week this Edzard Ernst did a ridicule of Dr Jennifer Jacobs who is a prestigious medical doctor at the University of Washington who conducted several studies, including one published in the journal Paediatrics on childhood diarrhea. Childhood diarrhea is not a serious problem here in America, but according to the World Health Organization, several million children die every year from dehydration brought on by diarrhea. And she was conducting several studies showing the efficacy of the individualised treatment of patients or children with diarrhea, and so Dr. Edzard Ernst put her in his Hall of Shame because she seems to only publish studies that are positive about homeopathy. This is because she also does the highest quality research. And when you do high quality research, usually in conventional medicine, you get less good results. But in homeopathy, we find quite the opposite. You find that when you do good research, you often get good results.

Moss: But also, how many people who will research chemotherapy, publish negative articles about the chemotherapies?

Ullman: That's right, but the funder won't let them publish that.

Moss: I want to return for a moment to

the actual study, to Frass' study because I think our listeners, many of whom are themselves cancer patients, their normal impulse would be well where do I get this medicine? And I think the first point I want to make and see if you agree with me, is that the treatment that people got, it wasn't like, take this vitamin or take this nutraceutical or something. These were individualised to those particular symptoms that the people were having.

And I think the point that is going to be hard for some people to fully grasp is that they weren't treating these people's cancers, they were treating, as I understand it, the side effects and the quality of life and by doing that, using homeopathy has a way of counteracting what's going on right then and there in these people's bodies, whether it's caused by the cancer or caused by the treatment of the cancer; by fixing those problems, it almost doubled the survival of the patients.

And if you look at the big colour chart that they have in the paper, you can see that about half of the patients were still surviving two years later, and nobody had died after the first 500 days. Nobody in the homeopathy group who hadn't died up to that point, had died subsequently. Whereas only about 15% of the patients that were in the control group, were still alive. And I think it is profoundly interesting and important that quality of life, symptoms, performance status, whatever you want to call it, that's as much of a determinant of whether you will live or die as whether you shrank the tumour or not.

Ullman: You mean some of the conventional medicine shows that a chemotherapeutic agent will shrink the tumour, but it doesn't necessarily lead to changes in the quality of life—, the importance of the quality of life to the survival of the cancer patient.

So basically, one of the things I want to make clear about this study and about homeopathy in general. is that every person undergoing homeopathic treatment is interviewed by a Homeopath for at least an hour to not only find out what diagnosis they have, but their unique pattern of symptoms, and not only those that are related to the cancer, but their unique syndrome of symptoms in general. And then a substance from the plant, mineral, animal community is prescribed to the patient. Usually good homeopaths do one medicine at a time. Because we're using one medicine at a time you know what that remedy is doing? Because if you do more than one you don't know which remedy

(continued on page 11)

(continued from page 10)
is having the beneficial effects.

So these days, I see most of my patients via zoom or Skype, and in this day and age, it's wonderful that even during this pandemic, homeopaths can have very busy practices because we can then send the person medicines. I have a personal policy of never telling the person not to do a

conventional drug; but I do educate my patients about some of the drugs that they're on, and they can make a decision whether they will slow it down or stop it, but that's not my decision to make; and I don't encourage them one way or the other; I just educate my patients. And so my care is what I call adjunctive. So, it's an addition to whatever other care you're

doing. So, if you're under conventional medical care, it's not a problem. If you're doing a variety of other natural therapies, that's not a problem either, homeopathy would just be one part that I would add into the mix.

Moss: And you're still seeing patients?

(continued on page 2)

Blood in the Water Comment by Lynne McTaggart and Bryan Hubbard

Dr Stephen Hussey, an American chiropractor, has a revolutionary view of the function of the heart. It's not a pump, he maintains, so much as a regulator of blood activity, which whooshes around the body, he says, essentially on its own.

That seems heretical to all of us who have grown up with a view that arterial activity starts and ends with the insistent lub-dub of the heart. But according to Hussey, and more particularly Dr Gerard Pollack, a professor of bioengineering at the University of Washington, the heart's activity all has to do with water - the water in the blood - and a fourth property of it after liquid, solid and gas.

The most common substance on the planet, water continues to bedevil scientists, even those working with it every day in the laboratory.

Water is a chemical anarchist that behaves like no other liquid in nature, displaying no fewer than 72 physical, material and thermodynamic anomalies, with many more apparently still to be unmasked.

A few frontier scientists have studied water molecules and discovered that they have the peculiar ability to act as a team. Two Italian physicists at the Milan Institute for Nuclear Physics, the late Giuliano Preparata and his colleague, the late Emilio Del Giudice, demonstrated that water has an extraordinary property: when closely packed together, molecules of water exhibit a collective behavior, forming what they'd termed "coherent domains;" like a powerful laser light.

These clusters of water molecules tend to become "informed" in the presence of other molecules, polarizing around any charged molecule and storing and carrying its frequency so that it may be read at a distance. In a sense, water is like a tape recorder, imprinting and carrying information whether or not the original molecule is still there.

As Russian scientists have observed, water has the capacity to retain a memory of applied electromagnetic fields for hours, even days, and other Italian scientists, from Sapienza University of Rome and the Second University of Na-

ples, and more recently, Luc Montagnier, the late Nobel laureate and co-discoverer of HIV, have confirmed Preparata and Del Giudice's findings: certain electronic resonance signals create permanent changes in the various properties of water.

The Roman and Neapolitan team also confirmed that water molecules organize themselves to form a pattern on which wave information can be imprinted. Water appears both to send the signal and also to amplify it.

The late Rustum Roy, a materials scientist at Pennsylvania State University and arguably one of the world's experts on water, wrote a seminal paper synthesizing all the research at the time on what is referred to as the structure of water, concluding that those little H₂O molecules are themselves the chief instigators of water's anarchy, in the way they choose to cluster together.

When applied to water, "structure" refers to the position in three-dimensional space and the molecular arrangements of individual water molecules of H₂O, which cluster together like endlessly varied re-assemblies of LEGO bricks.

These clusters remain stable for anywhere from a fraction of a second to several weeks. Hot samples have a different LEGO shape than cold samples, for instance; some water contains molecule clusters of up to several hundred molecules apiece.

It's been discovered that small clusters can clump even further, creating up to 280 molecule symmetrical clusters and interlinking with other clusters to form an intricate subatomic mosaic.

As Roy explained it, the 'glue' making these water molecules momentarily adhere to one another has to do with a wide range of very weak bonds that exist between the different shapes.

These are known as van der Waals bonds, so named after Dutch physicist Johannes Diderik van der Waals, who discovered that forces of attraction and repulsion operate between atoms and molecules because of the way that electrical charge is distributed, a property that

allows certain gases to turn into liquids.

"It is this range of very weak bonds that could account for the remarkable ease of changing the structure of water, which in turn could help explain the half-dozen well-known anomalies in its properties." Roy wrote.

"In its subtler form, such weak bonds would also allow for the changes of structure caused by electric and magnetic fields, and by radiation of all kinds."

According to Roy, research has shown that structured water can be produced through various forms of energy: heat, light, sound and radiation, including that from the sun.

A documentary about water offered a graphic illustration of what structured water might look like. Ordinary water was depicted as separate asymmetrical clusters of molecules floating alone, like wheels with a few spokes blown off, but in the artist's representation of structured water, the molecules had formed two perfect concentric circles. With structured water, the molecules behaved themselves, like a group of orderly schoolchildren seated at a round table.

Dr Pollack has picked up the mantle about structured water and discovered that water molecules form a hexagonal structure next to any hydrophilic (water-loving) surface - and one of those water attractors happens to be the insides of our arteries.

Pollack claims that this phenomenon creates the flow and propulsion of blood, with the heart acting a bit like a cop keeping traffic at a steady speed.

Experiments carried out by Pollack's team at University of Washington, among others, have demonstrated that blood flood can carry on all on its own.

If Roy and Pollack are correct in relation to the heart, it not only changes everything we currently understand about the heart and how it works, but also everything we do to treat it anytime it ever starts to falter.

FROM:
What Doctors Don't Tell You, May 2022

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

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 1, 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 11 - 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

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

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at St George Community Hall, Premier St, Kogarah. For info contact Margaret on 9580 5061. See website <https://sites.google.com/site/stgcsgr/>

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

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

QUEENSLAND

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

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

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

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

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accused two doctors in relation to their questioning the dogma about the safety and efficacy of Covid vaccines and supporting the use of Ivermectin. One doctor Dr Peter McCullough was accused of providing "false and inaccurate information to patients" and the other Dr Pierre Kory was accused of making a statement that was "misinformation". (Let Doctors Be Doctors: Dr. Peter McCullough and Dr. Pierre Kory Under Fire, World Council for Health June 20, 2022) The World

Council for Health portrayed this news under the inscription "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." United Nations, Universal Declaration of Human Rights.

Northern NSW faces critical shortage of GPs

At least 600 rural GP procedural-

ists, who also work as doctors at local hospitals, have left their positions in the past 10 years, a spokesperson for the NSW Rural Doctors Network has told a NSW Parliamentary Inquiry. There were now fewer than 200 working in rural NSW. (SMH 20/6)

Important Notice

This is a request from the CISS Committee for members to join the Committee to help decide priorities. We are down to 4 and we need another 5. You only need to attend once a month, by Skype or just by phone if you are out of Sydney.