



March/April 2024

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

## Dr Gaston Cornu-Labat

Interview by Ty Bollinger

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

Ty: I'm here outside of Seattle, Washington with Dr Gaston Cornu-Labat. A medical doctor out of Argentina originally, correct?

Dr Cornu-Labat: Yes, sir.

Ty: Thank you for joining us today. We are here at the clinic of Dr. Jonathan Wright. He tells me great things about you. So I'm glad to be able to interview you in person here.

Tell us a little bit about your education initially and then I've got a couple of subjects that I want to broach with you.

Dr Cornu-Labat: I'm a medical doctor graduated from the University of Buenos Aires. I graduated in 1991. When I came out of medical school at the time I was not sure what I was going to be doing. But my passion ended up being clearly in action. So I ended up going into general surgery. So I did a residency in general surgery.

I came to the US and I did all my residency training here in the US in Youngstown, Ohio. From there I moved to Seattle at that time to specialise in surgery of the liver and pancreas. I was not particularly interested in oncology at that time. Then I ended up practising in rural Nebraska.

It was a very significant shift. I started my practice as a general surgeon and being exposed to a completely different world from what academic surgery was. At that time, my perspective in medicine started shifting, or maturing, significantly.

I started approaching it with a lot more of a holistic perspective. The natural progression of the holistic perspective was moving into natural medicine of which I didn't know anything until I crossed paths with Jonathan.

In between that transition, I had a fairly interesting run in with the system. I experienced what it



Dr Gaston Cornu-Labat

is to be a whistle-blower and how the system retaliates and the significance of that.

got quite well versed and educated on how all the structure of the medical industrial complex functions and how it impacts the bottom line, which is the relationship between doctors and people.

Ty: You said you got familiar with the whistle-blower. What happened?

Dr Cornu-Labat: I was a surgeon in a small hospital in the east of Washington. At a small rural hospital. I had been brought in to start the surgery program from scratch. So I got that started.

At some point about a year into my tenure there in that hospital the CEO approaches me and says, "We need a new vision for the hospital. This is a small place and we want it to grow. But we need a new vision."

I had already been progressing significantly on consciousness, healing, and a holistic approach to health. And I said, "You want a new vision, the new vision is integrative health." That was a fantastic idea. Things were initiated.

And with a consulting firm that came in to help in the process, a group very specialised in these types of structures, it became evident that the conditions were not there.

The hospital had a lot of deficiencies, particularly administrative deficiencies. Significant, probably ubiquitous in terms of the problems that are in all the health care facilities. Yet not conducive to the very serious project we had in mind. I said that we can't move forward. "No problem." And immediately there was denial of the problem and pressuring me for that problem not to become evident.

I took it to the next step which was the group above the administration and the response was kind of similar. In the meantime, the straw that broke the camel's back happened because there was a state fire marshal inspection. And they found deficiencies throughout the hospital. So there was a widespread deficiency in the life safety code that kind of put in evidence the negligence that was present there.

They were asking me to continue with this and I said, "These conditions are impossible." And their efforts were really to keep everything under the carpet. And I said, "No, that is not possible." Then immediately what happened was, "oh, I think you're crazy." Literally. There were complaints filed about me having some kind of mental issues. So I said, "Okay, I'm not crazy and we'll prove it." And, "you have a problem, you're crazy."

Then I went to the next level. The board did the same as the administration. Then I went to the Department of Health. The Department of Health did the same as the administration, "I think there's something wrong with you."

I ended up continuously being put on the spot of being targeted and being questioned, on the defensive. And nobody really looking or attending or responding to the problem.

I kept going up. The Department of Health ended up - it became evident because I kept  
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# CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

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- Electoral and referendum content is within the scope of the information powers (although will not extend to an obligation on the political parties regarding misleading and deceptive conduct).

Private user messages will not be within the scope of the powers.

### Penalties

The Bill provides significant penalties for digital platforms or individuals that do not comply with the Bill and new codes and standards created, some penalties\* include:

- Imprisonment of up to 12 months for providing false or misleading information to ACMA;
- Maximum penalty of non-compliance with a registered code of 10,000 penalty units (\$2.75 mill) or 2% of global turnover (whatever is greater); and
- Maximum penalty for non-compliance with an industry standard of 25,000 penalty units (\$6.88 mill) or 5% of global turnover (whatever is greater).

The EU, UK and Brazil have recently proposed similar legislation. The Australian proposed Bill has raised significant concerns such as:

- Broad Definitions and Uncertainty: the large fines and broad definitions could lead platforms to err on the side of caution, causing legitimate content to be blocked – effectively limiting freedom of expression.
- Political Motivations: the potential to abuse the powers within the Bill for political reasons through censorship which could stifle legitimate political debate.
- Competition: onerous and wide-reaching obligations

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few weeks of stopping the protocol, so perseverance is essential....”

Unlike many other diseases there are about 5-6 different major contributor factors to its cause, so there needs to be several treatments used by each patient that have been individually identified after a series of tests, although most of these are normal blood tests. The individual's main cause is identified by carrying out tests to find out:

1. Do You have ongoing inflammation? Possibly caused

could make it difficult for smaller digital platform services to compete with larger services.

- Enforcement: difficulty in enforcing the legislation against overseas entities.
- Arbiter: Unclear who decides what is “truthful enough”. It is not clear how much evidence is required for something to be considered truthful – and what obligations apply regarding disclosing contradictory evidence that exists.

FROM: The Guardian. <https://www.pwc.com.au/legal/publications/misinformation-and-disinformation-bill.pdf>

The proposed Bill is broad, aiming to apply to all ‘digital platform services’ from simple forum administrators to big tech. This may involve the filtering of comments on news media videos, responses on public forums, content on social platforms, customer reviews - the list goes on.... proposed Bill will provide a potential enforcement mechanism. An example of a registered code or standard may include requirements for AI platforms, such as OpenAI, to crack down on endemic bots or AI spreading false information. As it may be difficult to attribute a piece of anonymous content to an individual, bill guidance outlines that the person who generated the “bot” will be considered the originator of the false information and therefore subjected to penalties. So, if you are using AI to engage with the public online – keep this bill in mind!

\* *This list is not exhaustive and there are a number of penalties that may apply. Organisations should take care to ensure they are fully aware of the enforcement provisions.*

by leaky gut, metabolic syndrome, a high sugar diet, a dental infection, etc. People with arthritis might have this problem;

2. Do you have insulin resistance?
3. Do you have an optimal level of nutrients, hormones and growth factors?
4. Do you have specific pathogen such as Borrelia or bacteria from a diseased tooth?

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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

## INTERNATIONAL &amp; LOCAL NEWS

**Update on COVID Vaccine harms**

A new book *Vax-Unvax* by Brian Hooker and Robert F Kennedy Jnr provides details of harms from the COVID-19 vaccines. I'll put a summary in the next Newsletter.

**CISS moves to new office**

The last couple of months have been pretty hectic: Because the sale of the CISS premises in December failed at the last minute, we had to re-advertise it again in February. I didn't talk long to find a buyer and it sold for \$261,000. Settlement is due on or before 17 April. Unfortunately we weren't able to get a lease-back arrangement so that meant we had to find new premises to lease nearby. There are a fair number of empty offices around St Leonards but not many are pleasant places to work. As luck would have it the tenant of Suite 9, just across the courtyard from the CISS Office at Suite 6, had just moved out. So we were able to move in to an office nearby.

**New Inquiry about CISS**

Also, as we had to cancel our appeal against the revocation of our charitable status by the Australian Charities & Not-for-profits Commission (ACNC), we had received a letter from the NSW Solicitor General requesting a lot of information about the Society, that is registered in NSW. Because of the revocation they assumed that we had done something wrong, or in breach of our constitution—not that the ACNC had acted beyond its powers. So they wanted copies of records for the past 43 years; of all donations received, all Minutes of meetings, names of office bearers, all expenditure (how we had spent the bequests) and how we had complied with our Constitution, etc.—about 30-40 hours of my time. I was able to persuade the Solicitor that we only had to go back to 2015 – eight years - for the donations.

We made it clear in our response that it was the ACNC that was the problem – for example they had stated that our research results must not question pronouncements by cancer authorities such as Cancer Australia. In other words stop or censor our research. Stop publishing anything that queries cancer authorities' dogma that all cancer interventions are safe and effective.



**Don Benjamin, Editor**

(Our results had shown that surgery and radiotherapy had not been proven either safe or effective and only about 5% of chemotherapy produced survival benefits – and none had been found to produce a permanent cure.)

The ACNC has no authority to revoke a charity's charitable status unless it has failed to comply with its constitution or committed a criminal offence. The High Court stated this in 2010 when it found that the then charity regulator had exceeded its authority by revoking a charity's charitable status because it was advocating a political change in compliance with its Constitution. The ACNC sought an increase in its powers to do this but this was blocked by the senate in November 2021. So whoever persuaded the ACNC to go beyond its authority must have a strong vested interest in closing our research – and also have strong connections to be able to corrupt the charity regulator, thereby jeopardising its future.

We suspect it is the same medical group that tried to have our research closed down in early 2019 by trying to take over control of the charity. The acting CEO had arranged the election of a new Convenor who before his first meeting where his membership could be considered, he had closed down the research. Three months before, in September 2018, an almost iden-

tical technique was used by the Cochrane Collaboration that was set up in 1992 to improve medical research by promoting evidence-based medicine. The CEO and Convenor had conspired to have Dr Peter Gøtzsche, one of the group's founders, expelled from the board – resulting in a walkout of 4 of the board's members in protest. Dr Gøtzsche had pointed out that a majority of the Cochrane Group's research team who had analysed the safety and efficacy of the vaccine Gardasil had been employed by the vaccine's owner and had ignored many trials – in breach of Cochrane's principles. They had given Gardasil a green light on behalf of the Cochrane Group. Gardasil has since been found to cause more harm than good, vindicating Gøtzsche's action.

The Cochrane executive's action showed that they now believed it was more important not to offend the pharmaceutical companies than to uphold its principles and retain its reputation for integrity.

The similarity and timing to the attempted take-over of CISS 3 months later shows how far the powers of the medical profession have increased.

Then within 2 years the ACNC showed that it was more important to allow itself to be corrupted by the medical profession and ignore parliament and the High Court than to preserve its integrity and comply with its Act and Regulations.

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5. Are you immuno-suppressed?
6. Are you exposed to toxins, such as mercury or mould?

If one of these is predominant it usually gives rise to a particular form of Alzheimer's. And depending on which type it is, it requires a different emphasis on how it should be treated. For example if there are pathogens from a diseased tooth, this needs to be dealt with first either by tooth extraction or neutralising the pathogen.

Bredesen reports that many people recover completely and can lead a normal life once properly diagnosed and suitably treated, although the individual patient takes responsibility for their own treatment once they know what they need to do; often just involving a change of diet (for conditions 1-3), taking particular supplements (for 6), modifying their sleep patterns; improving their exercise regime; removing diseased teeth (for 4), etc.

**DISCLAIMER**

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

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digging in it became evident that the problems in the hospital were related to lack of adequate inspections from the Department of Health.

Then I go to the State Auditor's Office. The State Auditor's Office said, "No, that's the problem of the Department of Health." They washed their hands off. In the meantime my licence was being questioned. I go to hearings. I get suspended. I can't find a job anywhere.

I keep playing the game. I get analysed like probably the most officially sane physician in the state of Washington by far because all the exams I went through were totally clean. However, that required a lot of effort and a lot of investment and downtime in terms of me not being able to work.

From the State Auditor's Office I took it to the legislature. There's a Health Care and Wellness Committee in the legislature. I took all the paperwork and presented it to them, had an acknowledged copy and never heard from them.

Then I went to the Governor. Again, I took everything to the Governor and I got an acknowledgement in writing that the Governor received the paper from them and never heard.

I always would hear back from the Department of Health doing something to make the process difficult or put me through hearings. There are videos on YouTube because I used unconventional strategies to address these. So at all the hearing I just filmed them. I couldn't afford a lawyer so I took a filming crew, friends. And put all the videos on YouTube and was doing an explanation of what was going on.

Eventually, at some point they suspended my licence. And after everything was cleared my licence was fully reinstated with no issues whatsoever or no restrictions whatsoever because there had never been any problem with me.

Yet to this day there has not been a single answer about all the problems that apply in the hospital that I dared to bring up. And because of that I was accused of all these things that dragged me through the mud. Me and my family, for two years. And financially, of course, that affected us deeply.

Yet neither the Governor, nor the State Auditor's Office, nor the Department of Health, nor the Washington State Patrol, which has to do with this too, not a single agency ever answered anything. And it's in writing. There's a paper trail of absolutely everything. I have boxes with everything totally documented.

As soon as you put pressure, pressure, pressure, the technique is to answer with some kind of nonsense. And then when you call them on the nonsense, they try to pull something else. And when you call them on that other nonsense thing, in the end they say, "Oh, I'm not answering anymore."

The only option you have is to sue them, to initiate legal action. The problem is that either you have a lot of money to initiate legal actions or you won't find a single lawyer that will take on the government on a contingency basis.

**Ty:** Well, it sounds like basically the technique that they used is that they are going to run you through the mud. They are going to make you charge up a lot of legal bills and eventually you are just going to give up.

**Dr Cornu-Labat:** In 99 percent of the cases that's what happens. The one percent that succeeds going through these tangled ways, it's all out of reach for the great majority that they become insignificant. The technique is actually very effective and universal because pretty much every corrupt system uses the same technique.

**Ty:** When you are speaking of corruption, one person that we are both familiar with is Dr. Burzynski. He's been in a run through the mud and he's been forced to pay lots and lots of legal bills to defend himself. Can you address that because I know that you've got some information that will be very interesting to share about?

**Dr Cornu-Labat:** Yes, well I have some experience with Dr Burzynski. I've had the pleasure of starting to work with him. I started last year. When he contacted us, the original contact was with Dr. Wright. And Dr. Wright entrusted me on this because he knows I'm particularly interested in these things.

They were restricted by the FDA. They were starting to get some kind of - it's very unclear exactly what's going on between the FDA and Burzynski. Except that every step he tries to take with the antineoplaston Therapy there's some kind of roadblock.

At that time, the roadblock in my understanding was that the FDA was looking into the Burzynski Clinic who started clinical trials. However, any patients outside the conditions of the clinical trial that needed treatment could not be done in the clinic. So they needed somebody outside the clinic to run antineoplaston Therapy. I said, "Okay, I'll do it."

I went to Houston and I spent a couple of days there. I started getting acquainted with the therapy. From then on I started developing all the necessary knowledge to be able to start implementing the therapy in our clinic.

Now, each patient that was referred to me for antineoplaston Therapy needed to go through a process of approval of investigation on a new drug application expanded access. So that's an IND application.

The initial patient I got was a two year old girl with a very advanced brain tumor. When I went through the application it took about 30 hours of work to get all the paperwork going. For that first patient the FDA gave the okay. Unfortunately, the family had issues that were beyond any of us and the treatment never got initiated.

Within two weeks of this patient I got a second patient who was a four year old kid from Florida with what is known as a DIPG, which is an advanced brain stem tumor. Diffuse Intrinsic Pontine Glioma. When DIPG is well established, it doesn't respond to anything. So it's common in children and these kids die from it.

Burzynski has documented cases. Not every tumor responds, that's for sure. But he has documented cases of complete response, of significant response, of significant prolongation of life. And documented cases of cure, of complete response, complete remission of the tumor with DIPG, which is the only therapy right now that can claim some percentage of total response.

There's no other therapy that can claim it. Period. Nothing in the literature that says, "Oh, we have cured one patient or two patients." Nothing. Actually Burzynski is the only one that can claim that.

When I moved ahead with the application for the second case, they spent about four weeks back and forth picking on little things like, "oh, this word here doesn't fit, this word here doesn't fit. What are these charges?" So it was picking on nuisance, if the expression is correct.

For about a month and a half this kid, a very advanced case, was deteriorating on a daily basis almost. Then about after a month and a half they said, "Okay, the request is on clinical hold." Which means it's in limbo because we are not denying it but you can't do it because it's on hold. And okay, why? "Why, because we think the risks outweigh the benefits." And this kid is going to die.

**Ty:** This is with a terminal brain cancer patient that has no options.

**Dr Cornu-Labat:** But the kid's going to die. We've really come this close with the information we have to complete this.

**Ty:** So the risks are greater than the risk of death? How can you have something that's more risky than death?

**Dr Cornu-Labat:** I have no explanation whatsoever. We could not make sense. The family  
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was totally devastated. My participation in this was to tell them I think it's absurd. I think you're responsible if this kid dies. You're responsible for this kid's death, not because he was going to be saved for sure with antineoplaston but because he had a possibility.

And the best evidence that we have and Burzynski has collected a lot of scientific - he's is by no means esoteric, natural, nothing. He's tremendously scientific. And all the evidence that was collected pointed out to the fact that antineoplaston is the only therapy available today that could give a possibility to this child of having an improvement or even a small chance, but a chance nonetheless, of a cure.

Now the FDA considered, in writing, that the risks of doing this therapy outweigh the benefits. I don't know. I can't wrap my head around it. It is very profoundly absurd.

Now that was a disheartening experience. There had been a lot of work. I'm not the significant one on this. This kid ended up dying. The family was totally devastated. I don't think the family ever initiated any kind of legal action or anything on this. They were running, getting into that with everything they could and trying to collect money to treat this little kid that was dying. And they were so broken down afterwards that they just hushed it. And it went into a kind of oblivion; it gets forgotten.

**Ty:** I can't understand that the FDA, who is supposed to protect us, and there is a little four-year-old that can be saved possibly, no assurance, but could be saved and they will not allow the treatment because it's too risky. I don't get that.

So if we are on the street here and someone gets hit by a car and there's an ambulance that comes up and one of the emergency workers refuses to give life support or to do the chest compression or whatever it might be, they can be charged with manslaughter because they withheld treatment and that's their job to treat. This is criminal.

**Dr Cornu-Labat:** That's my understanding, yes. Actually, I think one thing that needs to happen is that these people need to be held accountable. I made sure in the process to get exactly the first and the last name of every person that was involved in making this decision. And I have it.

Unfortunately, I'm not in a position to initiate those actions. That's something that corresponds to the family or the support group of the family or any group that is looking into supporting these. And that's the way to go.

**Ty:** I honestly don't know how that if someone works for the FDA and they are re-

sponsible for that and how they can even sleep at night.

**Dr Cornu-Labat:** My impression, and I don't know these people except for the very little interaction I had with them, they seem to be heartless. To me they seem so callous. I don't know if they assume that they are dealing with a number or a piece of paper or something.

How do they sleep at night after condemning a four-year-old to die? Probably the kid had the highest chances of dying anyhow, but we don't know how things play on. But the chance was there.

**Ty:** But the treatment, the antineoplaston was too risky.

**Dr Cornu-Labat:** It's worth clarifying the fact that there are side effects from antineoplaston. Antineoplaston is a very taxing treatment in terms of what is required for the treatment. It's a continuous infusion. Every four hours you get each dose and it's 24 hours a day. And it goes on for months. So it takes a lot of effort.

However, the biggest side effect that we have to remember is that we are using as a ruler or as a measure chemotherapy and radiation therapy. In kids, there are studies showing that 20 years later their brains are fried.

Although they may have survived that particular tumor that was treated, but 20 years down the line they are almost useless because their brains are fried. So that is the measure for side effects. The approved treatments. Antineoplaston, they raise your sodium. You get really thirsty. If you're a kid it can become a significant issue. Hypernatremia can be life threatening. But that's why 24/7 these kids in treatment have continuous supervision. And the labs are being done almost daily up to weekly once the treatment is very well established and things are safe. But there's very close monitoring.

There are other side effects that have shown up throughout the treatment that we can clearly establish if it is the antineoplaston or not. There's been five deaths during treatment that have been documented. However, if you look in detail into each one of those events, you're hard pressed to say, "Oh, they died because of antineoplastons" because there's no evidence. It's safe. You have to err on the margin of safety and you have to assume until proven otherwise, "hey, let's be careful with this." But there's nothing pointing out to the fact that antineoplaston was the cause of death in any of these patients.

There is nothing in all the collected evidence that shows any significant major side

effects. Nothing that as soon as the liver enzymes start creeping up or the white cell counts start coming down, you stop the medication and it goes away. And then you re-initiate the treatment and it's okay. So really the risks of the treatment are not - compared to the old standard which we are using which is chemotherapy and radiation therapy, there is nothing. There is very little.

So I don't know what they are referring to. But interestingly enough, six months later we re-initiated the relationship with Burzynski. And I get a referral for another patient. In this case it's a 60 year old woman. This woman has a grade four astrocytoma which is a very advanced, and a very aggressive type of brain tumor for which, again, there is no possibility of a cure with standard therapies.

We initiated the process requesting the FDA for the approval for antineoplaston. And this time it took only a week. They received the papers and a week later they were telling me that it's on clinical hold. Why?

I recorded it, they told me they were going to send it in writing but they told me all this over the phone. So I had my recording there and recorded the whole conversation. "Well, the risks outweigh the benefits."

And I said, "Sorry this brings me back memories." And remembering the little kid, "you remember so and so six months ago. I couldn't figure out what you were referring to when you told me that the risk - the risk of what, of dying?" What risk can outweigh dying from the disease? "Well, we can't disclose - information." This is what they were referring to.

To the best of my knowledge what they were referring to is the fact that when the FDA starts looking into a new drug, it is common that the pharmaceutical industry and the manufacturer will share proprietary information - With the understanding that the FDA cannot disclose, unless the manufacturer is the one disclosing the information. So they are bound by that relationship with the manufacturer not to disclose certain information.

Here, the only logical thing is that if you have information that allowed you to reach your decision that whatever risk antineoplaston has is greater than dying, it has to be, I have to assume, that Burzynski has not shared with me all the information.

So as soon as I finish the conversation with them I said, "Please send all this in writing." I called Burzynski and asked him, "Listen, this is what just happened. Have you not shared information with me?" He said, "of course all the information we have we have

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shared it with you." I don't know. We are still puzzled.

I had long conversations with the head of clinical research at the Burzynski Clinic. On top of discussing this with Burzynski I discussed it with Sheldon Brookman who was the guy in charge of all the research. He had no idea what they were referring to.

We theorized so many possibilities of what kind of rationale they would have. They don't want to disclose to me, supposedly protecting the manufacturer. The manufacturer has no idea what they are talking about.

So there's a disconnect here; something doesn't fit. The only explanation that makes sense is that they are trying to derail antineoplaston. Somebody is trying to derail antineoplaston. Somebody is trying for this not to succeed or for this to be very difficult to move forward into a successful thing.

There is a ton of research and development that still needs to be done with antineoplaston because we still need to find what the exact role for antineoplaston is. We still need to be able to define what the niche where those patients where nothing else worked were totally cured. There are patients 20 years ago that are still running around.

**Ty:** I've seen the pictures on his walls.

**Dr Cornu-Labat:** Right. And that requires work. And that requires an opportunity for this to be able to be properly tested.

**Ty:** They have been after this for 30 years. Since the mid-80s.

**Dr Cornu-Labat:** And they have been persecuted for most of that time.

**Ty:** What happened to the elderly lady, to the 60 year old lady?

**Dr Cornu-Labat:** Well, right now we are on hold. This is fresh. This is fresh out of the oven, it happened last week. The remarkable thing is in January-and I have it printed out. In January of this year The New England Journal of Medicine published a paper, a kind of a review article about IND applications expanded access. And I want to read one paragraph, it's very brief and very significant because it's talking about regulation of expanded access. And it's giving a little bit of history of how the FDA started this process.

It started with the AIDS epidemic in the 80s and how the FDA started considering and allowing the use, the off-label use, of certain drugs that were still trying to be determined if they were good to be used in the market or not. But since there were no other cures, "well, if I'm going to die from this let's give it a shot." That was a principle that started all these expanded accesses.

The paragraph says, "The FDA has permitted almost all expanded access requests regardless of category." And it gives a couple of citations. "The FDA estimated that by 2006, approximately 100 thousand patients had-obtained the expanded access to experimental drugs."

Another citation here. "Between 2010 and 2013 the FDA imposed clinical holds on only two of 2,472 individuals, non-emergent protocols. On one of the 66 intermediate size requests and on none of the 41 widespread expanded access protocols that it received." So between 2010 and 2013 the FDA said no or put on hold two out of almost 2,500. Our record represented three requests to the FDA and got two on hold.

**Ty:** You got as much as they had totaled for the three years.

**Dr Cornu-Labat:** In total for the three year period. The authors Darrow and Sarpatwari. I don't want to chop his name, The New England Journal of Medicine, January 2015. The title of the article is "Practical, Legal, and Ethical Issues in Expanded Access to Investigational Drugs."

**Ty:** So in reality the FDA almost never puts a hold on those but they did for you, for the antineoplaston. So you'd almost think that they were trying to derail the treatment.

**Dr Cornu-Labat:** Well, let's not overreach in our conclusions, right. But let the facts speak for themselves.

So there's something going on. And for me I see Burzynski, I see how he dedicated his life to this and he should have all the support we can give him. He is isolated with a bunch of bullies to go after him for whatever interest or reasons they have. They have reasons, I have no question about it. They go after him and then the rest just watch and say, "Wow, how unfair. Wow, this shouldn't happen. Wow, how sad." And they don't do anything. And it's rare that somebody steps up and says, "Okay, I'll do whatever I can."

**Ty:** I think that if nothing else we should learn that based on these stories we should do everything we can to expose this corruption.

**Dr Cornu-Labat:** I think the work you're doing is extraordinary.

**Ty:** Well, thank you.

**Dr Cornu-Labat:** I think it's extraordinary because you're nailing, let me see if I get the expression in English correctly, the nail in the head. You're hitting the nail on the head. Because the core of what you're doing is empowerment. You are gathering up the information and you're bringing it forward. That process of empowerment is really the key to health. And that is the piece that's missing.

Eventually, medicine will come to terms, and humanity will come to terms, with the fact that healing comes from within. And that we, the doctors, the clinics, and the medications are the ones that facilitate that process of healing. So it doesn't belong to us. It belongs to you as a patient. My true role as a practitioner is to empower and facilitate that healing within.

Now, the downside of this is that once humanity grows into this understanding, I will have to go and open a restaurant or do something else because I won't be needed.

**Ty:** I can tell by talking to you that that would be a happy transition.

**Dr Cornu-Labat:** I'd be okay with it.

**Ty:** You would be okay with that if you weren't needed.

**Dr Cornu-Labat:** I would be okay certainly.

**Ty:** Well, thank you for the kind words. I appreciate that.

**Dr Cornu-Labat:** So your work is very important. And at this stage we are in as a whole, as a society, humanity we deserve information. It's very important.

**Ty:** Well, thank you for sharing the story about Dr. Burzynski. And the real tragedies that are happening with the FDA putting these treatments on hold. Because I think you're right, they look at it as a number. They don't realize that they are real people, these are real children. These are real people that are being affected and that are dying from this. These are real families that are being affected that their lives will never be the same because they put a hold on a treatment that could have saved their life. To me that's criminal. I don't know how it's not criminal but I guess according to them that that's okay. One more question. I want to talk to you about BEC5. I talked to Dr. Jonathan Wright about this extract from eggplant and the Devil's Weed in Australia. Share a little bit with our viewers about BEC5.

**Dr Cornu-Labat:** Well, BEC5 is a very interesting compound. It's a natural compound. It's extracted, as you mentioned, from the Solanaceae family. I don't want to chop the scientific name of the family of plants. Eggplant belongs to this family. The Devil's Apple is the plant from where the original idea came from. Essentially, it's a couple of glycoalkaloids that when combined have a very selective receptor emoliated, anti-cancer effect. What it means is that these two compounds, because of the carbohydrate residue they have, trigger a response with very specific receptors that happen to be over-expressed in cancer cells and under expressed, or not expressed at all, in normal cells.

When this compound hits the receptor and  
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 joins in, it is internalized into the cell and it triggers what is known as apoptosis. It has programmed that cell. Characteristically cancer cells have this concept of immortality where this programmed apoptosis is supposed to leave room for the next generation so they die. Well, that doesn't happen with cancer cells. So they keep going and going and going and going. BEC5 triggers that apoptosis and tumor cells die. And it selectively does that with tumor cells. And so far, in all the animal studies and on the online studies that have been done, have shown that it has a very broad spectrum.

**Ty:** So it works on lots of different cancers.

**Dr Cornu-Labat:** So far the evidence is showing up that it works on a very broad variety of cancers. In sarcomas, in adenocarcinomas, in squamous cell, and basal cell. So BEC5 went through a very interesting development phase with using it on skin cancers.

Actually, it's still being used on skin cancers. This is a cream that's over the counter in those jurisdictions where it's legal. It can be bought over the counter. You apply the cream and it starts killing layer by layer the cancer cells of the skin cancer. You know, skin cancer is the most common cancer. And it just eliminates the cancer.

**Ty:** But just the cancer.

**Dr Cornu-Labat:** At the beginning it's very impressive because the characteristic for this early cancer is that the cancer cells are quite a bit more spread than what is evident. So you start applying it and suddenly redness starts spreading out. There is a rough reaction. There is a little bit of an open wound in the first week or two that is a lot bigger and scary because it's bigger than what you thought it was.

After the second or third week, then you start seeing normal skin coming in and covering it up. The majority of times there's not even a scar left because there's no destruction of the tissue structures. If the cancer did not alter the skin layers and it was only superficial, all the cancer cells are kicked out and the normal cells go back into place. You can react to the vehicles used in the cream which is salicylate and urea, I believe. Which are the carriers for the medication. You may be allergic to the glycoalkaloids and may have a reaction to the glycoalkaloids. But per se, it has almost no toxicity.

I say almost because at some point there was one clinical trial, a phase one clinical trial that was run on very advanced stage three and stage four cancers, renal carcinoma and another one, where intravenous BEC5 was used. What was found out is that

at high dose intravenously, it can increase the liver enzymes. So there's a suggestion that it produces some kind of liver toxicity.

When that happened the drug was immediately stopped. The medication was stopped and the liver was normalized. The liver enzyme count went back to normal. So other than that, there are no known side effects or toxicity from this medication. So it's a fantastic cure for an estimation which is like three million Americans right now with some form of skin cancer. This is an easy over-the-counter solution for them. They just have to apply a cream for a few weeks until all the cancer is gone. What I've seen is that it works consistently every time.

Of course, if you have a very advanced cancer and you have a rate, the cream is limited. So if it's growing really fast, the cream can kill so many layers but underneath it's growing a lot faster. Then you may get into a negative equation there. But otherwise it works systematically every time I've seen it in action.

**Ty:** That's pretty fascinating. So it is selectively toxic to just cancer cells and doesn't really have side effects, comparatively to the standards.

**Dr Cornu-Labat:** To the standards that we were discussing, yes very minimal. Nothing.

**Ty:** Just real basic, you mentioned sarcomas, lymphomas, carcinomas. Describe the different types of cancers. Just really the basics. What is a sarcoma?

**Dr Cornu-Labat:** Well, different types of cancers relate to the cell that gives origin to the cancer. So mucous membranes give origin to adenocarcinomas. Then connective tissue, muscle cells, cartilage bone, they are the sarcomas. And then it's a special type of, you can say of the adenocarcinomas, but it's more that the squamous cell which is another type, is the tumours that are derived from a special type of epithelium which is different from the mucosal cell surface that forms adenocarcinomas. Then you have lymphomas which are a type of cancers that are derived from the white blood cells.

**Ty:** Blood cancers. And are they the same as Leukemia?

**Dr Cornu-Labat:** Same with Leukemia, correct That's just the very basic.

**Ty:** Sure, but it's interesting. So the type is based upon where the original cancer cells come from?

**Dr. Cornu-Labat:** Right, exactly.

**Ty:** Okay, that's interesting. I think that's a good primer because a lot of times people hear, lymphoma, leukemia, basal cell carcinoma, squamous cell carcinoma, what is it?

And pretty much if it ends in "oma", then it's some kind of a cancer.

**Ty:** You went to medical school in Argentina. First of all, how much training did you receive on nutrition when you were in medical school? Because I know here in the States it's almost none.

**Dr. Cornu-Labat:** Not much. It's very little.

**Ty:** Close to none?

**Dr Cornu-Labat:** Yes. The medical school is a conventional medical school. The University of Buenos Aires is the most well established medical school in Argentina. It's totally biochemical. When I started it was very interesting in my opening to natural medicine. Things like energy, and biophysics, functional structure, those types of concepts were totally new for me. I started, "oh, that makes sense." And that makes scientific sense.

For example, for part of my initial training I went to Denver and I sat down with a very peculiar, very interesting character and a good friend too, in Denver who is Stephen Kaufman. Stephen Kaufman is a Chiropractor. He developed an extraordinary and a totally revolutionary technique for pain management that is based on neuromuscular reflexes. Literally, if you have a pain in your shoulder, in a few minutes they shut it off you don't have any pain. Literally, it's something that is absolutely remarkable.

Actually, I got so close to him and I had a chance to get a book out on pain neutralization. It's in print right now. It's going to come out because the world needs to know about this because nobody knows about this. But there's a history of people with 20 years of back pain that in one treatment they are suddenly pain free for the first time in 20 years.

**Ty:** But these techniques are not known because –

**Dr Cornu-Labat:** . Good, thank you. Because I was pointing to the fact that pain neutralization technique used on muscular skeletal pains but it barely hurts too. I have reflux and I'm short of breath because I have COPD and asthma. And for those that are short of breath, the respiratory system is a very good example for this. There are a lot of trigger points under the diaphragm than what you know of. If I do PNT, I neutralize those points the patient is breathing better.

So with these types of things there was not even a hint of these in medical school. Not even a hint of the complexity of the human being. There was a lot of information about the complexity of the biochemistry of the human body. Well, biochemistry is for the

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pharmaceutical industry you can say.

**Ty:** So you had to be basically re-educated once you got out of medical school?

**Dr Cornu-Labat:** Pretty much. I think if we are smart enough and if we really love what we are doing, we have to be continuously on the alert to be re-educated.

**Ty:** Well, I commend you for that because I know a lot of doctors who are not re-educated. They are staying in the same model that's not working.

**Dr Cornu-Labat:** Well, it's working for them. Right now, if you take a hard look at the core of the health care system, the patient is at the service of the system. It's not the other way around.

**Ty:** But it should be.

**Dr Cornu-Labat:** It should. Unfortunately, that's not what's happening. It's completely the opposite. The reason why I congratulated you on what you are doing is because at the very core dis-empowerment is what maintains the system the way it is.

**Ty:** Well, what we want to do is to educate and that's what you're doing. And we want to give people hope. No matter what the diagnosis is, we want to let people know that they have options and that there's always hope. Until your last breath no one can tell you that you're going to die at a certain time. It's not their job.

**Dr Cornu-Labat:** And even when we consider that process of disease, diagnosis, and then an end to that path, there's still the path. Even though there is a beginning where there is diagnosis and then there's an end path, maybe death is the end path, there's still a process. And a tremendous amount of things that happen in that process that when we look at disease and when we look at health and when we look at well-being, it's a very complex process where a lot of things happen at the same time. It's not just medication and symp-

toms and control or no control of dying or not dying. There's a lot more to the human experience. We have to take into account all of the human experiences when we are doing medicine. And that's what holistic medicine is about, its understanding and taking into account the whole experience.

If I tell you, "you have to do this", which is very typical of conventional medicine, "you have to do this." There's a degree of arrogance in that statement. "This is what you need." Given the complexity of the human experience, for me to presume that I know what you need, that is a tremendous arrogance. That's common. In medicine it's very common. That's a heavy load to carry on your shoulders. "I know what you need. I know that for this specific condition in this specific circumstance this is likely what's going to happen and this is the way of avoiding that which is likely to happen." That's the way we should state things. Not, "this is what you need to do. And if you don't do it, I'll force you or I'll have somebody force you." That happens and we know that.

We know that when somebody doesn't choose for their kids the exact path, "oh, we'll have somebody enforcing that so they choose that because that's what they need." Oh my God, what arrogance. What a humongous arrogance. It's very unfortunate how medicine is right now.

**Ty:** It is. We've had the privilege of interviewing several parents of children that have been forced into the conventional model, forced chemotherapy, forced radiation, which is really total arrogance on the part of the doctor.

**Dr Cornu-Labat:** I walked away from that many years ago. I shifted away from that model. I don't want to be in their shoes when they have to go to sleep at night. There is a degree of self-delusion.

**Ty:** Self-delusion, sure. Delusions of grandeur.

**Dr Cornu-Labat:** I didn't want to take it on that side. I wanted to take it on this, keep convincing yourself that you're doing the right thing.

**Ty:** Oh, rationalisation.

**Dr Cornu-Labat:** Rationalisation. But at some point it's going to dawn on you. And at some point you are going to be confronted with all those faces, and that's a law of life. You don't walk away from the consequences of your actions. You will pay the price.

**Ty:** You walked away from a medical system that wasn't working. You walked towards the path of light. And that's where you are now. I see you as one of the people that are helping to spread the truth about this holistic medicine.

**Dr Cornu-Labat:** Maybe it makes me a little uncomfortable to use such terms but I'm definitely walking where I believe is the truth of health and well-being is.

**Ty:** Well, you didn't use the terms, I did.

**Dr Cornu-Labat:** I know. I got a little uncomfortable.

**Ty:** I can tell from this interview that you're one of the good guys. I appreciate you doing that because it takes some intestinal fortitude to do what you're doing. And I appreciate it. And the guys here, our camera crew appreciates it. We weren't expecting to be able to interview you tonight but I'm glad that we did. So thank you so much for your time.

**Dr Cornu-Labat:** Thank you. Thank you for doing what you're doing.

**Ty:** You keep up the good work too.

**Dr Cornu-Labat:** I'm planning to.

**Ty:** Alright. [end of transcript]

## The proposed misinformation and disinformation bill

### Background

The proposed Communications Legislation Amendment (Combatting Misinformation and Disinformation) Bill 2023 seeks to amend the Broadcasting Services Act 1992 (Cth) and other relevant legislation to provide new powers to combat online misinformation and disinformation. The Bill will sit beside the current voluntary framework, creating powers to enforce the voluntary framework (if required) and create new codes. The Bill guidance describes the enforcement powers as a 'last resort' if voluntary efforts are inadequate, but does not give clear direction on what is to be considered before a mandatory

code may be implemented. The Government recognises the influence that false information may have on economic stability, safety and public order. According to the Government, the Bill aims to strike a balance between the serious harms that may arise from false information, such as the fall of the US stock markets following dissemination of a false image of an explosion of the Pentagon, and the importance of freedom of expression.

### Powers

Under this Bill, the Australian Communications and Media Authority (the ACMA) will be given enhanced powers for enforcement including:

- The power to make digital platform rules in relation to records, including providing these records to the regulator;
- Information and document gathering powers to compel digital platform providers, exercised on an as needed basis;
- The power to access public information collected under the information gathering powers;
- Create enforceable misinformation codes and standards to govern the arrangements of the digital platform industry;
- The power to request an industry body develop, vary or de-register an industry standard; and

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## Dr Simoncini's Fungal Theory

by Rob Prior

### About Rob Prior

*In January 2013, Rob Prior was diagnosed with Stage 3 kidney cancer and a badly damaged liver. By adopting a wide range of holistic healing protocols, his 6.5 cm tumour had completely disappeared and he had returned to perfect health 13 months later. Rob's acclaimed book "The Healing Power of Cancer" tells the story of how he achieved this and is available from [www.robprior.net](http://www.robprior.net)*

### Pete Melov's masterclass

On the autumn afternoon of 30 April 2013, Doc Neeson (singer from the hard rock band The Angels), Don Martin (from NZ new wave band Mi-Sex) and I, like three wounded soldiers, trooped up the narrow staircase to the office of Pete Melov's organic café, The Suveran café in Bondi Junction, along with Doc's partner Annie.

Doc had a brain tumour, Don had prostate cancer, and I had kidney cancer. How could the three of us benefit by receiving the same advice? Pete believes the truth about health and healing is simple.

Our meeting with Pete ran for about three hours, during which he bombarded us with questions and information. He was in his element, demonstrating exceptional knowledge and keeping us engaged at all times with his passion for healing.

### Definitions of micro-organisms

For this book, I have adopted the following definitions:

- Micro-organisms (or germs) are microscopic organisms (including bacteria and fungi) that may or may not cause disease.
- Pathogens are micro-organisms that cause disease when they are out of balance in the body.
- Parasites are harmful microorganisms or macro-organisms (like ticks, lice and worms) that live in or on a host and benefit by stealing nutrients at the host's expense.

### Dr Simoncini's fungal theory

With the five of us sitting in a circle, like a teacher holding his class spell-bound, Pete asked us what we believed cancer to be. We each said we believed cancer was an illness caused by cells mutating out of control and trying to take over the body. Pete said we were just regurgitating the view of modern medicine and disputed this by telling us about the work of Italian oncologist Dr Tullio Simoncini



Rob Prior

ni MD PhD (born 1951).

Simoncini examined over 100 tumours and one of his many observations was that they were all white. Using an endoscopic camera and by also analysing removed tumours under a microscope, he proposed a theory that cancer is an overgrowth of the adaptive fungus *Candida albicans*. The presence of fungi in cancer is not new to the medical world, but Simoncini went further and declared that cancer should be treated in a similar manner to thrush, a yeast-like fungal infection. Simoncini's theory is explained in his 2007 book "Cancer is a Fungus, A Revolution in Tumor Therapy".

Like Dr Bruce Lipton, Simoncini believes cancer is not inherited genetically.

### Alkalisating with sodium bicarbonate

A quick chemistry lesson! The pH of a chemical solution is a figure between 0 and 14 expressing its acidity or alkalinity on a logarithmic scale.

- A solution with a pH of 7.0 is neutral.
- A solution with a pH less than 7.0 is acidic.
- A solution with a pH greater than 7.0 is alkaline.

Since fungus thrives in an acidic environment, Simoncini proposed injecting cancer patients with a solution of baking soda (sodium bicarbonate), very alkaline with a pH of 10, to create an environment inhospitable to a fungal infection.

Simoncini claims his cure rate with this treatment is around 70% for a wide range of cancers and very few of his patients have experienced adverse effects.

But there's nothing new about sodium bicarbonate as a treatment for cancer.

In fact, ancient Hindu medicine prescribed it more than a thousand years ago.

I was fascinated by Simoncini's theory and willing to keep an open mind. Maybe medical science is barking up the wrong tree. Maybe we need to make a paradigm shift. Maybe the cure for cancer is simpler than we thought. Anyway, 'fungal infection' certainly doesn't sound as scary as the big 'C' word.

Cancer can be scary if you believe it is random and can happen to anyone at any time. That's why the medical establishment likes to maintain an air of mystery surrounding cancer. For example, when reading the Cancer Council NSW website, I found their explanation to be unscientific and baffling. They claim that "Sometimes cells become abnormal and keep growing", but don't attempt to explain why. A fundamental principle of science is to seek to understand the causes. I was starting to suspect we're being kept in the dark.

Words are powerful. The word "cancer" is emotionally-loaded medical jargon, designed to instill people with fear because it's shrouded in melodrama, darkness and uncertainty. This fear can be used to bully people into undergoing invasive treatments and not exploring natural healing options. It's a technique used successfully by politicians, advertising firms and insurance companies.

Simoncini's theory is controversial, but so was Copernicus and Galileo's heliocentric theories of our solar system. Throughout history, theories have initially been ridiculed and rejected by the scientific community, only to be proven correct at a later stage. Examples include theories put forward by Gregor Mendel, Barry Marshall, Ignaz Semmelweis, William Harvey and Nikola Tesla.

Simoncini bemoaned, "They try to shut me down in any way. Tell me one big revolutionary discovery that was not shut down. Tell me one."

As Albert Einstein opined, "Great spirits have always encountered violent opposition from mediocre minds."

Pete explained, "The fungus kingdom is a life form somewhere between the plant and animal kingdoms, but closer to animal. Do you know where the largest fungus in the world is?" A gargantuan honey fungus of the species *Armillaria solidipes* covers more than 3.7 square miles (9.6 square kilometres) in Oregon's Malheur National Forest and is more than 2400 years old. It is believed to be the largest organism on Earth and

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is about the size of 1800 football fields. It has killed many trees and woody plants in the national forest.

Pete elaborated, "A fungal organism has genetically identical cells that can communicate and have a common purpose. It's a virulent, opportunistic micro-organism which takes advantage of someone with a weak immune system. It floods your body with spores and makes you crave sugar and carbohydrates to ensure its survival. Don't give in to these cravings – you must starve the fungus to kill the infection."

"Is it okay to eat fruit?" I asked.

"No, no sugars of any description", Pete snapped.

"Through your dietary choices, you can either feed or starve your cancer. Don't delude yourself that you can eat heaps of good stuff like green vegetables and then splurge on ice cream. The fungus will go into a feeding frenzy. You must be disciplined at all times."

According to Pete, very few doctors subscribe to the fungal theory of cancer, because it's not taught in medical schools.

Pete continued, "You don't need to inject sodium bicarbonate into your body. Simply drink a bicarb solution – one teaspoon in a glass of water, once or twice a day. You also need to consume mostly alkalizing foods and drink alkaline water".

Don said he'd known about the benefits of sodium bicarbonate and alkaline diet for a long time and believed they were helping his fight with cancer.

Pete recommended buying a pack of litmus papers from a pharmacy and testing the level of acidity or alkalinity of our urine or saliva first thing every morning, by referring to a colour chart.

"Let's talk about mould. It's a serious fungal infestation and a slow killer. Rob, you were telling me you have extensive mould in your basement. Can you sell your house?" Pete asked.

"Seriously? Gosh, that's a pretty drastic move, Pete." "Well, how important is your health?"

Two years later, in 2015, I sold my house.

Pete turned to Don. "You're way too thin, Don. You're malnourished and need to put on weight. I know you're vegan, but you need to eat animal protein and consume bone broths."

"I can't and won't do that, Pete", Don replied. "I'm just trying to help you heal", said Pete.

"I know, but that's my choice", said Don. Pete was slightly frustrated but maintained his composure.

"Now Rob, I know you're vegetarian, but would you consider fish bone broths?"

"Hmm... well, if it's going to assist my recovery, I guess I could." "That's great, Rob!"

#### **Pete's detox tips**

Pete continued, "You should install a water filter at the mains of your home's water supply to remove solids, sediment, bacteria and harmful chemicals such as chlorine and fluoride. This will provide pure water for drinking, cooking, bathing and washing your clothes."

"You must eliminate processed foods, sugar, alcohol, coffee, dairy and gluten from your diet and mainly consume alkaline organic vegetables. Fast food is a slow death. Don, I know you don't drink alcohol and Rob, I know you quit recently. Doc, do you drink?"

"Yes, my preferred drink is Scotch", Doc replied.

"Alcohol promotes cancer, weakens the immune system and damages the liver. Do you think you can quit drinking?" Pete asked.

"I can try", Doc replied noncommittally. "Do you eat confectionery?" asked Pete.

"Oh yes, I have a sweet tooth", Doc said with a cheeky grin. "Sugar feeds cancer, so you have to stop eating it immediately", Pete said firmly.

Doc frowned. "I'm not sure I can do that", Doc said.

"I can imagine that life is pretty challenging for you at the moment and maybe you need something to comfort you." "Yeah, that's true, Pete."

"Okay, I've got an idea. How about you document your alcohol and sugar consumption in a diary? Then you can see if your habits change incrementally, simply by bringing your awareness to them."

Don, Annie and I nodded in agreement with Pete.

Pete continued, "You must all detoxify and energise your body in every way possible. Physical exercise, fresh air and sunshine will all assist your cancer recovery."

"Now, who can tell me how fungus eats its food?" Pete quizzed We were all clueless.

"Healthy cells breathe oxygen, but fungal cells ferment. According to the German physiologist Otto Warburg, fer-

mentation can't happen in an oxygen-rich environment. In other words, cancer doesn't like oxygen. That's why it's important to breathe deeply, guys."

We all took a deep breath.

"You must walk barefoot as much as possible, to connect to the Earth's magnetic field, which has a powerful healing effect. I recommend buying an earthing sheet, which grounds your body in a similar way to the Earth. It's a fitted bed sheet with a conductive grid of silver threads that connects to a wire you plug into the grounding port on a power point. It's a great way to remove EMFs, reduce inflammation and energise your body."

"Since most of your healing occurs while you sleep, I can't emphasise enough the importance of quality sleep."

"When you don't get enough sunlight during the day and you get too much artificial light at night, the time-keeper part of the brain that controls your circadian rhythms goes out of balance and your sleep suffers. So, don't spend excessive time at night in front of your electronic devices or watching television."

"I recommend having a far-infrared sauna two or three times a week, to boost your blood circulation and eliminate toxins from your body by sweating. Saunas are fantastic for cancer recovery. After the sauna, you should take a cold shower to close the pores of your skin, improve circulation, reduce inflammation and boost your immune system. You need to sweat more, not just with saunas, but from sunshine and exercise."

"Speaking of skin, did you know it's your largest organ of elimination? Sure, we eliminate waste by urine, faeces and exhalation, but you also need to clean the pores of your skin regularly. Saunas are a great start, but I recommend scrubbing your entire body with a paste made from sodium bicarbonate and apple cider vinegar every second day."

"When you get home, I suggest you dispose of any household and personal care products like soap, shampoo, cosmetics, toothpaste, cleaning products and pharmaceutical drugs that contain toxic chemicals. Many of these are carcinogenic and have been linked to a wide range of other diseases. You can replace some of these with the bi-

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carb and apple cider vinegar paste.” “Did you know that dental amalgams contain high levels of mercury, which is neurotoxic and contributes to lung, kidney and brain cancer? If you have any amalgams, I recommend replacing them with composite resin fillings. Make sure your dentist uses a dental dam to prevent the mercury leaching into your mouth.”

“And while you’re at it, get rid of your microwave oven. It damages your food and emits dangerous EMF radiation. Also, aluminium and Teflon are toxic, so just use stainless steel pots and pans.”

“Your gut is an ideal breeding ground for parasites, which include infectious fungi, bacteria and more, because they thrive in a warm, dark, moist, oxygen-depleted environment.”

“Detox is a panacea for a wide range of illnesses, including cancer. There are some amazing detox substances like clays, zeolite and fossil shell flour that remove toxins from your body. I also recommend drinking green vegetable juices daily.”

“Colonic hydrotherapy is a great way to detoxify your digestive system. There’s a clean, modern place called The Last Resort near here.”

“Do you think that will help me slim down Pete?” I asked.

“Most of your big belly is not fat. You’re mainly bloated with gas from a parasitic infection.” “I recommend Hulda Clark’s zapper, which uses a weak electrical current to kill parasites in your body.”

“Fasting gives your organs a rest and helps you detoxify. The reason the Middle East has the lowest cancer rate in the world is that they fast regularly, which starves the cancer cells.”

“Doc, I can see you dye your hair black. You’re using carcinogenic chemicals like benzidine, catechol and pyrogallol, which are absorbed into your body through your skin. Can you stop doing that?” Pete asked.

“No, I’m a rock musician, it’s my work”, Doc replied.

“Look Doc, at the peak of your success,

you were amazing on stage. You were so slim and agile... and now look at you! Don’t fool yourself... you’re not a rock star now. You’re overweight, bloated and lethargic... a shadow of your former self.”

Gulp! Revered by his fans, very few people would speak to Doc in this manner. Pete is a tough taskmaster, brutally honest and confronting, but coming from a place of compassion.

“You’re a sick person who needs to prioritise your health. It’s time for you to return to that person you once were. Doc, I want to ask you again... do you really want to live?”

“Yes, of course”, said Doc.

“Are you prepared to do whatever it takes to recover?”

Silence. Pete took a deep breath and continued, “There’s a tendency for some people to invest more into their illness than their health. They often surround themselves with people who feed them with sympathy. So, I want you all to stop believing you are sick. Stop playing the role of victim. You must see yourself as being in recovery.”

He looked around the room and assured us, “If you follow my advice, your health will improve week by week. But remember, this is not a temporary measure. It’s not a fad diet. It’s a whole new lifestyle.”

#### **Do we need more cancer research?**

“Okay guys, listen up”, Pete said. “The human body is an amazing self-healing organism. Modern medicine has gone down the wrong path. We don’t need more cancer research. And we certainly don’t need governments spending taxpayers’ money on dangerous treatments like chemotherapy.”

Pete continued, “I’m not a fan of fundraising activities such as Cancer Awareness Week, Pink Ribbon or Daffodil Day.”

“Have you ever gone into a shopping centre and been accosted by a spruiker who tells you they’re raising

awareness about a particular type of cancer? Many people think they’re from a charitable organisation, but in fact it’s a well-disguised business.”

“Other businesses don’t ask for donations to fund research into new money-making activities. Asking for donations is a clever distraction. It’s actually a propaganda campaign, intended to pull at your heartstrings and exacerbate your fear surrounding cancer. It continues the deception that we don’t have a cure for cancer yet. It also cements the belief that we should turn to modern medicine for cancer treatment.”

“Rather than calling it Cancer Awareness Week, it should be called Modern Medicine Promotion Week”. If they were genuinely interested in helping society, they’d be raising people’s awareness of safe and effective ways of preventing cancer.”

“That makes sense, Pete. My GP, Dr Will was trying to convince me we’ll have a cure for cancer in the next five years”, I chipped in.

Pete retorted, “We’ve been spun this story for decades. When are people going to realise we’ve been duped?”

Pete suggested the three of us should form a support group and focus on helping the least disciplined of our group, whom we all knew was Doc. Pete gave us a lot of information to digest, but I trusted his advice and proceeded to follow it to the letter with an alkaline diet, testing my body’s acidity with litmus strips, detoxification, juicing, installing a water filter, buying an earthing sheet, far-infrared saunas, body scrubs, colonics and replacing toxic products with non-toxic ones.

“One last thing, guys, make sure you watch the documentary “Cancer, The Forbidden Cures” on bitchute.com. It’s a real eye-opener.”

I left Pete’s three-hour meeting filled with optimism.

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Readers can watch Rob’s videos, read his blog and visit his store at [www.robprior.net](http://www.robprior.net)

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Bredesen discovered 36 key factors that influence the breakdown of APP. He developed the Bredesen protocol, called ReCODE, and applied to have it tested like a drug. However, his application was turned down as he was told it was too complex because the protocol is highly individualized.

Despite this negative response, Bredesen went on to do clinical trials of

his protocol. In 2014 he published a study of 100 patients from clinics in the US and Australia who went through the protocol. Nine out of 10 patients with early Alzheimer’s disease showed reversal of mental decline. These results, which had never been achieved before, have been replicated in two further peer-reviewed studies.

The ReCODE protocol has now been

successfully used in over 1,000 patients in seven countries. While only a minority with advanced Alzheimer’s disease improve, some 50 percent with moderate disease improve and virtually all patients with mild Alzheimer’s disease improve.

It typically takes six months for the pathological brain changes to reverse, but the condition can return within a

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## What's Available from the CISS Office?

**DVD:** CISS 2007 Seminar: Cancer & Hope \$29.50

**Enema Kits:** \$16.50

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

### Branches of CISS

#### NSW

##### CISS CENTRAL COAST

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

#### CANCER SUPPORT GROUPS

##### NSW

##### ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

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

##### BLUE MOUNTAINS CANCER WELLNESS, SUPPORT—LEURA

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

##### PARKES CANCER SUPPORT

Cancer Assistance Network CanAssist Pat Bailey 0447 051 946

##### QUEST FOR LIFE FOUNDATION

Residential and day programs and webinars (on-line seminars) for people living with cancer, grief, loss or trauma. Contact (02)

4883 6599 ; [www.questforlife.com.au](http://www.questforlife.com.au).

##### SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

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

##### SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

#### VICTORIA

##### CANCER NATURAL THERAPY FOUNDAT'N

Support group meets on Tuesday nights at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. Meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights. The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling available. Contact Sandra Givca Maqueda (03) 9740 9921; mobile 0411 100 947.

##### GAWLER FOUNDATION

The Gawler Foundation has leased the

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

#### QUEENSLAND

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

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

##### FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

##### QUALITY OF LIFE CANCER SUPPORT GRP

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

## Alzheimer's Disease

by Don Benjamin

One of the advantages of CISS research is that it often identifies other problems. For example two theories of what causes cancer are acute traumatic stress and chronic stress. These redirect treatment away from single symptom based treatments towards more wholistic approaches such as looking at body, mind, emotions and spirit. Those who do best tend to look into one or more of the second, third or fourth of these. And within the first, the physical is broadened to include nutrition and exercise etc. to strengthen the body's ability to cope with the physical and other forms of stress.

Most people who get diagnosed with cancer tend to be aged 60 or older, so are more likely to have some deterioration in their physical condition.

This also means that their partners could be experiencing other problems resulting from older age.

The two major causes of death in Western societies are heart disease and can-

cer. We have included several articles about heart disease. The third or fourth causes of deaths vary between countries but increasingly include deaths from pharmaceutical drugs and dementia, especially Alzheimer's Disease.

A fairly recent (2020) book called "The End of Alzheimer's – Programme: The Practical Plan to Prevent and Reverse Cognitive Decline at Any Age" by Dr Dale Bredesen puts Alzheimer's as No.3 in the US based on autopsy data.

What Doctors Don't Tell you summarised it as follows: "Dr Dale Bredesen, who spent much of his life researching the brain and established his own laboratory at the University of California, Los Angeles (UCLA) in 1989, came up with an effective protocol for Alzheimer's after he discovered what he considered the underlying mechanism.

He found Alzheimer's disease could arise due to a protective mechanism. If the brain doesn't have enough brain-

nourishing substances available, notably brain-derived neurotrophic factor (BNF) and netrin-1, or if it has an excess of toxic substances to deal with, including amyloid and biotoxins, it has to shut down some parts of itself to preserve function in the more essential areas.

It all hinges on a molecule that sits on the nerve receptor called APP (amyloid precursor protein) and the way it breaks down. If all is well, APP breaks down into two nerve-nourishing substances and the brain functions normally.

But if the brain is faced with deficiencies or toxic substances and has to use this protective mechanism, it instead produces four nerve-damaging substances. He also found that, by controlling the various factors that influence APP, it was possible to tip the balance away from nerve destruction and toward nerve creation.

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