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

## The critical role of the emotions in cancer

by Xavier Curiel

**Ty Bollinger:** Hi, I'm sitting with Dr Xavier Curiel. He is a medical doctor here at the Hope4Cancer Clinic in Tijuana, Mexico. Thank you for joining us today.

**Dr Curiel:** Thank you for having me here.

Ty: I really want to get your perspective on the emotional aspect of cancer because one of the most frequent things we hear from people that have been diagnosed is that their oncologist says, "Hey, you're going to die in three months." From an emotional aspect, that's got to crush someone. So share with us about the emotional aspect of cancer and what do you do here at Hope4Cancer to help people.

**Dr Curiel:** Well, we use a system here and—I got trained in Recall Healing Therapy. My mentor is Gilbert Renaud. He is French Canadian. He was a student of Dr. Claude Sabbah in other methods.

Recall Healing is basically a system that has put together different knowledge to the benefit of the patient in emotional healing. The importance of emotion in cancer, in my opinion, is fundamental and is crucial. Especially in the last four to five years, I started to pay a lot of attention to that. Before that, I would have considered it important, be stress free or whatever. But I did not really understand the deepness of the importance that that is.

I believe today, I'm convinced, that probably that's the main trigger, the main factor that can actually codify and program certain information at a genetic and cellular level.

What we do is not a one-size-fits-all. Every person is different. The way you're going to work with each person is very different. Because where they are, where they come from and what kind of perceptions they have and what kind of traumatic experience they might be going through plus the diagnosis experience can be very different.

What I do, personally, is I take them first of all on how to educate them. Knowledge



Dr Xavier Curiel

is very important. If there is a lot of unknown it always generates concern, it generates fear and you don't know. So that's always a little bit scary. Especially when we are talking about cancer and what's going to happen and how am I going to feel and what are the odds of me staying alive.

So all these kinds of things start happening and we start to build - imagine this baseball where you have the core inside and you start building all this ball around. And it's like an onion where you start making peels and peels on top of it. The way our nervous system now reacts to that is physiologically very stressful. Inside you feel like these guys are just running constantly from a lion. For our healing that's not good.

Now, when it comes to Recall Healing specifically, research today fortunately has been able to teach us that there are specific conflicts that relate to specific types of illnesses. For example, if you have women with breast cancer you may have breast cancer that originates in the breast milk gland and breast cancer that originates in the milk ducts. Each of

them will relate to certain types of conflicts that are specific.

Ductal carcinoma has been noted that it is related to certain type of conflicts. Cancer of the milk glands is also related to a specific type of conflict.

**Ty:** So for instance, ductal carcinoma-

**Dr Curiel:** Well, let's say breast first because we have to start from there. If we take a breast, the breast symbolizes the nest. What is a nest in a woman? So imagine little birds building their nest, it's the same thing. Whatever is for the woman, their nest. This will include their home, their marriage, their kids, their family, their mother, their father, and even animals could be in there.

But the way the brain works is very interesting. Let's say you build a business and you get so emotionally attached to the way you built that business and your achievements, and all the time you call that your baby. To the brain that will be like a real baby.

I've seen this in my clinical practice. When you talk to women with breast cancer very frequently it's not just an issue with the kids, or the husband, or the family, or the house, it also can be the business. And they tell me that that has been my baby and I built it. And the animal can be the same thing. So that's how the brain works.

Now when we talk about, let's say ductal carcinoma, this is type of cancer that is related emotionally to conflicts when there is a perception of a fragmented nest, the feeling that there is a separation in the nest. You can even be sleeping in the same bed with the person but feel disconnected. So emotionally this brings the not loved feeling.

Ductal also is not just about the separation within the nest. There is also a lack of communication usually. You

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# CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

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#### Extracts from the Good Medical Practice Code of Conduct

##### 2.1 Professional values and qualities of doctors

Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be honest, ethical and trustworthy.

##### 2.2 Public comment and trust in the profession

The community trusts the medical profession. Every doctor has a responsibility to behave ethically to justify this trust.

##### 3.2 Good patient care

- 3.2.4 Considering the balance of benefit and harm in all clinical-management decisions.  
 3.2.5 Communicating effectively with patients (see section 4.3).  
 3.2.6 Providing treatment options based on the best available information.  
 3.2.7 Only recommending treatments when there is an identified therapeutic need and/or a clinically recognised treatment, and a reasonable expectation of clinical efficacy and benefit for the patient.

##### 4.5 Informed consent

Informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved.

##### 4.6 Children and young people

Caring for children and young people brings additional responsibilities and challenges for doctors. Good medical practice involves:

- 4.6.1 Placing the interests and wellbeing of the child or young person first.

#### AMPS Letter to Brendon Murphy and John Skerritt

On 3 January 2023 The Australian Medical Professionals' Society (AMPS) wrote a letter to Brendon Murphy, Secretary of the Department of Health and John Skerritt, Deputy Secretary of the Department of Health (and TGA) drawing their attention to the serious concerns many of their members have about decision being made by the Federal Health Department.

Their main concern was to provide evidence for the reasons to discontinue Provisionally Approved gene-based COVID-19 pharmaceuticals Spikevax and Comirnaty vaccines for Infants from 6 months up to 4 years of age.

1. "...based on published research, we wish to make it clear to the Department of Health that these agents are now demonstrated to pose more risk than benefit for the youngest cohort of Australians and are therefore unjustified. Scientific evidence clearly demonstrates that these products have little, no, or even negative efficacy; they pose evident short- and medium-term health risks and unknown long-term hazards. As health professionals, we have a duty of care to exercise our freedom of political communication to advocate the best interests of our patients, using good clinical practice and ethical conduct, which demand that we speak up when recommendations deviate from long established standards of risk-benefit analysis and threaten the lives, wellbeing and best interests of Australian children...
2. It is critical to the health of our Nation that we continue to stand by our Codes of Conduct, predicated as they are on The Hippocratic Oath, the Declaration of Geneva, and the International Code of Ethics. It is essential that we serve the interests of our patients first at all times, above the purported interests of the state, refusing direct or indirect attempts to silence critical appraisal of policy, by AHPRA and National Boards. It is our assessment that publicly fighting these inappropriate approvals is vital to protect our members from being directed to breach their duty of care, under any form of threat from public entities and officials such as Chief Health Officers, Health Ministers, and Hospital administrators, who  
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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

#### Increasing restriction on free speech

The various recent developments in the West that include the increasing restrictions on doctors speaking out have resulted in a strong reaction; although overseas the reaction has been strongest among those from the extreme right wing of politics. People like Dr Joseph Mercola have been fighting off repeated attempts by Google and US authorities to close down his website on the grounds of his “spreading of disinformation” that has questioned the safety and efficacy of the mRNA Covid-19 vaccines.

It is therefore not surprising that he is in the forefront of efforts to expose those whom he believes are responsible for the increasing authoritarian methods being used by large multi-billion dollar corporations such as Google and pharmaceutical companies like Pfizer to silence dissent. (See CISS January/February Newsletter article: “Has Big Pharma Hijacked Evidence-Based Medicine?”). He quotes extensively from leading proponents of evidence based medicine such as British cardiologist Aseem Malhotra (who has called for the use of the mRNA COVID-19 vaccines to be stopped) and Peter Gøtzsche, former head of the Nordic Cochrane Centre in Denmark.

Despite being the most popular Director of Cochrane in the UK, Peter was expelled from the board because he exposed the graft and corruption in the major pharmaceutical companies in his book “Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare”, the scandal of overdiagnosis in breast cancer screening “Mammography Screening: Truth, Lies and Controversy” and exposed a biased Cochrane Review of the HPV vaccine Gardasil by a group, half of whom were or had been employed by the drug company GlaxoSmithKline that produced the vaccine—in breach of Cochrane Policy. GlaxoSmithKline had funded all the trials evaluated.

Mercola reports on how five California-based doctors have filed a lawsuit against California Governor and other officials, including the president and members of the Medical Board of Cali-



**Don Benjamin, Editor**

fornia, to block a new law that threatens doctors with a loss of their licence to practise if they criticise statements by health officials.

#### Inefficacy and harms from Conventional Cancer therapies

In 1993 I published a paper in the medical journal *Medical Hypotheses* pointing out the lack of evidence of increased survival for the main conventional intervention for cancer—surgery. I updated this paper in 1996 to include earlier surgery for breast cancer made possible by mammography screening; and again in 2014 to extend the conclusion to all other cancer screening methods including breast, bowel, lung, prostate and ovarian cancer.

I updated this information with a comment in the journal *BMC Pulmonary Medicine* in 2019 questioning the conclusion of a paper on Low Dose Computed Tomography that this new type of lung cancer screening saves lives. I have submitted a full length paper on this subject to *BMC Pulmonary Medicine* providing a complete review of this topic. All of this suggests that cancer is a systemic disease.

Few other papers in medical journals have questioned conventional medical interventions. One by Peter Gøtzsche questioned the benefits of mammography screening in 2000 (4 years after mine).

Several books have since highlighted the harms from overdiagnosis resulting from screening but they mostly accept the unproven claims that non-emergency surgery for cancer saves lives.

A book entitled *Healing Cancer from the Inside Out: A Practical Guide to Healing Cancer With the Rave Diet and Lifestyle* by Mike Anderson in 2020 goes into a fair amount of detail about the harms from conventional interventions for cancer, but again without actually questioning the possibility of non-emergency surgery saving lives. The book is an extension of his film by the same name. I reproduce the Introduction from his book on page 6.

### LOCAL NEWS

#### Rural GP threatened by AHPRA

A similar situation exists in Australia where doctors are similarly threatened by the Australian Health Practitioner Regulation Agency (AHPRA) if they criticise statements by health officials. The AHPRA was set up in 2010 as part of the Federal Department of Health despite there being no legislation to authorise such action and the Department not being empowered under Section 51 of the Constitution to control doctors except in the ACT and territories.

As an example we summarise the situation in the WA from a report by John Flint in the *West Australian* on 8 January 2023 where a local doctor who supports most of the claims about COVID-19 has been threatened with conditions attached to his registration requiring him to undergo education “in relation to behaving professionally and courteously to colleagues and other practitioners”. He was accused by the regulator of undermining public health messaging in his social media posts.

Sounds very much like a directive from the Chinese Communist party that was sent to dissenting Chinese doctors. The difference is that the Chinese doctors who persisted were gaoled.

#### AMPS urges withdrawal of COVID vaccines from use in young children

AMPS recently sent a long letter to the Federal Health Department pointing out that COVID vaccines pose real risks for the young who have negligible risk of death from COVID, with not a single death in the UK. See page 2 for brief extracts.

#### Dog Dewormer treatment for cancer

Long-time CISS member David Hildyard  
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can be saying a lot of things but there is no real feeling that we are connected in a deep communication. So those are some examples of ductal.

Milk gland is different. Milk Gland normally has a sense of some kind of danger or threat or that something might be happening to the nest, whether that would be the home, the marriage, the kids or whatever. Either one part or the whole thing of the nest. And there's usually some kind of drama being involved. So that's an example about breast. But each organ is coded with certain type of feeling, certain type of experiences that we have.

At the beginning, when we started looking into this and then studying and researching this and I got trained and everything, the literature, the theory, sounded very interesting. I'll say that even 10 years ago I did not even believe in vitamins. Somebody would come to me and they would think vitamins, "Okay. Alright, I'll give in to them." I was like, "hmm."

I thought my mom was not making sense going to a homeopathy doctor because I was in medical school I knew it all back then. Eventually I grew up. I started reading more and I started understanding more. So I realized that there is more to it.

I got convinced because in the last four years that I have been practising this, it's a 100 percent that this factor is always there. There has not been one single person that this factor is not there.

And not just that they have emotional issues, like I said, if it's a ductal carcinoma, every single time there is issues of the perception. There is a fragmented nest or there is a lack of communication. There is an inability of the expression of love and things like that. We mentioned breast but if we would say lungs it's the same thing. There's a certain group of conflicts.

**Ty:** There's specific conflicts and trauma that trigger different types of cancer.

**Dr Curiel:** Exactly. And not just cancers, even other illnesses. Because I have had friends sometimes call me or ask me something. And I'll look into the physical aspects, the nutritional aspects, but I always ask them the question, "How are you emotionally?" I have found that it's also right on target every time.

**Ty:** And this healing is called Recall Healing.

**Dr Curiel:** This system is called Recall Healing.

**Ty:** And why is it called Recall? So you are forced to recall these things and to get rid of them?

**Dr Curiel:** There are some systems that we utilize where we go back into time. It's funny because numbers are very interesting. Things happen in cycles in life. There are systems that we utilize and when the patient sees the evidence of how something is going on in their lives and it tends to repeat or life tends to confront you with that. It's like an awakening moment for them.

I've seen that to be very liberating because you have the evidence there. And you can see that there is a cause. So you have the knowledge and it's up to you now to make a choice about how you want to act upon that. It varies, how you can work with each patient. But it is a beautiful thing when you see the impact that that can have.

**Ty:** And you've seen that in patients here. at Hope4Cancer?

**Dr Curiel:** Yes.

**Ty:** Do all the patients here undergo the Emotional Healing?

**Dr Curiel:** Yes, everyone. It's a must. It's part of our therapy.

**Ty:** And it makes sense that if that were part of the reason that you had this issue, you would have to resolve that before you could be totally cured.

**Dr Curiel:** Yes. If you research on the Internet and if you go into websites that have extensive research, not just in alternative medicine but even in conventional medicine, there's a lot of research that demonstrates the impact of psychological social stress and emotional [stress].

At the University of Berkeley, I like an article they have by the Department of Psychology. It's called "Emotional expression cancer onset and progression." The article at the end mentions that research needs to continue. But I think it's very clear and very evident. To me it is because I've been doing this emotional therapy for the last four years. So it has been very evident.

It's too much of a coincidence for me to say someone with, let's say, colon cancer - someone could eat red meat and someone could not eat red meat. Someone might have had genetic factors for cancer and someone might have not. Even people who eat very well, organic, exercise and do all the right things that you're supposed to do to not get cancer and still you get it. So

why is that?

The factor that's always there that I have seen clinically in my experience is this part, this aspect. And it's not just like I said, "Yeah, I have issues." No. There is a specific type of trauma related to a specific type of illness.

**Ty:** That makes sense. One question that I have, and I've not been able to ask anybody this before that has your knowledge, but we have this huge resurgence, or huge rise, in childhood cancers over the last couple of decades, how could emotional trauma be linked to any kind of childhood cancer?

**Dr Curiel:** Well, first we have to consider that emotional trauma as a trigger can be the cause of up to 90 percent of illnesses. There are certain things that can be caused by a toxin, venom, radiation, and things like that. But, nevertheless, I've given a lot of thought to this, why would children have cancers if they are not really exposed to things like they don't go to work, they don't go to school, they don't have a boyfriend, or a girlfriend, or are not married, or anything like that. So what would really worry them? They are not worrying about money and things like that.

But the thing is that genetics is the answer because everything gets codified in our genetics. Everything gets printed in our genetics. And information like that can be transmitted generation after generation.

Even, for example, you've probably heard when you have someone donate an organ—unfortunately if someone dies and they donate an organ that the person who has received the organ, let's say for example before the operation they didn't like coffee and after the operation all of a sudden they love coffee. And you find out that the person who donated the organ loved coffee. So that's a very simple example.

But there are many cases like this where you can see that information can be transferred in this way. So imagine how much is now going to be transferred genetically from mom and dad or even siblings that we may have it's been said that up to three generations up.

We know by science, even today, that whatever happens during the development of the baby influences the psyche of that baby, whether or not their neurological system has been apparently developed for it.

In cases of children I don't yet consider myself an expert in that field. But I think the answers come not just at the point of when the baby is born but probably before that.

**Ty:** That makes a lot of sense. I've asked that question to others. Not from the emotional perspective but just from the perspective that they've done tests even on umbilical cord blood and found 200 plus chemicals in it. So the things the mother is eating are passing through to the child. Maybe the emotions and the trauma are passing through as well.

**Dr Curiel:** They get through, we have seen that. I can give you examples of that. Let's say for example, a lady works surrounded by men. And she's not married. So in her mind she belongs to a group of men. She's a woman but she belongs to a group of men. All of sudden she gets pregnant and she's not married and to her that's embarrassing. So for four to five months she tries to hide the pregnancy.

Her daughter, when she becomes 13, 14, 15, or 16 years old, starts developing anorexia and bulimia and starts eating and throwing up after that. The psychological programming underneath that was like, "I must not be fat. I need to hide the belly." Why? Because, the mom had to hide the belly, so this is a way that this can be transmitted into a child. So that's a very simple example. But there is the ability to research more into this area to start helping these kids more.

**Ty:** Well, that explanation does make a lot of sense. I think that the more that I learn, the more—I was with you five years ago, and I thought, "There's no emotional aspect to disease, that's ridiculous."

**Dr Curiel:** That's hard. I was not eliminating completely that factor from the importance on a person's health. But I was like you five years ago. I would say, "Well, yes, (inaudible 17:15)." It's important that we don't feel stress. But I think consider that that was a real trigger and say, "This could be a cause of my cancer." Honestly, I was not in that mental state. But because there's so much coincidence in the last four years that I have seen. A hundred percent of people have proven to me that this is real.

And not just that, I've seen the benefit of people healing emotionally from it. The impact that this has not just at a mental level but at a brain, at an immunological, hormonal, neurological, brain chemistry. I mean, your whole body responds dramatically in a positive way to you the way they are going to respond to treatments. It's healing. But the simple fact that you are not in a constant survival or danger mode inside of you, and that how your nervous

system behaves is going from catabolic, which is destructive, to anabolic, which is constructive growth and healing.

**Ty:** So pretty much every successful cancer protocol is going to need to include some kind of emotional healing.

**Dr Curiel:** In my opinion, yes. Now, you can tell me, "Well, there are people that have not done that and they have healed." Yes, but if you analyze their lives maybe cancer turnaround was the way the whole family interaction was taken, the relationship between the marriage. You will need to do a very diligent analysis of each person's life and see the coincidences that are going on.

**Ty:** Maybe they healed emotionally and didn't know it.

**Dr Curiel:** It's very common. We do that all the time. Even you and I, we do that. That's how the body works. When a person experiences a trauma and we have levelled out different levels of stress - because again, not every stress is also going to create an illness, that's a fact also. Not every single bad thing emotionally that happens to you is going to create a physical ailment or a disease. No.

What makes a difference is the level of intensity of when something happens and how long it lasts. How do you get through it? It's not the same to go through an experience that is hurtful, and go through that emotionally and lonely, than to have support or be able to talk about it. Because the emotional expression here is a crucial thing. Awareness and emotional expression is a crucial thing.

So it's not the same to lose my car keys. It's not the same to get a flat tyre than to lose a loved one, for example. Emotionally, the level of trauma is very different. But also, at a physical level, the way the brain deals with it is very different. And here's where we are talking about now the electrical charge of things.

For example, if you have a TV and let's say the TV needs 110 volts of power and you give it 1000 volts all of a sudden. What happens to it? You blow it up. You fry the thing. The brain uses electricity. Your heart uses electricity. Your nervous system uses electric impulses throughout all your body.

Normally, your brain uses about 20 percent of all of your body's energy. When you go into high stress situations like losing a loved one or a se-

vere danger, your brain may require up to 90 percent of all your body's energy. Electrically speaking, also this is a huge overcharge going on. So when people experience this trauma or this shock it's really generating an overload of electricity at the brain level.

So if you have a laptop that is overwhelmed, it freezes. What happens? You cannot use it the same way. The brain is kind of the same thing, although it's completely more advanced than what would be a laptop.

**Ty:** You can reboot the laptop.

**Dr Curiel:** We just turn it off and turn it on again. We can just go clean it and things. But the brain is always for survival. The number one priority the brain has is always to keep us alive and in the best optimal functioning conditions that are possible to its reach. So we need proper nutrition and all those things.

But if at a given moment I'm going through a trauma that I'm not really able to process well at that moment, I cannot be completely overwhelmed or distracted because I could be walking down the stairs and if I'm all distracted I can fall and that's not good for my well-being. Or I can go cross a street and I can get hit by a car and I can die from that. So the brain is always on top of all these possible risks.

So what happens is that the brain redirects that stress, that impact or that information and then literally downloads it from your brain and stores it somewhere else. It sends that signal somewhere else. And there is a lot of research about this and it's available today.

So where, and what part of your body it's going to go to and what organ is not random. There is a specific reason why it will go into your breast or your liver or your prostate and things like that.

And like I said at the beginning, this is a very nice theory. But once you start to see it daily, that this is real, it's really amazing.

**Ty:** Dr Curiel, thank you for sharing today with us. We really appreciate your time.

**Dr Curiel:** Thank you.

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Dr Xavier Curiel is Integrative Medical Director of the Hope 4 Cancer Institute in Tijuana.

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## Healing Cancer from the Inside Out: A Practical Guide to Healing Cancer With the Rave Diet and Lifestyle by Mike Anderson

The following is from the Introduction to the above book published in 2009.

It focuses on the importance of Diet and nutrition in reversing cancer.

The previous two newsletters have gone into some detail on the topic of nutrition. The following is from the introduction to the book where the author summarises the lack of benefits of conventional interventions for cancer.

"During the past fifty years scientists experimenting with thousands of animals have found 700 ways of causing cancer. But they have not discovered one way of curing the disease."

- J. F. Brailsford, M.D.

The purpose of this book is to support the film of the same name, *Healing Cancer From Inside Out*. If you haven't seen the film, you should pick up a copy<sup>[1]</sup> because it contains vital information not found here. This book focuses on providing the details for supporting cancer patients with nutrition and essentially picks up where the film leaves off. The exception is Part I, where I provide a detailed explanation of how ineffective - and harmful - current conventional treatments are to the cancer patient.

This book is both a summary and interpretation of what I've discovered over the years about healing cancer with diet. It is based on the best scientific and practitioner knowledge to date. What I hope is that the material presented in this book will enable those with cancer to make their own treatment decisions based on *all* the facts.

I am neither for nor against conventional treatments of cancer. Nor am I for or against alternative treatments of cancer. What I am for is *any* treatment that truly works, particularly those that work in the long run and keep cancer away for good.

As made clear in the film, the difference between cancer prevention and reversal is one of degree, not kind. Natural cancer reversals occur all the time. At this moment, there are millions of people with cancers growing in their bodies and they don't have a clue. In fact, the average American gets half a dozen serious bouts of cancer during his or her lifetime without even knowing it!<sup>[2]</sup> This means there are millions of people who have healed their cancers on their own - including you. It also means that,

overall, there are many more natural cancer reversals than there are diagnosed and treated cancer cases.

Obviously, the more a cancer has progressed, the more difficult it will be to reverse. In other words, the sooner you adopt a true cancer-fighting diet, the better your chances of reversing the cancer and never having it return. Dietary reversals have occurred in all stages of cancer, including patients who were given only a few months to live, so you should never give up hope or stop fighting this disease.

The diet outlined in this book is strict, as it has to be. The closer you adhere to it, the more effective it will be. The basic guidelines are taken from the book, *The Rave Diet & Lifestyle*, which I also authored. The book you're reading now contains guidelines specifically tailored to fight the disease, as well as much more information about cancer. Once the cancer is under control, you can return to a more relaxed diet with wider food choices, such as that outlined in the *Rave Diet & Lifestyle*.

Dr Bernie Siegel has said that when given a choice between a change in lifestyle and undergoing surgery, eight out of ten patients will say "operate."<sup>[3]</sup> The two people out of ten who choose lifestyle changes, he calls "extraordinary" because they have chosen a different path - one that addresses the cause of the problem instead of having the doctor treat a symptom. Because you are reading this book, you should consider yourself an extraordinary individual because you have the courage to walk a path that is not well-trodden. That path is full of long-term successes which have rid the body of cancer not just for a few years, but a lifetime. I want to personally congratulate you for your decision. As you read the book and adopt the diet, you will find that you are not alone and have many resources to support you.

There is a story about a professor of medicine who would always make jokes about heart attacks to his medical students and the jokes would always elicit laughter. One day, he thought he would augment his heart disease jokes with some about cancer. But when he told the jokes, no one laughed. Of course, the reason no one laughed is because we have no effective treatments for cancer. Cancer is seen, by most, for what it is today with conventional treatments: a death sen-

tence for all but a very few. And, yet, it doesn't have to be.

We can make jokes about heart disease despite the fact that it kills as many people as cancer. And cardiovascular disease, of which heart disease is a subset, kills over *twice* as many people as cancer does. This is not to say that any disease is a laughing matter, but to point out that we have a very different attitude about cancer than we have about other diseases. Much of that attitude stems from the fact that conventional medicine has no effective treatments and, as a result, doctors are all too often giving patients death sentences. They have tried their ineffective treatments, the patient is told there are no *alternatives* and therefore the patient has only "x" number of months to live.

Sentencing a patient to death is the worst thing a doctor can do. The doctor is giving the patient a nocebo - the opposite of a placebo - which is, in effect, a kind of hex, whose underlying message to the patient is to die. So what does the patient do? He goes home, grapples with his fate and dies right on schedule. The doctor expects the patient will die and the patient follows the doctor's expectations right to his grave.

When patients are told there is no alternative but death, that's criminal because there *are* alternatives, even with late stage cancers. Unfortunately, the medical culture and legal system limit treatment options to the worst therapies ever to visit the human body. Doctors are ignorant of any treatment beyond drugs, radiation and surgery. Hope is dead and so, too, will be the patient.

*"Drugs tend to worsen whatever they're supposed to cure, which sets up a vicious circle."* - Dean Black, M.D.

A common occurrence is what I call the "Cancer Cycle." A person is diagnosed with cancer, treatments are applied, the body is devastated, but the patient is "cured." A few years later, the cancer returns. More treatment is applied, the body is further devastated, and the cancer is once again "cured." A few years later, the cancer returns yet again. At this point, either further treatment kills them or the side effects do.

In fact, the "Cancer Cycle" is so common it's been estimated it occurs, in

varying degrees, with over 90 percent of all cases where treatments are rendered.<sup>[4]</sup>

Why? Because conventional medicine only treats the symptoms of cancer (e.g., a tumor) and does not address what caused the cancer in the first place. Since the dose of radiation or chemo required to kill *all* cancer cells would also kill the patient, you still have malignant cancer cells in your body even after you have been "cured," they're just hiding under the radar. Normally, your body could deal with this, but the treatments have devastated your immune system and set the stage for the return of a serious cancer. This is the fundamental problem with conventional treatments: They damage the body so much that it is incapable of defending itself against cancer. And this is what sets up the Cancer Cycle.

Adding injury to insult, radiological and chemo treatments actually increase the likelihood that cancer will develop in other parts of the body<sup>[5]</sup> because both of these treatments are active carcinogens! Don't you think it's strange that one of the possible side effects of our cancer treatments is cancer itself?

Women who received radiation treatment and survived early Hodgkin's cancers, for example, were 75 times more likely to develop breast cancer by age 45!<sup>[6]</sup> As Dr Samuel S. Epstein has said, "Chemotherapy and radiation can increase the risk of developing a second cancer by up to 100 times."<sup>[7]</sup>

Chemotherapy is advertised as somewhat effective against a very small number of cancers: Hodgkin's disease, acute lymphocytic leukemia, testicular cancer and choriocarcinoma. When you look at its long-term effectiveness, however, the value of the treatment diminishes over time.

A study of over 10,000 patients with Hodgkin's, who were treated with chemo, showed they were 14 times more likely to develop leukemia and six times more likely to develop cancers of the bones, joints and soft tissues than those patients who did not undergo chemotherapy.<sup>[8]</sup> Children who were "successfully" treated for Hodgkin's are 18 times more likely to later develop secondary malignant tumors; the risk of leukemia increases markedly just four years after the treatment has ended; and the risk of developing solid tumors approaches 30 percent after 30 years.<sup>[9]</sup>

With childhood cancers, 73 percent of

patients will develop a chronic illness within 30 years and 42 percent will develop a severe, disabling, life-threatening or fatal condition, including heart disease, lung scarring, strokes and second cancers.<sup>[10]</sup> Blindness, deafness, infertility, early menopause, neurocognitive defects, depression, anxiety and moderate to extreme physical pain are also common side effects. Many have bones more osteoporotic in their 20s than people in their 70s. And no one has ever seen a childhood survivor make it to 70 years of age. It's no wonder that survivors of such treatments are advised to find jobs at big companies with good medical insurance!

A study of women who survived ovarian cancer following chemo treatments showed a 100-fold greater incidence of leukemia over those who did not receive chemotherapy. In some studies, when chemo and radiation were combined, the incidence of secondary tumors was 25 times the expected rate.<sup>[11]</sup>

In other words, the Cancer Cycle can have a very long and painful time frame because the treatment itself often causes later death from secondary cancers and other treatment-related diseases. And along the way, the treatment will enter the books as a success because the patient survived for just five years. Someone who dies of pneumonia, because his or her immune system was destroyed by chemotherapy, for example, is generally not counted as a "cancer" death. Likewise, someone whose liver is destroyed by chemo, and dies of liver disease, is also not counted as a cancer death. Cancer mortality as a result of treatment is grossly understated because the cause of death is taken from a death certificate. The direct cause of death may have been liver failure, but the liver failure was caused by the treatment. Because of the way deaths are recorded, it makes "cure" rates look far better than they actually are.<sup>[12]</sup> In fact, it's been said that if you add up treatment-related deaths, conventional cancer treatments have done far more harm than good.

Because you are reading this, you no doubt have cancer, or know someone who does. With such a serious disease, not everyone gets well, no matter what program they follow. That's the nature of life and this disease. But if you play the odds and follow a strict program of diet and lifestyle changes, your chances of beating cancer will skyrocket, compared to if you did not follow these guidelines.

When you heal the body nutritionally, you heal the entire body - the heart,

liver, spleen, colon and every single cell in your body. In contrast, our current medical model uses powerful poisons to rearrange body chemistry in order to suppress *symptoms* of the disease. It also cuts out or surgically alters organs that are causing problems, instead of healing those organs. The beauty about diet and lifestyle changes is that you don't have to know a thing about cancer to reverse it. You just have to know a thing or two about what you put into your mouth and how to live your life. The purpose of this book is to tell you a thing or two about how to do both.

If you have cancer and accept standard treatments, you may get some relief in the short-term, but statistically, you have set yourself up for the Cancer Cycle. Those few people who have escaped the Cycle were those who took charge of their health and changed their diets and lifestyles.<sup>[13]</sup> If you are a survivor of conventional treatments, it is just as important for you to adopt the dietary guidelines in this book in order to escape the Cycle.<sup>[14]</sup>

There are literally hundreds of alternative cancer treatments out there, which rely on one supplement, or another, or one specialized type of treatment or another. (See *Part 3 - Supplementation*.) Instead of focusing on supplementation, this book discusses nutrition because nutrition is the foundation for reversing cancer, regardless of supplementation. Nutrition can reverse cancer by itself. It can also reverse cancer in conjunction with supplements or specialized treatments. But supplements and specialized treatments cannot reverse cancers on their own, particularly in the long run. In other words, if you are serious about reversing cancer, you should be serious about changing your diet and lifestyle because that is what will keep cancer out of your body for good.

Should you follow this diet if you are undergoing conventional treatments? The short answer is yes, you should adopt this diet, even when undergoing conventional treatments.

Will it interfere with my treatment? Absolutely not!

There has recently been a lot of press about antioxidants interfering with radiation treatments because of a study. There are two important points about that study which need to be clarified. First, a subsequent analysis (after the headlines) showed that the danger of antioxidants was limited to a sub-population, specifically those

who continued to smoke cigarettes during radiation treatment.<sup>[15]</sup> Secondly - and more important - patients were taking synthetic antioxidant supplements, not the natural antioxidants that you get from eating whole foods. Antioxidants from natural, whole foods will never interfere with any treatment.

In another study, *synthetic* beta-carotene supplements increased the risk for lung cancer in heavy smokers.<sup>[16]</sup> Along the same lines, a recent study showed that a combination of vitamins E, C and selenium supplements were useless for combating prostate cancer.<sup>[17]</sup> I could not agree more with these studies. Synthetic supplements, on their own, will never make a dent against cancer.

When you get your antioxidants, vitamins, minerals and other micronutrients from natural, wholefoods, not only will there never be a problem, but they are far more powerful than supplements. Synthetic (man-made) supplements are not only weaklings against the powerhouse of natural foods, but taking them on a long-term basis can very often lead to diseases. (See *Part 3 - Supplementation.*)

Will dietary treatment actually work when undergoing conventional treatments? They will be far less successful than if you had no conventional therapy at all. Why? Because the purpose of dietary treatments is to rebuild the body's defenses, particularly the immune system, and conventional treatments do the opposite - they devastate the immune system, as well as every organ and cell in the body. It's as if nutritional therapy were trying to build a fence to keep cancer out, while conventional therapy tears it down. In other words, dietary treatment can help during conventional treatments, but it is an uphill battle. It takes years for the immune system to recover from chemotherapy. Dietary treatments can help it recover sooner, but the treatments themselves make this much more difficult. Without question, you will improve your chances of long-term survival after treatment by following the diet.

The overwhelming fear of cancer should tell you more than anything else that after decades of research and over a trillion dollars of aimless spending, our current medical model does not cure cancer. In fact, as will become appar-

ent, this model doesn't have a chance at ever finding a cure. It is simply the wrong approach to the disease.

Because you are reading this book, it means you are among the 15 to 20 percent of people who are "rule breakers," who think on their own and are capable of making their own decisions about their health and treatment.<sup>[18]</sup> The majority of patients are like actors auditioning for a part - they perform to satisfy the physician and will do whatever he or she decides. The patient is merely a passive participant and not required to do anything about their illness, except pay the bills and obediently follow the instructions of the doctor.

At the other end of the spectrum are those patients who actually wish to die - either consciously or subconsciously - and welcome the diagnosis as a way to escape their problems.<sup>[19]</sup>

The rule breakers are active participants in their health care, who will not play the victim and will do things on their own. That is what you must be if you are to follow this program.....

The book is available as an ebook for ~\$4 (Ed)

## Doctors for and against coronavirus vaccine claim medical regulator AHPRA has gagged them

### John Flint—The West Australian

David Berger isn't your average rural GP. When he's not working as an emergency doctor in remote areas of WA and other parts of the country, the former director of the esteemed British Medical Journal spends his downtime flying sea-planes and other small aircraft.

But it's not his aeronautical hobby that sets him apart. It's his direct and outspoken views, particularly on COVID-19, that recently prompted the national regulator to clip his professional wings.

The action taken against the maverick doctor by Australian Health Practitioner Regulation Agency (AHPRA) has sparked a furore in the medical and scientific community, with many individuals and organisations, including the Royal Australian College of GPs, complaining that practitioners are being persecuted for challenging the official position on pandemic response.

The Victorian branch of the Australian Medical Association even called for a royal commission into AHPRA.

Unintentionally, the WA doctor has found himself at the centre of a heated debate on the issue of medical censorship. But he isn't the only medico claiming to be gagged. Ironically, the



Dr David Berger

one thing health practitioners, both those for and against the COVID-19 vaccines, can agree on is that AHPRA has gone too far in cracking down on dissenting voices.

Dr Berger describes himself as the antithesis of an anti-vaxxer. With a Twitter following exceeding 48,300, he is staunchly pro-vaccination, but has railed against Federal and State Governments on other fronts.

Early in the pandemic, he was among those shouting from the rooftops about airborne transmission when the official

line was that the virus was spread via droplets.

He co-authored a scientific paper on the matter, whilst calling for better personal protective equipment (PPE) for frontline health workers.

AMA (WA) past president Andrew Miller recalled that he and Dr Berger wrote to authorities requesting appropriate PPE. "We were initially rebuffed, ignored and pilloried; told to stay in our lane," Dr Miller told Australian Doctor magazine.

"In short, the (Government's) Infection Control Experts Group was spectacularly wrong; Dr Berger and the rest of us listening to a diverse range of experts around the world were, unfortunately, right. But people in aged care facilities died without airborne-disease protections in place."

Dr Berger also pulled no punches last year in attacking the Federal Government for failing to procure enough of the Pfizer and Moderna mRNA vaccine, instead rolling out "the inferior" AstraZeneca vaccine, which posed more side effects.

"At the time I was making comments about this on Twitter, I was also authoring a peer-reviewed paper with



(leading epidemiologist) Professor Raina McIntyre and several other people, including a consultant haematologist, on the cost-benefit ratio of the AstraZeneca vaccine in the Australian context, which went on to be published in (the journal) *Vaccine*, and which was submitted in draft to the Australian Technical Advisory Group on Immunisation (ATAGI) in early April 2021," he said. "Following which ATAGI actually raised the permissible age range for the vaccine because of the dangers of the severe clotting disorder, VITT."

More recently, he has criticised the easing of COVID-19 pandemic protections and attacked what he and other scientists have called the "nonsense" of hybrid immunity. "Vulnerable people have been hung out to dry," he said.

Dr Berger has long believed the main focus should be on reducing transmission, which the vaccines are increasingly less effective at, due to virus mutations. "As good as the vaccines are at reducing death rates, they do very little to prevent transmission and thus infection or to prevent Long COVID. What we need to do, as a matter of urgency, is reduce transmission," he said.

"There is no rationale today for hospitals in WA not to be using N95 respirator protection.

"The reality is that we are living and working in unhealthy under-ventilated environments. The return on investment of improving ventilation, and cutting transmission is a complete no-brainer."

"(Authorities are allowing) a virus to run that evidence shows us causes significant neurological, haematological, respiratory, long term chronic complications, as well as a significant acute cost and many excess deaths," he added.

In June, Dr Berger discovered that anonymous complaints about him to AHPRA had been upheld and conditions were attached to his registration requiring him to undergo education "in relation to behaving professionally and courteously to colleagues and other practitioners". He was accused by the regulator of undermining public health messaging in his social media posts.

"When Dr Berger has made comments that disagree with politicians, government bodies and public health organisations, pharmaceutical companies and other medical professionals he has done so using emotive and pejorative language," it found.

"The terms used by Dr. Berger often imply that the persons or organisations at issue are acting either deceptively or coercively. And for motives other than

the public health interest.

"When referred to in this manner, it would be reasonable for the reader to doubt the integrity of the persons and organisations targeted by the practitioner, and to lose confidence in the public health pronouncements and programs promoted by them.

"While the board considered that it is quite likely that Dr Berger did not deliberately intend to undermine public health messages the manner and the language used in his social media comments have made it likely that readers could reach negative conclusions about public health initiatives and the people responsible for them."

Within days, a group of 18 leading COVID-19 scientists and doctors wrote an open letter to all health ministers around the country, defending Dr Berger and urging action to rein in AHPRA. The open letter now has more than 1800 signatures.

"Dr Berger is representative of all of us who take time to think, to care, and to comment in our own diverse way on how to make the public safer, especially to amplify those vulnerable groups such as the very old, very young, or very sick who may not have the resource to be heard," they wrote.

"We are concerned about the potential for AHPRA to lose its focus on patient safety and become a means to persecute doctors and other registrants for political reasons, in the name of maintaining confidence in public health measures. In fact, it may have the opposite effect if the community distrust a regime that silences medical dissent this way."

"Australia must not be a country where reputable scientists and clinicians cannot speak for the public good because they fear reprisal from their government regulator," they added.

The signatories called for a "statement affirming freedom of speech for doctors, in the public interest, and confirmation that expressing a difference of opinion with government policy does not in itself constitute a breach of AHPRA's Good Medical Practice Code."

Last month, former federal MP Dr Kerryn Phelps, joined the chorus, accusing the regulator of censorship. "Regulators of the medical profession have censored public discussion about adverse events following immunisation, with threats to doctors

not to make any public statements about anything that 'might undermine the government's vaccine rollout' or risk suspension or loss of their registration," she said.

Dr Phelps, a former Australian Medical Association (AMA) president, believes that severe adverse reactions from the COVID vaccines have been downplayed and insufficiently investigated because of AHPRA's edict. She made the claim in her submission to a parliamentary inquiry into Long Covid, citing her own reaction to the Pfizer vaccine and more serious complications experienced by her partner.

Dr Sally Price believes she is not alone in letting her registration lapse rather than practice under AHPRA's edicts. "There's a lot of doctors who've also taken early retirement or moved off the job or done other things," she said.

Dr Price, who was a speaker at a Perth rally against vaccination mandates in November, told *The Sunday Times* she couldn't continue working under AHPRA's strict rules. "My integrity would not be intact (otherwise). It's like, on one side, they're saying, 'follow your code of ethics'. And at the same time, 'you're not allowed to say anything that we don't want you to say'.... you literally can't provide for informed consent." "In essence, there's really no point being a doctor," she added.

Dr Price, like Dr Phelps, wants to see greater transparency around vaccine injuries. "The government hasn't been clear about all of the side effects," she claimed. "Nobody can be sure, but it needs investigating and the red flag is that it's not being investigated... Deaths are not being autopsied," she said.

AHPRA has denied trying to stifle free speech. "Medical practitioners can debate and share their opinions freely," a spokesperson told *The Sunday Times*. "Healthy public discourse is important but it needs to be respectful and when providing advice or information online or in-person, doctors are expected to exercise their professional judgement and only provide information or advice that is evidence-based." The number of practitioners who've fallen foul of AHPRA is small.

As at 30 June, there were 852,272 registered health practitioners in Australia, including 85,888 in WA, across 16 professions.

Of these, 28 (5 in WA) had restrictions imposed on their registration in 2021-

22. “Of these, 21 practitioners were suspended, including 12 medical practitioners. “Practitioners who were suspended in relation to COVID-19 or vaccinations were considered to represent serious risks to the public,” the spokesperson said.

“Our decisions to suspend those practitioners are appealable decisions. In each case, a Tribunal can be asked to review the decision. “To date, of the practitioners who were suspended and appealed, none have had their suspension overturned. Some appeals are still pending.”

From the five sanctioned in WA, four were suspended, including a medical practitioner, nurse, psychologist and dentist. The fifth, Dr Berger, had conditions imposed.

A position statement put out by the AHPRA in March 2021 warned: “Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported ... and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.” Practitioners were also told their social media activity should not “contradict or counter public health campaigns or messaging, such as the Australian COVID-19 Vaccination Policy.”

Where to draw the line between free speech and dangerous messaging is a conundrum.

Dr Berger pondered another difficult question: “where is the line between undermining and just criticising? “That line is arbitrarily drawn and can easily be used to silence dissent,” he said. “If we’re going to have medical censorship, then it has to be on the basis of truth and there has to be an open and transparent adjudication tribunal or mechanism to define the limits of allowable medical speech.”

“I’m not saying you couldn’t censor by veracity,” he added. “But it is a hell of a task. And I think trying to clamp down on discourse across the board, in an attempt to suppress the real crazies, risks doing more harm by suppressing reasonable dissenting voices as well.” Dr Miller believes “there must be a high threshold for silencing dissent.”

“Claims of regulatory overreach gain more weight if the conversation touches on political decisions or authorities. This pandemic is marinated in politics,” he wrote in *Australian Doctor*.

In Mr Berger’s case, Dr Miller said

AHPRA focused on his “emotive and pejorative language”.

“David’s got a big attitude on him as descendants of Holocaust survivors from one or two generations back tend to be,” he said. “Respectfully, is this focus on how we say things, rather than what we say, really going to keep the community safer? “Is being courteous to colleagues, even prize buffoons, more important than calling out bulls..t?”

Royal Australian College of GPs President Dr Nicole Higgins said GPs are an important voice and shouldn’t be gagged. “In a free and fair democracy it is only reasonable that GPs be allowed to speak out on issues of public concern, including government policy concerning the pandemic as well as vaccinations,” she said.

“The last thing we want to see is enforcement by AHPRA have a chilling effect on free speech, especially when GPs have important public health insights that could influence public opinion and political action.

“Our members do have responsibilities under national boards’ codes of conduct to promote the health of the community and must understand that they can be subject to investigation and other action by AHPRA on a case-by-case basis.

“I don’t believe that the right to freedom of opinion and expression extends to defending GPs and other healthcare workers disseminating dangerous anti-vaccination messages and COVID-19 conspiracy theories; however, it is always challenging drawing a line on what constitutes reckless commentary deserving of regulatory action.”

On Dr Berger’s case, Dr Higgins said it was “true that his comments on social media were coarse.” “But it’s also fair to say that he was passionate about an issue affecting the lives of his patients and that in a free country he should be allowed to vigorously argue his point.

“I think if you asked the average Australian, they would say it’s unreasonable for a GP to be punished simply for making comments that ‘disagree with politicians, government bodies and public health organisations’,” she said. “After all, disagreeing with government policy is a hallmark of a genuine democracy.”

Dr Higgins said the RACGP was strongly opposed to amendments to the Health Practitioner Regulation National Law which allow information regarding complaints against GPs to be made public before investigations are complete.

The amendments have already been

enacted in the eastern states and the WA Government expects to introduce legislation this year.

“Doctors already have enough on their plate and we must ensure that they don’t undergo any unnecessary additional stress at a time when GPs are needed by their communities more than ever before,” Dr Higgins said.

The AMA has been scathing of the amendments.

“The AMA does not support the Medical Board or AHPRA being able to issue a public warning before a tribunal has completed its actions. To do so would imply guilt and is likely to ruin a practitioner’s reputation,” it stated.

“The impact of this on the livelihoods, mental health and indeed longevity of practice for doctors cannot be downplayed. The constant state of fear doctors practice under – waiting for their turn to be the next one under the AHPRA microscope - weighs heavily across our profession. This level of fear and uncertainty is heightened by amendments such as these.”

“The amendments outline in considerable detail the actions that must be taken when such a decision is revoked, but by then it will be too late. The reputation and the life of that doctor will be materially damaged and doubtless, a statement by the regulator that they were wrong is unlikely to change that significantly.”

Dr Berger claims he is presently having to defend himself against “right-wing trolls” who have been making anonymous claims to AHPRA in a bid to get him deregistered. He admits he was “a bit rude and a bit sarcastic” in some of his tweets, but didn’t deserve to have his “impeccable medical credentials” tainted.

“I keep wanting to close my Twitter account and I veer between doing it and not doing it because I have an important voice globally, not just in Australia,” he said. I kind of feel at the moment I have to try and keep fighting it. The vexatious attempts to close me down through inciting mass reporting to AHPRA have been very sinister.”

His online detractors, mostly anti-vaxxers, accuse him of “bed-wetting” and fear-mongering” for urging stronger public health measures.

“I’m the guy who flies single-engine aircraft across the North Atlantic. I’m no scaredy cat. I just understand

risk," he responded to the taunts.

Perth-based obstetrician and gynaecologist Dr Stas Vashevnik, who holds concerns about the Covid-19 vaccines, has had his own run-in with AHPRA over content he put on his LinkedIn page. "The article extensively quoted and interviewed a Nobel Prize winning virologist Prof Luc Montagnier and a Belgian vaccinologist Dr Geert Vanden Bossche," he said.

"Both expressed their serious concerns that vaccinating the population in the middle of the pandemic was going to result in the creation of vaccine resistant variants that potentially may be counterproductive and more deadly.

"An anonymous complaint was then made to AHPRA and I got a notification that threatened further repercussions as the views expressed in the article contradicted official government policy." Not wanting to be sanctioned, Dr Vashevnik said he removed the article and apologised.

He said the current arrangements

"leave minimal room for independent sincerely held views of an individual medical practitioner based on data and experience and individual circumstances of patients."

The Sunday Times interviewed two practitioners, who didn't want to be named for fear of losing their registration. One of them, a psychiatrist, feels silenced even though no action was taken against her.

She chose to close her private practice rather than comply with the vaccine mandate last year. Like Dr Price, she wasn't convinced the vaccines were safe.

She said wasn't anti-vax per se, but adopted the precautionary principle with these vaccines having done her own research. "I think it's important that as medical professionals, we go through such rigorous training, that we should be allowed to speak independently and have debate. But all unvaccinated doctors have been banned from practice all around Australia. So the unvaccinated voice,

we've just been completely ostracised," she said.

She won't be re-opening her practice. "With the emergency powers now with the Police Commissioner, he can bring (mandates) back in at the drop of a hat. So there's no way I can restart a business that I might have to close down again," she said.

Lisa (not her real name) was a medical practitioner at Joondalup Hospital until she lost her job for declining vaccination.

"I don't put stuff on social media," she said. "That's probably why (AHPRA) haven't caught up with me."

She said she had lost faith in medicine and no longer trusted all she had before. "I've just lost faith, really," she said. "And I'm struggling with that. I'm in limbo. I don't know what I'm going to do."

FROM: the West Australian Sun, 8 January 2023

## Joe Tippens Dog Dewormer Cancer Treatment

Joe Tippens use of a dog dewormer as a cancer treatment has drawn scepticism from people all around the world. However, since he started using the dewormer, Tippens has been cancer free, making the sceptics reconsider their stance on the unconventional method. (He used this treatment after being diagnosed with small cell lung cancer.)

Most do not realise that the treatment, known as the Joe Tippens Protocol, actually entails more than just taking a dog dewormer. It's actually a regimen of multiple products including fenbendazole, CBD oil, curcumin (turmeric), and vitamin E. The vitamin E has now been labelled as "optional" due to the possible medication interactions, but is still used by many people who are using the protocol.

Joe Tippens uses the dog dewormer called fenbendazole (name brands: Panacur C and Safe-Guard) in his protocol. Fenbendazole is a benzimidazole, a class of microtubule-destabilizing agents. Other benzimidazoles, including albendazole, pabendazole, mebendazole and flubendazole have already been shown to have promising results in humans. While there have been very few scientific studies done on fenbendazole as a cancer treatment option, one such study suggests that it has "been safely utilized as an anti-parasitic for various different animal



**Joe Tippens**

species and could be repurposed for treating human malignancies." Another study states that the "repurposing of veterinary drugs showing promising results for human use can result in considerable time and cost reduction required to develop new drugs."

The Joe Tippens Cancer Protocol suggests a dose of 222 mg per day (1 gram of Panacur C), seven days a week. The medication is available in oral granules or as a liquid suspension and is given by mouth. If you choose to use the liquid form, it is important to make sure you measure the dosage

correctly and carefully. It is recommended that the medication be taken with food to avoid any gastrointestinal upset. Although there have been limited studies on the cancer-fighting characteristics of fenbendazole, it appears to be tolerated well by humans.

### Joe Tippens Protocol Dosages

Fenbendazole (dewormer): 222 mg per day seven days a week with food.

Curcumin: 600 mg of bio-available curcumin 7 days a week.

CBD oil: 25 mg sublingually (under the tongue) seven days a week.

Vitamin E (optional): 400-800mg per day, seven days a week.

After only three months on the dog dewormer regimen, Tippens had a PET scan. The oncologist was shocked and elated to report that the scan was "all clear." Since then, every scan he has had has been clear of any cancer.

FROM: <https://www.laurasmercantile.com/joe-tippens-dog-dewormer-cancer-treatment/>

(continued from page 3)  
has drawn my attention to an interesting article about a dog dewormer treatment that forms the basis of a new treatment for small cell lung cancer developed by Joe Tippens. His doctor observed that his cancer had gone in 3 months. See above.

## 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)

## 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.

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

#### SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

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

#### SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

### VICTORIA

#### CANCER NATURAL THERAPY FOUNDAT'N

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

#### GAWLER FOUNDATION

The Gawler Foundation has leased the

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

### QUEENSLAND

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

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

#### FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

#### QUALITY OF LIFE CANCER SUPPORT GRP

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

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- themselves appear to have liability protection from directing and inciting professional misconduct under the Health Practitioner Regulation National Law (Section 136).
3. Respect for human beings involves giving due scope to people's capacity to make their own decisions. In the research context, this normally requires that participation be the result of a choice made by participants – commonly known as 'the requirement for consent'. This requirement has the following conditions: consent should be a voluntary choice, and should be based on sufficient information and adequate understanding of both the proposed research and the implications of participation in it.
  4. We must also consider a second document. With respect to The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use, we draw your attention to the following select-

ed points:

2. THE PRINCIPLES OF ICH GCP
  - 2.1 Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with GCP and the applicable regulatory requirement(s).
  - 2.2 Before a trial is initiated, foreseeable risks and inconveniences should be weighed against the anticipated benefit for the individual trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.
  - 2.3 The rights, safety, and well-being of the trial subjects are the most important considerations and should prevail over interests of science and society.
5. These must be seriously considered by the TGA in accordance with its legislated regulatory duties, not to mention moral and

ethical responsibilities. Amendments were made to the Therapeutic Goods Regulation Act on 23 July 2021 that reduce the safety and efficacy requirements for any therapeutic that is being assessed for "the treatment or prevention of the disease known as coronavirus disease (COVID-19)."

6. Despite considerable research, AMPS finds no evidence to support SARS-CoV-2 as being life threatening to, or producing seriously debilitating outcomes in, Australian babies and pre-schoolers, particularly in the era of the Omicron variant, and more particularly where most Australian babies and children have acquired natural immunity towards SARS-CoV-2. As outlined by ATAGI, most children with SARS-CoV-2 infection are asymptomatic or experience a mild illness. In the US, data from the CDC calculated a death rate of 0.00049%, while UK ONS data from the whole of 2020 and 2021 clearly show that not a single child aged 1-9 had died with COVID as the sole diagnosis on the death certificate .....