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

The Hoxsey Treatment

by Dr Elias Gutierrez

Dr Elias Gutierrez is Medical Director of the Biomedical Center in Tijuana, Mexico that specialises in the use of a treatment developed by Harry Hoxsey in the 1920s.

Harry had developed the therapy based on one handed down by his great-grandfather John Hoxsey who had observed a horse with a tumour on its leg cure itself by grazing on wild plants growing in the meadow. The treatment was developed from these plants.

The interview is one of 131 by Ty Bollinger of proponents of cancer treatments. The transcripts from his radio shows were collected in his book "The Truth About Cancer—A Global Quest"

Ty: I'm here at the Bio-Medical Center which was formerly known as the Hoxsey Clinic in Tijuana, Mexico with Dr Elias Gutierrez. Thank you for joining me today.

Dr Gutierrez: Nice to meet you.

Ty: I'm really excited to get your perspective on the Hoxsey treatment; what I called the Hoxsey treatment. As I was sharing with you earlier, when my dad was diagnosed with cancer in 1996, we wanted to get him here to the clinic but he died in 25 days.

One of the things that really impressed me about the clinic was the success that you'd had with a lot of different types of cancers as I began to research back in the mid-90s. So, if you could Dr. Gutierrez, share with me and with the viewers, what exactly is the - I call it the Hoxsey treatment. I don't know if you even call it that anymore.

What treatments do you use here at the Bio- Medical Center and how long have you been here?

Dr Gutierrez: Well, I've been here for about a little bit more than 30 years, maybe 34. Basically, what everything spins around is what is known as the Hoxsey formula. It's a liquid made with a combination of several herbs and minerals. Because of the way that



Dr Elias Gutierrez

it is put together it selectively targets only the malignant cells. Any cell with the bad DNA or a bad metabolism, those are the ones that are going to be destroyed.

Of course there are a few vitamins, there's a diet which is not a difficult one to follow, and we also use a lot of both occidental and Chinese herbal formulas.

Ty: What exactly is in the Hoxsey formula? What are the herbs that are in it now?

Dr Gutierrez: There are several herbs like licorice, potassium iodine, and there are a couple of more things. There are about eight or nine ingredients in it.

Ty: Do they all have different mechanisms by which they are selectively toxic to the cancer?

Dr Gutierrez: Yes, definitely, each one. Besides, you have to remember that there is a mechanism called potentialization, or when you combine several ingredients together. You can

take one herb and it is just going to have a simple effect, but if you put them together, each one will potentialize each other and you will get a combined effect.

Ty: It's kind of a synergistic effect.

Dr Gutierrez: Synergistic effect. Yes, yes.

Ty: The formula that you're using, is this pretty much the same formula that Harry Hoxsey used 80, 100 years ago?

Dr Gutierrez: Exactly the same. It was first passed down from Hoxsey over to Mildred. Then Mildred brought it into the clinic and then she passed it on to Liz, she's the owner now, Mildred's sister. We still use basically exactly the same formula that was being used in Texas.

Ty: Share a little bit with the viewers about the history of Harry Hoxsey before the clinic moved here and what happened with him. Why did he have to leave the United States?

Dr Gutierrez: I think essentially it was because the treatment was getting pretty famous. There was a time when there were about 14 Hoxsey clinics scattered across the United States and I think it was a big threat to the medical profession. It was threatening the pharmaceutical companies, the big hospital, everybody that makes a lot of money out of medical treatments. So they definitely had to get rid of him because this was an effective and cheap treatment. So they had to get rid of it.

Ty: And one of the things that I read about Harry is that he wanted to make sure that if people didn't have the money that they would be treated for free.

Dr Gutierrez: That's correct.

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The Secretary
Cancer Information &
Support Society
6/56 Chandos St
St Leonards NSW 2065
Phone/Fax: (02) 9906 2189
email: support@ciss.org.au

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would be enough to question the "Trusted Evidence" requirement. So Peter, as one of Cochrane's founders, was also offending Cochrane's own integrity and implying that its standards were slipping.

Justin Smith, an interviewer on a documentary film called *Statin Nation* (highlighting the lack of benefits for heart disease) said that towards the end of 2014 he had contacted Peter Gøtzsche and urged him to take a look at the Cochrane reviews of statins. He was already concerned that the reputation of the Cochrane Collaboration would be tarnished by the inconsistencies in the published positions.

He said that unfortunately Peter Gøtzsche took no action on this at that time and "now I can't help thinking that if action had been taken then, the Cochrane rot could have been postponed and Peter would still have his job."

Comment

Recent revelations by Robert Kennedy Jr in his book "The Real Anthony Fauci, Bill Gates, Big Pharma, and the Global War on Democracy and Public Health" show the serious corruption of the US health and medical system and its regulators and drug approval processes under Anthony Fauci's leadership. They show how this corruption process has extended throughout the world via the WHO during the COVID crisis. It would appear that the Cochrane group was already in the process of being corrupted via the Principal Investigators coming under Fauci's influence via his providing financial incentives to them as long as they continued to support the approval of vaccines and other money-making ventures by the pharmaceutical companies.

The Gardasil scandal described on page 8 would have exposed the Cochrane group as being part of the corruption had Peter Gøtzsche not exposed the process being used in 2018 by Cochrane to support Gardasil as a "safe and effective" vaccine for cervical cancer—now shown to be "unsafe and ineffective", like the COVID vaccine itself.

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Soon after, Fishbein discovered that Fauci stood to personally gain significant revenues by providing the US Department of Health & Human Service (HHS) approval of Proleukin. He later found that 51 NIH scientists were testing products for which they secretly receive royalties (if they got the drug approved).

After Fishbein's next complaint he was sacked. He fought his dismissal.(p.271) However by this time Fauci has amassed enough power to stack the investigation of Fishbein's sacking that upheld his dismissal. (p.272) Fishbein then took the case to the Merit Systems Protection Board who reinstated Fishbein after determining his dismissal was "wrongful retribution". (p.273) But it was a pyrrhic victory. He could never again work under Fauci. According to Fishbein "Dealing with Tony Fauci is like dealing with organized crime. He's like a godfather. He has connections everywhere. He's always got people that he's giving money to in powerful positions to make sure he gets his way—that he gets what he wants."(p.275)

I have included these details because it shows how the whole US health and medical regulatory system became corrupted by Fauci to enable it to be run by him and Big Pharma. (It also explains why Australia's TGA that gets over 95% of its funding from Big Pharma decided to ban Ivermectin—because it was a cheap and more effective treatment for COVID.)

Other Chapters describe how Bill Gates teamed up with Tony Fauci. (He said "Tony, you run the biggest infectious disease institute in the world. And I want to be sure the money I spend is well spent. Why don't we really get to know each other? Why don't we become partners?"(p.283); how Gates invested about \$1 billion to "buy" control of the WHO's \$5.6 billion budget;(p.301). "By 2017 Gates' power was so complete that he handpicked his deputy Tedro Adhanom Ghebreyesus as the WHO's new director general". He had no medical degree and had been claimed to have

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available for \$29.50 plus postage for members + postage

OVERSEAS & LOCAL NEWS

Conspiracy theories real?

My apologies for devoting a large section of this CISS Newsletter to general health rather than focussing on cancer. However I believe that we are going through a critical time when organisations like CISS are fighting for survival and doctors independence is under threat like never before in Australia's history. And it all comes down to the pharmaceutical industry taking over the health system. Not only in Australia but world-wide.

I thought I was being a bit extreme when I started to think like this, but then I read two books: One by Robert F Kennedy Jr, son of the former US Attorney General and nephew of President John Kennedy—both assassinated in the 1960s; the other by Peter Gøtzsche, sacked from the Cochrane Group in 2018 using the same technique as was used in the unsuccessful attempt to take over CISS' and close down our research in early 2019.

As some of you might recall, we invited Peter to talk at a packed public meeting in Sydney in early 2015 about his findings on Mammography screening.

Irrespective of what people might think about Robert Kennedy Jr, I have the utmost respect for Peter Gøtzsche. Although I'm sure Peter suspected that the Gardasil vaccine caused more harm than good, he never let this show in his paper published in the British Medical Journal in 2018 where he suggested that a Cochrane review of the Gardasil vaccine did not comply with Cochrane's strict requirements for "Trusted Evidence" - see page 8 under "Other International Implications".

A few months later he was sacked from the board of Cochrane by a vote of 6-5 (with him not being able to vote). Four of the 5 board members who had voted against the expulsion motion subsequently resigned from the Cochrane Board.

Many of those who watched these proceedings could not understand how an organisation like Cochrane could sack one of its co-founders who was trying to retain its integrity.

What sinister forces were acting behind the scenes we wondered?



Don Benjamin, Editor

Now 4½ years later the truth comes out. It was all happening under the influence of Big Pharma, Tony Fauci and Bill Gates, with a few local conspirators who also tried to take over CISS a few months later. It wasn't a coincidence at all that the same technique was used in both Peter's sacking from Cochrane and the attempted take-over of CISS.

In fact in hindsight there is no chance that a competent medical researcher with integrity like Peter Gøtzsche could survive in a mainstream evidence based organisation where he would continue to expose the vested interests of Principal Investigators who are, or have been, on the payroll of big pharmaceutical companies and (through Anthony Fauci) continue to be paid to cover up the dangers of drugs and vaccines and exaggerate their benefits.

As pointed out by Kennedy, even the top medical journals like Lancet and The New England Journal of Medicine were persuaded to breach their editorial principles to keep on side with their new masters.

The British Medical Journal stands out from the others by continuing to publish evidence based science rather than propaganda on behalf of the pharmaceutical industry.

LOCAL NEWS

Meanwhile in Australia the cover-up continues. The Federal Department of Home Affairs continues to censor social media. It has been left to conservatives to expose this Orwellian censorship. Liberal senator Alex Antic used a Freedom of Information application to expose the fact that this department had intervened 4,213 times to have posts related to the pandemic removed, including those by health experts. They had tried to point out that much of the government health department's official statements about COVID were wrong. These government health dogmas were about vaccine efficiency, risks, mandates, masks, lockdowns and border closures.

Australian authorities were being controlled by international pressures originating from the US where "Dr America" Anthony Fauci has now been shown to have falsified data to maximise the profits of the pharmaceutical companies, from which he benefits.

As a result, America's increase in deaths following the COVID pandemic was the highest in the world.

On page 7 I provide extracts from the website of Miller & Zois Attorneys at Law who handled the class action of thousands of women harmed by Gardasil, Merck's HPV vaccine to prevent cervical cancer. Merck fraudulently concealed the known risks and dangers of the HPV vaccine while exaggerating its efficacy. Gardasil has never been proven to prevent cervical cancer (or any other type of cancer). This fraud all happened in 2004.

The fraudulent process began in the early 1980s when Anthony Fauci got control of the funding for the HIV/AIDS vaccine, AZT. As with Gardasil, AZT has been shown to cause thousands of deaths and not prevent AIDS.

On page 10 I provide a book review of Robert Kennedy Jr's book about Anthony Fauci that shows the identical process being applied to the Covid-19 mRNA vaccines that in hindsight have been shown to have also caused more harm than good and not effective against COVID. It is also possible that these COVID vaccines are responsible for the fact that America had the largest increase in deaths from Covid in the world, as mentioned above.

For a different perspective, on page 9 I provide a book review of Peter Gøtzsche's latest book on a similar topic.

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Ty: And at that time, if I remember correctly, the AMA wanted to buy the formula but he was afraid.

Dr Gutierrez: Definitely, he didn't sell it to them. That's correct.

Ty: Are there certain types of cancer that the Hoxsey formula works better with? Or is it just cancer in general?

Dr Gutierrez: No, there are a few types. In general, it works really well for most of the malignancies we treat. But there are a few that we know we only get like a 50-50 response. With cancers like sarcomas and multiple myeloma, we only get about a 50-50 response.

Ty: If somebody comes in to the Hoxsey clinic and they want treatment, how long does a treatment typically last?

Dr Gutierrez: This is a clinic that does something in a different way than most of the regular clinics. We try to do everything in a single day. People come in in the morning, they register, they go through the laboratory, they go through the x-rays, they get their consultations, and they go through a very thorough physical examination. Then we have to wait until we get the reports from the laboratory and x-rays, which takes a couple of hours. Then we call people up for a second visit in the afternoon and we explain all the findings to them. We give them their instructions, their treatments. They just pick up their supplies and make their payments and they go home.

Ty: Wow. And so you're about to start seeing patients today. So it's just before nine o'clock in the morning and by this afternoon they'll have their treatments and they'll be able to go back?

Dr Gutierrez: Exactly. They will be able to go back home.

Ty: So it's a home treatment then really that is supervised by you here?

Dr Gutierrez: Yes.

Ty: So you're in touch with the patients once they leave?

Dr Gutierrez: Yes. They take their supplements. Most of the medications are taken by mouth so there are hardly any medications that are going to be injected. So they take their supplements and they do the diet. This is something that you

can do at home. You don't have to be necessarily hospitalized to do it.

They stay on the diet and they come back for a checkup every three, six months, every year. Eventually they just come back every two to three years.

Ty: Okay. So the Hoxsey tonic then, is this something that they would take back bottles of or do they brew it themselves?

Dr Gutierrez: No, they take bottles of concentrate so that makes it easy for them to take at home, but they get instructed on how to dilute it and how much to take. The amount is different for each particular patient.

Ty: I see. Generally, how long would someone take the Hoxsey tonic after they've been in the clinic? They go home, three months, six months, a year? How long?

Dr Gutierrez: You mean the length of the whole treatment?

Ty: Yes, how long will they take the Hoxsey treatment?

Dr Gutierrez: I'd say on average four to five years.

Ty: So you take it several years afterwards. Okay.

Dr Gutierrez: Yes, yes. Then on the fourth or the fifth year, if you cannot find any detectable traces of any malignancy in their bodies through PET scans, CT scans, laboratories, and physicals, if there's no sign of any more trouble, then we tell them, "Hey, you can stop the treatment." Some of them say, "Yeah, I'd like to get rid of it" and then start eating regular things. But some people say, "Hey, I don't want to stop it. I just want to continue taking it the rest of my life."

Ty: So they take the tonic and then they - What does the diet look like?

Dr Gutierrez: We asked them to stay away from things that are normally not so good for you like alcohol, carbonated beverages, refined sugar, artificial sweets, and that kind of stuff. There are six or seven things.

Ty: Other than that, not really all that restrictive?

Dr Gutierrez: Oh no, no. Except for the things that we specifically recommend people not to take, they can eat whatever they want. Being conscientious of what they eat.

Ty: Right. So staying away from the

refined sugars, carbonated beverages, and alcohol. What else?

Dr Gutierrez: Pork, tomatoes, vinegar, regular table salt, refined sweets, and artificial sweeteners.

Ty: Why tomatoes?

Dr Gutierrez: One of the mechanisms of action of the formula is to change the pH of your blood to make it more alkaline. So if you eat anything with acidity in it, that's going to reverse the alkalinity for the treatment and that's going to ruin the whole thing.

Ty: So tomatoes will do that. What about grapefruit?

Dr Gutierrez: No, because the citrus has a completely different mechanism of action. They mix with the acids in your stomach and become a very strong alkaline. You see, cancer cells cannot tolerate alkalinity but they thrive in acidity. So if you put acidic food into your system, your pH becomes really acidic and that's wonderful for cancer cells. So we ask people to avoid acidic fruit.

Ty: So, the Hoxsey tonic really works on the alkalinity of the blood?

Dr Gutierrez: That's only one of the four or five mechanisms of action. That's only one of them.

Ty: What are the others?

Dr Gutierrez: It stimulates the bone marrow so you can produce more of the specific cells that fight cancer cells. Somehow your immune cells get used to the malignant tissue in your body and don't do enough to stop it. With the effect of the medicine, I mean the Hoxsey formula, you're going to produce a new generation of more aggressive immune cells that are going to specifically destroy the malignant tissue.

Then you break the fibrotic tissue, which normally surrounds cancer cells, to break it open and allow the immune cells to go in there and destroy them. It works on the DNA of the cancer cells, several things.

Ty: Okay. So back to the ingredients of the Hoxsey tonic. You said it has licorice? What is it about licorice that is beneficial against cancer?

Dr Gutierrez: You have to go into the literature. There is tons and tons of information about licorice and rhubarb and -

Ty: Is rhubarb one of the ingredients as well?

Dr Gutierrez: In some of the formulas, (continued on page 5)

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yes. Not in ours.

Ty: Not in yours.

Dr Gutierrez: No. I have a collection of books which say that they have the Hoxsey formula and there are all kinds of different variations of the formula. But that's not the real one.

Ty: So what are the specific ingredients in the one that you use or is that proprietary?

Dr. Gutierrez: I think it's proprietary, but you can get the official copy of the list of ingredients from the girls at the front desk and they will give it to you. That's not a big deal.

Ty: Very good. So as far as terminal patients, let say somebody comes in here and they have undergone chemo and radiation. And their body is really in bad shape. Do you have success with people that are terminal?

Dr Gutierrez: No, no. It depends. If you have somebody that is really just grasping for breath and really on the last minutes of their life, there is nothing you can do about it. People have to still have a certain degree of capacity to respond to the medication. If they don't, you won't be able to do anything about it. They still need to be able to swallow their food, to be able to stick to the diet, and do a number of things. You have to use your clinical, your common sense to be able to tell some people, "Hey, unfortunately, there is nothing we can do about it."

Ty: It's too late.

Dr Gutierrez: Yes.

Ty: Do you recommend that people, if they call and ask, do you recom-

mend that they stay away from chemo and radiation?

Dr Gutierrez: No. In most cases, we can help them without necessarily having to go to chemo and radiation or surgery. But there are some cases in which you feel, according to the opinion of the team here that the best thing for them to do is to get surgery, to get chemo. And we're the first one to tell them, "Hey, go ahead and get this operated on because you're going to get obstructed ... "

Ty: Brain Tumor

Dr Gutierrez: Exactly. "Your arteries are going to burst. You need to get chemo, you need to get radiation." Whatever they need we tell them. But in most cases, like I said, we can manage to help them without having to go through those conventional means.

Ty: Very good. So what would you recommend to someone that is looking at different clinics to go to to treat cancer? What's the most important question that a cancer patient should ask so they can figure out if they're going to the right place?

Dr Gutierrez: I don't know. There are so many options and so many therapies out there. That's a really difficult question to answer. I guess they just have to inquire into every single one of them and then there's the economical issue. They have to inquire into every single one on what they will use and do their own research. And then maybe talk to people that have been going to different places to see which one seems to be getting better results and then go for that one.

Ty: Well, those are good questions.

Dr Gutierrez: Yes.

Ty: Being a one day treatment, is the Hoxsey treatment really affordable?

Dr Gutierrez: I think so. We're the cheapest clinic in town.

Ty: Are you really?

Dr Gutierrez: Oh, yes. At some of these other places you have to sell your house to be able to be treated. Crazy.

Ty: Well, Dr. Gutierrez thank you for sharing with us today. I wish that my Dad had been able to get down here before he died.

Dr Gutierrez: Well, what can we do?

Ty: Sometimes you're just too late.

Dr Gutierrez: Yes, yes. That's correct.

Ty: Well, keep up the good work.

Dr Gutierrez: Thank you. Appreciate it.

Ty: Thank you.

The Hoxsey Herbal Treatment

The Hoxsey herbal treatments include

- a topical paste of antimony, arsenic bloodroot, zinc, sulphur and talc for external treatments; and
- a liquid tonic of liquorice, red clover, burdock root, Stillingia root, barberry, Cascara, prickly ash bark, buckthorn bark and potassium iodide for internal consumption.

In addition to the herbs, the Hoxsey treatment now also includes antiseptic douches and washes, laxative tablets and nutritional supplements. A mixture of procaine hydrochloride and vitamins, along with liver and cactus, is prescribed.

During treatment, patients are asked to avoid consumption of tomatoes, vinegar, pork, alcohol, salt, sugar, and white flour products.

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run "a terror group associated with extreme human rights violations including genocidal policies against a rival tribal group in Ethiopia" (p.302).

Kennedy concludes his Afterword with a reference to Martin Luther King's "I have a Dream" speech in 1963 that concluded with the words "Now is the time to make real the promises of democracy".

and says "Join with us to take back our democracy and our freedom. I'll see you on the barricades."

Robert F Kennedy Jr is the son of Robert Kennedy, the US Attorney General and nephew of President John F Kennedy, both of whom were assassinated in the 1960s.

Robert Kennedy Jr has nominated as a presidential candidate for the Democratic Party at the coming primaries to choose a nomination for president to replace Joe Biden for next years presidential elections. One of the reasons:

When announcing the end of Tony Fauci's service on 22 August 2022 Joe Biden said that one of his first calls as President-elect in 2020 was to ask Dr Fauci to extend his service as his Chief Medical Advisor to deal with the COVID crisis. He said he treasured Fauci's advice as the US tackled the once-in-a-generation pandemic. He said of Fauci "His commitment to the work is unwavering, and he does it with an unparalleled spirit, energy, and scientific integrity..The United States of America is stronger, more

resilient, and healthier because of him." What are the facts?

Prior to COVID, the level of disease in the US had **increased** over the 40 years that Fauci has been in control. As Kennedy outlines in his Introduction, under Fauci's leadership the US then had the highest death rate from COVID per million population in the world, resulting in a further deterioration of life expectancy. A June 24 2001 BMJ study showed that US life expectancy decreased by 1.9 years during the (Fauci-imposed) quarantine. Between 2018 and 2020 Hispanic Americans lost 3.9 years while the average lifespan of Black Americans dropped 3.25 years. This is the outcome of letting Big Pharma run the health system.

Ivermectin and cancer: reserved for horses? Dr Gérard Maudrux

Vets are several steps ahead when it comes to ivermectin's cancer-beating properties

Dr Tess Lawrie, MBBCh, PhD

Recently, we have been touching on this theme of ivermectin as a treatment for cancer. So I was delighted to receive an excellent, well-researched piece on precisely this topic from an esteemed colleague. Dr Gérard Maudrux is a urology surgeon based in France and a strident champion for ivermectin. His article gives good insight into ivermectin's mechanisms of action, while also acknowledging we have yet to discover them all.

I asked if I could share his article with you, and he graciously agreed. If you would like to read the original – in French – you can do so on Dr Maudrux's blog.

Ivermectin and cancer: reserved for horses?

Ivermectin is an extraordinary molecule, given its range of actions and safety. Since its discovery it has saved millions of lives, yet health authorities have relegated it to the status of a treatment reserved for horses; this is because medicines which are in the public domain threaten the pharmaceutical industry.

Here is a testimony received from a blog reader eight days ago:

"My wife is coming out of chemotherapy for advanced stage 3 ovarian cancer (the origin of my wife's cancer is a mutation in the BRCA2 gene); after being assessed in the United States, she was treated with Taxol and Carboplatin.

Having read studies on the PNAS site (NB: Journal of the American Academy of Sciences), that IVM associated with Taxol gave amplified results, I decided to supplement the chemo with 12mg of IVM every other day.

The first scan in July showed a large tumour and damage to the peritoneum. Laparoscopy confirmed the diagnosis. Ca125 marker assay = 288. From the start, I told my wife that COVID was still dragging on and that it would be useful to take ivermectin again, which had protected us from the epidemic, but which we had stopped taking in January.

After 3 chemo sessions (9 weeks), a new scan showed that the tumour was in strong regression with almost no trace on the peritoneum. Surgeon's

comment: it's remarkable, I didn't expect that. Ca125 dropped to 22! Operation decision within 15 days.

Uterus and ovaries were removed. Surgeon's comment: this is extraordinary. No tumour, some dead cells on the peritoneum that I removed. The biopsy confirmed that everything has gone, Ca125 at 3.

The oncologist qualified the result as exceptional but that microscopic cells may remain, and so continued the chemo with Avastin from the 5th session. If I understand correctly, this treatment is to prevent the tumour from generating vessels to feed cancerous cells!!!! What tumour?

I informed them of my complementary "treatment" and shared my sources. Studies have shown that ivermectin restores apoptosis – this was of little interest: "I will look into it". To this day I'm not sure they've done any research."

Take note: this does not mean that ivermectin necessarily influenced this outcome – it may be a coincidence. Nevertheless this case should stand out, because this cancer is very nasty: peritoneal metastases indicate a very virulent and terminal cancer, with 87% mortality when at this stage, giving little hope.

Unfortunately, medicine as practised in the 21st century gives this observation no value; it is not a randomized study at the cost of a few million. Moreover, no one will invest, since this molecule, which has fallen into the public domain, cannot be profitable. Observational medicine, which seeks to reproduce a possible discovery, no longer belongs in a world where industrialists and biostatisticians have replaced doctors.

It's a shame, because ivermectin may have potential for actions that have not yet been explored. Besides its action on almost all parasites, its antiviral action proven by veterinarians and covered up in humans, its anti-inflammatory, immuno-regulatory, anticytokine shock action, but also its antihemagglutination action that can protect against certain vascular side effects of vaccination, it is also clearly an adjuvant that reinforces certain anti-cancer treatments. I have also recently concluded that it is an anti-cancer treatment in its own right. It deserves twice its Nobel Prize.

Veterinarians are more advanced than doctors when it comes to the anti-can-

cer potential of ivermectin. This article from 2019, notes that ivermectin is more than an adjuvant, it is anti-carcinogenic, inhibiting the growth of mammary tumours in dogs – the most common kind in female dogs and with a poor prognosis. This is both in vitro and in vivo, stopping the growth of tumour cells.

This husband's curiosity may have saved his wife's life. It's a shame that doctors are so unaware: this potential of ivermectin is not a recent discovery. But the authorities have done everything to belittle this extraordinary molecule because it is unprofitable.

In 2017, Santé Log and Top Santé covered a PNAS article referring to a study from the University of Osaka, reporting the anti-tumour effect of ivermectin on cancer cells of epithelial ovarian cancer, interacting with the KPNB1 gene responsible for the disease, with a direct effect on tumour apoptosis (programmed cell death which is the process by which cells trigger their self-destruction in response to a signal). Indeed, the KPNB1 gene behaves like an oncogene and the researchers confirm that its overexpression significantly accelerates the proliferation and survival of tumour cells, while its inhibition induces their apoptosis.

Ivermectin inhibits the activity of KPNB1 and has a synergistic effect combined with paclitaxel (Taxol), a standard drug for the treatment of epithelial ovarian cancer. The authors conclude: "we found that the combination of ivermectin and paclitaxel produces a stronger anti-tumour effect on EOC both in vitro and in vivo than either drug alone." Taxol is also used in certain broncho-pulmonary and breast cancers and in Kaposi's sarcomas associated with AIDS. The synergy with ivermectin seen in ovarian cancer may be equally beneficial elsewhere.

This article in Pharmacologic Research studies the different mechanisms of action of ivermectin in different cancers, based on 114 studies. It states that "Ivermectin has powerful antitumor effects, including the inhibition of proliferation, metastasis, and angiogenic activity, in a variety of cancer cells.... ivermectin induces programmed cancer cell death, including apoptosis, autophagy and pyroptosis... ivermectin can also inhibit tumour stem cells and reverse multidrug resistance and exerts the optimal effect when used in combination with other chemotherapy drugs." (continued next page)

They note this apoptosis with cells of ovarian cancer, colorectal, kidney, glioblastoma and leukaemia. Autophagy affects glioma, lung cancer and melanoma, and pyroptosis affects lung cancer cells.

Other articles study the action of ivermectin in colorectal and prostate cancer. Studies are underway for an injectable form of ivermectin, on breast, lung, bladder and melanoma cancers. Another notable work is a 2021 book on the repurposing of old molecules. The chapter on ivermectin recounts a number of experiments carried out on all these cancers.

Besides these potential effects on cancers, let's not forget this other discovery from five years ago: re-myelination, opening up avenues in the treatment of

multiple sclerosis (here and here). Ivermectin has not finished surprising us.

Unfortunately for all of these applications, we will not see studies that lead to marketing authorization. Indeed, what is ivermectin at a dollar a tablet worth compared to treatments at a few thousand euros promoted by the major pharmaceutical groups?

As for medics who would prescribe this drug, knowing there are no harmful side effects even in the case of it not working, they will nevertheless be prosecuted. Rules are rules, it seems, and patients' wellbeing is secondary.

Medicine is not moving in the right direction. Doctors don't tend to like patients coming and asking for this or that examination or treatment, because

they "saw it on the internet". But if the doctors have thrown in the towel, surely this means someone else has to step up to the plate? It was not this husband's job to read the medical articles that doctors should have read, but he was right to do so. I can't help but liken this to reports of vaccine-related adverse events. In pharmacovigilance records, there are almost as many withheld statements made by patients as by health professionals.

It is not the role of patients and families to research treatments and report on their findings, but that of health professionals, many of whom seem to be AWOL. If we continue like this, in future it will be the patients treating the health providers! In the meantime, at least the horses will be well cared for.

How Vaccines come to get approved

On page 3 I referred to the book by Robert Kennedy Jnr that provides many details of how the pharmaceutical companies are gaining increasing control of the medical profession throughout the world with the help of Anthony Fauci, the person sometimes referred to as Doctor America. The following describes how this process was already working nearly 10 years ago in relation to the prevention of cervical cancer.

Gardasil and misrepresentation of evidence

Gardasil is a vaccine that is supposed to protect against HPV (human papillomavirus). HPV is a widespread viral infection passed through skin-to-skin contact. HPV is the most common sexually transmitted disease, and the majority of people will get HPV at some point in their life. Most HPV cases are entirely benign, but if left untreated, a very small percentage of HPV cases in women can eventually develop into cervical cancer.

Merck

Merck obtained a fast-track FDA approval for Gardasil in June 2006. At that time, Merck was still reeling from the billion-dollar losses incurred after being forced to pull its drug Vioxx off the market. Within Merck, Gardasil was described as the "holy grail" that would help the company replace the revenues lost from Vioxx. Executives at Merck often said that "HPV" stood for "Help Pay for Vioxx."

During the fast-track approval process, Merck concealed material facts about Gardasil's effectiveness (or lack thereof) and safety. Merck failed to perform

complete and appropriate medical investigations and studies during the preapproval or post-approval stages.

The clinical trials Merck undertook did not even examine Gardasil's potential to prevent cancer, rather, the trials only analysed whether Gardasil could prevent potential precursor conditions. Merck then submitted misleading data suggesting that these "precursor conditions" inexorably result in cancer.

Merck's Deceptive Marketing Campaign to Push Gardasil

Both before and after the approval of Gardasil, Merck engaged in unscrupulous marketing tactics designed to overemphasize both the risks associated with HPV and the purported efficacy of Gardasil to scare the public into agreeing to mass vaccinations of the Gardasil vaccine.

Before Gardasil, there was no HPV public health emergency in the U.S. and few women had even heard of HPV so there was little or no demand for an HPV vaccine. To ensure the financial success of its new "holy grail," Merck preceded its rollout of Gardasil with years of expensive HPV "disease awareness" marketing.

Once Gardasil was approved for pre-teen girls, Merck launched an aggressive propaganda campaign aimed at scaring and guilt-tripping parents who did not inoculate their daughters with Gardasil. Merck's campaign implied that "good parents" vaccinate their children with Gardasil.

During these aggressive marketing efforts, Merck fraudulently concealed the known risks and dangers of the HPV vaccine while exaggerating its

efficacy. Merck marketed Gardasil with the most aggressive campaign ever mounted to promote a vaccine, spending more on Gardasil advertising than any previous vaccine advertising campaign.

Merck's Political Lobbying to Make Gardasil Mandatory

In addition to its aggressive advertising campaign, Merck also used political lobbyists and financial incentives to get state legislatures to make the Gardasil vaccine mandatory for all school children. Starting in 2004, Merck pumped millions into political lobbying organizations such as Women in Government and NACCHO. These organizations then started aggressively pushing legislators around the country to mandate Gardasil vaccines for all 6th-grade girls.

Merck supplemented these paid lobbyists with contributions to political campaigns and millions in direct funding to state health departments. Between 2012 and 2018, Merck directly funnelled \$92 million to the Maryland Department of Health for the promotion of Gardasil vaccines in public schools. This funding essentially paid school officials to deceive students and parents into believing that Gardasil vaccination was mandatory.

Merck Misrepresented the Efficacy of Gardasil

To convince regulators and public health officials to accept Gardasil, Gardasil lawsuits allege Merck misrepresented the efficacy of the vaccine by falsely advertising that Gardasil prevents cervical cancer. No credible studies demon-

(continued on page 8)

strate that Gardasil prevents cervical cancer.

Merck did not want to invest the time or money necessary to perform testing that would prove its vaccine prevented cervical cancer. Instead, Merck persuaded regulators to allow it to use “surrogate endpoints” to support its theory that the HPV vaccines would be effective in preventing cervical cancer. The use of these surrogate endpoints allowed Merck to shorten the clinical trials to a few years and gain regulatory approvals for the vaccines without any evidence the vaccines would prevent cancer in the long run.

In January 2020, a study from the UK raised significant doubts about whether the Gardasil vaccine prevented cervical cancer as claimed by Merck. The study highlights the fact that Gardasil has never been proven to prevent cervical cancer (or any other type of cancer).

Gardasil May INCREASE the Risk of Cervical Cancer

Contrary to Merck’s representations, Gardasil may increase the risk of cervical and other cancers, not prevent them. Several studies (including one from the CDC which has still stood by the vaccine so far) have found that by suppressing certain HPV strains, Gardasil vaccines may promote mutagenetic changes in the virus that can lead to cancer.

Public health data seems to support the conclusion that Gardasil may be increasing the rate of cervical cancer. After the introduction of the HPV Vaccine in Britain, cervical cancer rates among young women aged 25 to 29 increased by 54%.

In Australia, 13 years after Gardasil was released and pushed upon teenagers, there has been a 16% increase in women 25-29 and a 30% increase for women 30-34. Meanwhile, rates are decreasing for older women (who have not been vaccinated).

In other words, Gardasil may increase the risk of cancer. This will be the crux of the claim for some victims who file a Gardasil vaccine lawsuit. But there is still some research to be done on this issue.

For most women bringing long-term side effects or autoimmune disorders Gardasil lawsuits, the focus will not be on whether Gardasil helps prevent cervical cancer. The focus will be on the other side effect that Gardasil may **cause** cervical cancer, that people, mostly girls, did not expect when they took the HPV vaccine.

Gardasil HPV Side Effects—Long-Term and Autoimmune Disorders

Recent scientific research has found that Gardasil induces and increases the risk of many long-term side effects related to autoimmune disorders. Specifically, Gardasil has been linked to the following autoimmune diseases:

- Guillain–Barré syndrome
- postural orthostatic tachycardia syndrome
- chronic inflammatory demyelinating polyneuropathy
- multiple sclerosis

Gardasil has also been linked to a myriad of long-term side effects associated with induced-autoimmune diseases, including such dangers as fibromyalgia, dysautonomia, premature ovarian failure, chronic fatigue syndrome, and chronic regional pain syndrome. migraines, severe headaches, persistent gastrointestinal discomfort, widespread pain of a neuropathic character, encephalitis syndrome, autonomic dysfunction, joint pain, and brain fog.

A variety of published medical journal articles have discussed the association between Gardasil and a myriad of serious injuries and have reported on patients developing POTS, OI, fibromyalgia, and other symptoms of autonomic impairment years later following Gardasil vaccination. Our firm is focused on premature ovarian failure claims.

Gardasil Linked to Premature Ovarian Failure

One of the most serious adverse side effects that can be caused by the Gardasil HPV vaccine is premature ovarian failure. Premature ovarian failure (also called primary ovarian insufficiency) occurs when the ovaries stop working and no longer produce eggs before age 40 and before menopause.

Premature ovarian failure is associated with abnormal production of the hormone estrogen in the ovaries. Premature ovarian failure is a serious condition because it can cause infertility. There are many factors that can result in premature ovarian failure such as autoimmune failure, X chromosomal abnormalities, idiopathic causes, toxins, and, of course, removal of the ovaries.

Several recent medical studies have found that premature ovarian failure can be triggered by an autoimmune reaction to the Gardasil HPV vaccine. This occurs when the body’s immune system generates antibodies that attack the tissue in the ovaries which hold the eggs.

The first significant study linking premature ovarian failure to the Gardasil vac-

cine was published in 2020 and identified a disproportionate number of adverse vaccine event reports involving premature ovarian failure and premature menopause. A follow-up study was published in March 2022 in Drugs Real World Outcomes. This study also concluded that there was a potential association between premature ovarian failure and the HPV vaccine.

FROM website of Miller & Zois Attorneys at Law

<https://www.millerandzois.com/products-liability/gardasil/#:~:text=The%20Gardasil%20lawsuits%20accuse%20Merck,that%20can%20prevent%20cervical%20cancer.>

Other international implications

Readers of this Newsletter might recall our reports about why and how the co-founder of the Cochran Collaboration, Peter Gøtzsche, was expelled from the board of the Cochrane group in September 2018. There were clearly several publications by Peter Gøtzsche that had triggered this action: Peter had published several books that had severely embarrassed those that were steering medicine away from an evidence based approach; including “Deadly Medicines and Organised Crime: How Big Pharma has Corrupted Health Care”, “Vaccines: Truth, Lies and Controversy”, “Mental Health Survival Kit and Withdrawal from Psychiatric Drugs” and “Mammography Screening: Truth, Lies and Controversy” likely to embarrass Big Pharma, the vaccine industry, psychiatrists and the cancer screening industry.

Then on 27 July 2018, together with two other Cochrane authors, Peter published an article in the British Medical Journal’s Evidence Based Medicine issue commenting on the Cochrane Review of the HIV vaccine (Gardasil) stating that “We do not find the Cochrane HPV vaccine review to be ‘Trusted evidence’ (A Cochrane motto) as it was influenced by reporting bias and biased trial designs”. In particular

- 1.No included trial in the Cochrane Review used a placebo comparator;
- 2.The included HPV vaccine trials used composite surrogate outcomes for cervical cancer;
- 3.The Cochrane Review incompletely assessed serious and systemic adverse events;
- 4.The Cochrane Review did not assess HPV vaccine-related safety signals;
5. There were Industry trial funding and other conflicts of interest;
6. Cochrane’s public relations of the review were uncritical.

Any one of the first 5 of these flaws
(continued on page 2)

BOOK REVIEW **The Chinese Virus: killed millions and scientific freedom** by Peter Gøtzsche

By Dr Dick Bijl, President, *International Society of Drug Bulletins*

The Danish doctor and researcher is publishing articles and books at a rapid pace. His latest book is about the impact of the pandemic on science. According to Gøtzsche, truth, science, honesty, decency, and respect for human rights were among the first victims of the COVID-19 pandemic.

Gøtzsche is in good company. The renowned epidemiologist John Ioannidis, who Gøtzsche quotes, is also convinced and has personally experienced that the pandemic changed science. "Worldwide, billions of people suddenly became interested in and overexcited by science, without any understanding of the scientific method," wrote Ioannidis.

"Healthy skepticism was not at the forefront of that process. Even the best peer-reviewed journals presented research results with bias and spin during the pandemic. In the media dissemination of scientific discoveries, the emphasis has been on far-reaching extrapolations of the research results, at the expense of focus on the methodology used or the inherent uncertainty of the results."

Destruction of reputations

During the pandemic, Ioannidis argues, the star rose from "false experts" who rejected evidence-based approaches, such as randomised trials. Some of them even flirted with their disdain for reliable research designs. In fact, during the pandemic, scientific skepticism was cast in a bad light, and scientists were no longer allowed to ask tough questions. Those who did not conform to the dominant narrative faced threats, insults and harassment in the form of cancel culture campaigns on social media, accusatory articles in mainstream media and bestsellers written by zealots.

Defence against the attacks was virtually impossible. Attacked scientists who sent out a statement saw it twisted and distorted in social and mainstream media in a way that of course allowed the attack to continue. Negative and obviously incorrect sentences appeared on Wikipedia pages. "Reputations were systematically devastated and destroyed," writes Ioannidis, adding that the attacks not only targeted scientists but also their families.

Kamran Abbasi, the new editor-in-chief of the BMJ, endorses Ioannidis' analysis. "Disagreeing with someone has become synonymous with insulting

someone," Abbasi writes. "To protest is now to declare war on someone, and to argue is to fight."

That post-COVID mentality is unscientific, Abbasi said. "Disagreement, protest and argument help us get closer to the truth, and marginalizing them is incompatible with the very essence of science and democracy. This is happening all around us today."

Gøtzsche continues. Social media has played an undeniable and nefarious role in this cultural return to the Middle Ages. Before the pandemic, we still believed that a democracy should respect minority views, but thanks in part to intolerant companies such as Facebook, minority views are now struggling.

Big Tech

In an era in which social debate takes place to a large extent on Internet forums such as Facebook, LinkedIn and Twitter, the attitude of Big Tech has horrifying implications. Social media, their censorship and Big Tech-facilitated fact-checkers, through their relentless attack on scientists and dissenting citizens, pose a threat to democracy, open society and free scientific debate.

The stance of social media during the pandemic evokes associations with the religious police in Iran, the Taliban in Afghanistan, the Chinese Communist Party, and the Ministry of Truth in George Orwell's 1984. Social media has grown into monsters in a matter of years, and we still have no idea whether – and if so, how – we can combat them. The moment we let some young adults on Facebook decide what is true or false, we are doomed.

Traditional media

The Silicon Valley tech companies are relatively young, and that is perhaps a mitigating circumstance. The industry has had little time to develop and implement codes of ethics. The traditional media cannot fall back on that excuse. Virtually everyone who works in the mainstream media is aware that asking critical questions and exposing unfairness are the media's most important jobs. However, this did not happen during the pandemic. Everyone lied: The New York Times, Nature, Lancet, Science, New England Journal of Medicine, Scientific American and many other once highly regarded media looked away, twisted reality or lied. In his book, Gøtzsche makes no secret of the fact that few writers, journalists and scientists were

willing to investigate the conflict of interest between the mainstream mass media, Big Tech, scientific journals, scientists and Chinese interests. There was every reason for such an exercise, but the Western publishers of scientific media adhered to the same censorship guidelines as the Chinese state media during the pandemic. They sacrificed their mission to protect academic freedom for a monetary gain.

The US government did not behave much better during the pandemic. NIH Director Anthony Fauci and President Joe Biden stated in interviews without flinching that people couldn't get infected if they were vaccinated. That means the vaccines would have 100 per cent efficacy, which is patently incorrect. Even the makers of the vaccines have never dared to claim that, in their otherwise rambling studies. However, when a health magazine's fact-checkers checked these statements, the nonsense received a stamp of approval.

Cover up

It is no wonder that under these circumstances, the true origin of the COVID-19 pandemic has been covered up. According to Gøtzsche, this operation is the worst cover-up in the history of medicine. It is inconceivable that from the moment this new disease appeared on the scene, governments and research institutions have not made serious efforts to uncover the chain of events that killed several million people.

Top officials, individuals and organisations with a dual agenda have hijacked the crisis and used it for their own ends. Even *The Lancet*, once the figurehead of medical science, turned to censorship of the worst kind while simultaneously spreading fake news in ways previously unheard of in science.

An important cause of the decline of science was the omertà [(among the Mafia) a code of silence about criminal activity and a refusal to give evidence to the police, Ed] of the virologists. After all, if the public knew that the virus that killed their loved ones, bankrupted their businesses and deprived them of their freedom, had escaped from a virology lab, it would have an impact on the virologic profession.

Another cause was the lack of professional ethics of most science journalists. Unlike political reporters, they

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uncritically copied what their sources said.

Inquisition

In science, an open debate is a requirement for arriving at a sound scientific understanding. During the COVID-19 epidemic, the debate was by no means open. There was usually room for only one interpretation and one truth, as if it were a religious dogma. In many ways, the debate over COVID-19 resembles the dark period at the end of the Middle Ages when the Spanish Inquisition hunted heretics.

Just as priests during the Inquisition accused individuals of dissent about religion or heresy, social media's uncrowned kings put the label "anti-vaxxer" on anyone who dared be critical of corona policies and mass vaccinations. Just as the medieval church resisted scientific insights when they contradicted religious doctrines, so editors of scientific journals and the zeitgeist caught up with researchers while refusing to face the facts. Just as medieval universities only taught what the ecclesiastical bureaucracy had approved, most medical journals now only carry the message of the pharmaceutical industry.

It will be clear that under these conditions, which are aimed at forcing a consensus no matter what, science languishes. After all, science is not about consensus. Science is the opposite of consensus. Scientists disagree, and by the grace of that disagreement, science advances. "Without the possibility of an open debate, science simply ceases to exist," the Belgian doctor Jan Vandenbroucke once remarked.

Conflicts of interest

The politicization of science in modern history is not new. Dictators and autocrats are guilty of this. They allow themselves to be glorified in the process, while at the same time they enrich themselves. The prioritization of politics

over scientific fairness has left most Chinese medical research unreliable and has allowed a new virus to spread across the world. It is too easy to put the responsibility for this solely on China. The United States is at least complicit.

The politicization of science in the West stems from a blatant conflict of interest between institutions that Western societies expect to defend our interests, and large corporations pursuing their own interests. We tacitly assume that our institutions can act as a counterforce against the powerful companies if necessary, but in reality the companies have infiltrated our institutions to the very core. One example is the World Health Organization, which is quietly funded by Bill Gates, one of the richest and most powerful men in the world.

According to coverage on domestic social media and the tame mainstream media, Gates' generous donations are an altruistic gesture. Nevertheless, manifestations of philanthrocapitalism like this threaten the independence of our institutions, and ultimately our democracy. Corporate power is growing at the expense of public sector organizations.

This process explains the developments within Big Tech. The owners of the major social media outlets derive their revenue from advertising and are therefore extremely sensitive to Big Pharma's financial enticement tactics. Gøtzsche is convinced that the pharmaceutical industry is making good use of the opportunities offered by companies such as Facebook. These companies are sabotaging communication between people, convincing users of the immense dangers of COVID-19.

The end of the *trias politica*

When Big Tech took on this role and began to censor the interaction between the users of their technology, the boards of large Internet companies turned into unelected rulers. When it comes to our freedom of expression, they are now the

legislators, the moral police, and the judges. As a result, the division of power into three independent bodies, with which democratic countries managed to prevent serious forms of abuse of power for several centuries, has therefore disappeared. The *trias politica* conceptualized by the Enlightenment philosopher Montesquieu, the division between the legislative, executive, and judicial powers, is no more.

The successful infiltration of business into our institutions explains why sewer tactics to silence eminent scientific voices suddenly proved successful. It explains why the absurd accusation that opponents of the lockdowns had blood on their hands went unanswered and could result in the loss of university positions. It explains why individuals who played a key role in the origins of the corona pandemic, Peter Daszak from the United States and Shi Zhengli from Wuhan, could lie with impunity.

Individuals who disagreed or asked questions faced censorship, insult and ridicule, especially on social media but also in scientific publications. Peter Gøtzsche has seen many abuses throughout his 35-year career as a scientist, but he could never have imagined that he would see the public and scientific debate descend to such a level of stupidity, primitiveness and mendacity.

Every parliamentarian in a country with a functioning democracy should read Gøtzsche's book. It is called "The Chinese virus: killed millions and scientific freedom" and can be ordered via the website - See link Institute for Scientific Freedom below.

Thank you to journalist Willem Koert and Peter C Gøtzsche for the translation.

A free copy of this book can be downloaded from Peter Gøtzsche's Institute for Scientific Freedom website at

<https://www.scientificfreedom.dk/books/>

BOOK REVIEW The Real Anthony Fauci, Bill Gates, Big Pharma, and the Global War on Democracy and Public Health By Robert F Kennedy Jr

Children's Health Defense Books, Skyhorse Publishing 2021.

This is a very disturbing book. When I started reading it I thought I would extract a few examples of Kennedy's best documented findings. However I found that there were more than a dozen on the first few pages. Very few of the findings are Kennedy's personal opinions; most are confirmed and documented facts obtained by interviewing journalists who had unearthed the earlier corruption, 46 senior medical scientists, senior staff inside the US' main health bureaucracy, including the National Institutes of Health (NIH) and

its component institutes the National Cancer Institute (NCI), the National Institute for Allergies and Infectious Diseases (NIAID) and the related Center for Disease Control. The Introduction summarises the disastrous statistics of the US' unscientific handling of the COVID Vaccine program under Tony Fauci's leadership. It talks about the unleashing of a herd of sycophants such as CNN's television doctor Peter Hotez who called for legislation to "expand federal hate crime protections" to make criticism of Dr Fauci a

felony. The terms anti-vaxxer became part of social media.

From the advent of AIDS in the early 1980s Anthony Fauci, head of NIAID, cleverly manipulated these government research institutes and Congress to ensure that the bulk of funding for AIDS research went through NIAID rather than the NIH or NCI. This funding enabled him to recruit dozens of Principal Investigators (PI) who were responsible for running trials to con-

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firm the safety and efficacy of new AIDS drugs. They were effectively working for Fauci and soon learnt that if their trials did not produce the right answers the PIs wouldn't get any further funding.

Kennedy follows the pattern of how the early trials of the AIDS drug AZT were manipulated to produce the required results. AZT never produced any benefits but the trial was manipulated to be terminated early with falsified data suggesting AZT was beneficial where in fact it caused more harm than no treatment. For example 30 patients in the AZT arm – over half the total - required multiple blood transfusions to keep them alive compared to only 5 in the placebo group. (It is a breach of protocols to allow any other treatment to be added unevenly other than the treatment being tested. This would normally 'confound' the trial and its results would be declared invalid). But not for Fauci. Instead this enabled Fauci to get the drug approved. This established a quid pro quo with Big Pharma that meant that the NIAID got extra funds from Big Pharma in return for him organising the approval of their drugs through the FDA. Nearly 4 decades later there is still no safe and effective drug for AIDS and the NIAID is still the dominant health Institute.

When COVID arrived in 2019 the same process was used to manipulate the trial that was again terminated early using falsified data suggesting the COVID vaccine was beneficial (safe and effective) where in fact it was neither safe nor effective. (It didn't stop transmission of the virus and it increased the deaths from heart attacks – but the deaths from COVID were claimed to have halved from 2 to 1. Only the latter was publicised. The additional deaths from heart attacks and other causes was suppressed)

Kennedy gives a detailed description in a chapter called "Rooting out Integrity in the Workplace" of how Dr Jonathan M Fishbein lost his job of director of the Office for Policy in Clinical Research Operations. His job was monitoring and enforcing compliance to federal research and ethical policy for DAIDS, NAIDS' AIDS Division. He took his job seriously and soon discovered that AZT caused many deaths that were wrongly being attributed to "rapidly progressed AIDS". He discovered that many pregnant women had been recruited to test the "treatment limiting toxicities" of a four potentially new HIV drugs in pregnant women, including Nevirapine. One woman, Joyce Hafford, four months pregnant and with no AIDS symp-

toms was diagnosed as HIV positive and believed this was a death sentence (even though there had never been any evidence that HIV caused AIDS). When she died from liver damage from the Nevirapine (a known side effect of this drug) this was again attributed to "rapidly progressed AIDS". In August 2003 Fishbein wrote to Fauci's DAIDS director informing him that nevirapine had caused Hafford's lethal liver failure. Nevirapine had also caused the death of 4 of 22 infants in an earlier trial. The drug was later discontinued due to its "greater than expected toxicity".

In a later trial of a drug Proleukin Fishbein complained that the trial was a serious violation of protocols and the researchers were ignoring their legal duty to report the (risk of suicide) signal..."

Because \$36 million had been invested in the ESPRIT trials of Proleukin, Fishbein's complaint was seen as "allowing concerns about patient safety to interfere with the ongoing drug approvals". It was argued that if the potential trial participants were told the drug might increase their risk of suicide (a legal requirement) they might drop out of the trial. Fishbein's boss told him to stop rocking the boat.

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Mistletoe Update

Background (2016)

Mistletoe is the name of the parasite Mistletoe was first championed for the treatment of cancer in 1920 by Rudolph Steiner, a radical Austrian/Swiss polymath who founded—among other things—"anthroposophical medicine". Its principles are that the body is essentially a self-regulating system that needs an occasional boost from non-invasive treatments.

Steiner's preferred treatment for cancer was mistletoe. The name is said to derive from the Celtic word meaning "all-heal". Indeed, there are a vast number of uses for this herb in traditional Chinese and Korean medicine. Steiner developed a cancer treatment using special extracts of mistletoe for injection under the skin.

Mistletoe extract is made from the leaves, twigs and berries of the plant. Because it can be poisonous, the actual medicinal doses are small, leading many people to the erroneous assumption that it is homeopathic.

Mistletoe extracts are marketed under several trade names, such as Iscador,

Helixor, Eurixor and Isorel, which are commonly available in Central Europe. The brand leader is Iscador, manufactured by Weleda. Although it's thought of as an "alternative" treatment, it is actually the most widely prescribed anti-cancer treatment in Germany.

There have been over 20 clinical trials of mistletoe in cancer, most of which have shown significant benefits in terms of survival, tumour regression and quality of life. No major side effects were reported.

(Eur J Med Res, 2003; 8:109-19).

Update (2023)

Mistletoe does combat even late-stage cancers

Alternative medicine has known it for ages, and now conventional medicine agrees - mistletoe can combat cancer.

Mistletoe extract, known as Helixor M, has either slowed or stopped the spread of cancer in 21 patients with advanced and treatment-resistant cancers.

Researchers from the Johns Hopkins Kimmel Cancer Center gave the patients 600 mg of mistletoe extract three times a week intravenously. After 15 weeks of treatment, the cancers had stabilized in five patients, and tumors decreased in size in three other patients and remained stable for up to five months after treatment had stopped. All the patients reported an overall improvement in quality of life, and the only side-effects were fatigue, nausea and chills.

Mistletoe has active ingredients that kill tumor cells and stimulate an immune response. Although it has not been evaluated in clinical trials, it has been by complementary therapists in association with chemotherapy in Europe, the researchers say. The US's drug regulator, the Food and Drug Administration, has not approved mistletoe as a cancer therapy.

The trials are still in Phase I, and the researchers are planning to move on to Phase II trials, which will combine mistletoe with chemotherapy.

Cancer Res Commun, 2023; 3(2): 338-46.

Branches of CISS

NSW

CISS CENTRAL COAST

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

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

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

BLUE MOUNTAINS CANCER WELLNESS, SUPPORT—LEURA

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

PARKES CANCER SUPPORT

Cancer Assistance Network CanAssist Pat Bailey 0447 051 946

QUEST FOR LIFE FOUNDATION

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

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.

SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

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

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

VICTORIA

CANCER NATURAL THERAPY FOUNDAT'N

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

GAWLER FOUNDATION

The Gawler Foundation has leased the

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

QUEENSLAND

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

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

FRUITARIAN RAW FOOD NETWORK

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.

Walk 11 minutes a day, and you'll still live longer

Taking a brisk walk every day for just 11 minutes lowers your risk of cancer, stroke and heart disease.

It's just half the level of recommended daily activity, but it's enough to help you live a longer, disease-free life, say researchers at the University of Cambridge.

Those 11 minutes of walking lower your chances of an early death by 23 percent, they estimate after reviewing 196 studies involving more than 30 million people.

According to health agencies such as the UK's National Health Service, we're supposed to do 150 minutes of moderate activity a week, or roughly 21 minutes a day. Few of us achieve that, but the good news is we may not have to.

"If you are someone who finds the idea of 150 minutes of moderate-intensity physical activity a week is a bit daunt-

ing, then our findings should be good news," said Soren Brage, one of the researchers. Health benefits from doing more than 150 minutes of exercise a week also start to get marginal.

Finding 11 minutes a day for a walk reduces your chances of cardiovascular disease by 17 percent, and cancer by 7 percent, although the risk reduced by up to 26 percent for head and neck, myeloid leukemia, myeloma and gastric cancers.

If everyone followed the 150-minute guideline, one in six early deaths would be prevented. But doing half that level would still prevent one in 10 deaths.

Moderate-intensity exercise includes activities like brisk walking, dancing, riding a bike, playing tennis and hiking.

Non-occupational physical activity and risk of cardiovascular disease, cancer

and mortality outcomes: a dose-response meta-analysis of large prospective studies
Br J Sports Med 2023 Feb 28;[bjsports-2022-105669](https://doi.org/10.1136/bjsports-2022-105669). doi: 10.1136/bjsports-2022-105669. Online ahead of print.

From WDDTY May 2023

Comments

This is a good example of what is called correlation statistics. By asking many people their habits and then seeing how long people survive, or what they die from, it is possible to identify links or correlations between habits and other factors such as deaths. However conclusions from this approach are not very reliable. For example people who exercise more are also likely to have other things in common such as a higher education, better diet, possibly lower stress levels (unrelated to their amount of exercise) and a more positive attitude to life. One or more of these other factors might have been more important in determining how long they live and what they die from than how long they walked for. (Ed)