



November/December 2020

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

In Good Spirits, Harnessing the Healing Power of Positive Emotions by Paul Kraus

Unfortunately I know more than most about the cancer journey but fortunately I am still here and able to describe my amazing healing journey almost seventeen years after diagnosis.

My association with the Cancer Information Support Society has been a long one beginning in 2001, four years after my diagnosis of peritoneal mesothelioma (1997) when I was given six months to live.

My wife and I had moved to Newcastle to escape the cold winters of the Southern Highlands and shortly after our arrival we heard of the CISS meetings in Hamilton. I had already diligently embraced numerous lifestyle changes, many of which formed the basis of CISS's teachings such as dietary changes, supplements and meditation, as well as environmental considerations.

The friendly group of people that I encountered had a number of qualities in common: a thirst for knowledge, a willingness to make lifestyle changes and a discipline borne of the hope that they were not destined to be the statistic the doctors so often referred to.

To meet like minded people on a similar journey was encouraging and empowering. It was fascinating to observe so many others doing well although we embraced different modalities and supplements, proving once again that there is not and probably never will be one 'magic bullet' that is able to deal with every type of cancer.

With the advent of the internet and so much information readily at hand many cancer patients use this source exclusively to discern what treatments to use. I personally think that face to face contact with other sufferers, the hearing of their stories and why they chose certain treatments is invaluable when settling on a course of action.



Paul Kraus

The protocol I adopted was described in detail in the July, 2005 edition of the Newsletter. (See extracts on page 4)

Just as we are all different, cancers are different and our bodies ability to respond varies; but one thing we all had in common was the belief that we could survive, once again demonstrating the importance of the mind-body connection.

Forced into early retirement I was able to pursue my love of writing and I believe the joy of creativity provided another positive aspect in my recovery. I had been inspired by the writings of those who encouraged cancer patients such as Bernie Siegel, Carl Simonton and Michael Lerner and, as many of their books were out of print, I set about producing an anthology of inspirational writings. To my joy and surprise a Sydney publisher took on the project and published it under the title 'Faith, Hope, Love and Laughter, How they Heal'.

Scans in subsequent years showed the mesothelioma still present but inactive, a far cry from the deterioration of the early months. I continued with my cancer diet, although not quite as rigorously as in the first 10 years post diagno-

sis, and with my meditation, even if not as diligently.

So it was a shock to learn in January 2012 that I had aggressive prostate cancer with a Gleason score of 8. I was offered a prostatectomy and/or radiotherapy. After much deliberation my wife and I decided that surgery could trigger a recurrence of the mesothelioma while high dose brachytherapy given with intravenous antibiotics in a hospital setting stood a good chance of really upsetting my system, which has become finely tuned and very sensitive to any drugs.

We decided that I should intensify my alternate regime once again including IV C and ozone therapy. To our disappointment my PSA continued to rise and an MRI in September showed some spread to the pelvic bones.

In response to this news my wife and I left for Germany in October headed for Dr Herzog's Fachklinik in Bad Salzhausen where he offers local and whole-body hyperthermia and a full range of complementary therapies designed to weaken the cancer cells while at the same time boosting the immune system. The doctors and staff were caring, dedicated and expert in their role using the best of conventional and alternate therapies.

The treatment lasted three weeks and shortly after we arrived home a CT scan could find no further evidence of metastases. We were very happy with the results but for a while our focus on the prostate cancer retreated as a brain CT revealed a massive but benign brain tumour that required urgent surgery. I did have to query why God felt it necessary to keep tapping me on the shoulder.

Thankfully the tumour was successfully removed and I am convinced that my speedy surgical recover was aided

(continued on page 4)

CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

Vol. 40 No. 6 November/December 2020

Editor: Don Benjamin

CISS Home Page:
www.ciss.org.au

Office hours:

Monday to
Friday

{ 10.00am - 1.00pm &
2.00pm - 4.30pm

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

IN THIS ISSUE

- P. 1 In Good Spirits, Harnessing the Healing Power of Positive Emotions , Paul Kraus
P. 2 Welcome to new members; For Sale: Xylitol; Free Psych-K for members; Supplements for CISS members; CISS Seminar DVDs;
P. 3 Overseas & Local News: Bruce Lipton and Howard Martin; ; HeartMath, the Metatron, AIM, Psych-K, Rupert Sheldrake, etc;
P. 4 Extracts from an interview of Paul Kraus by Cancer Monthly on March 18 2005
P. 5 Cancer Management and Alternative Medicine—The Cancer Personality: Its Importance in Healing, by Douglas Brodie
P. 6 “Elimmunity” could be the corona magic bullet by Jaquelin Magnay; More information about the COVID-19 virus, by Don Benjamin
P. 7 Howard Martin & Bruce Lipton talks in January; HeartMath, the Metatron, AIM, Psych-K, Rupert Sheldrake, etc;
P. 8 New attempt to close down CISS, by Don Benjamin
P. 9 Convenor’s Report for Year ended 30 June 2020
P.10 Summary of Financial Report for 30 June 2020
P.12 What’s available from the CISS Office; CISS Branches and Cancer Support groups
INSERTS 1. Nomination form for position on Committee; 2. Petition
3. Membership Renewal Form (for those who haven’t yet renewed)

Some thoughts about cancer :

"The secret of health for both mind and body is not to mourn for the past, worry about the future, or anticipate troubles, but to live in the present moment wisely and earnestly." - Buddha

"Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.

"The best and safest thing is to keep a balance in your life, acknowledge the great powers around us and in us. If you can do that, and live that way, you are really a wise man." - Euripides"

I am not afraid of storms for I am learning how to sail my ship." - Louisa May Alcott

(continued from page 12)

ways of describing this process of restoring resonance and coherence or accessing the balancing mechanisms. In this context the cosmic intelligence that unites all living organisms and provides Sheldrake's life force is God.



**NON
SEQUITUR**

**The
29
OCTOBER
2020**

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.

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

Welcome to New Members Kaye Bardwell
Lena Wegenaar, Glenn Andrews

Donations to CISS

M.A. \$50; J.B \$200; J.M \$10; P.O'N \$50

DVDs for Sale from the CISS Office

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

The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of information described herein.

PRINT POST No. 231335/00041

OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

LOCAL NEWS

When CISS on 12 April last year signed the Deed of Settlement and Release following an unsuccessful attempt to take us over, some of us were wondering what the next move would be by the group who had failed in their first attempt. If, as we suspected, the group was only acting on behalf of a larger outside vested interest, there would be more to come. Now it has eventuated. See page 8

Bruce Lipton and Howard Martin

I attended a talk by these two pioneers in how to restore physical and emotional health. See summary on page 7. The HeartMath research adds more information to the gradual understanding of the way the human organism can tap into the cosmic intelligence databank. Bruce Lipton's earlier book, "Spontaneous Evolution" gives a further understanding of the way humans evolved from single-cell organisms. It makes it appear that this same cosmic information would have played a role in each of these quantum jumps that led to the human species. Lipton says it is much easier to understand this process if we remove our arrogance as superior beings and start to see ourselves as self-governing colonies of about 50 trillion cells rather than as single human beings.

The 5G Roll-out in Australia

The Parliamentary Committee report in March 2020 included the comment "Unfortunately, a vast amount of misinformation about the safety and impact of 5G is out there. The Committee received a large amount of information from inquiry participants who were concerned over the deployment of 5G and asserted that 5G would have a detrimental impact on human health. The Committee heard from a number of Australian Government agencies and officials that 5G is safe for humans."

The only recommendation related to human health was Recommendation 10—2.178 that states: "The Committee recommends that ARPANSA implement a suitable mechanism to



Don Benjamin, Editor

consult with members of the community regarding the safe levels of electromagnetic radiation."

Changes on CISS Committee

There have been a few changes on the Committee in recent months: Leonie Batchelor resigned after many years, mainly as Secretary; Raelene Dojcinovic as Vice Convenor and Elizabeth Lyons. The Committee expressed thanks for their contribution over the years. Three members of The Central Coast branch have been co-opted onto the Committee to fill three of the five vacancies. The other two vacancies occurred late last year when Frank Hewstone died and Maxine Hewstone also left the Committee.

I would like to personally thank Leonie for her contribution over the 12 years she was on the Committee, particularly by her, as Secretary, calling the Extraordinary General Meeting of members on 30 March 2019 that made it possible for the properly elected Committee to regain control of CISS.

Members are invited to nominate for either an office bearer position or as an ordinary Committee member at the AGM on 29 November. There are serious matters to make decisions about that relate to CISS' future. See page 8.

continued from page 6)

formative causation" he describes how the fertilised egg that is to become a human, contains the DNA and genes to form a full human being. But he says there isn't enough information in the cell to produce more than a basic skeletal structure on which the future human being is to be built. Most of the information necessary for all the cells to grow into the various organs and tissues (heart, liver, finger nail, brain) must come from outside the body from the cosmos via mechanisms as yet unknown.

In a later rewrite in which he renames the book "Morphic Resonance, the nature of formative causation" he explores the mechanism in more detail in the light of new scientific discoveries.

He couldn't have known in 1981 that the Genome Project would find 25 years later that there are only about 26,000 human genes, not the 100,000 plus that the geneticists predicted would be necessary to run the human body with all its complicated functions and healing mechanisms.

Sheldrake's "morphic resonance" fits in well with Vladimir Nesterov's Metatron, Howard Martin's HeartMath machine, Bruce Lipton's spontaneous evolution, (continued on page 12)

(continued from page 4)

about it. So we tracked it down and incorporated it into my treatment and the same with the ozone therapy. He had said that he did not know too much about ozone therapy but that in my situation it was worth a try.

<https://www.prweb.com/releases/2005/03/prweb218950.htm>

Books by Paul Kraus:

1. Faith, Hope, Love & Laughter: How They Heal, by Paul Kraus (Sep 1, 1999)
2. Surviving Mesothelioma and Other Cancers: A Patient's Guide, by Paul Kraus (Oct 10, 2005);
3. Surviving Cancer: Inspirational Stories of Hope and Healing, by Paul Kraus and Ian Gawler (Feb 27, 2008);
4. In Good Spirits: Harnessing the Healing Power of Positive Emotions, by Paul Kraus (Feb 1, 2014).

Copies of Paul's 2nd book are available free from <https://survivingmesothelioma.com/survivors/paul-kraus-2/>

DISCLAIMER

All opinions expressed in the Newsletter are those of the authors and editor and not necessarily those of CISS. Readers are urged to evaluate for themselves any advice implied in articles. We provide references where possible to make this easier. CISS publishes for educational purposes only and takes no responsibility for the veracity of any claims presented. Where necessary we try to provide a variety of opinions in controversial areas.

The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of the information described herein.

(continued from page 1)
by the willingness of the doctor in ICU to administer IVC post operatively.

I did not think much about the prostate cancer during the next 6 months as I recovered from brain surgery but by September my PSA had crept from 13 to 19. I opted for an imaging technique only available on The Sunshine Coast which can accurately show tumours in the prostate by measuring the vascularity of a tumour and while normal is 6% mine was showing 10%.

I discussed the option of transurethral hyperthermia with two Australian men who had undergone the procedure and I decided to head to a different clinic in Germany to deal with this tumour. The hospital website made no

mention of the 2-3% of men who experience side effects with this treatment and unfortunately I fell in this group.

While the whole experience was much worse than I had expected, I do hope the procedure has dealt with the tumour. I was also advised in Germany that the treatment may only halt the tumour's growth for 3-4 years, another statistic that did not appear on the website. The positive side however is that I can have more treatment if necessary.

My medical journey is quite a litany but as with so many cancer patients I have learnt so much about how to live well in the here and now and I'm not sure that I would want to change anything. I feel one of the really important things I have learnt is that often it is possible to live

well with cancer.

A doctor once commented that he believed I had made the soil of my body so inhospitable to the cancer's growth that it was too difficult for it to progress. Exactly how I did that is difficult to quantify but I know it is important to address the body, mind and spirit and to approach all of these with a positive healing mindset.

To this end I have recently written a second edition of my earlier book now titled 'In Good Spirits, Harnessing the Healing Power of Positive Emotions' and while very helpful for anyone with a life threatening illness, it is beneficial for everyone as we face a wide variety of the difficult challenges that life throws at us.

Extracts from an interview of Paul Kraus by *Cancer Monthly* on March 18 2005

.Treatment Choices

Cancer Monthly: Now, you are faced with this horrible diagnosis and I imagine you are being offered perhaps surgery, chemotherapy or radiation. Instead you opted not to have any orthodox treatments. Can you tell us how you came to make these decisions?

PK: Actually, I was not offered much hope at all. My medical prognosis was very poor. At that time, I asked what were the chances of success with chemotherapy and I was told not very high at all. That's why I opted for a different path. Apart from being racked with fear and the fact that the fluid in my abdomen was building up again, I did not have any pain. My quality of life was, at that moment, okay. I made the decision not to go down that so called conventional path because I was told by the doctors that my quality of life would be quite severely compromised with the heavy chemotherapy I would have been prescribed. And so I made a major decision. I decided to radically change my lifestyle.

I read books by Bernie Siegel (Peace, Love and Healing: Bodymind Communication & the Path to Self-Healing: An Exploration; Love, Medicine and Miracles: Lessons Learned about Self-Healing from a Surgeon's Experience with Exceptional Patients). I read books by Andrew Weil (Spontaneous Healing), and Simonton and Matthews Getting Well Again). These books were incredibly inspirational and useful.

For example, Andrew Weil wrote that any illness can be conquered through radical lifestyle change because our bodies are made with powerful self-healing capacities. It was damn hard to make such radical changes, but I was

determined to see them through. I realised that to do otherwise meant that my chances of surviving were greatly diminished.

I made the decision that I am going to do everything I possibly can to turn this illness around. I began juicing --- carrot juice and beetroot juice, as well as green juices four or five times a day.

I learned to meditate and use visualization. I did this for hours. I also prayed. I went to prayer groups and healing groups. I learned affirmations. I radically altered my diet into a vegetarian diet. I cut out sugar. I ate high-fibre, predominantly raw food, but not exclusively. I also focused on exercise.

I began taking vitamin, mineral, herbal and homeopathic supplements along with amino acids (N-Acetyl-Cysteine (NAC), methylcobalamin, reduced glutathione). Also I took vitamins A, C, and E. Non-acidic vitamin C. Calcium ascorbate powder. I take slightly less now than I what I did initially. For the first couple of years after the diagnosis I was taking 8 grams a day in divided doses of Vitamin C in the form of calcium ascorbate.

I took the 8 grams orally, it's in powder form and I dissolved it in water. But one of the therapies that I count as very important in those early days was the intravenous vitamin C that I had administered in conjunction with what is called ozone therapy.

It was administered intravenously. They took blood out of a vein, used an ozone machine to ozone the blood and reintroduced it into my body through a drip. The rationale for that was that cancer does not like an oxygenated environment and the ozone therapy

greatly helped to oxygenate the cells.

In addition, I used another treatment when I was first diagnosed called Ukrain. These treatments were an adjunct to my lifestyle change.

The other thing I should say that I think is terribly important, almost fundamental, is that for the first four or five months after diagnosis, the volume of fluid in my abdomen was not really improving. I complained to my doctor; I said, "Look I'm doing all this and nothing is happening." And he reminded me, admonished me actually, and he said, "Be patient because this takes time. You are getting better. You affirm that you are getting better in your affirmations and your visualizations which you use in conjunction with these therapies. So just give it time." And he was right. His words were prophetic. They did in fact stabilise my cancer.

Cancer Monthly: For the treatments you mentioned, the Ukrain, ozone therapy, Vitamin C, supplements, other vitamins, how were you able to put that regimen or protocol together? Did you find it all in one place or in parts from your research and reading?

PK: This protocol or regime came about from my intensive research. I did not have access to the internet at that stage, back in 1997, but a friend did. We researched it together. Also, I had by great fortune a holistic doctor, a general practitioner. He routinely used intravenous C for other cancer patients. That particular aspect of the protocol was through him. He also said he had heard about Ukrain but that he did not know very much

(Continued on page 3)

Cancer Management and Alternative Medicine—The Cancer Personality: Its Importance in Healing, by Douglas Brodie

Evidence of a relationship between cancer and personality type has existed for centuries. Going back in history to the second century AD, Galen, a Greek physician famous for his astute observations of patients and for his accurate descriptions of diseases, noted that women with breast cancer frequently had a tendency to be melancholic.

In dealing with many thousands of cancer patients over the past 28 years, it has been my observation that there are certain personality traits which are rather consistently present in the cancer-susceptible individual. These characteristics are as follows:

- 1) Being highly conscientious, dutiful, responsible, caring, hard-working, and usually of above average intelligence.
- 2) Exhibiting a strong tendency toward carrying other people's burdens and toward taking on extra obligations, often "worrying for others."
- 3) Having a deep-seated need to make others happy, tending to be "people pleasers." Having a great need for approval.
- 4) Often having a history of lack of closeness with one or both parents, sometimes, later in life, resulting in lack of closeness with spouse or others who would normally be close.
- 5) Harboring long-suppressed toxic emotions, such as anger, resentment and/or hostility. Typically the cancer-susceptible individual internalizes such emotions and has great difficulty expressing them.
- 6) Reacting adversely to stress, often becoming unable to cope adequately with such stress. Usually experiencing an especially damaging event about 2 years before the onset of detectable cancer. The patient is unable to cope with this traumatic event or series of events, which comes as a "last straw" on top of years of suppressed reactions to stress.
- 7) Showing an inability to resolve deep-seated emotional problems and conflicts, usually arising in childhood, often even being unaware of their presence.

Typical of the cancer-susceptible personality, as noted above, is the long-standing tendency to suppress "toxic emotions," particularly anger. Usually starting in childhood, this individual has held in his/her hostility and other unacceptable emotions. More often than not, this feature of the affected personality has its origins in feelings of rejection by one or both parents. Whether these feelings or rejection are justified or not, it is the perception of rejection that matters, and this results in a lack of closeness with the "rejecting"

parent or parents, followed later in life by a similar lack of closeness with spouses and others with whom close relationships would normally develop. Those at higher risk for cancer tend to develop feelings of loneliness as a result of their having been deprived of affection and acceptance earlier in life, even if this is merely their own perception. These people have a tremendous need for approval and acceptance, developing a very high sensitivity to the needs of others while suppressing their own emotional needs.

These good folks become the "caretakers" of the world, showing great compassion and caring for others, and going out of their way to look after the needs of others. They are very reluctant to accept help from others, fearing that it may jeopardize their role as caretakers or that they might appear to have too much self-concern. Throughout their childhood they have typically been taught "not to be selfish," and they take this to heart as a major lifetime objective. All of this benevolence is highly commendable, of course, in our culture, but must be somehow modified in the case of the cancer patient. A distinction needs to be made here between the "care-giving" and the "care-taking" personality. There is nothing wrong with care-giving, of course, but the problem arises when the susceptible individual derives his/her entire worth, value and identity from his/her role as "caretaker." If this shift cannot be made, the patient is stuck in this role, and the susceptibility to cancer greatly increases.

As noted above, a consistent feature of those who are susceptible to cancer appears to be that they "suffer in silence," and bear their burdens without complaint. Burdens of their own as well as the burdens of others weigh heavily, often subconsciously as well as consciously, upon these people because they, through a lifetime of suppression, internalize their problems, cares and conflicts. The carefree extrovert, on the other hand, seems to be far less vulnerable to cancer than the caring introvert described above.

How one reacts to stress appears to be a major factor in the development of cancer. Most cancer patients have experienced a highly stressful event, usually about 2

years prior to the onset of detectable disease. This traumatic event is often beyond the patient's control, such as the loss of a loved one, loss of a business, job, home, or some other major disaster. The typical cancer victim has lost the ability to cope with these extreme events, because his/her coping mechanism lies in his/her ability to control the environment. When this control is lost, the patient has no other way to cope.

Major stress, as we have seen, causes suppression of the immune system, and does so more overwhelmingly in the cancer-susceptible individual than in others. Thus personal tragedies and excessive levels of stress appear to combine with the underlying personality described above to bring on the immune deficiency which allows cancer to thrive. These observations have given rise to the term psychoneuroimmunology.

In my experience, one of the most difficult and most important hurdles to overcome in cancer patients is how to make major changes in their lifestyles. Not only is it necessary to make changes in the physical aspects of their lives such as eating habits, but major changes need to be made in the way they react to stress. The way they react to stress is due largely to the way they think about life. There can be no lasting changes of behaviour without first having a change in thinking and in belief systems. It is often extremely difficult for these patients to make substantial changes in these ingrained patterns of thought. Many find it too difficult or to disagreeable to make such alterations in their settled way of thinking and reacting. Many likewise find it too unpleasant to make changes in the physical aspects of their life-style, even in the face of life-threatening illness.

In my office patients are counselled to address their problems and to make the appropriate adjustments to the best of their ability. A psychologist with extensive experience in dealing with these unique problems is readily available to our patients.

These patients are encouraged to take charge of their own health and to be active participants in their care. They are urged to learn as much as possible about the disease and all of the treatment options, including the various conventional modalities.

“Elimmunity” could be the corona magic bullet By Jaquelin Magnay

All eyes are on Sweden. Has this Nordic outlier now got to the point of near-herd immunity in dealing with COVID-19, meaning that Swedes can continue with their daily lives in a normal fashion? Some virologists and scientists believe so.

Countries around the world all desire herd, or population, immunity to protect their citizens from COVID-19, but how they plan to achieve it varies.

Australia appears to be pinning its hope on a viable vaccine, while Sweden has gone for a more natural model – eschewing face masks and lockdowns and allowing COVID-19 to infect its population while attempting to protect its vulnerable.

In the process critics of this approach, including leading US infectious disease expert Anthony Fauci, point out that nearly 6,000 Swedes – mainly elderly and in nursing homes - have died.

Statistics Sweden says the overall number of deaths this year is on par with previous years. And figures from neighbours Denmark and Norway, which both opted for harsher lockdown measures, have found the same.

The notion of herd immunity means that enough people in a population become immune to the virus to the point that the virus can't find enough people to infect, and therefore dies out. Any outbreaks thus become small and manageable.....

Some scientists and doctors believe that 50 to 60 percent of the population needs to be immune by vaccination or infection before a form of herd immunity is achieved.....

For some months now researchers have believed the body's B cells and T cells provide people with a “functional” immunity to COVID-19 once they have been exposed to the coronavirus, whether they suffered severely or asymptotically. This means the body's immune systems are primed to fight the virus again because they recognise it through infection or vaccination

So while COVID-19 antibodies wane over a few months after infection, the T-cells, which can directly kill virus-infected cells, and B cells, which produce pathogenic-specific antibodies,

kick into action when the body is re-exposed, and any new infection may be very mild.....

Kim Sneppen from the Niels Bohr Institute in Copenhagen believes Sweden might have beaten the pandemic. He told Denmark's Politiken newspaper “There is some evidence that the Swedes have built up a degree of immunity to the virus which, along with what else they are doing to stop the spread, is enough to control the disease”.

Swedish casualty doctor Sebastian Rushworth said he hadn't seen a COVID-19 patient in two months, and there was no longer a separate section for coronavirus patients in his hospital.

The country's top public health official, epidemiologist, Anders Tegnell, said deaths from coronavirus were not related to the number of cases in a country, but rather whether elderly people were being infected and how well the health system was coping....

Jaquelin Magnay is Europe correspondent for The Australian
22 October 2020

More information about the COVID-19 virus

by Don Benjamin

How are different countries faring with COVID-19?

It might be surprising to know that of the 13 countries with the worst COVID-19 death rates per million of population, those greater than 600, the US and the UK are 9th and 10th respectively. Sweden, with probably the fewest restrictions, has a rate of 586. Australia has a very low rate of 35. The figures are shown below. It is clear from these figures that something is wrong when the calculation is instead the death rate per number of cases.

Here the US is the lowest of the four whereas based on deaths per million of population it is the highest. This discrepancy comes from two very dodgy figures: the number of cases depends greatly on how widespread the testing is; and the number of deaths depends on how deaths are attributed. For example, as I mentioned in the last Newsletter, a majority of the US deaths are deaths **with** the COVID-19 virus, not deaths **from** it. Also many of those without symptoms are not included in the cases because of the lack of thorough test-

ing in some States. This means there were actually many fewer deaths from COVID-19 than those attributed to it and many more unreported cases. The actual death rate was probably nearer to 0.3%, as estimated by epidemiologist John Ioannidis, a tenth of the above figure. Hence the claim of COVID-19 being not much worse than seasonal flu. The same probably applies to Australia.

As mentioned in the above article, there were no extra deaths in Sweden than usual. The same has happened in Australia where the number of deaths in nursing homes, where a majority of the deaths have occurred, has actually fallen compare with the number in a comparable period last year. This supports the theory that most COVID-19 deaths among the elderly are simply deaths of people who were likely to die soon but their death was accelerated slightly by their catching the virus.

Country	COVID-19 Deaths	Reported Cases	Death rate	Population	Deaths per million population
US	228,381	8,661,651	2.6%	331, 600.424	687
Australia	905	27,446	3.3%	25,641,985	35
Sweden	5,930	108,969	5.4%	10,118,649	586
UK	44,347	810,467	5.5%	67,995,927	652

(continued from page 8)
terfering with health. In this sense belief systems and the associated emotions are expressed in different forms of energy. Whereas AIM looks at the person's individual energy matrix and seeks to remove or neutralise frequencies that are having a nega-

tive effect on health, Psych-K looks at belief systems that are having a negative effect on health.

Using muscle testing it first tests to see if the person's conscious and unconscious belief systems about themselves are in conflict. It then uses left-right brain integration tech-

niques to bring the selected negative subconscious belief into agreement with the person's preferred belief system.” (—coherence?)

Rupert Sheldrake is another pioneer in the field. In his 1981 book “A New Science of Life—the hypothesis of
(continued on page 3)

Howard Martin and Bruce Lipton

A lecture I attended in Sydney on 12 January 2014 that featured Howard Martin from the Institute of HeartMath and Bruce Lipton, formerly a researcher in cell biology at Stanford University.

Howard Martin spoke first on the topic "The Science of Heart-connected Living". He described how the heart is a very underrated organ that is in many respects more important than the brain. In fact it has its own brain. For example

- It produces between forty and sixty times more energy than the brain;
- Its electromagnetic energy field is bigger than the brain's, eg it extends more than 1 metre from the body;
- It sends more information to the brain than the reverse, especially in relation to emotional experiences;
- It is the largest source of oxytocin, the love hormone;
- It is the major coordinator of the immune, nervous and hormonal systems.

He described how signals from the heart can be monitored to measure a person's emotional health. For example a stressed person produces a wave pattern that is full of distortions, interference patterns, etc. When they meditate or simply visualise their breathing flowing into the heart, the wave pattern becomes coherent similar to a sine wave. In this state the energy from the person can extend further to overlap people nearby. Sometimes the other person's pattern can synchronise. Similarly the heart can pick up "bad vibes" from the distorted field of people nearby and instinctively avoid them.

A person from the audience was asked to try this type of relaxation and within seconds the wave pattern started changing from the distorted one to the coherent one.

Measurements taken of both the heart and brain electromagnetic wave pattern, such as the EEG (brain) and ECG (heart) show that the heart responds to events much more rapidly than the brain. It appears to function as the main receptor for environmental inputs.

Howard described an amazing experiment where people trained in HeartMath relaxation were wired up to monitor their reactions to incoming environmental signals. They were shown pic-

tures randomly selected by a computer that depicted events or situations involving love, affection, happiness or romance on the one hand or hate, anger or threat on the other. The heart reacted differently to these two types of pictures. The purpose of the experiment was to measure how rapidly the heart reacted to the pictures. Each picture was displayed for 3 seconds then followed by a blank screen for 10 second. Then there was a delay of 6 seconds before the next picture was displayed. What was amazing was that the heart reacted 6 seconds before the next picture was selected for display; ie before the computer had started the random selection of the next picture.

Howard suggested that under these conditions the heart is connected to some sort of cosmic intelligence in a way that is not governed by time. The 6 second delay time before the computer was instructed to select the next picture was displayed was chosen arbitrarily so it is possible that the heart could have predicted the next picture even earlier than that.

HeartMath develops programs to achieve optimal health.

More information is available in the book "The HeartMath Solution" by Doc Childre and Howard Martin. The book describes how 'to immediately lower stress hormones, raise anti-aging DHEA hormone levels, improve your heart rate for maximum longevity, maintain emotional clarity in the midst of chaos and achieve peak mental and intuitive performance'.

Bruce Lipton then gave a presentation related to Howard's. His presentation was titled "Creation of Heaven on Earth" and summarised his book titled "The Honeymoon Effect: the science of creating heaven on earth". His hypothesis is that 95% of what we learnt about relationships is subconscious programming we received before the age of 8. The remaining 5% is in the conscious mind. How we deal with other people is essentially how we were programmed while very young to deal with other people. So we find it difficult to understand why we continue to have problems in rela-

tionships. Once we become aware of the problem, we can work to reprogram our subconscious with the information and beliefs that we would like to have driving our life and relationships.

He listed 3 categories of methods for reprogramming:

- Mindfulness/habit
- Hypnosis/Subliminal tapes
- Energy psychology.

These are based on the fact that the subconscious learns in particular ways, eg habituation/repetition; is susceptible to change while in the low alpha and theta brain frequency states (as children are during their first seven years while they are downloading other peoples' programs); and is susceptible to change when the brain can be induced into hemispheric synchronisation – whole-brain functioning (left-right brain integration).

He gives 27 examples of such techniques in his book.

The mindfulness approach involves becoming aware of your conscious thoughts when your mind wanders off. This gives an insight into what is driving your subconscious. In this situation you can start to reprogram negative thoughts with more positive ones. Repetition of your new positive thoughts starts to undermine your programmed negative ones.

Subliminal tapes relax you so that the brain goes into the alpha or theta states where the positive thoughts from the tape can be used to overwrite the negative ones. He found Louise Hay's subliminal tapes useful for this purpose.

He gives Psych-K as an example of an energy psychology that worked for him. It involves interrupting the subconscious programming, putting the brain into left-right integration mode and reprogramming it with the new belief, all within a few minutes.

Those who wide like to explore Psych-K are welcome to contact the Office. Claudine will put you in contact with Susie Benjamin who has been trained in this technique

Summarised by Don Benjamin

HeartMath, AIM, Psych-K, Rupert Sheldrake, etc

What do all these modalities have in common and how might they be explained?

For how the pieces fit together first

think of the HeartMath research that measures the electromagnetic (EM) field of the heart and brain. (See above) Then think of the trillions of cells whose information frequency pat-

terns contribute to the heart and brain's EM fields. Then consider Bruce Lipton's description (above) of how all these trillions of cells, each with its

(continued on page 8)

New attempt to close down CISS

by Don Benjamin

When CISS on 12 April last year signed the Deed of Settlement and Release following an unsuccessful attempt to take us over, some of us were wondering what the next move would be by the group who had failed in their first attempt. If, as we suspected, the group was only acting on behalf of a larger outside vested interest, there would be more to come. Now it has happened.

In early October we received a Notification that CISS was to be investigated by the Australian Charities and Not-for-profits Commission (ACNC), the body that regulates the thousands of Charities throughout Australia.

What was surprising about the Notification was its wording. We did not receive the expected wording such as "We have received a complaint that your Charity has...." and a "Please respond to the following complaints:", If we had, the Society would no doubt have done so without question.

But instead the ACNC opened its Notification of an intention to Investigate by stating that it had "received concerns that the Charity has no responsible persons or employees with qualifications in the diagnosis and treatment of cancer and that the Charity ... purports to be qualified to evaluate published medical research and the efficacy of cancer treatments...publish authoritative research reports and findings and to present these as relevant to the treatment of cancer and fails to provide accurate information to vulnerable cancer patients...."

In other words the ACNC claims that unless a person has medical qualifications they are not allowed to evaluate and publish anything in medical journals or in any document or presentation that might be read by a person with cancer. To put it another way, people with cancer are not to be given any information from any source except that approved by a medically qualified person.

If taken literally, CISS' Constitution written 39 years ago is invalid. Many books

on cancer need to be removed from libraries and many websites need to be closed down

The Constitution states among other things that: "The objects for which the Society is established are (a):

- (5) To teach and otherwise disseminate information concerning the systemic, metabolic and endocrine nature of cancer...
- (8) To foster freedom of medical and/or health research and education. To promote acquisition of new knowledge and also the correction of errors in cancerology. To further the application of research findings in the clinical treatment of cancer...
- (10) To clarify and evaluate the current methods of treatment of cancer...
- (12) To write, publish and disseminate literature on all aspects of the cancer problem...

Since that time in 1981 CISS has published six papers in medical journals including:

1. 1993: The efficacy of surgical treatment of cancer
2. 1996: The efficacy of surgical treatment of breast cancer (and screening)
3. 2010: The possible role of German New Medicine in the treatment of cancer
4. 2010: The role of psychotherapy in the treatment of cancer
5. 2014: The efficacy of surgical treatment of cancer – 20 years later
6. 2020: Lack of benefit from low dose computed tomography in screening for lung cancer

and made four presentations at three medical conferences including

7. 1994: Lancet Conference: The challenge of breast cancer, Brügge, Belgium: "The Efficacy of Surgical Treatment of Cancer and Breast Cancer"
8. 2016: Preventing Overdiagnosis Conference, Barcelona, Spain: "Exploring alternative cancer paradigms"
9. 2019: Preventing Overdiagnosis Conference, Sydney: "Flaws in the claims of benefits from Low Dose Computed Tomography Screening for Lung Cancer" (oral presentation) and "Re-examining the Cancer Paradigm" (poster presentation)

According to the ACNC none of the above should have been permitted.

The fact that scientific papers, such as the six above, published in reputable medical journals, go through a strict peer review process to ensure that they conform with professional medical standards is presumably meaningless to Australia's charity regulator.

The ACNC is clearly acting on behalf of an outside medical body bent on censoring any medical ideas that question the current dogma about what cancer is and how it should be treated. Only charities that support the current dogma should be permitted.

One wonders what the ACNC thinks about the US National Cancer Institute's decision in 2009 to set up twelve Research Centers based in US universities to find out why so little progress had been made in cancer treatments over the previous 38 years since the passing of the Cancer Act in 1971. This was called the Physical Sciences – Oncology Centers (PS-OC) initiative. Each Center was led by a physical scientist and a cancer biologist or oncologist.

Many of the researchers, such as Paul Davies and Charlie Lineweaver (both astronomers) had no medical qualifications.

Needless to say CISS has not blithely accepted the above accusations. It requested an extension of the 4 week deadline for a response to 20 November to give the Committee an opportunity to decide if it wished to take part in any such biased investigation.

One option for the Committee is for CISS to refuse to take part and instead cancel its registration as a charity to remove the ACNC's power of investigating CISS. Our legal advisor has stated that "Yes, if you cancel charity registration, the inquiry would not proceed."

If the Committee chooses this option CISS would remain as an Association Incorporated in NSW under the Office of Fair Trading.

(continued from page 7)

own distinctive frequency, communicate with each other instantly and operate as a single organism—us.

Various other healing modalities, including those used for cancer, seek to achieve the same end using less esoteric methods, although the most far out I have come across is the AIM program that we featured in our July/August 2006 CISS Newsletter.

In that issue Lisa Harrison, who had recovered from cancer on the AIM program, says "What we have with the AIM Program is a Quantum Physics subtle energy technology that creates 100s of 1000s of balancing frequencies that are imparted to you. You then heal yourself".

She described AIM as "restoring health, vitality, balance and harmony through the process of Energetic Bal-

ancing. AIM stands for the All Inclusive Method. It provides energetic balancing, a spiritual technology to assist in removing energetic imbalances in order to increase the life force and consciousness of living beings."

Charlotte Molvang then described Psych-K as a different approach to identifying the energies that were in-

(continued on page 6)

Convenor's Report for the year ending 30 June 2020

Changes on Committee: At the AGM on Saturday 30 November 2019 Selwyn Garwell was elected Convenor, Raelene Dojcinovic Vice Convenor, Leonie Batchelor Secretary and Jennie Burke, Lynne Maunder and Elizabeth Lyons Committee members. The position of Treasurer remained vacant.

Staff: Don Benjamin remained as General Manager and Research Director; Anita Adhitya as Research Project Manager; Susie Benjamin as Senior Counsellor; Claudine Habib had become the Office Manager in May 2019.

Membership: During the past year the membership has increased slightly from 153 to 163 made up of 113 who receive their Newsletter by post and 50 who joined via the internet and receive their Newsletter by email.

Support Services: Susie Benjamin continued to provide free emotional support to members with cancer.

Office hours: The Office continued to be open 5 days a week from 9.00am to 5.00pm with the Office Manager present 3 days (Monday, Tuesday and Thursday) and the General Manager 3 days Monday, Wednesday and Friday).

Research: Don Benjamin also continued as Research Director. Dr Anita Adhitya's contribution to the Cox Paradigm Research Project continued at a reduced level following her injuries in two motor vehicle incidents in 2018. Don made a presentation to the annual Preventing Overdiagnosis Conference held in Sydney in December 2019 on the topic "Flaws in the methodology of the NLST lung cancer screening trial" and also presented a poster on behalf of Dr Adhitya. "Re-examining the Cancer Paradigm". CISS member Michael Shirley was a featured speaker on surgery for prostate cancer. His presentation was titled "Medical Diagnosis or Commercial Marketing?"

Despite many researchers becoming unemployed as a result of the COVID-19 virus, CISS has still not been able to find a suitable research assistant to help with the second stage of the Cox Alternative Cancer Paradigm Project.

The second stage is to examine evidence for the efficacy of treatments based on the 20 different theories identified in the first stage about what cancer is.

The third stage involves developing a paradigm based on the theories with the best evidence that they result in successful treatments.

The fourth stage is to develop a set of protocols for the implementation of a treatment based on this new paradigm.

The final stage is the publication of the new paradigm in various medical journals and its promotion among open-minded medical practitioners and oncologists both in Australia and overseas.

Complaint to AFCA re Bank Australia: This resulted in the AFCA finding that Bank Australia had failed to follow its policies by allowing use of the Society's funds for unauthorised purposes by the group that had tried to take over CISS. However the AFCA failed to have the bank compensate CISS for the \$12,000 misappropriated. CISS rejected its findings and the complaint was passed on to the Ombudsman who has failed to determine the outcome.

Operating deficit: The year ended with a deficit of \$114,534 compared with a deficit of \$382,717 last year.

Overall expenses fell from \$425,970 to \$167,843 (a drop of \$258,127 due mainly to reductions in payment to staff (\$93,287) and consultants (\$36,053) and a reduction in legal expenses (\$72,753).

Income rose slightly by \$5,085 mainly due to the receipt of JobKeeper grants and the Cash boost totalling \$34,000 offsetting a reduction in income from the share portfolio of \$28,424.

Newsletter: Expenditure on the Newsletters is steady at about ~\$550 per issue including postage. During the year we changed our printer to Kwik-Kopy at Artarmon.

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

Brussels is the first European city to block the **roll-out of the new 5G network** because it doesn't meet safety standards. Other cities around the world are expected to follow suit. 21 local government authorities in the US have already passed legislation to restrict the new network's spread.

Local developments: CISS made a submission in October 2019 to the Australian Parliament's Standing Committee on Communications and the Arts on the subject of **Deployment, adoption and application of 5G in Australia** (Submission 113). It was based partly on the concerns expressed by a group of 230 scientists called the 5G Appeal that had concluded that 5G can increase the risk of cancer, affect fertility and cause neurological disorders, such as learning and memory problems and even Alzheimer's disease. On 17 February Don Benjamin was invited by the Committee to take part with two others in a hearing via a teleconference by the Committee to expand on and discuss the Society's submission. All evidence presented by the three in opposing the 5G roll-out on health grounds was ignored. Government authorities had assured the Committee it is safe.

In August 2019 following years of global pressure, the Australian Government's NH&MRC released its first suppressed **report on homeopathy**, The Effectiveness of Homeopathy: an overview review of secondary evidence 2012.

CISS Branches: The Central Coast Branch of CISS continues to operate with regular monthly meetings.

Accountant and Auditor: The Committee wishes to acknowledge the help of Avinash Jhawar in reconciling our accounts and his brother Anand Jhawar for auditing them.

Extracts from our audited Financial Statements are on pages 10 and 11. The full audited Financial Statement for the year ended 30 June 2020 will be presented at the Annual General Meeting on Saturday 28 November.

Former CISS Convenor Frank Hewstone died on 19 November 2019. Frank and his wife Maxine joined the CISS Committee in March 2015. Frank was elected Convenor at the AGM in December 2016, a position he retained until March 2018 when he stepped down from the position, remaining on the Committee until September 2019.

Extracts from the Financial Statement for the Year Ended 30th June 2020

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

The deficit for the Society for the financial year was

-\$118,344

Notes to and Forming Part of Accounts for the Year Ended 30 June 2018

	2020	2019
2. CASH		
Cash at LCU	7744	50539
Cash at Paypal/ING	494	37
Cash at Bank Aust	4350	1016
Special investments: Northhaven	55161	9949
Cash on Hand (incl petty cash)	<u>78</u>	<u>379</u>
	<u>67827</u>	<u>61920</u>

7. INCORPORATED ASSOCIATION

On the 21st of February 1996 the Society was incorporated in New South Wales under the NSW Associations Incorporation Act 1984. At 30th June 2018 there were 163 members of the Society.

CURRENT ASSETS

	2020	2019
Cash	12,967	52,682
Accounts receivable	51	321
Inventories	1,636	1,826
Deposits paid	669	669
Deposits -remote control	80	80
Deposits -keys	780	780
Miscellaneous	-304	0
Total Current Assets without investments	15,879	56,358
Investment Portfolio Northhaven	<u>218,211</u>	<u>354,940</u>
Total Current Assets	<u>234,090</u>	<u>411,298</u>

NON-CURRENT ASSETS

Property	225,381	225,381
Office Furniture equipment, -deprech	896	1,979
Total Non-Current Assets	<u>226,277</u>	<u>227,360</u>

8. OPERATING SURPLUS/DEFICIT

has been determined after:

	2020	2019
CREDITING REVENUE		
Sales Revenue	120	-697
Donations	2,266	1,884
Membership Subscriptions	4,080	5,771
Interest earned	359	419
Income from investments	10,182	35,472
Rent Received	800	650
Sundry Income	<u>1</u>	<u>90</u>
Inflow of Funds from Operations	<u>17,808</u>	<u>43,589</u>

CHARGING AS EXPENSE

Auditor's Remuneration and		
Accounts assistance (MYOB/XERO)	14465	17047

TOTAL ASSETS

638,658

CURRENT LIABILITIES

Superannuation payable	0	5535
PAYG Withholding Payable	0	0
Salary sacrifice Rent deduct	1700	0
Refundable deposit - Remote control	110	110
Accounts payable	11232	0
Loans - Donald Benjamin	<u>0</u>	<u>76738</u>

TOTAL LIABILITIES

5535

NET ASSETS

633,123

MEMBERS EQUITY

633,123

TOTAL MEMBERS' EQUITY

633,123

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

REVENUE ACCOUNT FOR THE YEAR ENDED 30th JUNE 2020

	2020	2019
INCOME		
Gross Profit on Trading	-54	-697
Donations incl. bequest	2,266	1,884
Membership Subscriptions	4,080	5,771
Government grants - JobKeeper	24,000	0
Government grants - Cash Boost	10,000	0
Interest Received/Accrued	359	419
Rent received - office/car space	800	650
Investment Income/Incr M'ket value	8,633	40,107
Sundry Income	1	90
Total Income	50,084	48,224

EXPENSES

Depreciation	1,084	6,273
Investment costs	4,776	8,444
Audit/Bookkeeping Fees	14,465	17,047
Bank Charges/Interest paid	557	419
Subscriptions	1,273	1,015
Sundry Expenses (incl donation and refunds)	569	3,024
Insurance	0	9,663
Legal fees	4,889	77,642
Interest paid - BankWest and other	0	0
Electricity	842	1,149
Newsletter & other printing costs	2,553	2,126
Consultancies	0	36,053
Rent	0	764
Postage & Stationery	4	111
Rent & outgoings	403	12,870
Computer Maintenance & services	1,871	6,843
Website development and services	0	594
Salaries/Wages/Super'n/W Comp'n	128,351	231,489
Strata Plan levies	1,928	2,361
Council rates	1,228	1,196
Supplies	1,687	4,521
Telephone & Internet charges	1,915	2,304
Water	33	62
Total Expenses	168,428	425,970
Operating Surplus/(-Deficit)	-118,344	-377,746

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

DIVISIONAL TRADING ACCOUNT FOR THE YEAR ENDED 30th JUNE 2020

	2020	2019
HANDBOOKS		
Sales	0	0
DVDs		
Sales	0	0
VITAMINS, SUPPLEMENTS AND ACCESSORIES		
Sales	120	0
JUICERS		
Sales	0	0
TRADING ACCOUNT FOR THE YEAR ENDED 30th JUNE 2020	2020	2019
SALES	120	0
Purchases, stock adjustment	-174	0
GROSS PROFIT ON TRADING*	-54	0

Income from Northhaven Investment Portfolio

Gross Interest	1,017	2,000
Dividends- Unfranked	164	280
Dividends-Franked	5,208	14,120
Distributions-Unfranked	583	1,252
Distributions-Franked	492	2,715
Distributions-Interest	398	1,532
Distributions-Other Income	132	366
Capital Gains Income	682	8,982
Assessable Foreign Income	328	2,622
Non-assessable Amounts	1,178	471
Unallocated Income	-	600
Brokerage Rebate Income	-	533
Unrealised Residual Income		2,146
Change in Market Value of Investments	10,182	35,472
Total	- 1,549	15,000
	8,633	50,473

Total

What's Available from the CISS Office?

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a general meeting on the third Monday of each month at the Arts & Crafts Centre, Henry Kendall Gardens, Bellbird Drive (off Maidens Brush Rd, Wyoming at 7pm with a guest speaker and sharing of information and common experiences. An excellent library is available to members. All are welcome. For further information contact Mary Sponberg-Macready on (02) 4322 8767.

CISS HUNTER VALLEY

The Hunter Valley Branch is currently not meeting. For information contact PO Box 4057 Rathmines, NSW. 2283 .

TASMANIA

Cancer Information & Support Society, Tasmania

A sister organisation to CISS has recently been formed. Contact Tony Cope (03) 6227 9292 ah for further details.

Further information about this new charity will be added once it is available

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

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

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

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

CANDLES CANCER SUPPORT GROUP

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

CANHELP CANCER SUPPORT GROUP

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

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turrumurra. Includes a meditation. No charge. Phone 9449 9144 and

CHAMPION Juicer - \$575 (\$615 non-members)

OSCAR Juicer - \$485

DVD: CISS 2007 Seminar : Cancer & Hope

Enema Kits: \$16.50

\$29.50 plus \$5 postage

Hydrazine Sulphate: 250ml - \$15; 375 ml - \$22.50; 500 ml - \$30 + postage

Vitamin C: Powder - 450gms \$25 for the most common combination of Ascorbic Acid 200gms and Sodium Ascorbate. 250gms.

Water Purifier: Reverse Osmosis - \$495. Other models avail.

Xylitol: (sugar substitute) - 450gms - \$6.75

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. CISS Handbooks \$13.50, \$15 including postage.

ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

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

NAMBUCCA VALLEY SUPPORT GROUP

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

NEWCASTLE CANCER SUPPORT GROUP

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

PARKES CANCER SUPPORT GROUP

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

QUEST FOR LIFE FOUNDATION

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

ST GEORGE CANCER SUPPORT GROUP

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

SUTHERLAND SHIRE CANCER SUPPORT GROUP

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

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

VICTORIA

CANCER NATURAL THERAPY 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

10-day residential Life and Living Course,

nine held each year at Yarra Junction. Also weekly cancer support group meetings held in the city (Melbourne) and at Yarra Junction. Contact 5967 1730. Website: www.gawler.org

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 (bh).

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.

WESTERN AUSTRALIA

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

(continued from page 3)

the AIM program and Rob Williams' Psych-K, not to mention Ken Wilbur's Matrix and various scientists' magnetic vortices.

Many other healers believe that homeopathy, acupuncture, spiritual healing and prayer are simply other

(concluded on page 2)