



November/December 2023

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

## Recovering from Stage IV Ovarian Cancer

by Trina Hammack

The following interview by Ty Bollinger was one of the 131 featured in the series "The Truth About Cancer" - A Global Quest. Trina is Wholistic practitioner in Monterey, California who focuses on Root Cause of disease rather than Symptom Analysis. She uses German New Medicine and its chart that identifies the root cause of the different types of cancer and other diseases.



**Trina Hammack**

Ty: I'm here with Trina at the Hope for Cancer Institute in Tijuana, Mexico. Thank you for joining us today.

Trina: Thank you for having me.

Ty: We were at dinner last night, not you and I, but Dr Tony and I were at dinner, and he was telling me a little bit about your story. And he said you were going to be here today so I'm really excited to hear your story of being diagnosed with cancer. You are a wellness practitioner, yourself.

Trina: I am.

Ty: Walk us back. How many years was it that you were diagnosed? And tell us about your story.

Trina: Sure. It was back in 2008. My nine-year-old son said, "Mom, mom, you're getting fat." And I'm like, "Yeah, my belly is getting kind of big." I would kind of palpate my belly a little bit and feel in there and it felt like there was a bubble inside my belly. And it was rather large, and so I went to the doctor and he did an ultrasound and on the spot he diagnosed me with stage IV ovarian cancer. And so I about passed out with that kind of a diagnosis, and it was unbelievably scary.

Ty: I'll bet. You had one son at the time. Any other children?

Trina: One child. And I was not going to leave this world and leave him without a mom.

Ty: Was that your first thought?

Trina: Oh yeah. Five years before I had healed myself from Lyme disease in my brain, and he, again, was my motivation for doing whatever it took to get well. And I knew I had to do something different. I lost my mom to breast cancer when she was 48 and my grandmother died of ovarian cancer at 36.

Ty: Wow.

Trina: So when I got this diagnosis at 46 I knew that I had to do something differently than what they did. So I called up Tony.

Ty: You already knew him.

Trina: I knew him because I had been sending my clients to the clinic for cancer situations and I said if it ever happened to me he would be my first call. And it was. I called him at home and I said, "What do I do?" And he said, "You get that thing taken out and you get me the pathology report." So that's what I did. They took out a melon-sized tumour.

Ty: Huge.

Trina: Huge tumor.

Ty: Huge tumor.

Trina: Huge. And then I sent him my pathology report and I came down and he actually created a home program for me so I didn't actually have to come down here and stay down here.

Ty: What was involved in the home program? What did you do that you had not been doing before?

Trina: The main part of my home program was the Sono Photo Dynamic therapy. I would do my light treatments for an hour and then I would go into the bathtub and do an ultrasound treatment. So the first thing you do is you ingest a chlorophyll type agent, in the dark, and you let that go and seed itself inside any cancer cells in your body. And then I think it was 24 or 48 hours later you start your treatment.

So when I went under the lights for the first time I remember feeling this interesting sensation. So with this chlorophyll type agent in my cells, if it is inside the cell, and you get exposed to the full spectrum light, then the chlorophyll will bloom and it will create more oxygen and kill any cancer from the inside out. So when I got under my lights for the first time it was just this bubbly feeling throughout my whole body. It was really interesting.

Ty: It was killing the cancer cells.

Trina: Yeah, it was killing cancer. I think it also helps go deeper for Lyme and helps kill Lyme even deeper. So I would do that. And then, I lived in Big Sur, California

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control gene expression. When there's damage to cells or tissues — whether due to injury, age, trauma or disease — reparative gene expression programs kick in to replace the damaged tissues.

The DNA in the cells that need to be repaired require high levels of methylation, and B12, it turns out, is the limiting factor for methylation. Hence, you need high amounts of B12. If you don't have enough, many genes end up not working properly, hence tissue regeneration is hampered as well. Co-lead author Marta Kovatcheva, Ph.D., explained it this way:

*"B12 is involved in just two metabolic reactions in mammals — including mice and humans — and one of these reactions is critical to [producing] a chemical tag, more technically [known as] 'a methyl donor.'*

*This chemical group is used to 'tag' many regulatory proteins of the DNA and the DNA itself, and in doing so, the activity of the DNA is modified — the DNA is 'reprogrammed.' This 'tagging' is very complex and dynamic and, although not yet fully understood, it is key for determining the behaviour of cells, including their ability to repair or regenerate tissue.*

*During critical periods, such as upon injury, cells require massive amounts of the 'methyl tag' and therefore B12 ... so much so that despite a normal healthy diet, mice undergoing reprogramming suffer partial B12 deficiency. Supplementation with B12 facilitates reprogramming and tissue repair — it occurs faster and more widespread.*

*There are diseases that could also benefit, such as colon ulcers. In theory, every disease that involves an active process of injury could benefit from this."*

Research published in 2022 also found that vitamin B12, applied topically, can be helpful in the treatment of radio-dermatitis, i.e., skin damaged by radiotherapy used in cancer treatment....

...As mentioned, B12 cobalamin) is required for the synthesis of red blood cells, and deficiency increases inflam-

mation and oxidative stress. According to the authors:

"A recent study showed that methylcobalamin supplements have the potential to reduce COVID-19-related organ damage and symptoms. A clinical study conducted in Singapore showed that COVID-19 patients who were given vitamin B12 supplements (500 µg), vitamin D (1000 IU) and magnesium had reduced COVID-19 symptom severity and supplements significantly reduced the need for oxygen and intensive care support."

#### B Vitamins in COVID-19 Treatment

B vitamins are also important for healthy immune function, which is your first line of defence against all infections and diseases, both acute and chronic. An August 2020 paper, "Be Well: A Potential Role for Vitamin B in COVID-19," made the case for B vitamin supplementation to minimize the risks associated with the infection.

B1, B2, B3, B5, B6, B9 and B12 can influence several COVID-19-specific disease processes, including viral replication and invasion, cytokine storm induction, adaptive immunity and hypercoagulability....

According to the authors, based on B vitamins' effects on your immune system, immune-competence and red blood cells (which help fight infection), supplementation may be a useful adjunct to other COVID prevention and treatment strategies.

*"There is a need to highlight the importance of vitamin B because it plays a pivotal role in cell functioning, energy metabolism, and proper immune function," they wrote.*

*"Vitamin B assists in proper activation of both the innate and adaptive immune responses, reduces pro-inflammatory cytokine levels, improves respiratory function, maintains endothelial integrity, prevents hypercoagulability and can reduce the length of stay in hospital.*

*Therefore, vitamin B status should be assessed in COVID-19 patients and vitamin B could be used as a non-pharmaceutical adjunct to current treatments..."*

(The paper goes on to detail how each B vitamin can be used to manage COVID-19 symptoms)

#### Supplements for CISS Members

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

#### Free Psych-K for CISS members

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

#### DVDs for Sale from the CISS Office

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

## LOCAL NEWS

### Time for decision in CISS

As mentioned in our last Newsletter the funds from the latest bequest have now run out and we are considering options for ongoing operation.

Unfortunately we had not allowed for the Executor deducting nearly \$40,000 from our entitlement to cover Capital Gains Tax on the value of the shares we received because the ACNC had revoked our charitable status in 2019; and found that legal costs had far exceeded our estimate. (As a result of this we have had to discontinue our appeal of the revocation just before it was due to be heard—that would have cost an extra \$80,000!).

It is a bit suspicious that the ACNC chose to back-date the revocation to 30 June 2019. Two important events happened in 2019:

1. We had just regained control of CISS after an attempted take-over in February 2019 designed to close down our research. This was achieved via mediation that cost the Society over \$90,000. CISS had sought support from the ACNC against the fraudulent take-over attempt, but the ACNC advised mediation.
2. On 16 November 2019 we became eligible for a large bequest worth ~\$730,000 from Jesse Barrie Speight who died on that day. Appeal against the revocation was likely to cost another ~\$90,000. Back-dating the revocation to mid 2019 meant that we had to pay ~\$40,000 more than otherwise because of loss of eligibility of exemption from capital gains taxes.

### Decisions

On 9 October the Committee decided from various options that

1. we would have to sell the CISS premises, currently valued at about \$220,000 (\$170,000 for the office and ~\$50,000 for the car space) with a preference for a lease back of the premises;
2. we could continue operating at ~25% costs for another 3 years;
3. staff on 3 or more days a week would have to work 1 day a week.
4. we would have to discontinue the appeal against the ACNC.
5. we would ask the lawyers to offer



**Don Benjamin, Editor**

pro bono assistance to complete the mediation and, if yes, they would seek compensation for the \$90,000 already spent defending the ACNC action.

6. we would, if necessary, negotiate a short-term mortgage of \$50,000-\$100,000 using CISS premises as collateral, to provide funds for CISS's continued operation until the premises are sold.

This provided an opportunity to retain some part-time research and office staff (e.g. 1 day per week each) for 2-3 more years.

As of writing it is likely that we will get ~\$250,000 for the premises but have to pay rent of about \$1,500 per month. But we would get the first ~\$100,000 before Christmas that would enable us to pay out our Research Assistant whom we had inadvertently underpaid ~\$19,000.

### COVID-19: the evidence for the different claims of vaccine harm

Over the past year or so we have provided information about COVID-19—one of the most controversial health issues that Australia has experienced. It completely changed the attitudes of governments, both federal and state, towards the role of health authorities, and essentially removed the role of the general practitioner as a person's adviser as to how to deal with a particular health problem. Instead of the doctor having the responsibility of diag-

nosing problems based on the best evidence available, and implementing a set of treatments based on the Hippocratic Oath—First Do No Harm—the State has taken over this role on the basis of "Protecting the Community". Doctors who question health authorities' dogmatic and unproven claims are now threatened with losing their right to practise medicine.

This added to the existing situation where doctors who wanted to use alternative or complementary therapies were branded as "quacks".

We have presented claims by several reputable doctors and scientists suggesting that Big Pharma has essentially taken over the national health systems in many Western countries to ensure the continued sale of the many unsafe and ineffective drugs and vaccines.

We have highlighted the fact that most large drug companies have been fined tens of billions of dollars for fraud and misrepresentation; yet their control over governments has increased.

In this issue we continue the ongoing controversy about whether or not the Covid-19 mRNA vaccines cause more harm than good in various age brackets—claims ridiculed by apologist for the drug companies who accuse anyone suggesting such things as anti-vaxxers and that they have no evidence for such claims. In fact most of these scientists, like British cardiologist Dr Aseem Malhotra, American critical care physician Dr Pierre Kory and American cardiologist Professor Peter McCullough are pro vaccines, but only when they have been proven safe and effective.

For example Robert F Kennedy Jr devotes Chapter 10 'More Harm than Good' in his book "The Real Anthony Fauci" to documenting the serious harms, including deaths, from the following eight vaccines:

- Mosquirix used to prevent malaria (p.328);
  - Vaccines used to secretly sterilise women to reduce populations under the label of "routine health care" (p.329-340);
  - Live polio vaccines that increase the incidence of polio (p.340-343);
  - The human papilloma virus (HPV) vaccine designed to prevent cervical cancer but increased cancer rates (p.343-435);
  - Hepatitis B vaccine (HepB) designed to reduce hepatocellular carcinoma (HCC) actually increased it (p.345-346);
- (concluded on page 8)

### DISCLAIMER

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

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so I was out in the country and my tub was outdoors, and I would have to go into the bathtub and use ultrasound to do the same thing, so the sound waves would do the same thing and activate and kill cancer cells.

So I was so dedicated, I would be out there in my outdoor bathtub, in storms, and there are sticks flying, and wind blowing, and rain coming down, and I was out there shivering and doing my treatment. I never passed up on my treatment. And so that was the main thing, the Sono Photo Dynamic Therapy that I did. Tony had also done a urine therapy where he took my urine and he made injections, and so I would give myself a series of injections from my urine. That was another piece to it that I did, as well.

Ty: So the diagnosis was what year?

Trina: 2008.

Ty: 2008. Okay, so how many months or years did it take before you conversed with Tony, or talked to him on the phone, or whatever, and he said, "Hey, your cancer is in complete remission now?"

Trina: You know, I think it was about a six-month program, and then I decided to go for a full year, and I just did it for a year because I just felt so good on it. So, it's been seven years. It will be seven years next week.

Ty: Seven years. So what was the diagnosis when they found this tumour? What was the conditional prognosis?

Trina: When they tell you that you have Stage IV ovarian cancer, blah-blah-blah, they wanted me to do chemo, and I said no. I knew in every cell of my being not to touch chemo with a ten-foot pole - for me. I watched what it did to my grandmother and my mother and I wasn't going to be that statistic either. And I knew I had to be here for my son. I was not leaving this earth. I was not. And so it was my will and I just knew what to do.

Ty: Did they try to steer you toward chemo? Did they try to scare you about it or anything?

Trina: Oh my gosh, absolutely. They absolutely tried to scare me. An interesting story was, the day after my surgery—we took it out, and then the largest wildfire in California history started a mile from my home. And so we couldn't go home for five weeks. So I was healing elsewhere and when I got home I was able to check my messages, and I got a message from an oncologist saying, "You're scheduled for chemo tomorrow."

They went ahead and scheduled me even though I had declined it. I sat across the desk from one of my surgeons and he called me a fool three times for declining chemo. And then I finally said, "You know, I'm not just sitting down in Big Sur rubbing crystals and rocks and feathers together, wishing this away. I'm working with a doctor who knows alternative protocols. And then he finally was quiet about it.

But they went ahead and they scheduled the chemo anyway. So I get home after being away five weeks and I get this message and I called the oncologist and I said, "I respectfully decline this therapy, I'm doing something else." And they were actually really kind about it but they went ahead and they scheduled me anyway even though I said no.

Ty: Wow, that's kind of strange. It's also strange that within one sit-down you were called a fool three times.

Trina: Oh yeah, and I had to finally say, "Can I talk now?" And I'm glad I took the route I took.

Ty: Yeah, because Stage IV ovarian cancer—the statistics are not good. You're seven years out. You would not be alive today if you had gone with traditional chemo.

Trina: No way. Not a chance. And like I said, my "why" I had to do something different was for my son. I didn't want to leave. I wasn't leaving him without a mom.

Ty: Right.

Trina: I looked deep inside myself and I knew what I had to do, and this was what I had to do.

Ty: Yeah.

Trina: That's what I did.

Ty: So your son, I'm sure now he is just completely on board with

what you're doing.

Trina: Oh yeah.

Ty: He's seen you live it.

Trina: Oh, absolutely. He is 16 going on 17.

Ty: Have you ever—since you've been treated here, or treated with this protocol at home, have you ever gone back to those oncologists or doctors that you met with initially?

Trina: Not yet. I kind of have this little fantasy in my mind that someday I will walk into his office, but I haven't yet. One of my surgeons, though—I had two—she was my gynecologist for a while, and she was actually open to some of the things that I was doing, and she has since opened up her referrals to naturopaths and other practitioners. But that one gynecological oncologist—he was something else.

Ty: And he was the one that called you a fool?

Trina: He called me a fool three times. And that wasn't good for me.

Ty: Right. That would be the one I'd want to visit.

Trina: Yeah, and I actually was thinking about that.

Ty: I'd like to visit back with a T-shirt that has "Fool" written three times.

Trina: That's a great idea. That's exactly what I'll do.

Ty: Do you remember you told me this seven years ago?

Trina: Yes. And I'm here today. And so I educate even more about getting to the source, getting to the roots, on an emotional level, on a physical level, you have to heal the cell to get well, and you have to do ...

Ty: That's what you're doing now in your clinic, as well, teaching people how to do that.

Trina: Yes, we have programs that are amazing, right in alignment with this natural approach. And it works.

Ty: But for those that do get a diagnosis of cancer this is something you would recommend, Hope for Cancer?

Trina: Oh, absolutely, Hope for Cancer is the best. The people are so nice and they're knowledgeable.

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You know, I think we've been indoctrinated for so many years that cancer is a death sentence. When I got my first diagnosis the first thing I saw was a coffin, one of those old-fashioned coffins with nails, from the Westerns. That was the image I saw in my brain. And cancer equals death in our society, but if you know what to do and where to go then it's not true.

Ty: It's not true. Cancer is not necessarily a death sentence.

Trina: No, it's not. But it's a message that you need to clean up what's going on inside in order to be healthy.

Ty: What would your message be to someone that is watching this that has been recently diagnosed with cancer, and maybe they've got a really "sensitive" oncologist, like you had, that says, "Hey, you're dead in X number of months," or "You're a fool if you don't do these treatments that I have prescribed?"

Trina: I'd say, "Look outside the box, absolutely. Call around and see what feels right for you, because it's not a death sentence. It doesn't have to be a death sentence." I knew chemo would have killed, not only me, but if it didn't kill me it would have killed my spirit. So look outside the box. There is a lot out there.

Ty: And maybe be educated and be prepared ahead of time, like you were, right? You were diagnosed but you knew, "If I'm diagnosed, I'm calling you, Dr. Jimenez."

Trina: Oh, absolutely.

Ty: And so maybe that is good advice, as well, to prepare ahead of time instead of just being scared to death when you get that diagnosis if you don't know what you're going to do.

Trina: Exactly. And start looking at your lifestyle now before you end up getting that diagnosis or it's too late. Start cleaning up your diet. Start living a healthy lifestyle, because that's all part

of it.

Ty: Yes. And you're here today to be a testimony to that.

Trina: And I will continue to be. I continue to teach and share and inspire, because there is hope, there really is hope. We are taught to be afraid—taught to be afraid of this, and forced to go into chemo, and radiation, and cutting and chopping us up. And it doesn't have to be that way.

Ty: Yes.

Trina: Most of the people that I have sent down to Hope for Cancer, they always said, "We wish we would have come here first."

Ty: That's good advice.

Trina: Yes.

Ty: Trina, thanks for giving everyone out there hope today, and for teaching them and inspiring them. You've inspired me, and I appreciate you.

Trina: Oh, thank you so much.

(end of transcript)

## Vitamin B12 Is Key for Optimal Tissue Regeneration by Dr Joseph Mercola

STORY AT-A-GLANCE (4 December)

- Vitamin B12 (cobalamin) is required for healthy nerve function and the synthesis of red blood cells and DNA. B vitamins are also important for healthy immune function, which is your first line of defence against all diseases
- According to recent research, vitamin B12 is a key player in cellular regeneration, as it's the limiting factor for methylation. DNA in cells that need to be repaired require high levels of methylation, hence high amounts of B12 are required to regenerate damaged tissues
- Vitamin B12, applied topically, has also been shown to be helpful in the treatment of radiodermatitis, i.e., skin damaged by radiotherapy used in cancer treatment
- A deficiency in B12 increases inflammation and oxidative stress by raising homocysteine. B12 deficiency is also associated with many other physical, neurological and psychological symptoms, including migraines, certain respiratory disorders, depression, memory loss and nonalcoholic steatohepatitis (NASH)
- Vitamin B12 is found almost exclusively in animal foods such as beef and beef liver, lamb, snapper, venison, salmon, shrimp, scallops, poultry,

eggs and dairy products. If you rarely eat these foods, consider using nutritional yeast, which is high in B12. Sublingual fine mist spray or vitamin B12 injections are also effective

Vitamin B12 (cobalamin) is required for healthy nerve function and the synthesis of red blood cells and DNA. A deficiency in B12 increases inflammation and oxidative stress by raising homocysteine. High homocysteine, in turn, is associated with cardiovascular disease and decreased immune response. Vitamins B6, B9 (folate) and B12 break down homocysteine.

B12 deficiency is also associated with many other physical, neurological and psychological symptoms, including migraines, certain respiratory disorders, depression and memory loss. Surprisingly, recent research suggests it may also be a key player in cellular regeneration.

### B12 Required for Tissue Repair and Regeneration

As reported by Science Daily, "*Vitamin B12 supplementation shows potential in speeding up tissue repair in a model of ulcerative colitis — an observation that points to potential new treatments for inflammatory diseases.*"

More specifically, the study found that vitamin B12 is a limiting factor for tissue repair. In other words, to optimize tissue regeneration, you need sufficient amounts of B12 in your system. Science Daily explains:

*"The research was focused on an experimental process known as cellular reprogramming which is thought to mimic the early phases of tissue repair. The IRB team found that cellular reprogramming in mice consumes large amounts of vitamin B12.*

*Indeed, the depletion of vitamin B12 becomes a limiting factor that delays and impairs some aspects of the reprogramming process. Considering the abundance of vitamin B12 in the normal diet of mice, the investigators were surprised to observe that the simple supplementation of vitamin B12 significantly enhanced the efficiency of reprogramming.*

*The researchers validated their findings in a model of ulcerative colitis, demonstrating that the intestinal cells initiating repair undergo a process similar to cellular reprogramming and also benefit from vitamin B12 supplementation."*

### B12 Is the Limiting Factor for Methylation

The reason B12 is so important in tissue regeneration has to do with its role in methylation. Methylation is one of several mechanisms cells use to con-

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October 10, 2023

## STORY AT-A-GLANCE

- Oncologists are reporting an alarming rise in post-jab "turbo cancers," a term coined to describe incredibly rapid-growing cancers in people who have received one or more COVID jabs
- Turbo cancers are showing up in young people, many under the age of 30, with no family history of cancer. They're also showing up in pregnant women and young children
- Most turbo cancers are Stage 3 or 4 by the time they're diagnosed, yet symptoms only arose days or weeks ago. They grow and spread so rapidly, many patients die before treatment can even begin. Most turbo cancers are also resistant to conventional treatment
- There are several possible mechanisms of the COVID shots that can lead to cancer in susceptible individuals. The primary one is the modification of the mRNA used. Pseudouridine was inserted to stabilize the RNA. The resulting protein can easily get misfolded, and protein misfolding is a hallmark of Alzheimer's, Parkinson's and heart failure
- The pseudouridine insertion can also suppress your innate immune surveillance by dampening the activity of toll-like receptors, and reduced cancer surveillance is a downstream effect of that

In a September 22, 2023, Highwire interview, Canadian oncologist and cancer researcher Dr William Makis discussed the alarming rise in post-jab "turbo cancers," a term coined to describe incredibly rapid-growing cancers in people who have received one or more COVID jabs.

One example of this is detailed in a September 2023 case report<sup>1</sup> co-written by Dr Peter McCullough. It describes the rapid deterioration of a 56-year-old man who within days of his COVID shot developed Bell's palsy, which progressed into an aggressive tumour on his ear and face. As noted in the abstract:<sup>2</sup>

*"The malignancy was of cutaneous origin and the case showed symptoms consistent with Bell's palsy and trigeminal neuralgia beginning four days post-vaccination ... In this study we describe all aspects of this case and discuss possible causal links*

*between the rapid emergence of this metastatic cancer and mRNA vaccination.*

*We place this within the context of multiple immune impairments potentially related to the mRNA injections that would be expected to potentiate more aggressive presentation and progression of cancer.*

*The type of malignancy we describe suggests a population risk for occurrence of a large variety of relatively common basaloid phenotype cancer cells, which may have the potential for metastatic disease. This can be avoidable with early diagnosis and adequate treatment.*

*Since facial paralysis/pain is one of the more common adverse neurological events following mRNA injection, careful inspection of cutaneous/soft tissue should be conducted to rule out malignancy.*

*An extensive literature review is carried out, in order to elucidate the toxicity of mRNA vaccination that may have led to the death of this patient. Preventive and precise routine clinical investigations can potentially avoid future mortalities."*

Another case report,<sup>3</sup> published in November 2021, described the remarkably rapid progression of angioimmunoblastic T cell lymphoma in a 66-year old man, mere days after he got his third Pfizer shot.

Ironically, he got the shot to protect him during chemotherapy, and in eight days, the cancer just exploded and spread like wildfire. According to Makis, that kind of progression would normally take a couple of years, or at most a few months.

### Turbo Cancers — A New COVID Era Phenomenon

As noted by Makis, we're now seeing the emergence of rapid-growing cancers of the breast, colon, esophagus, kidney, liver, pancreas, bile duct, brain, lung and blood — including exceedingly rare types of cancer.

But that's not all. These cancers are showing up in young people, many under the age of 30, with no family history of cancer. They're showing up in pregnant women and young children. Equally odd is the fact that most are Stage 3 or 4 by the time they're diagnosed, yet symptoms only arose days or weeks ago.

The cancers grow and spread so rapid-

ly, many of these patients die before treatment can even begin. Most of them are also resistant to conventional treatment and don't respond. "I've never seen cancer behave like this," Makis says, and he should know, having diagnosed 20,000 cancer patients in his career so far.

Makis first caught wind of this phenomenon when he started tracking the sudden deaths of Canadian doctors, who had to take the full battery of COVID shots to keep their jobs. Within months, there was a rash of sudden deaths among them, many due to heart attacks and dying in their sleep. But there was also a large group of doctors who developed aggressive cancers.

Makis points out that when you look at Go Fund Me pages asking for donations for cancer treatment, a large portion of these people are in professions that were mandated to take the shots, such as medical professionals and school teachers, police officers, fire fighters, military personnel and airline crews.

### Potential Mechanisms of Action

When asked how the COVID shots might be causing these turbo cancers, Makis describes several possible mechanisms that can lead to cancer in susceptible individuals. The primary one is the modification of the mRNA used.

The COVID shots do not contain the identical mRNA found in the SARS-CoV-2 virus. The mRNA has been genetically manipulated in a process called "codon optimization," where pseudouridine is inserted to stabilize the RNA and prevent rapid breakdown.<sup>4</sup>

The reason codon optimization was used is because it's difficult to get your body to produce a given protein by injecting mRNA. Not only is it rapidly destroyed, but for the injection to work, they also need higher levels of protein expression than is naturally possible.

They bypassed this problem by making substitutions in the genetic instructions. You can swap out certain nucleotides (three nucleotides make up a codon) and still end up with the same protein in the end, but the increased efficiency comes at a terrible cost.

When substituting parts of the code in this way, the resulting protein can easily get misfolded, and this has been linked to a variety of chronic diseases,<sup>5</sup> including Alzheimer's, Parkinson's disease and heart failure.<sup>6</sup>

As explained by Makis, the pseudouridine insertion can also suppress your  
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innate immune surveillance by dampening the activity of toll-like receptors, and one downstream effect of that is reduced cancer surveillance.

The more mRNA shots you take, the greater the immune system damage, the greater your risk of impaired cancer surveillance and hence, the greater your risk of turbo cancer.

Other possible mechanisms include: Genomic integration of the modified mRNA through reverse transcription, which might disrupt tumour suppressor genes.

**Genomic integration of DNA contaminants** in the shots, which might disrupt tumour suppressor genes.

Tumours may so be promoted by the presence of an **SV40 promoter** in the DNA contaminants.

The liposomal nanoparticles (LNPs) spread the mRNA systemically, to all tissues, with severe impacts on your immune function. We now know that some individuals continue to **produce spike protein for at least six months**, and when your body is repeatedly (let alone continuously) exposed to the same antigen, it creates tolerance.

As a result, you become more prone to infection because your immune system no longer puts up a fight against the antigen. However, the same antibodies that target infections also target cancer cells, so your cancer risk goes up as well.

Plasmid DNA can also be taken up by gut bacteria, causing them to become a source of constant antigen (spike protein) production.

## Rise in Cancer Will Likely Be a Long Term Trend

Within the first year of the rollout of the COVID shots, all-cause mortality started rising in countries around the world, and again, it's younger, working-age people who are dying at unprecedented rates.

The good news is that booster uptake has cratered in the last six months. In Canada, only 5% to 6% have gotten boosted. The bad news is that the avalanche of cancers is likely to continue long term.

Cancer deaths are also likely to continue going up, because if we don't know the exact mechanism behind them, we cannot treat them, Makis notes, and both chemo and radiation are proving useless. They don't work against these rapid-onset cancers.

A key take-home here is that the more

mRNA shots you take, the greater the immune system damage, the greater your risk of impaired cancer surveillance and hence, the greater your risk of turbo cancer.

## Lethal Post-Jab Brain and Heart Injuries

Cancer isn't the only hazard the jabbed face. In the video above, John Campbell, a retired nurse educator, reviews the case report<sup>7</sup> of a 76-year-old man with Parkinson's disease who died three weeks after receiving his third COVID-19 shot. The autopsy revealed massive heart and brain damage.

The first jab he got was AstraZeneca's adenoviral vector shot. The subsequent two were by Pfizer. As noted by Campbell, while some argue that heart and brain damage is a risk of COVID infection but not the shots, this case report conclusively demonstrated that this damage was caused by the shots, and not natural infection. As reported in the abstract:<sup>8</sup>

*"... histopathological analyses of the brain uncovered previously unsuspected findings, including acute vasculitis ... as well as multifocal necrotizing encephalitis of unknown etiology with pronounced inflammation including glial and lymphocytic reaction. In the heart, signs of chronic cardiomyopathy as well as mild acute lympho-histiocytic myocarditis and vasculitis were present. Although there was no history of COVID-19 for this patient, immunohistochemistry for SARS-CoV-2 antigens (spike and nucleocapsid proteins) was performed.*

*Surprisingly, only spike protein but no nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart, particularly in the endothelial cells of small blood vessels.*

*Since no nucleocapsid protein could be detected, the presence of spike protein must be ascribed to vaccination rather than to viral infection. The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines."*

## Is Fertility Being Affected as Well?

Recent research also confirms earlier reports<sup>9</sup> of menstrual breakthrough bleeding among pre-, peri- and postmenopausal women, the implications of which are still unknown. As reported by Medical Xpress, October 2, 2023:<sup>10</sup>

*"Research by the Norwegian Institute of Public Health, Norway, suggests that COVID-19 vaccines or the body's response to them can lead to unexpected vaginal bleeding in women. This phe-*

*nomenon was observed in women across different reproductive stages."*

*In a paper,<sup>11</sup> 'Unexpected vaginal bleeding and COVID-19 vaccination in nonmenstruating women,' published in Science Advances, the team of public health researchers detail their findings that raise the possibility that the spike protein of the SARS-CoV-2 virus, which is targeted by the vaccines, might be involved in this phenomenon ...*

*The study included approximately 22,000 participants, aged 32 to 64, from the Norwegian Mother, Father and Child Cohort Study (MoBa) and the Senior cohort, ages 65 to 80.*

*Unexpected vaginal bleeding was reported in 3.3% of postmenopausal women, 14.1% of perimenopausal women, and 13.1% of premenopausal women, more than three times the expected rates. Around half of the women who reported unexpected vaginal bleeding experienced it within 28 days after a COVID-19 vaccination."*

Importantly, the study found that only 31% of women who reported abnormal bleeding patterns sought medical care for it, and even fewer sought medical help when the bleeding occurred after their COVID shot. As a result, this side effect is not being captured by health care-related databases.

## Got the Jab? Take Action to Safeguard Your Health

If you already got one or more jabs and now have concerns about your health, what can you do? Well, first and foremost, never take another COVID booster, another mRNA gene therapy shot or regular vaccine. You need to end the assault on your system.

If you developed symptoms you didn't have before your shot, I would encourage you to seek out expert help. In light of the frequency of turbo cancers, postmenopausal women with breakthrough bleeding after their COVID jab would probably be wise to get evaluated to rule out endometrial cancer.

At present, the Front Line COVID-19 Critical Care Alliance (FLCCC) seems to have one of the best treatment protocols for post-jab injuries. It's called **I-RECOVER** and can be downloaded from covid19criticalcare.com.<sup>12</sup>

Dr Pierre Kory, who cofounded the  
(concluded on page 8)

Many people are experiencing a range of symptoms that they first experienced after receiving a Covid-19 vaccination. These include being constantly exhausted and having to go to sleep for hours during the day; having vivid disturbing dreams; developing stinging rashes; having migraine headaches; experiencing numbness of parts of the face, tongue and limbs; difficulty breathing; hallucinations and loss of awareness of where one is. Pain killers have no effect.



Caroline Pover

Here are what I consider the game-changers in my recovery. Along with holistic therapies like acupuncture, reiki and kinesiology and a healing diet, these are key parts of my personal protocol:

### Three game changers

**Therapeutic phlebotomy**, otherwise known as blood letting – removing a pint of blood every few months;

2. Copper: she found she had a copper deficiency so she took a high quality bioavailable copper supplement. Foods high in copper include liver, kidney, oysters, shrimp, goats cheese, spirulina, kale, beetroot and pomegranate.

3. The 2.00pm sleep: sometimes she falls fast asleep; sometimes she dozes. Sometimes for 30 minutes and sometimes for an hour. Then she feels totally refreshed and able to function again. At night she then sleeps for nine or ten hours every night.

### Food as medicine: the anticoagulation/endothelial repair diet

Several food programs are repeatedly mentioned online in association with vaccine recovery. One that has particularly helped me is an anticoagulation/endothelial repair diet.

### What the diet does

This is not a known regime as such but a plan to help deal with two conditions:

1. "Sticky" blood (which has an increased tendency to clot), possibly including microclotting;

2. Blood vessel dysfunction, which can be caused by damage to the lining of the vessels or a tendency of the vessels to narrow (also called microvascular disease)

The diet incorporates food that keeps the blood thin and flowing smoothly and also promotes cellular repair of the blood vessels. It requires careful monitoring if you are on any blood-thinning medication.

### Why it might be relevant to the vaccine-injured

Some of us struggle with having blood drawn, find ourselves bruising easily and inexplicably, and have symptoms that seem to indicate a change in our blood vessels, such as bulging or brightly coloured veins.

Some of us have accidentally discovered that we seem to feel much better after we have had a number of blood tests or having tried therapeutic phlebotomy. Some of us have found relief with forms of blood dialysis, whereby the blood is cleaned before being returned to the body.

It is now well documented that people suffering with long Covid seem to be dealing with a micro-

clotting problem, and many of the symptoms in the vaccine-injured seem to match those of long Covid sufferers. It would not be surprising to find that we are also dealing with coagulation and endothelial problems.

### Foods to avoid

#### Anything containing vitamin K

Asparagus, broccoli, sprouts, cauliflower, green onions and leafy greens like kale, parsley and spinach. But leafy greens have so many other benefits that garlic may be consumed to counteract the negative impact.

#### Anything that triggers inflammation

Overly processed foods, fried foods, artificial trans fats (fats that have been processed, e.g., margarine), vegetable and seed oils, refined carbohydrates (bread, pasta, cakes, etc.), processed meats, food additives, added sugars and excessive alcohol.

### Helpful foods

**Fish** Salmon, tuna, trout.

**Fruit** Purple grapes, raspberries, strawberries, blueberries, pineapple, watermelon, citrus, banana, mango, avocado

**Veg** Seaweed, beetroot, garlic, carrots, cucumber, pumpkin, red peppers.

**Nuts/seeds** Sunflower seeds, pumpkin-seeds, almonds, peanuts.

**Herbs and spices** Turmeric, cinnamon, ginger, cayenne.

**Drinks** Chamomile tea, pomegranate juice, red wine.

**Other** Beef, chicken, pork, organ meats, virgin olive oil, dark chocolate, peanut butter, foods that contain nitrates (they open up blood vessels), such as leafy greens.

However, see "Foods to avoid" above for contradictory effect.

Extracted from *What Doctors Don't Tell You* November/December 2023

(continued from page 7)

FLCCC, has transitioned to treating the vaccine injured more or less exclusively. For more information, see DrPierreKory.com. Dr Peter McCullough is also investigating post-jab treatments, which you can find on PeterMcCulloughMD.com.

The World Health Council has also published lists of remedies that can help inhibit, neutralize and eliminate spike protein, which most experts agree is the primary culprit. I covered these in my 2021 article, "**World Council for Health Reveals Spike Protein Detox.**"

(continued from page 3)

- Haemophilus Influenzae B vaccine (Hib);
- Pentavalent vaccine: made from adding Hep B and Hib to the DTP vaccine (Diphtheria, Tetanus and Whooping cough) making it life-threatening to infants (p.347-349);
- mRNA vaccines to prevent Covid-19.

### AGM on 25 November

The CISS AGM was held on Saturday 25 November. Selwyn Garwell has remained as Convenor with Sue Johnston, from the Central

Coast, as Vice-Convenor and Lynne Maunder as Committee member. Isrin Khor did not re-nominate due to pressure of work. We express our appreciation for the help she has provided to CISS during her time on the Committee. But we remain short of Committee members.

Please consider joining the governing Committee to add your views on how CISS should operate. Meetings are held once a month except in the December-January period. You can attend via Skype.



## Convenor's Report for the Year ended 30 June 2023

**Changes on Committee:** On 9 August 2022 Isrin Khor was appointed to the Committee. Naomi Groothoff resigned from the Committee on 16 October 2022 and Nicole McCluskey was appointed to the Committee on 18 October. At the AGM on Saturday 26 November 2022 Selwyn Garwell was elected Convenor; Sue Johnston was elected Vice-Convenor; Lynne Maunder, Isrin Khor and Nicole McCluskey were elected Committee members. The positions of Secretary and Treasurer remained vacant along with four Committee positions. (At the last AGM the number of Committee members was increased by two and the Office bearers reduced by two. In January 2023 Nicole was taken to hospital and was not able to attend any more meetings.

**Staff:** Don Benjamin remained as General Manager and Research Director; Dr Anita Adhitya as Research Project Manager; Dr Gareth Fletcher as Research Assistant and Susie Benjamin as Senior Counsellor. Claire Seabrook continued as Office Manager. All staff, other than Dr Gareth Fletcher, work part-time. The CISS Office has been open 5 days a week.

**Membership:** During the past year the membership has continued to decline, partly due to the members not renewing as a lot of information is now readily available from the internet, and partly due to many of the remaining members controlling their cancer now being in their eighties. Members who received their newsletter by post fell from 70 to 62 while internet members fell to 13 giving a total membership of 75. During the year the internet membership category was discontinued with all members now having a common renewal date.

**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).

**Overseas and Local developments:** The main overseas development was the continuation of the COVID-19 virus that also affected Australia. This has continued to result in some restrictions although with little effect on CISS' operations, except for the introduction of more Skype-held Committee meetings.

Australian health authorities (TGA) had earlier prohibited Ivermectin from use but during the year it was quietly restored to availability with a doctor's prescription.

### **Deterioration of medical principles**

By the end of June 2022 regulations had been introduced to change the principles of medical regulation so that health bureaucrats, rather than professionally trained doctors, would determine what is best for patients. So "protecting the community health and safety" replaced professional evidence based medicine as the determinant of what is available and how a problem should be treated.

The number of medical practitioners in the alternative health field has continued to fall as these doctors are increasingly threatened by the Australia's Health Practitioners' Regulation Agency (AHPRA) if they use or advocate therapies not approved by this unaccountable agency of the federal government.

### **Revocation of CISS' charitable status**

In a development not unrelated to this deterioration of medical principles, in early October 2020 CISS had received a notification from the ACNC that they intended to revoke our charitable status for a range of reasons and back-date it to 30 June 2019 soon after we regained control after the attempted take-over in early 2019.

Among its reasons for the revocation were:

1. the Society is "Providing inaccurate and incomplete information about appropriate treatments to vulnerable people with chronic and terminal cancer" and has failed to appoint a "responsible person" with appropriate qualifications in medicine to ensure that accurate and complete information is provided;
2. the Society is "dismissing the efficacy of conventional treatments recommended by public health and medical authorities..."
3. the Society employs a counsellor who has inadequate qualifications and training to provide accurate information to people with cancer; and
4. the Society is "Providing information about treatments and about unapproved therapeutic goods which are a serious risk to patient health and safety".

Essentially these main claims can be

summarised as failing to abide by the false and unproven claims of medical authorities that conventional cancer treatments are safe and effective - dogmatic assertions made by health authorities to be accepted without question.

With the help of our lawyers we appealed the final revocation notice that was issued on 1 August, 2021. The ACNC rejected the internal appeal so CISS appealed to the Administrative Appeals Tribunal. The grounds for appeal continued to be described by our lawyers as an "overreach" of the ACNC's powers. Unfortunately this basic appeal process has already cost over \$100,000 and seriously depleted CISS funds.

The last time a charities regulator revoked a society's charitable status on similar grounds, the High Court ruled in 2010 that the regulator had exceeded its powers.

**CISS Branches:** The Central Coast Branch of CISS continued to operate and provided a source of new members.

**Financial year outcome:** A summary of the financial year's outcome is on the following two pages. Total income was \$90,686.5 and total expenditure was \$331,034.55. The Society finished with a deficit of ~\$240,347.96 compared to a surplus of \$300,000 the previous year. The main reason for this is the fact that ~\$600,000 worth of shares were received from a bequest in the previous financial year with little received since.

Employment of a full-time Research Assistant for our main Research Project has absorbed about half of our employment costs of ~\$250,000 for five staff. To cut costs the Research Assistant's term of employment was reduced by ~4 months and our accounting and book-keeping functions were combined and provided by the same company.

Total Members' equity at 30 June 2023 - including premises (including a car space) with a total value at ~\$225,381.32 - was \$381,386.64 .

**Accountant and Auditor:** The Committee wishes to acknowledge the help of Avinash Jhawar in providing book-keeping and accounting functions and reconciling our annual accounts and his brother Anand Jhawar for auditing them.

Extracts from our draft Financial Statements are on pages 10 and 11. The full Financial Statement for the year ended 30 June 2023 was presented at the Annual General Meeting on Saturday 25 November at 2.00pm at the CISS office.

**CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED**

**CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED**

**REVENUE ACCOUNT FOR THE YEAR ENDED 30th JUNE 2023**

<b>INCOME</b>	<b>2023</b>	<b>2022</b>	<b>Value of Investments</b>	<b>Northhaven</b>	<b>2023</b>	<b>2022</b>
Donations and Bequest	34,783.52	592,519.60	Cash A/C Bank		37,770.87	14,197.52
Membership Subscriptions	3,380.00	4,134.00	Aust Shares		44,174.12	2,540.70
Interest Received	2,371.60	36.89	Aust Shares - Movement in Market Value		3,181.45	-100.44
Capital gains	33,399.68	12.05	Int'l Shares		55,058.84	382,476.20
Investment Income/	4,047.62	1,144.99	Int'l Shares - Movement in Market Value		3,166.89	10,351.40
Incr M'ket value	7,173.84	13,515.19	Prop & Infra A/C		19,086.10	0.00
Miscellaneous income	10,932.58	73.20	Prop & Infra A/C - Movement in Market Value		825.50	0.00
<b>Total Income</b>	<b>96,088.84</b>	<b>611,435.92</b>	Unrealised Invest Inc/Gain BS		<b>163,263.77</b>	<b>399,214.42</b>
			Subtotal			

**EXPENSES**

Depreciation	1,530.07	661.80	Listed securities		15,840.83	15,840.83
Audit/Bookkeeping Fees	11,000.00	13,970.00	Tax credits - Invest Inc		<b>15,840.83</b>	<b>15,840.83</b>
Sundry Expenses (incl donation and refunds)	905.59	457.74	Total Income Tax Receivable			
Insurance	7,669.37	3,707.36				
Legal fees	28,050.92	13,419.19				
Investment portfolio management	5,402.25	2,003.86				
Rent and outgoings	3,587.40	3,662.57				
Books & reference material	169.74	0.00				
Computer Maintenance & services	490.93	4,601.52				
Advertising & Promotion	9.00	173.40				
General Admin costs	8,516.13	6,865.60				
Salaries/Wages/Super'n/W Comp'n	269,105.40	250,588.27				
<b>Total Expenses</b>	<b>336,436.80</b>	<b>300,111.31</b>				
Operating Surplus/(-Deficit)	<b>-240,347.96</b>	<b>311,324.61</b>				

**Extracts from the Financial Statement for the Year Ended 30th June 2023**

**CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED**

**CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED**

The deficit for the Society for the financial year was **\$240,347.96**

**Notes to and Forming Part of Accounts for the Year Ended 30 June 2023**

	<b>2023</b>	<b>2022</b>
Cash at LCU/Paypal	1,458.29	2,216.10
Northhaven, ING cash A/c	37,770.87	14,197.52
Cash on Hand (incl petty cash)	<u>0.00</u>	<u>27.00</u>
	<b><u>39,229.16</u></b>	<b><u>16,440.62</u></b>

	<b>2023</b>	<b>2022</b>
Cash and equivalents	1,458.29	2,216.10
Investments/receivables (see next page)	163,263.77	399,214.42
Inventories	1,549.34	1,565.84
Unrealised Investment Income/Tax credits	15,840.43	15,840.83
Trade and other receivables	<u>780.00</u>	<u>200.00</u>
Total Current Assets	<b><u>182,891.83</u></b>	<b><u>419,037.19</u></b>

**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 2023 there were 75 members of the Society.

**NON-CURRENT ASSETS**

Office premises at FMV	\$225,381.32
Office Furniture equipment - depreciation	0.00
Deposits paid -keys, remote control, other	1,528.60
Total Non-Current Assets	<u>\$226,909.92</u>

**8. OPERATING SURPLUS/DEFICIT**

has been determined after crediting revenue:

	<b>2023</b>	<b>2022</b>
Sales Revenue	0.00	1,250.00
Donations inc bequest	34,783.52	592,519.60
Membership Subscriptions	3,380.00	4,134.00
Interest earned	2,371.60	36.89
Income from investments/C Gain	33,399.68	1,132.44
Rent Received	0.00	0.00
Other Income	5,819.00	10,309.13
Other Income	<u>10,932.58</u>	<u>50.00</u>
Inflow of Funds from Operations	<b><u>90,686.38</u></b>	<b><u>609,432.06</u></b>

**CHARGING AS EXPENSE**

Accounts assistance (XERO)*	11,000.00	13,970.00
Plant and Equipment	1,530.07	661.80

**TOTAL ASSETS**

**409,802.15**

**CURRENT LIABILITIES**

Loan Central Coast	5,620.77	5,620.77
Superannuation payable	7,393.74	7,030.42
PAYG Withholding Payable	15,291.00	12,981.39
Salary sacrifice Rent deduct	0.00	0.00
Refundable deposit - Remote control	110.00	110.00
<b>TOTAL LIABILITIES</b>	<u>28,415.51</u>	<u>25,742.58</u>

**NET ASSETS**

**381,386.64**

**MEMBERS EQUITY**

Retained earnings	525,734.60	214,409.99
Office premises Revaluation Reserve	96,000.00	96,000.00
Current year earnings	<u>-240,347.96</u>	<u>311,324.61</u>
Accumulated Surplus	<u>381,386.64</u>	<u>621,734.60</u>

**TOTAL MEMBERS' EQUITY**

**381,386.64**

## What's Available from the CISS Office?

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

**Enema Kits:** \$16.50

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

### Branches of CISS

#### NSW

##### CISS CENTRAL COAST

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

#### CANCER SUPPORT GROUPS

##### NSW

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

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

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

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

##### PARKES CANCER SUPPORT

Cancer Assistance Network CanAssist Pat Bailey 0447 051 946

##### QUEST FOR LIFE FOUNDATION

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

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

##### SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

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

##### SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

#### VICTORIA

##### CANCER NATURAL THERAPY FOUNDAT'N

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

##### GAWLER FOUNDATION

The Gawler Foundation has leased the

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

#### QUEENSLAND

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

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

##### FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

##### QUALITY OF LIFE CANCER SUPPORT GRP

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

### Rescuing Your Heart with vitamin C

Noted cardiologist Thomas Levy was not satisfied with the results he was getting with his heart patients—until he discovered the effects of vitamin C.

Coronary heart disease (atherosclerosis) sends thousands of Americans to an early grave every year, millions more to emergency rooms and thousands to a cardiac surgery suite every day (at an average cost of over \$100,000. Though these facts are alarming, they're not news.

In my view, all coronary arterial blockages have a solitary root cause. High triglycerides or fats in the blood? No. These are only indicators of disease risk since they play an important role in worsening arterial narrowings—but only after the disease has taken hold.

What about high cholesterol or high blood pressure? No. They, too, only worsen rather than initiate blockages. There are over 20 commonly accepted risk factors for this major killer, but none of them, individually or together, *initiate* coronary heart disease.

It starts when the innermost protective lining (the intima) of the coronary arteries begins to come unglued. This lining is comprised of a single layer of cells that functions like ceramic tiles on a shower wall. And just like the cement and grout

that hold the tiles in place, a gel-like substance (called ground substance) between and under the protective cells holds them on the arterial wall.

As long as the ground substance remains firm and healthy, these cells stay in place and the artery is protected from disease.

When the ground substance becomes watery, however, open spaces between these lining cells appear, allowing plaque-building substances in the blood to enter more easily. The process of plaque formation and subsequent clog in the artery requires this initial change in the ground substance from gel-like to watery.

What causes the deterioration of the ground substance? A localized deficiency of vitamin C in the coronary arteries—called a focal scurvy. In contrast, a continuous and generous supply of vitamin C to the arterial linings keeps the ground substance in its healthy, gel-like state!

That suggests the solitary root cause of all coronary arterial blockages is a vitamin C deficiency in these arteries.

Furthermore, vitamin C is required to form and maintain strong and resilient collagen. Since collagen is one of the main structural components of the arterial wall, a continuing vitamin C deficiency is responsible for more than initiating arterial

disease. It also results in an unrestrained buildup of plaque as the body attempts to fortify arteries continually weakened by a declining quantity of collagen and quality of arterial walls.

For decades, conventional medicine has addressed coronary heart disease by treating symptoms and attempting to limit risk factors without addressing, or even acknowledging, its root cause: a focal scurvy of the coronary arteries. As a consequence, Americans spend billions of dollars every year on expensive drugs and even more expensive procedures that only retard the progression of this lethal disease. All the while, effective vitamin C supplementation would prevent the disease in many who do not already have it.

A thorough review of the scientific evidence indicates that coronary arteries with uninterrupted, abundant access to vitamin C would *never* develop artery-plugging plaques. If all of us maintained a vitamin C-rich environment in our coronary arteries, the massively lucrative heart disease industry would dry up overnight.

For those who already have coronary heart disease, effective vitamin C protocols would halt the progression—and in many cases even dissolve—the proliferating, life-endangering plaque that clogs their arteries. The vitamin C starting point for healthy adults is approximately 6g per day preferably taken intravenously. (from WDDTY)