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

Your self-help programme for cancer

By Dr Patrick Kingsley

Before he died on 11 August 2016 aged 78, British doctor Patrick Kingsley shared his tried and tested four-step programme to help you beat cancer. Over his 40 years as a physician he treated more than 5,000 patients with cancer – many consigned by modern medicine as beyond hope. Remarkably most of his patients survived - What Doctors Don't Tell You's co-editor Bryan Hubbard's mother included. Despite what must be one of the best track records by any doctor for treating cancer, conventional medicine has expressed no interest in learning more about his unique approach. Dr Kingsley took his medical technique directly to the public, sharing his life-saving regimes not only for cancer, but for all the other 'no-hoper' diseases he had treated over the years in his book The New Medicine. In an exclusive extract, Dr Kingsley offered his highly successful anti-cancer diet, plus other do-it-yourself tips. (Reprinted from June and July 2014 issues of WDDTY).

If you have cancer or know someone who does, you want a basic plan of what to do to help yourself. Recognising that I don't know you or your history, I will try to give you what we could call a 'starter pack' of self-help tips that you can use in conjunction with whatever medical treatment you've chosen.

Because of the extensive experience I've had with patients suffering from various forms of cancer and the evidence I've accumulated that changing most people's diets considerably improves how they feel in general, I have devised what I call a 'middle-of-the-road' diet. This may need to be modified if you have problems with eating, swallowing, appetite in general or any physical effects of your cancer.

Certain foods are positively harmful to the body and some are neutral, but it's best to consume mostly foods that are positively beneficial. Colourful fruits and vegetables contain flavonoids, which not only protect against cancer, but also help heal it. They are strong antioxidants and have anti-inflammatory effects.

The principle behind my anti-cancer diet is to work towards making 75 percent of your diet foods that can be (but don't have to be) eaten in a raw, organic and wholefood state, such as vegetables, salad items, pulses, fruit and seeds plus nuts. Another group is whole grains and, in particular, rice. The rest of your intake could be from eggs, deep-sea fish and wild or white meat like chicken and turkey. If you're strictly vegan, you may need specific



Dr Patrick Kingsley

supplements.

Step 1. Change your diet.

Find out what foods to avoid

The ALCAT (antigen leucocyte antibody) test is a blood test that incubates a tiny amount of blood with a tiny amount of about 110 named foods. After a bit of time, the blood/food mixture is examined to see what's changed. Specific changes indicate that particular foods need to be avoided, named in a red/orange/yellow list (from the worst to least offensive), while a green list is safe to consume. But there's a third list of foods that haven't been tested, that initially should also be avoided.

You are also sent an information pack with your results, showing you how to start making the recommen-

ded changes to your eating habits. In my experience, the best way is to be aware of foods in the red list, but concentrate on the green list. This is likely to have 70 or 80 different foods to construct your diet from and, for the first four weeks at least, you should confine your diet to only these foods. But please don't consume any of the foods that I recommend you avoid in my 'ideal anti-cancer diet', even though they may be on your ALCAT green list.

Avoid the following

- **All animal milks** and animal-milk products (oat, rice and cashew-nut milks are excellent alternatives).
- **All forms of added sugar**, but natural sugar in fruit is okay. If you need to sweeten something, use a little stevia.
- **Red meats, refined carbohydrates**, tea and coffee and their decaffeinated forms, all food additives and anything in a packet (with a list of ingredients on it) or a tin.
- **All 'yeasty' foods** like store-bought bread, mushrooms and vinegars. This is because the metabolism of cancer cells is often fermentative, so it's wise to avoid foods of a similar nature.
- **Salt** - unless you live in a hot country and run the risk of becoming salt-deficient through sweating. Otherwise, never add salt or consume foods with salt added to them. Salt tends to unbalance your potassium levels, which you need to boost instead of salt.

You can get a lot of potassium from fruit and vegetables.

But if you become lethargic for any inex-

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

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Frustrated and trying to avoid the cat, the elephant accidentally jumps off a cliff and dies.

Could the Covid-19 case fatality rate be that low? No, some say, pointing to the high rate in elderly people. However, even some so-called mild or common-cold-type coronaviruses that have been known for decades can have case fatality rates as high as 8% when they infect elderly people in nursing homes. In fact, such "mild" coronaviruses infect tens of millions of people every year, and account for 3% to 11% of those hospitalized in the U.S. with lower respiratory infections each winter.....

If we assume that case fatality rate among individuals infected by SARS-CoV-2 is 0.3% in the general population — a mid-range guess from my Diamond Princess analysis — and that 1% of the U.S. population gets infected (about 3.3 million people), this would translate to about 10,000 deaths. This sounds like a huge number, but it is buried within the noise of the estimate of deaths from "influenza-like illness." If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to "influenza-like illness" would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse

than average. The media coverage would have been less than for an NBA game between the two most indifferent teams...." (John P.A. Ioannidis "A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data" March 17, 2020 jioannid@stanford.edu)

Ioannidis' prediction of ~0.3% case fatality rate was pretty accurate. In May the US Centers for Disease Control and Prevention (CDC) gave a realistic estimate of the overall death rate for COVID-19 as 0.26%. They estimated a 0.4% fatality rate among the symptomatic cases and that 35% of all infected cases remain asymptomatic; so this means that the overall infection fatality rate (IFR) drops to just 0.26%, almost exactly what Ioannidis had estimated based on the Diamond Princess analysis.

Further confirmation of this exaggeration of COVID-19 deaths come from a recent report from the Australian Department of Health that shows that the number of deaths in nursing homes in Australia in the 7 months to July 2020 was 32,398 compared with 33,383 for the same period last year, a fall of nearly 1,000. The fall is attributed to increase flu immunisation rates and improved infection controls. However these figures suggest that a majority of deaths in nursing homes attributed to COVID-19, about 600, were likely

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Welcome to New Members: Daniel Tomé

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

Donations to CISS

August: PC \$100; M & TG \$10; BM \$20; MT \$10;
 EW \$50;

September: AC \$50; NH \$50; CL \$10;

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

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OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

COVID-19 seriousness questioned

Most overseas news tends to focus on the COVID-19 virus. This is unfortunate as there is a growing number of critics who claim that both the number of cases is greatly underestimated (because of those without any symptoms) and the number of deaths is greatly exaggerated (because of misclassification of deaths).

We quoted Dr Anthony Fauci in our March issue as saying "If one assumes that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%)

The case fatality rate is the number of deaths (the numerator) divided by the number of cases (the denominator).

Since then several other critics have added that the number of deaths (the numerator) has also been greatly exaggerated. This is because many countries, including the US, Italy and parts of Australia include those who died **with** COVID-19 as having died **as a result of** COVID-19.

As I point out in an article on page 11 this means that the case fatality rate appears to be closer to 0.3%, not the ~3% claimed by the WHO.

As epidemiologist John Ioannidis pointed out in March, if the death rate turns out to be as low as 0.3% (as he predicted it might and the US Centers for Disease Control & Prevention have since confirmed from their data) this is equivalent to a more severe version of seasonal flu with a higher than normal infection rate.

The latest deaths in the US of ~200,000 is mainly deaths **with** COVID-19, not **from** COVID-19. The virus has accelerated the deaths of those who were dying of co-morbidities such as cancer, heart disease and respiratory infections such as end-stage emphysema.

This is similar to the situation where the medical profession draws wrong conclusions from the results of cancer screening trials. They wrongly label different causes of death and don't look at "deaths from all causes". With COVID-19 they look at deaths from all causes and wrongly assume they are mostly deaths from COVID-19 because these people also had COVID-19.



Don Benjamin, Editor

Patrick Kingsley's 4 Step Method

This Newsletter is a re-printing of a special issue of the Newsletter from September 2014. The articles by British doctor, Dr Patrick Kingsley were from the June and July 2014 issues of What Doctors Don't Tell You (WDDTY). In some ways it is similar to what we do at CISS, except that it provides a lot more information about foods, supplements and treatments. Although it concentrates on the physical side of treatment it also refers to the role of stress. The Four Steps are:

1. Change Your Diet
2. Take Supplements
3. Have a Clear-out (detoxify) and
4. Boost your immune system

His suggestions for dealing with stress, that he identifies as an important cause of cancer, include

1. Clearing out the emotions from the past, including *forgiving*;
2. Inward reflection and contemplation;
3. Relaxation, meditation, visualisation and affirmation; and
4. Finding happiness and laughter.

The techniques Susie Benjamin uses during her free counselling sessions of CISS members are more sophisticated and go beyond these standard techniques that she learnt about during her more than 20 years of experience. We have the added benefit of ongoing research that has identified new techniques for dealing with acute and chronic stress that are based on:

1. Dr Ryke Geerd Hamer's German New Medicine that helps identify the cause of the particular type of cancer (an unexpected traumatic event) and uses a technique to release the emotional trauma;
2. Dr Ronald Grossarth-Maticke's work that has identified the most successful methods of behaviour therapy. He called it Creative Novation BT

LOCAL NEWS

Expanding the CISS Committee

With the imminent receipt of a bequest from the estate of the late Jessie Barrie Speight formerly of Bonnells Bay on the NSW Central Coast worth about \$720,000 the Committee needs extra people to ensure that the money is spent wisely on behalf of the broader membership. This will take our funds up to about \$900,000.

We have recently lost two active Committee members, Frank and Maxine Hewstone, following the death of Frank Hewstone last December, so our Committee is already down on its numbers.

The Central Coast Branch has come to the rescue with three of their members offering to help out.

The COVID-19 situation has forced us to get experience with teleconferences and videoconferences over recent months, so the distance from Sydney should not be a problem with more members outside Sydney attending meetings.

Emerge Festival

Willoughby City Council, where CISS is located, has a (Spring) Emerge Festival each year. Organisations in the Council area are invited to hold an event that the Council advertises on its website. CISS organised a series of talks at the CISS Office from 9 September to 9 October so we got a bit of free publicity for our cause.

Membership renewals

We include a renewal form for those who haven't yet renewed their membership.

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due to deaths **with** COVID-19 rather than **from** COVID-19.

About 240,000 Australians use residential aged care and ~60,000 of them die, about 40% of all Australian deaths (~160,000 each year)

In general, influenza vaccine effectiveness has been found to vary between 30-60%. The main factor determining the effectiveness of the vaccine is the age group; so effectiveness is generally lower in older people (~30%) than in younger adults and children (60%). This puts some doubt on the claim that the reduction in deaths in nursing homes is due partly to improved immunisation rates. It is more likely due mainly to improved infection controls.

(continued from page 1)
plicable reason, take a little salt and see if you improve. If you do, only take as little salt as makes you feel better.

- **Alcohol in all forms.** Alcohol has to be metabolized by the liver, which needs to be relieved of as much work as possible, so it can do its job in fighting cancer.
- **Soya.** I am becoming suspicious of the hype surrounding the benefits of soya. It may be sensible to avoid it for now or not consume too much.

Include the following:

Oils. Use olive and coconut oils, but don't heat them to high temperatures. Adding turmeric to olive oil can help prevent it from oxidizing when heated.

Drink quality water like filtered or bottled in glass bottles, herbal teas (check what they're made of), especially decaffeinated green tea, and fresh fruit juices.

Herbs. Although most are okay, use turmeric as often as you can, as there is considerable evidence that curcumin, derived from turmeric, can halt various stages of cancer progression, and has protective and therapeutic effects against a wide range of cancers - at least in pre-clinical trials.¹

Step 2: Take supplements

As you're likely to be nutritionally deficient, it makes sense to take a multivitamin/mineral supplement every day, which will also benefit you far more effectively if you have detoxed sufficiently and have a good working digestive system.

Essential fatty acids (EFAs): There's lots of evidence that EFAs are important for people in general, but especially cancer patients. If you take significantly more omega-6 in your diet than omega-3, you may be promoting inflammation from the omega-6 breakdown product arachidonic acid. If you're vegan or don't like or can't take fish, then hemp or flax seeds (far better than the oil) are good for you. **Suggested dosage:** Eskimo-3 fish oil, a 5-mL teaspoonful twice daily with food

Pancreatic enzymes: Most of us over a lifetime eat lots of food containing very few enzymes because it either didn't have much in the first place or much of it was destroyed by the way we cooked it. As cancer is just another expression of an inflammatory cascade, a lack of sufficient enzymes overtime could make cancer all the more likely to develop, especially if you have a genetic predisposition to it.

There is also scientific evidence that pancreatic enzymes are anti-inflammatory. Studies have been carried out in Germany and elsewhere on a particularly useful pancreatic enzyme formula that I

use-Wobenzym-in my cancer patients,² although I use a special reformulated preparation from America called Wobenzym N. The American variety, unlike its German counterpart is not covered in sugar and bright red dye! **Suggested dosage:** Take Wobenzym N, or any other pancreatic enzyme preparation for cancer, well away from food - at least two hours after a meal and one hour before the next, or after your evening meal before going to bed. The poorer your condition, the more you should take. The maximum recommend is 12 Wobenzym N tablets three times a day between meals; start with one tablet three times a day and add an extra one each day so that, if everything works well, by day six, you will be taking six tablets three times a day. Always take these capsules with a full glass of water, or they will irritate your stomach.

Vitamin D: A good deal of published evidence has highlighted the importance of vitamin D in cancer, as vitamin receptors have been found in brain, breast, prostate and blood lymphocytes, amongst many other places in the body. In my experience, many cancer patients are highly deficient in vitamin D, so consider having a blood test to determine your 25-hydroxy vitamin D [25(OH)D] levels, but don't accept our local laboratory's reference levels as they will be based on local peoples' levels, not on what they should be. Results between 20-40 ng/mL (50-100 nmol/L) are insufficient, and anything below 20 ng/mL (50 nmol/L) is definitely deficient. Work towards an ideal level of 65-85 ng/mL (160-210 nmol/Li). **Suggested dosage:** Take at least 4000 IU/day vitamin D orally, especially in the winter months. Also eat oily fish, which provides vitamins A and D as well as omega-3 EFAs.

Vitamin C: I ask all my cancer patients to take as much Vitamin C as they can. In most cases, this is by mouth, although some receive high doses intravenously. **Suggested dosage:** I encourage all my patients to try for an oral intake of at least 10 g/day, preferably in at least four divided doses. If too much vitamin C is taken at once, it can upset your bowels in the form of wind, indigestion, diarrhoea and sometimes pain. In this case, simply reduce the dose for a few days and then increase it back up again. I use a particular preparation called Bio En'R-6YC by Longevity Plus. It is well tolerated by the bowel, but I recommend that patients start low and gradually work up to a tolerable dose.

Other antioxidants

Alpha-lipoic acid: Suggested dosage

Take 100 mg/day of ALA with each dose of vitamin C, as it helps to regenerate vitamin C, keeping C levels as high as possible.

Vitamin E: Suggested dosage: 800 IU/day

Vitamin A: Suggested dosage: 4,500 IU/day

Selenium: Suggested dosage: at least 200 mcg/day

Iron: Iron is used not only to make haemoglobin, but also myoglobin (which carries and stores oxygen in muscles), hair follicles, the immune system and other metabolic functions. In parts of the world where starvation is rampant, iron deficiency leads to loss of immune function. If you have cancer, anything you do to keep your immune system working is worthwhile. What's more, cancer cells feed on iron, amongst other things. If your iron levels are low, it's important to boost your levels. But most iron supplements can cause constipation, so it's important not to take any iron supplements unless there is clear evidence (such as from a blood test) that you need it. Most multivitamin/mineral preparations contain iron, so please only take one without iron if your test confirms you don't need it.

If you have evidence of anaemia (around 10 g/L of iron), look for one of the new non-constipating forms of iron. **Suggested dosage:** Start with one capsule daily (the usual dosage is 5 mg) to make sure it suits you and work up to one to three capsules last thing at night. Also take vitamin C with it to improve its absorption. Do not take any other minerals with iron as they compete for absorption sites.

Quinton Marine Plasma and Artemisinin: If your iron levels are very low, such as would normally require a blood transfusion, taking Quinton Marine Plasma by mouth may help you avoid a transfusion and all its attendant risks. A diverse range of studies has been published on the benefits of marine plasma including the original book by René Quinton and Jean Jarricot's 1921 compendium of research³. Artemisinin, isolated from the plant *Artemisia annua*, sweet wormwood, a herb employed in Chinese Traditional Medicine, is an alternative if you have normal iron levels, and there's a possibility that your cancer cells may try to feed on it. This herb derivative is able to block the absorption and utilization of iron by cancer cells. It's also able to stop parasites

using iron - one reason that artemisinin has become a standard treatment for malaria.

Magnesium: As stress strips magnesium from your body as well as other nutrients, many people are deficient in magnesium. The problem is that trying to improve your magnesium status by taking oral supplements often fails. I suspect it's because magnesium uptake is partially under the influence of an enzyme that is itself magnesium-dependent, so if your magnesium levels are low, your magnesium absorption mechanisms are also inefficient. Also, calcium, which most doctors insist we should all be taking in large amounts to prevent osteoporosis, especially postmenopausal women, competes with magnesium uptake. This means that the more calcium we take in our diet (including dairy), the less magnesium we may be getting.

Transdermal Magnesium Lotion: This seems to work well, and many people have found it to be the answer to their magnesium problems. Just apply it to any part of your body as often as is practical. It also saves you from having to swallow yet another tablet.

Co-enzyme Q10: Many studies have shown the value of potent antioxidant coenzyme Q 10 for breast cancer. **Suggested dosage:** As studies mostly used 390 mg/day, aim for 400 mg/day.

Step 3: Have a clear out

Many people are simply suffering from 'toxic overload' or 'total load syndrome', as Dr Theron G. Randolph started calling it in the early 1900s. The process of detoxification starts when you tidy up your diet and begin cutting out all items that are bad for you. But there are other additional ways to detox.

1. A hot bath with ordinary Epsom salts or hydrogen peroxide.

Add a tablespoonful of Epsom salts to your bath water and stir it round to make sure the granules dissolve fully. In subsequent baths, gradually increase the amount of salts you use - up to six tablespoonsful in a full bath - but check the effect on your skin. Likewise with hydrogen peroxide, start low, and don't go any higher than six tablespoonsful of 6 per cent (20 volume) H₂O₂ in a full bath.

Don't use Epsom salts and hydrogen peroxide at the same time, but see if you feel better after one rather than the other. If so, continue to use that preparation.

When you've had enough, get out and wrap yourself in two or three big towels, sit on the floor and sweat a little - like in a sauna. You can then open the window to let out the steam, shower to wash off any residues you have sweated out and dress in something comfortable. Plan to do very little for the next two hours. This is best done close to bedtime.

As you will have sweated out a number of electrolytes, it is sensible to replace them. The important and relevant ones are potassium, magnesium and sodium, so take an electrolyte replacement preparation such as E-Lyte.

2. Footbaths.

Find a bowl large enough to put both your feet in or use two separate bowls, one for each foot. Fill with comfortably hot water, and add a tablespoonful each of Epsom salts, sea salt and olive oil. Put your feet in the water and leave them there for as long as you want to, perhaps while you watch TV or listen to some soothing music. Top the bowl up with more hot water every so often to keep the temperature at a comfortable level.

3. **Far infrared (FIR) saunas** are an excellent way to clear toxins from your body, but don't use a regular sauna used by the public, as you are likely to inhale or absorb toxins that other users have excreted, even if the system is carefully cleaned and monitored. There are personal FIR blanket-type saunas that don't need to become too hot to work properly and can be purchased relatively inexpensively

4. **LL's Magnetic Clay** is a special bentonite volcanic clay that, when used as a bath, draws toxic metals and chemicals out through the skin. It contains calcium, magnesium, potassium and sodium in their natural states and is available from many sites on the web. Packets of this clay may also contain herbs and spices to enhance its effectiveness. As a caution, do not use this more than once a week in a bath. For those too ill to get into a bath, the clay mixture can be used perhaps every three days as a footbath. [Now called Enviromedica, Ed.]

The company producing this clay offers a variety of different clays for different purposes but, in general, it's probably best for most cancer patients to use the Environmental Detox Clay Bath and Clear-Out Detox kits.

5. **Coffee enemas**, probably first used on a regular basis by Florence Nightingale, were also described in the doctors' 'bible' The Merck Manual, until 1977, when they were replaced

by modern drugs coming into use at the time. The principle behind coffee enemas is that, while drinking coffee or ingesting any form of caffeine should be avoided by cancer patients, it is an effective way to increase the body's ability to detox when given rectally. The specific large bowel/liver circulation means that coffee reaching the liver via this route helps the liver to more rapidly eliminate its metabolized waste with the next bowel movement.

These enemas often clear the pain of cancer, and nearly always make you feel far less ill after chemo-/radiotherapy without diminishing the effects of such treatment. How often you do a coffee enema depends upon how bad your condition is and how much better you feel when you start doing them. Start with a small amount of coffee - perhaps half a teaspoonful - and gradually raise the dose to, say, a maximum of three teaspoons per litre of body-temperature water. You can do coffee enemas as often as your lifestyle allows; if your condition is serious, work up to as many as you can manage in a day to begin with as you try to get your cancer under control, although it may be sensible to do only one on the first day.

Some people report a caffeine 'high' with a coffee enema. This is because they haven't inserted the catheter far enough. It should be put at least six inches into your rectum, so that the coffee reaches the part of the lower bowel that connects to the liver via the portal blood vessels. For this reason, apply the lubricant to at least six inches of the catheter.

6. **Colonic irrigation.** Many patients are thoroughly constipated when they first consult me. They may have been opening their bowels once every 14 days for as long as they can remember, yet two or three bowel movements a day is normal. If there is any reason to think you might be constipated, a series of colonic irrigation is a good way to start.

7. **Liver herbs** like silymarin cleanse and stimulate the liver. Many companies provide their own mix, but I tend to use the liquid Liver and Gall Bladder Cleanse by Harmonic Health, which can be prepared like an herbal tea. As all liquid herbal remedies are preserved in alcohol, I suggest putting one-half to one teaspoonful in a cup, adding boiling water and leaving it to stand for a few minutes while the alcohol evaporates. You can then add suitably cool water before drinking it, preferably 10 to 30 minutes before meals, three times daily to begin with.

Step 4: Boost your immune system

If the natural killer cells in your immune system are poorly functioning, I often recommend BioBran MGN-3 supplements, one tablet three times a day for the first four weeks, then reduced to one a day to maintain a stimulus to these essential cancer-fighting cells.

If other aspects of your immune system are poor, such as interleukin-12 and/or lymphotoxin (formerly tumour necrosis factor), I recommend Imm-Kine, one capsule three times a day, until a blood test, perhaps in three months time, shows adequate or preferably higher than normal levels.

Never persevere with anything that doesn't seem to be helping you within a reasonable time frame. Mainstream medicine's approach is to fix your problem for you - you do nothing but swallow the tablets or submit to an operation. Basically, you leave it all to your doctor.

My hope is that you realize I am encouraging you to do things for yourself, in conjunction with any medical health you seek, by learning all you can about yourself to start taking control of your own life.

Start believing you can make all the difference you want for yourself. If someone has given you a poor prognosis, don't listen to them. You don't have to fit into their statistics. You're going to do something for yourself. You have time to make changes. You are now in charge.

Dr Patrick Kingsley

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Here are Patrick Kingsley's six hidden causes of cancer.

Become your own cancer detective

Over more than 30 years of practising this type of medicine, I discovered the causes of most illness, particularly cancer, came down to one or more of the following: 1. diet; 2. infections, especially fungal ones; 3. toxic substances like heavy metals and chemicals; environmental agents; 4. nutritional and hormonal deficiencies or imbalances; 5. other deficiencies; and

6. emotional problems and stresses of all kinds. Each patient's life and medical history usually offered important clues.

A lack of digestive enzymes

If you've ever seen a placenta after a birth, you've probably noticed the amazing number of large blood vessels, which only took nine months to develop! In this way a pregnancy could be likened to cancer: new blood vessels form to feed the fetus just like new blood vessels sometimes form to feed tumours. But by day 56 of pregnancy, the maternal and newly developing fetal pancreases combine forces to produce an amazing amount of digestive enzymes, which stop rapid cellular division in its tracks. From then on, cell division in the placenta slows to a normal rate.

This suggests that digestive enzymes might be an important factor in controlling the rate of cellular division and so be vital in the management of cancer.

After food is swallowed, digestive juices break food down to be absorbed into the bloodstream and then used to build up tissue. Although you might borrow from your body's pool of nutrients and enzymes, these should be returned to that pool after the food is digested.

But if you eat food that's been pasteurized, microwaved or is full of pesticides, or was empty of nutrients in the first place (like refined flour products and most junk food), you aren't replenishing your nutrients but are, in fact, using them up. In the end, a deficiency of enzymes can lead to inflammatory conditions (enzymes are anti-inflammatory) and cancer. So cancer may develop due to a chronic deficiency of digestive enzymes - which, you remember, control cellular division.

Stress

Stress of any sort is a major cause of cancer. Time and time again I found that some form of stress occurred shortly before cancer was discovered. Stress not only affects your immune system; it also seems to create a metabolic demand for better and more nutrition. Yet because of stress, people often don't eat properly, but snack on junk food and sugar, and drink too much tea, coffee and alcohol. This creates an ideal environment for cancer.

Too much acid

Stress also causes the body to become more acidic in pH. The liquid (serum) part of blood is meant to stay within a narrow range - at around 7.36, or just on the alkaline side of

What does cancer feed on?

Cancer cells feed mainly on sugar (as do fungal cells) and iron, so there's little doubt that one of the most important dietary changes for someone with any kind of cancer is to avoid sugar in all its forms. I also advise avoiding refined white-flour products as well, as they are easily metabolized into sugar or, worse, used as nourishment by fungal-type organisms. Cooking potatoes at a high temperature, like roasting them in the oven, converts more of the carbohydrates into 'sugar' than boiling or steaming. In addition, I generally advise cancer patients to avoid foods that contain yeast in any form, such as cheese, mushrooms, vinegar, normal breads and yeast extract preparations, including most gravy mixes, as there is something fermentative about their metabolism.

The second important 'food' for cancer cells is iron, which is also important in the life cycle of parasites and fungi in general. This is why I advise most cancer patients to avoid red meats (which contain high amounts of haem/blood iron), and why they often become anaemic and don't respond well to iron supplements or blood transfusions. In fact, these can make matters worse,

Interrupting cancer cell iron uptake is sometimes an essential part of my cancer approach, especially if the patient is short of iron and needs supplementing for clinical reasons. Iron is an essential element in the body. Most of it is bound to transferrin or stored as ferritin in the blood circulation, and carried to tissues mainly to make blood. But free iron is harmful; it causes an inflammatory reaction in any tissue and stimulates cancer cells to flourish. Under normal healthy circumstances, there is very little free iron in the circulation, but two agents in particular can free iron from where it is bound: one is alcohol and the other is oestrogen. This is why anyone with cancer should give up alcohol entirely.

neutral (7.0). If anything happens to disturb this equilibrium, the body may excrete more acid via urine, sweat, saliva, breath and possibly faeces. If this carries on for too long, the too-acid status makes it suitable for cancer to develop.

Normal cells thrive in a slightly alkaline environment, whereas cancer cells thrive in a relatively acid one. But our metabolism is rather complicated, such that the area around cells can be too alkaline even as the cells themselves are too acidic. This is part of the body's compensatory mechanisms, which may not be producing the most desirable response.

Sadly, the way humans now live produces more acid than our bodies were originally evolved to handle. Foods can basically be divided into two groups: alkaline foods are mainly vegetables and fruit; and acid-forming foods are all animal products, including dairy, all grains, sugar, tea and coffee, and all manufactured beverages.

Happily, there is greater alkalinity in alkaline foods than acidity in acid-forming ones. So a little of both in a sensible balance is not necessarily a bad thing. But all the chemicals that now pollute our world - diesel and petrol fumes, the by-products of industry, pesticides and food additives - all add to acidity.

The late German doctor Waltraut Fryda was convinced that all cancers are the result of chronic adrenaline (epinephrine) deficiency, caused by the constant 'fight-or-flight' stress of daily modern living. This keeps pumping sugar into the body's cells, which gradually poisons them, making them more and more acidic - which favours the development of cancer.

Free radicals

A free radical is an unstable unpaired oxygen atom produced by normal metabolism. An oxygen atom has a central proton with two electrons, exactly opposite each spinning round it at phenomenal speed in perfect balance. When oxygen is used it 'loses' one of those electrons and becomes unstable and wobbly - just like a free radical. In this state these atoms rush around in a blind panic trying to steal an electron from anywhere.

But Mother Nature also produced an antidote: antioxidants. In health when a free radical is formed, it is immediately 'quenched' by an appropriate electron from an antioxidant. As antioxidants normally come almost exclusively from fruit and vegetables, a 'correct' diet is important. If your antioxidant intake is poor because of poor dietary choices, and you then add additional free radical production because of an unwise life style, it's easy to see how things can go wrong.

A fungus

An interesting decades-old theory proposes that cancer is actually your body trying to protect itself from a 'cancer-forming fungus' as various fungi have been grown from tumours. On examining a fresh blood sample from a healthy person by microscopy, these fungi can be seen mutating into harmful forms.

The idea that harmless organism can become harmful under certain circum-

stances is well understood by nutritionally orientated doctors. Throughout your gut and on your skin, especially in moist areas like the groin or beneath the breasts, single-celled *Candida* organisms live in comparative harmony with the body. But if you change the environment by taking oral antibiotics, or eating lots of sugar or refined white-flour products, this harmless organism can become harmful. It can develop 'mycelia' (long branching filaments) which can penetrate local tissues, break off and invade other parts of the body. The range of symptoms caused is very wide indeed.

Interestingly, this notion was popularized in 2007 by Italian oncologist Dr Tullio Simoncini, who believes that nearly all cancers involve an acid-forming fungus. He has simply injected sodium bicarbonate directly into tumours and caused their consequent demise.

Professor Gerry Potter, Professor of Pharmacy at De Montfort University in Leicester, UK, discovered what he called 'salvestrols', chemicals that fruit and vegetables naturally produce to protect themselves against fungi. These salvestrols also have cancer-protective effects, but foods sprayed with antifungal chemicals don't produce them. So when we humans eat such sprayed foods, we're not getting these protective salvestrols.

So, it's important to go over your medical history in great detail to identify the causes of your cancer. If it's not immediately apparent, you may need to undergo some tests to find out more.

The best tests

Virtually every cancer patient complains of a degree of tiredness that healthy people don't have. 'Yet' as far as your doctor is concerned, your blood tests revealed nothing. This suggests that he hasn't done the appropriate blood tests that might explain the fatigue.

Nearly every cancer patient has a poorly functioning thyroid, yet I rarely see an obviously subnormal set of thyroid function blood tests. If it's not working at normal capacity, your normal body metabolism will be sluggish, your body will not function as efficiently as it ought to and you will be less able to deal with the cancer yourself.

Here are the tests that most doctors overlook:

Serum ferritin. If the standard haemoglobin test (for anaemia) shows that your haemoglobin level is ac-

ceptable, then GPs and lab technicians often won't test for serum ferritin, an indication of iron stores. Yet many is the time that a patient's haemoglobin is perfectly acceptable but their serum ferritin is disastrously low.

One study finally put into print what I'd been saying for years - that people may not be anaemic, yet feel tired all the time.¹ When serum ferritin was measured in 144 women, those with levels below 20 mcg/L felt less fatigue when given iron supplements. Yet according to their haemoglobin counts, they did not need iron.

Thyroid function. The most important of these are FT4 (free thyroxine), FT3 (free tri-iodothyronine) and TSH (thyroid-stimulating hormone). Most labs in the National Health Service will screen for TSH only, and if the result is within the lab's reference (what they consider normal) range, the other two are seldom measured.

TSH is produced in the pituitary gland while T4 and T3 are produced by the thyroid gland itself. To put it simply, TSH stimulates the thyroid gland to produce hormones, mainly T4 and T3. If TSH is 'normal' then the others are assumed to be normal too.

Yet, what's important are the levels of thyroid hormones actually circulating in the blood, not the amount of TSH. That's why many patients said to have TSH in the normal range actually had T4 and T3 at below acceptable levels. What TSH their pituitary was producing was not effectively stimulating the thyroid itself. This told me it was likely that both the pituitary and thyroid glands were not working properly.

Vitamin D. There is now a good deal of published evidence of how important vitamin D is, as receptors have been identified in the brain, breast, prostate and blood lymphocytes, among many other parts in the body. I suggest having a blood test for vitamin D as 25(OH)D, but don't accept your local laboratory's reference levels as those will be based on levels in the local population, not on what they should be.

Most Britons don't get enough sun shine, and when the sun does come out they're either indoors or fully clothed. For me, the ideal level to work towards is 65-85 ng/mL (163-213 nmol/L), while 20-40 ng/mL (50-100 nmol/L) is insufficient and below 20 ng/ml (50 nmol/L) is definitely deficient.

Candida overgrowth If you have a history of taking antibiotics, whether

only one strong course or, more likely, a number of courses overtime, then it's likely that *Candida* is playing a part in your cancer. And many patients with such a history lack the obvious features that thrush would suggest. So this simple test that is remarkably accurate is worth doing, especially as it won't cost you a penny.

First thing in the morning, fill an ordinary glass with water virtually to the top. Gather as much saliva in your mouth as you can and lay it gently on top of the water. Don't spit it onto the water, but let it float on the surface. If the saliva stays on the surface for about half an hour, you do not have a *Candida* problem. If it all virtually immediately sinks to the bottom, you have a major problem. There are various grades in between, with 'legs' or 'strings' floating down towards the bottom.

The test only seems to apply to the saliva you produce first thing in the morning, before you've drunk anything or, of course, brushed your teeth. If done later in the day after having consumed something, it can give a false reading.

Do this for a few mornings to establish a pattern and to let you get comfortable with the procedure. After that you only need to do it once a week or so to see if your *Candida* problem is diminishing.

If you don't have a problem initially, there is no need to do it on a regular basis except under certain circumstances. Besides antibiotics, if you've had chemotherapy or radiotherapy, there is a strong possibility that your immune system has been adversely affected and that you have developed *Candida* as a result.

Although this *Candida* saliva test is not guaranteed, it at least will cost you nothing. If you prefer a proper scientific test for *Candida*, Genova Diagnostics in the US (www.gdx.net) and UK (www.gdx.net/uk/) as well as the Biolab Medical Unit in London (www.biolab.co.uk) can do the tests.

Stool analysis: If you suffer from bowel symptoms like bloating, wind, indigestion, diarrhoea, constipation or itchy rectum or you pass mucus rectally, the chances are you have some sort of 'infection'. A good deal of evidence in the medical literature agrees that infectious organisms in the bowel can not only cause inflammation in any organ, but are also responsible for arthritis and even cancer especially if you have a genetic predisposition.

Even if you're not aware of specific bowel symptoms suggestive of possible unwanted organisms in your gut, but do have cancer of any sort, I strongly suggest that you seriously consider having

these tests done. I have seen many patients over the years with absolutely no symptoms whatsoever who, after having the appropriate tests done, had considerable numbers of different infections.

When these organisms were cleared, the symptoms they consulted me about either improved considerably or disappeared completely. These tests are available from Genova Diagnostics and Biolab (see above).

NeuroLab tests

In my experience, the tests available through this laboratory (www.neuro-lab.com) are invaluable. They can help identify your cancer status and so help to assess progress. They can also tell you the state of your immune system. And if you've been given the 'all clear' for cancer, they can tell you if cancer is beginning to develop, so you don't wait till it's full-blown. Although no test is 100 per cent guaranteed accurate, in my opinion these are state of the art and very useful. You also need to remember that the results are a snapshot of you at the time the blood was taken, but they can be useful for tracking your progress.

Telomerase, pyruvate kinase and laevorotary lactic acid. These three tests can tell if there is cancer anywhere in your body, although they don't tell you exactly where it is. If you want to know if cancer may or may not be developing in your body, then these tests go a long way towards answering that question.

p185 HR-2 protein test. This is an indication of the metabolic activity of your cancer: the lower the response, the less active is your cancer.

Anti-p53 antibody test. This effectively examines the p53 gene, which sends out the message for old cells to die by apoptosis. If described as 'wild' it is functioning normally; if 'mutated' it means it is damaged, so that the natural cell-death message may not be going out correctly. In my experience, even patients with p53 genes described as 'deleted' suggesting they cannot ever come back again, may have them return to normal functioning in due course.

Immune function tests

Interferon (IFN)-gamma reflects the health of your natural killer (NK) cells.

Tumour necrosis factor (TNF)-beta reflects your thymus helper (TH) cells in the same way that CD4 cell counts reflect AIDS status.

Interleukin (L) 12 reflects macrophages and dendritic cells, two other important parts of your immune system.

Other useful tests

Vascular endothelial growth factor (VEGF) and transforming growth factor (TGF)-beta. As VEGF levels rise when new blood vessels are forming, this can tell you when a tumour is growing new blood vessels and expanding, but bear in mind that levels are also high after an operation, when new blood vessels are part of the healing process. Cancer cells sometimes produce large quantities of TGF-beta to suppress your immune system.

TNF-alpha. Some people think cancer is an inflammatory mechanism, and one of the chemicals produced by the inflammatory cascade is TNF-alpha. If levels are high, your cancer may be due to a 'non-self inflammatory cascade initiator' (NSICI). The most likely origin of an NSICI is what you are exposed to most frequently in your daily life - your food and drink. Another test of inflammation, which your doctor could do on a blood sample, is for C-reactive protein (CRP).

Non-genomic RNA/DNA. This test can help identify whether you have a viral, bacterial or fungal infection, but a big drawback is that it doesn't tell you exactly what the infection is or where it might be.

Homocysteine. One final important factor to check is your blood level of homocysteine, a far more important arterial 'poison' than cholesterol ever was. A raised homocysteine level increases your chances of getting cancer, and if you already have cancer, it's important to keep levels low.

Most laboratories accept a level up to 15 mmol/L as normal, but that level is known to be a significant risk in just about every medical condition, especially cardiovascular ones like heart attack and stroke. The ideal level is below 6.0 mmol/L. A low level means your body can 'methylate': it can deal effectively with many undesirable chemicals. It also means you have plenty of SAME [S-Adenosyl-Methionine, Ed] and glutathione in your body, two important detox chemicals.

Treatments

Doing something about all the underlying causes of your cancer is certainly important but, unfortunately, a 'life force' (the cancer) has been allowed to develop within your body. Undoing all the wrong is important, but a 'rescue package' is needed to kick-start your healing processes.

Besides all the dietary, supplement and lifestyle advice I usually give when a cancer patient has consulted me, especially if they still had cancer and were undergoing chemo- and/or radiotherapy or were about to have an operation, I usually suggested that they receive intravenous infusions of vitamins and minerals.

Intravenous infusions

I've done enough blood tests on cancer patients to know they were nearly always nutritionally deficient when I first saw them. Many patients undergoing conventional treatment often feel sick, have upset bowels and a poor appetite, so at a time when they should be improving their nutritional state, exactly the opposite occurs.

Giving vitamins and minerals intravenously not only helped them feel better, but it also bypassed the bowel and its poorly functioning absorption mechanisms. This could also help counteract the undesirable effects of their other treatments without interfering with the intended effects, making patients more likely to successfully complete their course of chemo- and/or radiotherapy, should they choose to have them.

A number of my patients are totally convinced that the intravenous infusions of vitamins and minerals, which often included doses of vitamin C up to 50 g or higher helped them reverse their cancer or complete a course of chemotherapy. They also reported to me that their oncologists were impressed by how well they had done overall and how well they had coped with the therapy's known adverse effects, while other patients were feeling particularly unwell, with some having to interrupt their course of treatment when their blood counts were affected too badly to continue. In contrast, I remember one patient who continued to work throughout his course of chemotherapy and even won a National Championship during the treatment.

In the UK, there are some doctors who give this type of treatment, but they are few and far between, and not evenly spread across the country.

Of the many thousands of intravenous infusions of vitamins and minerals I have given over the years -not: only to cancer patients, but also to anyone who I thought might benefit from them, the vast majority noticed a benefit. And some patients chose to have the vitamin or intravenous hydrogen peroxide infusions with no chemo- or radiotherapy.

Although none of my patients had severe reactions, if there is any likelihood that high doses of vitamin C will be needed, it is sensible to first have a

blood test for the red blood cell enzyme glucose-6-phosphate dehydrogenase (G6PD). If absent, large doses of vitamin C intravenously, possibly just over 25 g, can cause haemolysis of the red blood cells, causing the patient to suddenly pass virtually black urine and feel most unwell. Haemoglobin levels fall dramatically, and a blood transfusion is necessary.

This test was done for all my cancer patients and I never gave more than 5 g of vitamin C initially. Only if the patient's G6PD status was within normal ranges would I significantly increase the next dose to 50 g, and then to 75 g or even 100 g. The exceptions were patients with brain tumours, as large doses of vitamin C intravenously can cause swelling of the brain.

High dose 'of vitamin C produce large amounts of hydrogen peroxide, so I sometimes gave 0.03 per cent hydrogen peroxide instead, especially if there was a reasonable chance that the cancer involved a fungus. But hydrogen peroxide needs to be given on its own, so if the patient also needed nutrients, I had to give a second infusion; the patient then had to be with me for at least three hours to receive the two infusions consecutively. If a patient lived nearby or chose to rent somewhere near me, I gave a daily infusion of high-dose vitamin C and only added the other nutrients once a week.

In my experience, giving intravenous nutrients before and after chemotherapy was very effective. However, the majority of oncologists resist having their chemotherapy patients take antioxidants at the same time, under the assumption that antioxidants will counteract the free radicals produced by chemotherapy.

In fact, a number of studies published in peer-reviewed medical journals demonstrate exactly the opposite. Nutrients and antioxidants given at the same time as chemotherapy not only seem to make the chemotherapy more effective, but they also protect normal cells against the potentially harmful effects of the chemo.

The frequency of infusions depends on a number of factors such as the distance you live from the person who gives them to you, the severity of your condition, the quality of your veins, the effect they have upon you and whether someone can accompany you, as a companion is a good idea, albeit not always essential.

If you know for certain you have cancer, try having infusions at least once a week to begin with, and more if you can

(see box on the next page for my typical dosages).

Concentrate on yourself

If you have cancer now, I strongly advise you to concentrate on yourself for at least the next three months, almost to the exclusion of everything else if possible. Once you have decided to take control of your own life, you need the time and space to do it properly.

Adapted from *The New Medicine: A Modern Approach to Clinical Illness* (SureScreen Life Sciences). To order your copy, email: drkingsley@btinternet.com.

Home treatments for various conditions.

Here is a sampling of treatments you can do yourself in conjunction with your medical treatment, whether conventional or alternative, and after making dietary changes.

Go alkaline

Besides making your diet as alkaline as possible, try taking Alkaliza™, an alkaline preparation with a pH of 14 in concentrated form, so it MUST be diluted and the dose built up slowly according to your response. It comes with a supply of pH measuring sticks.

What to do . First thing in the morning, pass urine as usual, then drink a full glass of quality water. When you pass water a second time, test this sample using the following procedure:

pass some urine into a clean dry glass, dip the pH paper dipstick into it and read the result after about 15 seconds; record the pH.

Dosage: Start with one drop of Alkaliza in each of six glasses of water you'll drink throughout the day. After a few days, measure the pH of your second urine sample as described above. Keep testing your urinary pH while slowly increasing the Alkaliza dose - adding more drops per glass, but only up to 40 drops in 24 hours - until your test shows a pH of 6.5-6.8. Once you achieve a pH nearer 7.0 or above, reduce the dose until the pH is at the ideal 6.5-6.8. Thereafter take Alkaliza only according to your urine test results.

Oxygen treatment

Cancer thrives in a low- or no-oxygen environment, and an acidic environment is low in oxygen. Red blood cells (RBCs) are the most important oxygen-carrying compo-

Dr Kingsley's vitamin infusions

If you can find someone to give you vitamins and minerals intravenously, here are the doses You can start with:

Vitamin B1, 100 mg
 Vitamin B2, 25mg
 Vitamin B3, 25 mg
 Vitamin B5, 250 mg
 Vitamin B6, 100 mg
 Vitamin B12, 1 mg
 Folic acid, 2.5 mg
 Vitamin C, 5 g
 Magnesium sulphate 50%, 1g
 Elemental zinc, 20 mg
 Elemental molybdenum, 100 mcg
 Elemental selenium, 100 mcg
 Elemental chromium, 100 mcg
 Elemental manganese, 100 mcg
 Glutathione, 300 mg

A small amount (2-5 mL, 8.4 Per cent strength) of sodium bicarbonate and 4 mEq/L of potassium chloride can also be added. After diluting the vitamin mix with 300 mL of sterile water, it was administered to patients over 1½ to 2 hours, making sure the patient drank at least three glasses of water while it was running in. After a few infusions, the folic acid or zinc could be omitted, unless the patient was being given a chemotherapy drug known to be a folic acid antagonist. Gradually increase the vitamin C dose to up to 50 g.

nents in blood, but cancer patients often have reduced numbers of these, and they're also often in rather poor condition.

Supplements for breast cancer

What to do: Besides taking coenzyme Q10 (400 mg/day), CoQ10 can be applied topically to the breast to concentrate the effect - and I suggest applying it to the unaffected breast too. Also, iodine has anti-infective effects, particularly against fungi, is anti-oestrogenic and can be applied to the affected breast twice a day. **Dosage:** I suggest iodine first thing in the morning and mid-afternoon, and CoQ10 later in the morning and last thing at night. If iodine is applied directly to the breast twice a day, there's no need to take it by mouth. I also recommend transdermal Magnesium Lotion, and selenium (at least 100 mcg/day half an hour before breakfast and the evening meal) and tyrosine (500 mg three times daily with the selenium) supplements.

Immune-enhancing preparations

What to do: If your NeuroLab tests showed poorly functioning NK cells, IL-12 and/or TNF-beta, all factors essential for your immune response to cancer (see page 38), there are supplements that can boost their function. **Dosage:** To boost NK cells, take one sachet of Biobran three times a day for

the first four weeks, then just one a day as an immune-cell stimulus. To boost IL-12 and/or TNF-beta, I recommend one capsule of Imm-Kine three times a day until a blood test, perhaps after three months, shows adequate or preferably higher than normal levels.

Managing infections

Some doctors believe that chicken pox/shingles and/or papilloma/wart viruses are involved in all forms of cancer, including of the lung and brain.

What to do: If your NeuroLab non-genomic DNA/RNA test is raised, try homeopathy. Repeat the test about two weeks after finishing the course and, if levels have fallen but not to normal, repeat the treatment. If there's no improvement, it's likely you took the wrong treatment.

Dosage: For the chickenpox/shingles virus, I suggest *Malandrinum* 200C twice daily for 14 days, then wait one week and take a combination of *Rhus tox* 12C and *Box jellyfish* 12C twice daily for 14 days. For the papilloma/wart virus, take *Papilloma* 200C twice daily for 14 days. How long you go on taking these treatments depends on your progress. If you're sure you're doing well, continue the treatment until you feel confident the cancer has gone. The best assessment is how you feel.

Managing stress

What to do: Stress strips magnesium and other nutrients from your body, and overworks the adrenal glands, which makes stress hormones.

Dosage: As oral supplements often fail, try applying transdermal Magnesium Lotion to any part of the body as often as possible, and take BioCare's AD206, which contains specific nutrients and herbs to support and feed the adrenal glands.

An enormous body of evidence in the medical and scientific literature confirms the influence on the body of a person's attitude towards life. The mind-body effect is variously called psychoneuro-pharmacology and psychoneuro-immunology, and scientists are also waking up to the fact that chemicals have a dramatic effect on the body and that our attitudes influence the chemicals we produce, creating more bad ones or more good ones according to how we think and act.

Forgive your past

There is absolutely no doubt in my mind that emotions play a part in the development of cancer, sometimes a major part. It was a patient who recommended that I read the book *The Journey* by Brandon Bays (Harper Element), which I discovered was exactly

what I wanted for my patients. The related courses and the book itself help patients complete their unfinished business with someone or some situation in the past that continues to cause pain, even illness, by 'talking' to the person or situation during a 'journey'.

What I like about *The Journey* is that it deals with one emotional situation at a time and essentially clears it out. There is a time during the 'journey' when you have to 'let go', which some people find hard to do. In my experience, combining 'journey' work with some aspect of healing the physical body makes it easier to 'let go' when you need to.

Go inward and reflect

If you've just discovered you have cancer, you may still be in a state of shock. Or after having been told you were 'all clear', the cancer has come back again and doctors don't have many new answers.

Although there are many things you can do to help yourself, I counsel you to first have a moment of quiet reflection. Don't rush into anything. Take a moment for yourself. You don't need to be a churchgoer or even believe in any of the world's faiths to pray. To some people, that means getting down on their knees in a church and talking to whoever they are accustomed to praying to, To others it may mean finding a place of quiet contemplation, perhaps at home in a room that makes you feel comfortable or in a peaceful garden.

Calm yourself down and try to make peace with yourself. It won't make the slightest bit of difference to your long-term outcome if you delay doing something for a day or two. Choosing what is right for you will be far more beneficial.

Relaxation, visualization and affirmation

Relaxation exercises, meditation, visualizations and affirmations can be very powerful tools, and if there are others in the room who genuinely believe in what you're doing, they can boost the effect by doing the same thing, but directing it towards you.

Happiness and laughter

It can sometimes be hard to be happy living with cancer, especially if you're in pain. But if you can somehow manage to change your attitude, you will be surprised how it can help. If you have a favourite comedian whose programmes make you laugh again and again, record them so you can watch them whenever you're feeling low or in pain.

(For a fuller version contact the CISS Office and we can send it to you.)

Clinical trials in "DRUG REPURPOSING" for Cancer & Covid-19 by Elizabeth Lyons

"Drug repurposing" usually refers to the use of well-established medications repurposed for a different use. Generally these have a long safety record and have often outlived their patents, meaning that they are affordable. For example, as outlined in past newsletters, CISS has identified the work of several researchers in using Phen-er-gan for selectively inhibiting cancer cell metabolism.

Some independent research groups are now conducting clinical trials of drugs repurposed for Covid-19 using old medications with known antiviral properties. These include HIV medications and semi-synthetic anti-malarials including Artemisinin, Doxycycline and the much-hyped Hydroxychloroquine; a synthetic derivative of quinine, the active compound in cinchona bark.

Meanwhile, there are literally hundreds of phytochemicals now confirmed as possessing both anticancer and anti-viral properties. Naturally occurring compounds include some which may prove to interfere with SARS-CoV-2 attachment.

Many also exhibit "host based" anti-cancer properties such as anti-inflammatory plus immunoregulatory mechanisms that slow or reverse cancer growth. The "ReDo Project" promotes the independent clinical research of established medications repurposed for cancer treatment. Research now in process includes clinical trials of known naturally occurring compounds which have been theorised from promising preclinical studies as worth testing for use in Covid-19 treatment.

Many of these trials are now listed on the "ReDo Project" website. The rapidly growing list includes: Alpha Lipoic Acid, Artemisia Annuua, Beta Glucan, Bisthmus Potassium Citrate, Bromelain, Cannabidiol, Escin, Folic acid, Inhaled Nitric Oxide, Lithium, Magnesium, Melatonin, Methylene Blue, Micobacterium, Nicotinamide Riboside, N-Acetyl Cysteine, Ozone therapy, Quercetin, Resveratrol, Retinoic acid, Silibinin & Silymarin (milk thistle extract), Tannin, Thymoquinone (from Nigella Sativa), Topical Povidone Iodine, Trans Sodium Crocetinate (Crocetin from Saffron), Vitamin A, Vita-

min E, Vitamin D3, high dose Vit C, Vitamin K, and Zinc.

While most of these are being studied clinically for their effectiveness as single compounds, some are being tested for combined (additive or synergistic) effectiveness, which is more promising, such as one study titled "Impact of Zinc and Vitamin D3 Supplementation on the Survival of Aged Patients Infected With COVID-19 (ZnD3-CoVici)" and another "The Study of Quadruple Therapy Zinc, Quercetin, Bromelain and Vitamin C on the Clinical Outcomes of Patients Infected With COVID-19".

Other clinical trials being conducted for non-patentable "host-based" treatment of Covid-19 include Convalescent Plasma as well as substances shown to often be inadequately produced within the body both during aging and during a Covid-19 infection, such as: Angiotensin 1-7, Heparin, Interferons (Lambda, Alpha, Beta 1-A and 1-B, Gamma), Interleukin-7, Testosterone and Progesterone.

A fresh look at the COVID-19 death rates by Don Benjamin

In our March/April Newsletter we included a copy of a Letter to the Editor to the Australian published on 10 March that included a comment from the head of the US National Institute of Allergy and Infectious Diseases Dr Anthony Fauci and the head of the Centers for Disease Control and Prevention Dr Robert Redfield that questioned the current claims of the death rate of the COVID-19 virus. They were making the point that much of the panic about the virus and predictions of deaths (in Australia between 50,000 and 500,000 deaths) were based on false assumptions about how dangerous the virus was, eg ~3% of infected people would die.

They said this figure was based on deaths in a Chinese province divided by the number of COVID cases reported. The cases reported included only those presenting with symptoms. He said if others with the virus but without symptoms had been tested the number of cases would be about 5 times higher giving a much lower death rate, about 5 times lower. Less than 1%. This would mean that the COVID-19 virus was little more dangerous than a more than usually severe seasonal flu.

In countries like Australia where there is more widespread testing the death rate has been shown to be lower as Fauci predicted. The rate for NSW where more people are tested is cur-

rently 52 deaths from 4,190 cases or 1.2% compared with Victoria's 745 deaths from 19,970 or 3.7% where testing is much lower.

Now a new claim has emerged: The number of deaths from COVID-19 has been greatly exaggerated. John Ioannidis, Professor of epidemiology at Stanford University has found that many countries including America are classifying any person who has COVID-19 when they die as a death **from** COVID-19. Ioannidis found infection fatality rates ranged from 0.00% to 1.63% and corrected values ranged from 0.00% to 1.31%. Across 32 different locations, the median infection fatality rate was 0.27% (corrected 0.24%). Most studies were done in pandemic epicentres with high death tolls. (Reference: "The infection fatality rate of COVID-19 inferred from seroprevalence data" John Ioannidis, doi: <https://doi.org/10.1101/2020.05.05.13.20101253>, Pre-print 4 July)

The Italian health system includes in the deaths from COVID-19 not only people who died directly from the coronavirus but also those who had died of other causes but had contracted the virus. Dr Walter Ricciardi, the scientific adviser to Italy's health minister, said in a press conference in early April that "Only 12 percent of death certificates have shown a direct causality from coronavirus". *NBC News April 15,*

2020. This suggests that the actual number of deaths from COVID-19 was up to 8 times lower than those reported.

In Australia, Victoria's Chief Medical Officer Dr Brett Sutton, who is advising Premier Daniel Andrews, said in a recent interview that "attributing deaths to Covid-19 was not definitive", in that if you died **"with"** Covid-19 with multiple co-morbidities, it was assumed you died **"from"** it.

In the US many of the deaths were of old people with co-morbidities including cancer, heart disease and respiratory infections who could have died within weeks. The US National Center for Health Statistics (NCHS) says "In some cases, COVID-19 may have contributed to the death, but the underlying cause of death was another cause, such as terminal cancer. For the majority of deaths where COVID-19 is reported on the death certificate (approximately 95%), COVID-19 is selected as the underlying cause of death. (Reference: *National Center for Health Statistics "Excess Deaths Associated with COVID-19, Provisional Death Counts for Coronavirus Disease (COVID-19) Updated September 2, 2020*)

The COVID infection had just hastened their death by a few days or

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Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a public meeting as part of the 2020 Wellness Talk Series on the third MONDAY of the month from 7pm - 9:30pm at the Green Point Community Centre, 96 Koolang Rd, Green Point. A Guest Speaker or Sharing of Information and Common Experiences is the agenda starting promptly at 7.00pm with a short meditation session. Light supper provided. Ample parking at the Centre.

An excellent library is available to members. ALL WELCOME. For more Information: Mary Sponberg-Macready 0403 037 042 or Sue Johnston 0410 696 458.

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

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 3, 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 ask for Patricia Krolik.

NAMBUCCA VALLEY SUPPORT GROUP

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

What's Available from the CISS Office?

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

OSCAR Juicer - \$485 DVD: CISS 2007 Seminar : Cancer & Hope

Enema Kits: \$12.00 \$29.50 plus \$5 postage

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

Prices are subject to change. Items can be posted to you. There is a \$15.00 postage/packing fee for standard articles, \$16-\$18 for country and interstate, \$18 Express+ Post. CISS Handbooks \$13.50, \$15 including postage.

NSW (Continued)

NEWCASTLE CANCER SUPPORT GROUP

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

QUEST FOR LIFE FOUNDATION

Based on 30 years of delivering exceptional retreat experiences for people living with cancer, our 5 day residential retreats deliver the latest research on health, healing and neuroscience. Contact 02 4883 6599 or visit www.questforlife.com.au

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

VICTORIA

CANCER NATURAL THERAPY FOUNDATION

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.

VICTORIA (Continued)

GAWLER FOUNDATION

Learn how to create wellness in the face of cancer at our 5-day and 10-day Cancer Retreats in Victoria's beautiful Yarra Valley. Call 1300 651 211 or visit www.gawler.org to learn more.

WESTERN AUSTRALIA

Solaris Cancer Care (formerly 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 organization 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 and development, teaching life skills that enable individuals to better cope with the fear and uncertainty of a cancer diagnosis. Website: <https://solariscancercare.org.au/page/support/support-services>

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weeks. Up to 80% of COVID-19 deaths could have been in this category of misclassification. This suggests that the number of deaths in the US, about 197,000 out of 6.7 million cases or ~2.9% should be adjusted down to about a third of this number or 60,000. This gives a figure of ~1.0% instead of 3%.

If we factor in Dr Fauci's prediction and, say, double the cases to include those without symptoms, the death rate becomes closer to 0.5%, not a lot more than deaths from seasonal flu that causes a death rate of 0.1 to 0.3%. Deaths in the US from seasonal flu over the past 3 years have ranged between 30,000 and 60,000.

Back in March Ioannidis had pointed out that "the one situation where an entire, closed population was tested was the Diamond Princess cruise ship and its quarantine passengers. The case fatality rate there was 1.0%, but this was a largely elderly population, in which the death rate from Covid-19 is much higher.

Projecting the Diamond Princess mortality rate onto the age structure of the U.S. population, the death rate among people infected with Covid-19 would be 0.125%. But since this estimate is based on extremely thin data — there were just seven deaths among the 700 infected passengers and crew — the real death rate could stretch from five times lower (0.025%) to five times higher (0.625%). It is also possible

that some of the passengers who were infected might die later, and that tourists may have different frequencies of chronic diseases — a risk factor for worse outcomes with SARS-CoV-2 infection — than the general population. Adding these extra sources of uncertainty, reasonable estimates for the case fatality ratio in the general U.S. population vary from 0.05% to 1%.

That huge range markedly affects how severe the pandemic is and what should be done. A population-wide case fatality rate of 0.05% is lower than seasonal influenza. If that is the true rate, locking down the world with potentially tremendous social and financial consequences may be totally irrational. It's like an elephant being attacked by a house cat.

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