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

Navigating the Cancer Journey

by Ralph W. Moss PhD

I had been writing about cancer for 40 years (and almost 20 years for *Townsend Letter*) when I myself was diagnosed with an aggressive form of the disease in the summer of 2015. That summer, my wife and I had taken an unconventional blood test called ONCOblot, which purported to tell not only *if* one had cancer, but the specific type. (This test is no longer available.) My wife's results were all clear, but I scored positive for prostate cancer.

But when I took these results to my urologist, she was skeptical. In fact, she assured me, "I am 100 percent certain you do not have prostate cancer!".

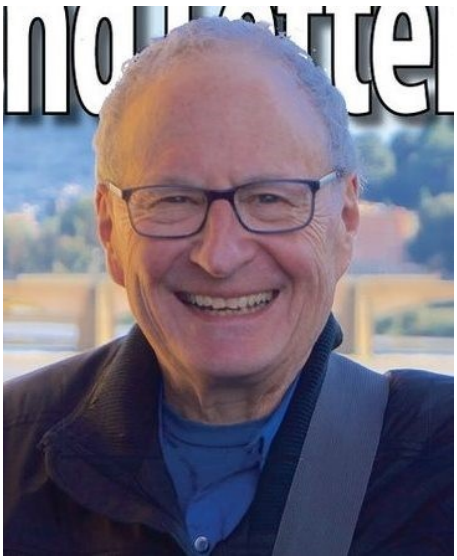
In August 2015, my Prostate Specific Antigen (PSA) blood test score at that time had edged up to 6.57 ng/mL. Traditionally, a normal score is 4.0 or lower. But the PSA score is not definitive. As the National Cancer Institute has pointed out:

> "There is no specific normal or abnormal level of PSA in the blood, and levels may vary over time in the same man. In the past, most doctors considered PSA levels of 4.0 ng/mL and lower as normal. Therefore, if a man had a PSA level above 4.0 ng/mL, doctors would often recommend a prostate biopsy to determine whether prostate cancer was present."

Because I have a history of benign hyperplasia of the prostate as well as prostatitis, my PSA score had always been somewhat high. Looking back, in 2011, my PSA had already been over 6.08. So the fact that the PSA had continued to edge up was concerning, but not alarming. My urologist had no familiarity with the ONCOblot test and was uninterested in learning about it. I was concerned, however.

Free PSA

Another indication of looming trouble



Dr Ralph Moss

in 2015 was my "free PSA" score. Free PSA measures the level of unbound prostate-specific antigen in the blood. When the ratio of free to total PSA is between 0 and 10 percent, the risk of having cancer is relatively high. But when the ratio remains greater than 25%, the risk is lower. In 2011, although my total PSA was over 6.0, my free PSA was still marginally normal. But in 2015, as my total PSA score rose, my free PSA score sank. It sank to 17%, instead of the desirable 25% or above.

Given my history, my urologist confidently ascribed these scores to enlargement and inflammation of the gland, not cancer. She offered to do a biopsy, although she didn't think it was necessary. I was happy to hear this. I dreaded having a prostate biopsy, because I feared the invasiveness of the procedure. It wasn't just a fear of pain, fever, bleeding, or transient urinary problems. I also knew that there was a risk of bacterial infection from the biopsy. A 2013 article from the well-respected *Consumer Reports* had warned:

> "An alarming number of the men who undergo [prostate biopsy] are also getting infections that are resistant to antibiotics. The problem is so serious that Consumer Reports' medical consultants say men should be cautious about prostate cancer screening."

MRI First

I was also familiar with the work of some urologists who were advocating Magnetic Resonance Imaging (MRI) of the prostate gland before doing biopsies. I reasoned that doctors should first look at my prostate using a less invasive scan (MRIs, of course, use magnetic fields, not ionizing radiation to see inside us) before poking 20 or more holes in such a sensitive location.

But although this seemed logical, I discovered that it is not conventional thinking. American urologists perform over a million prostate biopsies per year, and the great majority of these are done on the basis of abnormal PSA scores, and not MRI findings.

Through my work as a medical writer, I had come to know James Morré, PhD, the inventor of the ONCOblot test. I had had many discussions with him and trusted in the accuracy of the procedure. However, the main problem with ONCOblot was that it was *too* accurate. In other words, it would detect tiny tumors that might never pose a clinical problem.

So, I was optimistic that, although I probably did have something that was technically cancer, this might be what urologists call "prostatic intraepithelial neoplasia" (PIN).

After an argument, my urologist reluctantly agreed to write a prescription for me to have an MRI exam in advanceof a biopsy. I insisted on having the latest "3 Tesla" magnetic scan.

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IN THIS ISSUE

Australia's NHMRC releases suppressed first report on homeopathy

Following years of global pressure, the Australian Government's National Health and Medical Research Council (NH&MRC) has finally released its draft first report on homeopathy, *The Effectiveness of Homeopathy: an overview review of secondary evidence*, produced in 2012 and suppressed until now. *https://www.nhmrc.gov.au › file › download* released 20 Aug 2019

The approach used in the first report and conclusions made by the author differ considerably from the controversial 2015 *Information Paper: Evidence of the effectiveness of homeopathv for treating health conditions* and are overall more favourable to homeopathy. The report, produced for NH&MRC by the University of South Australia, concludes that there is "encouraging evidence for the effectiveness of homeopathy" in five medical conditions.

Professor Anne Kelso, Chief Executive Officer of NH&MRC, explains her decision to release the report by acknowledging the "considerable interest" in the suppressed first report and clarifies that, contrary to claims made in media reports and by anti-homeopathy campaigners, NH&MRC's second Homeopathy Review, published in 2015, "did not conclude that homeopathy was ineffective".

Rachel Roberts, chief Executive of Homeopathy Research Institute (HRI), welcomes the sudden change of heart by NH&MRC to release the hidden report: "For over three years NH&MRC have refused to release their 2012 draft report on homeopathy, despite Freedom of Information requests and even requests by members of the Australian Senate. To see this document finally seeing the light of day is a major win for transparency and public accountability in research." HRI will carry out further analysis of the first report in the coming weeks, along with NH&MRC's annotations to the 293-page document.

The verdict of an Ombudsman investigation into NH&MRC's 2015 Homeopathy Review is still pending.

Ten Tips to Stress Less: 1. Take a step outside; 2. List what you're grateful for; 3. Plant positive thoughts; 4. Laugh each day; 5. Just breathe throught; 6. Take fun breaks; 7. Practise patience; 8. Offer a helping hand; 9. Close your eyes; 10. Make time for exercise.

(From a poster produced by Way Ahead — Mental Health Association NSW)

Free Psych-K & Emotion Code for CISS members

CISS members can receive Psych-K and Emotion Code to identify and change negative belief systems—free of charge. Ring the Office 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

New Members July/August:
Joanna Cooper

Donations to CISS July/August:
M.A. $150; J.B $450; P.C. $50; S.O. $40;
E DeK P $20; A.R. $30;

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

Cryo-ablation for prostate cancer

In our March/April 2019 Newsletter we had a story from a CISS member about a relatively new treatment called Rezūm, a Transurethral Radio-frequency Thermal Therapy Treatment For Benign Prostatic Hyperplasia—water/steam ablation.

A similar alternative to surgery is also available for prostate cancer. It is called cryo-ablation. This involves inserting very thin cold probes into the prostate to kill the malignant cells instead of steam.

Ralph Moss reports on the very positive results he experienced using this technique. (See page 1.)

Although he mentions supplements he doesn't mention any therapy designed to identify the cause such as an emotional trauma in early childhood or chronic stress—the two main ones suggested in the literature.

Dr Ryke Geerd Hamer (German New Medicine) suggested that prostate cancer is caused by "an ugly conflict with sexual connections or connotations".

I suspect than many young boys have experienced something like this. I went to a boys' boarding school in the 1950s and experienced or observed several actions that might be described as having sexual connotations.

I don't remember these incidents having a traumatic effect on me—probably because I was not being singled out; they were inflicted on our whole group of 11-12 year-old boys. I suspect this could have contributed to my benign prostatic hyperplasia (BPH) that is very common in men over 60 that I keep under control with herbs.

I also suspect that my PSA is very high but I don't wish to go down that over-diagnosis/overtreatment treadmill that follows getting a PSA test. At age 83 I suspect that if it is malignant I will die with it not from it, as I expect many men do without knowing it. One study found that nearly 50% of men my age have undiagnosed prostate cancer.[1]

This is much lower than the figure quoted by Gil Welch in his book *Overdiagnosed* where he quotes a figure closer to 80% from the Cleveland study[2].

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Don Benjamin, Editor

Nick Potter on back pain

There was recently an article in the The Times (UK) by Helen Rumbelow titled "Back pain is in your brain". In it she discussed the views of Nick Potter, an osteopath, on back pain and what you can do about it.

In his new book, *The Meaning of Pain*, he doesn't only say that people are doing their pain wrong but also that the whole of Western medicine is doing pain wrong.

He says the reason is that we don't understand chronic pain. Surgery and drugs are the mainstays of the medical establishment but both have surprisingly poor outcomes.

He says it has a role in a tiny number of cases, but again the evidence is surprisingly weak. A landmark study of surgery for osteoarthritis of the knee, published in *The New England Journal of Medicine* in 2002, found it was no better than placebo surgery for pain relief; a 2017 review in the journal Pain Medicine found the same for four skeletal surgeries. "Spinal fusion operations do not work," he says. He also opposes cannabinoids.

Local News

Suppressed Report on Homeopathy released

For years it has been claimed in Australia that homeopathy doesn't work, despite claims in other countries that for some conditions it is better value for money than some conventional treatments. The NH&MRC set out to show that it doesn't work and commissioned a research group to confirm their belief. Unfortunately the group found it did work for some conditions. So the NH&MRC suppressed this 290 page report and got another group to have a go. When this second group gave the NH&MRC the answer they wanted they published their 40 page report.

This resulted in widespread claims of suppression of science. After many years and the setting up of a Senate Inquiry, the NH&MRC finally released the suppressed report in August this year. See page 2. On page 7 I summarise some of the findings from that suppressed report along with the reasons for the difficulties in evaluating alternative therapies such as homeopathy that alternative practitioners are prohibited from using to treat cancer. On page 9 I reprint an article on homeopathy for cancer from our March/April 2012 Newsletter that shows that while local homeopaths are not allowed to treat cancer, those in countries like India have been using it with great success for many years, particularly for brain tumours.

Results of Member Surveys

Thanks to all of you who took the trouble to respond to our survey to gauge the feeling of members on two issues:

1. What changes would you like to the CISS website; and
2. Would you like to receive a regular "blog" in addition to the newsletter?

We received about 15 responses. The general consensus on these two issues was:

1. On what changes members want to the website, the general feeling was that
   (i) no nreed for change to content because it serves us well;
   (ii) improve navigation— some areas are hard to find;
   (iii) most trust the existing content; and
   (iv) improve access to particular areas and content.
2. On whether members would liked a regular 'blog' in addition to the Newsletter and, if so, how frequently, the consensus was:

Yes; every second month during the months between the Newsletters.

Farewell from

CISS

We offer our loving thoughts to the family and friends of those members who have died in recent months

Betty Briggs

William Dowling

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But this was not available in the town where I then lived. I felt strongly enough about the superiority of the "3T" scan, that my wife and I drove over 200 miles to the nearest such facility. This was a comprehensive cancer center on the East Coast, whose urology department was highly rated.

But things did not go well there. This facility had both 1.5T and 3T machines in operation. Without telling me, and against my explicit request, the staff had arbitrarily switched me to a 1.5T machine. As I was going in, I verbally checked to make sure that I was getting the test I had come for. I then discovered the change. I explained, rather heatedly, that I had just driven 200 miles specifically to get the 3T test. They sent me back to the waiting room for an hour and then gave me the 3T test. It pays to be outspoken and sometimes to ask the "stupid question."

But the 3T MRI showed the opposite of what I was expecting. This was not some stray cancer cells. There were in fact two large tumors dominating the gland. It was too soon to say exactly how dangerous or aggressive these were likely to be.

Nearly Disastrous

The next step in my journey was nearly disastrous. Of course, I needed to see a urologic oncologist immediately. Because we were so far from home, the urology department agreed to squeeze us in as the last scheduled appointment on Friday afternoon. I have since learned that this is not a good idea. Studies show that doctors "wear down" in the course of the week, and, as a result, may make inappropriate recommendations.[1] There is even a name for this problem: "Decision Fatigue." One doctor has even said: "The potential for complete decision exhaustion is astronomical."

That Friday afternoon is indelibly etched in my memory. The urologist I was assigned to slunk into the room, mumbled his last name by way of introduction, and, without making eye contact, sat down at the computer terminal and began pecking away at the keys. I had a sinking feeling that this weary middle-aged man could not wait to be done with his work week—and with me, the final patient of a long and difficult week.

He pulled up some records on the screen and glanced over the radiologist's written summary of the MRI. I had the impression that he had not considered my case until that very moment. After a minute or so, he blurted out words to this effect: "You've got a prostate full of cancer. And it's broken through the capsule."

These carelessly uttered words came as indescribable shock to my wife and me. The prostate gland is encased in a kind of shell. So cancer has to be pretty aggressive to fight its way outside that shell. That is why "escaping the capsule" are among the most undesirable words you can hear about your prostate cancer.

But nothing we had heard so far had prepared us for this idea. The MRI report that we had seen had said nothing about the *spread* of the cancer. Knowing this, but still shaken, I asked the urologist to put the MRI *scans themselves* up on the computer screen and to *show* my wife and me where, and how, the tumors had broken through the prostatic capsule.

This seemed like a reasonable request. After all, my life hung in the balance. But his reaction was totally unexpected. He actually yelled in anger and frustration, "I'm a *urologist,* not a *radiologist!* I don't look at MRIs. I rely on the radiologists' reports." Meanwhile, his interpretation of the radiologist's report was so different from what we had read, that it seemed that he was looking at somebody else's report!

He then suggested a prostate biopsy, which he said could be arranged for early in the following week. The doctor who would do my biopsy, he told us, was the chairman of the department. I already knew this because there was a poster in the waiting room announcing that man's retirement dinner! Apparently, I was to be among his last patients before his retirement due to advancing old age. This made me even more apprehensive.

Fusion Biopsy

I asked whether or not they would do a *fusion* biopsy, a relatively new procedure in which the MRI images are fused with live-time ultrasound to yield a more accurate sampling of the gland. He agreed that this was a superior technology but then said, "No, we don't have that here."

When I asked why, he said, "We can't afford it."

I thought this was strange, since in the waiting room I had read an article about the hospital's new Proton Therapy Center, which had been installed at a cost of $140 million. A fusion biopsy set-up costs on average $165,000, or about 1% of the cost of a proton generator.[2] He then rattled off the names of various East Coast medical centers that did have this advanced technique, as if inviting me to go anywhere other than his clinic.

The only treatment he could suggest for my condition was radiation therapy since, as he claimed, my cancer was too far advanced for surgery. When I asked my chances of being left impotent and/or incontinent after treatment he exclaimed, exuberantly, "One hundred percent!"

That night, sitting in my hotel room, I felt lost and confused. As I said, I have been writing about cancer steadily for over 40 years. In that time, I had also counseled thousands of patients. But this swirling mixture of fear, anger, hope, and despair bore little relation to my calm deliberation of other peoples' cases.

Enter Dr Geo

At that point, I thought of my friend, Geo Espinosa, ND.[3] Geo is a naturopathic doctor working in the urology department of a major hospital, in his case, Langone New York University (NYU) Medical Center. Geo listened to my story and then strongly urged me to cancel the biopsy appointment that I had made and get a second opinion. So that is how, a few weeks later, I wound up in the New York City office of Samir Taneja, MD, of NYU.[4]

Unlike the previous doctor, Dr Taneja had no problem in walking my wife and me through the relevant online MRI images of my disease. Later, he performed a fusion biopsy. The good news was that there was no indication that the cancer had pushed its way outside the capsule. That had been a complete misreading of my situation. I was in fact still a candidate for curative treatment.

But the bad news was that my cancer, upon biopsy, was classified as a **Gleason 8 (4+4).** Other names for this are high grade, poorly differentiated, and aggressive. At this point the textbook recommendations is for surgery or intensive radiation therapy. But Dr Taneja offered me another alternative: to *ablate* my tumors. Ablation means the destruction of cancer through non-surgical and non-radiological means.

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There are various ways of doing this. But what Dr Taneja suggested was focal **cryoablation.**[5]

This is the destruction of tumors through the insertion of very thin, very cold probes. This would destroy just the tumors and a surrounding margin of normal cells but would spare most of the non-cancerous tissue. The normal portion of my prostate would be left intact, and some of the crucial nerves would be spared. I thus had a better chance of avoiding the two main dreaded consequences of more traditional procedures, sexual impotence and urinary incontinence. I also avoided ionizing radiation, which by its nature is carcinogenic.

The procedure was performed a few weeks later, on an outpatient basis. It was fully paid for by Medicare and my supplemental health insurance. My out-of-pocket expenses involved staying in New York City for a few days before and after the procedure. I experienced no pain from the procedure itself.

Following the procedure, you are encouraged to stay active. And so on the day after the ablation, I felt well enough to walk 20 blocks from our hotel to a bookstore in Greenwich Village. Most importantly, I had few lingering side effects from the treatment. And, surprisingly, some of my previous symptoms of benign prostatic hyperplasia also improved.

All this happened four years ago, but I am still involved in NYU's follow-up program. At the one-year mark, I had a repeat biopsy, which was normal. I go to New York City yearly for a follow-up MRI. I also have a complete PSA blood test twice per year. All of my subsequent tests have been normal.

Some people familiar with the usual treatment of prostate cancer might be surprised to learn that I have a measurable PSA level at all. After prostatectomy, one expects to see either an undetectable or a negligible amount of PSA. But since I still have most of my prostate, it continues to produce some PSA. This is normal and not a sign of cancer. But the score remains steadily under 4. My free PSA is a normal 30% and this also hasn't changed in several years. As a result, Dr Taneja is optimistic about my prospects; and of course I am very grateful for the excellent care I received at my alma mater, New York University. Pretty soon I hope to reach the point where I will no longer need follow-up MRIs at all.

Naturally, I have also employed food supplements and stepped up my dietary and activity regimen to enhance the effect of this unusual innovative treatment. Such things are important, but I was not willing to risk my life to find out if they would be sufficient to eliminate two large tumors. There are a lot of theories that this is so, but with an insufficient amount of hard evidence.

Personal Encounter

A personal encounter like this with cancer is, to put it mildly, quite a different animal than reading and writing about it, even for half a century. It has certainly made me more aware of what many of my readers and clients have been going through on their own journeys. After many years in the field, I knew a great deal about cancer *intellectually*. But the crucial component was missing. And it was not exactly what I expected.

I saw gross incompetence at that first institution, and amazing skill at the second. I feel like I dodged a bullet by having a "male lumpectomy" through cryoablation instead of opting for the total destruction of my prostate gland. For me, this was the right choice. And while one never would choose to have cancer, it can pay dividends in terms of greater understanding and empathy for others.

After my diagnosis, I necessarily scaled back some of my activities, including my regular "War on Cancer" column for *Townsend Letter*. But as I approach the five-year disease-free mark, the psychological burden of this cancer diagnosis is lifting. I therefore am looking forward to resuming more regular contributions to the "examiner of medical alternatives."

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FROM Townsend Letter Aug/Sep 2019
https://www.thetownsendletter.com/4334-moss-cancer-prostate-treatment-cryoablation
and Moss Reports

FROM Moss Report 6 September

Natural detox for cancer

Dr Nasha Winters and Jess Higgins Kelley, who have treated many patients with cancer, offer the best foods to help you detox carcinogens (and remember that unexpressed emotions are stored as toxic chemicals Ed)

Our exposure to cancer-causing chemicals often happens on a completely unconscious level. Since World War II, more than 80,000 new synthetic chemicals have entered commercial use. Globally, a new chemical is synthesized on average every 27 seconds.[1]

Detoxifying these carcinogens from your body is a multistep process where multiple organs mobilize, neutralize, transform and eliminate toxins. The kidneys, intestines, gut microbiota, skin, gallbladder and lungs all play a role. The liver, however, is the primary waste-treatment organ. It's the dump, so to speak.

Toxins are sent to the liver, sorted and processed according to type. Envision the recycling area of the dump: plastics go in one spot, cans and bottles in another. Similarly, the liver sorts and processes toxic material by type, and the end products are added to the bile produced by the gallbladder. Toxin-infused bile then binds to fiber and is excreted through feces.

Specific nutrients are absolutely required for the proper functioning of the two phases of detox [see box, page 11]. When these nutrients (including protein and vitamin C) are not present, the trash collector goes on permanent vacation, and carcinogenic compounds accumulate and circulate throughout the body, causing mutations and cellular damage.

Detoxification depends on nutrition. In fact, the metabolism of toxic chemicals and drugs can be impaired when protein intake is low.[2]

In addition to all the amino acids in protein, the key nutrients involved in phase 1 detox include folate, vitamin B2, vitamin B3, vitamin B6, vitamin B12 and the antioxidant glutathione.

Without the presence of these nutrients, cytochrome P450 enzymes cannot function, slowing phase 1 detox and pushing the assembly line out of balance. Certain foods and nutritional supplements can influence both phase 1 and phase 2 by supporting or inhibiting enzyme activity.

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Ultrasound: is the sound really safe

This was the title of an article in the September issue of What Doctors Don't Tell You (WDDTY). Ultrasound uses sound waves at a frequency much higher than the human's ability to hear. It is capable of producing fairly good images of anything made up mainly of muscles and tissues, in contrast to X-rays that can produce good images of bones and is also used industrially to detect flaws in metal.

In 1978 it was rolled out across the UK National Health Service hospitals and clinics for routine pre-natal screening of fetuses with a view to identifying those that might have irregularities. But like many new techniques it was not first subjected to proper tests for its safety.

Just as with cancer surgery, where the experts decided that it is now unethical to prove in a randomised trials that it is beneficial and increases survival (because everyone knows it is), so with ultrasound: because it is widely used and accepted as safe, it would be unethical to prove it is.

But human studies had been carried out in China—on fetuses that had been aborted as a result of the country's 'one family, one child' policy—and a cache of 50 papers uncovered by medical researcher Jim West shows that the enormous heat generated by ultrasound changes the brain structure of the baby.

Clues from China

A healthy woman in the West will usually have two ultrasounds during a pregnancy, but it can be more if she has a health problem, such as high blood pressure or diabetes, or if the initial scans picked up an abnormality in the fetus.

But in China, with so many human research papers pointing to ultrasound's possible dangers, sonographers—the ultrasound technicians—are not advised to use the technology as a just-in-case screening, and certainly not during the first trimester when most women in the West are first screened.

Professor Ruo Feng from the Institute of Acoustics at Nanjing University recommends that ultrasound should be restricted to assessing known medical problems—and pregnancy isn't a 'medical problem' - and that commercial or educational fetal ultrasound imaging, where the mother-to-be wants a keepsake image, for instance, should be prohibited.

Even an ultrasound deemed necessary should use the smallest dose possible, Professor Feng claims, and this was something that the US Food and Drug Administration (FDA) once agreed with.

In 1985 it issued guidance on the level intensity of an ultrasound scan, and yet inexplicably increased that level by 15-fold just seven years later.

In 1982, the World Health Organization (WHO) was also sounding a cautionary note. It warned that ultrasound can create "powerful shockwaves far above the speed of sound" and "cavitational bubble collapse temperatures of thousands of degrees" - a biological phenomenon that happens when ultrasound waves cause liquids to vibrate.

But what was this doing to the baby? By 2002 FDA researchers were getting worried. 'While diagnostic ultrasound was, on the whole, safe, "there have been some reports that there may be a relation between prenatal ultrasound exposure and..growth restriction, delayed speech dyslexia and non-right-handedness.[1]

This is because any sudden heating from ultrasound could affect the neurological function and structure of the fetus, as Chinese researchers had observed. With temperatures rising in the womb by as much as 10°F (5.6°C), these sudden temperature highs could "affect behavioral and cognitive function, such as memory and learning", say researchers from Monash University in Australia.

Even more worryingly, the researchers say, these effects were observed more than 25 years earlier, when ultrasounds were not as powerful.[2]

Hotting up

This shouldn't be news. Ultrasound was developed as a therapy—not a diagnostic system—when researchers noted that the heat it generated affected animal tissue. Entire schools of fish were destroyed when exposed to high-intensity ultrasound, experiments in the 1920s discovered. Ultrasound is also used industrially to disintegrate and blend materials and to weld steel.

And yet by the mid-1960s, it started to be used to monitor the fetus. Most of the research into fetal ultrasound had been carried out in the former USSR and never translated. Before it was fully rolled out across the UK, the country's Medical Research Council had considered running an independent trial into any possible dangers of ultrasound but decided against it.

And by 1982, the technology was too well established, as Dr Vaughan revealed in his letter to AIMS. "The use of ultrasound techniques has become so widespread that a controlled trial along the lines originally proposed would no longer be ethically possible," he wrote.

Despite these concerns, the Royal College of Obstetrics did publish a review three years later that gave the technology a 'clean bill of health, but this was quickly dismissed by experts who denounced it as lacking the "rigor which normally would be expected of

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The sound and the story

Ultrasound was developed in the 1920s and 1930s as a therapy to treat a range of conditions from Parkinson's to cancer.

William Fry at the University of Illinois was an early pioneer and used it to destroy part of the brain to alleviate Parkinson's disease, or so he thought. By the 1950s, it was being used to treat people with rheumatoid arthritis and Ménière's disease, which can cause hearing loss, dizziness and vertigo.

But some believed it was a cure-all for a wide range of problems, from gastric ulcers to eczema, asthma, urinary incontinence and hemorrhoids, although there was more wishful thinking than science to support the approach.

It was in the 1940s that ultrasound was first mooted as a diagnostic tool, and by 1958, researchers in Lund, Sweden, were investigating its use for monitoring early-stage pregnancy. It got an early green light for safety when researchers tested it on pregnant rats, who survived the experience unscathed.

Similar work was being carried out in Soviet Russia, and by the mid-1960s, there was a sudden explosion of ultrasound clinics being set up across the US, Europe and Japan. New scanners were developed to meet the demand, using the basic A-mode technology and the B-mode, which produces a clearer and brighter image.

In 1982, around the time when ultrasound was being adopted in pediatric clinics, the World Health Organization sounded a warning. Ultrasound, it said, can "create powerful shockwaves far above the speed of sound."

Diagnostic ultrasound produces sound wave pressure that is thousands of times that of the hearing pain threshold, and it's a technology employed not just for fetal screening but in industry.

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its scientific committee:' In other words, it was bad science.[3]

Since then, numerous animal studies have warned that ultrasound could be affecting brain development, causing memory problems and antisocial behavior - but have been dismissed because the results wouldn't necessarily translate to people.

Medical researcher Jim West wasn't convinced. If any researcher had used a screening technique called electrophoresis, which uses electric currents to reveal any ultrasound damage to DNA, he would be a step closer to knowing whether it was harmful or not.

The first study, the one that led West to the others, discovered that DNA from aborted fetal tissue had been damaged after just 10 minutes of low-frequency ultrasound.[4]. Although the damage was seen only in aborted tissue, and so the effects this would have had on a developing child can't be known, West believes it could have led to childhood cancers like leukemia and neonatal jaundice.[5]

Although this is conjecture, it is astonishing that proper, independent studies—that track the health and development of screened and unscreened children—have not been carried out to find out for sure. Several arguments block these trials from happening: they would be unethical, and, in any event, ultrasound is safe - two views that create a vicious circle.

The prevailing opinion was stated by two researchers who surmised that the relative safety of ultrasound has been well established based on its use over several decades. One could postulate that humans are resistant to ultrasound-related biologic effects."[6]

If we're sure ultrasound is safe, any harm to the developing child—whether it's autism, behavioral problems or development issues—must have a different cause. But we'll never find out if we don't look.

Bryan Hubbard

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Does Homeopathy Work for Cancer—an update

by Don Benjamin

For many years CISS has been evaluating various treatments for cancer for the benefit of our members. We state on our website that there are several different ways of evaluating efficacy of a treatment. They range from meta-analyses of randomised controlled trials – the highest level, down to anecdotal reports – the lowest level.

A *randomised controlled trial* (RCT) evaluates the benefits of a treatment by offering this single treatment to one of two properly matched groups of people (the study group); the other (the control group) are not offered this treatment. The benefits of the treatment are assessed by comparing the outcomes of the two groups. Any difference is likely to be due to the treatment offered. If the trial is properly run and its results correctly interpreted, it can be claimed that the treatment was effective. A *meta-analysis* (MA) is a review that combines the results of several randomised controlled trials.

The primary treatment used for cancer – surgery – has never been subjected to a single randomised controlled trial, so there are no meta-analyses possible to evaluate cancer surgery.

Chemotherapy has been evaluated from randomised controlled trials, however many have been incorrectly interpreted by wrongly assuming that response (tumour shrinkage) must result in survival benefits (which it rarely does).

In Australia and many other Western countries homeopaths are forbidden to treat cancer. Therefore there are few randomised controlled trials evaluating homeopathy as a treatment for cancer. As a result there are no meta-analyses of such treatment evaluations.

Within this context Australia's National Health and Medical Research Council (NHMRC) asked a group called the International Centre for Allied Health Evidence (ICAHE) at the University of South Australia to evaluate homeopathy for its claimed effect on several conditions. In 2012 this group provided a 290-page Report titled *The Effectiveness of Homeopathy: an overview review of secondary evidence.* Secondary evidence refers to meta-analyses, ie, it ignored any primary data that was just the result of a single randomised controlled trial unless it was subsequently part of a meta-analysis.

Among its conclusions related to 27 conditions the Report identified two areas in relation to cancer:

- homeopathy as a treatment for chemotherapy-related symptoms;
- homeopathy as a treatment for groups of cancer-treatment-related conditions.

The Report found that there was one good quality recent review of 664 individuals in eight variable quality primary experimental studies that indicated *encouraging evidence* for topical calendula for prophylaxis of acute dermatitis during radiotherapy; and for Traumeel S mouthwash in the treatment of chemotherapy-induced stomatitis. There is no convincing evidence for the efficacy of homeopathic medicine for any other adverse effects of cancer treatment (Grade C).

(Grade C reflects a low risk of bias (so-called Level III evidence) or medium risk of bias (Levels I & II evidence), some inconsistency in the included studies and a moderate clinical impact.

In March 2015 The NH&MRC released a 40-page *Information Paper: Evidence on the effectiveness of homeopathy for treating health conditions* in which it concluded that

> "There was no reliable evidence from research in humans that homeopathy was effective for treating the range of health conditions considered: no good-quality, well-designed studies with enough participants for a meaningful result reported either that homeopathy caused greater health improvements than placebo, or caused health improvements equal to those of another treatment….
>
> Based on the assessment of the evidence of effectiveness of homeopathy, NH&MRC concludes that there are no health conditions for which there is reliable evidence that homeopathy is effective.
>
> Homeopathy should not be used to treat health conditions that are chronic, serious, or could become serious. People who choose homeopathy may put their health at risk if they reject or delay treatments for which there is good evidence for safety and effectiveness. People who are considering whether to use homeopathy should first get advice from a registered health practitioner….

It is clear from reading both reports and the comments written about the First Report by the NH&MRC Homeopathy Working Committee that they had set out to ensure that there was no evidence that homeopathy

(continued on page 10)

THE POLITICS OF HEALTH

Don't Give Me Five

by Rob Verkerk

We live in an increasingly 'connected' world, with real social connections substituted for virtual ones. Sitting around a campfire has been traded for Facebook. Microcircuits have made their way into our homes. The future is being prepared for driverless cars - whether or not we actually want them.

Selling us more and quicker connectivity isn't difficult. Most of us like the idea of bigger bandwidth and quicker download and upload speeds—we wouldn't want to miss that latest Hollywood blockbuster or cat video. But ignoring the possible hazards to humans and wildlife might leave us in grave danger. And that's exactly what's happening with the impending rollout of 5G networks.

The only people I know who really want it either don't know about the risks or don't seem to care. They want technological progress at any cost, even if it means wiping out parts of the natural systems we depend on.

5G refers to '5th Generation' wireless technology, new standards for which were agreed upon in 2017. While it will continue to rely on existing technology, especially 4G networks, 5G provides for new frequencies that utilize shorter wavelengths, so-called millimetre-wave frequencies first developed for military use.

The big problem is not the thermal effects that Big Tech likes us to focus on (which you may notice if you put your unprotected cell phone against your head), but the non-thermal effects, including cancer, made much worse by the predicted massive increase in our exposure.

5G's millimetre waves can't penetrate through buildings, walls and other solid structures. Based on recent trials, it seems even foliage or a human hand can provide a barrier.

To deal with this, 5G cellular networks require a mosaic (thousands, eventually millions and billions) of local, small cell towers that both emit and receive signals 24/7.

We're supposed to accept the fact that these small towers will be placed along our roads, on street lights, in front yards, outside of buildings and often even within them, in place of the wireless routers that currently run on much lower frequencies. They will be almost everywhere, especially where populations are dense.

While 4G can support around 10,000 devices per square mile, it's estimated that 5G can support up to 2.5 million in the same area. On top of that, the number of satellites used to support 5G will likely go from around 2,000 currently to some 20,000.

Existing radiofrequency wavelengths are already conservatively classified by the World Health Organization (WHO) as potential human carcinogens.

But the escalating rates of brain tumors among young people are providing ever more convincing evidence that this classification needs to be upgraded to the status of 'proven human carcinogen', a view advocated by long time WHO advisor and electromagnetic fields expert, Dr Anthony Miller.

What's more, evidence of disruption in the searching and orientation behavior of pollinators, birds and other wildlife illustrates the other, more subtle ways radio frequencies can harm not only us, but the environment on which we depend.

The real sting in the tail for 5G is the effect of the massive projected increase in our exposures. In terms of risks, it will be like 4G on steroids.

Getting 5G fully up and running is fast becoming a race for supremacy. President Trump described "winning the race to be the world's leader in providing 5G" as a "critical issue for our country's future."

AT&T's first tests of 5G in 12 US cities certainly didn't go as planned. But since 5G is privately controlled by the tech companies and the race is on, don't expect any detailed investigations into its human health or wildlife impacts.

In fact, a February hearing of the US Senate Commerce, Science and Transportation Committee found there's absolutely no expenditure on any research into 5G's health effects, despite the massive increase in transmission and exposure by the projected explosion of additional cell towers, antennae and satellites.

That's of course business as usual - the stakeholders have no desire to fund research that might interfere with the rollout plan, and, anyway, there isn't enough time to do anything meaningful given there's a global technology race on.

The biggest stakeholder globally is Huawei, which has invested more in the technology, including numerous patents, than any other company, with its sights set firmly on China and other big markets. In the US, key actors include AT&T, Sprint, T-Mobile and Verizon. European players include Ericsson and Nokia.

Full 5G rollout is expected between 2020 and 2023. The first major public demonstration against 5G, organized by Americans For Responsible Technology, took place on May 15 - something the media didn't want most people to know about, such is its link with Big Tech.

I urge you to sign the International Appeal to Stop 5G on Earth and in Space (www.5gspaceappeal.org). Also do what you can to help others around you avoid supporting 5G and buying into the hype.

FROM: WDDTY August 2019

By mouth only (Vitamin C)

There are a few options still open to people who can't get intravenous vitamin C (IVC) infusions. Although standard supplements can't deliver the potency that IVC can, several preparations have been formulated as the next best thing. The late Dr Patrick Kingsley, who routinely treated cancer with high-dose IVC, recommended a daily dose of 16 g. But if IVC isn't possible, he recommended one of the following oral supplements:

- Altrient C Lypo Spheric Vitamin C, made by LivOn Laboratories, is claimed to be the most bioavailable C supplement around—in other words, more of it gets into your bloodstream, and only around 9 per cent is excreted. It achieves this by coating the vitamin with liposomes (bubbles of fat) to protect the vitamin as it moves through the bloodstream, letting none of it get into the gut to cause side-effects. This is available from abundanceandhealth.com (UK) and livonlabs.com (US).
- Bio En'R-G'y C, a powder made up of tiny crystals of l-ascorbic acid that can be diluted in juice or water, delivers 400 g of vitamin C per teaspoon (tsp); 4 tsp/day are recommended to maintain good health. The powder is available from many stockists and online.
- Slow-release vitamin C drip-feeds the vitamin throughout the day. Dr Kingsley recommended taking such a formula last thing at night at a 4-g potency to reduce daytime intakes to 12 g. Slow-/timed-/sustained-release tablets are widely available in shops and online.

(continued from page 11)

Next newsletter will add chlorella, chlorophyll, broccoli sprouts, milk thistle and globe artichokes for detox.

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FROM: WDDTY August 2019

Does Homeopathy Work for Cancer?

SPECIAL REPORT l0 March 2012

Much more than placebo -

Homeopathy reverses cancer

It's supposed to be no better than placebo, yet the 'impossible' medicine of homeopathy is regressing thousands of cancer cases in lndia.

Doctors call it "nonsense on stilts", professors of medicine have been bullying government and health authorities to stop offering it on the UK's National Health Service (NHS) -and yet studies paid for by the US government are showing that homeopathy could be our best defence against cancer. Several homeopathic remedies are as effective as powerful chemotherapy, according to clinical trials, and thousands of cancer cases are being reversed by homeopathy alone.

The extraordinary success of homeopathy, remedies - which are diluted hundreds of times - against the most dreaded of diseases is being demonstrated every day at several homeopathic clinics in Kolkata (Calcutta) in India.

In one review of the work at the Prasanta Banerji Homeopathic Research Foundation 21,888 patients with malignant tumours were treated only with homeopathy - they had neither chemotherapy nor radiotherapy - between 1990 and 2005. Clinical reports reveal that the tumours completely regressed in 19 percent - or 4,158 - of cases and stabilized or improved in a further 21 per cent (4,596) of patients. Those whose tumours hard stabilized were followed for between two and 10 years afterwards to monitor the improvement (Banerji, 2008).

This suggests that homeopathic remedies on their own are reversing, or certainly stabilizing, 40 per cent of all cancers, a success rate that matches the best results for conventional medicine, and without the debilitating effects of chemotherapy and radiotherapy.

The foundation's homeopathic therapy - the Banerji Protocol - has been independently tested under laboratory conditions and two of the remedies used, Carcinosin and Phytolacca, were found to be as effective against breast cancer cells as the chemotherapy drug Taxol (Int J oncol, 2010; 36:395-403).

All of the remedies used at the foundation are available in shops, and Ruta 6 is one of several regularly prescribed. The Protocol refers to the foundation's use of high-technology screening equipment and the mix of remedies - two practices that are contrary to Classical Homeopathy, which attempts to prescribe one precise remedy that fits with an individual's mind/body profile.

Another clinic in Kolkata - the Advanced Homeopathic Healthcare Centre - claims similar levels of success with its cancer patients and, although well documented, they have not been subjected to the same level of scientific validation as the Prasanta Banerji Foundation.

Getting noticed

The work at the Banerji Foundation first came to the attention of the West in 1995 when Dr Prasanta Banerji and his son, Dr Pratip Banerji, presented a study at the 5th International Conference of Anticancer Research of 16 cases of brain tumour that had regressed, using only homeopathic remedies.

At the time, they had been testing homeopathic remedies on cancer patients since 1992 at their Foundation, and they say they now treat around 120 cancer patients every day.

Dr Sen Pathak, professor of cell biology and genetics at the University of Texas MD Anderson Cancer Center (MDACC) in Houston, approached the Banerjis and, together, they set up a trial to test two homeopathic remedies, ***Ruta 6*** and ***Calcarea Phosphorica 3X***, on 15 patients with brain tumours. Six of the seven patients with gliomas - a type of brain cancer - had complete regression. In an accompanying in-vitro laboratory study, scientists noticed that the remedies induced death-signalling pathways in the cancer cells. *(Int J Oncol, 2003; 23 975-82)*

The result is astonishing. Gliomas are considered to be incurable; of 10,000 people diagnosed with malignant gliomas each year in the US alone, only around half are alive a year later, and just 25 per cent two Years later. *(The Washington Post, 20 May 2008)*

The scientists at MDACC were so impressed by the results that they started to offer homeopathic remedies as part of their range of cancer treatments.

In 1999. the US government's National Cancer Institute (NCI) independently evaluated the Banerji Protocol on 10 patients with different kinds of cancers. In four cases of lung and oesophageal cancer, the NCI researchers confirmed that there had been partial responses to the homeopathic remedies. None of the patients had received any previous conventional cancer treatment.

The NCI concluded that there was sufficient evidence of efficacy to support further research into the protocol, an historic decision as it marked the first time that any official health institute in the US had worked with an alternative therapy for cancer treatment. *(Oncol Rep, 2008; 20: 69-74)*

In the laboratory

To understand the mechanism of the homeopathic remedies on cancer cells, eight scientists from MDACC tested four remedies - Carcinosin 30C, Conium Maculatum 3C, Phytolacca Decandra 200C and Thuja Occidentalis 30C - on two human breast-cancer cell lines. Around 5,000 cells were exposed to the remedies and to a placebo - the solvent without the active ingredients of the remedies - for periods of between one and four days. The experiment was repeated three times.

Two of the remedies - Carcinosin and Phytolacca - achieved up to an 80-per-cent response, indicating that they caused apoptosis, or cell death. By comparison, the placebo solvent achieved only a 30-per-cent reduction, suggesting that the effect was more than twice that of the placebo.

Also, the effect was strongest with the greater dilution - which, in the contrary world of homeopathic medicine, means more powerful - and for longer periods of exposure.

The remedies triggered an 'apoptotic cascade' that interfered with the cancer cells' normal growth cycle and, yet, the surrounding healthy cells were untouched, the researchers found. In other words they targeted only the cancer cells, whereas chemotherapy drugs attack all growing cells. And, say the researchers, the effects of Carcinosin and Phytolacca were as powerful as Taxol (paclitaxel), the most commonly prescribed chemotherapy drug for breast cancer. *(Int J Oncol, 2010; 36: 395-403)*

Rooting for Ruta

Although Carcinosin and Phytolacca fared well in the laboratory, many of the

Foundation's patients are taking the ***Ruta 6*** remedy - and with extraordinary success, according to one survey of 127 American patients with brain tumours, half of whom were at Grade IV, the end-stage before death.

The tumours had completely disappeared, according to magnetic resonance imaging (MRI) scans, in 18 of the 127 patients who were taking only Ruta and no conventional treatment. Another nine patients had significant tumour regression. The tumours were stable in around half of all patients scanned but had grown in around 27 patients. Overall, around 79 per cent of the brain tumour patients surveyed saw either great or some benefit from Ruta.

In an earlier study by the Foundation among patients who were taking Ruta alongside conventional chemotherapy for brain tumours, 72 per cent derived some or great benefit from Ruta and chemotherapy combined, suggesting that Ruta on its own is more effective than - or certainly as effective as - the drug, and without its debilitating side-effects. *(http://health.groups.yahoo.com/group/Ruta6)*

In a separate study of brain-tumour cases -148 patients with malignant gliomas and 144 with meningiomas - treated at the Foundation between 1996 and 2001, the 91 patients who had been treated exclusively with Ruta and Calc Phos had an average survival time of 92 months, whereas 11 patients who had been treated conventionally, and used homeopathv as a supplement, survived for 20 months. In addition, 7 per cent of the homeopathy-only patients had a complete cure, 60 per cent were improved, 22 per cent were stable - with the cancer neither improving nor worsening and 11 per cent saw their cancer worsen, or died (Prasanta Banerji Homeopathic Research Foundation, www.pbhrfindia.org).

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might have any efficacy for any human condition.

Like their counterpart in the UK they found that they could achieve this aim only by removing from the list of trials being assessed any trial with fewer than a particular number of participants. This is a biased approach. The criteria for assessing when a trial should be included are related to the potential biases in the methodology and the *significance* of the results. On this basis many small trials have much lower risk of bias than many larger ones and still have a *signifcant* result. [This means the result is unlikly to be due to chance.]

For example most of the randomised controlled trials evaluating breast and prostate cancer screening had serious biases, eg allowing harmful treatments to be used differently in the study and control groups. The National Lung Cancer Screening Trial with thousands of participants had three major flaws and risk of serious bias, eg comparing high risk smokers with average risk smokers and selecting groups for comparison without randomisation.

As only about 11% of medical interventions have been proven beneficial in randomised controlled trials it is specious for the NH&MRC to suggest that people should consult a registered medical practitioner rather than a homeopath for any chronic or serious conditions.

In view of the above difficulty in evaluating therapies such as homeopathy for cancer, groups such as the MD Anderson Cancer Center in Houston Texas use an approach called a Study of Best Cases. With this approach (also used by the US National Center for Complementary & Alternative Medicine) it is possible to estimate the average survival of a group with a particular type of late stage cancer after using one type of therapy with the survival of another similar group using a different therapy. The comparison is fairly reasonable because the average survival of such a group is likely to be in months. so if one therapy can achieve, say 8 months average survival compared to another therapy that can achieve only 4 months average survival, the improvement is likely to be significant, ie real. On this basis the MD Anderson Cancer Center in the US has incorporated homeopathy into its primary protocols for brain tumours, particularly gliomas and meningiomas. See p. 9.

(contined from page 5)

Here, we outline the top foods for detoxification. We recommend that at least two or three of the following foods be consumed on a daily basis, particularly if you have cancer.

Bear in mind that in order for any of the detox foods outlined below to work, a high-fiber diet is essential. Fiber acts like the car that drives toxins out of the body.

- **High-quality animal protein**

Both phase 1 and 2 detox pathways are dependent on the presence of all amino acids, and some are found only in animal foods. The main foods to add include pastured eggs, wild Alaskan salmon and high-quality organic and pastured whey protein powder.

Eggs are an excellent source of sulfur, a critical component of a phase 2 pathway. Salmon is a great source of both vitamin B12 and the selenium that is needed for the formation of the powerful antioxidant glutathione, and whey protein is one of the best foods to encourage production of glutathione.

- **Dandelion greens and roots**

All parts of the dandelion (yes, the weed in your yard!) are edible and have both medicinal and culinary use. They are an excellent addition to salads and smoothies.

Dandelion has long been used as a liver tonic. The dandelion roots contain inulin and levulin, starchlike substances that support rnicrobiome health. In fact, dandelions stimulate mucosal membranes all along the intestinal tract, which helps remove toxins from the bowel and also aids in their removal through the urine. [3]

Dandelions also contain taraxin, a substance that stimulates bile production. Dandelion greens are commonly used in the production of bitters. When the tongue recognizes the bitter flavor, it sets off a series of reactions in the neuroendocrine system called the bitter reflex, which supports both digestion and detoxification.

- **Beets and beet greens**

Beets are rich sources of betalain (red and yellow pigments) and betaine, (also called lipotropic factor), which help the liver process fat. Several different betalains have been shown to exert antioxidant, anticancer and detoxification effects.[4]

Beets are also an excellent source of folate, needed for the methylation detox pathway. It is important to note, however, that beets are on the high end of the glycemic spectrum - one cup of beets contains 13 grams of carbohydrates and 9 grams of sugar.

If you are following a ketogenic diet, as we recommend for cancer patients, large amounts of beets are not optimal.

(continued on page 11)

FROM MEMBERS

Letter from Bounce-Back Bill

Dear Susie & Don,
I thought I would provide an up-date since our correspondence re hydrazine sulphate and phone conference about the emotional dimensions pertaining to cancer.

In brief:- I was admitted to Emergency with stomach pain about 5 weeks ago. Scans and blood tests revealed that cancer markers had risen and I had "spots' on both lungs and liver. A colonoscopy followed, then a lapa-rotomy*: Rectal-colon cancer was discovered. The operation proceeded to de-bulk the tumour and a stoma installed.

There was, however, a complication and septicaemia developed. I ended up in an intensive care unit for a week and was close to death. I felt very poorly and thought I had had enough of life. I am 82 years of age and fitted with kidney stents and an SPC. I was full of tubes and recording appliances: the intubation down my throat was intolerable.

I had prepared written instructions re end of life for my family, doctors and lawyer some time ago.

In a conscious moment in ICU I instructed the lead doctor to follow my wishes and let me die - "in pain-free comfort". All forms of intervention were withdrawn.

My family members were called in; the doctor advised that I had about twelve hours to live.

I spoke with them all about family problems and "issues". I then spoke to God and expressed gratitude for the long life I've had; I was in God's care.

I went to sleep, then woke up suddenly about 4am the next morning.

I am not religious, but I am spiritual. I believe in the Divine Creator/Power of the Universe & Beyond.

I experienced a glow of joy, positivity and exhilaration.

That feeling lasted several days; during that time I felt very creative and intellectually brighter; issuing proclamations about future events and decisions relating to my family circle. My sickness has led to the healing of long-term family rifts: a wonderful outcome.

My oncologist believes that my cancer has 'been around' for several years. After 24 years since radiotherapy, my urethra became blocked (I thought with scar tissue) about 5 years ago. My urologist thought prostate cancer had returned in a "primitive" form of aggressive cancer. My PSA has been less than 0.01 in recent years.

I've just left hospital and commenced chemotherapy: my oncologist has no objections to my embracing various complementary approaches to a wellbeing regime.

At present therefore I take: hydrazine sulphate, selenium, melatonin, lyprinol, Gingko, CoQ10, Arginine and magnesium orotate. I intend using apricot kernels also.

My nutritional regime is guided by Davis Henderson associated with Alan Malouf of Visionary Health in Hamilton.

I am following Prof. Ray Kearney's diurnal fasting and incorporating psychological and spiritual practices such as visualisation and meditation.

Susie, I believe that I have resolved an 'emotional block' which presented me with some personal decision making about 5 years ago. The decision I made then was wrong and probably led to my cancer being rekindled: I've forgiven myself for the "wrong call". I've experienced gratitude to God and continue to appreciate all my family members and friends who have been wonderfully supportive.

I shall do my best to achieve wellbeing into the future and 'go with the flow' of life's events.

Thank you for all your help and encouragement.

My family have rechristened me
"Bounceback Bill"

Best Wishes.
Bill
1 Sept 2019

****

*Glossary of terms: (from the Editor)

- *Laparotomy:* a surgical incision into the abdominal cavity, for diagnosis or in preparation for major surgery;
- *Stoma:* an opening on the front of your abdomen (tummy) that is made using surgery. It allows bowel movements or urine to be collected in a pouch/bag on the outside of your body;
- *SPC (SupraPubic Catheter):* a type of urinary catheter. It empties the bladder through an incision in the belly instead of a tube in the urethra;
- *Kidney stent (Ureteral stent):* a small tube inserted into the ureter to treat or prevent a blockage that prevents the flow of urine from the kidney to the bladder.

(continued from page 10)

However, small amounts (around 2 table-spoons) of grated raw beets make a great addition to a salad.

Beet greens, which contain far less sugar than the root, are an excellent source of vitamin A, which is fundamental to immune functioning and becomes depleted with exposure to pesticides. Beet greens are also a great source of vitamin C, which prevents the formation of carcinogenic nitrosamine from nitrates.

- **Lemon zest, rind and juice**

The outer part of a lemon contains limo-nene, a terpene that has been investigated for its anti-cancer and chemopreventive activity. Limonene can activate both phase 1 and phase 2 detoxification pathways.

Terpenes such as limonene have been found to block carcinogenesis at both the initiation and progression stages and shown to prevent mammary, liver, Iung and other cancers.[5] So adding lemon zest and eating the nutrient-dense rind is highly recommended.

Lemon juice is high in vitamin C, which is helpful in the detoxification of heavy metals. In fact, vitamin C flushes, where the dose of vitamin C is increased to bowel tolerance, are an excellent way to promote detox.

The zest of a lemon can be added to just about everything! However, be aware that conventionally grown lemons can be coated with a petroleum-based wax to protect them during shipping, so be sure to always buy organic.

Starting the day with a glass of warm water with lemon helps to kick-start the liver and gallbladder and is another practice we highly recommend.

(continued on p 8 and next Newsletter)

Synchronizing the phases of detox

Detox takes place in two main stages, usually referred to as phase 1 and phase 2. Successful detox depends on the correct synchro-nization of these two phases. If either of these complex phases isn't working properly, the body's waste continues to accumulate, taking up more and more space, and becoming more and more rancid.

Phase 1: Enzymes known as cytochrome P450 oxidise toxins (adding an oxygen atom to the chemical structure)

Phase 2: Toxins are transformed into water-soluble compounds and then are easily excreted through urine or bile.

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a general meeting on the third Saturday of each month in June to August at the Arts & Crafts Centre, Henry Kendall Gardens, Bellbird Drive (off Maidens Brush Rd, Wyoming at 2pm with a guest speaker and sharing of information and common experiences. An excellent library is available to members. All are welcome. For further information contact Mary Sponberg-Macready on (02) 4322 8767.

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 avail.

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.

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

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

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

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

CANDLES CANCER SUPPORT GROUP

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

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 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 Turramurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

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

NAMBUCCA VALLEY SUPPORT GROUP

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

NEWCASTLE CANCER SUPPORT GROUP

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

PARKES CANCER SUPPORT GROUP

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

QUEST FOR LIFE FOUNDATION

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

SUTHERLAND SHIRE CANCER SUPPORT GROUP

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

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

VICTORIA

CANCER NATURAL THERAPY 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.

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.

QUEENSLAND

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GROUP

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

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 organisation with the primary objective to provide support services, information and self-help activities in a safe and caring environment for people affected by cancer, to enhance their emotional, physical, spiritual and mental well being. Emphasis on self-help 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