



October/November/December 2024

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

Josh Axe and Using Essential Oils for Cancer

Interview by Ty Bollinger

The following is an interview of Dr Josh Axe by Ty Bollinger. It is a transcript of one of the 131 interviews by him of world leaders in the alternative cancer field in the book *The Truth About Cancer—A Global Quest*.

Ty: Dr Axe, so happy that you could join us today in sunny Nashville, Tennessee here.

Dr Axe: Great to be here.

Ty: Beautiful place down here isn't it?

Dr Axe: It is.

Ty: So tell us a little bit about your mother. You know, one of the reasons that I wanted to touch base with you today, was not only to learn about the essential oils, but to get your story about your mother who apparently had cancer, right?

Dr Axe: You know, my mom's actually battled cancer twice. The first time a little over 20 years ago and it actually came as a shock to our family. My mom was diagnosed with breast cancer at 42. Growing up, my mom was my gym teacher at school. She was a swim instructor. So always really fit, active, and healthy, but yet diagnosed with cancer.

My family lived in, what I call, the medical model at the time. And we were always taking drugs, my mom was always taking some sort of medication, but she went and had a mastectomy. She went through rounds and rounds and rounds of chemotherapy. And Ty, I can still remember to this day seeing my mom's hair fall out. I remember looking at her after the chemo treatments and thinking she had aged 20 years in two weeks. And just saying to myself, "You know, I never want to see anyone have to go through that again." That's really what drove me into being a physi-



Dr Josh Axe

cian—is seeing how sick she was.

So she was diagnosed as being cancer free and healthy, but really, for the next ten years after she went through chemotherapy, she was really sicker than ever. She spent half of her days in bed. I remember she'd get home from work at 3:30 and sleep until 6:00 every night. She struggled with depression. She struggled with chronic fatigue, anxiety issues, and leaky gut, digestive issues, just sick all the time.

Ten years later, I was actually working as a nutritionist in Orlando and finishing up my doctorate and she called and said, "Hey, I've been diagnosed with cancer again. What do I do?" I flew home from Florida to Ohio and we sat down and prayed together. And I just said, "Mom, I think we need to take care of you all naturally."

So we started an all-natural treatment program and she started juicing vegetables every single day. We had her start doing antioxidant-

rich foods, loads of probiotics, and using things like essential oils in helping her body heal. We followed this treatment protocol for about four months, went back to the oncologist—and their first recommendation was surgery and radiation immediately and we followed it for four months. After four months went back to the oncologist, got a CT scan, he called us two days later and he said, "This is incredible we don't see this." He said, "But the tumours have shrunk more than half." He said, "Keep doing whatever you're doing."

Ty: Whatever you're doing is working, right?

Dr Axe: He said, "Come back in nine months." We went back nine months later and complete remission. And today my mom is in the best shape of her life. In fact, her and my dad just retired from Ohio down to Florida and she water skis every day. She's ran three 5ks with me in the past few years and gotten second and third in her age group.

She says she actually feels better now in her 60s than she did when she was in her 30s. So she actually now teaches people how to use essential oils, and make healing smoothies, and juicing vegetables, and how to ferment their own food. So she just is a—she's doing amazing.

Ty: That's awesome. So Dr Axe, that's awesome. So you just shared the story about your mother. She was diagnosed with stage four. They didn't "Give her the terminal diagnosis," but stage four's pretty bad and now she's alive because of your intervention, really. I mean because of the fact that you put her on some oils. And you mentioned the essential oils—one of the things that you all did. What oils did you use?

Dr Axe: The primary oil at the time—
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 INSERTS Notification of Annual General Meeting and Nomination form for Committee at AGM; Membership Renewal Form

Please note: For those who have not yet renewed, all memberships need to be renewed from 1 July. Use the membership renewal form attached to this Newsletter. Also please note that banks are no longer accepting cheques. We have included on the Renewal Form the new option of paying directly into the CISS bank account. If this is a problem please contact the Office. If you can spare 1 hour per month helping CISS, please nominate for the Committee at the AGM.

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ly changing a specific diagnosis to something less specific.

This background of errors, anomalies and changes made by Pfizer leads to the suggestion that, with billions of dollars profit riding on the approval of its vaccine, this not reporting 3 important vaccine deaths* and a possible link between an increase in cardiac related deaths and the vaccine, might not have been a simple oversight, but intentional. The fact that Pfizer had in

the past been fined billions of dollars for misrepresenting data about its drugs, might also be considered to be relevant to this case.

*As reported in the last Newsletter, at week 17 at "Data cut-off" there was 1 more death among the vaccinated than among the unvaccinated (7 vs 6). But the last 3 of these vaccinated deaths had not been included in the report for the presentation for the assessment. So Pfizer's report had used 4 vs 6 and selectively included

2 unvaccinated deaths and only 1 vaccinated to claim a 50% reduction in deaths due to vaccination.

In fact none of these differences in deaths between the vaccinated and unvaccinated were statistically significant as the FDA would have known. So the vaccine should never have been approved. Only an already corrupted FDA could have shown such professional incompetence and its top management risked being sacked (as now seems likely by the newly elected Trump team).

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women. Low levels may disrupt lipid rafts and myelin production, potentially affecting cognitive function

- ◆ Recent research indicates a relationship between low cholesterol and increased risk of blood cancers. Cholesterol has protective effects on immune function and regulation of cancer cell proliferation

From Dr Mercola
September 23, 2024

Censorship fuels alt-media activity by Rebekah Barnett

The government's mis- and disinformation bill greatly concerns Liberal Senator Alex Antic who fears [bureaucrats will be creating "truth standards"]....

I am delighted to introduce to readers my previous Honours supervisor, Dr Tael Harper. Dr Harper's areas of expertise include communication theory, big data, and misinformation. He is a deeply rational person, and on this bill he offers a unique perspective I have not heard anyone bring to this discussion previously.

Dr Harper's research shows that censorship can have the opposite to intended effect, pushing users out of mainstream shared spaces and onto the fringes of debate,

where they are more likely to become entrenched in their beliefs. For example, during Covid, Dr Harper's research team found that, "attempts to censor vaccine sceptical messages and groups correlated with a significant increase in people subscribing to vaccine sceptical sites and news services."

This is one of numerous reasons Dr Harper suggests that transparent debate is preferable to censorship.

Political expression may be stifled

Dr Harper raises a word of warning about the potential for the ACMA bill, if enacted, to stifle political expression. Disruption of public order is listed as one of the harms to be mitigated (concluded on page 3)

Supplements for CISS Members

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

Free Psych-K for CISS members

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

DVDs for Sale from the CISS Office

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

OVERSEAS & LOCAL NEWS

More disturbing news about the COVID-19 vaccine

Following on from the disturbing revelation last Newsletter that the COVID-19 vaccine had never saved any lives, this Newsletter contains three more disturbing reports:

1. A report that claims that mRNA vaccine booster shots enable cancers to grow by suppressing lymphocytes that are key to immune system functioning. This report refers to the work of two distinguished medical researchers Paul Marik and Angus Dalgleish who have recently toured Australia under the sponsorship of the Australian Medical Professionals Society (AMPS). As described by AMPS advisor Dr Phillip Altman: 'It's the crime of the century': leading cancer specialist warns Australia on mRNA tumours, briefs Parliament. "The covid gene-vaccines cause cancer. UK Oncology Professor Angus Dalgleish and US critical care doctor Paul Marik on tour for AMPS have sound advice to minimise risk."

UK Oncology Professor Angus Dalgleish and US critical care doctor Paul Marik have been providing presentations to Australian MPs in each state during October.

2. A second report by David J. Speicher, PhD DTM, Senior Research Associate, University of Guelph in Canada that has a similar warning but is related to the large numbers of contaminating particles in these vaccines. He claims that the Pfizer and Moderna vaccines contain between 7 and 145 times the number of synthetic DNA contamination nanoparticles particles (10 nanograms per dose) that are considered to be the maximum allowed in any vaccine before these foreign particles become a major health hazard by becoming integrated into the Human genome, potentially leading to genomic instability, immune system disruption, cancer and other serious diseases and adverse hereditary effects.

3. A third report that describes how the WHO has been taken over by forces sympathetic to the major Pharmaceutical companies (Big Pharma) and relates to the Global Alliance for Vaccines and Immunization (GAVI) now



Don Benjamin, Editor

known as the GAVI Alliance.

Bill Gates, who has interests in vaccines, including the recent COVID-19 vaccines, has invested ~\$2 billion in the WHO, either directly or through other Gates-influenced bodies, such as GAVI providing about 20% of its funding to the extent that he was able to choose its Director General, Tedros Adhanom Ghebreyesus. The director-general is the chief executive officer of the World Health Organization and the principal advisor to the United Nations on matters pertaining global health.

He was appointed to this position on 1 July 2017 and re-appointed on 24 May 2022. Judy Wilyman outlined the following situation in Chapter 3 of her PhD thesis in 2015 where she described how the World Health Organisation is becoming more involved in the process whereby it can impose policies sympathetic to the pharmaceutical companies on individual countries that are signatories to the WHO treaty and obliged to conform with International Health Regulations.

According to Judy Wilyman the GAVI Board is one of the major influences on the WHO. She claims GAVI helped to design WHO's Global Health Policy from 2000-2009 on behalf of Big Pharma. "Big Pharma designed WHO's

Global Health Policy from 2000-2009 - Corruption and deception, not science, is the foundation of WHO health policy." She also states that the Bill and Melinda Gates Foundation provided the seed funding of \$750 million for the formation of GAVI in 1999.

Government Misinformation Bill

The Government passed the Misinformation Bill through the House of Representatives on Thursday 7 November with the help of 6 independents. (see page 7) It is expected to go before the Senate from Tuesday 12 November, probably 18 November where it will be opposed by the Coalition and hopefully some independents. (see also comments on page 7 and "Censorship" on page 2)

Prostate Cancer Summit

Ralph Moss reports on an upcoming Summit on Prostate Cancer, its diagnosis, treatment and management—part of a series of Dr Talks that are free, but require booking. It goes over 6 days and includes presentations by more than 40 world leading doctors and naturopaths. For more information go to

<https://drtalks.com/summit/prostate-cancer-summit/?uid=814&oid=83&ref=4017>

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under the proposed laws.

A spokesperson for the Department under which ACMA operates reassured me that the proposed powers are not intended to stop protests or inhibit legitimate expression. Yet, the erosion of protest rights during lockdowns, and the policing of political opinion under the guise of public health management in recent years suggest that in practice, such powers are open to abuse (and that Australian authorities are inclined to abuse them).

FROM: Rebekah Barnett July 18 2023

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representatives on Thursday 7 November with the help of 6 independents. It is expected to go before the Senate sometime between 12 and 18 November.

Some media in Australia are keen to play down any risks to free speech in Australia despite the fact that, even before this legislation is introduced, many statements on social media were censored despite the fact that they have subsequently been found to be true. The Government's health statements (from Coalition & Labor), such as "the COVID-19 vaccines are safe and effective" were the real "misinformation".

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we started using was oil of oregano. Oil of oregano is packed with some incredible compounds, thymol, carvacrol. One of the things that she had was chronic issues, with digestive issues. She had leaky gut, chronic constipation, and severe issues with yeast. So she was constantly craving sugar. She even developed a toenail fungus, major yeast and candida issues.

So we started doing oregano oil, three drops, three times a day internally, as well as topically on the toenail. It was amazing. When she had tried creams and all of these different things in the past, antifungals, and she started doing the oregano oil and after two months it completely cleared up that issue. So I mean, oregano oil was an incredible part of her treatment.

Now, today we also have her using frankincense oil on a regular basis. And frankincense oil, if you look at the research today, it is probably the most powerful essential oil, if not the most powerful supplement, period; when it comes to natural cancer treatment, in my opinion.

Ty: What's in frankincense that makes it so good?

Dr Axe: You know, frankincense is really high in a compound called boswellia or boswellic acid and it's highly anti-inflammatory. It's also a very powerful anti-oxidant. There's a study that came out of the UK pretty recently showing that frankincense oil is effective at shrinking tumours. It's effective against ovarian cancer, colon cancer, and breast cancer. And so that boswellian in frankincense, very, very powerful compound at fighting and treating cancer.

Ty: So you mentioned the inflammation, it helps with inflammation. So could it be effective at—that's one of the reasons it's effective at brain cancer because of the inflammation of the brain.

Dr Axe: Well, you got it. And one of the most incredible things about frankincense is that the essential oils themselves are very, very small molecular compounds. Most everybody knows this in cancer treatment, that chemotherapy is not effective at treating any sort of cancer of the brain because it can't pass through the blood brain barrier. Versus frankincense oil, those compounds are so small they can actually pass through the blood brain barrier and start to reduce

that neural inflammation.

I'll tell you an incredible story. I was speaking recently and had somebody come up to me at the end after talking about essential oils and she said, "I can attest to what you're talking about with frankincense oils." She said, "My husband was diagnosed with a brain tumour six years ago and was given three months to live. We got turned on to frankincense oil, started using it every single day. We diffused it in the home, we rubbed it on the roof of his mouth." She says, "It's been six years and he's still alive and we really believe it's because of this use of frankincense oil."

But you look in the medical studies, it's effective against Alzheimer's, it's effective against any sort of brain inflammation. And again, four separate studies showing that it's effective at treating cancer.

Ty: That's amazing. So in the Bible, the wise men that gave baby Jesus the frankincense and the myrrh, maybe they weren't giving him just precious gifts, they were giving him medicine.

Dr Axe: Absolutely. When you hear the story of the three wise men bringing the infant Jesus gold, frankincense, and myrrh—I remember years and years ago not really knowing—I mean, everyone knows what gold is; most people don't realize what frankincense and myrrh are. But those were the two main sources of medicine during that day.

And frankincense, actually, at the birth of Jesus would have been used. Because you look at children right after they're born, oftentimes there's bruising and sometimes it's a traumatic experience and so they would have actually rubbed frankincense oil on a child, which actually helps bring down that inflammation and swelling. Also, it's great for supporting and protecting the immune system. So if he was exposed to different types of pathogens at that time, frankincense oil really protects the body. So absolutely, Ty, I mean, frankincense oil was used as—it was more than just a sweet-smelling fragrance, it was the biblically based medicine.

Ty: So your own private personal army, the immune system, frankincense helps with the immune system, it helps with inflammation. There's been studies in the UK that it directly fights four different types of cancer. So it's really an amazing substance, isn't it?

Dr Axe: It's something that I use on a regular basis. I just use it for wellness. It's also been shown to be effective at reducing scarring. It's been shown to be effective at evening out skin tone.

Ty: What about stress?

Dr Axe: Well, that's the next thing I was going to bring up is that it's also been used for spiritual awareness and relieving stress. And if you go to even certain types of orthodox churches today they actually diffuse frankincense, incense, but frankincense specifically during those ceremonies. I believe the reason why people throughout history have really connected it with spiritual awareness is because it reduces that brain inflammation and allows you to have clearer thinking, reduces brain fog, which really, in turn, can help reduce stress.

Ty: That's a great connection. I did not know that they used frankincense, the scent. That they burn frankincense.

Dr Axe: Eastern orthodox churches today. And actually it's part of something in the Bible. Frankincense was used along with something called the holy anointing oil, which actually had myrrh essential oils. So a lot of people when they hear frankincense also start thinking about myrrh. And myrrh is referenced over a 480 times in the Bible. Myrrh was also—actually there was a study in the journal of Food and [Chemical] Toxicology recently that found that myrrh, another essential oil that's referenced in the Bible, is also effective at treating cancer.

Ty: Really?

Dr Axe: Yes.

Ty: Okay, because that was my next question, "What about myrrh?" Because you have the frankincense and the myrrh, so both were medicines, both were sweet-smelling fragrances. Here's something interesting that Dr Sunil Pai told us last year, he believes that the gold wasn't actually gold, he thinks it was turmeric, the golden spice.

Dr Axe: I mean, you could absolutely see that in that area in the Middle East. And turmeric today and cancer treatment, talk about a powerful compound, frankincense, myrrh, and turmeric.

Ty: You got a triple play there.

Dr Axe: But you look at something like myrrh—and it's powerful because it really works on the hypothalamus and the liver. So it reduces liver inflammation and also balances hormones. And what happens a lot of times today—

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a lot of these cancers are estrogen-based cancers and so what myrrh can do is it really supports the body. Very similar—if people have heard of indole-3-carbinol or the benefits of cruciferous vegetables.

Ty: Broccoli, right?

Dr Axe: It works in a very similar, but an even more potent way to where it really helps clear the body of excess estrogen or xenoestrogens that are found in things like soy and plastics and parabens today. And really helps detoxify the liver and also boost a very important antioxidant called glutathione, which supports detoxification. So that's the way that myrrh essential oil actually helps in fighting cancer.

Ty: It sounds like frankincense and myrrh oils would be like a good one-two punch.

Dr Axe: Absolutely. You know one of the things that I've had my patients do, including my mom over time, is start creating an at-home frankincense and myrrh body butter and body lotion. So basically she takes 10 drops of frankincense, 10 drops of myrrh along with some coconut oil and shea butter and makes her own at-home body lotion. Rubs her entire body with that and really those oils—the great thing about essential oils is they've been used as aromatherapy. So those small compounds coming off the body are protecting the body. They're fighting cancer. They're doing some incredible things there even topically.

Ty: So that's what aromatherapy is then, is burning these essential oils?

Dr Axe: Well, oftentimes—now traditionally, they were burned as incense. And, in fact, it's referenced in Egyptian medicine, Chinese medicine, and in biblical medicine it's diffused or, basically, burning them as incense. Now, today one of the ways you can do it is actually put it in a diffuser. So you can put it in a diffuser, you can simply smell the essential oils.

So all of my patients, or as I mentioned, my mom, take those essential oils and especially put it around the area of the neck. And when you put it on the neck and the back of the head, you're constantly also breathing in those beneficial compounds.

Ty: So you're not only absorbing it through your skin, you're breathing it in as well.

Dr Axe: Absolutely. And that's a good point, your skin is your body's largest

organ and this is why—this is the amazing thing about essential oils, we've talked about frankincense and myrrh. Other essential oils as well like lavender and sandalwood are so incredible at fighting cancer

But, you know, so many of these products people are using today, the body lotions, make-ups, moisturizers, shampoos, conditioners, they are loaded with carcinogens. You know, they're loaded with parabens and phthalates and sodium lauryl sulfate, and all these different chemicals that cause cancer. Versus if people make their own at-home personal care products with essential oils rather than causing cancer, they're fighting cancer.

Ty: That's a great point because that's one of the things that many people don't realize is the fact that your skin—you absorb anything that touches your skin, you're going to absorb it and so that's a great suggestion. Make your own personal care products with these essential oils. Where could they find a good essential oil to use? Is there a certain brand or type that works better than others?

Dr Axe: There are several brands out there that are great. I think that, ideally, people are buying what's called therapeutic-grade or medicinal-grade essential oil. There are several companies that do that, but if people want to learn more they can check out my website. I've got several long-form articles on frankincense and cancer, on myrrh. And even some DIY recipes on how people can make these own essential oil recipes and so I've got a lot of recommendations on draxe.com.

Ty: Draxe.com, great. So let's shift gears real quickly, talk about the fact that people need to prioritize their nutrition. Because I did an interview a couple of weeks ago. I was up with Joel Salatin at Polyface Farms. And we shared some stories together and we both came to the conclusion that most people that say they can't afford to eat healthy or to do this or that, really they can, they just haven't prioritized that. So can you talk about the fact that we need to prioritize that?

Dr Axe: Sure. I think a lot of times it comes down to money, but more so time. I'll give you an example. One of the things that I have my patients do especially—one of the things I specialize in, along with supporting cellular health, is really treating digestive issues. I teach my patients

how to make at-home bone broth. And it's taking that time to do it and it's actually very simple and easy once you get started doing it. I think if you're going to beat cancer or prevent cancer, be healthy. Your health has to become a priority but the biggest part of that I believe is time.

My wife and I wake up every Saturday morning and we go to the farmers market here, actually, around Franklin, Tennessee. That's a priority for us in the morning. We've blocked out time to exercise. We make a lot of our own meals at home.

I think priority is key and I think part of that is setting out a budget and looking—I think people would be surprised at what they can get for their money if they shop wisely. So many things now you can buy online or go to certain other stores and buy things in bulk. I'll give you an example, we've mentioned turmeric. Turmeric, an amazing healing herb and you can buy that if you buy it bulk online.

Ty: Yes, huge bag.

Dr Axe: A huge bag of it. So I think it really comes down to planning ahead, actually looking at your budget. And I think people can buy and invest a lot more than they think into their health if they really set out a plan and budget to do so.

Ty: I like what you said about budgeting not only your finances, but your time like your priorities. It reminds me of a cartoon that I've seen. It's a big obese man standing with a doctor and the doctor says, "Well what does fit better into your schedule, exercising an hour a day or being dead 24/7?" You've got to prioritize exercise, you've got to prioritize your nutrition. I think that all goes hand-in-hand.

Dr Axe: You know, one of the things we did when my mom had cancer is we really set up days and times where she would go shopping. So she would shop on Sunday afternoons, she would shop on Wednesdays and she made a lot of food in bulk ahead time. And so if she was making bone broth, she would make not one batch, she would make multiple batches that would last her a whole week, is so important. But planning ahead is crucial when it comes to overcoming cancers we've talked about.

Ty: And if that's your priority, if you want to stay alive, especially with
(concluded on page 6)

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certain types of cancers that are more aggressive. I did an interview last year with a young man who was 23 when he was diagnosed with terminal cancer and he used what's called the Gerson Therapy. I'm sure you've heard of it. He was doing 12 or 13 juices a day, several coffee enemas. This is a 23 year old. He prioritized that and 10 years later, he's alive because he made that a priority. So, I think that's good advice for everyone listening.

Dr Axe: Absolutely, it's lifesaving stuff we're talking about here. Some of the things are obviously more time consuming, juicing your own vegetables, making bone broth and those types of things. But certain

things don't have to take much time. We talked about essential oils, how hard is it to take a few drops of frankincense oil, rub it on your neck a few times a day? Some of these things are quick, but powerful and effective.

Ty: Right, absolutely. Great input Dr Axe and great interview. I really appreciate all your input on the essential oils, the nutrition, sharing your mother's story with us has been great. I really appreciate you spending time with us.

Dr Axe: Well, awesome, Ty. Thanks for the mission here. I'm so excited about your quest in taking on cancer. So thanks.

Ty: You bet, thanks. God bless you
[end of transcript]

Dr Axe has a doctorate in Natural Medicine and a doctorate in Chiropractic.

 CISS member Helen Wotherspoon from Forrester's Beach has learn how to dispense Essential Oils. You can contact Helen on 0438 681 743 or email her on helenwotherspoon@protonmail.com

Dr Axe above describes the essential oils he used to control his mother's cancer.

For those interested in dementia or memory loss Helen says she has found wonderful information on essential oils, health tips, etc. in the book 'Alzheimer's, Aromatherapy, and the Sense of Smell' by Jean-Pierre Willem, MD. It costs~\$38.

Two of the Essential oils

The two main essential oils referred to in the above article were oregano and frankincense. They are sometimes referred to as very popular because they have so many potential benefits.

The following lists give a bit of an idea of some of their main properties and uses when used either as oils or often in the form of essential oils:

	Frankincense	Oregano
1	Clears and focus the mind (meditation, concentration)	Antibiotic
2	Healing (e.g. wounds, skin infections)	Lowers cholesterol
3	Strengthens the immune system	Antioxidant
4	Eases respiratory illnesses (e.g. bronchitis, asthma)	Antifungal
5	Reduces skin blemishes, wrinkles, stretchmarks, scars	Antibacterial
6	Anti-aging (e.g. collagen promotion, cell regeneration)	Improves gut health
7	Balances skin sebum production (e.g. with acne)	Weight loss
8	Anti-inflammatory	Anti-inflammatory
9	Analgesic (pain relief for sore joints, muscles, arthritis)	Analgesic/ pain relief
10	Cancer management	Cancer management
11	Relieves insomnia, sleeplessness	Often used for respiratory symptoms and fevers (e.g. flu)
12	Calming effect (for anxiety, stress, nervousness)	

Aspirin and Vitamin C for Cancer by Dr Mercola

Story-at-a-glance

- ◆ Aspirin, traditionally used for pain relief, shows promising anticancer properties. Recent research highlights its potential in cancer prevention and treatment, with a more potent analog, 2,6-dihydroxybenzoic acid, showing even greater promise
- ◆ Combining aspirin with vitamin C demonstrates superior results in shrinking tumours and extending survival times compared to either compound alone or conventional chemotherapy drugs, while being gentler on healthy cells
- ◆ Long-term, low-dose aspirin use (75 mg+ daily for several years) can significantly reduce colorectal cancer incidence and mortality, with benefits most pronounced for proxi-

- mal colon cancers and after 20+ years of use
- ◆ Aspirin's cancer-fighting potential extends beyond colorectal cancer, showing promise in reducing risks for oesophageal, stomach, lung, prostate and breast cancers, with overall cancer incidence potentially reduced by 20% to 30% after three to five years of use
- ◆ For maximum benefit, choose immediate-release aspirin without additives. Optimal dosage ranges from 82 mg to 325 mg daily, taken with meals. Genetic testing may help personalize aspirin use for cancer prevention in the future

FROM: Dr Mercola 19 September 2024
<https://articles.mercola.com/sites/articles/archive/2024/09/19/aspirin-anticancer.aspx>

Low cholesterol a risk

Story at-a-glance

- ◆ Low cholesterol levels are associated with increased mortality risk in older adults, challenging the "lower is better" paradigm
- ◆ Cholesterol plays crucial roles in cell membrane structure, hormone production, vitamin D synthesis and nerve function. Adequate levels are essential for optimal health, especially in older individuals
- ◆ Low cholesterol is linked to higher diabetes risk in older adults. Both very low and very high levels increase risk, with the lowest risk occurring at moderate levels
- ◆ Maintaining adequate cholesterol levels is important for brain health, particularly in post-menopausal (concluded on page 2)

The aftermath of the Trump re-election

by Don Benjamin

What does the re-election of Donald Trump on 5 November imply for organisations like CISS that question the benefits of conventional medicine in general and cancer treatments in particular?

Some commentators have pointed out the relevance of the situation of Robert Kennedy Jnr. He first nominated for Democrat president in March 2023 with a main policy of restoring good health in the US. The US spends more on health per capita than any other country yet has one of the worst outcomes among Western nations. Kennedy has attributed much of this to the increasing control of Big Pharma over America's health system.

In his book "The Real Anthony Fauci - Bill Gates, Big Pharma, and the Global War on Democracy and Public Health" he pin-pointed Dr Fauci's role in transferring the power over the US health system to Big Pharma, including making it easier to get ineffective and unsafe drugs approved. This included the Covid-19 vaccine that has now been exposed as causing more harm than good. The major media, particularly U-Tube censored his speeches.

When Kennedy failed in his bid for presidential nomination for the Democrats he tried the same as an Independent, where he was getting the support of nearly 20% but that was not enough. As Donald Trump had questioned the safety and efficacy of the Covid mRNA vaccines when President, and after he was voted out in 2020 (and supported the use of hydroxychloroquine), Kennedy discussed the issue with Trump in early 2024. Trump gave him a sympathetic hearing and implied that if he became President he would have a close look at the US health system and alternatives to vaccines and get Kennedy's help. Kennedy then abandoned his campaign and asked his supporters to support Trump.

On 15 November Trump announced Kennedy as his pick for Secretary of the US Dept of Health & Human Services. So Kennedy has already joined Trump's team.

This could have serious ramifications for the US health system and the heads of the main government health institutes such as the NIH, NIAID, FDA, CDC etc all of which have been influenced by Fauci's pro- Big Pharma policies, particularly the drug regulator, the FDA, that approved the Covid-19 vaccines without proper testing and

now revealed to have killed tens of thousands of Americans. This will be a big ask in view of the fact that Big Pharma is worth trillions of dollars and has already been shown to be corrupt (with the major drug companies together having been fined a total of ~\$50 billion (Pfizer ~\$10 billion) for fraud and misrepresenting data on drugs. So we can only hope.

It took Anthony Fauci about 40 years (from the 1980s to the 2020s to take the US health system to the current status where it is essentially under the control of Big Pharma.

The next question is: Will any changes to the US health system have any effect on Australia's health system? For example Australia's TGA gets over 90% of its funding from the drug companies it is supposed to regulate. So it is not surprising that the TGA banned Ivermectin during the Covid-19 pandemic. It is as the major cheap, safe and effective competition to the Covid-19 vaccines. Or do the pressures ensuring that Australia's local health system comes under the control of the drug companies come from other sources, such as the WHO, to which Australia is a party through the WHO Treaty?

In the meantime, back in the US, the 5th Circuit U.S. Court of Appeals has ruled that Children's Health Defense, Robert F. Kennedy Jr. and news consumer Connie Sampognaro have no legal basis to sue the Biden administration for pressuring tech giants to censor their social media posts.

Both cases cited the disclosures of secret communications between social media companies and federal officials — in the "Twitter Files," other law suits and news reports — revealing threats by President Joe Biden and other top officials against social media companies if they failed to aggressively censor content that ran counter to official narratives, including those on Covid-19 origins and vaccines.

In 2023 the plaintiffs had not sought financial damages. Instead, they had sought a declaration that these practices by federal agents violate the First Amendment and a nationwide injunction against the federal government's effort to censor constitutionally protected online speech.

The plaintiffs in an earlier case (Missouri v. Biden) had sought and won a preliminary injunction in the lower court to prevent the Biden administration from pressuring social media companies to censor certain content. The

Biden administration had appealed in July 2023, and in June 2024 the U.S. Supreme Court had struck down the injunction, ruling that the plaintiffs lacked standing because there was insufficient evidence they were directly injured by the government's actions. (Apparently censoring Kennedy's speeches as a presidential candidate did not amount to *direct* injury.

After this the 5th Circuit had sent the Kennedy v. Biden case back to the District Court to rule on standing, where the plaintiffs presented supplementary evidence demonstrating a clear direct effect on his free speech.

The Louisiana District Court later granted a preliminary injunction in the Kennedy v. Biden case; however, the court simultaneously issued a stay pending the Supreme Court's decision on the injunction in Missouri v. Biden. This week's ruling (Monday 4 November 2024) overturned a lower court decision, made in August by Judge Terry Doughty from the U.S. District Court for the Western District of Louisiana, who ruled the plaintiffs do have standing to sue the administration. The Appeal Court apparently has again ignored the clear evidence showing the widespread influence of the Democrats over the judicial systems.

The Kennedy v. Biden plaintiffs argued they had a stronger case for standing than the plaintiffs in Missouri v. Biden because there is explicit evidence that both Kennedy and CHD were specific targets of censorship and that they continue to be censored.

The plaintiffs are weighing their next steps. The recent re-election of Trump might influence their decision.

In a declaration by CHD President Mary Holland, Holland said CHD was de-platformed from Facebook and YouTube in August and September 2021 and continues to be de-platformed from major social media sites to this day.

This blatant censorship instigated by the US government is based on stopping "misinformation", i.e. making statements that disagree with government health policy. This is identical to what both Coalition and Labor government have tried to introduce in Australia (the Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2024 [Provisions]).

The Government passed the Misinformation Bill through the House of Rep-
(concluded on page 3)

Summary of the findings of the published literature of the Pfizer trial evaluating the safety and efficacy of the Pfizer vaccine.

In summary, had Pfizer/BioNTech used the actual date of death for the 38 subjects when preparing their EUA application, as we did in Table 2, it becomes questionable whether the FDA would have approved the BNT162b2 vaccine.

Of the 11 deaths prior to November 14th, 4 of the 6 vaccinated subjects died of a cardiac adverse event compared to 2 of the 5 placebo subjects. Had the VRBPAC asked for an update, the cardiac adverse event signal would have been even more obvious given the additional 6 deaths that had occurred by December 10th. By that date, there were a total of 17 deaths, 8 in the vaccinated arm and 9 in the placebo arm. Of the vaccinated subjects, 6 of 8 or 75%, died due to a cardiac event while only 3 of the 9 (33.3%) of the placebo subjects died of a cardiac event.

This clear cardiac adverse event signal in the brief 20-weeks of the trial should certainly have given pause to the FDA reviewers, had they been aware of it. The reporting delay and the lack of curiosity by the VRBPAC allowed Pfizer/BioNTech to manipulate the reporting of the results of the only truly placebo-controlled randomized portion of this clinical trial.

International Journal of Vaccine Theory, Practice, and Research 3(1) Page 998
<https://doi.org/10.56098/ijvtp.v3i1.85> Received 5 Sep 2023 published 17 Oct 2023

VRBPAC is the FDA's Vaccines and Related Biological Products Advisory Committee.

Other strange findings from the Pfizer Vaccine Trial

The Report of the Pfizer vaccine trial summarised alongside also noted several anomalies that remain unexplained. The **first** main one was the total of deaths. In all communities there are always people dying of various causes every week (car accidents, natural causes, etc). Using death statistics from the US (where there were 132 of the 153 trial sites) there would have been 222 deaths during the trial period from July 27, 2020 to March 13, 2021 among the 44,060 in the trial whereas there were only 38 (or 18% of this number) reported over this period. With the exception of the smaller sites, every site had fewer deaths than expected.

One explanation given for this very low number is the large number of "Discontinued Subjects", 4.2% of the randomized subjects. The most disturbing of these was "Lost to Follow-up" - Subjects who did not show up for scheduled visits or other required protocol tasks were considered Lost to Follow-up. They found 395 unique subjects listed as "Lost to Follow-up" during the period of the 6-Month Interim Report: 178 in the vaccine arm and 217 in the placebo arm.

Ninety-six of the 153 trial sites reported none to 1 subject lost to follow-up whereas there were 105 lost from 2,206 (~4-5% over four trial sites). So many of the 184 missing deaths are likely to have been among these "lost to follow-up" cases.

A **second** main anomaly was shown by the graph of deaths from all causes among the vaccinated and placebo subjects. If the vaccine were saving

lives as claimed, the vaccinated deaths curve should have stayed below the placebo deaths curve during the trial. Instead the curves stayed on top of each other with no gap between them. Then after 17 weeks when the data cut-off was announced, and placebo subjects were offered the vaccine, an increasing number accepted the vaccine. If the vaccine saved lives, the curves would have separated with the curve showing deaths from the increased numbers vaccinated staying below the curve of placebo deaths. Instead the vaccinated deaths curve immediately went above that of the placebo deaths and kept rising while the placebo deaths plateaued due to the decreasing number unvaccinated.

Both of these statistics question the claim that the vaccine had saved lives.

Apart from these major unexplained anomalies, the report shows many errors and inconsistencies among the various reports: Individual case reports giving date, time and cause of death; Narrative reports that provide further details of circumstances of death; and Autopsy reports that list the probable cause based on the various conditions observed. Some reports differ as to cause. Pfizer informed a trial site that multiple causes of death cannot be entered into the Case Report Form and requested that "related to myocardial infarction" be deleted. The site Monitor refused to do this, but Pfizer later overrode the trial site and changed the cause of death to "cardiopulmonary arrest" and chose not to list "myocardial infarction" as a secondary cause of death — essential-
(concluded on page 2)

COVID-19 Modified mRNA "Vaccines": Lessons Learned from Clinical Trials, Mass Vaccination, and the Bio Pharmaceutical Complex, Part 1

Our understanding of COVID-19 synthetic, modified mRNA (mod mRNA) products and their public health impact has evolved substantially since December 2020. Published reports from the original randomized placebo-controlled trials concluded that the modmRNA injections could greatly reduce COVID-19 symptoms. However, the premature termination of both trials obviated any reliable assessment of potential adverse events due to an insufficient timeframe for proper safety evaluation. Following authorization of the modmRNA products for global distribution, problems with the methods and execution of the trials have emerged.

The usual safety testing protocols and toxicology requirements were by-

passed. Many key trial findings were either misreported or omitted entirely from published trial reports. By implication, the secondary estimates of excess morbidity and mortality in both trials must be deemed underestimates. Rigorous re-analyses of trial data and post-marketing surveillance studies indicate a much more substantial degree of modmRNA-related harms than was initially reported. Confidential Pfizer documents had revealed 1.6 million adverse events by August 2022. A third were serious injuries to cardiovascular, neurological, thrombotic, immunological, and reproductive systems, along with an alarming increase in cancers.

Moreover, well-designed studies have

shown that repeated modmRNA injections cause immune dysfunction, thereby potentially contributing to heightened susceptibility to SARS-CoV-2 infections and increased risks of COVID-19. This paper also discusses the insidious influence of the Bio-Pharmaceutical Complex, a closely coordinated collaboration between public health organizations, pharmaceutical companies, and regulatory agencies. We recommend a global moratorium on the modmRNA products until proper safety and toxicological studies are conducted.

Mead, NM et al *International Journal of Vaccine Theory, Practice, and Research* 3(2) <https://doi.org/10.56098/fdrasy50> (29 June 2024)

Convenor's Report to CISS AGM for the Year Ended 30 June 2024

Changes on Committee:

Isrin Khor found the pressure from work made it increasingly difficult to attend meetings and resigned from the Committee after the September 2023 meeting. She did not re-nominate at the AGM in November. At the AGM on Saturday 25 November 2023 Selwyn Garwell was elected Convenor, Sue Johnston Vice-Convenor and Lynne Maunder was elected to the Committee. So there were two Office Bearer positions (Secretary and Treasurer) and four Committee member positions that remained vacant.

Staff:

Don Benjamin remained as General Manager and Research Director; Dr Anita Adhitya as Research Project Manager; Dr Gareth Fletcher as Research Assistant and Susie Benjamin as Senior Counsellor. Claire Seabrook continued as Office Manager. All staff, other than Dr Fletcher, work part-time. It was discovered that Gareth Fletcher had been underpaid ~\$2-\$3 per hour based on his Award that amounted to ~\$19,000 over his almost 3 years' employment. As CISS funds were running out the Committee decided to terminate Gareth Fletcher's position on 23 November (3 month early) and to pay this back pay once the premises had been sold. In October the Committee agreed that Don and Claire would have to reduce their hours to 1 day per week until the premises were sold. The CISS Office would be open 2 days a week instead of 5. Claire would look for another job. Once settlement of the sale of the premises occurred on 17 April Don's hours returned to 2 days a week. Claire continued to provide some essential services despite working 3 days a week at a new and demanding job.

Membership:

During the past year the membership has held steady at ~75 with new members balancing those who have left.

Support Services:

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

Office hours:

As mentioned above the number of days a week the Office was open fell from 5 in September to 2 in October. After settlement of the sale of the premises in April 2024 the Office was open 3 days a week.

CISS' Appeal against the Revocation of its charitable status:

After the ACNC had rejected CISS' Appeal against its revocation of CISS' charitable status, CISS continued the Appeal against the ACNC's "overreach" of its powers with the Administrative Appeals Tribunal (AAT). When the ACNC in October 2023 requested a deferment of the hearing into the new year we found that concluding the Appeal would cost an extra \$80,000 that CISS did not have. So the Committee decided to abandon the Appeal and decided that we had to sell the CISS premises at St Leonards immediately.

Sale of premises and Lease of new premises:

The anticipated sale of the premises for \$250,000 prior to Christmas fell through. It was advertised in February 2024 and was sold in early March for \$261,000. Settlement was on 17 April. Debts were \$76,631, including \$17,520 to lawyers, back pays of \$19,406 to Gareth Fletcher and ~\$8,000 to other staff, and \$13,430 to Central Coast Branch (including an additional short-term loan of \$8,562 to cover a 5 months' security bond for new leased premises. Suite 9, just across the courtyard from Suite 6 was leased for \$1,558 per month from 25 March 2024. Contents of the

office were moved by Selwyn and Don thereby saving the costs of moving.

Overseas and Local developments:

The main overseas development was the continuation of the aftermath of the COVID-19 virus, including revelations that it had not been properly evaluated as "safe and effective". Evidence suggested that the vaccine had caused tens of thousands of deaths in the US, mainly from heart related problems. Attempts to introduce more censorship continued with the new Labor Government starting to introduce the same legislation in 2023-24 that the Coalition had started to introduce before losing office in February 2022 (now termed the "Communications Legislation Amendment (Combatting Misinformation and Disinformation) Bill 2024"). "Misinformation" would include public statements in social media that disagreed with government statements that the COVID-19 vaccine was "safe and effective". Increased deaths from the vaccine were already claimed to include an increase in deaths from cancer, presumably for a compromised immune system. If this legislation is passed it will make it more difficult for CISS to operate.

The revocation of CISS' charitable status by the ACNC triggered the NSW Attorney General's office to request hundreds of documents from CISS, presumably to identify any breaches of NSW law. We believe that they were very impressed by the unusually comprehensive details we were able to provide including Minutes of board meetings and Financial Reports dating back over more than 40 years.

Continued deterioration of health and medical principles in Australia:

News started to emerge that vested interests such as Big Pharma had already corrupted the WHO with a view to enforcing signatories of the WHO treaty (including Australia) to implement draconian measures similar to those used in Victoria during the Covid-19 pandemic.

CISS Branches:

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

Financial year outcome:

A summary of the financial year's outcome is on the following two pages. Total income was \$116,089 and total expenditure was \$259,900. The Society finished with a deficit of \$143,811 compared to a deficit of \$240,348 the previous year. The main reasons for this are that the CISS office premises were sold and there was ~\$80,000 less spent on employment costs during the year than in the previous financial year. The reduction of employment costs was achieved by reducing the 3-year term of employment for the full-time Research Assistant's by 4 months and other staff employment time was reduced to 2 days per week. Current funds would allow employment until June 2025.

The Total Members' Equity at 30 June 2024 was \$141,578, down \$240,000 from property sale and cancelling reserve.

Accountant and Auditor:

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

The full and possibly audited Financial Statement for the year ended 30 June 2024 will be presented at the Annual General Meeting on Saturday 30 November at 2.00pm at the CISS office.

Extracts from the Financial Statement for the Year Ended 30th June 2024

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

REVENUE ACCOUNT FOR THE YEAR ENDED 30th JUNE 2024

INCOME	2024	2023	Value of Investments	Northhaven	2024	2023
Donations and Bequest	2,400.50	34,783.52	Cash A/C Bank		59,949.46	37,770.87
Membership Subscriptions	1,750.00	3,380.00	Aust Shares			44,174.12
Interest Received	873.66	2,371.60	Aust Shares - Movement in Market Value			3,181.45
Capital gains (incl property, 110,848.13)	116,908.37	33,399.68	Int'l Shares			55,058.84
Investment Income/	1,330.40	4,047.62	Int'l Shares - Movement in Market Value			3,166.89
Incr M'ket value	(7,173.84)	7,173.84	Prop & Infra A/C			19,086.10
Miscellaneous income	0.00	10,932.58	Prop & Infra A/C - Movement in Market Value			825.50
Total Income	<u>116,089.09</u>	<u>96,088.84</u>	FM-NAB Term Deposit		40,000.00	
				Subtotal	<u>99,949.46</u>	<u>163,263.77</u>

10

EXPENSES

Depreciation		1,530.07	Listed securities/Security bond 9/56 Chandos St		8,561.67	0.00
Audit/Bookkeeping Fees	7,260	11,000.00	Tax credits - Invest Inc		15,840.83	15,840.83
Sundry Expenses (incl donation and refunds)		905.59	Total Income Tax Receivable		<u>24,402.50</u>	<u>15,840.83</u>
Insurance	1,584.15	7,669.37				
Legal fees	40,245.70	28,050.92				
Investment portfolio management	1,419.32	5,402.25				
Rent and outgoings	9,965.79	3,587.40				
Books & reference material	808.34	169.74				
Computer Maintenance & services	575.24	490.93				
Advertising & Promotion	401.19	9.00				
General Admin costs	13,783.45	8,516.13				
Salaries/Wages/Super'n/W Comp'n	183,370.94	269,105.40				
Total Expenses	<u>259,900.02</u>	<u>336,436.80</u>				
Operating Surplus/(-Deficit)	<u>-143,810.93</u>	<u>-240,347.96</u>				

Extracts from the Financial Statement for the Year Ended 30th June 2024

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

The deficit for the Society for the financial year was **143,810.93**

Notes to and Forming Part of Accounts for the Year Ended 30 June 2024

2. CASH	2024	2023
Cash at LCU/PayPal	46,772.95	1,458.29
Northhaven, ING cash A/c	59,949.46	37,770.87
Cash on Hand (incl petty cash)	48.40	0.00
	<u>106,770.81</u>	<u>39,229.16</u>

7. INCORPORATED ASSOCIATION

On the 21st of February 1996 the Society was incorporated in New South Wales under the NSW Associations Incorporation Act 1984. At 30th June 2024 there were 75 members of the Society.

8. OPERATING SURPLUS/DEFICIT

has been determined after crediting revenue:

	2024	2023
Sales Revenue	0.00	0.00
Donations incl bequest	2,400.50	34,783.52
Membership Subscriptions	1,750.00	3,380.00
Interest earned	873.66	2,371.60
Capital Gains (Income property)	116,908.37	33,399.68
Investment	1,330.40	0.00
Other Income		5,819.00
Other Income		<u>10,932.58</u>
Inflow of Funds from Operations		<u>90,686.38</u>

CHARGING AS EXPENSE

Accounts assistance (XERO)*	7,260	11,000.00
Plant and Equipment		1,530.07

CANCER INFORMATION & SUPPORT SOCIETY INCORPORATED

2024

CURRENT ASSETS

Cash and equivalents	46,848.45	2023
Inventories		1,460.63
Unrealised Investment Income/Tax credits	15,840.83	1,549.34
Trade and other receivables		15,840.43
Security bond, 9/56 Chandos St	8,561.67	780.00
Deposits paid -keys, remote control, other	1,528.60	1,528.60
Total Current Assets	<u>72,779.55</u>	<u>21,159.40</u>

NON-CURRENT ASSETS

Office premises at FMV	0.00	\$225,381.32
Northhaven FM-NAB Term deposit	40,000.00	
Northhaven FM Cash A/c bank/Investments	59,946.46	163,263.77
Total Investments/Non-Current Assets	<u>99,946.46</u>	<u>388,645.09</u>

TOTAL ASSETS

172,729.01

409,804.15

CURRENT LIABILITIES

Loan Central Coast, members	13,550.23	5,620.77
Superannuation payable	6,501.25	7,393.74
PAYG Withholding Payable		15,291.00
Trade and other payables	11,099.48	15,401.00
	31,150.96	28,415.51

TOTAL LIABILITIES

31,150.96

28,415.51

NET ASSETS

141,578.05

381,388.98

MEMBERS EQUITY

Current year earnings	-143,810.93	-240,347.96
Retained earnings	285,388.98	525,736.94
Total Capital Reserve	141,578.05	285,388.98

RESERVES

Office premises Revaluation Reserve	96,000.00
Total Reserves	96,000.00

TOTAL MEMBERS' EQUITY

141,578.05

381,388.98

Branches of CISS

NSW

CISS CENTRAL COAST

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

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

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

BLUE MOUNTAINS CANCER WELLNESS, SUPPORT—LEURA

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

PARKES CANCER SUPPORT

Cancer Assistance Network CanAssist Pat Bailey 0447 051 946

QUEST FOR LIFE FOUNDATION

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

What's Available from the CISS Office?

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

Enema Kits: \$16.50

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

4883 6599 ; www.questforlife.com.au.

SUTHERLAND SHIRE BREAST CANCER SUPPORT GROUP

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

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

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

VICTORIA

CANCER NATURAL THERAPY FOUNDAT'N

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

GAWLER FOUNDATION

The Gawler Foundation has leased the

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

QUEENSLAND

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

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

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

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

Should You Get a Colonoscopy?

by Dr Mercola

STORY AT-A-GLANCE

1. For those at high risk, colonoscopies may be useful, but it's important to weigh the potential benefits against the potential harms
2. In one study, those who were invited to get colonoscopies had an 18% lower risk of colorectal cancer than the unscreened group, but there was not statistically significant reduction in the risk of death from colorectal cancer
3. One analysis found a death rate of 3 per 100,000 colonoscopies, along with serious adverse events in 44 per 10,000, "with a number needed to harm of 225"
4. Other risks include bleeding after removal of a precancerous polyp, perforation and anaesthesia complications
5. To avoid contaminated equipment, contact the clinic or hospital ahead of time to find out about sterilization procedures; you're looking for a

hospital that uses peracetic acid — not glutaraldehyde (Cidex) — to sterilize its flexible endoscopes

Colonoscopies Reduce Cancer Diagnoses — But Not Cancer Deaths

A 2022 study published in The New England Journal of Medicine found the benefits of colonoscopies are not as great as they're made out to be. The Northern-European Initiative on Colon Cancer (NordICC) study — a randomized trial involving 84,585 adults between 55 and 64 years of age — assigned participants in a 1 to 2 ratio to receive an invitation to undergo a colonoscopy or to receive no invitation or screening. None of the participants had undergone a colonoscopy previously.

After 10 years, those who were invited to get colonoscopies had an 18% lower risk of colorectal cancer than the unscreened group. However, there was no statistically significant reduction in the risk of death from colorectal cancer

in the group invited to screening. The researchers intend to follow the participants for another five years to see if anything changes, but according to the study: "The risk of death from colorectal cancer was 0.28% in the invited group and 0.31% in the usual-care group ... The number needed to invite to undergo screening to prevent one case of colorectal cancer was 455 ..."

The risk of death from any cause was 11.03% in the invited group and 11.04% in the usual-care group.

Dr Mercola November 29, 2023

The above trial has a similar result to all of the cancer screening trials, for breast, bowel, lung, prostate, ovarian and thyroid cancers that showed that there was no significant reduction in deaths from all causes by finding cancer early. This shows cancer is a systemic disease and tumours are just a late state symptom of the disease. So treatment should target the cause(s).