OPTIONS
Revolutionary Ideas in the War on Cancer

PEOPLE AGAINST CANCER THE NEWSLETTER OF PEOPLE AGAINST CANCER Volume 2, Number 1, February 1996

FDA & NCI Declare "A War on Nutrients"

Editorial

This month the National Cancer Institute (NCI) declared beta carotene dangerous and the FDA approved Olestra, a synthetic fat substitute that depletes the body of vitamins. These are dangerous times.

And just when things were looking good in Washington. The government was closed down. Newt was bashing the FDA. FDA charges were dropped against Dr Johnathan Wright. And Congressman Barton was holding hearings into FDA abuses. Once again in their unerring instinct to do the wrong thing, NCI and FDA declared a "war on nutrients."

This week a National Poll said nearly 80% of Americans were uncertain about the future. One thing is certain however, the medical establishment can now rest assured that there will be plenty of sick people well into the next century.

The NCI study collected a group of heavy smokers, former heavy smokers, and those who were exposed to asbestos, and gave them synthetic chemical source beta carotene. They said it didn't help! And it might be harmful.

Stop smoking. Don't work with asbestos. Get plenty of rest and don't let this kind of crap stress you out. Eat a good diet and take your natural source beta carotene with vitamins C, E and selenium and throw in some CoQ10 for good measure. But please my friends - hold the Olestra!

School's out! You can't believe a word out of Washington these days.

OPTIONS

Options: Revolutionary Ideas In The War On Cancer is published quarterly as the Newsletter of People Against Cancer. We hope you find it provocative and informative.

People Against Cancer's Frank D Wiewel, with Russian Immunologist Valentin I Govallo MD, and Dr Harris Coulter in Moscow discussing Clinical Trials of the Govallo therapy in the West.

ALSO IN THIS ISSUE

PEOPLE AGAINST CANCER

Burzynski Indicted

On November 20, 1995, Stanislaw Burzynski, MD, PhD, was indicted on 75 counts of mail fraud, contempt and violations of the FDA laws for allowing patients to take their medicine out of Texas.

The controversial Texas cancer researcher based in Houston had been under investigation by various US and Texas authorities for developing and treating patients with an innovative therapy called antineoplastons.

But Richard Jaffe, Burzynski's attorney, says there has been no fraud, no contempt and no violation of FDA laws. "On the contrary," says Jaffe, "the FDA has granted Burzynski Investigational New Drug (IND) permission for the medicine Burzynski uses in the treatment. This is crazy," said Jaffe, "every single day in America hundreds of thousands of American citizens are hospitalized because of dangerous prescription drugs. But no one goes after the big drug companies." Jaffe adds, "No one has even suggested Burzynski's medicine has caused any harm. Yet the medical establishment has conducted a full-scale investigation spanning over a decade and involving at least eight federal and state agencies."

"This is incredible. The public health service has admitted that Burzynski's medicine has helped patients who had exhausted all conventional treatments," says

Burzynski Indicted continued on page 2

Burzynski Indicted (continued)

Frank D Wiewel, a former advisor to the Office of Alternative Medicine (OAM) in the National Institutes of Health (NIH). "When I was asked to be chairman of the pharmacological and biological treatments committee at the OAM, I led a site visit to the Burzynski Institute in Houston. We found good sound scientific data that demonstrated long term survival in brain cancer patients who were previously considered terminal after unsuccessful conventional treatment."

Mary Jo Siegel, 44, who had incurable non-hodgkins lymphoma says, "I have no doubt that I would be dead now without Burzynski." Though Siegel's oncologist admits she had lymphoma throughout her body three years ago, he says, "spontaneous remissions sometimes occur."

"I feel like I've been in the hands of God," says Paul Pink, a former soldier from Greeley, Colorado, who believes Burzynski cured his prostate cancer. "When you see how others patients are treated with chemotherapy and radiation, Burzynski did a masterful job."

But US Attorney Gaynelle Griffin Jones, who does not seem impressed by Burzynski's success with terminal cancer patients, said, "This case demonstrates our commitment to investigating health fraud. Burzynski has grossed more that $40 million for 1988 through 1994 from producing, prescribing and selling the non-approved drug."

"This smacks of a vendetta," says US Congressman Joe Barton who chairs the subcommittee on investigations and oversight in the US House of Representatives. Barton held hearings on the FDA abuses in September and has charged the US attorneys office and the FDA with "participating in a campaign of harassment against Burzynski which dates back to 1983."

Though his patients fear the worst, Burzynski continues the treatment in Houston. "I will try to help these patients as long as it is humanly possible," Burzynski told *Options.*

AMAS: A Revolutionary New Cancer Test From the Oncolab!

In 1974, Dr Samuel Bogach, MD, PhD, working at his modest laboratory in Boston, made what may turn out to be one of the most important discoveries of the twentieth century—a test for all cancers.

Over twenty years later, most oncologists in the United States still don't know a thing about the test.

The diagnostic test is called Anti-Malignin Antibody in Serum or AMAS. It is a simple blood test for cancer which is 95% accurate on the first test and 99% accurate on repeat analysis.

"This is a monumental breakthrough," says Dr Jack Taylor of the Taylor Wellness Center in Arlington Heights, IL, who is now providing the simple screening test to patients at the Center. Taylor told *Options,* "The test not only has a phenomenal 95% accuracy rate, but it can identify cancer years before it is visible on film or scan."

Predicting cancer years before it is visible on an x-ray or scan as a tumor, has long been the dream of revolutionary thinkers in cancer research.

"The AMAS test has the potential of saving millions of human lives. This test is destined to change the face of cancer care as we know it," says People Against Cancer's executive director Frank D Wiewel.

"We have looked at the data" says Wiewel, "and it looks like a breakthrough. It is simple, accurate and works on all types of cancer."

"What is exciting is that we now have the ability to identify all types of cancer cells years before they are detectible by any other method. We may be able to prevent the cancer cells from colonizing and becoming life-threatening tumors. The possibilities are mind-boggling," says Wiewel.

"We could provide patients a compelling reason to change their diet, their nutritional status and their lifestyle with an eye toward true cancer prevention," says Taylor.

The potential for the test appears to be unlimited. The test may also be able to measure if we have any cancer remaining after surgery and measure if and when cancer has come back. The challenge will now be to gain acceptance for this important new idea.

In a recent series of tests on breast cancer the AMAS was shown to be far superior to all other screening tests such as the PSA, CEA, CA-125, CA-15.3 and the CA-19.9, which are the tests currently used by most oncologists. Further tests have confirmed the effectiveness in ***all*** types of cancer tested.

William G Friend MD, a cancer specialist and director of the Friend Foundation, a non-profit organization in Seattle says, "The AMAS test will forever change the practice of medicine in the civilized world. All humanity stands indebted to Drs Samuel and Elenor Bogach."

Yet despite decades of research published in the peer-reviewed scientific literature, thousands of positive double blind clinical experiments, and FDA marketing approval, the AMAS test remains largely unknown.

"People with cancer and their friends and family members are leading the real revolution in the war on cancer, not their doctors," says Wiewel. "When the people find out about this test, they are going to demand it."

Those interested in the AMAS can call the Taylor Wellness Center at 1-800-328-0642.

Olestra: The FDA Lights a Time Bomb!

Despite a chorus of protest last month, FDA approved a synthetic oil called Olestra for human consumption.

It was a food industry dream. It tasted like fat. It cooked like fat. But it had no calories like fat.

But the dream which food industry giant Proctor and Gamble invested 30 years of research and $200 million into, may instead be turning into a nightmare.

Critics charge that the FDA has lit a "time bomb" just waiting to explode as an epidemic of disease. Despite the best intentions and a growing awareness of the dangers of a high fat diet, the American public continues on a course "hell bent for heart disease and cancer" according to Dr Charles Simone, a former National Institute of Health (NIH) researcher.

Simone, who now heads the Simone Cancer Center in Lawrenceville, NJ, treated President Reagan with a low fat diet when it was discovered he had cancer. The controversial NJ physician and author of *Cancer and Nutrition* told *Options* in an exclusive interview, "Of course we should eat less fat in our diet, but Olestra could be a 'time bomb' set by our own government to explode on an unsuspecting public in the coming decades." And Simone is not alone.

"If Olestra is released into the US food supply," wrote Walter C Willett, MD, a researcher from Harvard, "it is likely that any adverse consequences would not be detectable for at least several decades, during which time enormous harm could have been done...Given the data on carotenoid reduction, the fact that Proctor and Gamble wishes to proceed with the introduction of Olestra is appalling."

"Appalling is right," says Frank Wiewel, founder of People Against Cancer, a non-profit public interest group. "This could be grounds for a massive class action law suit. The FDA has now approved a substance which has known risk and an unknown benefit. Olestra has been proven to decrease the bodies absorption of potent anti-cancer substances in our diet." Wiewel goes on to point out, "There is immerging evidence that a wide range of carotenoids and phytochemical cousins, available in our food, have potent anti-cancer effects. FDA's approval of Olestra may have a profoundly negative impact on public health. The FDA's decision will assure that there will be plenty of sick people well into the next century."

Researchers at the National Cancer Institute (NCI) have shown startling decreases in the levels of carotenoids following consumption of even modest amounts of Olestra. Regina Ziegler, PhD, one of the NCI researchers said she was ***not*** impressed with the Proctor and Gamble claims to much smaller negative effects.

While officials at Proctor and Gamble admitted that the fake fat, does in fact, reduce the absorption of important fat soluble vitamins and related substances, spin doctors, hired by Proctor and Gamble tried to downplay the risk.

Dr Wayne C Callaway, a clinical nutritionist at George Washington University and paid consultant to Proctor and Gamble, defended Olestra at a press conference in Washington saying, "We need to put the data about slight problems with beta carotene absorption into perspective. Many foods interact in our bodies."

Michael Jacobson, PhD, the Center for Science in the Public Interest (CSPI) in Washington, DC, says, "Olestra is the first food additive with negative nutritional value. It's crazy to add a substance to the food supply that makes people sick." Jacobson wouldn't rule out a lawsuit by CSPI to block the FDA approval.

Though Proctor and Gamble's experts downplay the risk, the company has agreed to fortify Olestra with vitamins A, D, E and K. However, adding vitamin K has raised new safety concerns for hemophiliacs and millions of heart patients taking the blood thinner warfarin (coumadin).

Olestra, actually a synthetic chemical called sucrose polyester, was developed nearly 30 years ago for its ability to withstand digestion in the human body. Though successful at producing a "zero calorie fat" the substance has been mired in controversy for decades.

First, there were formulation problems. Then, there were disappointing animal studies. Then, early difficulties with FDA. But the most damaging early worries for Proctor and Gamble were reports of "anal leakage and panty stains." Some reports alluded to "diarrhea and other gastro-intestinal complaints," including, "uncontrolled oozing from the body" of the oily, unabsorbed fat substitute.

Opposition has come from many of America's public interest groups such as the American Public Health Association, People Against Cancer, the National Women's Health Network, the American Academy of Ophthalmology, Ralph Nader's, Public Citizen and the Center for Science in the Public interest.

Yet, despite warnings of significant health problems from the scientific community, opposition from the public interest sector, and the nagging public relations problems, Proctor and Gamble pressed on. Why?

According to industry insiders the financial stakes were huge. Experts claim that within 10 years Olestra could become a $1 Billion industry.

"We should not forget. It was the medical establishment that promoted cigarettes. It was the medical establishment that promoted margarine," says Wiewel, a former advisor to NIH, "the American public has become increasingly cynical. It appears that with enough money you can buy almost anything in Washington. In this case FDA approval."

NCI's Beta Carotene Study: The CARET and the Schtick!

Schtick, *n.* a characteristic talent or trait that is helpful in securing recognition or attention; an entertainment routine or gimmick.

On January 18, 1996, National Cancer Institute (NCI) researchers issued a press release that beta carotene was useless and may be harmful.

The ***actual*** research however, was not published, which has ignited a firestorm of controversy.

The controversy began when researchers with the Carotene and Retinol Efficacy Trial (CARET) study reported that beta carotene may actually increase the risk of lung cancer among long term smokers and asbestos workers. In a second study, the Physicians Health Study, researchers found that beta carotene had no effect–good or bad–on cancer or heart disease.

Critics charge that the study design was flawed from the beginning, conclusions the CARET researchers made were questionable, and positive effects in those who stopped smoking were not published.

"Let's not throw the baby out with the bath water," said Jeffery Blumberg, PhD, an antioxidant researcher and Associate Director of the United States Department of Agriculture (USDA) Human Nutrition Research Center on Aging at Tufts University, "more than 200 scientific studies have shown that antioxidants, including beta carotene, play a major role in preventing cancer and heart disease."

"The search for the magic bullet is an exercise in futility," said Frank D Wiewel, director of People Against Cancer. Wiewel, the head of the international non-profit organization went on to say, "We have spent over a trillion dollars searching for the magic bullet and we haven't found a single one. It's been a dismal failure. There are many factors which may come together to cause cancer, many factors may be necessary to prevent or cure cancer."

Critics also argue that there is a mix of carotenoids in nature and point out that fruits and vegetables are the best source of the natural carotenoid complexes which include: alpha carotene, lutein, zeaxanthin, cryptoxanthin, and lycopene as well as large amounts of beta carotene. There is compelling evidence, including the latest studies, that beta carotene works better with its carotenoid cousins.

The recent CARET study is similar to the Finnish studies that got negative results with beta carotene in long-term heavy smokers. The Finnish study however did demonstrate that the participants with high blood levels of beta carotene at the start of the study had a low incidence of cancer later on.

"The studies are consistent with the idea that foods that have a high level of beta carotene, like fruits and vegetables, may be responsible for the cancer protective effect," says researcher Lester Packer, PhD, a leading antioxidant researcher at the University of California in Berkeley.

"These 'single agent studies' are decades out of date—relics of the past," says Dr Jack Taylor the director of the Taylor Wellness Center in Arlington Heights, Illinois, "the future of nutritional research is in the wonderful symphony of naturally occurring vitamins, minerals and enzymes and antioxidants as found in nature."

Taylor, who was an advisor to the Office of Alternative Medicine (OAM) in the National Institutes of Health (NIH) is joined by many of his colleagues who cast doubt on the validity of chemical based medicine fixated on the "magic bullet theory." "None of the studies used natural source beta carotene or natural source carotenoid complexes," pointed out Blumberg.

The studies have also been criticized by those who question not only the chemical source beta carotene but the chemical coloring agents used in the beta carotene which research indicates may promote or even cause cancer by themselves. NCI officials refused to comment on the charges that the carotene supplements in the study may have contained a known carcinogen dye used as a coloring agent.

Even the researcher who published the warnings of possible health risks in heavy smokers, Gilbert Omenn, MD, PhD, described his findings as "interim" and "not significant" statistically.

"In their rush to judgement, the 'spin doctors' at NCI neglected to stress some very important facts about this study to the public," stresses Wiewel, "this was a study of heavy smokers and former heavy smokers and those who had been exposed to asbestos and were heavy smokers. It may have been too late, the damage may have been done. Those who quit smoking and took beta carotene had lower cancer risk."

Many researchers and scientists seem to agree and raise important additional concerns.

The legendary medical historian Harris Coulter, PhD, pointed out, "this study cost over $42 million of the public funds. The least they could do was design and conduct a study which used a real world combination of natural nutrients in a representative sample of the general public and be honest enough to report the results completely and fairly. Coulter, a former advisor to the NIH, is the author of a massive four volume text on medicine entitled *Divided Legacy: A History of the Schism in Medical Thought.*

Interestingly, Dr Gilbert Omenn, the studies author admitted that "the 'former' smokers had a 20 percent reduction in cancer risk, "Either way," Omenn said, "the data were too limited to draw a firm conclusion."

Despite these nagging questions, NCI director Richard Klausner, doggedly held the party line saying, "Beta carotene is no magic bullet...in some individuals there may be harm."

$42 million and what do you get, another day older and deeper in debt.

—Sung to the tune of 16 Tons by Tennessee Ernie Ford.

PEOPLE AGAINST CANCER ANNOUNCE THE ALTERNATIVE THERAPY EVALUATION PROGRAM

On January 1, 1996, People Against Cancer announced the Alternative Therapy Evaluation Program.

"This revolutionary new program will do what the medical establishment has been unwilling to do since the turn of the century—evaluate innovative alternative therapies for cancer," says Frank Wiewel, founder of People Against Cancer.

"The new program will conduct clinical trials, using the highest scientific standards, to assess the safety, efficacy, and cost effectiveness of alternative cancer therapies." —Frank D Wiewel

According to Wiewel, the new program will conduct clinical trials, using the highest scientific standards, to assess the safety, efficacy and cost effectiveness of alternative cancer therapies which are developed outside the mainstream cancer establishment.

"The cancer establishment has concentrated on variations on the existing themes of surgery, chemotherapy and radiotherapy and not true innovation," says Dr Jack Taylor of the Taylor Wellness Center in Arlington Heights, Illinois. "They have refused to scientifically evaluate important innovative cancer therapies which show promise. Cancer is a tremendous problem which claims the lives of over 575,000 Americans every year." Taylor is a certified nutritionist who designs special computerized diet and nutritional programs which are individualized to the person's body chemistry. Taylor, was an advisor to the National Institutes of Health (NIH) on diet and nutrition.

"I completely support this new effort," says former Congressman Berkley Bedell, "I just think it is a terrible shame that the Office of Alternative Medicine (OAM) has been unwilling to evaluate these innovative alternative cancer therapies." Bedell was one of the founders of OAM which was set up by the Senate Appropriations Committee led by chairman Senator Tom Harkin.

"This is an important program which is absolutely necessary to find out if these therapies work." —Berkley Bedell

"This is an important new program, which is absolutely necessary to find out if these treatments work," says Bedell.

Bedell is himself a cancer survivor and speaks first hand about the importance of evaluating new therapies for cancer. "I took the conventional therapy of surgery and radiation for my prostate cancer, but unfortunately the cancer came back." Bedell then sought help from a Canadian cancer researcher named Gaston Naessens who uses controversial new medicine called 714-X. Bedell took the medicine in 1989 and says, "I believe that it cured my malignancy. All the tests show I am free of cancer over seven years later."

However, critics disagree on whether the government should pay for these evaluations. Many physicians and researchers within the medical establishment suggest that it is the responsibility of the proponent scientist or physician to evaluate their own therapy.

"There is a *good old boy* network, and there are more of them living off the treatment of cancer than people with cancer," says Wiewel "If you are a revolutionary thinker or an independent innovator, it is *your* responsibility to pay the $500 million for new drug approval, if you're a *good old boy,* the *taxpayers* pay over $2 billion each year. There is nothing new being tried. It's completely stagnant "

Back in 1989, the US Office of Technology Assessment (OTA) published a landmark study called *Unconventional Cancer Therapies.* The study, prompted by demands from people with cancer, made several controversial suggestions which did not go down well with the medical establishment.

First, the OTA suggested that it was the duty of the National Cancer Institute (NCI) to evaluate all new and promising cancer therapies. The director of the OTA, Dr Roger Herdman in his address to the National Cancer Advisory Board (NCAB) suggested the NCI had no program to evaluate innovative therapies which came from outside the existing system, and suggested such a program should be set up.

Herdman told *Options* editor Frank Wiewel, "I didn't make any friends at NCAB. They said, 'You're telling us we have an illness, but we don't feel sick.' " Herdman admitted that the chances of an alternative therapy being fairly evaluated through the existing system were, "slim to none."

"Despite Congressional prodding, the outcry from patients and the abject failure of the war on cancer, both NCI and American Cancer Society have flatly refused to evaluate the alternative therapies," says OAM advisory board member Gar Hildenbrand. "In fact, the American Cancer Society has long maintained a committee on quackery which published a black list called *Unproven Methods of Cancer Therapy,* without doing any scientific studies." Hildenbrand, also an advisor on the OTA report, said, "I plan to cooperate in every way with this new program announced by People Against Cancer."

"Over ten years ago I went to Washington to request the OTA study alternative cancer therapies. I worked to help bring about the OAM. Now, after four years on the OAM Advisory Board, it seems painfully clear that the OAM and the NCI are incapable of conducting the fair scientific evaluations so desperately needed by millions of Americans dying of cancer with no effective therapy."

Through a grant from Empirical Therapies Ltd, in Washington, DC, the first therapy to be studied will be a placental based cancer vaccine developed by Russian immunologist Valentin I Govallo (see story page 6).

RUSSIAN IMMUNOLOGIST REPORTS LONG TERM SURVIVAL IN ADVANCED CANCER!

Twenty years ago, Valentin I Govallo, a Russian Immunologist, discovered substances contained in the human placenta which fight cancer. In 1974 Govallo treated 45 patients with advanced cancer, a remarkable 29 of the original 45 remain alive today for a 64.4% 20 year survival rate

On January 1, 1996, People Against Cancer announced that Clinical Trials of the Govallo Therapy will begin in Freeport Bahamas at the Immunology Researching Centre. People Against Cancer will assist in collection of the data in the newly announced Alternative Therapy Evaluation Program (see page 5).

The trials will be conducted under the direction of Dr John Clement, who was impressed when attending a site visit of Govallo's Immunology Laboratory in Moscow together with Dr Harris L Coulter and People Against Cancer founder Frank D Wiewel in November 1995.

The following are selections from an interview on February 4, 1994, with Valentin I Govallo MD (VIG) in Moscow by Harris L Coulter,PhD.

Tell us how you became interested in the immunology of cancer?

VIG: It all started in the early 1970's when we found an enormous number of women coming into our clinic with miscarriages-not one or two but five or six or more. We found that in regions suffering from ecological disturbances, there is a high incidence of complications of pregnancy and miscarriage. A woman must have an immune system in good shape for pregnancy to be a success. The mother must be able to recognize the gametes (sex cells) of the husband.

As I understand it, you went from the treatment of miscarriages to cancer. How did that come about?

VIG: For the first ten years in our cancer research, we followed the different track -- stimulating the immunity of the host (the patient).

How did you do that?

VIG: We did it in the same way that Dr Steven Rosenberg of the National Institutes of Health was doing it, only in a methodologically simpler way. We didn't have the biotechnology that exists today. We used very simple techniques such as BCG vaccine. We used in vitro lymphocyte stimulation. We took the patients blood and removed the lymphocytes, then activated them in vitro and returned them to the patient. You could even do this with a tumor, reinjecting tumor tissue. Another method was that developed in 1971 by Ian Goldstein -- Thymosine. This is made from the thymuses and stimulated T-lymphocytes. Then everyone started treating with this substance which stimulates T-lymphocytes, the ones which determine anti-tumor resistance (immunity).

What did that lead to?

VIG: Nothing. Maybe two of my patients survived over five years. But they would have survived just as well without me. Therefore the treatment was essentially worthless, although we worked on it 25 hours a day and 8 days a week.

Why this lack of success?

Like BCG and some other substances, Thymosine turned out not to be very effective. Not because it was wrongly used, but because it was really ineffective. Today most all of those who use immunotherapy to treat tumors are doing the same thing. They are trying to heighten the immunity of the patient (the host, the person in whom the tumor is growing and developing).

I am amazed that you are able to continue under those circumstances, after so many failures.

VIG: I remember that period. I was ready to pray, "God if I don't get results in five years, cut off my right hand." If I had done that, I would be sitting here today without my right hand.

So did you change your approach?

VIG: Yes. Taking my orientation from the treatment of miscarriage, we developed a new approach to the treatment of tumors. Tumors are very intelligent beings. They have figured out a way to turn off the host immune system, like a burglar who switches off the burglar alarm before he goes into the house. So we started working to suppress the tumor's immune system. We finally realized that the tumor doesn't obey the host -- doesn't ask permission so to speak. It can switch off host immunity. The tumor possesses its own immunity against the host. If you don't suppress the tumor's immune system you won't get anywhere. If you can suppress the tumor's immunity even a dying patient can overcome the tumor. After all the person with cancer can recover from a cold or flu. The immunity is generally in good shape; only the part of the immunity which would neutralize the tumor is impaired.

Could you describe your results?

VIG: So far we have treated about a hundred patients and our 10 year survival is about 70%. You can only be sure of survival when the patient has survived 10 years.

What is the medicine made of?

VIG: Human placental tissue (processed after live healthy births). We have described the process and treatment in our book entitled *The Immunology of Pregnancy and Cancer.*

In what kinds of cancer is your therapy particularly effective?

VIG: Breast, lung, colon, kidney and malignant melanoma and somewhat less effective in unoperated tumors and tumors of the brain and lung.

Do you recommend any other treatment?

VIG: Yes. It is advisable for the patient to be operated on before using my therapy. It weakens the immunity of the tumor.

. **Are you still treating patients?**

VIG: Many would like the treatment, but for now we have to turn them away in Moscow. We are very hopeful about the clinical trials now beginning in Freeport, Bahamas under the direction of Dr John Clement.

For information on the Govallo Clinical Trials call: 515-972-4444.

Universities Across the United States Announce Courses in Alternative Medicine!

Medical schools across the country are now responding to the new interest in alternative medicine by offering courses in Alternatives. This new trend comes in response to the increasing number of requests by incoming medical students who see alternative medicine as an important part of their future.

"Alternative medicine is often safer, more effective and more cost-effective than conventional -- it looks like the future. People are willing to pay for alternative advice. Medicine rarely ignores the bottom line," says Frank D Wiewel one of the three Iowans behind the new Office of Alternative Medicine.

Many universities and medical colleges are now offering what was once considered voodoo science. Even those traditionally conservative schools like Harvard and Columbia have jumped on the bandwagon. The Richard and Hilda Rosenthal Center for Alternative Medicine has opened at Columbia and Harvard now offers an intensive course on alternative medicine. Dr Herbert Benson, chief of the Division of Behavioral medicine at Harvard says, "Between 60% to 90% of office visits to a physician are related to stress -- the interaction of the mind and the body."Benson believes that many symptoms of cancer and AIDS may also be stress related.

"Patients are increasingly interested in new less toxic and safer alternatives in the treatment of both AIDS and cancer. Traditionally, the treatments of these diseases have been dangerous, expensive and largely ineffective," says Wiewel.

Cost effectiveness may indeed be one of the driving factors in the growing interest in alternative medicine. Dr Jeurgen Schurholtz, a German health official recently testified in Senate hearings that cradle to grave coverage in Germany, which embraces alternatives, costs 50% less than the old US system.

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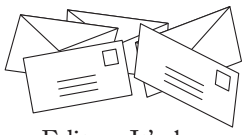
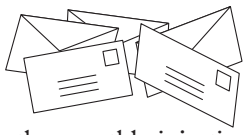


Letters to the Editor



Editor, It's been a while since we last conversed and much has transpired since then. "Good News:" My last 2 PSA readings were 0.1 and the latest scan showed no trace of any remaining cancer.

I feel I can attribute this as follows:
1) Heavy doses of shark cartilage (60 grams orally 40 grams in retention enema) per day;
2) a monthly injection of Gosselin Acetate (a form of Lupron) from my urologist who claims it is highly effective in shrinking the prostate and stopping the production of male hormones;
3) Bonefoss (Chlodronate Phosphate), at 400mg per day, to re-calcify the bone. This was purchased from a physician by prescription in Canada.

Back in June, 1995 my PSA elevated to 1800. I felt and looked terrible with eighteen pound weight loss and no appetite. I had indigestion and a low energy level and the pain was terrible.

Thanks to you, I arranged for a supply of Bonefoss and I took one capsule daily and after 4 days the bone pain gradually diminished. I began taking the shark cartilage at 100 grams per day, under the direction of Dr Renato Martinez of Bloomfield, NJ. I went to a wonderful urologist Dr Charles Rilli, also of Bloomfield, who believes in alternatives combined with conventional for the monthly injections of Gosselin Acetate (Lupron).

After 6 weeks the tumor mass broke up and passed, as tissue and heavy blood clots, in my urine, So heavily, in fact, that I required a large catheter plus irrigation.

I now have no bone aches or pain whatsoever. My Prostatic Specific Antigen (PSA) test has dropped dramatically to normal level. My appetite is tremendous and I have now gained 22 pounds. My latest bone scan shows no remaining bone metastases which had previously showed up in my hip, pelvis and femur areas. A miracle indeed!

This Wednesday, Dr Rilli will install a special bladder control valve in me to eliminate a condition of incontinence from a scar channel left over from the tumor.

I took Bonefoss a total of 100 days and continue to take the Lupron monthly and shark cartilage at the maintenance dose of 60 grams with apple juice.

That about sums it up. I am most thankful to you and the alternative treatments which you told me about. I could certainly recommend this regimen to anyone with prostate, even in advanced stage as in my case.

Most Sincerely,
Fred C Valentin

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