

OPTIONS

Revolutionary Ideas in the War on Cancer



THE NEWSLETTER OF PEOPLE AGAINST CANCER

Volume 4, Number 3, November 1998

FDA Approves Tamoxifen For Healthy Women

Editorial

Tamoxifen causes cancer. But that didn't stop the FDA from approving the dangerous drug for millions of healthy women.

It appears that the FDA has once again demonstrated an almost un-erring instinct to do the wrong thing. It has approved a dangerous drug which causes cancer for the treatment of millions of healthy women who don't have cancer - yet.

Why?

In a study of 13,355 women there were 69 fewer cases of breast cancer in the group treated with tamoxifen.

The study was stopped 14 months ahead of schedule because the researchers claimed benefits were "so significant that it would be unethical not to allow those in the placebo group to receive the drug."

Give me a break.

People with cancer care about two things, survival and quality of life. The trial was cut short before any survival advantage could be scientifically determined. The quality of life issue seemed irrelevant.

Tamoxifen causes cancer, stroke, coronary thrombosis, mood swings, night sweats, irregular menstrual bleeding, symptoms of menopause, hot flashes and vaginal discharge, irregular menstrual periods, dizziness, headaches, fatigue, loss of appetite, vaginal dryness or bleeding, and irritation of the skin around the vagina.

And a study of tamoxifen in rats showed it caused a 1700% increase in liver cancer.

What is this about?

This is about money - lots of money.

The pharmaceutical industry gets their money. The physicians get their money. The researchers get their money.

And everything is wonderful in "cancerland."

We should dismantle the FDA and force the NCI to evaluate safe and effective alternative therapies for cancer.

For the health of America and for the health of nations. ☸

OPTIONS

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



Medical Marijuana has been the subject of great controversy. It now appears that it may be a classic case of the government thwarting the will of the American people.

Reefer Madness: The People vs Washington

On November 3, 1998, Americans voted overwhelmingly in favor of drug policy reform in elections Tuesday. Initiatives to legalize the medicinal use of marijuana were on the ballot in Alaska, Colorado, the District of Columbia, Nevada, Oregon and Washington State. All six passed by wide margins. Three other reform measures succeeded.

Maria Welch, a 52-year-old Baker City, Oregon, resident who underwent surgery in July to remove most of her cancerous right lung, was in misery after doctors sent her home with some potent painkillers. The drugs deadened some of the pain but left her nauseous, hallucinatory and suffering from sleepless nights. "I felt like my body was asleep but my mind was awake. I just had to stop taking them." Then a friend gave Welch two marijuana brownies. Though she had never tried illegal drugs, she was desperate for relief.

"When I ate them I couldn't believe it. It was like a miracle. It took the pain away and it gave me an appetite," said Welch, a food industry researcher. "I slept like a log that night."

Scientists once scoffed at the claims of cancer patients like Welch that they enjoyed relief from pain by puffing on a joint of marijuana or gobbling a plate of pot-laced brownies.

But research during the past decade has buoyed the case for marijuana as medicine. Scientists have made progress untangling pot's chemical makeup and gained insight into how its ingredients act on the brain to produce the anecdotal

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Medical Marijuana (cont. from page 1)

benefits claimed by cancer, AIDS, glaucoma and multiple sclerosis patients.

Now research has confirmed what some of those patients have been claiming all along: Marijuana does indeed kill pain.

Scientists at the University of California at San Francisco found that a marijuana-like drug deadens pain in rats by interacting with the same pain-modulating area of the brain activated by morphine.

In Oregon, voters rejected - by a margin of 2 to 1 - an effort by the state legislature to recriminalize marijuana possession. In Arizona, voters rejected the state legislature's efforts to undercut a reform initiative enacted in 1996. As of today, 20% of Americans now live in states where voters have passed laws supporting medical marijuana.

"Yesterday's clean sweep of victories for medical marijuana and drug policy reform herald a new era in the electoral politics of the drug war," said Ethan Nadelmann, director of The Lindesmith Center. "These results represent a wake up call to politicians, both those accustomed to engaging in drug war demagoguery and those who have so far been fearful of proposing pragmatic alternatives to the war on drugs."

Medical marijuana initiatives, and related drug policy reform measures, passed in 5 states including Alaska, Arizona, Colorado, Nevada, Oregon, Washington State and the District of Columbia yesterday.

ALASKA Ballot Measure 8

This bill would allow patients to use marijuana for certain medical purposes. A doctor must find that the patient has a debilitating medical condition that might benefit from marijuana. An eligible minor could use medical marijuana only under the consent and control of a parent. Patients and their primary caregivers who comply with this law would not be guilty of a crime. Non-medical use of marijuana would still be a crime. Results YES - 57.75% NO - 42.25%.

ARIZONA Proposition 300

Proposition 300 sought to weaken the Arizona initiative passed in 1996. It



This book documents marijuana use in the reduction of nausea and vomiting for chemotherapy patients, appetite restoration. Includes testimony by survivors.

People Against Cancer
Item #758 364pp \$24.00
(Plus \$5.00 s/h)

would have allowed physicians to prescribe Schedule I drugs only after the U.S. Congress "authorizes the medical use of marijuana" or after the U.S. Food and Drug Administration authorizes the medical use of marijuana and the Drug Enforcement Administration reschedules the plant to a non-Schedule I substance. Results YES - 42.6% NO - 57.4%

COLORADO Amendment 19

Allows specific medical patients to possess and cultivate small amounts of marijuana. Protects one "primary care giver: to a qualifying patient from marijuana-related activities. Proposes a confidential registry for patients using marijuana. Protects doctors whose patients use marijuana medicinally. Results YES - 57% NO - 43% (Editors note: Although Amendment 19 was passed by the voters, a previous decision made by a Colorado court renders the results of the election null for now.)

WASHINGTON DC Initiative 59

Initiative 59, sponsored by the AIDS patient coalition ACT-UP, exempts patients from any District law prohibiting the possession or cultivation of marijuana. The initiative protects up to four primary caregivers from criminal penalties, and sets no specific limitations on the amount of medical marijuana patients may possess. Initiative 59 also allows District residents to "organize not-for-profit corporations for the purpose of cultivating, purchasing, and distributing marijuana exclusively for medical use." Results Prohibited from Release by the US Congress.

NEVADA Ballot Question 9

Passage of this measure amends the state's constitution to allow patients to use marijuana legally upon the advice of their physician. The proposal also orders the Legislature to "authorize appropriate methods for supply" of medical marijuana, and to provide for a confidential

registry of patients who are authorized to use marijuana for medical purposes. Results YES - 59% NO - 41%

(Editors note: According to a Nov. 4th AP story "The measure must be approved by voters again in 2000 before it can take effect, but even then, the state attorney general's office has vowed it will not be implemented until federal law is changed.")

OREGON Measure 67

Allows dying and suffering patients -- with their physician's approval -- to use marijuana to relieve symptoms from a host of severe diseases and illnesses under physician supervision. Allows the possession of small amounts of marijuana for medical use when the patient receives a registry identification card from the Oregon Health Division. Requires written documentation from the physician that the use of medical marijuana may help the patient's condition before a registry card can be issued. Does not change any other existing criminal laws with regard to the illegal use of marijuana. Results YES - 55% NO - 45%

OREGON Measure 57

This rejected proposal made possession of limited amount of marijuana a Class C Misdemeanor. Under current Oregon law, possession of less than one ounce of marijuana is a violation, punishable by a \$500 to \$1000 fine with charges against first-time offenders dismissed upon completion of marijuana diversion agreement. Measure makes possession of less than one ounce of marijuana a Class C misdemeanor, punishable by up to 30 days imprisonment, plus \$500-\$1000 fine. Results YES - 33% NO - 67%

WASHINGTON ST Initiative 692

Initiative 692 allows patients to possess up to a 60 day supply of marijuana for medical use. Results YES - 58.71% NO - 41.29%

"It's wonderful," says advocate Frank Wiewel, "All across the nation, informed American citizens are taking back control of a government which has run amuck in Washington. I have deep and abiding faith in the wisdom of the American people." ☸

The PC-SPES Stockholm Protocol: Remarkably Effective Against Prostate Cancer

Prostate cancer is the most common form of cancer in men. And there is no good effective conventional treatment.

Surgery is often the first line of defense. Surgeons remove the prostate gland in what is called a radical prostatectomy. But there is no scientific evidence that those who receive surgery live longer or feel better.

And surgery causes significant side-effects like incontinence and impotence. Incontinence forces many men to wear diapers or depends for the rest of their lives. Impotence is the most embarrassing and humiliating side effect. Impotence can be temporary but is all too often permanent. The incidence of permanent impotence is often under reported because men are reluctant to speak about it to their physicians.

Radiation is the second line of defense. External beam radiation and radiation seed implants are the most common forms of radiation in prostate cancer. External radiation is often given over a 6-8 week period to shrink or eliminate the tumor. Radiation seed implants are strategically implanted around the prostate gland and positioned near the tumor. Neither form of radiation has been scientifically documented to produce long-term survival benefit or improved quality of life.

The third most common treatment for prostate cancer is combined hormonal treatment (CHT). This is a chemical form of castration. Men are given an injection of Lupron and other orally administered drugs such as flutamide, Casodex or Eulexin. These act as a hormonal antagonist against testosterone which promotes the growth of the prostate cancer. This method has demonstrated an average 22-26 month period of remission, but rarely produces long term survival benefit. The side effects are universal impotence, mood swings, night sweats and depression.

Scientific studies have recently determined that Eulexin produces no advantage over Lupron alone.

The PC-SPES Stockholm Protocol

Eligibility Criteria:

- ☐ Confirmed diagnosis; before or after surgery, radiotherapy, hormone therapy; with PSA over 4.

Sign-up Process:

- ☐ Join People Against Cancer as Sustaining Member (\$450).
- ☐ Fill out medical history questionnaire and submit medical records.
- ☐ Read and Sign Informed Consent.

Tests:

- ☐ Blood testing: CBC; Chem-22; PSA; PTT, PT, PT-INR and Fibrinogen (repeat at 1, 3, 6, 9, 12mo, and every 6 mo thereafter).
- ☐ Have initial: X-ray, CT scans, MRI or Prostatect; and bone scan; (repeat at 6,12,24,36,48,60 mo).

Protocol

- ☐ Those with: PSA less than 100; metastatic disease, or bone metastases.
- ☐ **PC-SPES Dosage** will start at 2 capsules every eight hours (6 per day).
- ☐ **Stockholm Protocol Dosage** is 1 tablespoon of CoQ10 Nutrient Mixture and supporting nutrients every 8 hrs.(3 per day).
- ☐ After PSA maintains in normal range of 1-4 for 90 days, drop the dosage of PC-SPES to 2 capsules every 12 hrs. (4 per day).
- ☐ After PSA maintains in normal range of 1-4 for 90 days, drop the dosage of PC-SPES to 1 capsule every 12 hrs. (2 per day).
- ☐ If PSA rises out of normal range of 1-4, return PC-SPES dosage to next higher dosage level.

Treatment materials are available at Innovative Therapeutics: 888-688-9922

Important: People Against Cancer does not advocate or promote the use of any treatment. Readers are strongly urged to consult a qualified health professional for all medical conditions.

Chemotherapy has proven useless against prostate cancer and is rarely, if ever, used.

However, there is good news on the horizon for men with prostate cancer. It is a combination of the Stockholm Protocol and a chinese herbal remedy called PC-SPES (PC stands for Prostate Cancer, SPES is Chinese for hope).

The Stockholm Protocol is a combination of dietary changes and high levels of antioxidants and nutrients.

PC-SPES is a combination of chinese herbs demonstrated to have anti-cancer effects in prostate cancer.

The Stockholm Protocol was developed by the late Dr Karl Folkers at the University of Texas. It is a combination of dietary changes and emulsified CoQ10 combined with Gamma Linoleic Acid (GLA) and Omega 3 fatty acid. It includes vitamins C, E, natural carotenes, selenium and the amino acid L-cysteine. And researchers report this combination has demonstrated a remarkable ability to prevent and eliminate existing cancer.

PC-SPES was developed by a New York cancer researcher Sophie Chen PhD. Dr Chen formulated the chinese herbal combination when a relative developed prostate cancer. When Dr Chen's relative recovered completely, she decided to continue further research into the non-toxic treatment.

PC-SPES clearly has an estrogenic activity which seems to inhibit testosterone and cause nipple tenderness. However, in most men, at maintenance doses, it does not cause side effects such as impotence or incontinence.

Because scientific studies have demonstrated that cancer patients have a 5 times greater risk of cardiovascular events, and all estrogenic substances have the potential to interfere with normal clotting, researchers have combined the Stockholm Protocol with the PC-SPES to protect against this risk.

Those interested in The PC-SPES Stockholm Protocol can join People Against Cancer by calling 515-972-4444 (9-5 Central, M-F). ☐

The Continuing Saga of Tamoxifen Roulette: The Feeding Frenzy

Tamoxifen causes cancer.

Despite this fact, FDA approved the drug for the treatment of healthy women who do not have cancer - yet.

On October 29, 1998, in Washington DC, the Food and Drug Administration approved the drug tamoxifen for reducing the risk of breast cancer in women who are at high risk for the disease.

The Feeding Frenzy

And the feeding frenzy began.

On the very day of approval Zeneca Pharmaceuticals announced a sales and promotional partnership with Roche Laboratories and a full scale double barreled sales and marketing plan.

Zeneca and Roche plan to send representatives from both companies to the offices of primary care physicians, obstetricians and gynecologists, as well as oncologists and surgeons.

The Risks

But critics argue that the FDA has ignored reason and charge the Agency is once again acting as a shill for the pharmaceutical industry.

"Tamoxifen causes endometrial cancer, stroke, and coronary thrombosis. These poor women still die-they just die of something else," said Frank Wiewel speaking at an International Cancer Conference in Munich Germany in September.

And many of the German physicians, who spoke at the Conference agreed that while tamoxifen blocks the estrogen receptor sites for breast cancer, the cancer may go elsewhere and the drug may not increase the persons life span or improve the quality of life in any way.

Broad Approval

Additionally, the FDA left the door open for anyone to be treated with the drug. The FDA says tamoxifen should be prescribed only for women at very high risk. But they define the risk broadly to include all women age 50 or older, women that have a family history of breast cancer, those with a personal health history (presence of atypical hyperplasia on breast biopsy, those who had first child at age 30 or older and any

women who started menstruating at age 11 or younger.

The Media Hype

Several months ago, the world was inundated by tremendous media hype on the synthetic hormone, tamoxifen. The news about tamoxifen swept the nation in April when the National Cancer Institute (NCI) held an unprecedented press conference on a study they had sponsored to test tamoxifen as a preventative for breast cancer.

Last March, a clinical trial by the National Cancer Institute was stopped early because researchers said there was sufficient evidence the tamoxifen reduced the chance of getting breast cancer by 44 percent.

However, the drug is not without serious side effects. The FDA said extreme caution must be used in prescribing the drug.

Out of 13,355 women, there were only 69 fewer cases of breast cancer...the risk of different cancers, stroke and coronary thrombosis could clearly outway any possible benefit. - Frank Wiewel

Was It Hope or Hype?

Only four years earlier, the FDA issued a damning press release of its own. The document informed 380,000 oncologists and health care professionals that a stronger warning label would be required for the drug, due to its tendency to cause cancer.

Then FDA Commissioner David Kessler noted that it was "important for women to recognize that there are side effects including an increased risk of uterine cancer." How much risk? A Swedish study with almost 1,400 patients found that uterine cancer jumped a colossal 575%. And another study indicated a similar spike. Furthermore, the tumors were much more frequently "high grade," according to a study published in the Journal of Clinical Oncology in March of 1994.

But in April, NCI gave tamoxifen a big boost when the lead author for the big study, Dr. Bernard Fisher, boldly announced, "This is now the first study in the world to show that a drug can

reduce the incidence of breast cancer."

The story received glowing widespread coverage, including all three TV networks and CNN.

At the same time, NCI director Dr. Richard Klausner told reporters, "[T]here is no simple take-home message. There are important and serious side effects from this drug." In addition to uterine cancer, it also increases the chances of blood clots that could result in strokes or sudden death, and damage to the eyes.

Tibor J. Hegedus PhD, in his book *Indicted: Cancer Research*, he writes that tamoxifen does indeed block a cancer-promoting hormone present in breast tissue, but, "When the hormones are blocked from reaching their primary targets, they are forced to travel to other organs."

Scientists Disagree

Seventeen British researchers also criticized the \$65 million NCI funded study for stopping 14 months early. "I think there has been a significant over-reaction, stated London's Trevor Powles, M.D., who led the first study on the preventive effects of tamoxifen.

British researchers were highly critical of the decision to reject proper science and stop the study early saying, "Though there has been a reduction in breast cancer cases, we are still only talking about a handful of women."

"Out of 13,355 women, there were only 69 fewer case of breast cancer in the group treated with tamoxifen. The risk of different cancers, stroke and coronary thrombosis could clearly outway any possible benefit," pointed out Frank Wiewel, one of the studies many critics.

The April study's early release coincided with the first week of the American Cancer Society's annual fund raising drive. This would not be the first time the two organizations spouted "good news" in recent weeks. Only two



FDA Grants Approval For Healthy Women

Frenzy Begins

weeks earlier, NCI signed onto a major publicity release authored by the American Cancer Society. See Options, July 1998, page 1, *Progress Against Cancer*).

The up side to tamoxifen, according to the 13,355 woman study, is that it reduced the arrival of breast cancer in the second breast by 45% for those women who already had breast cancer. But, as intimated by Dr. Hedegus above, the patient might be trading cancers by using tamoxifen.

Critics argue that the cancer industry is so eager for any report of progress that they are willing to suspend science, issue glowing press releases and risk approving a dangerous drug to claim even the slightest progress.

Why the hype, then? Is tamoxifen safe or not? And is there a better solution for preventing breast cancer than a drug that apparently trades one cancer for another?

The Money

Zeneca Pharmaceutical stands to make a colossal amount of money. While tamoxifen is already the most widely prescribed hormonal drug for breast cancer in the entire world, some estimate the new FDA approval to treat healthy women could mean billions of dollars to Zeneca. And they have already petitioned congress to extend their patent protection period so they can reap the benefits of the vast new market.

"This is about money - a lot of money. The pharmaceutical industry gets their money, the physicians get their money the researchers get their money, and everything is wonderful in cancerland," says cancer advocate Frank Wiewel.

The Alternatives

Is there a way to naturally prevent breast cancer or at least lower the chances of developing breast cancer without playing Tamoxifen roulette?

Getting Out of Harms Way

The best way to prevent cancer is to get out of harms way. Researchers such as Dr Samuel Epstein points out in his new book, *The Politics of Cancer Revisited*, that we can go a long way toward preventing cancer by eliminating the poisons in the food, the air, the water and the environment. We can consume only organic produce, and only consume small amounts of organic meat such as free range chicken and fish. We can install reverse osmosis water purifiers to remove the toxins found in most water supplies. We can install high efficiency Particulate Air (HEPA) air purifiers. And we can avoid and remove toxic substances from our homes and workplaces.

Genestein

If the studies are accurate, another way to prevent cancer may be with certain dietary substances and nutrients. One way might be the natural soy-based substance called genistein taken with a program of diet and nutrients. Genestein is an isoflavone with steroid-like properties.

Another study conducted by Dr Walter Troll, at the NY University Medical Center, showed breast cancer incidence in mice was reduced by 50%. In still another study by Dr. Coral A. Lamartiniere of the University of Alabama, the incidence of mammary tumors in mice were reduced by 40%.

Meanwhile, researchers at the Wayne Hughes Institute in St. Paul, Minnesota reported their results with a new treatment they call "EGF-Genistein." According to a study published in Clinical Cancer Research in April of this year, the genistein actually reversed human breast cancer in mice and was found to be safe in small animals and monkeys.

The same mechanism found in breast cancer cells is also seen in prostate, ovarian, bladder liver, lung and melanoma. Thus, the researchers

believe that genistein will also be effective against those cancers as well.

In fact, Memorial Sloan Kettering researcher, William Fair MD, is now studying genestein and other nutrients in a four arm clinical trial on prostate cancer at the normally conservative and conventional NYC institution.

The Stockholm Protocol

Dr Karl Folkers of the University of Texas and a team of researchers in Europe reported that changes in diet and a specific list of nutrients eliminated breast cancer and prevented its recurrence. They called it the Stockholm Protocol.

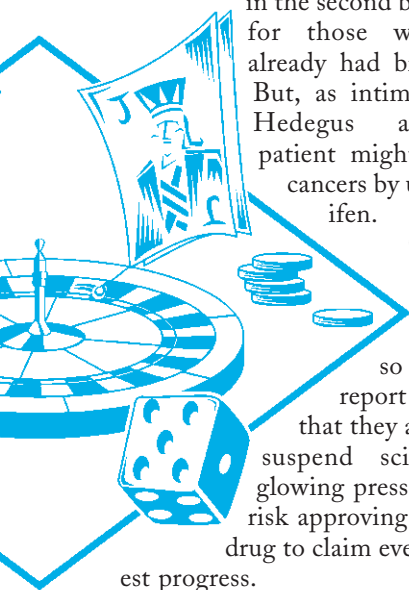
MGN-3 and Beta1,3,Glucan

Also new studies show a product called MGN-3 strengthened immunity and may be able to prevent and possibly successfully treat breast cancer. MGN-3 is a non-toxic rice bran derivative activated by a mushroom extract. Researcher at Drew University found the product significantly increased the number of natural killer cells (NK cells) by 100-300% and increased their activity by 135-500%.

A review of research also indicates that a massive amount of research supports the use of a product called Beta 1,3, Glucan. Apparently Beta-Glucan increases the count and activity of macrophages. These are the cells which gobble up cancer cells after being killed by the NK cells. There is new evidence suggesting that they may work together synergistically.

While tamoxifen's supposed benefits are restricted to the breast and to only a small percentage of women, it would appear that exercise, a diet high in soy, supplemental genistein and a comprehensive program such as the Stockholm Protocol, together with nutrients like MGN-3 and Beta Glucan, might be far more beneficial without the risks associated with tamoxifen.

Those interested in more information about diet, nutrition and the Stockholm Protocol are urged to join People Against Cancer. 515-972-4444, fax: 515-972-4415 or email: info@PeopleAgainstCancer.com ☐



Alternative Medicine Skyrockets Ahead of Conventional Medicine!

After decades of resistance, the medical establishment is finally recognizing an explosion in the practice of alternative medicine.

There were more visits to alternative medicine practitioners in 1997 than to primary care physicians and more patients spent their own money for alternatives than for expenses for hospitalizations.

Last year Americans spent an estimated \$27 billion out of pocket for alternative therapies according to a Harvard report.

But only 10% of patients told their doctors about their use of alternatives and about 15 million Americans used prescription drugs and herbal remedies at the same time.

Americans are using Alternative Therapies in record numbers. The researchers defined alternative medicine as any treatment neither taught widely in medical schools nor readily available in hospitals. The therapies range from herbal remedies, megavitamins and relaxation therapy to spiritual healing, hypnosis and chiropractic, according to the report released on Tuesday, November 10, 1998.

Four out of 10 people in the country used alternative therapies in 1997 and the number of visits to nontraditional providers of medicine and healing increased by 50 percent from 1990 to 1997, according to a survey done by David Eisenberg and colleagues at Beth Israel Deaconess Medical Centre in Boston.

This report comes only days after a Stanford study found a whopping 70% of Americans using Alternatives (see story page 7).

The Harvard researchers polled 2,055 adults in 1997 and compared the findings with the landmark Eisenberg Study done in 1990.

"The market for alternative medicine is vast and growing," Eisenberg said. "This trend must be guided by scientific inquiry, clinical judgment, regulatory authority and shared decision-making."

The report was published in this week's Journal of the American Medical Association (JAMA), the bible of mainstream medical practice, and publicized

at a briefing in Washington.

Eisenberg said at the briefing that the two surveys showed the overwhelming majority of individuals using alternative treatments were also seeing their regular doctors.

"We do not believe from these two surveys that abandonment (of traditional medicine) is a common issue. That does occur, and we need to pay attention to it when it does occur, but it is the exception not the rule."

He said "There will always be diseases for which conventional medical care cannot adequately address symptoms or life-threatening illnesses. I think it's human nature for people to seek all options."

The journal contained several articles on alternative therapies, giving mixed views. Among the reports:

☞ Doctors in Italy and China reported that the ancient practice of burning herbs to stimulate acupuncture points is effective in causing fetal movement and correcting breech positions before birth.

☞ The Obesity Research Centre at St. Luke's-Roosevelt Hospital in New York found that a herbal compound, *Garcinia Cambogia*, widely used for weight loss, does not work.

☞ Researchers from the University of Western Sydney in Australia found that Chinese herbal medicine treatments reduced the symptoms of irritable bowel syndrome, a condition that causes recurrent abdominal pain and irregularity.

☞ Based on a review of existing literature, Saw Palmetto extract (*Serenoa repens*) may be as effective as the dangerous drug finasteride (Proscar) in treating the symptoms of benign prostatic hyperplasia (swelling of the prostate causing difficulty with urination).

Eisenberg's overview survey reported that U.S. alternative medicine visits increased from an estimated 427

million in 1990 to 629 million in 1997. By comparison visits to all U.S. primary care physicians in 1997 totalled 386 million.

The survey showed that growing numbers of Americans, frustrated by long-term debilitating problems such as cancer, heart disease and chronic pain are seeking alternatives.

The report said that in both the 1990 and 1997 surveys, alternative medicine was used most frequently for chronic conditions, including back and neck problems, anxiety, arthritis and headaches.

Interestingly, the survey found that women, who have traditionally been the family caregivers, are more likely to use alternatives. Also the researchers found that blacks and other minorities were less likely to use alternatives.

"This was a very conservative study limited to people older than 18 who speak English," researchers cautioned. "Young people and people who don't speak English are far more likely to use alternative medicine."

This may account for the differences in the Harvard study and the Stanford study which showed 70% of American using alternatives.

Both studies reflect a growing recognition by mainstream medicine that the use of alternative medicine is a genuine trend that may have positive consequences for society and for medicine.

Earlier this year, JAMA readers shocked the journal editors when they voted alternative medicine in the top 10 among topics they wanted to learn more about. Journal editors ranked it only 68th.

In 1992, the office of Alternative Medicine (OAM) was established and guided by Senator Tom Harkin (D-IA) and former Iowa Congressman Berkley Bedell and People Against Cancer founder Frank Wiewel. Since 1992, over 80% of the calls to OAM were about alternative cancer therapies.

The studies lead author, Harvard researcher David Eisenberg pointed out, "Careful study of alternative medicine could lead to cures for illnesses that conventional medicine cannot treat." ☞

70% Of Americans Use Alternatives!

Almost 70 percent of Americans now turn to alternative forms of medicine to cure their illness when regular medicine has failed, according to a recent nationwide survey.

The research was based on a random telephone survey of 1,000 people, conducted by the Stanford Center for Research in Disease Prevention, found that 56 percent of those surveyed believe their health plans should cover alternative care. They are also willing to pay for it in their medical insurance premiums.

The monopoly is collapsing under the weight of the colossal cost and massive failures of American Medicine. - Frank Wiewel

The label "alternative medicine" covers a range of products and treatment, some derived from centuries-old spiritual and healing traditions of non-Western societies, others as new and high-tech as pressurized oxygen chambers.

In common, is the fact they all fall outside the list of "standard" therapies taught in classical "allopathic" medical schools and approved by U.S. government agencies and medical authorities.

While the Stanford survey reflected the growing acceptance of alternative medicine in the United States, half the people who seek out

alternative practitioners still rely on Western medicine for basic health care. On average, participants in the study made four visits annually to a conventional doctor.

"There is still a monopoly," says Frank Wiewel, a health freedom activist, "but the monopoly is collapsing under the weight of the colossal cost and the massive failures of American Medicine. This is a revolution of the people. Most conventional physicians were blind-sided - they didn't have a clue."

On average, the survey respondents said they would be willing to spend an additional 15 U.S. dollars a month in health insurance for complementary services such as chiropractic, massage or acupuncture.

Five years ago, a landmark survey by Dr David Eisenberg of the Harvard Medical School revealed that one in three Americans used non-traditional or non-Western medicine, spending 14 billion dollars a year in treatment.

Earlier this year, a Los Angeles Times report said that alternative medicine is now an 18-billion-dollar industry edging into the U.S. mainstream. Americans will spend 3.65 billion dollars on herbal remedies this year, a 100 percent increase since 1994.

California takes the lead in this trend. Six major health insurance firms in California alone decided this year to

cover alternatives.

Stanford opened an integrative medicine program in May and other California centers have followed suit.

What attracts consumers is the hope that alternative medical practices may provide them with therapies which are safe, effective and cost-effective. Yet critics argue what attracts medical centers and insurance companies may be a different issue altogether.

The insurance companies are interested in saving money - the bottom line - it's a business...they couldn't care less if people get well or enjoy a better quality of life.

- Frank Wiewel

"The insurance companies are interested in saving money - the bottom line - it's a business," says Wiewel, "they couldn't care less if people get well or enjoy a better quality of life."

Moreover, doctors say, there is a negative feeling toward Western medicine's ability to deal with certain health problems, particularly chronic diseases.

Western medicine has made very little progress against the massive lingering health problems such as cancer, heart disease, arthritis, Alzheimer's disease, and chronic pain. ☐

MEMBERSHIP FORM

Yes! I would like to support the important work of *People Against Cancer*.

- ☐ \$35**Regular Annual Membership** — Includes our newsletter, *Options*.
- ☐ \$50**Foreign Regular Annual Membership** — Includes our newsletter, *Options*.
- ☐ \$100**Supporting Annual Membership** — Includes our newsletter, *Options*, plus a free book.
- ☐ \$450**Sustaining Annual Membership** — Includes the Alternative Therapy Program with: a comprehensive search for the best treatment options worldwide, a detailed written report, an extensive personal telephone consultation, unlimited one year follow-up. Also includes our newsletter *Options* and the book *Repression and Reform*.



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- ☐ \$500**Benefactor Annual Membership** — Includes all the benefits of Sustaining membership plus a free book.
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- ☐ \$10,000**Golden Circle Patron Membership** — Special Membership with all select reports and Golden Circle publications.

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☐ Special Extra Donation (US funds) \$ _____

☐ I have enclosed (US funds) \$ _____

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Options is for educational purposes only. It does not advocate any treatment modality. Each reader is strongly urged to consult a qualified health professional for medical problems.

❧ Hans Nieper MD Memorial ❧

1928-1998

Hans Nieper MD, the legendary German oncologist, died on October 21, 1998.

Nieper was called arrogant and impossible by some, yet caring and compassionate by others.

Above all, he was a brilliant, fiercely independent individual and a true medical pioneer.

Always ahead of his time, Nieper suffered at the hands of the United States FDA, who banned his treatment materials, often seizing the medicine of American cancer patients.

People came from around the world to be treated. The rich and the famous and the common people alike found their way to his Klinik in Hannover.

Nieper was the founder of the German Society of Oncology and the author of many books, articles and essays on cancer, MS and other diseases as well as health and wellness.

Nieper had just finished his autobiography entitled, *The Curious Man: The Life and Works of Dr Hans Nieper* (Avery Press December 1998).

He pioneered the use of aspartates and orotates for mineral transport to the cells and worked closely with Dr Franz Kohler of Alsbach, Germany. He developed Amino Ethanol Phosphate (AEP) salts.

Because of the ability of the AEP minerals to prevent disease and promote health he called them the "membrane integrity factor." Nieper was world famous for the use of Calcium AEP which he used to successfully treat Multiple Sclerosis (MS) and juvenile diabetes.

Most recently he was reported working on the salts of Arginine or Arginates.

Nieper championed the cause of prevention but all too often was called upon for the treatment of cancer and MS after all standard modalities had been tried and failed.

Nieper's lifetime of research and treatment spanned nearly 50 years. Though a native of Germany, he visited the US many times through the years, lecturing and presenting his scientific papers in English.

The world will miss him!

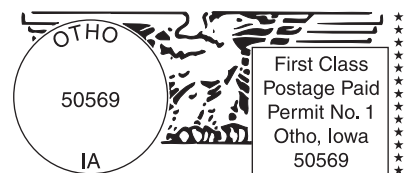
Many of Nieper's revolutionary writings, which detail his research and treatment, are still available at the A Keith Brewer International Science Library, 325 North Central Ave, Richland Center, WI 53581, Phone: 608-647-6513, Fax: 608-647-6797.

The family asks that memorials be sent to: Hans Nieper MD Memorial, 21 Sedenstrasse, 30161, Hannover Germany. ☐



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 in the War on Cancer*