

ALTERNATIVE CANCER THERAPIES

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BY GARY NULL WITH ANNE PITRONE

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Between 1972 and 1978 the National Cancer Institute spent \$5 billion on the war against cancer. This was twice as much as the total funding spent in the previous 35 years of its existence. Last year an annual campaign of the American Cancer Society raised \$126 million from Americans who believe that the only way to fight cancer is with a "check-up and a check." But in spite of the millions—in dollars as well as in lives—that have been sacrificed in this war against cancer, can medicine report an overall victory that might make these losses worthwhile?

When the war on cancer was first declared by the Nixon administration in 1971, one in every six American deaths was due to the disease. By 1978, after billions had been spent on research of conventional methods of therapy, the rate was up to one in every five Americans. If the growth rate continues, current estimates are that cancer will cause one in every four deaths by 1988, one in every three by 2008, and one in two by the year 2050—a gloomy death sentence for those born today.

Nearly a century of extensive research of conventional modes of treatment, including surgery, radiation, and chemotherapy, has produced no significant difference in overall cancer survival rates since 1950. According to Dr. Robert Armstrong, chief of the National Center for Health Statistics, cancer is the only leading cause of death for which the mortality rate has steadily *increased* in the last two decades. Since cancer research during those same two decades has been the chief recipient of biomedical funding, we can only assume that organized cancer research is barking up the wrong scientific tree.

Despite the voluminous amount of research to support such nontoxic therapies as Laetrile, vitamins, enzymes, detoxification, nutrition, and vaccines, it is only recently that established medical research has begun to take a closer look. In 1975 the National Cancer Institute set up a new program to study diet, nutrition, and cancer, and the American Cancer Society has removed two promising nontoxic therapies from the "Unproven Methods of Cancer Management" listing: Coley's toxins and the Lincoln bacteriophage method.

Although unconventional forms of therapy have been practiced for many years, it has been only recently that their practitioners have been able to come out of isolation. Fear of being branded quacks because of orthodoxy's strict view toward other therapies, lack of proper funding, and, most of all, an overwhelming responsibility to their patients' rights have kept the most open-minded and objective physicians apart from the established medical community as well as from one another. Political repression from established medical jour-

nals has also kept this vital information underground and prevented some of the most important researchers from verifying their results with one another. Some practitioners of alternative therapy have undergone political harassment even to the point of losing licenses and spending time in jail.

Who are the leaders of "underground medicine"? What are their qualifications? And, most important, what is their rate of success in the control of cancer?

To answer these questions and others, we interviewed dozens of clinics, hospitals, and doctors practicing in North America today. This was the culmination of a two-year investigative effort to determine the state of the art in alternative cancer therapy. What we found was a vast system of underground medicine thriving on the research of the past few decades despite the lack of public funds. Still, our survey shows that the cost of these therapies to the patient is considerably lower than the estimated \$23,000 it takes to die of cancer by conventional treatments that are already supported by public-funded research.

Many of the clinics where we interviewed are understaffed or don't have the funds to do important statistical analysis and follow-up of patients that would provide the general public, as well as the scientific community, with some idea of the results they're getting. Many are so new that the statistics have limited meaning. Records of patient response are sometimes sketchy because of the nature of the treatment, which often involves the patient's taking responsibility for a complete change of life-style as well as self-medication. Sometimes it is impossible for these clinics and doctors to get proper testing and/or cooperation with the medical community, although this has been changing dramatically as more positive research to support the alternative therapies has been discovered.

Part of the problem in analyzing statistics is that there is no single standard for measuring "positive results" in cancer. For example, when a doctor says he's getting good results, does it mean that he's getting objective (measurable) responses, such as tumor stabilization or regression? Or does he mean that he is getting subjective improvements, such as increased appetite, elimination of cachexia (wasting away), overall well-being, or elimination of pain? For some doctors "positive results" means simply that the patient dies in one month rather than in two weeks.

Regrettably, there is an element of vagueness in today's alternative-therapy network not only because of the nature of the disease (cancer is not limited to one type, organ, or system) and the nature of the treatment (which is often self-administered), but also because there is a lack of long-term statistical observation. There are few doctors that have been able to keep statistically thorough records over a five- or ten-year period. Most clinics have at least some strong subjective results to report.

(Left) A cancer cell (middle) is attacked by two white blood cells of the body's natural defense system (magnified 14,500 times).

With limited statistical evidence available on unconventional therapies, it certainly would be unwise to throw out conventional therapy altogether. Still, based on the mortality statistics of the past 20 years, the cancer patient today has little to lose by investigating alternative forms of therapy. Many times a combination of the two (both nontoxic and conventional) can bring about excellent results in fighting cancer.

Although there are hundreds of doctors now practicing unconventional medicine, many have not been mentioned in this article because they expressed fear of harassment from orthodox medical groups and even a fear of losing their licenses. Others have disqualified themselves by stating that because they had been practicing these methods for only a short time, they did not have enough statistical documentation for either subjective or objective results. Lastly, we have not reported on those clinics where consistently negative reports have been received about the conditions or fees.

It's very important that prospective patients conduct their own research when they are inquiring into any alternative form of therapy. Strict questioning about fees, the quality of the organic food, and objective results, etc., are necessary. Use of many of the treatments described is highly controversial and we do not recommend particular use of any of them. Competent medical advice must be sought by each individual before pursuing treatment. Freedom to choose any alternative form of cancer treatment can come only with education. To these ends, we present this survey so that the cancer patient, as well as the concerned medical practitioner, can become aware of current methods of therapy available in North America.

NONTOXIC THERAPIES

"Underground medicine" can be separated into two categories: those totally nontoxic therapies that are not used with conventional cancer treatments and those cancer treatment systems that employ both toxic and nontoxic modalities.

Nontoxic cancer therapy is based on diet, nutrition, detoxification, and vaccines that are designed to build up and maintain the body's own defense against disease. Although the whole body is involved in this process—the concept of holistic medicine—the major biological systems necessary for defense are the digestive and detoxifying organs, such as the liver, pancreas, stomach, and intestines, and the defense system, made up of the lymph glands and the blood. The question of what constitutes strong body defense and how this system can be stimulated and revived to help the body regain health and protect itself against future disease has been dealt with by many scientists, clinicians, and doctors. Perhaps the most far-reach-

ing insight into diet and nutrition has been that of Dr. Max Gerson. His work has laid important foundations for a practical nontoxic therapy with proven results. He found that his self-prescribed "migraine diet" of fresh fruits and vegetables as well as enemas to detoxify the body was able to cure such other "incurable" diseases as lupus, tuberculosis, and, in some cases, even cancer.

When Gerson came to the United States in 1946, he had refined his diet to include fresh calf's liver and other ingestibles that would improve the vigor of the detoxifying organs. The Gerson therapy forbids salt as well as all processed, canned, salted, pickled, prepared, jarred, blended, and refined foods and discourages the use of meat. During his lifetime Gerson was able to achieve a 40 percent rate of remission in his terminal patients, and many of his startling case histories are to be found in his landmark book *A Cancer Therapy—Results of Fifty*



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Cases.

The Gerson therapy recovery rate of 40 percent in advanced systemic cancer is quite amazing when contrasted with the 7-to-8-percent recovery rate in systemic cancer that exists today with conventional therapies. It's important to keep in mind that over 90 percent of patients in alternative therapies are terminally ill with cancer and have often been left with bodies scarred and poisoned by conventional methods of surgery, radiation, and chemotherapy. What if alternative therapies like Dr. Gerson's were to receive patients earlier, when their general health is much stronger? Dr. Curtis Hesse, director of La Gloria Hospital Gerson Therapy Center, one of two clinics following the Gerson method in Mexico, informs us that he is able to achieve a 45 percent recovery rate today with "incurable" patients and an even more astonishing 80-to-90-percent recovery rate with patients who have early-to-intermediate cancer.

Although the Gerson therapy can take anywhere from three months' intensive initial period to one and one-half years, depending on the type of cancer involved, results are usually seen within the

first few weeks of the diet. However, the Gerson Clinic does not accept those patients who have had chemotherapy because of the extensive damage that this particular modality of treatment causes to the liver and immune system—which can never be repaired.

The Gerson therapy is listed on the American Cancer Society's "Unproven Methods of Cancer Management." Although the National Cancer Institute has recently developed a program to study diet, nutrition, and cancer, Assistant Director Dr. Bayard Morrison said in a recent interview that they are "not exploring Dr. Gerson's therapeutic regimen."

The main problem with the Gerson treatment is that it is often too difficult for patients to follow after they leave the clinic. Since self-medication is the key to this therapy—that medication being food—the patient may often be overwhelmed by the practicalities of the diet. The added difficulty of getting unpolluted fresh calf's liver has induced many doctors to modify the therapy while including Gerson's work as a basis for nutritional guidance.

Two-time Nobel Laureate Linus Pauling also believes that diet and nutritional deficiencies may have something to do with the treatment and prevention of cancer. Pauling (who does not have a clinic) has worked closely with noted Scottish researcher and surgeon Dr. Ewan Cameron, who began studying vitamin C almost 15 years ago in hospitals in Scotland. The two scientists have published many papers together, the most recent being a landmark double article-review published simultaneously in *Cancer Research* (Volume 39) and the *Journal of the International Academy of Preventive Medicine* in March 1979.

Pauling and Cameron have shown that terminally ill patients who receive vitamin C at a dosage level of 10 grams a day and higher are able to live more than seven times as long as those terminally ill patients who have not received vitamin C. "With vitamin C," says Dr. Pauling, "we know that there are no side effects, and it is generally beneficial to the patient not only in controlling cancer but in improving his general health."

Many vitamins and minerals are prescribed in nontoxic cancer therapy. Vitamin A, a well-known defense system stimulant, is used in combination with Laetrile and certain enzymes by many clinics in North America. This tripartite combination is the basis of an immense study now being conducted by Dr. Harold Manner, professor of biology at Loyola University, whose studies with vitamin A, Laetrile, and enzymes in mice with breast cancer resulted in 90 percent tumor regression. His current study, involving over 1,000 doctors throughout the United States and Mexico, treating over 10,000 cancer patients, will be the largest clinical trial of any alternative cancer therapy ever conducted. Dr. Manner

says that by the end of 1979, he may be able to make some definite conclusions about the relative strength of vitamin A, Laetrile, and enzymes therapy.

Although the mechanisms of vitamin A and enzymes as defense system stimulants and antitumor agents are well known, the actual mechanism of Laetrile has not yet been thoroughly elucidated. Many scientists regard Laetrile as nature's own nontoxic chemotherapeutic substance and an effective pain reliever. Laetrile seems to work more effectively with other basic components of nontoxic therapy, such as diet, enzymes, and vitamins, and has even been shown by some clinicians to increase the effectiveness of smaller doses of chemotherapy and radiation.

Dr. Dean Burk, a scientist formerly of the National Cancer Institute who has conducted many different experiments on Laetrile since the late 1950s, says that there are over 5,000 pages of published material on file in the offices of the Food and Drug Administration attributing to Laetrile definite anticancer activity with very low toxicity. Although this substance is currently the subject of court battles, patients in most states are able to import Laetrile from Mexico if both the physician and patient sign an affidavit and have it approved by the FDA officials. Greg Kaye, director of the Linden, N.J., Laetrile distribution company called Cyto-Metabolics, says the whole process takes about four or five days. "After the agents at the Mexican border are satisfied, the FDA ships directly to the patient's home."

Many therapists prefer to use a combination of various treatments to give their patients every possible benefit. Dr. Ahmad Shamin, a surgeon of Laurel, Md., uses a modified Gerson diet plus high doses of enzymes and vitamins C, B-15, and emulsified A in addition to Laetrile, mineral supplements, and liver injections. Dr. Shamin recognized that surgery often increased the incidence of cancer. Now he believes in guiding his patients (most of whom are "terminal cases bloated with toxic chemicals") in nutritional therapy. Discussing his results in the 40 to 50 patients he has treated in the past few years, Dr. Shamin says, "The initial results are all positive; then it depends on the body's condition as well as the patient's perseverance. We can guide them, but it's very difficult. Often the Gerson diet is too difficult for older people; so we try to make it as practical as possible for them to get the important nutrients." As with other doctors involved in alternative therapies, his fee is low: initial consultation (about one and one-half hours including complete physical and a battery of tests) is approximately \$100. After that, office visits are \$15 to \$20. The treatment can go anywhere from three to four months up to two years, depending on the patient's condition.

"The main problem is that people wait

until it's too late, and then they want to take Laetrile and expect it to be a miracle for them," said Dr. Robert Gibson of Ponca City, Okla. Basically using Laetrile in conjunction with a salt-free, high-fiber, and high-vegetable diet very similar to Dr. Gerson's, Dr. Gibson also makes use of vitamins A, C, and E and enzymes. Formerly involved in a large general practice, Dr. Gibson has treated more than 2,000 cancer patients over the last three years, many of whom have "waited too long." "For the very ill," said Dr. Gibson, "we can relieve the pain with Laetrile and the diet and many times extend their lives beyond the expected survival; actually, the use of Laetrile is a little bit unpredictable. But if the medication does work, we've been getting very good responses with many different tumors. And with those patients that are in better shape than 'terminal' over the past three years, I'd say we've been getting about sixty-eight percent positive results." Dr. Gib-

Cancer is the only leading cause of death for which the mortality rate has steadily increased in the last two decades.

son points out that this is not really an adequate statistic, since most data on recovery require a "five-year survival time."

Dr. Gibson is able to handle up to 40 patients, and for the first three weeks at his clinic (the basic initial intensive therapy) the charge is \$1,069 for everything, including tests. During this period most patients experience pain relief within 7 to 11 days. After the initial stay at the clinic a three-month maintenance supply of medication costs approximately \$380.

One of the larger nontoxic therapy clinics in North America is SDL (Salud Determinación para Longevidad—"Health Determination for Longevity"), the largest private hospital in Tijuana, Mexico. SDL also has a clinic 40 miles south of Tijuana for ambulatory patients. Dr. Rodriguez, a specialist in nuclear medicine, who was formerly director of nuclear medicine at the famous semitoxic Clinica Cydel in Mexico, is the medical director of the Plaza Santa Maria (the ambulatory patient clinic) and a codirector of the hospital. According to Dr. Rodriguez, Plaza Santa Maria is, for all practical descriptions, a veritable para-

dise.

"It's a spa-resort. An open place with cottages," says Dr. Rodriguez, whose main concern since he started the "spa" last May is completely nontoxic therapy. "It overlooks the ocean, a path to the beach, many flowers; the entire environment is one of positive restfulness. In this environment we are able to get very good results with a restricted diet of fresh raw fruits and vegetables and a detoxification program to enhance immunological defense, regular exercise, as well as high doses of vitamin C and Laetrile every day."

Dr. Rodriguez also gives vitamins A and E, depending on the type of cancer, as well as trace minerals and oral enzymes. Recently, he has had good results with a new substance available only in Mexico called Rodaquin, which modifies the oxidation-reduction potential in the body, much like vitamin E.

Plaza Santa Maria averages about 20 patients at a time. An average stay at either clinic is a two-or-three-week intensive program that costs about \$1,550 per week. This includes room, board, all treatment, and medication. Relatives are encouraged to attend the clinic's health-and-nutrition learning program, for which the SDL clinic is well known throughout Mexico.

Although SDL is said to average 30 percent tumor regression and 70-to-90-percent overall general improvement among patients in both clinic and hospital, it is still too early to tell—SDL Hospital has been in existence a little over a year, and Plaza Santa Maria just since last May.

Chelation, where certain solutions that cleanse the arterial system are given intravenously, is another therapy often incorporated into a nutritional, holistic approach. According to its proponents, the treatment increases the blood flow, places better nutrients in the bloodstream so as to build and repair the tissues of the body that are diseased as a result of impaired circulation, and provides more oxygen to the cells.

Dr. Ray Evers uses chelation mainly for the treatment of circulatory diseases in his 60-bed clinic in Montgomery, Ala., but approximately 25 percent of his patients have cancer. In practice for 40 years, Dr. Evers first became interested in nutrition in the early 1950s, when, as a general practitioner, he began to notice the importance of trace minerals in the diet of his patients. He has treated over 6,500 patients with the Gerson nutritional therapy, vitamins, herbs, minerals, Laetrile, enzymes, and his own brand of solution for chelation work. Says Dr. Evers of his results, "If we get the patients before they've had so-called orthodox treatment—surgery, radiation, or chemotherapy—the success ratio is well above the fifty percent mark. But if they've already been through the so-called orthodox treatment, the ratio is about twenty-five-to-

forty percent success."

Dr. Evers's patients usually spend an intensive four to six weeks at his clinic and then from three months to one and one-half years on a maintenance program. Costs run about \$2,100 per week at the clinic, where patients receive room, board, and all medication as well as chelation therapy if necessary.

Dr. R. Glen Green of Prince Albert, Saskatchewan, has been getting similar results from using chelation therapy with the Gerson approach. For the past four years, Dr. Green has been getting a 25 percent recovery rate with patients who have practically all been diagnosed as being terminally ill. Using intravenous Laetrile and megavitamin therapy, Dr. Green's treatment requires an intensive two-to-three-week stay at a motel near his clinic. This costs approximately \$2,500, including room and board. His practice is limited to about six or eight patients a day.

One of the most modern developments in nontoxic cancer therapy has been the immunological work of Dr. Virginia Livingston at the Livingston Clinic in San Diego. It is her contention that there is a specific microbe involved in cancer, a microbe in the same family as tuberculosis and leprosy, called *Progenitor cryptocides*. Dr. Livingston has shown that *Progenitor* produces a certain mammalian hormone that stimulates the rapid cell growth of the placental tissue. Dr. Livingston has found that cancer patients are lacking a certain antibody that controls the hormone produced by *cryptocides*, and, therefore, their bodies are more open to this invasive type of rapid cancerous growth.

Dr. Livingston immunizes patients against their own disease by making a vaccine from the specific microbe found in each individual. She also uses attenuated bacillus viruses to raise the general immunity level of the whole body. The therapy includes the use of megavitamins, minerals, enzymes, and antibiotics. She doesn't use Laetrile, because she does not think it is specific to the disease even though it may effectively relieve pain.

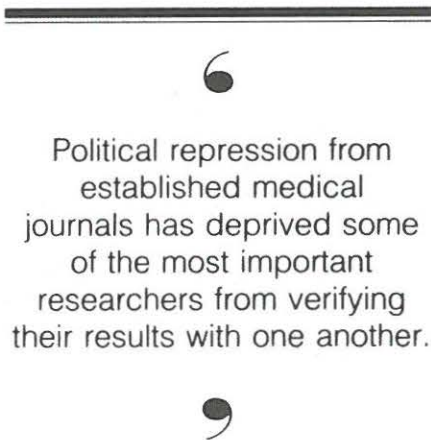
Dr. Livingston's diet, based on the Gerson theory, also strictly forbids the ingestion of chicken, which her research has shown to contain cancer-causing viruses. Most meat is also strictly forbidden, since cattle are often fed on chicken and have become diseased themselves.

At the Livingston Clinic in San Diego, patients—usually ambulatory—receive a two-week intensive initial period of care. Five doctors handle a case load of about 15 patients per day. Those wishing more specific results of Dr. Livingston's work may wish to look at 150 case histories that she will be publishing this year.

"The problem with cancer," said Dr. Livingston, "is that everybody has something to offer, but nobody has the complete picture." Many researchers have been spurred on by these words to com-

bine the Livingston treatment with other nontoxic therapies. Dr. William Brentlinger of Midwest City, Okla., a general practitioner for 23 years, has a cancer therapy that involves diet, megavitamins, apricot pits, acid-mineral balance, chelation, and Livingston vaccines. Although he has had only 12 cancer patients in the past two or three years, he has had no failures for the past one and one-half years. (The treatment costs about \$2,000 per year.)

Dr. Jack Slingluff of Canton, Ohio, uses a modified Gerson diet with Laetrile, chelation, mineral supplements, vitamins (especially vitamin C), and the Livingston vaccine. After three or four years and over 600 cancer patients, Dr. Slingluff has had "good success" with lung tumors, and 30 percent tumor stabilization with 5-to-10-percent actual tumor regression. Dr. Slingluff's results with malnutrition and the cachexia of cancer patients is almost a total success: 90 per-



Political repression from established medical journals has deprived some of the most important researchers from verifying their results with one another.

cent improve after being on his treatment. An initial six-month intensive treatment runs the patient around \$3,000 plus \$2,000 for medications. Maintenance for the next six months is \$1,500.

Dr. Thomas Roberts of Leesburg, Va., also makes use of the Livingston vaccines in conjunction with a relatively strict Gerson diet, vitamins, enzymes, and other immunological agents from Germany's Nieper Clinic. Most of his patients are also terminally ill cases, and although Dr. Roberts has had some very good results with chronic degenerative diseases and hypoglycemia, he has not really seen any "spectacular regression" in any of his cancer patients. However, many are free from pain and are stabilized.

But perhaps the most detailed combination of nontoxic therapies is that of Dr. Michael Schachter of Mountainview Medical Associates in Nyack, N. Y. Also a psychiatrist, Schachter has written a book called *The Food Connection*, which details the relationship of food to psychological problems.

Dr. Schachter begins with detailed diagnostic testing that will decide which therapies from his six major programs will

best benefit the patient. His nutritional program includes a strict vegetarian diet for the first two or three months, elimination of all chemicalized or processed foods (including chlorinated or fluoridated water), and whole grains. Schachter's supplement program includes hydrochloric acid tablets to increase digestive action, high doses of vitamins C and A, defatted liver, brewer's yeast, pangamic acid, some selenium and other minerals, as well as Laetrile, apricot pits, and comfrey-pepsin to break down the mucus.

Schachter's injectable program (for patients in the acute stage of disease) includes intravenous Laetrile, vitamin C, low doses of vitamin B, autogenous vaccine, crude liver and iron, and certain defense system stimulants. Schachter's detoxification program contains fresh vegetable juices and coffee enemas (similar to the Gerson therapy) as well as colonic irrigation and massage. Schachter also uses raw glandular material to stimulate the immune system. And finally he has a complete psychological program for such factors as stress reduction, relaxation techniques, biofeedback, and group therapy for cancer patients with their families. Schachter has a 30-member staff and first started treating cancer patients in 1975. Since then his cases have numbered in the hundreds. Although he could not say how many of his patients had actual tumor regression, Schachter estimated that more than 50 percent would have some benefits from his treatment, and that many cases had actually increased survival time.

Dr. Schachter says that the cost for his cancer patients is from \$3,000 to \$5,000 for the first six months of intensive care. Maintenance is about \$3,000 to \$4,000 a year, with visits to the clinic every three months for follow-up and nutritional analysis.

There are some nontoxic therapists who have not made use of diet and nutrition in their practice. Dr. Emanuel Revici—chemist, bacteriologist, pathologist, and medical doctor—has been able to show in more than 40 years of research that there is a dualistic pathology in the body: a series of opposites that are positive and negative, acid and alkaline, high-oxygen and low-oxygen consumptive, allergic and toxic. Identifying various chemical elements of disease, especially cancer, Revici has cured many conditions by chemically altering the diseased biological system with a substance that is the specific opposite of the diseased state. Which chemicals can correct specific diseased states and bring them back to normal? This question has been the subject of Dr. Revici's life work.

Originally concerned with the physiology of pain, Dr. Revici's "nontoxic chemotherapy" has achieved good results in cancer, arteriosclerosis, vertigo, hearing impairment, gallbladder infection, arthritis, hemorrhage, allergic reac-

tions, pain, trauma, and burns. But one of his most important contributions to other cancer research has been the development of a nontoxic form of selenium, which is one of the major deficient trace elements in cancer-prone populations. Several studies show that selenium-deficient areas—such as the West Coast—are prone to certain types of cancer. Dr. Virginia Livingston is already using a yeast-based selenium, but she has expressed interest in Revici's higher dose formula that is completely nontoxic.

The 88-year-old Revici currently runs the Institute of Applied Biology in Manhattan, where he has a small office for outpatients and three floors of laboratories for research. Cost to the patient is about \$15 to \$25 per visit.

Dr. Stanislaw Burzynski is another researcher with an original nontoxic therapy that does not make use of diet or nutrition. This young Polish doctor, now based in Houston, Tex., uses a substance called antineoplaston. Thought to be totally separate from the immune system, antineoplastons allegedly can correct cancer cells back to normal by providing the "information" necessary to direct cancer cells back into normal cell-differentiation pathways. In the past two years, Dr. Burzynski has treated 41 patients and caused subjective improvement in 86 percent of the cases with advanced cancer and leukemia. In addition, there was complete remission in 19 percent of these cases, which included acute lymphoblastic leukemia, cancer of the bladder, and cancer of the mouth and tongue, all of which are resistant to conventional methods. Recently, Dr. Burzynski has also been getting good results with malignant brain tumors. Partial remission was obtained with colon cancer with liver metastases, metastasized bladder, lung, and breast cancer, prostate cancer, and two cases of chronic lymphocytic leukemia.

Patients usually receive the treatment for six weeks, starting with small doses of antineoplastons and working up to more effective amounts. Side effects are apparently nonexistent; yet Burzynski monitors the patient carefully, spending the first week in the hospital and then seeing the patient in his clinic for the rest of the time.

Although Burzynski charges for materials—it is still an experimental procedure not approved by the FDA—the treatment costs \$4,000 a month only because the compound has not yet been synthesized and must still be isolated from huge quantities of healthy human urine. Burzynski hopes to synthesize the antineoplaston and apply for FDA investigational status by the end of 1979. Only then would his treatment be allowed testing in other clinics and in combination with other therapies.

One method that does have an investigational new drug (IND) status from the FDA is Hydrazine Sulfate, another seem-

ingly nontoxic drug that has been proved in several studies to reduce cancer cachexia so that the patient can fight his disease in better health. It has been shown that the condition of cancer places extra demands on the body for energy; it literally feeds upon healthy tissue. Cachexia is the actual cause of death in over 50 percent of cancer patients.

Hydrazine Sulfate, a very inexpensive industrial chemical, appears to halt this energy-grabbing process entirely. Tests by Dr. Joseph Gold at the Syracuse Cancer Research Institute in Syracuse, N.Y., have shown that Hydrazine Sulfate can counter the debilitating effects of cancer without the side effects usually accompanying conventional chemotherapy. Even the terminally ill patient has been able to gain weight, increase his appetite, and enter into a somewhat relaxed state. Tests by Dr. Gold have been confirmed in a recent four-year study by Russian

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investigators M. L. Gershanovich and others at Leningrad's distinguished Petrov Research Institute of Oncology, involving over 225 terminally ill cancer patients who had been considered beyond help by conventional therapy. The only treatment was Hydrazine Sulfate, but the results were astonishing.

After four years, a total of 147 patients—65 percent of the cases—had shown a definite positive subjective improvement, including reduction of fever, normalization of lab test findings, an improvement in general status and appetite, and, most important, reduction or complete elimination of pain.

In addition, 32 percent of the patients reached a stabilized condition, that is, their cancers did not grow or progress once Hydrazine treatment had begun. Another 12 percent actually showed tumor regression as a result of the treatment. These were the patients that orthodox medicine had given up for dead.

Many doctors involved with alternative forms of therapy have begun to incorporate Hydrazine Sulfate into their treatment schedule. Information about this new drug is available to any doctor from Dr.

Joseph Gold, the chief researcher in the United States, at the Syracuse Cancer Research Institute, Inc.

SEMITOXIC THERAPY

Combination cancer therapy many times can extend into the realm of toxicity with good results. Often low levels of chemotherapy and/or radiation have increased effectiveness and reduced side effects when combined with a nontoxic metabolic program that builds up the patient's defense system. Many alternative cancer treatment centers in North America are making use of the best of both worlds in this respect.

Clinica Cydel and the clinic of Dr. Contreras, both located in Tijuana, Mexico, have constructed their efforts around the combination of Laetrile, diet therapy, radiation, and chemotherapy.

Dr. Contreras's 58-bed hospital started out 16 years ago, with Laetrile and conventional therapy only. Since then Contreras has expanded his program to include enzymes, vitamins A and C in high doses, special diets, and detoxification programs, as well as vaccines both specific and general.

Dr. Contreras reports a 30-to-50-percent tumor regression in all cancers but has discovered that some tumors respond better to nontoxic therapy than others. Inoperable cancer of the lung, pancreas, prostate, and stomach as well as lymphoma are the types Contreras prefers to treat, mainly with nontoxic therapy. But he reports that cancer of the colon with liver metastases and cancer of the ovary respond better to more conventional methods.

The Contreras hospital is staffed with about 20 to 25 MDs and specialists, and their outpatient clinic can handle up to 150 a day. Since 1960 Dr. Contreras had worked mostly as an oncologist, and his clinic is currently used as a teaching hospital for several universities and medical schools in Mexico. The three-week intensive stay at Contreras's outpatient clinic rarely exceeds \$800 (not including room and board), and the hospital costs run from about \$1,500 to \$1,700 for the entire period.

Clinica Cydel is another Tijuana hospital with some of the most advanced diagnostic equipment on the premises in North America. Medical director Dr. Mario Soto has also been called one of the best diagnosticians in the country. As a trained oncologist, Dr. Soto used a holistic approach, including Laetrile, vitamins C and A, and enzymes as well as some chemotherapy for especially aggressive or invasive cancers. The initial treatment at Clinica Cydel takes approximately 27 days and costs \$3,107 for office calls, tests, accommodations, special diet, and treatment. This does not cover any surgical costs, however.

Clinica Cydel can accommodate approximately 23 patients, and in the past four years of its existence it has been able

to achieve a 30-to-50 percent tumor regression and stabilization among patients who are mainly terminally ill.

In the United States surgeon and oncologist Donald Cole, of Floral Park, N.Y., has developed a highly variegated therapy in the holistic approach. Dr. Cole is also one of the few therapists working with thermotherapy, a process whereby heat is used to destroy cancer. "There is ample evidence now," says Cole, "that there are temperatures at which cancer cells are destroyed and normal cells are not. In thermotherapy we try to arrive at a temperature of 107.5° F for about two hours."

Cole quickly pointed out that not everyone is an ideal candidate for thermotherapy because it places stress on the cardiovascular system and kidneys. However, for those cancer patients in relatively good shape, it is an ideal way to remove cancer cells spread throughout the entire body.

About 175 of Cole's cancer patients have received thermotherapy successfully in the last one and one-half years. The results of his combined program for the last two years have also proved to be very successful. "Our overall results, and these are crude statistics," says Dr. Cole, "are that approximately half the patients we see have a remission—and the majority of these have been in a far-advanced condition, having failed on most therapies before coming here."

The success of Dr. Cole's work is also carried over to the American International Clinic in Zion, Ill., where he is a consulting staff member. According to Arthur Davis, chief of the Department of Preventive Medicine, the clinic (which can handle from 30 to 40 patients a day) and the 87-bed hospital have a nutritional program similar to that of the Gerson therapy. Low-dosage chemotherapy and radiation is used when necessary, as are Laetrile, thermotherapy, and vaccines. Dr. Davis himself worked at the Livingston Clinic for a period of almost two years.

Although over 80 percent of the patients at American International Clinic are terminally ill, according to Dr. Harold Manner, who also works closely with the clinic, the remission rate is approximately 54 percent. Although the statistics at both American International Clinic and Dr. Cole's clinic in Floral Park are both excellent, it must be pointed out that these clinics are relatively new and have at the most two-year levels of experience. It is still too soon to tell whether statistics will hold up on the five-year, survival rate scale.

Survival is the key, especially while patients are undergoing many toxic "conventional" treatments; therefore, some alternative therapists have set up their practices as a support system to those patients undergoing the rigors of conventional therapy.

A prime example is the eminent researcher and marine biotoxicologist Dr.

Bruce Halstead, of Redlands, Calif., who has worked with cancer since the early 1950s, when he was searching out new chemotherapeutic agents for the National Cancer Institute. Over 25 years and 200 scientific papers later, Dr. Halstead has come to the conclusion that cancer is a many-factored disease that cannot be conquered by one method alone.

"Our approach has been to support the individual," says Dr. Halstead. "I'm not under the delusion that I've got a cancer cure. I advise patients to go to a reputable oncologist to get a good diagnosis of their case. I tell them to ask the oncologist how many cures he's gotten with his method of treatment. Then, after we get a good diagnostic workup, I sit them down and explain what I have to offer. If they have leukemia, for example,

Based on the mortality statistics of the past 20 years, the cancer patient today has little to lose by investigating alternative forms of therapy.

or choriocarcinoma or Hodgkin's disease, which oncologists usually have good results with, I say the best thing that I can do is to give the patient some supportive therapy that will reduce the toxicity levels of conventional treatment. I try not to arbitrarily exclude other treatments, conventional or not. What I do try to do is tell the patient, 'Hey, it's your life, we should take a real good look, you're the one who has to make the decision.' On the other hand, I don't encourage people to take conventional therapy unless I have really good statistical evidence that they're getting excellent results with a particular form of cancer. In some cases they are, but those are the uncommon forms, not the common ones."

Dr. Halstead's therapy includes a modified Gerson diet, which he considers "the most fundamental part of the picture," exercise, high levels of vitamin C, and Dr. Manner's vitamin A-enzyme-and-Laetrile method.

After three or four years of his current therapy, Dr. Halstead's results have been "somewhat encouraging and then also discouraging. The biggest discouragement is the fact that 97 percent of my patients have had surgery, radiation, and chemotherapy. Many come to me on Friday and are dead by Monday; that's how far down the road they are." But Dr.

Halstead still plans to do a statistical analysis after a few more years of treatment. "Right now," he says, "it's extremely frustrating, because there are things that I know should be done, that I'm not allowed to do by law, and I don't have the support for a full-scale analysis."

From results of interviews as presented here, the highest remission rates seem to come from clinics that have the capability of surviving and gathering information for applications of new combined therapies. In addition, the existence of alternative therapy centers is important, because often they are the only means of gaining education and experience in unconventional therapies for doctors coming out of medical school. Several Gerson clinics have already been established in Mexico as a result of training through the Gerson Therapy Center, and many of the larger research clinics, such as the Livingston Clinic in San Diego and Clinica Cydel in Mexico, have served as training grounds for doctors who have gone to work in other hospitals. Often alternative-therapy centers are the only clearinghouses of information for new methods of treatment, since many proponents of unconventional therapy are refused communication with their fellow doctors through regular channels (conventions and medical journals).

What can a concerned public do to open up the knowledge gained by alternative practitioners in the last few years to publication and more accurate scientific testing on a larger scale? We owe the alternative-therapy clinics our watchful interest as the statistics continue to come in. In that way we can ensure that this vitally important open forum of "underground medicine" can eventually take its rightful place—in the light of day, where even the most unconventional facts become clear.

Further information on alternative cancer therapies can be obtained from Our Town News, 500 E. 82nd St., New York City 10028, which ran a series of eight articles on the politics of cancer; also The Arlin J. Brown Information Center, P.O. Box 251, Fort Belvoir, Va. 22060, and Cancer Control Society, 2043 North Bernedo St., L.A., Calif. 90027, and International Association of Cancer Victims and Friends, 7740 W. Manchester, Suite 110, Playa del Rey, Calif. 90291.

For additional recommended reading, Dr. Michael Jacobson's Eater's Digest, Consumer Fact Book of Food Additives as well as an excellent food additive chart is available from the Center for Science in the Public Interest, 1755 S St., NW, Washington, D.C. 20009. We thank and acknowledge Greta Bunin for her outstanding work and article on CAST and IFT in Nutrition Action, 1979.