

The Cancer Business - by Pat Rattigan ND

Cancer & Biopsy Epidemic

The Dark at the End of the Tunnel

In Britain, at the present time, around one third of general hospital patients are suffering from cancer. Two out of five of the population have, or will develop, the disease. If we accept the figures, for cancer incidence, of 30 percent in 1980, 40 percent now and 50 percent in the year 2010, at the present rate of increase the figure will reach 100 percent around 2080. A multitude of factors suggest that the rise is set to accelerate.

The 5-year survival figures, not to be confused with the successful treatment of the disease, for the major cancers are:

stomach - 5 percent

trachea, bronchus and lung -5 percent

breast -50 percent

oesophagus -5 percent

large intestine - 22 percent

pancreas - 4 percent

liver - 2 percent.¹

There has been no significant increase in survival rates since records began.

The Solid Gold Source

The cancer business is second only, in size, to its big brother, petrochemicals.

In the 20 years from 1970 to 1990, in the USA alone, the cancer business was worth an estimated 1 trillion dollars (\$1,000,000,000,000).² If the same percentage of the overall disease bill applies in Britain as in the US, the current expenditure on cancer will be 3 to 6 billion pounds per year.

With these kind of amounts involved it is quite understandable why the drug/radiation/scalpel/vivisection cancer cartel have maintained a constant, ruthless campaign to suffocate, at birth, any and all attempts to introduce rational therapeutic regimes to deal with the species-threatening plague.

The Enemy Within

The cancer epidemic has many causative components; virtually all of them either actively promoted by or ignored by the government health departments, the medical trade etc.: the lethal 'doctor's balanced diet', vaccination, antibiotics, antipyretics, analgesics, steroids, routine X-ray screening, animal-'safety-tested' pesticides, herbicides, solvents, dyes, detergents etc., fluoride-waste dumping in public drinking water, radio/chemo 'therapy', nuclear energy, electro-pollution and so on.

Ever aware of the need to protect their brethren in the petro-pharmaceutical cancer machine, the cancer P.R. boys, aided and abetted by their on-the-payroll media pals - passing themselves off as unbiased observers - faithfully maintain the line that the whole thing is down to smoking and sun-bathing. One thing that they need to explain is the canine carnage: in a population of 7 million domestic dogs, over a million per year are dying from cancer - or the treatment.³ This constitutes a dog cancer death-rate 50 times that of the human rate, due to the regime of vet-approved vaccines, antibiotics, worming drugs, flea sprays, pesticides, herbicides etc. - all 'safety tested' on animals - tinned dog-meat etc. We are all - humans, dogs, cats - dying, like flies, from the synthetic deluge. The farm animals would exhibit the same syndrome if they were not killed, prematurely, for 'food'.

Cancer is, above all else, a nutritional problem. The lethal British diet of meat, dairy produce, eggs, refined carbohydrates, common salt and synthetics, with token amounts of fruit, vegetables and wholewheat bread - all saturated with pesticides - is a recipe for a vast range of maladies, cancer included.

1999 will see 700,000,000 drug prescriptions dished out by British doctors: a deluge of vaccines, antibiotics, analgesics, steroids, antipyretics, anti-inflammatories... all add up to a huge onslaught on the body's immune defences. Acute diseases, the body's efforts to regain health, are being continually suppressed by allopathic treatment.

Vaccination has reached a 98 percent uptake in some areas. The vaccines, between them, contain a mixture of animal-derived proteins and viruses, formaldehyde, mercury, aluminium, carbolic acid and so on. This is injected directly into the blood stream and thence to the cells, major organs etc. The immune defences stand no chance.

When alien material from dogs, monkeys, calves, chickens etc. is put directly into the human blood stream, the material is likely to change the genetic structure as the foreign proteins etc. are incorporated into the invaded cells, which, in their mutated form, continue to replicate. The immune defences can then no longer differentiate between self and non-self.

The body is then liable to invade its own cells with a variety of immune and auto-immune diseases, cancer included, as an inevitable end result.

Water fluoridation was first popular with the totalitarian regimes of the Soviet Union and Nazi Germany.⁴ Aside from being a narcotic, fluoride is also a highly toxic, persistent waste by-product of aluminium and fertiliser production, an enzyme-inhibitor, an immuno-suppressant and a listed carcinogen. 'Fluoridated Birmingham has now been compared with non-fluoridated Manchester over the years 1971-1977. After simultaneous standardisation of all data...it was found that over 1,000 excess deaths per year are now linked with fluoridated Birmingham.'⁵

The cavalier use of routine and diagnostic X-rays by the medical trade is a major cancer threat. Prof. John Gofman M.D. PhD., as early as 1980, put the figure for the US alone at 12,000 extra fatal cancers per year. He also stated that around three quarters of breast cancer cases are caused by medical X-rays; this is apart from the huge doses from 'radiotherapy'. The use of the new X-ray toys for mass lung-screenings, head irradiation for ring worm, shoe-fitting, sore throats etc. caused incalculable amounts of cancer deaths. 'I confess that I believed in the irradiation of tonsils, lymph nodes and the thymus gland. I believed my professors when they said the doses we were using were absolutely harmless. Years later the 'absolutely harmless' radiation... was reaping a harvest of thyroid tumours.'⁶

The huge, increasing assault on the immuno-defence systems and the ever-growing deluge of carcinogens will certainly result in a considerable acceleration of the rates of cancer incidence and death. The theoretical 100 percent cancer incidence could well be here around the mid 2,000s.

The Orthodox Cure Hoax

The definition of cure in cancer is the restoration of the cancer defence mechanisms and the elimination of cancer through these mechanisms. If this restoration is not possible, the next best is the constant support, through safe, natural means, of the body's attempts to keep the disease at bay.

Neither of these is supplied by orthodox cancer treatment.

The cancer research fund-raisers' definition of cancer cure is the apparent lack of symptoms for five years. If, or when, a patient dies a year or two after the five years, from the effects of the treatment, they remain in the 'cure' statistics: cured and dead at the same time.

'Patients may die from secondary growths at any time from a few months to many years after the treatment. Only after a gap of as much as twenty one years does the risk of death from some other cause exceed the risk of death from the original disease.'⁷ Or from the original treatment.

On June 8 1990, at Chelmsford Crown Court, a 42-year old woman was awarded £155,000 damages. She had suffered seven years of cancer treatment. 'She spent 13 months in and out of cancer wards during which she made friends and saw them die. Her hair fell out and she suffered continual nausea during six spells of painful radiological and drug treatment...Surgeons opened her stomach and removed an ovary in an unsuccessful search for breast cancer. Only then was the shattered woman told it had been a mistake.' (Times 9.6.1990)

The woman, who lost her career and her marriage, had never believed the diagnosis but had allowed herself to be rail-roaded by the white-coated cancer gods. The precise number of people who have been mis-diagnosed and have then been killed by the onslaught or who have survived and have been put in the 'cure' statistics cannot be estimated. One anonymous cancer statistician commented: 'I wouldn't be surprised if they are curing a lot of leukaemia that never existed.'⁸

In 1940, according to Prof. Hardin B. Jones:¹⁹

‘Through re-definition of terms, various questionable grades of malignancy were classed as ‘cancer’. After that date, the proportion of cancer cures having ‘normal’ life-expectancy increased rapidly, corresponding to the fraction of questionable diagnosis included.’

The oldest prong of the lethal trident, cynically known as modern cancer therapy, is surgery. The notion being that the removal of a tumour cures the patient; ignoring the fact that cancer is a whole body, systemic, constitutional disease which eventually manifests a tumour; the location of the growth being due to individual constitutional factors, and the nature of the carcinogen. As for surgery, George Bernard Shaw was of the opinion that, ‘The more appalling the mutilation, the more the mutilator is paid.’ In medispeak, the more appalling the mutilation the more ‘heroic’ the surgery; it not being readily apparent whether the heroism is on the part of the patient or the surgeon who must know that one day he will have to stand before the Lords of Karma and explain his actions.

The hemi-corporectomy, the amputation of everything below the pelvis,⁹ was one of the bravest operations carried out by the heroic cutters but the greatest scalpel heroism was the ‘total exenteration’ or ‘hollowing out’¹⁰ the removal of the stomach, internal reproductive organs, pelvic floor and wall, pancreas, spleen, colon, rectum, bladder, ureter and part of the liver: far more fun than the nutritional approach to cancer.

Surgery is a massive shock to the system, uses carcinogenic anaesthesia and increases the risk of cancer in the scar tissue. It has a place only where the threat to life processes is immediate, as in digestive obstruction etc.

The routine removal of every malignant lump which is surrounded by the body with a defensive shield, is a death sentence.

Chemotherapy involves the use of extremely toxic petrochemical drugs in the hope, never realised, of killing the disease before killing the patient. The drugs are designed to kill all fast-growing cells, cancerous or not. All cells caught in the act of division are systematically poisoned. The effects include hair loss, violent nausea, vomiting, diarrhoea, cramps, impotence, sterility, extreme pain, fatigue, immune-system destruction, cancer and death.

According to the government's own figures,¹¹ around 2 percent of chemotherapy recipients are still alive after 5 years: the term ‘alive’ is used, here, in its literal sense: i.e. not yet clinically dead.

‘Recently someone very dear to me, someone who can never be replaced, died a premature and totally unnecessary death. He had cancer and he was my father. Although there are safe, effective, natural treatments for this dreaded disease...my father allowed himself to be talked into having chemotherapy.

The side-effects of the drugs were horrendous and unspeakably cruel but he persevered with the treatment because he had faith and trust in his doctors and believed every word they told him. Clearly he was dying but he continued taking the awful treatments because he was repeatedly told that he was doing 'so well'. After all, the good doctors wouldn't lie to him, would they?...the truth about his real condition was not revealed to him until my mother accompanied him to the clinic for what was to be his last treatment...the prognosis was "very grim"...my father had less than a month to live... then, and only then, did my father allow us to take him elsewhere for non-toxic treatment...My husband took him to a cancer help centre

where he received metabolic therapy...he was one hundred percent more comfortable and relatively free of pain...and he died a peaceful death.

He did not die of cancer, however, but of pneumonia, one of the chemotherapy's side-effects. Chemotherapy damages if not destroys the body's immune defence system...had my father been told that chemotherapy would never cure him...he would have allowed us to take him elsewhere...much sooner...I keep thinking of the Hippocratic oath, in particular, the first line, "First do no harm", and, "I will never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death." I loved my dad very much and to lose him in this cruel horrible unnecessary manner is certainly the heartbreak of my life.¹²

Whilst toxic chemotherapy has killed untold millions of patients, a systemic approach, using genuine, natural, anti-cancer agents is a valid, if not ideal, approach to cancer. 'Radiotherapy', however, is devoid of any rational basis in theory or practice.

After radium was discovered it was tried out in various situations. It was inevitable that 'some enterprising medical men started a fad in using it on cancer victims.¹³ The tumours were shrinking; cancer was being cured. This led to a price rise of 1,000 percent and the birth of a multi-billion dollar industry without an atom of science as its basis.

In late 1991 someone at the North Staffordshire Hospital, in Stoke, noticed that the settings on the tumour-burning machine were set too low. Various masterminds, including the local MP, went on air with dire warnings of the consequences to the 1,000 patients who had not received enough of the healing rays. An investigation was ordered.

The team undertaking the investigation faced a considerable problem. If they accepted the view of the doctor-in-charge, that the 'under-dosed' patients fared no worse than those given prescribed doses, they might have been asked why patients were, and are, given large doses of immuno-suppressive, carcinogenic radiation, when not necessary.

If they decided to preserve the virtue of radiation as a valid therapy by declaring that the UDs died quicker, they risked litigation from the relatives. If they found, as cynics strongly suspected, that the UDs lasted longer, they risked some trouble-maker wanting a further 1,000 patients treated with the radiation machine turned off altogether.

They needed to bring in the Creative Cancer Statistics Squad: pronto.

Finally, the CCSS delivered their verdict: the doctor involved was wrong; the lack of radiation adversely affected the patients. Litigation from the relatives was to be preferred to admitting that the dosage made no difference.

In the US, an anonymous National Cancer Institute scientist¹⁴ explained:

'Look, when you've got 10,000 radiologists and millions of dollars worth of radiation equipment, you give radiation treatments, even if study after study shows that a lot of it does more harm than good. What else are they going to do?

Like surgeons, they've been trained to cut: so they cut.'

One person who chose to have treatment with the radiation machine turned off altogether was the jockey Bob Champion. Convinced by the early detectors, in spite of feeling well, that he was, ‘...likely to die of cancer of the lymph gland,’ he decided that he did not relish the thought of a treatment that, ‘...could have ruined his lungs.’¹⁵ - let alone the rest of him - and opted for drugs.

He eventually survived the treatment and the ‘lymphoma’. His doctor, ‘cancer specialist’ Ann Barrett, declared:

‘He is the only patient in my experience who has come through this disease and achieved such a high degree of physical fitness afterwards. His recovery is even more remarkable when you consider that he refused to have the conventional treatment.’ !!!

The plight of the ever-increasing number of parents of child cancer victims facing ‘radiotherapy’ was well illustrated in October 1993:

‘...after learning of the appalling side-effects of radiotherapy...her anxious mother has opted to take her to America for private treatment... "I've been told the radiotherapy will cause brain damage knocking forty points off her I.Q....Her growth would be stunted...she would need hormones to help her growth and sexual development. It is also likely she would be sterile"’¹⁶

Further delights include bone and nerve damage, leading to amputation of limbs, severe burns and, of course, death, at a future time, from cancer and leukaemia due to the highly carcinogenic, immuno-suppressive effects of the huge doses of radiation.

‘Chemotherapy and radiotherapy will make the ancient method of drilling holes in a patient's head, to permit the escape of demons, look relatively advanced...the use of cobalt...effectively closes the door on cure.’¹⁷

The five year survival rates for the different onslaughts are: ¹¹

Surgery - 22 percent

Radiotherapy -12 percent

Surgery/radiotherapy combined - 6 percent

Chemotherapy plus others - 2.5 percent

Chemotherapy alone - 1.6 percent

...none of which has stopped the cancer industry from carrying out the same procedures, day in, day out, for decades: with the same deadly, inevitable results.

Temporarily suppressing, with the scalpel, drug or radiation, the symptoms of cancer does nothing for the victim's chances of survival. Adding gross insult to injury, the treatment involves massive doses of carcinogens and super-poisons.

The patient is subject to a regime diametrically opposed to that which is needed for survival.

Cancer is an acceptable form of suicide for those who have lost the desire to live: this loss being a major factor in the development of the disease in the first place. The great tragedy and scandal is where the victim has a strong determination to live and fight but is then destroyed by the assault from the lethal, useless treatment and not by the cancer.

Early Detection

A boost to the early detection and cure hoax has been the improved methods used in picking up early cancer - real or imaginary. This has led to an increase in numbers of people lasting five years and being put in the cure statistics. Early stage patients are stronger and more likely to survive the assault; whereas, before the improved techniques, patients with more advanced disease succumbed to the disease/treatment before the five years were up.

On early detection and orthodox treatment, Prof. H.B. Jones, then the leading US cancer statistician, with over 30 years experience, stated, in 1975:

‘It is utter nonsense to claim that catching cancer symptoms early enough will increase the patient’s chances of survival: not one scientist or study has proven that in any way. My studies have proved conclusively that untreated cancer victims live up to four times longer than treated individuals. If one has cancer and opts to do nothing at all, he will live longer and feel better than if he undergoes radiation, chemotherapy or surgery, other than used in immediate life-threatening situation.’

One person who, before the reality hit him, may well have smiled at Jones' statement was US Senator Hubert Humphrey. Former vice-president Humphrey, a true believer - until it was too late - in the cancer boys and their early detection was told that he was suffering from bladder cancer. This was duly ‘cured’ with radiation. Later, in May 1976, the prognosis was that there was no reason for any further treatment. Six months later Humphrey was operated on for the removal of a bladder tumour. His surgeon, Willard Whitmore, declared: ‘As far as we are concerned the Senator is cured.’

Whitmore added that ‘...to wipe out any microscopic colonies of cancer cells that may be hidden somewhere in the body’ treatment with experimental chemotherapy - ‘bottled death’ as Humphrey later called it - would begin. Humphrey changed from an active middle-aged man into a feeble, ageing wreck and died within one year in full view of the media who all, apparently, thought he had died of cancer.

Any doubts about the brass neck of the Syndicate, in the face of such a spectacular public defeat, were dispelled the very next year by the publication of a book which stated that Humphrey was a ‘...famous beneficiary of modern radiation therapy’ who had ‘...remained well for three years until the development of a new, more advanced cancer.’²⁰

The use of very expensive body scanners to detect early lumps has been a favourite source of pride with the cancer cartel and their faithful fund-raisers. A letter from an MP stated: ‘I have now received the enclosed reply from the...DHSS about the value of body scanners in treating cancer. As you will read, the government does acknowledge the value of body scanners but can give no statistical evidence of this.’²¹

This is fully in keeping with the tradition of orthodox medical practices. Estimates vary from 50 percent to over 85 percent as to the degree of these practices which are, at best, unproven or, at worst, lethal.

Breast Cancer

Around 15,000 women, diagnosed with breast cancer, die each year in the UK. The medical cynics, engaged in the ongoing competition to demonstrate that it is quite impossible to insult the intelligence of the public on matters of health, have always found fertile ground in the field of breast cancer; the crowning achievement being when one of the jokers convinced healthy women to have both breasts removed to prevent breast cancer.

‘The American Cancer Society and the National Cancer Institute, as a showcase project of the "war on cancer", co-sponsored a massive X-ray screening program for breast cancer - on 280,000 women - the notorious mammography follies. With kind smiles and Pollyanna counsel, women were encouraged to affirm their virtue on the altar of technology by exposing themselves to periodic radiation known to increase the risk of the disease.

...Emphasis was placed on radiating women over 50, the very age group that would be most vulnerable to induction of cancer by radiation.’²²

By 1989 four random-controlled mammography trials had taken place: in the USA, UK and two in Sweden. In the final, and most sophisticated, trial, in Malmo, it was found that for one woman to have a cancer avoided or delayed it would need 68,000 women to be screened.²³ As such a figure is completely meaningless, the grave dangers of mammography are entirely without any possible counter-balancing benefits.

‘Breast scanning increases cancer risks for women....middle-aged women who have regular mammograms are more likely to die from breast cancer than those who are not screened...’³⁰

The largest ever trial of mass breast cancer screening was the Canadian National Breast Screening Study, involving 50,000 women and directed by Prof. Anthony Miller. Half of the women were given X-ray screening every year or 18 months and half were given just a physical examination. Within the X-rayed group the cancer death-rate was ‘significantly higher.’

The danger, according to Miller, was from the fact that mammograms lead to surgery for tiny lumps, encouraging secondaries to grow. Also, according to Miller: ‘...one potential problem was that surgery, the anaesthetic and radiotherapy, involved in treating women with breast cancer, were interfering with immunity.’ No kiddin’?

Dr. Irwin Bross, Director of Biostatistics, Roswell Park Memorial Institute, had his funding stopped by the National Cancer Institute when he released his figures linking X-rays with cancer and leukaemia. Bross said that the mammography stunt would cause four or five cancers for every one detected, leading to ‘...the worst epidemic of iatrogenic breast cancer in history. In my view...the NCI would be better off putting the money allocated for future screenings into a trust fund for the victims of the programme who will develop cancer in 10 to 15 years time.’

According to Prof. Jones: 'With every patient that...boosts his health to build up his natural resistance, there's a high chance that the body will find its own defence against the cancer.' Prof. Jones warned against '...being made into a hopeless invalid through radical medical intervention which has zero chance of extending his life.'

None of which has made any impression on the screeners or the knife/drug/ray tumour-zappers; or on the ever-willing multitude of females, following the camp and determined to be the next sacrifice, virgin or otherwise, at the feet of The Great God of Consensus Medicine.

Bristol

In June 1986, a study, financed by the Cancer Research Campaign and the Imperial Cancer Research Fund, began at the Bristol Cancer Help Centre. The BCHC had approached the Syndicate with a view to the evaluation of the Centre's 'complementary' methods; methods, apparently, designed to try to stop the patients dying from slash/burn/poison for as long as possible.

The study involved women who had undergone or, incredibly, were still undergoing, the orthodox onslaught, and offered a golden opportunity for the cartel to deliver a decisive blow to rational cancer treatment: a blow from which the Centre and holistic medicine has yet to fully recover. The report of the study was written by C.E.D. Chilvers, T.J. McElwain, F.S. Bagenal, D.F. Easton, and E. Harris.

The opening lines of the report set the tone for the rest of the document: 'Interest in and use of alternative medicines and practices for the treatment of cancer has been growing for several years despite lack of any scientific evidence for anti-tumour effects.'¹⁸

Of the findings, the report stated: 'These results suggest that women with breast cancer attending the BCHC fare worse than those receiving conventional treatment only... the possibility that some aspects of the BCHC regime is responsible for their decreased survival must be faced.' The report implied that women without metastasis - cancer cells spreading - were around 3 times more likely to relapse in the BCHC group.

Without subjecting the report to the usual peer or statistical review, the triumphant cancer orthodoxy, at a press conference organised by the ICRF, could hardly conceal their glee at such an easy victory. Whilst the BCHC staff, now showing belated signs that they realised what the trial was all about, looked for holes in which to be swallowed.

Karol Sikora, of the cancer unit at the Hammersmith Hospital, had expressed doubts about the report's authenticity and had provisionally agreed to attend the press event to offer the BCHC support. He was later to contact the Centre saying that he would not attend. Walter Bodmer, one of the cancer barons behind the report and director-general of the ICRF, who were funding some of Sikora's work, repeatedly refused on camera to comment on whether he knew anything of a telephone call causing Sikora's about face.²⁴

Sikora later became deputy director of clinical research at the ICRF.

After the media blitz had done the required damage, the facts about the report began to emerge: the BCHC women were much more ill than the control group. No constant check was made to see if the Bristol women kept to the regime. No-one ensured that the controls were

avoiding the 'complementary' therapies available at the Royal Marsden Hospital, where half the controls were based. Lifestyle, relationships, environmental factors etc. were not taken into account. All BHC women were classed as 'cancer-free' at the start when nearly half had active cancer, with 19% 'incurable'. 43% of BHC cases had undergone a mastectomy compared with 36% of controls. 85% of Bristol women were under 55, a group with a worse prognosis. The controls had 73% under 55...etc.

The report found itself under a deluge of criticism, mainly in the pages of the Lancet; and a couple of months after the report publication one of the reporters, T.J. McElwain, committed suicide. None of which caused the others involved - Chilvers, Bagenal etc. - to call for official withdrawal of the report; a report which had concluded: 'Other alternative practitioners should have the courage to submit their work to this type of stringent assessment.'

Tamoxifen

Tamoxifen is a drug which is related, structurally, to the infamous DES and is used in the treatment of breast cancer. It is now being promoted as a breast cancer preventative in the UK, despite serious reservations on both sides of the Atlantic. Women are being asked to take a tablet of the drug every day for five years with regular X-rays throughout the period. According to Professor Samuel S. Epstein of the School of Public Health, University of Illinois: 'As relatively few breast cancer patients have taken the drug for more than five years tamoxifen may be a much more potent human carcinogen than is currently recognised.'

Studies have suggested an increased risk of uterine cancer, 6.4 times higher for those women taking tamoxifen.²⁷ The literature, sent out by the promoters states: 'Liver tumours develop in rats given large doses of tamoxifen, but not in mice so it is difficult to be sure about the effects in humans.'

This has not deterred some ladies from signing up; presumably, having reasoned that they are more like mice than rats.

'Drug maker may quit cancer trial - Healthy women taking part in a clinical trial to prevent breast cancer might have been put at a risk of developing other tumours...the drug may increase the risk of tumours in the womb, liver and bowel. The disclosure, on the eve of the launch...has led to the manufacturer threatening to pull out.'²⁸

Hamish Cameron, head of medical affairs at Zeneca, the drug's makers, stated: 'Should the benefit/risk balance shift adversely, we reserve the right to withdraw that drug supply. If the evidence is quite clear I would hope the trialists themselves would realise that the game is up.'

Dr. Richard Bulbrook, one of the original proposers of the tamoxifen enterprise, voiced his concerns: 'Things have changed. There are now so many side-effects reported - there were 41 at the last count - and some of these are fatal.'

The USA abandoned the tamoxifen prevention scam on safety grounds: all in sharp contrast to Gordon McVie 'scientific director' of the 'Cancer Research Campaign': 'What we want to know is can we get more mileage out of tamoxifen, possibly by giving it for life.'

On the question of how orthodox cancer treatment 'saves' half the women with breast cancer, Dr Irwin Bross is quite unequivocal - half the women don't have breast cancer in the first place:

'If you are a woman who has been diagnosed as "early breast cancer"...there is one simple scientific fact that you need to know...more than half the time the pathologist is wrong - it is not actually breast cancer...What most women have is a tumour which, under a light microscope, looks like a cancer to a pathologist. Chances are this tumour lacks the ability to metastasize...the hallmark of a genuine cancer...

The world's first controlled trial of adjuvant therapies for breast cancer was centralised in my department...Dr Leslie Blumenson and I...made a surprising discovery. More than half of the patients...had tumours...that were more like benign lesions.

Our discovery was highly unpopular with the medical profession. Doctors could never afford to admit the scientific truth because the standard treatment in those days was radical mastectomy. Admitting the truth could lead to malpractice suits by women who had lost a breast because of an incorrect medical diagnosis. The furious doctors at the National Cancer Institute...took our highly successful breast cancer research program away from us...they eventually succeeded in suppressing our findings and blocking new publications...

Breast cancer and prostate cancer are statistical twins. When the functions of these two sexual organs diminish, the cells often become abnormal and look like cancer cells...The Journal of the American Medical Association reported amazingly high survival rates...of untreated early prostate cancer which showed 7 out of 8 tumours were not cancers.

There is no reason for women to panic when they hear "cancer"; panic makes them easy victims.'

The patient who is wrongly diagnosed and has no cancer, and is therefore more likely to survive the 'therapy', is recorded as a 'cancer cure'.

The patient who has cancer and is in a weak state is usually killed by the treatment and recorded as having 'died of cancer'.

Those who never had cancer in the first place are made far more likely to develop the disease, in the future, from the lethal carcinogenic, immuno-suppressive effects of the surgery, drugs and radiation.

Save the Children

According to the latest Morbidity Statistics from General Practice, UK childhood cancer incidence almost tripled in ten years. In the USA, '...of the 23 children admitted to the largest paediatric ward of the University of Minnesota hospitals in a single day, 18 had cancer.'²⁵

A mother, writing in a women's magazine, said:

'By the time you read this my son Michael, who is just five, will be almost at the end of a year's course of treatment for cancer...To show for it Michael has a scar from one side of his body to the other, where doctors removed a huge malignant tumour and one of his kidneys.

Radiotherapy at Bart's hospital left him limp like a rag doll with all the stuffing knocked out of him. Chemotherapy has made all of his hair fall out. The drugs...make him vomit for hours on end...his face is small and mostly pale: his eyes are dark and sullen and shadowed, the way a child's eyes should never be.'

Whilst it is unknown how long this child stood up to his tormentors, before being killed, it is certain that none of the medical inquisitors were hung, jailed for life, thrown into a padded cell or struck off any medical register.

It is also certain that anyone approaching the torturers with a suggestion that a regime of metabolic, herbal, nutritional...etc. treatment might effect a safe, effective approach to the illness would have been ignored or ridiculed. In the USA, Food and Drug administrator Robert Young admitted:

'In Boston a hospital tested a new NCI drug...on children. Their kidneys were lost within days...this was no big deal because new... NCI drugs are given out with literally no safeguards for people who will receive them.'

Having killed one child too many for litigatory safety, the cancer boys finally decided to tone down the assault. This led, inevitably, to longer survival times, which became 'great progress in childhood cancer treatment.' Whilst any reduction at all in the level of the drug/radiation lunacy is to be greatly welcomed, the idea that these longer survival times were due to anything other than less lethal treatments is merely wishful thinking.

The Autumn 1997 edition of the Leukaemia Research News reported the views of some LRF scientists:

'The intensive therapy given to children to ensure their survival (!)...can result in longer term side effects such as intellectual impairment, heart damage, growth disorders and even second cancers.'

When the second cancers - first cancers if the original leukaemia diagnosis was wrong - and the treatment, kill the patient, the original 'leukaemia cure' still stands in the statistics - cured and dead.

Cancer Research - Ultimate Fraud

'...still the money pours in for "Cancer Research" from kind-hearted, well-meaning people in spite of the fact that the much-advertised "cures" and "discoveries" invariably turn out, year after year, to be no cure at all but rather an aggravation of the trouble, the proof of this being the steady increase of the disease on all sides...

Surely there should be some result to show as a partial excuse for the torturing of so many animals...the public still does not realise that nothing is likely to happen, no progress ever likely or even possible whilst the research is done on demonstrably wrong lines.'

Morley Steynor - 1940

Since these words, countless billions of pounds/dollars/animals have been squandered; whilst the disease has steadily reached the point of seriously threatening the continuation of the human species. Clearly, even given the level of intelligence of the research laboratory inmates, the situation could not possibly be explained by sheer, crass stupidity alone.

‘A solution to cancer would mean the termination of research programs, the obsolescence of skills, the end of dreams of personal glory. Triumph over cancer would dry up contributions to self-perpetuating charities...It would mortally threaten the present clinical establishment by rendering obsolete the expensive surgical, radiological and chemotherapeutic treatments in which so much money, training and equipment is invested...The new therapy must be disbelieved, denied, discouraged and disallowed at all costs; regardless of actual testing results and, preferably, without any testing at all.’²²

The UK cancer research fund-raising syndicate are clawing in well over £100 million each year. The highly-paid PR. spivs, administrators, organisers, commission-paid agents...aided by an army of semi-conscious supporters - many of whom have seen their relatives and friends destroyed by the treatments produced by the very same organisations that they are supporting - have created by far the biggest fraud, medical or otherwise, in history.

Animal research plays a major part in the global scam: 800 ways have been found to artificially induce tumours in animals; not one with an atom of relevance to spontaneously occurring cancer in humans.

Dr Linus Pauling, double Nobel Laureate, declared: ‘Everyone should know that the "War on Cancer" is, largely, a fraud.’

The Pauling Institute were reduced to advertising in the Wall Street Journal for funds: ‘Our research shows that the incidence and severity of cancer depends on diet. We urgently want to refine that research so that it may help to decrease suffering from human cancer. The US government has absolutely and continually refused to support Dr Pauling and his colleagues here in this work...’²⁶

Ascorbate in the Control of Leukaemia

‘Hypo-ascorbemia...is caused by humans carrying a defective gene for the production of the liver enzyme, L-gulonolactone oxidase...(due)...to a mutation occurring in a primate ancestor of man. The lack of this enzyme in the human liver...prevents us from synthesising our own ascorbic acid...This defective gene is common to all mankind, therefore chronic hypo-ascorbemia is now our most prevalent disease...It is possible that the chronic sub-clinical scurvy, existing in the victim since infancy, may be a factor in initiating the leukaemia...

It is a hard clinical fact that leukaemias have pathologically low levels of ascorbic acid in their blood plasma...what kills most leukaemias is...haemorrhage and infection...Both...are pathognomonic symptoms of scurvy. In the one case where complete remission was achieved and maintained in myelogenous leukaemia, the patient took 24 to 42 grams of ascorbic acid per day...

It is inconceivable that no-one appears to have followed this up...in any of the thousands of cases of leukaemia which appear each year.

What is wrong with the public-supported charities for cancer and leukaemia...?...without the scurvy, leukaemia may be a relatively benign, non-fatal condition...

I wrote...a paper...in attempt to have the therapy clinically-tested..I sent the paper to three cancer journals and three blood journals. It was refused by all...Two...without even reading it...I cannot help wondering how many lives could have been saved and how much suffering could have been avoided had the editors...permitted publication.'

Dr. Irwin Stone

Dr. Stone could have hardly expected the fraudsters of the multi-billion dollar/pound 'Leukaemia Research' empire to abandon their solid gold source and admit that the disease responded to a simple, inexpensive, non-patentable regime of vitamin C or fruit and vegetable juices allied to simple herbs; as was demonstrated by Rudolf Breuss²⁹ and others.

Nor are the pseudo-researchers interested in pointing the finger at the deluge of cancer-causing synthetics coming from their friends in other vivisection laboratories. The antibiotic chloramphenicol (chloromycetin) '...was tried out for long periods on dogs and found to produce only a transient anaemia, but fatal results have followed its use in human disease.'³¹

'...even one capsule of chloromycetin could cause...leukaemia...I remember a child dying of aplastic anaemia after a general practitioner had prescribed chloromycetin for a cold....For a cold - a virus infection!.. The parents were crying, the kid was bleeding. I was warned by several physicians that grave consequences would befall me if I told the parents that their beautiful child was dying because of a doctor's mindless prescription.'

Lasko - The Great Billion Dollar Medical Swindle

Not content with merely keeping quiet about the carcinogens pouring from the medical/petrochemical industry, the 'Imperial Cancer Research Fund' have gone out of their way to protect their close brethren in the cancer machine: 'One of the biggest myths in recent years is that there is a cancer epidemic caused by exposure to radiation, pollution, pesticides and food additives. The truth is that these factors have very little to do with the majority of cancers in this country.'

The Cook Report on Cancer Quacks

1994 saw two distinct threats to the Cancer Business: the first UK conference on oxygen therapies, used to treat cancer etc., and a proposed trial, for the first time with NHS monitoring, of a nutritional treatment for cancer. This latter, no doubt, sent shock waves through the industry.

Until that time the cartel had successfully blocked all attempts to organise any trial of a safe, effective therapy involving the NHS. After the Bristol debacle, the cancer boys were extra keen that no trial should be allowed to begin, let alone be completed. On realising that a trial request had slipped through the net, the Syndicate turned, naturally, to ITV. ITV being dependent on the petro/pharma mafia for its existence, allocated the task of exposing the 'cancer quacks' to the experts, the Cook team at Central TV.

On December 22 1994, the Cook Report was used to attack a doctor using the same treatment - the Gerson Therapy - which was to be used in the trial. The treatment has been used for well over 60 years on a wide variety of chronic conditions including 'terminal' cancer. Cook stated that the therapy had caused deaths in the USA, a total fabrication and an hilarious comment considering the countless millions killed by the orthodox onslaught.

Being of an intriguingly low standard of pseudo-journalism, even by Cook Report standards, the piece would not have impressed any half-intelligent viewer but it did give a fascinating insight into the links between ITV and the cancer combine. The Cook team correctly reasoned that those libelled in the programme would not have the finances to sue the petro-backed ITV. Gordon McVie, of the CRC, one of the bodies censured for its part in the Bristol centre scandal, was a natural for the programme and declared: 'If I knew of a doctor who claimed to cure cancer by manipulation of the diet I would ask someone in high places to investigate that claim.'

McVie was sent, recorded delivery, the required information but was, unfortunately, too busy to organise the investigation.

Early in 1996, the Cook gang were forced to transmit the first apology, on air, concerning one of the practitioners: we still await the rest.

Medicine of the Damned

'The power that has said to all these things that they are damned is Dogmatic Science.'

Charles Fort

Hoxsey

William Hoxsey owned a Percheron stallion in Madison County, Illinois. The horse developed a sore on its right hock and, after treatment, the infection spread and became cancerous. Declining the vet's advice to shoot such a valuable animal, Hoxsey put it out to graze and waited. Noticing an improvement, Hoxsey started to monitor the horse's feeding habits.

Three months later, he was able to remove the growth from the horse's leg.

Hoxsey developed the herbal formula and became famous throughout Illinois, Indiana and Kentucky for his cures of cancer, sores and fistula in horses.

John C. Hoxsey, grandson of William, modified the treatment for humans and, under the supervision of doctors in Dallas, started to treat cancer. Harry, son of John C., was to establish the largest independent cancer treatment organisation in the world with 17 clinics in the USA.

After repeated requests a group of ten independent medical doctors investigated the treatment and, in 1954, issued a statement:

‘This clinic now has under treatment or observation between four and five thousand cancer patients. It handles approximately ninety patients per day. Approximately 100 new patients per week come to the Clinic seeking relief, and the evidence we have seen indicates that approximately 90 percent of these are terminal cases.

Over the years the Clinic has accumulated more than 10,000 case histories, photographic studies and X-ray studies from all over the United States, Canada, Alaska, Mexico, Hawaii, the Central Zone and elsewhere.

We find as a fact that the Hoxsey Cancer Clinic in Dallas, Texas, is successfully treating pathologically proven cases of cancer, both internal and external, without the use of surgery, radium or X-ray...

Some of those presented before us have been free of symptoms as long as twenty four years, and the physical evidence indicates that they are all enjoying exceptional health at this time...We are willing to assist this Clinic in any way possible in bringing this treatment to the American public. We are willing to use it...on our own patients.

The above statement represents the unanimous findings of this Committee. In testimony thereof we hereby attach our signatures.’

S. Edgard Bond M.D., Willard G. Palmer M.D., Hans Kalm M.D, A.C. Timbs M.D., Frederick H. Thurston M.D. D.O., E.E. Loffler M.D., H.B. Mueller M.D., R.C. Bowie M.D., Benjamin F. Bowers M.D., Roy O. Yeats M.D

A group of AMA doctor/businessmen offered to buy the formula from Hoxsey, who agreed, providing that his promise to his father, to always treat patients who could not afford to pay, was in the deal. The doctors would have none of this and the campaign to brand Hoxsey as a quack was born. Repeated attempts by Hoxsey to have the therapy evaluated were refused by the cancer industry; whilst the media and political battle raged for decades. One assistant District Attorney arrested Hoxsey over one hundred times within two years: Hoxsey merely paid the bail and returned to the clinic. The official changed sides when his brother was successfully treated for terminal cancer at the Hoxsey clinic.

As the AMA and the cancer business had failed to stop the therapy, the Food and Drug Administration were brought in: FDA agents went to patients' homes and confiscated the medicines upon which the desperate victims depended. Finally, the FDA padlocked all 17 clinics on the same day. Hoxsey being unable to take legal action, on this scale, against the government, decided to go back to his multi-million dollar oil business.

Mildred Nelson, a Hoxsey nurse, took the treatment to Tijuana, Mexico in 1963 and changed the name of the clinic to BioMed. Patients, 90 percent of whom are officially ‘terminal’, continue to pour into the clinic, which maintains a cure rate of around 80 percent.

Johnathon Hartwell, a NCI chemist, confirmed that all the herbs in the Hoxsey formula had proven anti-cancer properties.

Gerson

Dr. Max Gerson was of German origin and moved to the USA. His fruit and vegetable juice-based treatment was first used on TB cases in Germany in the 1920s and later in New Jersey and Nanuet, New York. Dr. Gerson successfully treated Dr. Albert Schweitzer for diabetes and Mrs. Schweitzer for TB. Schweitzer considered Gerson to be a medical genius. In 1958 Gerson published 'A Cancer Therapy - Results of Fifty Cases.' Edward Lee Dowd is number 14 on the list: 'I am the luckiest man alive. Twenty seven years ago I was lying in a hospital bed, scheduled to have half my neck removed the next day for metastasised melanoma. A lady told me about Dr. Max Gerson...I went to his clinic instead of the operating theatre and in a few weeks the lumps had gone. I was that close to mutilation and death.'³²

The doctor published fifty papers on his treatment, in Europe; but his fruitless efforts to interest the US cancer mafia, eventually led him, in frustration, to give a talk on an all-night radio show. He was promptly suspended, by the County of New York Medical Society, '...as a result of personal publicity.'

In 1946 he presented five of his cured patients to a US Senate sub-committee in an attempt to have some of the multi-million dollar research fund used to investigate the therapy. His efforts were defeated by four votes due to the efforts of the politicians on the side of the medical lobby.

The Gerson Clinic now operates in Mexico - like the Hoxsey Clinic - out of the reach of the US cancer gangsters.

In April 1995, the Gerson treatment became the subject of a trial monitored by the Regional Cancer Centre in Guildford. In the first year 8 patients were treated, all diagnosed as terminal, having been damaged/severely damaged by surgery/drugs/radiation. 4 had life-expectancy measured in days, 3 died after living longer than expected, the other lasted over a year past his die-by date.

The therapy has now been modified to include a concentrated, vegetable-based extract, and a more flexible naturopathic regime. This has further increased the treatment's value as the trial continues. If the trial leads to early stage patients being given the chance to live, the threat to the cancer business could eventually be terminal; something the business will not be expected to allow without the full catalogue of sabotage.

Macrobiotics

The standard macrobiotic diet consists of 50/60% whole grain cereals, 20/25% vegetables, 5/10% beans and sea vegetables, 5% soups.

Macobiotics is a holistic approach to cancer - and life - including the cultivation of a calm, harmonious approach to society and nature.

'Diet Cured My Killer Cancer'

'...as a doctor I'd never referred any case of cancer to an "alternative" practitioner. Late in January, I started getting diarrhoea and some intestinal discomfort...an ultrasound scan revealed that I had cancer of the pancreas...We both knew the diagnosis was, more or less, a death sentence...I knew the prognosis for my case - it was two to four months survival from

the date of diagnosis...We'd found a hospice in Hampstead and made a booking.' - Dr. Hugh Faulkner, then aged 74.

'On the advice of a shiatsu masseuse he decided to have a consultation at the Community Health Foundation to see if macrobiotics "...would improve the quality of the months remaining to me". Michio Kushi, the leader of the international macrobiotic movement...took my pulse very carefully and spent a long time examining my skin...I said "Well, can macrobiotics cure my cancer?"

"Your body can, he said."

'Now...I am feeling fit and well... I've had full blood counts and there is no evidence of cancer...they asked me to talk to some GPs on a refresher course. One of them said, "I don't believe you ever had cancer." So I showed them my biopsy report and introduced them to my surgeon. They said "spontaneous regression".

'Dr.Faulkner was still alive seven years later.

'Five years ago Ann Francis...was told by a bully-boy at Stoke Manderville Hospital that the bladder cancer (operated on in April 1990) was a "fast-growing" variety which would be back to the same size within two months if I didn't have radiation! I refused radiation and told him I proposed to rely on my immune system, whereupon he said: "You have no immune system." Charming, wasn't it? Some less well-informed patient might have believed him and really panicked.' More macrobiotic spontaneous remission.

'My conclusion after a quarter a century of medical practice is that truly spontaneous remissions are almost as rare as chickens' teeth...such cases as do occur are probably always the result of a re-instated bodily resistance that previously had been impaired.'³³

'Farmer's diet beats cancer...

'Farmer Francis Cockram is not the sort of person you would call a crank. Six foot three, his face weathered by years on the land...when Mr. Cockram was told he had liver cancer and only six months to live he felt he had nothing to lose in giving "alternative" medicine a chance. That was in May 1992. More than two years later, he is very much alive. working on the farm...

'NHS doctors, who said there was nothing more they could do for Mr. Cockram, are mystified...a recent scan showed that the 68 year-old farmer's liver is now clear of cancer. Mr Cockram's homeopath in Tiverton told him he could fight the disease by going on a strict diet...eating plenty of fruit, raw vegetables and cereals and drinking nothing but bottled water.'³⁴

The B17 Cover-Up

In 1535 the French explorer Jacques Cartier and his expedition were frozen in the ice off the St. Lawrence river. 25 of the 110 crew were dead from scurvy and the rest were due to follow. At this point a friendly native American came forward with a potion made from the needles and bark of the white pine, rich in ascorbic acid, or vitamin C. This produced a dramatic recovery.

When Cartier returned to Europe and reported to the medical mandarins they were amused by the 'witch-doctor cures of ignorant savages' and went on with their search for mystery toxins and bugs lurking in the dark holds of the ships. 260 years later, after the British Navy alone had lost over a million men to scurvy, the practice of carrying oranges, lemons and limes on board ship led to the 'limeys' ruling the waves.

Scurvy -vitamin C, pellagra - Vit B3, night-blindness - Vit A, rickets - Vit D, beri beri - Vit B1, pernicious anaemia - Vit B12. It should have needed no great intellectual leap to suspect that another chronic, metabolic disease, cancer, might also be a vitamin-specific deficiency disease.

The use of certain fruit kernels in the treatment of cancer goes back to the Emperor herbalist Shen Nung in the 28th century BC. 'Bitter almond water' features in the writings of the physicians of ancient Egypt, Arabia, Rome and Greece. Celsus, Galen, Scribonius Largus, Pliny the Elder, Avicenna and Marcellus Empiricus all used preparations based on the seeds of the bitter almond, apricot, peach etc.³⁵

In 1952 the American biochemist Ernst Krebs PhD proposed that cancer was a deficiency disease: the deficiency being the factor linked for so long with cancer therapy. He identified the substance as part of the nitriloside group specifically, amygdalin, a cyanogenic glycoside first isolated, from the bitter almond, *Prunus amygdalus amara*, in 1830 by the French chemists Robiquet and Boutron-Charland. Its chemical structure is D(1)-mandelonitrile-B-D-glucosido-6-6-B-glucoside, as recorded in the Merck Index, 1976.

Toxicologically, amygdalin falls between Class 1 and Class 2.³⁶ Which means it is virtually non-toxic. This compares with saccharin, between Class 3 and Class 4 and most 'chemotherapy': Class 6 - super toxic.

The Hunzas, a cancer-free society in the Himalayas, consume up to forty apricot kernels as an after-dinner snack. Coupled with the rest of their amygdalin-rich diet this constitutes an ingestion of 50 to 70 milligrams of the substance per day. According to Krebs: 'There are many of us in the western world who do not ingest this amount...in the course of an entire year.'

Traditional Eskimos, the Hopi and Navajo tribes, the Abkhasians of the Caucasus Mountains and other notably cancer-free groups have amygdalin-rich diets.

After taking into account the required factors, Krebs allocated his substance the next available number on the vitamin B index: 17. He named his concentrated amygdalin preparation, Laetrile.

As many of the world's cancer-free societies are outside of the polluted environment and distinctly advantaged in the quest to remain healthy, a group of Americans began, in the 1950s, to test Krebs' theory:

'For over two decades there has been a steadily-growing group of people who have accepted the vitamin theory of cancer and who have altered their diets accordingly. They represent all walks of life, all ages, both sexes, and reside in almost every advanced nation of the world. It is estimated that there are many thousands in the United States alone. It is significant,

therefore, that after starting and maintaining a diet rich in vitamin B17, none of these people have ever been known to contract cancer.'³⁷

Dr. Dean Burk, then head of the NCI, said he had been contacted, during the space of 12 months, by at least 750 people, including many MD physicians most of whom were 'using it (B17) merely with prevention of development of cancer in view.'³⁸

One of the first doctors to use Laetrile in the control of cancer was Dr. Maurice Kowan. This landed him in court in Los Angeles. The prosecutor told the jury: 'This is not a kindly old man. This is the most thoroughly evil person the imagination can concoct...This man has to be stopped. He is very dangerous. The way to stop him is a guilty verdict.'³⁹ Dr Kowan was heavily fined and, at the age of 70, sentenced to two months in prison.

The basis used by the cancer mafia for the attack on Dr. Kowan was a falsified report produced by two doctors, Garland and MacDonald in 1953. The two, who had ideal credentials by way of their being involved in surgery and radiation and in the promotion of cigarettes as a health measure, produced a report which stated that no evidence of anti-cancer changes were observed by the consultants using Laetrile: a report found, later, to be demonstrably fraudulent but which has been quoted religiously by vested cancer interests.

Nemesis took her revenge in appropriate fashion on the two, one with lung cancer and one in a fire suspected as being caused by a cigarette.

Dr. John A. Richardson began to use B17 in the summer of 1971. His first patient was the sister of one of his nurses: a case of advanced malignant melanoma of the arm. She had been given around six weeks to live with a little longer if she had the arm amputated.

'Amygdalin was administered and almost immediately the lesions began to heal. Within two months her arm had returned to normal...'³⁹

The woman was also a diabetic who, after the treatment, controlled her disease without insulin. When she returned to her original doctor he still wanted to amputate: she declined the offer.

Dr. Richardson's successes with B17, Laetrile, the vegan diet etc. attracted increasing numbers of patients. 'For the first time in my entire career I began to see "terminal" cancer patients abandon their stretchers and wheelchairs and return to normal lives of health and vigor...word of my successes with cancer patients...brought far more new patients than I could handle alone. I increased the staff...soon my little neighborhood practice was converted into a busy cancer clinic with patients from many States. The inevitable finally happened at ten in the morning, June 2 1972.'

Four cars screeched to a halt outside of the clinic and disgorged ten uniformed officers. Guns drawn, they burst into the clinic, flashed a search warrant as they passed a receptionist on their way into the clinic, where they pushed the doctor against the wall and searched him 'for concealed weapons.'

Dr. Richardson and his two nurses were marched out past the specially-invited television cameras and were arrested under the Californian 'anti-quackery' laws.

‘At the time of the raid, a little girl about seven years old was in examination room number three. She had just begun metabolic therapy for an advanced case of osteogenic sarcoma...Kerry had responded beautifully in terms of increased appetite, weight gain, freedom from pain and a feeling of well-being...Normally, Kerry would have received a massive injection of vitamins including vitamin B17...not being sure what kind of legal trouble I would be in, I simply cleaned and dressed her lesions and sent her home...the little girl - as well as her parents - were greatly upset by the threatening presence of police officers. The child died three days later and there is no doubt in my mind that this death could have been postponed or avoided altogether if it hadn't been for the raid.’

The concerted campaign, which was to last for years, to ruin Dr. Richardson; physically, mentally, financially, professionally and legally had begun.

The authorities revoked his medical licence and he was ordered to attend meetings 600 miles away in San Diego, with many of the hearings cancelled at the last minute; a procedure kept up at weekly intervals for six months.

The threat to the cancer business from effective therapies was taken very seriously from the beginning. By the 1940s the Syndicate had 300,000 names on its ‘quack’ files. Vitamin B17, being a unique threat due to its simplicity, attracted more concentrated attacks than all the other treatments put together: fraudulent test reports; hired, banner-carrying pickets outside clinics; rigged juries; newspaper character assassinations; dismissal of heretic employees, etc.

The FDA, orchestrating the onslaught, sent out 10,000 posters and hundreds of thousands of leaflets warning about the dangers of the toxicity of the non-toxic substance. Earlier, a Congressional Accounting Office had found that 350 FDA employees had shares in, or had refused to declare an interest in, the pharmaceutical industry.

After much searching, geographically and historically, the FDA came up with three alleged cases of deaths from Laetrile poisoning: this in a country where hundreds are killed daily by FDA-approved treatments.

Two were women who had swallowed vials of Laetrile which were for injection only and one was an eleven month old baby girl, one of whose parents was taking the medicine for cancer.

According to the FDA the child had become ill after she had ‘accidentally ingested up to 5 (500mg) tablets of Laetrile’. This was doubted by many including Dr Harold Manner:

‘...I was lecturing in Buffalo, New York and...after I had made some strong statements - a man stood up and said "Dr. Manner, how in the world can you make statements like that when the FDA is making these other statements?" I reiterated that the FDA statements were lies.

‘He said, "Look at this little girl in upstate New York, she took her father's Laetrile tablets and died of cyanide poisoning." Just then a little lady stood up:

“Dr. Manner let me answer that question...I think I am entitled to because I am that little baby's mother.”

“That baby never touched her father's Laetrile tablets.”

'The doctor...knowing the father was on Laetrile...marked down "possible cyanide poisoning". At the hospital they used a cyanide antidote and it was the antidote that killed the child. And yet that statement will continue to appear even though they know it is a lie.'⁴⁰

The totally-fabricated stories of B17/Laetrile toxicity were eagerly grasped by the UK cancer combine. The 'Dept. of Health', aided by Gwyneth Dunwoody MP and her hysterical outbursts about 'cyanide poisoning', had apricot pit powder removed from the health food shop shelves.

In March 1984 the government brought in 'The Medicines (Cyanogenetic Substances) Order 1984'. This Order meant that preparations which '...are presented for sale or supply under the name of, or as containing, amygdalin, laetrile or vitamin B17 or...contain more than 0.1 percent by weight...' of the 'cyanide-producing substances' were to be under the control of the 1968 Medicines Act and, therefore, out of easy reach of any cancer patient who preferred to exercise freedom of choice instead of opting for the manslaughter on offer from the cancer hospitals.

The '0.1 percent' figure shows the extent to which the cancer cartel were prepared to go to stop amygdalin. Apricot and bitter almond kernels are around 2 percent amygdalin and have long been found in British and Italian biscuits on supermarket shelves in the UK. The fact that the biscuits have not attracted any attention shows the non-toxicity of the substance and confirms it is only a danger to the cancer racketeers and not to the consumers.

A much greater farce, of course, is the fact that all the billions of seeds within the apricots, peaches, plums, cherries, apples, pears etc., sold by fruiterers since March 1984, are all in contravention of the Order.

Whilst the battle over B17 in the UK has remained mainly dormant, due to the lack of awareness on the part of most of the alternative health movement, the US has seen an ongoing, pitched battle; with the cancer establishment using any and all tactics to re-inforce the original Garland/MacDonald fraud. Animal research has played a fundamental role: '...in almost every case the "patients" tested...were mice (which do not have the same metabolism as humans)..the tumours were transplanted (which do not react the same as spontaneous tumours) and...in all of the experiments cited, reduction of tumour size was the primary criterion for evaluating results...there is nothing quite so easy to accomplish as failure.'³⁹

Or success: depending on which animal you choose and whether he who bank-rolls the research wants a positive or a negative result.

Other attempts to discredit Laetrile involved force-feeding large amounts of cyanide, extracted from amygdalin, directly into dogs' stomachs: in Laetrile therapy small doses are used and the cyanide component is released only by the cancer cell, in the presence of protective enzymes.

As the Laetrile/B17 suppression was demonstrably failing, with the ban being lifted in State after State, and as public pressure built up against the cancer fraudsters, the NCI were forced into a two-year, two hundred patient trial of the medicine. The official verdict having been already decided, it was paramount that the trial was rigged to confirm the authorised version. This was achieved by a multi-faceted approach.

'Phase IV' - dying - patients were selected. In normal synthetic drug trials early stage patients are chosen. The NCI admitted, 'All patients had proven cancer, beyond any hope of cure or therapy known to extend life-expectancy.'

Laetrile was not used: a Laetrile manufacture by-product was substituted. The usual junk diet, including animal products, was allowed the patients. The injections were discontinued after 3 weeks, not three months. The criterion applied to the test was of tumour reduction, not the improvement in well being, appetite, lack of pain etc.

Missouri and West Virginia legalised Laetrile after the verdict; reasoning, presumably, that if the American Medical Association, the FDA and the American Cancer Society had tried to ban Laetrile, it must be of considerable value in treating cancer. The Memorial Sloan Kettering Institute sacked one its senior directors, Ralph Moss, for blowing the whistle on the cover-up.

Basically, the results were coming out positive and we in public affairs were told to say the results were negative and this went on for three years.' - Moss.

Dr. Dean Burk, head of cytochemistry at the NCI for 34 years, stated: 'Once any of the hierarchy so much as concede that Laetrile anti-tumour efficiency was indeed once observed in NCI experimentation, a permanent crack in the bureaucratic armor has taken place that can widen indefinitely by further appropriate experimentation.'

ESSIAC

Rene Caisse was a Canadian nurse. Whilst working in a northern Ontario hospital, in 1922, she noticed a healed scar on the breast of an elderly patient. The woman explained that thirty years earlier a Toronto doctor had diagnosed cancer and had recommended mastectomy. Declining the offer, she took the treatment offered her by an Ojibwa/Chippewa herbalist: the tumour began to shrink and disappeared.

Caisse's first patient was her aunt, with advanced stomach cancer and six months to live: the aunt lived for another twenty years. Caisse treated thousands of patients over the years, mostly those who were diagnosed 'incurable' and damaged by orthodox treatment. Grateful patients and friends presented a 55,000-signature petition to the Canadian authorities to allow the treatment to be available to anyone without persecution from the cancer establishment or their government lackeys. The parliamentary vote was lost by three votes due to the behind-the-scenes activity of the College of Physicians and Surgeons.

Dr. Charles A. Bruschi, former personal physician to President John F. Kennedy, stated: 'Essiac is a cure for cancer, period.'⁴⁴ Bruschi treated the son of Senator Edward Kennedy. 'He was being treated...by the Farber Cancer Institute...Dr. Farber didn't know how to save him, because no-one had ever lived with this type of sarcoma...Bruschi made the suggestion to put him on Essiac...after...he didn't have a cancer cell anywhere in his body...but all this information has been hidden from the general public.'⁴⁴

US journalist Scott E. Milner reported: 'I spoke with a Seattle man recently...diagnosed with cancer of the tongue in 1990. It had spread to the lymph nodes of his neck. He was set...for...radiation and chemotherapy. His wife wanted him to try alternatives...he did, but his doctors did not want to listen to him when he told them about...the Essiac. After about 2½

weeks of radiation his tongue was burned like a canker sore. He lost 65 pounds. It took from 4am to 8am to drink his vitamins and juices.

‘The tumour was shrinking...By the seventh week the radiation had burned the neck so that it looked like raw meat. He stopped the radiation in May 1992. One month later the doctors removed 39 lymph nodes from his neck and there was no cancer in any of them...He still has no cancer today...He takes Essiac daily...he tries to tell the doctors...but they don't want to listen.’

Rene Caisse died in 1978: by this time she had amassed a very large body of evidence, in the form of patients' files and other documentation, on the efficacy of the Essiac treatment.

The ‘Canadian Ministry of Health and Welfare’ immediately had the whole of the records destroyed.

A Medical Nuremberg

Whilst those doctors, nurses etc., involved in the carnage, have, through fear, ignorance or finance, kept their heads well down. There have been some honest observers who have taken a stand.

‘Imagine for a moment a procedure in which the luckless victim were anaesthetised...during the anaesthetic his or her body was cut open and had parts removed. As short a time after the operation as possible, the person is exposed to several doses of nuclear emissions so that the symptoms of radiation sickness are suffered. Finally, sub-lethal amounts of drugs are injected with horrifying side-effects. If this villainy were perpetrated as a punishment on a child-strangler, or mass-murderer, its degree of barbarity would still raise a clamour of protest...carried out as an unsuccessful therapeutic measure in cases of advanced cancer, on the other hand, seems to make it alright...

‘Medical Malpraxis is defined in the Gould Medical Dictionary as "improper or injurious medical or surgical treatment through carelessness, ignorance or intent"!...Another authority goes further to mention that: "A more serious criminal lack of care arising from deliberate disregard for the care and safety of other persons constitutes manslaughter. Could it not be criminal and, thus, manslaughter if the patient, so treated dies of his treatment rather than of his disease?"’³³

‘17 out of every 20 cancer victims shouldn't have cancer. They have been murdered by the callous indifference of the people with power.’⁴¹

‘The medical model regards cancer as a new race of cells bent on destroying its host by non-cooperation and over-breeding. The invaders are to be killed off by cutting them out, by burning them or poisoning them, preferably short of killing their host. The treatment is conducted by teams of specialised professionals using the body as a passive battleground.... The old idea that a doctor should 'first do no harm' has been forgotten...No wonder that the public is beginning to revolt against such barbarous treatment.’⁴²

‘There will be a medical edition of the Nuremberg trials. The atrocities now being committed in the name of orthodox medicine, the suppression of life-giving data, the needless loss of

lives, mutilation of bodies and excessive suffering will not continue to be tolerated... ultimately these criminals and their political lackeys will be brought to trial..⁴³

SURVIVAL

In the healthy body, the immune system defences deal with the ever-present, potentially-cancerous cells. There is no element, whatsoever, of bad luck in the incidence of cancer: it does not strike, like a bolt from the blue, sick and healthy alike. It is an end process of neglected, suppressed ill-health.

The ever-increasing immuno-assault, coupled with the out-of-control carcinogenic saturation of the environment, drinking water, food, medicines etc. and the medical trade's steadfast refusal to stop the legalised slaughter of consensus cancer treatment; all call for individualised action on prevention.

Cancer prevention is divided into two overlapping areas: maintenance of the cancer defences, i.e. the promotion, cultivation and maintenance of health on all its planes and the avoidance of the carcinogens - known and suspected.

Nutrition

The incidence, severity, and control of cancer depend, more than any other single factor, on diet, with Vit. B17 foods as a priority.

Homo sapiens is a frugivore; designed by the Creator, whoever that may be, to live on raw, organically-grown of course, fruit. Man can also do very well on vegetables, rice, peas, beans etc., but is not by any means suited to meat, milk, cheese, butter, eggs, fish etc. We have the teeth, jaw-action, digits, perspiration mechanism, stomach acid strength, intestinal length...of a strict non-animal eater. The Book of Genesis is quite clear on the subject - the Bible-censors slipped up badly when they missed it.

AVOID:

All animal foods - meat, milk, cheese, butter, eggs, fish...and the derivatives - whey, egg albumen, gelatin...etc. These products are a fibreless mixture of saturated fats, cholesterol, steroid growth-promoters/vaccine/antibiotic/ pesticide/herbicide etc. residues, mastitis pus, disinfectant, salmonella, listeria, campylobacter, E coli 0157, etc., etc...

Refined carbohydrates - sugar, white flour, bread, biscuits, cakes etc.

Synthetic food additives-preservatives, colourants, etc. **READ THE LABELS**

Food prepared or contained in aluminium, copper, non-stick cookware or prepared in microwave ovens; smoked foods; very hot food and drinks.

Use salt, celery, parsley, parsnips, deep-fried foods...in strict moderation.

Utensils washed in washing-up liquid must be very thoroughly rinsed; in preference, use washing soda, soap flakes etc.

EAT:

Organically-grown, if possible, fruit, vegetables, peas, beans, rice: chemically-grown carrots are out. Non-organic cabbage, broccoli, sprouts, mushrooms etc. should be boiled for a couple of minutes in salted water, drained and rinsed, then cooked. Lettuce and similar foods which cannot be cleansed with this process or peeled should be home-grown or avoided.

Emphasise raw foods; whole grain breads; soya products: tofu, soymilk, miso.

Eat B17 foods regularly - seeds of apricot, peach, plum, cherry, apple; sprouted alfalfa, mung and wheat seeds; millet, lentils, watercress, lima beans, blackeye beans, broccoli, cabbage, buckwheat, linseed etc.

Garlic is the supreme plant from a physician's and a cook's point of view: eat it raw, cooked: grow it: use it as a medicine for everything from cancer and tuberculosis to coughs, colds, infections, high blood pressure, whooping cough, chemical/heavy metal/radiation detoxification etc., etc.

Use some form of water filter if only a jug type: areas where fluoride-waste has been dumped in the public drinking water supply will require reverse osmosis or distillation to remove the chemical.

Look after the liver: take the juice of a lemon in water on rising; wait a half hour before taking breakfast.

Fast one or two days per month on purified water or pure fruit juice; or per week if the will power is there.

The Green Drink: gather unpolluted nettles, dandelion, chickweed, nasturtium, carrot tops, cabbage etc.; wash well, blend with water, put through coarse sieve, drink: put the residue, in small amounts, in the dog's/cat's meal and help avoid the vet's bills and a sick/prematurely-dead animal - from the effects of the vet's treatment.

Chew all food thoroughly and slowly; without distraction from the television, radio, newspapers or relatives.

Alcoholic drinks, preferably organically produced, in moderation and in the evenings can be immuno-supportive and a relatively safe, effective soporific, cleanser and sedative.

Prof. Aviles, of the Mexican Cancer Biochemistry Dept., saw 7,715 cancer patients over 15 years: 99% suffered chronic constipation, the degree of malignancy parallel to the intensity of the constipation. Colon cleanliness is fundamental important to the prevention of cancer and other chronic, degenerative diseases: anyone on Doctor's Balanced Diet or worse, for decades, might well be carrying 5 to 25 pounds - or more - of rotting waste in the colon; poisoning and robbing the system of nutrients. A herbal/ nutritional cleansing regime will remove the residue in time.

Further Tips

Try to wear cotton or other natural material next to the skin. Expose the eyes to natural light as often as possible, without spectacles or contact lenses.

The wearing of a bra for long periods is a major factor in the development of breast cancer. A study on 5,000 US women, showed that 99 percent of the women in the cancer group had worn a bra for 12 hours or more per day; 80 percent in the non-cancer group: 18 percent of the cancer group slept in their bra; 3 percent in the non-cancer group: 0.24 percent of the women in the cancer group were non-bra wearers; 3 percent in the non group. The study's authors, Singer and Grismaijer, state that the correlation between the wearing of a bra and breast cancer is between 4 and 12 times greater than the correlation between cigarettes and lung cancer. Wearing a bra continually, 24 hours a day, showed a 125-times greater incidence of breast cancer than no bra wearing at all and a 113 times greater incidence than wearing a bra 12 hours per day. Constriction of the lymph system is an invitation to toxic build-up: providing that there is no evidence of a malignant tumour, the breasts should be massaged to increase the detox. procedure and the bra should be worn only when considered to be necessary and certainly no more than 12 hours a day.

SyntheticsAll ingestion of synthetics, by mouth, nose or skin is to be avoided wherever possible - food and drink additives, fly sprays, aerosol polishes and air fresheners, vehicle exhausts. Avoid all products of the pharmaceutical industry - pain-killers, fever suppressants, antibiotics, vaccines, fluoride products, steroids etc.

Garlic, cayenne and cider vinegar, alone, would replace the majority of the 700,000,000-plus prescriptions shelled out by GPs per year. Put the three - organically produced - in a bottle and keep in the fridge. Take diluted in water, daily.

Electromagnetic pollutionElectro magnetic sources cannot be avoided in normal life: everything, from electric pylons to quartz analogue watches, is a potential hazard. The rule is Prudent Avoidance: keep away from electric appliances as far as is practical.

Keep your distance when electrical devices, particularly those with transformers, are operative. View television from the side and preferably at least ten feet away. Switch off and unplug devices whenever practical.

The use of, or the being in the vicinity of, or the consumption of food from, microwave ovens is absolutely out: portable telephones are for real emergencies only: fluorescent lights are to be avoided except for small, unavoidable periods.

Do not leave electric blankets plugged in at night when the bed is occupied: the bedroom should be free of electrical devices if possible. Wires are also EM sources as are the mains switch boxes. Use computers only if necessary; the rear of the device also emits large doses of radiation. Keep beds away from the rear of TVs and VDUs whether there is a wall between or not.

Consider an independent survey to determine any EM sources in and around the home or workplace.

Medical X-rays are for compound fractures, bullets in the head, chest etc.: not for routine screening or for doctors to order in large doses to protect them from possible future litigation in case they missed something.

Geopathic stressGS is caused by the Earth's natural radiation being made harmful by underground streams, certain minerals, faults etc.: it is detected by dowsing.

GS has been blamed for a very wide range of conditions, physical and mental; cancer included: some experienced practitioners have said that all of their cancer cases are people who have spent prolonged periods in geo-stressed areas. Studies on travelling peoples have shown a significantly lower figure of cancer incidence.

Counter measures include placing coils of wire at certain points around the building, moving beds and chairs and installing multi-wave oscillators.

HerbsHerbal treatments are part of the nutritional approach to cancer control. Other than garlic and cayenne, specifics for cancer include red clover, periwinkle, yellow dock, dandelion, mistletoe, violet, blue flag, purple cone flower, golden seal, sage, etc. - as part of a total holistic package.

The full, original ESSIAC formula contains sheep's sorrel, Turkish rhubarb, burdock, slippery elm, water cress, kelp, red clover and blessed thistle. The first four are the ones used, usually, today. Proprietary brands may have substitutes in their formulae.

Herbs should be bought from a reliable source, with guarantees that they have not been fumigated or irradiated.

Herb mixtures need to be prepared carefully with regard to the instructions laid down by those experienced in their usage. They work slowly, with the inherent healing force, to restore harmony within the body.

The Outer LayersHealth is multi-dimensional: harmony is needed on all the planes; physical, mental, emotional and spiritual. Continued stress, whether it be caused by cigarette smoke or memories of childhood unhappiness, will, if the pre-disposition is there, lead to a breakdown of the cancer control mechanism.

Suppressed negative emotions - grief, resentment, jealousy, anger, fear...can poison just as effectively as junk food or junk medicine or environmental pollution. Whether through counselling, meditation or healing, the demon must be exorcised: the mirror faced.

The cancer personality is a reality: its degree of importance varying from person to person, as part of the total stress load on the body's inherent capacity to maintain the status quo - health.

The difference between what is important and what is less so must be understood: important things are smelling flowers, talking to cats and dogs, watching insects, standing in the woodland stream, writing and reading poetry...

Whatever actions were taken by the authorities, immediately and totally, to rectify the scenario, all that could be hoped for would be a damage limitation. As it is, not only will there be no attempt at this limitation, the cancer-makers are continuing to enjoy the full and

enthusiastic approval of the government, the medical trade, the bureaucrats, the media and the rest.

How much of this is deliberate or through the usual crass incompetence, is of academic interest only.

The cancer wipe-out, scheduled for some time next century, seems inevitable unless some other disaster intervenes first.

Individualised actions, in the form of personal lifestyle changes and the dissemination of currently suppressed information, are the order of the day.

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Animal research - vivisection - underpins the world-wide multi-billion dollar cancer racket. Tumours are implanted in animals and swell to grotesque proportions: animals are subject to massive doses of radiation and chemicals.

'The history of cancer research has been a history of curing cancer in the mouse...for decades - and it simply didn't work in people'. Dr Richard Klausner, head of the National Cancer Institute, LA Times May 1998.

'If you have cancer and you are a mouse, we can take good care of you.' Dr Judah Folkman US cancer vivisection. Time mag. May 1998.

'Even that is a lie: artificially implanted tumours in mice are not cancer. Their record of successfully treating real cancer in mice is the same as in any other case of real cancer: total failure.

'The ably exploited fear of this disease, caused mainly by the products issued from chemical and industrial laboratories, has become an inexhaustible source of income for the researchers, for the pharmaceutical industry and the medical establishment. In the course of our century,

so-called cancer research and cancer therapy have become a source of solid gold without precedent.' - Hans Ruesch, Naked Empress.

Highly-paid professional liars of the cancer business P.R. dept., aided by hopelessly transparent media agents - in the form of 'medical correspondents', 'science editors', 'social affairs/health correspondents' etc.- provide regular Cancer Research Breakthroughs whilst the holocaust worsens continually. Animal-based 'cancer research' fund-raisers include:

THE IMPERIAL CANCER RESEARCH FUND, THE CANCER RESEARCH CAMPAIGN, THE LEUKAEMIA RESEARCH FUND, TENOVUS, THE YORKSHIRE CANCER RESEARCH CAMPAIGN, CANCER AND LEUKAEMIA IN CHILDHOOD TRUST, INSTITUTE OF CANCER RESEARCH, WORLD CANCER RESEARCH FUND. The British Anti-Vivisection Association spends no money on salaries or offices. ALL monies are used to fight vivisection on moral, ethical, philosophical, medical, scientific, economic and environmental grounds. BAVA P.O. Box 82 Kingswood BRISTOL BS15 1YF Tel/fax 0117 9095048 [HTTP://WWW.EUROSOLVE.COM/CHARITY/BAVA](http://WWW.EUROSOLVE.COM/CHARITY/BAVA)