

**National  
Health  
Federation  
BULLETIN**

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JUDGE JOHN P. FLAHERTY, JR.

**'When Public Health Is Threatened,  
A Court of Equity Has Duty to Act'  
AND AFTER PITTSBURGH JUDGE ACTED,  
AN ENRAGED ESTABLISHMENT REACTED!**

**STRESS: WHAT IT DOES TO YOUR BODY**

Emotions Powerful Influence on  
Physical Well-Being, says Dr. Frank

Meditation 'Useful Tool'

in Carl Simonton's Arsenal  
Against Cancer; He's Radiologist  
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THE  
NATIONAL HEALTH FEDERATION  
BULLETIN

Protection of Health Freedoms

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The Bulletin serves its readers as a forum for the presentation and discussion of important health issues including the presentation of minority or conflicting points of view, rather than by publishing only material on which a consensus has been reached. All articles published in the NHF Bulletin — including news, comments and book reviews — reflect the individual views of the authors and not necessarily official points of view adopted by the Federation.

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More on Pittsburgh Decision

BECAUSE GOVERNMENT SAYS IT'S 'GOOD,'  
CAN IT FORCE FLUORIDATION? JUDGE ASKS

Judge John P. Flaherty, who ruled last Nov. 16 that fluoridation should be halted by the West View (Pa.) Water Authority because it causes cancer, raised the point, among others in his order, that even though government may consider that addition of fluoride to water is "good" because it allegedly reduces dental caries, does it have the right "to force that which is 'good' upon us?"

"If government has that right," he observed, "where does it stop? Why would government not be able to add other 'good' things into the water system? That question, however, has been withdrawn in this particular case."

Addressing himself to the defendants' argument that Pennsylvania's Department of Environmental Resources (DER) "possesses sole authority . . . to stipulate the conditions under which water may be supplied to the public . . .," and that "anyone who has not appealed to the Environmental Hearing Board," . . . loses the right to do so if not done within a specified time-frame, the court stated:

"Obviously, if a permit was issued 10 years ago, the DER did not have the benefit of the Burk-Yiamouyiannis study when the fluoridation permit was issued. Equally obvious is the fact that since the DER action took place 10 years ago, such action cannot now be appealed to the Environmental Hearing Board. Lastly, if the public an-

nouncement of fluoridation was made only this January, there was no opportunity for the public to contest issuance of the permit, since the announcement was clearly after the fact.

"To apply this reasoning, the telescope would be illegal today, tomatoes would be poison, swine flu vaccine would be safe, and many other of our accepted cures would not have been developed and available today. Pasteur was ridiculed, but he survived, and the world was rid of the plague of smallpox. Not only are examples of this sort legion, it can almost be stated that this is the rule.

"A serious question of denial of due process arises here. No one can contest the proposition that individuals have a right to 'life, liberty, and the pursuit of happiness.' If the government has made a decision which is potentially life-threatening to our citizens, is it a correct interpretation of our system of government to say that those citizens have no right to be notified before such decision is made, so they may have an opportunity to speak out against the proposition? And is it correct interpretation of our system of government to say that when new evidence has been found that a previous decision may create a life-threatening condition, that the technicalities of administrative appeals prohibit that evidence from being considered? This court thinks not . . ."

The issue of "standing" (the right of plaintiffs to sue) raised by the defense was treated by Judge Flaherty thus: ". . . defendants contend that for private individuals to sue based on a public nuisance, they must show special damages unique to them. This court recognizes that this is indeed a general prin-

Ed. note: The scientific aspects of Judge Flaherty's historic decision ending fluoridation in West View, Pa., were covered in the January Bulletin. Here we present more details of the order, dealing with philosophical and jurisdictional phases of the case.

## STORM OF PROTESTS FOLLOWS COURT DECISION TO OUTLAW FLUORIDATION

Within 24 hours after Judge John P. Flaherty, Jr., ruled that water supplied 27 suburban Pittsburgh communities by the West View Water Authority may no longer be fluoridated, the Authority appealed the decision in Commonwealth Court, Harrisburg.

Judge J. Bowman granted the water authority's motion which included a provision for a stay of Judge Flaherty's injunction prohibiting further fluoridation pending final outcome of the case.

Counsel for the plaintiffs — Attorneys Frank Walther and John Remington Graham — were in the process of preparing to appeal the Commonwealth Court decision when this was written. If the Supreme Court overturns Judge Bowman's decision, Judge Flaherty's

principle. However, in the case at bar it defies logic, for the consequence of this principle would be that one of the plaintiffs would have to have contracted cancer caused by the fluoridation before he could have standing.

"A multitude of lawsuits recently have been filed against the chemical, textile, and shipbuilding industries by victims of cancer and other diseases who are now suffering 10, 20, and 30 years later from exposure to carcinogens. Who knows — perhaps 10 years from now the Commonwealth may be inundated with suits by possible victims of fluoride-caused cancer. Surely simple prudence indicates that the best evidence must be scrutinized now, not after tragedy has struck.

"The sole issue before the court is whether or not fluoride may be a carcinogen . . . At issue was the most recent time-trend study of Dr. (Dean) Burk and Dr. (John) Yiamouyiannis,

order for immediate cessation of fluoridation by the West View Water Authority would become effective. If the jurists uphold the Bowman decision, fluoridation will continue throughout the appeals process, which may take months.

The Water Authority based its appeal, according to Attorney Graham, on two grounds: (1) that Judge Flaherty's court "lacks equity to entertain the suit," and (2) "lack of evidence."

As expected, the decision aroused a storm of protest, and within days *The Pittsburgh Press* was publishing stories designed to discredit validity of the Burk-Yiamouyiannis report, upon which Judge Flaherty based his decision.

which compared the cancer mortality of 10 cities which fluoridated their water systems with 10 cities which did not, over a period of 28 years . . . The study concluded that there was a significant increase in cancer mortality in the fluoridated cities. "The essence of the defendants' case was expert testimony attacking the methodology and conclusions of the study . . .

"Point by point, every criticism defendants made of the B-Y study was met and explained by plaintiffs. Often, the point was turned around against defendants. In short — this court was compellingly convinced of the evidence in favor of plaintiffs . . .

"Whenever the public health may be threatened, a court of equity has a duty to act. Therefore, a preliminary injunction prohibiting addition of fluoride to the water supply at the Neville Island facility of the West View Water Authority shall issue."

### WRITER'S AXE

"There is a growing feeling," wrote Reporter Lawrence Walsh Nov. 26, "that the judge might have been misled by basing his 10-page opinion on a defective study (which) purports to show a connection between (fluoride) and (cancer) . . .

"The National Cancer Institute is unimpressed with the study, one official telling a congressional committee it represented "the worst piece of work that has been done to date on fluoride."

The writer then repeated the falsehood that the study did not take into consideration "the most essential factors involved in cancer death rates — age, sex, and race."

Parroting the Consumers Union line condemning the study and the National Health Federation, the reporter then quoted Dr. Thomas Mack, "a Los Angeles professor of community medicine and an expert in cancer epidemiology," as saying of the initial report of the study in late 1974, "it is a propaganda flier rather than a serious scientific effort. There is no indication that any of the material was ever prepared for submission to a reputable scientific journal . . . (and) bias is so pervasive and obvious, the mistaken logic so gross and naive that the reader assumes the author to be, however competent in his Ph.D. field, totally unaware of the principles of epidemiology."

Another story on the same page of the newspaper — perhaps written by the same reporter — said fluoridation's principal foes are "the John Birch Society and the National Health Federation." It then quoted more FDA-disseminated propaganda denigrating NHF and its founder, the late Fred J. Hart, and concluded with this quote from a 1963 FDA release: "The stated purpose of the federation (sic) is to promote 'freedom of choice' in health matters. The record shows that what this frequently means is freedom to promote medical nostrums (quacks)

and devices which violate the law. From its inception, the federation (sic) has been a front for promoters of unproved remedies, eccentric theories, and quackery."

In an earlier story, Reporter Walsh quoted the National Cancer Institute as "challenging" Judge Flaherty's decision, and stating that "studies conducted in the United States, Canada, and Great Britain conclude there is no scientific evidence to support the claims of Dean Burk and John Yiamouyiannis, biochemists who wrote the study."

### SAYS THE JUDGE

Asked by Mr. Walsh for comment on his decision the day after it was submitted, Judge Flaherty said: "This was not a lightly-made decision. This wasn't something I pulled out of the seat of my pants. I intensely applied myself to the evidence presented in this case. And the defendants (the Authority and its board members) didn't controvert the study by Dr. Burk and Dr. Yiamouyiannis."

### MEDIA CRITICIZED

Three days after Judge Flaherty submitted his decision, Water Authority Attorney Fred E. Baxter, Jr., predicted "we ultimately will win this case on jurisdictional grounds or other grounds."

He told the Pittsburgh *Post-Gazette* that news media coverage of the injunction and the five-month court case preceding it had "failed to make clear to the public the impressive credentials of the authorities who testified for the Water Authority," naming such witnesses as representatives of the National Cancer Institute, Britain's Royal College of Physicians and Royal Statistical Society, "and other major health bodies."

(This of course is why the decision is so important: It is judicial confirmation that these "experts" failed to refute the evidence in the Burk-Yiamouyiannis study. This was Judge Flaherty's re-

## One Person Can Make the Difference!

# One-Woman Lobby Sparked Study Which Could End Fluoridation in Michigan

If water fluoridation should finally be declared ended in Michigan — and conceivably this could happen! — it will be because of the never-say-die efforts of 38-year-old Darlene Sherrell of Lansing, for three months last fall secretary to NHF Science Director John A. Yiamouyannis, Ph.D., in the Delaware, Ohio, office.

Mrs. Sherrell got interested in fluoridation three years ago after meeting veteran fluoridation foe Martha Johnson, president of the Michigan Pure Water Council, who contacted her after seeing her letter in a Lansing newspaper about Red Dye No. 2.

As related by Staff Writer Millicent

sponsibility — to weigh the evidence. What he found is highly displeasing to the establishment which has covered up omissions and errors and false allegations until it finally reached the court of Judge Flaherty. Ed.)

### 'REPUTATIONS AT STAKE'

Not everyone agrees with the thrust of what Attorney Graham dubs "yellow journalism" in Pittsburgh. For example, the *Post-Gazette* carried a letter to the editor from Pete Rotelli of East McKeesport, stating:

"The Nov. 20 cartoon by Tim Menees was a low blow . . . The great Cy Hungerford never operated in such a style — Judge John Flaherty did not call fluoridation a Communist plot.

"The good judge instead based his ruling on the testimony and evidence of a cancer connection found by Dr. Dean Burk. Who is Dean Burk? Newspaper accounts have not told readers that he was head of the National Cancer Institute's Cytochemistry Division and a cancer researcher for 50 years.

Lane in the *Lansing State Journal* (Mar. 27, 1978), Mrs. Sherrell registered people attending a Pure Water Council meeting, addressed by Dr. Maurice Reizen, state public health director, who defended fluoridation.

Always one to ask "why?", she "pulled out her pharmacology book, an impressive-looking tome of 1,794 pages, and I found that at 1 part per million of fluoride in water, 10 percent of the people could be expected to show very slight mottling in tooth enamel. And at 1.7 ppm, 40% to 50% would show mottling. So I became concerned about the effect of fluoride on humans. It was not just something that was eliminated by

"It is noble to err on the side of caution.

"I'll bet 50 to 1 that the Commonwealth Court will overrule Judge Flaherty — the fluoridation pushers, so-called 'health authorities' — are in it too deep. Reputations are at stake. They have told the people it is safe, and they can't go back on that.

"This same Commonwealth Court ruled against the people of Williamsport when they no longer wanted fluoride in their water (a waste by-product of the aluminum industry).

"It has always been a mystery to me why people as intelligent as newspaper editors can be taken in by such a hoax and fraud as fluoridation — if fluoride is good for the kiddies' teeth then give it to them via tablets in proper dosage. Why fluoridate the entire reservoir when children gulp only one-tenth of one percent of the water used? But the fluoride lobby doesn't want to sell little 29-cent bottles of fluoride — they want to sell tons of the stuff." . . .

the kidneys.'"

The inquisitive lady "began visiting the library to read medical and dental journals, and researched back to 1930. 'What I decided, in short,' she said, 'was that the studies I was finding showing damage from fluoride were the studies Dr. Reizen was citing for the other side.'"

### THE LOBBYING STARTS

Then she started paying calls on public officials in Michigan — the governor's office, Dr. Reizen's office, her state representative and the State Health Department which she asked to "name a study on the long-term effects of fluoride on adults. What came back," she said, "was a study funded by industries."

"She visited the University of Michigan Dental School where she was presented to an assistant dean and three experts. 'I could just see them saying they were going to take care of this little housewife who didn't know what she was talking about,' she smiled. 'I asked the experts a very simple question: Is it (fluoride) necessary, and is it safe? I haven't heard from them yet.'"

### ALLERGIES

"Her interest in chemicals in the environment goes back to her problems with allergies when she was 18. Hospital care was required for extreme allergic reactions, and she had problems with arthritis. She became nutrition-conscious and found she could control her arthritis with diet.

"She wrote the Arthritis Foundation, which has been critical of diet as a control for that disease. She has asked the foundation to cite studies 'to back up its claims that nutrition cannot influence arthritis.' She is not allergic to anything any more, she says. 'I avoid refined foods, especially sugar . . . and I no longer carry nitroglycerine tablets to counteract reaction to my heart from allergies.'

"Over the years, her inquisitive na-

## ' . . . ONE CITIZEN ON WHITE HORSE . . . '

" . . . The (Michigan) study was prompted largely by a one-woman lobbying effort by Darlene Sherrell, Lansing resident and research assistant at a local temperance-oriented foundation. She bombarded the governor's aides and the health department with documentation indicating that fluoridation posed a potential danger to the public health.

"It's a good example of what one citizen on a white horse can do," remarked Craig Ruff, an aide to Governor Milliken. "Whatever the validity of her assertions, her evidence persuaded Governor Milliken to order the study." . . .

ture has led to a distrust of accepting those things which are universally accepted without adequate explanation.

"She wrote General Foods about using Red Dye No. 2 in Jello and received a list of products containing the dye. She promptly stopped using those products.

"The effect industry is having on public health is still a matter of primary concern to Mrs. Sherrell. She continues to check sources used in commercial claims, and hopes her persistence may influence others to 'read the original article' and not rely solely on quoted excerpts."

### THE GOVERNOR ACTS

It was that persistence that finally led Michigan Governor William G. Milliken in his 1978 State of the State Message to call for a joint study by the Departments of Public Health and Agriculture to determine the present daily dosage of fluorides in Michigan, as well as the health effects of increased intake among residents.

That report, when submitted, dealt with neither issue. So the governor ordered further investigation by a com-

## 'Suspend Fluoridation 'Til Safety Is Proved'

Not one to mince words, Darlene Sherrell wasted no time after the "Pittsburgh decision" to suggest to Dr. Maurice Reizen, director of the Michigan Department of Public Health, that fluoridation be suspended in Michigan.

Her letter, dated Nov. 22, 1978, follows:

"Dear Doctor Reizen:

"Inasmuch as:

"1. Your dental division has failed to name even one fluoridation safety study capable of detecting the preskeletal stages of chronic poisoning (incapable of x-ray detection), or the nonskeletal toxic effects reported in the literature;

"2. The University of Michigan School of Dentistry has failed to respond to similar requests or to establish any evidence that our children's diets are fluoride-deficient;

"3. Your report on *Fluoride Intake in Michigan* failed to establish the present total dosage of fluorides or their health effects;

"4. Physicians in Michigan and elsewhere have reported cases of chronic fluoride poisoning at the recommended level of 1 ppm;

"5. Evidence reported in the medical literature indicates a mutagenic effect of fluoride at 1 ppm in drinking water;

"6. The best witnesses available to the U.S. Public Health Service were unable to refute the work of Drs. Burk and Yiamouyiannis;

"7. Judge Flaherty has ordered discontinuance of fluoridation in areas served by the West View Water Authority because of the unresolved safety questions; and

"8. The people have been grossly misinformed regarding promotion of fluoridation and the question of long-term safety — thus have never had the opportunity of informed consent,

"I suggest the most prudent course of action would be immediate suspension of your fluoride prescription for the people of Michigan — at least until these serious safety questions have been dealt with scientifically — and not by hollow endorsements, as in the past."

Copies of the letter, with a copy of Judge Flaherty's decision, went to Governor William Milliken, Detroit Councilwoman Maryann Mahaffey, Lansing Mayor Graves, Michigan Dental Association, and the University of Michigan School of Dentistry.

mittee headed by Dr. William Taylor, special assistant to the governor, and head of the Office of Science and Technology, Michigan State University, East Lansing.

In assigning this task, Governor Milliken told Dr. Taylor: "Concern has been expressed that the public may face certain health hazards from the combined effect of fluoride ingestion through their intake of food, water, and air. While there are well-documented health benefits from low levels of fluoride, we should remain vigilant that the total intake does not result in excessive

ingestion of fluoride by individual citizens.

"The Department of Public Health and the Department of Agriculture have submitted a report on this issue. However, I believe the viewpoint of scientists and academicians from outside the Departments of state government should also be considered as state policies on technically-complex issues are established or reviewed.

"As part of the overall investigation, I would like the Office of Science and Technology to participate in the review of this issue. Specifically, I request that

## HAS DR. KENNEDY CHANGED HIS MIND ABOUT FLUORIDATION?

Did you know that 10 years ago Dr. Donald Kennedy, as Chairman and Executive Head of the Department of Biological Sciences at Stanford University, believed there should be a "serious reappraisal of the wisdom of mass fluoridation"?

Few Americans did. But a copy of a March 4, 1969, letter signed by Dr. Kennedy (now FDA chief) and Dr. Paul R. Ehrlich, noted scientist and director of Graduate Studies at Stanford, fell into the hands of Darlene Sherrell, who wrote him last Oct. 11, asking if he would "verify the authenticity of the letter, and advise me of your present attitude concerning the issue of the safety and efficacy of mass fluoridation?"

The Kennedy-Ehrlich letter, addressed to the editorial board of *Consumer Reports*, Box 1111, Mount Vernon, N.Y., follows:

"Gentlemen:

"We urge you to give the enclosed letter from Edward Groth III your careful attention. Mr. Groth is a graduate student in excellent standing in his department, and is in our opinion a highly-competent and responsible scientist. The fluoridation issue has been the subject of a considerable portion of his dissertation research. The facts he has gathered, some of which are present in the accompanying letter, indicate the need for a serious reappraisal of the wisdom of mass fluoridation."

your office look at the near- and intermediate-term probabilities of excess fluoride intake by specific sub-sets of the Michigan population. I hope you will agree to chair a panel of scientists to prepare a report on this issue." . . .

The panel held its first session last December.

### NEW AMMUNITION

The day after Judge John P. Flaherty, Jr., issued his momentous decision that fluoride in drinking water is causing cancer deaths, Darlene Sherrell flew to Michigan where she spent four days between Lansing and Detroit — this time with new ammunition — the court order halting fluoridation in suburban Pittsburgh.

In Detroit she met with Jordan Rosen, "a top UAW attorney" who arranged a meeting for her with Dolly Katz, medical writer for the *Detroit Free Press*. Mr. Jordan assured her he would "speak for us" with newly-elected U.S. Senator Carl Levin, Mel Glasser of the UAW, U.S. Representatives Bill Brodhead, and Jim Blanchard.

She met with Detroit Councilwoman Maryann Mahaffey, and believes that

while she will "need some time to go through the fluoridation materials, she will be a very important ally when the issue can be brought up in Detroit."

In Lansing she (1) delivered copies of the Flaherty opinion to the governor's office, "with a note requesting immediate halt of fluoridation"; (2) had copies of the Pittsburgh news story and the court opinion sent via the governor's office to Dr. Taylor who heads the review panel; (3) talked with WKAR Radio's Curt Gilleo who interviewed her several months ago, and indicated "he thought he could put together a story about Pittsburgh and Governor Milliken's new investigation"; (4) delivered copies of the opinion to Legislator Tom Sharpe who fought for local option (signed into law last year), and to Senator Jack Faxon.

(5) Delivered copies of the press account and the Pittsburgh court's opinion to Senators Earl Nelson and Basil Brown, and to Senator Scott's aide, Shirlie Climie; (6) delivered a copy of the opinion to Bob Fitzke, Senate General Counsel, and to Terry Gerald, House Public Health Com-

## Personality, Attitudes Potent Illness Factors

"While we must not exaggerate the power of the effects of mental states on bodily disease, it is abundantly clear that emotional states can often affect the course of illness for better or worse. With some patients, an attitude of expectant faith can sometimes speed healing, and depression is related to delayed convalescence . . ."

These quotes are from a lecture, "Mind-Body Relationships in Illness and Healing," delivered at a New York conference on "Ways of Healing," by Dr. Jerome D. Frank, a Harvard Ph.D. and M.D. graduate who has spent his professional career in the Department of Psychiatry at Johns Hopkins University School of Medicine.

mittee aide; (7) spoke with Don Gardner, public relations man for the Michigan Dental Association, who promised to "provide his people with the opinion from Judge Flaherty."

(8) Spoke with an aide to Mayor Graves of Lansing, informing him of the governor's panel and the developments in Pittsburgh, and asked for the mayor's assistance and support in halting fluoridation in Lansing. "He seemed shaken and was glad to have a copy of the opinion which he will make available to the legal department and city council." The question of fluoridation was on the agenda Nov. 27 and Martha Johnson attended; (9) spoke with councilman Jack Gunther and gave him a copy of the news story from Pittsburgh; (10) Visited the Lansing Board of Water & Light and spoke to their p.r. person, Dennis Castille, who will provide a copy of the opinion to their legal department. "He asked that Martha Johnson or I attend their Tuesday meeting to bring the question before the board."

"In actual fact," said Dr. Frank, "the individual is a *psychobiological unit* integrated with his social environment, and a perturbation in any part of this system shakes all of it. The person is an open system. Internally, perceptions, thoughts, and feelings reciprocally interact with biochemical and physiological processes. Externally, biological transactions with the environment are mediated by matter and energy transfers — for example, bacteria, viruses, malnutrition, drugs, knives, laser beams — while sociopsychological transactions are mediated by information which is transmitted by spoken or written words, movies, TV, and so on.

"How the person interacts with his environment depends on his state at the time, which in turn is determined by past events — genetic heritage, pre- and postnatal experiences, maturational processes, etc. In a state of health, the system is in dynamic equilibrium, with restorative functions greater than pathogenic (destructive) ones. The healthy person thus is able to seek and master new experiences."

### ILLNESS /EQUILIBRIUM

"Illness is a disturbance of the *total system* in which, at least temporarily, pathogenic forces are greater than regenerative ones, forcing the person to devote some of his vital energies to the task of restoring equilibrium. Illness may take one of three courses:

"1. Original equilibrium is restored, as in recovery from acute illness.

"2. New equilibrium is established at

— Excerpted from the *Journal of the International Academy of Preventive Medicine* (Vol. 2, No. 3), copyright 1976, the International Academy of Preventive Medicine, 10405 Town & Country Way, Suite 200, Houston, Tex. 77024.

a lower level of functioning, as in controlled diabetes, residuals of poliomyelitis.

"3. Pathogenic forces win out (perhaps over a long period of time), and the patient dies.

"Healing is the restoration of healthy equilibrium, either spontaneously or through outside interventions . . . Physicians are apt to forget that in the end, the physician has to rely on the patient's own healing powers. The great sixteenth-century surgeon Pare' always ended his case reports with the phrase, 'I dressed him and God healed him' (Packard, 1921). Galen earlier wrote, 'The physician is nature's assistant' (Strauss, 1968). These statements are still true." . . .

### CONCLUSIONS

Dr. Frank cited these conclusions in a study of the relation of environmental stress to illness in 100 expatriated Chinese:

1. Illnesses appear in clusters, involving more than one organ system.

2. These occur during periods when the patient is trying to cope with a difficult situation — he is stressed.

3. The stress comes mainly from the patient's *interpretation* of events — it is *psychological*. Often life experiences that appeared to be benign to an "objective" observer were seen as stressful by the patients, and associated with illness. Conversely, when stresses that appeared horrendous to the observer — poverty, bereavement, alcoholic spouses — were not associated with illnesses, the patients did not report them as stressful. (Hinkle, 1957).

### EMOTIONS AND HEALING

In a section on "Emotional States, Illness and Healing," Dr. Frank observed that "the widespread clinical impression that a patient's emotional state may affect the course of illness and healing has received strong support from experiments concerning speed of convalescence from infectious disease,

and speed of healing following surgery."

He told of one study comparing eight brucellosis patients who had recovered in two to three months, with 16 who still were symptomatic after one year with such complaints as fatigue, headache, nervousness, and vague aches and pains.

"There were no differences between the two groups in medical findings at onset or at time of reexamination," Dr. Frank reported. "The 16 who were still ill, however, differed significantly from the eight who had recovered with respect to incidence of psychologically traumatic events in early life (69% versus 25%), a seriously-disturbed life situation within one year before or after the acute infection (69% versus 0%), and significantly higher scores on an index of morale loss derived from the MMIP (Imboden, 1959).

"Since this was a retrospective study, the low morale of the symptomatic patients could be explained as the result of being chronically ill. Only a prospective study could exclude this possibility. Fortunately, the knowledge of a forthcoming influenza epidemic made such a study possible. The morale-loss scale was administered to military personnel before the epidemic struck. Of the 600 who took the test, 26 contracted influenza. Of these, 14 recovered in about eight days, while 12 continued to complain for at least three weeks. Again, the initial attack, judged by a variety of tests, was equally severe for both groups, but the slow recoverers scored significantly higher on the morale-loss scale (Cluff, 1966)."

### FAITH

Still another study dealing with the speed of healing among 98 patients undergoing surgery for detached retina, found a correlation of .61 between acceptance and speed of healing, leading to the author's conclusion: ". . . high acceptance and rapid healing occur . . . when the patient has faith in the healer,

the methods of healing, and feels these methods are relevant to the cause of the illness . . . The person seeking to help the slow healer . . . should focus primarily on what variables enhance or destroy the patient's attitude of expectant faith."

#### CANCER AND MIND

In a section titled "A Look at Cancer and Mental States," Dr. Frank focused on cancer, "a disease whose relentless course was long thought to be unrelated to psychological states. Western medicine has conceptualized cancer as an invasion of the body from inside by cells that have gone wild, and treatment consists of an effort to remove or destroy them by surgery, radiation, or drugs. The outcome of this struggle is determined by whether the cancer cells or the destructive agents are stronger. The patient is a helpless bystander, or better — the arena in which the battle is fought. This theory cannot explain spontaneous remissions of definitely diagnosed cancer, which sometimes occur . . . Two surgeons have accumulated 176 examples of such remissions from the literature, but offer no explanation for them (Everson, 1966).

"Recently a holistic concept of cancer has emerged, the so-called surveillance theory, cancer cells are formed throughout life but are promptly detected and destroyed by the person's immunity system. Clinical cancer appears when this fails; hence factors which influence its strength, including psychic ones, are relevant to both the emergence and treatment of cancer.

"An increasing number of studies have found that persons with a certain *personality style* are especially prone to cancer. As compared to matched healthy controls or those suffering from other illnesses, they repress or deny unpleasant effects such as depression, anxiety, and hostility (Bahnsen, 1969). Under a facade of cheerfulness and self-confidence, they feel isolated and that life is a hard struggle. This attitude

is consistent with the finding that cancer patients, more than controls, had experiences before the age of seven which led the child to feel that emotional relationships brought pain and destruction (LeShan, 1965-66)."

#### MORE CONFIRMATION

"This finding has recently found unexpected confirmation from a prospective study of medical students by Thomas and Duszynski. Nine hundred fourteen male Hopkins medical students graduating between 1948 and 1964 were given, along with many other tests, a questionnaire including a closeness-to-parents scale. By June 1973, 26 had developed malignant tumors. The 20 on whom completed data were available had scored significantly lower on the closeness-to-parents scale ( $p = .01$ ) than a group matched by age, sex and class who were in good health (Thomas, 1974).

"It seems plausible that persons with this type of home atmosphere would be easily shaken when someone whom they have come to trust dies or otherwise withdraws support. In any case, cancer patients were found to have suffered such a loss in six months to eight years before the clinical onset of the disease significantly more often than in a group of controls (LeShan, 1965-66)."

#### HOPE ANOTHER FACTOR

"The surveillance hypothesis is also consistent with the relation of emotions like hope to remission of cancer . . . A patient was dying of generalized lymphoma. He had large tumors all over the body, chest was full of fluid, and he was anemic. Resistant to treatment, he had been given a prognosis of less than a month. As part of a clinical trial of Krebiozen, a widely-touted cancer cure, the drug was given him because he begged for it and had great hopes from it, although he was not eligible because he was so ill. Two days after the first injection, the tumors had shrunk to one-half of original size, and the chest

fluid was gone. He continued to get injections thrice weekly and was discharged in 10 days.

"After two months of practically perfect health, on reading of conflicting press reports about the efficacy of Krebiozen, he relapsed to his original state. His physician told him to ignore the reports, that the reason for the relapse was that the Krebiozen had deteriorated on standing, and offered him a new 'double-strength, super-refined' batch. The patient again developed a *very strong anticipation of cure*. This time the injections consisted of distilled water, but the patient's remission again was dramatic. The tumors melted and the chest fluid vanished, and he was again symptom-free for two months. Then he read the final A.M.A. report that Krebiozen was worthless. After this, his health precipitously declined, and he was dead in two days. To be sure, it isn't certain his life was actually prolonged, as his total course seems to have been only about six months. Nevertheless, *the remissions were spectacular.*"

#### THE SIMONTON WORK

"The possibility of deliberately *cultivating healing mental states* in cancer patients is being explored by a radiotherapist, Dr. O. Carl Simonton, and his wife (Oncology Associates, 1413 Eighth Avenue, Fort Worth, Texas). They teach cancer patients to relax, then to develop images on the onset of the disease, and of the treatment process that makes sense to them and Dr. Simonton, and then to visualize how they want their immunity system to attack and destroy the cancer cells. This procedure is carried out three times a day (a meditative process), and for some patients is supplemented with group therapy. As is apparent, the essence of the treatment from a psychological standpoint is to *alter the patient's belief system about his disease*. It seeks to replace despair with hope, and helplessness with the

conviction the patient can consciously activate the immunity system, an idea that does not seem so bizarre in the light of the control over bodily processes achieved by Indian Yogi, and the results of biofeedback procedures.

"Dr. Simonton is appropriately cautious about his results. He uses his method as an adjunct to radiation therapy, not as a substitute, unless the patient no longer responds to radiation. He also states that his sample is too small and the followup period too short. Finally, about three-fourths of his patients are unwilling or unable to try the *psychological approach*, which requires considerable effort and the willingness to endure psychic pain (Simonton, 1974). With these cautions and limitations in mind, however, he has noted apparently complete and rapid disappearance of the cancer in some very severe cases, including those that were so far advanced as to be refractory to other forms of treatment. At the very least, the Simontons have shown that *states of mind* can beneficially affect the course of cancer in some patients."

#### RADIOACTIVE WASTE CHECK UNDERWAY

Radioactive wastes dumped into the Atlantic Ocean 200 miles off the Maryland-Delaware coast between 1946 and 1970 are being investigated by the Environmental Protection Agency. Scientists aboard a submarine descended 13,000 feet to the dumpsite to take bottom samples, water samples, and check marine organisms, in an attempt to determine whether biological food chains exist that could transmit the radioactivity to man. They also hoped to recover one of the nearly 14,000 55-gallon drums containing the wastes.

**YOUR CONTRIBUTIONS  
TO N.H.F.  
GET THE JOB DONE**

## Young M.D. Using Relaxation, Imagery in Cancer Treatment

Those who have "tried everything," and possess a powerful impulsion to live, might find help, as have others, in harnessing mind-power as a tool in the healing process.

Some interesting — and important — work is being done by a young radiologist who opened a practice in Texas following completion of a tour in the Air Force.

Carl Simonton, M.D., a radiation oncologist, associate of Oncology Associates, Fort Worth, Texas, and medical director of the Cancer Counseling and Research Center, 1300 Summit Ave., Suite 710, Fort Worth, has had remarkable success with cancer patients — some terminal — by using meditation (not transcendental) as an adjunctive therapy. Under certain circumstances, he may even employ it exclusively.

In a nutshell, the concept is this: "If you mentally participate in a quite state, you can learn to influence bodily processes that are out of control. And that of course, is what cancer is."

During a seminar in California in 1976, he said that "as a team . . . we feel excited when we see and share in the successes, and we feel pain, disappointment, and sorrow when we share in the deaths of patients we lose."

### HE CREDITS WIFE

Involved in the study and application of meditation — biofeedback — for more than seven years, Dr. Simonton says he was nudged into researching it by his wife, a believer in the Norman Vincent Peale concept of "positive thinking."

So he started reading, attended a lecture by an immunotherapist who said "we all develop cancer but a healthy body possesses the mechanism to rec-

ognize and destroy the cancer cells." He interviewed authorities in the field, and used it on himself during a 30-day trial.

Admittedly, he said, it is "very hard" to discipline oneself to reproduce the mental state 15 minutes per session three times a day. But those who force themselves to do it regularly, after receiving instruction, have experienced amazing results.

On the basis of findings by other scientists and his own clinical experience, Dr. Simonton now states categorically that "stresses influence both the development and course of the disease of cancer."

He told of "exciting" animal studies showing that by modifying stress in animals, the course of malignancy is modified. In 1965, for example, the incidence of breast cancer in mice was altered from 7% to 93% by *modifying stress*. A Rochester, Minn., researcher showed that through psychological testing, accurate predictions were made as to whether biopsies would be positive or negative. "We cannot ignore the emotional side of cancer."

### JOHNS HOPKINS STUDY

And Dr. C. B. Thomas at Johns Hopkins University, in a protracted study of 1,400 medical students, was able accurately to predict subsequent development of malignancy. That study convinced Dr. Thomas, according to Dr. Simonton, that the relationship between children and parents is an important factor in whether cancer will develop. "Those who developed the disease in the Johns Hopkins study reported a poor relationship with parents during childhood. Rejection by parents is an important factor, although it has not been very extensively studied."

Stresses that can trigger the disease — not only cancer but other degenerative diseases such as arthritis — were described by Dr. Simonton as being loss of a "love object, with no sufficient means of channeling grief." He said this has "been borne out in my own practice."

"Kissen's monumental work showed that lung cancer patients have insufficient emotional outlet. Of course it's dangerous to generalize, but it has been heavily documented that childhood relationships between children and parents tend to influence that person throughout life. There is a tendency to bottle things up, express fear, disappointment, resentment or whatever, *internally*. The precipitating factor seems to be when a person loses something very important, and lacks the means of channeling the grief. The evidence of this factor as a central theme in development of malignancy is exceedingly strong."

### DISILLUSIONED

Dr. Simonton acknowledges some disillusionment after starting practice. "There was a statement among radiologists that in treating with radiation, we watch the chest x-ray improve while we watch the patient die. It was thought good if the patient didn't lose over a pound a week. Many patients continued to smoke, morbidly depressed. Obviously they didn't want to be treated, while the families wanted them to be treated — a little bit. No one was willing to talk about what was going on. It was like, you have lung cancer, the next thing to do — it's not resectable, we can't remove it, and at that time it was accepted that chemotherapy had nothing to offer — therefore you irradiate them.

"We would irradiate patients, and studies show they don't do any better with radiation than without, and we'd quibble about whether the quality of survival was any better. Survival with radiation, in one study, would be nine months, survival without irradiation

would be 11 months. In the next study, irradiated patients would live 11 months, those without it would live nine months. So we would argue over two months of survival — which depended on whose study you read — as to whether or not to irradiate patients with lung cancer. This was the logic, the reasoning, the approach that I was growing up with in my specialty training. And in the meantime I was watching patients who were coming in while we argued in tumor conference about whether or not it did any good. The patient didn't want to be treated, and doctors didn't want to treat them, other than — we wanted that prestige. You know — we are the radiation therapy department, and all lung cancer patients who are not operable should be irradiated."

### DIDN'T LIKE IT

"I can understand that — I can understand where we were coming from, but I didn't like it, and a big part of me really reacted to it, because I didn't like talking to those lung cancer patients every day and watching them die. And watching them smoke. It didn't make sense to me. At that time I was young and excited about finding a cure for cancer, and I felt radiation therapy was a good tool. I still believe radiation therapy is a good tool, but it's just that — a tool. Like meditation, it's a tool. And it depends on how the tool is used.

"I've never seen a lung cancer patient with a node in the neck get well, not one. I remember one major meeting at which probably 75% of the national authorities were in attendance. They asked if anyone had ever seen a lung cancer patient with a node in the neck get well. One person had seen one such patient, in the United States. And the average specialist there had practiced probably 15 to 25 years.

"So this constituted a large part of what I did every day, and I found it very depressing, particularly when patients wouldn't stop smoking or do any of the other little things that seemed neces-

sary to regain health."

### PSYCHO CYBERNETICS

"Actually Stephanie, my wife, started me thinking. She came home with a record, and played it. It had a lot of hoopla about positive thinking, you can create your own reality. I liked it, really got kind of excited about it, thought, 'well, nice record, I feel better after listening to it,' but let it go at that. I really think she impregnated me at that time. She continued to pump in more little tidbits, and I began to get interested in it. She brought home a book called *Psycho Cybernetics*. It was a book written by a plastic surgeon so I could 'justify' my reading it. *Psycho Cybernetics* really hit me between the eyes. I could see how a lot of these principles could account for a lot of the successes in my life. For my years, I was pretty successful. I did not *feel* very successful. I felt frustrated and unsuccessful. I had looked at positive thinking before and said, 'This can't be true. If it were true, the author would be God, someone walking on water and doing fantastic things.'

"But I gradually began to appreciate that while it was easy to verbalize or write a truth, and a powerful, important statement, it was another thing to put that into practice and live it. That became an important concept to me, one I have held onto. It was about this time that I started to really believe there may be some value looking at attitudes as influencing cancer patients. I was interested also in influencing myself because I was feeling pretty miserable. I wanted to be a little happier, less nervous about going to work, things like that. And at that time a pediatrician friend brought a biofeedback machine to the house."

### 'WE ALL GET CANCER'

"During this period I attended a lecture in Portland by an immunotherapist from the east. He said we all develop cancer over and over, that developing cancer at subclinical state — where it cannot be detected — is a normal pro-

cess going on in all of us. Our bodies normally recognize cancer cells and destroy them. But when we develop cancer, it means the cells are not destroyed in the normal way, and that the problem of developing cancer is really a breakdown in our body's resistance.

"That was a new concept for me. I knew some of those things but had never had it put into those words, and it changed my entire thinking about cancer. Now, in order to get rid of cancer you didn't have to kill all the cancer cells. You had to restore the body's resistance ability to do its *normal* job, not doing something great and wonderful, just doing the normal job it was doing before the person got sick. This made getting over cancer a much easier thing in my own mind. No longer did I have to get all the cancer cells in the field I was treating. I didn't have to burn every cancer cell to death for the patient to get well. And that was a major change in my own thinking.

"If one of our body processes is out of control, we're talking about the basic immune system, white blood cell activity. So it was clear to me that if we applied this principle, it should influence the process. If heart rate, blood pressure, and blood flow to certain parts of the body are influenced by biofeedback (meditation), why can't it influence white blood cell activity? That seemed to me an easy jump to make. So I decided to try it on a patient."

### HIS FIRST PATIENT

"He was 61 years old, with an advanced throat cancer. He had less than a 5% chance of regaining his health. I sat down with him, told him I wanted him to take time and relax himself. I had come up with the thought that you must relax and mentally picture what you want to come about. If it is physiology, he would have to picture his cancer, and the treatment he was receiving. We pictured the treatment — we were giving radiation therapy which was to me like millions of tiny bullets of energy

that hit the cells in their path. Normal cells were healthier and could tolerate this. The cancer cell was a weak, confused cell and couldn't tolerate it so well, so more of them died. As a result, the white blood cells came in and picked up the dead and dying cancer cells. I suggested he even give them a boost, see them doing it better, doing more like we assume it works in a normal person — in other words, *picturing it the way we wanted it to work*.

"This patient really took hold of the idea, used it on a regular basis during nearly seven weeks of treatment. He missed one meditative session, telling me later that after missing it he could feel himself losing his grip on the disease. He was furious with the person who had caused him to miss the session, interfering with his normal routine, and furious with himself for allowing it to happen. We get together from time to time, and I continue to learn from this man.

"He overcame his cancer, and had almost no side-effects from treatment, quite unusual. I had been treating cancer patients about four years at that time, a significant number, and I'd never seen anyone doing anything like this."

Dr. Simonton acknowledges that he experienced fear that if the patient did not respond to the treatment, and died, "then my idea died."

But the patient not only did not die, he went on to use relaxation and imaging to overcome his arthritis, and to regain sexual ability after 20 years of impotence.

Two years went by before Dr. Simonton had another patient — Bob Gilley, Charlotte, North Carolina businessman — who would use the technique. Patients refused to relax three times a day and mentally picture the process. He found this "highly frustrating," he said. For a time a patient would "do well," but after treatment was over they "deteriorated," and that irritated him.

### WE'RE THE CAUSE

It took a long time, he continued, "before I began to appreciate that we cause our own illnesses. It was hard for me to accept, and it has changed me about as much as the biofeedback experience, because now I can't accept a cold in myself, as just being a cold, nor a scratched finger as being a scratched finger. I can't even accept a cough as being a cough, and I'm becoming aware that I can't even accept a sneeze as just being a sneeze. I don't know where it will end — it's an exciting experience —" (laughter).

Dr. Simonton said patients are not encouraged to come — they must be insistent and convince him they *want to live*. They are encouraged to get the meditation tape and actually use the technique a month or two before going to Fort Worth. "We would like to have them see a change taking place before they even come to us," he said. "It is a hard concept to realize — the patient does all the work."

Dr. Simonton and associates, Stephanie Simonton and Jeanne Achterberg, Ph.D., counsel and train patients on arrival. They must be accompanied by spouse, agree to stay at least five days, and remain on the program at least a year, returning every three to 3½ months for followup. A majority of patients are in stage 4 — widely metastatic, often to pancreas, colon, brain.

One of the points emphasized is that "stress will always be, but we can change how we react to it."

### 'STAR' EX-PATIENT

On the program at the symposium was the Simonton team's "star" ex-patient, Bob Gilley, who went to Fort Worth from the M.D. Anderson Cancer Center in Houston after many sessions of chemotherapy, following surgery. He read about the work of Dr. Simonton and associates in *Unity* magazine. In June 1973 he had been given less than 1% survival chance, a groin cancer had spread

## Hans Selye Praises Simontons' New Book

Carl and Stephanie Simonton and James Creighton have written a book, *Getting Well Again* (\$8.95, Cancer Counseling and Research Center, 1300 Summit Ave., Suite 710, Fort Worth).

A step-by-step, self-help guide to overcoming cancer for patients and their families, the book is highly praised by Hans Selye, M.D., who has made notable contributions to the understanding and treatment of stress.

Said Dr. Selye in part: "... The authors appear to have caught the very essence of the stress concept, especially as it concerns the goal of overcoming cancer. Since I myself have endured and overcome an allegedly incurable cancer by means of a code of behavior very similar to theirs, this opportunity to express my admiration for the Simontons' volume gives me great pleasure.

"I have spent most of my life building up the physiological basis for a code of behavior such as the one they outline, and in the process I have collected 130,000 entries on stress in the library of our International Institute of Stress. But rarely have I encountered a volume as well written as this one. It supplies so many detailed facts, and at the same time is so readable and interesting for the average American, that I believe the authors and publisher may be proud of this work."

(The Cancer Counseling and Research Center has available cassette tape recordings and printed materials. Ed.)

to the lymph system. During chemotherapy treatment at the Anderson Center, he said his initial reaction was so violent the esophagus ruptured and he fell from the bed. He lost weight progressively, lost his hair, finally decided the cancer never had hurt him but "chemotherapy was killing me, every cell in my body told me to quit."

After convincing Dr. Simonton by telephone that he wanted to live and would agree to use the visualization technique at least three times a day, he was told to come (Dr. Simonton never has rejected anyone, but many do not come after the first telephone contact).

Mr. Gilley spent only three days in Fort Worth learning the technique, and was "already feeling better just to be with those wonderful people."

Six weeks later he was examined in Charlotte and the tumor in the groin was the size of a walnut. Six weeks after that, examination showed it had shrunk 75%, "and I had done nothing — except the meditation." Two weeks later there were more tests, and three days later his physician called him to tell him the x-ray showed "no sign of the disease. My doctor was so skeptical he left his

office and drove to the laboratory to read the x-ray himself. He couldn't believe what he saw. And as to how it happened — I'm afraid he wouldn't understand."

### BELIEF SYSTEMS

"Belief systems, and what they do: I had never had the privilege of knowing about it. And am I grateful! I know now that I brought the disease on myself, with hatred, venom, hostility toward former business partners, the medical commission. I was fearful of the future. Now I spend my energy on now! And I believe what Jesus said — that we must love everybody as we love ourself. I used to have to win at everything, now I can lose — graciously. What you have heard today from Dr. Simonton and his associates works, I've seen it in myself, and others. And it's available!"

He is so impressed with it that he established an organization to work with others, giving them the kind of help he received from the Simontons. Similar work is being done in Los Angeles by Hal Stone and Jacqueline McCandless at the Center for the Healing Arts (213-477-3981).

## STRESS MAJOR FACTOR IN CORONARY HEART DISEASE

Heart specialist Ray H. Rosenman, M.D., associate chief of the Department of Medicine, Mount Zion Hospital and Medical Center, San Francisco, believes classical risk factors (high cholesterol levels, high blood pressure, smoking) and diet and exercise account for perhaps one-third of the epidemic rise in heart disease.

Author of the best-seller *Type A Behavior and Your Heart* (Alfred Knopf, New York, \$7.95; Fawcett World Library, Greenwich, Conn., \$1.95), Dr. Rosenman says *stress* is responsible for more heart attacks than is realized.

Social mobility, geographic mobility, socioeconomic factors, emotional factors such as anxiety, neurosis, depression, life satisfactions and dissatisfactions, stress and distress, all contribute to the 20-year rise in heart disease, he says.

As early as 1950 this doctor's research revealed that what he calls "Type A" behavior played a significant role in coronary heart disease, in both sexes. In a study of 3,154 men followed for 8½ years, a relationship between traditional risk factors (including age, blood cholesterol, blood pressure, cigarette smoking) put Type A persons in a two-fold higher risk level than Type B. Other studies have showed that basic coronary atherosclerosis is significantly greater in Type A than Type B subjects. Although it is not yet clear how Type A behavior relates to coronary heart disease, studies have shown that serum cholesterol levels often rise at time of pressure. The cholesterol factor seems to be more strongly related to Type A behavior and coronary disease than any other factor, including diet, Dr. Rosenman told a food writers' conference.

What's a Type A person like? "Hard-

driving, competitive, work-oriented, chronically impatient, often hostile, hyperalert, tense — grinding his way to premature death," he says.

If you happen to fit into that group, Dr. Rosenman advises you'll do well to adopt Type B behavior (all behavior is learned, can be changed). He tells such people to "slow down, throw away the watch, become easygoing, relax, take a vacation, drive yourself less, enjoy yourself more.

"Smoking and obesity are general health hazards and should be eliminated," he continues, "and the same is true of hypertension which should be rigorously identified and treated. Physical fitness is a major aid to general health and wellbeing. Changes in diet are wise too — there is a need for widespread dietary improvement aimed at excessive calories and carbohydrates, total fats, and improved animal fats.

"However, this may not be enough. The evidence is now clear that much attention must also be given to psychological, social, and behavioral factors. We will not prevent coronary artery disease by having margarine for breakfast after a morning jog, then rushing off to be Type A in a Type A world."

To modify Type A behavior, Dr. Rosenman suggests, "Why rush? Do you *have* to meet the deadline? Do you *have* to answer every phone call? Why not make a list of calls, and make them at a certain time? Do you have to have a Type A secretary prodding you on?"

TOBACCO IS LINKED to anemia of the acoustic nerve end of the spiral ganglion. Smoking also affects the middle ear (by passing through the eustachian tube), causing hearing impairment, says *Clinical Neuro Ophthalmology*.

## SHE RID HERSELF OF ANGER — AND CANCER DISAPPEARED!

A top surgeon, who laid down his scalpel in favor of helping patients heal themselves through mind power alone, has had astounding success with incurable patients — including a terminal cancer victim brought back from the edge of death.

The victim, a 44-year-old woman, definitely was dying, the pathologist in the case confirmed. He called her recovery "a miracle cure."

The surgeon, Dr. Wallace Ellerbroek — now a full-time psychiatrist in Los Angeles — told the *Enquirer*: "Anger and depression trigger all disease — of that I'm convinced.

"Some people can rid themselves of the deadliest diseases just by stopping themselves from being unhappy. I've had a number of patients with 'incurable' diseases — and have helped most of them heal themselves."

Ellerbroek was working as a surgeon at St. Mary's Hospital when his incredible cure of the dying cancer victim took place in 1960.

"As soon as I operated on her, I knew she had cancer so severe that surgery couldn't help," he said. "She had a massive tumor of the colon and cancer of both ovaries, spread throughout the abdomen. I felt she had no more than three years, and perhaps only three months, to live.

"I was aware that she had a lot of bottled-up resentment toward her husband. So I told her exactly how long she had to live, and that I believed anger and depression cause cancer. Then I said: 'Stop your anger — or you'll die. You must never allow yourself to be unhappy again.'

### 'INCREDIBLE CHANGE'

"The woman changed her mental attitude, becoming happier — and with-

## RHEUMATIC PAIN — STRESS, TOO?

The same issue of the *National Enquirer* carried a story quoting Dr. Michael W. Reynolds, internal medicine specialist at University of California Medical School, Irvine, that "psychological pain" is the actual reason for many rheumatic symptoms.

Head of the department of rheumatology at Orange County Medical Center, Dr. Reynolds described the case of a 55-year-old woman who for many years suffered from head and neck pains. Two spinal operations relieved the symptoms for only a few weeks. "The real reason for her symptoms," he said, "was that a grown son with a mental disability was living with her. Every time her son went away for a while, she felt a lot better. My experience is that psychological rheumatism is as prevalent as rheumatoid arthritis, and if that experience is borne out — then some six million persons suffer from psychological rheumatism. Stress plays an enormous role in so many things that happen to an individual."

in weeks the change was incredible. On each succeeding visit she was more cheerful, and the physical signs of the cancer less obvious. At the end of six months her body was totally clear of cancer. Today, 15 years later, she's still alive and well."

Since that amazing cure, Dr. Ellerbroek has had many other successes, he says: "Among them were cases of multiple sclerosis, halted against all medical odds; psoriasis, a skin disease that covered every inch of the patient's

## Dull Job Source of More Stress Than Long Hours, Responsibility

Boredom, rather than long hours of heavy responsibility, may be the major source of stress, a University of Michigan study says. In a survey of 2,010 men in jobs varying from factory worker to family physician, researchers found that workers performing dull, repetitive jobs suffered the greatest occupational stress.

Job stress caused anxiety, depression and irritation, which in turn resulted in physical ailments. The relationship between stress in the workplace and poor health has been established in other studies, but it had been assumed the risk was the greater for the hard-driving professional than for the assembly-line worker.

The study showed that long hours or size of workload had less to do with job satisfaction than the chance a worker had to use skills or participate in decision-making. Job satisfaction was closely related to the degree of stress workers reported. Family physicians who worked an average of 55 hours a

week reported the least emotional strain and few physical problems such as sleeplessness, loss of appetite or increased heart rates. Assembly-line workers reported the greatest strain, job dissatisfaction and physical and emotional complaints. They reported also the highest levels of boredom.

Job insecurity, lack of social support from supervisors and coworkers, and a lack of opportunity to employ skills or make decisions appeared to be the cause of occupational stress for them, the study said. The five authors of the study recommended giving assembly-line employees a chance to work in teams to provide opportunity for decision-making.

BILLY CARTER was paid \$10,000 to appear at a fund-raising event for the American Cancer Society. When other participants decided not to attend because of the fee received by the brother of the President, ACS withdrew its support of the function.

body; and cardiac arrhythmia, a serious heart condition."

The surgeon-psychiatrist believes that anyone who stays happy tremendously increases the chances of enjoying good health.

### STRESS, 'THE WORST'

"Stress factors — anger, depression, unhappiness — are the worst things you can do to yourself," he declared. "I'm certain that resentment and anger trigger breast cancer in women. I had one patient whose breast cancer was so widespread it was inoperable — so I quite simply taught her to stop hating her husband, and the cancer was gone within a few months."

Dr. Thomas Kiddie of St. Mary's Hospital, the pathologist in the case of Dr. Ellerbroek's 1960 terminal cancer patient, told the *Enquirer*: "The woman had two kinds of cancer spreading through her body. She had no more than a year, or at best three years to live. But she's still alive, active, and clear of cancer today. That's really a miracle cure!"

Dr. Erik Peper of Stanford Research Institute commented: "Dr. Ellerbroek's work is of great interest and importance. His results are very credible because of his position and reputation."

— RON CAYLOR  
*National Enquirer*

# Smothering Emotions Can Create Physical Problems

Are you an emotion miser? Are you going through life with a stiff upper lip?



Do you present a stone face to family and friends, allowing sorrow, joy, pride, disappointment or happiness to surface only when you are alone? Do you know that repressed feelings can lead to emotional bankruptcy and cause severe physical and mental symptoms?

Not our family, you say. We share joy and sorrow, we praise our children, we lend a comforting shoulder when necessary. Are you sure? Do you perhaps unconsciously cover your emotions with concrete?

Far too many Americans fail to demonstrate emotion, almost without realizing it, because their own parents and society have conditioned them to do so. More men than women are guilty of burying emotion. However, women are many times accused of being over-emotional, so they, too, try to hide their feelings.

We do this because society seems to accept open expression of feeling *only toward young lovers or when directed toward babies*. We smile indulgently at young lovers walking hand in hand, and beam approval as a mother drops a gentle kiss on her baby's cheek.

Indeed, caressing and cuddling are

*This article, titled "Don't Always Play It Cool," by Virginia B. Evansen, 2693 Branciforte Drive, Santa Cruz, Calif., first appeared in the October 1975 issue of Healthways Magazine, 2200 Grand Ave., Des Moines, Iowa.*

vital to an infant's development. Studies have shown that hospitalized babies need more than medical treatment. Frequently physicians prescribe T.L.C. — tender loving care — or cuddling, three times a day for babies who are ill for lengthy periods.

Too bad, then, as the child grows older that cuddling is used less and less as an expression of love, concern, or comfort. How many times have you heard the mother of a nine-year-old boy say, "He looked so sad because his team lost the game that I wanted to reach down and cuddle him."

## WHY NOT?

Now what could be wrong with sharing her son's disappointment at losing the game? What could be better than a loving embrace that said, "I know how you feel, and I'm here."

The son would benefit also. His mother's expression of concern and tenderness would enable him to openly express his feelings of disappointment and make it easier for him to live with them.

Disappointment is an emotion that society expects us to repress severely. This developed in the eighteenth and nineteenth century when the British came up with the "keep a stiff upper lip and smile in the face of disaster" example as the *beau ideal* of good sportsmanship. We have carried this one step farther. You must smile when you lose, it is all right to cry when you win.

Is this an extreme view? Consider the behavior of winners and losers you and your children see on television.

There's the politician who in defeat pastes a gallant smile on his face and congratulates the winner. At times, in

the background, you see the candidate's wife with tears streaming down her cheeks. She, at least, is being emotionally open and honest. The defeated candidate is probably writhing inside with sorrow and despair at losing the campaign.

## LET'S BE HONEST

Why not be honest? Wouldn't the candidate who comes right out and says, "I'm disappointed at losing, but I'll try again" be a better example for us and our children than one who mouths pleasant platitudes and insincere congratulations to his opponent?

The figure skaters and gymnasts who lose and come up with radiant smiles for the benefit of the television cameras are other examples of the great cover-up which leads us to repress emotion. Perhaps they would have cried if they had won, as do many beauty contest winners. Strange, isn't it, that expression of emotion has become so twisted?

What else leads us to conceal emotion? Many times it starts in childhood. When a grandparent dies, children see their father take the news with the clenched jaw and blinked-back tears that are considered signs of manliness. Men don't cry, no matter what happens, not even at the loss of a loved one.

Why not? What's wrong with tears? Besides the benefit of release of feelings, the father would have shared his sorrow with his family if he had cried. His children would have learned it is all right for a man to cry when sadness enters his life.

## WHEN IT STARTS

This repression of tears by the male often starts when mothers tell sons with skinned knees or broken arms not to cry because "big boys don't cry." *Why shouldn't the little boy or grown man cry?* The pain of a child's broken arm or an adult's broken heart is not lessened simply because the sufferer is male.

Can we learn to share emotion, to openly express feelings of joy, sadness,

pride, sympathy, and happiness with our families and friends? Once we realize the dangers of being emotional cripples, we have taken a positive step toward unlocking our feelings.

Physicians tell us the price for repressing justifiable anger or resentment is often ulcers, hypertension, or migraines. Psychiatrists tell us that people who repress sorrow at the death of loved ones, or are given tranquilizers to keep their feelings under control during the funeral, may wind up on their couches several weeks after the bereavement.

## HANGUP

The opposite emotions — happiness, joy, pride — should be easy to demonstrate, but here too we are often inhibited. Consider the mother who reacts to a good report card with a "that's nice, dear," and lets it go at that. She may be stifling an impulse to throw her arms around him in shared joy with him, thus cheating herself and her child. By example, she is teaching him to keep his feelings encased as in clam shells. *Too, he may grow up believing that nothing he ever does is good enough.*

Many will say their loved ones should know how they feel without being told, that it isn't necessary to demonstrate joy, affection, resentment, or concern openly. True, sometimes there is an empathy between husband and wife, brother and sister, parent and child that makes words unnecessary. Too often, however, we do not know unless told by a smile, tear, frown, loving gesture, or quiet remark, how the other one feels.

Learning to express feelings will not be easy for emotion misers, but if we share joy and sorrow, demonstrate resentment properly, and give in to the impulse to cuddle, embrace, or cry, we can break the chains of inhibition. After all, we have a great example, Jesus wept! He also demonstrated anger, compassion, and despair, and surely He must have shared the joyous laughter at the wedding.

# Tension Can Be Brought Under Control Through Biofeedback

The busy Chicago executive sits at his desk rubbing his forehead before he buzzes his secretary and tells her to send the next man in. Sometimes as the secretary ushers the visitor in, she finds the executive slumped in his chair, another heart attack victim.

It's stress, tension, says a young and busy executive, Ronald L. Wise. And something natural and easy can be done about it, as that other executive knew as he rubbed his forehead, and as the housewife, strung out after doing battle with the children all day long, knows as she massages the back of her neck.

Deliberately oversimplifying, Mr. Wise expounds on the subject: "A million years and more ago, the human body developed automatic responses to danger. To survive, we had to be instantly prepared to do battle. Those responses of nerves and muscles are inappropriate now. But when we face a decision or a difficult task or the phone is busy or the children are crying, we get the same involuntary reaction of the nervous system and the muscles. The buildup is subtle. We end with tense muscles, muscles we don't know we have — as with the frontalis muscle across the forehead — and we have tension headaches, upset stomachs and all the rest."

For centuries, he adds, "we've been telling each other to relax." That, of course, is easier said than done. Mr. Wise is into biofeedback training, a technique that has attracted considerable attention these last half-dozen years. It aims at training the mind to

*This is excerpted from a story in the Los Angeles Times, where it appeared under a Chicago dateline.*

control, and relax, muscles, allowing the body to escape the debilitating effects of everyday stress.

Mr. Wise is president of a firm called Biofeedback Training Centers, Inc. The firm's offices in Chicago are equipped with \$100,000 worth of electronic gadgetry designed by William K. Bertran, a Ph.D. in physics from the Massachusetts Institute of Technology. The training programs were written with the help of Dr. Barbara B. Brown, a physiologist, researcher for the Veterans Administration and author of a dramatic book, *New Mind, New Body*.

## IT DATES TO 1901

Biofeedback may be as new as the electronics it uses, but a first, illustrative experiment dates from 1901. Just trying to add to his knowledge of the human body, the 1901 experimenter rigged up some elaborate gear to study that muscle only a few kids can use, the one that wiggles the ear. From time to time the muscle does twitch a mite, involuntarily. The gear recorded that. Seeing the machine twitch, subjects rather easily learned to "feel" the forgotten muscle and to bring it under control.

Modern-day biofeedback, and the Wise firm, uses sensors placed on the skin. They pick up electrical signals from a muscle and translate them into sound or lights. The muscle is identified, and the mind goes to work controlling it.

Mr. Wise doesn't claim miracles, and he admits there's still plenty of research to be done. But, he says, "It works. People do learn to relax. They do learn to reduce the stress level."

He goes on to emphasize that he and his staff are not practicing either medicine or psychiatry. People who enroll for the course — two training sessions of 45 minutes each week for a month —

# Film Depicts Reason/Emotion Conflict

Balancing reason and emotion is the theme of Walt Disney Educational Media Company's 16mm guidance film titled "Man Is His Own Worst Enemy."

Useful to intermediate and junior high school students, the animated sound and color film shows what happens when uncontrolled emotion pushes reason out of the driver's seat. It stresses that maturity requires balancing both forces.

Distinguished Duck Professor Von Drake argues, "People just don't use their heads." His lecture demonstrates how reason and emotion — the two elements controlling the human mind — are constantly battling for control.

When a powerful emotion takes over, it leads to trouble. The professor explains that people must be aware of the influence of emotion so they can exercise good judgment, and rely on reason to control their actions.

On the other hand, emotion can be directed toward worthwhile responses such as love of freedom and enjoyment of life.

Reason and emotion working together, balance actions and responses.

A comprehensive teacher's study guide provides special techniques to develop a student's control, direction and esteem.

The 10½ minute film is available on a long-term license agreement for \$150,

are asked to take a physical examination in the hope that anyone with an identifiable illness can be dispatched to a physician.

"We seek to treat stresses that may cause illnesses, not illnesses," he says. "Similarly, we don't offer psychiatric therapy. We do get referrals from psychiatrists. The hope is that if the patient's tension can be relieved, the psychiatrist can proceed more easily with therapy."

or for rental at \$15 from Walt Disney Educational Media Company, 800 Sonora Ave., Glendale, Calif.

UNITED AIRLINES' in-flight magazine, *Mainliner*, carries this note: "At times, due to the number of passengers on board, it is not possible to provide sufficient seating to accommodate all smokers. . . . Nonsmokers always will be seated in the designated nonsmoking area."

## BEQUESTS AND GIFTS

**BEQUEST IN WILL:** Here is a suggested statement for the convenience of those who wish to incorporate into their wills a bequest to The National Health Federation:

*"I give, devise and bequeath to The National Health Federation, a non-profit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of \_\_\_\_\_ (\$ \_\_\_\_\_ )*

*(and/or property herein described) for its discretionary use in carrying out its general aims and purposes."*

**INSURANCE POLICY GIFT:** For those who wish to name The National Health Federation as sole beneficiary, or one of the beneficiaries, in an insurance policy, it is suggested that you obtain from your insurance agent the necessary legal form or application for your signature, before witnesses if required. The following designation is suggested:

*"The National Health Federation, a nonprofit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of \_\_\_\_\_ (\$ \_\_\_\_\_ )*

*for its discretionary use in carrying out its general aims and purposes."*

**MEMORIAL FUND:** Should the donor desire to create a Memorial Fund in a will or insurance policy, state, after the sum or property described in the beneficial gift, that the fund is to be known and designated as "... (name) ... Memorial Fund."

## Freedom-of-Choice Victory in Joey Hofbauer Case

In a momentous decision handed down by the 7-judge Appellate Division of the New York Supreme Court, the ruling of Judge Loren N. Brown giving custody of Joey Hofbauer to his parents was upheld, and the State attempt to force him to be subjected to conventional treatment for Hodgkins Disease was rejected.

Joey's father, Joseph Hofbauer, was "elated," as were the family's many friends, and the leadership and membership of the National Health Federation who requested Attorney Kirkpatrick W. Dilling to enter the case in mid-1978.

Although conventional doctors gave him only nine months to live if radiation and/or chemotherapy were refused, Joey is "holding his own," according to his father, and since early October has been on the Gerson therapy as well as the enzyme/Laetrile regimen. Charlotte Gerson Straus financed three weeks of treatment at her clinic in Tijuana, Mexico, the juice he uses daily (12 ounces each of 13 kinds), and an assistant in the Hofbauer home to prepare the juice and other parts of the strict diet. Joey gives himself coffee enemas every three hours during the detoxification process.

### APPEAL UNLIKELY

The Appellate Court decision can be appealed by the State to the New York Court of Appeals, but doubt was expressed that this will occur, since "each time the State loses, the precedent becomes more binding." If an appeal should be taken, it is Mr. Dilling's opinion the Appellate Court decision will be upheld.

Had it not been for a stubborn, prideful attitude on the part of personnel

within the New York State Departments of Health and Social Services, the case would long ago have rested, giving the parents opportunity to concentrate on helping Joey recover.

### A BIT OF HISTORY

It all started back in 1977 when Joey was diagnosed Oct. 25 as suffering from Hodgkins Disease. Two days later his parents removed him from St. Peter's Hospital in Albany, N.Y., having decided that instead of permitting him to undergo irradiation and chemotherapy, a metabolic therapy program would be instituted under direction of Michael Schachter, M.D.

Angered over this development, Dr. Arthur S. Cohn, the diagnosing physician, caused a petition to be filed in Saratoga County Family Court charging the Hofbauer parents with neglect — they had refused to permit the child to undergo conventional treatment. Joey was forced to spend 10 days in the hospital — but without treatment — while the issue was being resolved. At a hearing in Family Court it was agreed that Joey would remain in his family's custody and continue under the care of Dr. Schachter, who would periodically consult another doctor, Bi-weekly reports would be made to the court. This arrangement was to continue for six months.

Three months later, however, the commissioners of the State Departments of Health and Social Services requested permission to intervene in the proceeding. Permission was denied by Judge Brown, and the matter was appealed March 16, 1978. The Appellate Division reversed the lower court's order, and on a second appeal — this time from an order of the Family Court

## APPELLATE DECISION A FIRST, SAYS DILLING

"So far as I am aware," Attorney Dilling told *The Bulletin*, "this is the first time any Appellate Court anywhere in the United States has noted the dangerous character of conventional therapies.

"The judges noted the nontoxic character of the treatment being given Joey. They noted the unanimous testimony on both sides that there were deleterious side-effects in conventional therapy. To my knowledge, no court in the United States has ever — especially on the appellate level — noted the deleterious side-effects of conventional cancer therapy.

"It apparently is an across-the-board affirmation of what Judge Brown did, by five judges unanimously ruling in our favor, and also in such a manner as to practically foreclose a further appeal. The highest court in New York — the Court of Appeals — cannot review the facts, they must accept the lower court's judgment as to the facts, and therefore they can only apply law to what is already in the record. It is Attorney Couch's considered opinion that this would virtually make any appeal by the state agencies a matter of futility.

"This decision goes into the law books now all over the United States, rather than what is called the 'unreported' lower court's decision — Judge Brown's decision."

denying the State's motion to vacate the stipulation and reopen the hearing — the Appellate Division directed that the Family Court conduct a fact-finding hearing.

It was at this juncture that the National Health Federation suggested that Mr. Dilling enter the case — an offer welcomed by the Hofbauers and their attorney, Leslie F. Couch.

That hearing started June 19 and lasted five full days. The case was decided in favor of the Hofbauer child's right to choose metabolic therapy, Judge Brown holding that he had in no way been "neglected" by his parents, but that indeed, the Hofbauers are "loving parents who have devoted more time and energy and have given more thought and concern to the care of their child than would be expected of the ordinary parent."

Intent on having their own way, officials of the Health and Social Services Departments appealed the decision to the Appellate Division of the State Supreme Court, and that court in December ruled in favor of the Hofbauers.

The 68-page brief filed by Attorneys Couch, Dilling, and Mary Anne Tom-

maney, on which the Appellate judges based their decision, requested that the lower court ruling of Judge Brown be upheld, that Joey Hofbauer was not a "neglected child."

### FOUR-POINT BRIEF

The brief covers four points:

"1. The lower court was correct in holding that neglect cannot be attributed to parents who bring their child under the care of a physician or physicians who are licensed to practice their profession, unless the treatment accorded the child is without any medical or scientific support.

"2. The record establishes that there is divergence in the medical opinions of licensed physicians on the relative safety and effectiveness of conventional therapy and of metabolic therapy for treatment of Hodgkin's Disease.

"3. The record establishes that the treatment prescribed for Joseph Hofbauer by his attending physician has been successful in controlling the disease, while protecting Joseph from the dangers inherent in conventional therapy.

"4. A reversal of the order entered on Judge Brown's decision would impair,

rather than advance the treatment of disease, and would be an unconstitutional infringement of the Hofbauers' right of privacy."

Because the substance of the argument presented by attorneys for the Hofbauers in Point 4 is relevant to every American, *The Bulletin* excerpts these quotes:

### TWO CONCEPTS

"The record before this court presents two conflicting schools of medical and scientific thought. For this court to hold that the Hofbauers must conform to the conventional school — even with its acknowledged adverse consequences — would be a first step in the direction feared by the Privitera court: suppression of new developments in the field of medicine, and triumph of state-compelled medical treatment.

"Protection of the interest of the treating physician is thus a very serious concern in the case at bar. But even more vitally important is protection of the individual's right to seek medical treatment without state interference. It is for this fundamental reason that Judge Brown's decision must not be disturbed."

### RIGHT OF PRIVACY

"The Supreme Court of the United States has held that 'a right of personal privacy, or a guarantee of certain areas or zones of privacy, does exist under the Constitution' . . .

"While only personal rights that may be deemed 'fundamental' or 'implicit in the concept of ordered liberty' are included in this guarantee of personal privacy . . ., in his concurring opinion in the Roe case, Justice Douglas recognized that the 'freedom to care for one's health and person' does come within the purview of the right to privacy . . . Justice Douglas continued:

"It is one thing for a patient to agree that her physician may consult with another physician about her case. It is quite a different matter for the State compulsorily to impose on that physi-

cian-patient relationship another layer, or in this case, still a third layer of physicians. The right of privacy — the right to care for one's health and person and to seek out a physician of one's own choice protected by the Fourteenth Amendment — becomes only a matter of theory, not a reality, when a multiple-physician-approval system is mandated by the State . . .

"The good-faith decision of the patient's chosen physician is overridden, and the final decision passed on to others in whose selection the patient has no part. This is a total destruction of the right of privacy between physician and patient and the intimacy of relation which that entails. . . ."

### 'UNENDURABLE SENTENCE'

"No one can dispute that since the interests of an infant are at stake, this court is charged with a solemn responsibility. But it is respectfully submitted that a decision to condemn this child to spend the rest of his life a cripple, to spend the rest of his life under the constant shadow of the disastrous effects of conventional therapy which are documented in the record, would truly be a sentence that Joey Hofbauer, in the words of the Quinlan court, 'endure the unendurable.' So momentous a choice could be made only by Joseph's family and physician, not by employees of the State, and, it is respectfully submitted, not by this honorable court.

"We are a nation of free people, not a totalitarian and regimented society. If the state is permitted by this court to take Joey Hofbauer from his parents in order to impose a state-ordained regime of medical treatment, what would prevent similar occurrences in the future, whereby anyone selecting a physician and following recommended medical treatment distasteful to the authorities may be seized by an employee of the State, for forcible administration of therapy decreed by them? Such a result is repugnant to any freedom-loving American, and must not be

## 'Laetrile, Fluoride, Cancer Scandal' Session

As part of the UCLA Extension "Life-long Learning" series, NHF Secretary Betty Lee Morales and NHF Executive Vice-President Clinton R. Miller will appear on a panel with Consumer Advocate Ellen Stern Harris from 7 to 9:45 p.m. Tuesday, Feb. 13, in Dodd Hall, University of California, Los Angeles. The topic will be "Laetrile, Fluoride, and the American Cancer Scandal." A slide show also will be pre-

sented. The single-lecture fee is \$7.50.

Titled "The California Muckraker" series, provocative topics will be covered including a program Feb. 20 with Granville Knight, M.D., and writers Craig Buck, and Jim Crum, on "The Invisible Killers: Digging Out the Stories on Pesticide Poisoning." Information may be obtained from the Department of Humanities and Social Sciences (213-825-0641).

## FACT'S Annual Convention Set for May 26-27

The Foundation for Alternative Cancer Therapies (FACT) will hold its annual Cancer Nutrition Convention the weekend of May 26-27 in the Biltmore Hotel, Madison Avenue and 43rd Street, New York, according to Executive Director Ruth Sackman. Sessions are scheduled from 9 a.m. to 9 p.m. each day.

"Many interesting and well-known

speakers from all over the world will present new and old nontoxic biological therapies," said Ms. Sackman, "and will lecture on how to maintain the integrity of body chemistry."

Persons wishing additional information may contact FACT, Box HH, Old Chelsea Station, New York 10011; telephone 212-741-2790.

## Guide to School Lunch, Breakfast Programs

The Food Research and Action Center (FRAC), 2011 Eye St., N.W., Washington, D.C. 20006, has published a new handbook, *FRAC's Guide to the School Lunch and Breakfast Programs*. The 36-page guide (\$1 from FRAC), describes the two programs, offers tips on how to monitor state plans and local

school-meal activities, and suggests ways to organize a school-breakfast campaign, or state legislative effort.

The booklet also includes a directory of state school food and key federal officials, sample organizing materials, and sources of assistance, according to *CNI Weekly Report*.

## NEW MILK PILL

Latvian scientists have produced a new milk product in pill form that can be used to help athletes more quickly regain strength after competitions, and can help relieve fatigue, says *Moscow News*. Each pill, made of dehydrated whey with added vitamins, has the calorie content of half a glass of cream.

permitted to occur in the case at bar.

"Experience should teach us to be most on our guard to protect liberty when the government's purposes are beneficent. Men born to freedom are naturally alert to repel invasion of their liberty by evil-minded rulers. The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning but without understanding. (*Olmstead v. United States* . . .)"

# NHF Memorial Library News



## DR. JENSEN WILL CONTRIBUTE \$1,000 TO RAW MILK RESEARCH

BY STEPHANIE SHANE  
Librarian

*"The eyes of men converse as much as their tongues, with the advantage, that the ocular dialect needs no dictionary, but is understood all the world over."*

— Emerson, *The Conduct of Life: Behavior*

Iridology is a science, and practice, revealing inflammation, where located, and what it is manifesting. The iris reveals body constitution, inherent weaknesses, levels of health, and the transition that takes place in the body according to the way one lives.

These two passages were taken from *The Iridologists' International Instructor's Manual For Research and Development* (Vol. 1, Issue 3) — a gift from Dr. Bernard Jensen who also has so generously given to The National Health Federation Memorial Library:

Iridology Notes For Class

Iris Wall Chart

Advanced Iridology Seminar

Color Class Cassette Tapes

World Keys to Health and Longevity

Survive this Day

Health Magic Through Chlorophyll  
from Living Plant Life

Doctor-Patient Handbook

Creating a Magic Kitchen

Now in his seventies, Dr. Jensen once was a foreman in a creamery, and



DR. JENSEN

earned his way through college. He started private practice in 1929, and in that year was graduated from West Coast Chiropractic College of Oakland. In 1932 he was graduated from The International School of Professional Arts and Sciences, San Francisco, receiving a diploma in the science of iridology.

Dr. Jensen's sanitarium practice in Southern California has existed since 1931. He has been an instructor to professionals since 1935, founded Hidden Valley Health Ranch in Escondido, Calif., and is author of these books:

Vital Foods For Total Health

Living Lovlier

You Can Feel Wonderful -

Enjoy It Now

You Can Master Disease

The Joy of Living, and

How To Attain It

## BLOOD TEST DETECTS CANCER EARLY

Four years of testing at Massachusetts General Hospital has convinced researchers that a blood test will detect the presence of cancer in humans long before other symptoms manifest.

Dr. Kurt J. Isselbacher reported in the *New England Journal of Medicine* that cancer victims possess a substance in their blood called galactosyltransferase isoenzyme II (GT-II). It is not found in persons who do not have cancer.

A study of 232 cancer patients revealed that 71% had GT-II in the blood.

Dedicated to his work and the service of others, Dr. Jensen has not found the time to retire. He is known worldwide as a writer, lecturer, nutritionist, iridologist, traveler, longevity philosopher, and humanitarian researcher. He long has followed the wholistic approach, his motto: "to educate, not to medicate." Summed up in the words of Dr. Mittelman: "If you aren't preventing disease, you are preventing health."

In addition, Dr. Jensen is interested in the raw milk versus pasteurized controversy. He would like to contribute or pledge \$1,000 to the milk research project. He believes in keeping milk "natural, pure and whole. This is the only ideal I have in working with this project."

As this new year is just beginning, we look forward to more specialized material like Dr. Jensen's. If you have any books related to health or a specific subject that you wish to donate, we will be more than happy to receive them. Please send your tax-deductible gifts to:

The National Health Federation

Memorial Library

212 West Foothill Blvd.

Monrovia, Calif. 91016

The good you do for others will come back to you!

Doctors found the substance in 83% of the patients with cancer of the pancreas, 75% of those with stomach cancer, and 73% of those with colon cancer. Tests on 58 persons who did not have cancer turned up no presence of GT-II, and levels of the substance were highest in patients in advanced stages of the disease. In three former cancer patients, GT-II appeared in the blood 3 to 7 months before symptoms of recurrence were observed.

"I'm optimistic," said Dr. Isselbacher, "that the test will stand the test of time. But we will feel more secure when other laboratories take up the challenge and confirm our work."

After a simplified process is developed to replace the now-complicated method of analyzing blood samples, the test should be ready for widespread use — perhaps within three years, he said.

*(Ed. Note: Dr. Virginia Livingston, San Diego M.D. and cancer researcher, for many years has been using a blood test to detect cancer. It is not an involved process — the presence of bacteria known as cryptocides are visible in a dark-field microscope. Dr. James R. Privitera of Covina has one of these instruments also. Dr. Harold Harper, Los Angeles, uses the Virginia Livingston and Thelma Arthur precancer and cancer test. Dr. Ernesto Contreras does a cancer profile which includes the HCG Assay blood test, as does the Robertson Clinic in Beverly Hills. Another well-known test is the Immuno Assay Urine Test for cancer and precancer, done by Dr. Manuel Navarro in Manila. The Cancer Control Society, 2043 No. Berendo St., Los Angeles 90027, has an up-to-date directory of tests).*

## OFFICE OF PREVENTIVE DENTIST STILL CLOSED

Editor:

Enclosed is our check for membership in the NHF. We too are fighting for health freedoms in our field (as well you know).

I'm enclosing a copy of the *Dental Management* article published in October (1978), along with an article from *The Star*, plus a few other things that may be of interest.

Still absolutely nothing from the courts.

We've had a tremendous amount of mail from the July/August issue of *The Bulletin*. It's super!

Thank goodness for the Federation! You are doing great things.

RUTH & BOB NARA  
Oramedics International  
200 E. Montezuma Ave.  
Houghton, Mich.

*(Dr. Nara, founder of Oramedics International, practices preventive dentistry (or did until Feb. 1978 when his office was closed by the State Department of Licensing and Regulation after his license was suspended for 15 months by the Michigan State Board of Dentistry). The case was extensively covered in the July/August Bulletin. Dr. Nara believed the suspension would be overruled — or at least he could continue practicing until the legal issues had been resolved in the courts. But in April last year the Appeals Court denied his motion to appeal the license suspension. His next step is to petition the Michigan Supreme Court or "move outside the state courts by filing with the Federal Court of Appeals."*

*If he resumes his practice in May, he will still be under two years' probation — unless the case gets into a court and the suspension is overturned. The charge against him by the State Board of Dentistry was that he permitted an assistant to polish teeth, and that he ad-*

*vertised "an unrecognized specialty" (prevention). Dr. Nara has "shaken up" the establishment, and as he wrote in Dental Management, he is convinced that whether or not he is permitted to reopen his office and resume the practice of dentistry, "the larger issue — the issue of preventive dentistry — will soon be confronted — and will win in the end."*

*The editor of Dental Management editorialized in the October 1978 issue: "What is in question, is the severity of the sentence . . . Legal authorities contacted by this magazine were unanimous in condemning the Nara sentence. Says California Attorney Samuel S. Spital, formerly deputy attorney general in that state: "Under the circumstances, it would seem that the revocation of Dr. Nara's license is overly harsh . . . It's an abuse of discretion on the part of the authorities to deprive him of his livelihood for such a period."*

*The editor then contrasted the Nara case with that of a dentist in another state charged with sexually abusing a patient while she was under general anesthesia. "He was found guilty as charged, and now faces a prison term. And yet, pending appeal, he still retains his license and his right to practice dentistry. Every dentist should ponder and contrast these two cases, and consider the curious status of crime and punishment in the dental profession today." (Ed.)*

### 'SMOKEBAN TEA'

Japanese "Quit Smoking" tea is now available, under the brand name SmokeBan Tea, from Oriental Bazaar Enterprises, 1641 E. McLellan Blvd., Phoenix, Ariz. A 12-day supply is \$9.95, according to California GASP, which says "we do not know if it works, but we've had a lot of requests for the address."

## THE WELCOME MAT'S OUT TO THESE NEW NHF MEMBERS!

### PERPETUAL

MRS. MARGARET D. SHIPP St. Petersburg, Fla.	LILLIAN L. SCHNEIDER New York, N.Y.
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LOUIS and NEOMA MENOLD Los Angeles, Calif.	MR. and MRS. C. E. WILLIAMS Mooresville, N.C.
DR. VERA L. YOUNG, D.C. La Joila, Calif.	MARY E. SCHROEDER Dayton, Ohio
ROBERT PRESTON Boulder, Utah	MR. and MRS. JOHN T. KING Portland, Ore.
TED ROY Oxnard, Calif.	MRS. G. D. ROCHE Oakland, Calif.
HARRY METSKER Ventura, Calif.	RAY EVERS, M.D. Montgomery, Ala.
JOHN A. RICHARDSON, M.D. Albany, Calif.	

### VICTORY

S. L. OLSEN  
Minneapolis, Minn.

### LIFE

ORGANIC HEALTH Los Angeles, Calif.	JOHN J. GORR St. Petersburg, Fla.
MR. and MRS. J. F. MENSIK Marion, Ill.	DIANE LaBERGE Orlando, Fla.
HAZEL L. J. MEASE St. Petersburg, Fla.	THOMAS LAWHON Melbourne, Fla.
DONALD V. WALLACE Cameron, N.Y.	C. DALE GOODE Melbourne, Fla.
BERNICE HEALY St. Petersburg, Fla.	SAM J. SITT North Miami Beach, Fla.
MARK BAUM, M.D. Idaho Falls, Idaho	ALMEDA KING Bella Vista, Ark.
SKAIDRITE PICCIOTTO Forest Hills, N.Y.	WILLIAM BLAKE Bradenton, Fla.
MRS. FLORENCE FOSTER Palmetto, Fla.	EDMOND WESTON Clearwater, Fla.
RUTH ANNE PAUL Winter Park, Fla.	RUTH C. LICHTENBERGER Ridge Manor, Fla.
P. J. PASETTA Saratoga, Calif.	EDWARD RICHARDS Seminole, Fla.
JEAN GABRIEL Knotts Island, N.C.	LIBBY EPPELE LAPORTE New Port Richey, Fla.

## THE WELCOME MAT'S OUT TO THESE NEW LIFE MEMBERS!

- FRANK H. CRIDER, D.C.  
Holiday, Fla.
- PATTI and ELLSWORTH ABBOTT  
Venice, Fla.
- MARGARET T. JOHNSON  
North Port, Fla.
- JULIE B. CREIGHTON  
Tampa, Fla.
- CHARLES A. NICHOLAS, D.O.  
Tampa, Fla.
- DR. & MRS. HERBERT H. ROBINSON  
St. Petersburg, Fla.
- DAVID and VERA DAVIS  
St. Petersburg, Fla.
- JANINA PRZEPIERZYNSKI  
St. Petersburg, Fla.
- RUDY FREYEISEN  
Cape Coral, Fla.
- BETTY L. EVANS  
Grandview, Mo.
- DR. BRUCE KNIEGGE  
Anchorage, Alaska
- BEN AMADOR  
New London, Wis.
- ALLAN and JOYCE HOFLAND  
Winfield, Ill.
- CHARLES L. ORR  
Healdsburg, Calif.
- MR. and MRS. LOUIS BRUSKY  
Two Rivers, Wis.
- MARY ANN and WESLEY SUTTER  
West Allis, Wis.
- JOSEPH A. HASTREITER  
Green Bay, Wis.
- MR. and MRS. EARL HILBRAND  
Green Bay, Wis.
- DR. J. MICHAEL WEIR  
Marina, Calif.
- ELSIE and WILLIAM KROENING  
Oshkosh, Wis.
- ALICE DUREN  
Oshkosh, Wis.
- DOUGLAS T. SEWARD  
Fletcher, N.C.
- JAMES M. ANDREWS  
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## THIS IS THE NATIONAL HEALTH FEDERATION

The National Health Federation is America's largest, organized, noncommercial health consumer group. It is a nonprofit corporation founded in 1955. Its membership is comprised of men and women in all walks of life, belonging to a variety of religious faiths and political persuasions, and engaged in nearly every profession and trade.

Its members believe that health freedoms are inherently guaranteed to us as human beings, and our right to them as Americans is implied in the words, "life, liberty and the pursuit of happiness." Yet, frequently, these freedoms and rights have been and continue to be violated. Too often, as a result of the unopposed pressures from organized medicine, the chemical industry, pharmaceutical manufacturers, and others, laws and regulations have been imposed which better serve these special-interest groups than the public at large. We see and hear of new instances daily. To name a few: spiraling health-care costs, consumers exploitation by leading industries, excessive devitalization and adulteration of our foods, restriction of certain types of treatment, banning of certain health books from the mails, the harassment of those who advocate natural methods of healing and natural foods, the poisoning of our air, water and soil through greed and carelessness, and many other health-related issues.

The NHF opposes monopoly and compulsion in things related to health where the safety and welfare of others are concerned. NHF does not oppose nor approve any specific healing profession or their methods, but it does oppose the efforts of one group to restrict the freedom of practice of qualified members of another profession, thus attempting to create a monopoly.

The public needs a strong voice, such as the NHF provides, to speak and act in their behalf in these health-related matters. Legislators need your support to balance the pressures exerted upon them by the special interests. The National Health Federation, through a special legal and legislative staff in Washington, keeps its members apprised of all health legislation, opposes inadequate or undemocratic health legislation, while supporting or drafting bills to protect the individual's health freedom.

Will you join us in this worthy effort?

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Opinions expressed in **The Bulletin** are those of the writers of the articles and are not necessarily the opinion of the National Health Federation.

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**Thank you for your cooperation!**

PLACE  
STAMP  
HERE

Every family in America should belong to the National Health Federation to —

1. Support the principle of freedom of choice and liberty in health matters.
2. Be a part of a strong and united consumer's voice in all health matters.
3. Work for beneficial and needed health legislation and, at the same time, oppose proposals which are detrimental to the health interests of the people or which do not provide for equality of recognition of all legally established health professions.
4. Support a united effort to reduce the cost of health care.
5. Oppose insults upon our ecology which have an impact on health.
6. Oppose the use of chemical food additives which have not been proved absolutely safe or which are not needed.
7. Secure fair and impartial enforcement of food and drug laws and regulations.
8. Insist that all monies raised for health research and care be used exclusively for these purposes.
9. Compel all health fund-raising organizations to disclose in an annual report, the amount of funds collected and how the funds were expended.

THESE ARE THE THINGS THE NATIONAL HEALTH FEDERATION IS ORGANIZED TO DO — JOIN ITS RANKS AND TAKE PART IN THIS VITAL EFFORT ON BEHALF OF YOURSELF AND OF ALL AMERICA.

**UPCOMING NHF CONVENTIONS**

Southwest Regional — Feb. 24-25  
The Adams Hotel — Phoenix, Ariz.

North Central Regional — Mar. 24-25  
Wm. Penn Hotel — Pittsburgh, Pa.

Rocky Mountain Regional — Apr. 21-22  
Hotel Utah — Salt Lake City

**HELP SAVE OUR HEALTH FREEDOMS**