

Public Scrutiny

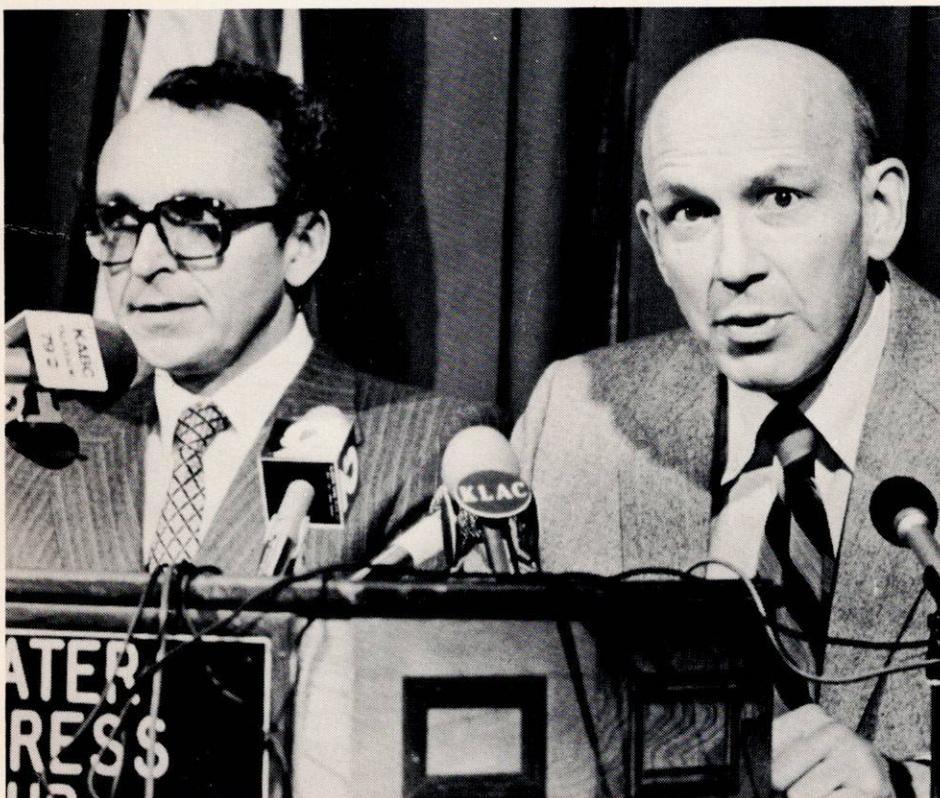
The Journal of the National

Health Federation

formerly the NHF
Bulletin

VOL. XXVI NO. 26

DECEMBER, 1980 60¢



Police State Tactics Employed by California's Goon Squad

Dr. Richard Lawrence O'Connor (right) and Dr. V. M. Brych announce they will bring suit against the State of California. Both men were arrested in front of their patients for allegedly offering for sale an unproven cancer treatment. Continued

pg. **6**



The Food and Drug Administration has taken legal steps to wipe out the present system whereby cancer patients in the U.S. receive Laetrile.

Presently, cancer patients anywhere in the nation can legally import Laetrile for their personal use through an affidavit signed by a medical doctor verifying the terminal nature of their condition.

But the FDA is now seeking to reverse and eliminate the affidavit system — a legal remedy for the dilemma of cancer patients seeking

Laetrile affidavits in danger

Laetrile created by Judge Luther Bohanon of the 10th Federal District Court in Oklahoma City in 1977.

National Health Federation Legal Counsel, Kirkpatrick Dilling, left, said his office will fight the attempt to eliminate the affidavit system in the U.S. Court of Appeals.

The Journal of the NHF

Public Scrutiny

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The expiration date of your membership is shown below your address label on the back page. If it expires next month, please renew now, so that you will not miss a single issue of *Journal/PS*. This also saves NHF the expense of billing you. PLEASE NOTE: Renewing your membership under the same given and surname as the previous year, avoids duplication and error.

Thank you for your cooperation!

NATIONAL HEALTH FEDERATION



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The National Health Federation *Bulletin* has been merged with *Public Scrutiny*. Our new publication, *The Journal of the National Health Federation/Public Scrutiny*, replaces both previous publications as the official voice of the National Health Federation.

If you previously paid \$6. for a *Public Scrutiny* subscription, it will be honored by sending you our new publication every month.

If you paid for both *PS* subscription and an NHF membership (\$12) we will apply your subscription payment to extend your membership in NHF. In other words, if there is one year left on your *PS* subscription, you will receive the *NHF Journal/PS* for an extra year to compensate for the loss of one publication.

We are certain you will find the *NHF Journal/PS* more than satisfactory, and we deeply appreciate your continued support.



Fred J. Hart

(1888-1975)

Founder of the National Health Federation

"Someone must teach new things, someone must take the abuse, someone must be ostracized, someone must be called a fraud and a quack. Then out of all of it comes the new truth to become a part of us. . . . Thus we receive new facts to make up our proud possession of knowledge."

— Fred Hart

LAETRILE EXPRESS

LEGALIZATION



A digest of important Laetrile and Health news.

NHF wins against incredible odds

"We knew our 25th anniversary would be our best to date, but the enemy didn't dream it possible that we could make a significant triumph over their health tyranny," boasts the Executive Committee of the growing National Health Federation.

Pointing to California's recently passed Laetrile bill, NHF Board Chairman, Dr. Kurt Donsbach, said NHF's role in the passage of the legislation "has shaken the medical monopoly to the core."

"In 1979 the cancer establishment defeated our California Laetrile bill on its fourth try in four years. They were positive they had killed the bill for sure," according to Dr. Donsbach.

"But on our fifth try, a woman led us to victory."



DR. KURT DONSBACH

Referring to the wife of Dr. James Privitera (who was sent to jail for three months earlier this year for "conspiracy" to use Laetrile), Dr. Donsbach said she "led the army into battle."

"She turned the state legislature upside down with a media blitz. Then she lobbied Sacramento like it had never been lobbied before.

"With NHF passing the ammunition, she presented Gov. Brown with thousands of letters asking for a pardon for her husband and urging his support for Laetrile legalization."

At the time, Gov. Brown promised to consider a pardon for her husband if the legislature approved the Laetrile bill.

The next project: A pardon for Dr. Privitera (see page three).

30

Garden Grove voters to decide fluoridation

You read in the NHF Journal/PS that under the leadership of the National Health Federation the City Council rejected a move to fluoridate the drinking water in Garden Grove, Cal.

It now appears that the voters will "have a go" at this controversial measure some time next year.

"We will be at the front lines again," declared NHF Executive Director, Clinton R. Miller. "With the people of Garden Grove fighting with us in a common effort to kill this form of mass, involuntary medication, I'm confident we'll win again."

No more leaks at NHF

You may have read that NHF raised money for a new roof and then never got the leaks fixed.

"This is the type of vicious attack perpetrated by the enemies of health freedom to cast aspersions on the character of its leadership," said noted nutritionist, Betty Lee Morales.

The roof fund-raising mailing, which went out months ago, was in order to



BETTY LEE MORALES

raise money for the leaky roof, "and to continue the valuable work of the National Health Federation."

The new roof cost \$6,500. Approximately \$50 thousand was raised, which went into the general account, "to continue the valuable work to NHF."

The general account includes upkeep and maintenance of the \$400 thousand NHF building, and also the projects of NHF, such as the successful fight to legalize Laetrile in California.

Feds won't pursue DMSO outlets

The Food and Drug Administration has higher priorities than going after those selling a product as popular as DMSO, according to an agency spokesman.

"There are folks on the (Capitol) Hill, in industry, in the media and elsewhere that really believe wholeheartedly in 'let the buyer beware,'" said Bill Schwemer, a

(PLEASE TURN TO PG. 5)

LAETRILE EXPRESS

(From Pg. 4)

top FDA official in Washington, DC.

"There have been a lot of signals to the FDA to be careful about what you can tell the public it cannot buy."

The drug is being sold as a solvent degreaser in many areas.

But if it is sold for medical use, the FDA plans to crack down. When? According to Schwemer, "I don't see any target date."

Clarksdale Fluoride vote 81% NO

Clarksdale, Mississippi voters had three decisions to make at a special election held on August 12, 1980. The outcome of the three propositions was not close. The voters okayed a salary increase for the mayor, 1,587 to 916. For an automated garbage collection, 1,892 to 662. The question on fluoridation was soundly defeated, 2,000 No, 481 Yes.

— Fluoridation News

4th Victory for Kapuskasing

The Town Council of Kapuskasing, Ontario, on Monday, April 29, unanimously defeated second reading of a bylaw proposing a plebiscite on fluoridating the town's water.

The vote marks the fourth victory for fluoridation opponents in 19 years. In 1961, 1969 and 1972 fluoridation

referendums were defeated.

The council decision followed weeks of intensive lobbying by those opposed to the water treatment.

— Fluoridation News

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- 26th Annual — Long Beach, Cal.,
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- Southeast Regional — April 25-26,
Stadium Hotel, Atlanta, Ga.
- Northern California Regional —
August 8-9, Jack Tar Hotel, San
Francisco.
- Mid-West Regional — August 22-23,
Holiday Inn, O'Hare, Chicago.

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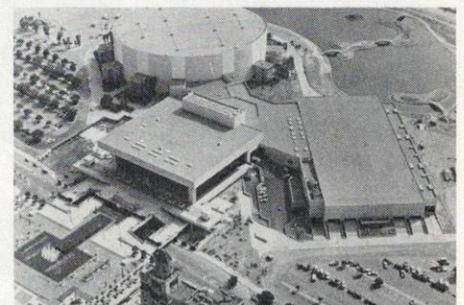
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Don't Miss Our 26th!

HAVE YOU MARKED YOUR CALENDAR YET? January 16, 17 and 18, 1981 are the dates for our 26th annual convention. We have again reserved the beautiful Long Beach Convention Center as the site for this anticipated convention.

We will have over 300 exhibits and over 50 expert lecturers such as Dr. Kurt Donsbach, Victor Irons, Dr. Harold Manner, Dr. Robert Mendelsohn, Betty Lee Morales, just to name a few.

Our headquarters will again be the Queen Mary Hyatt and we hope you will stay on the Queen Mary with us. You will want to make your reservations now to insure a room. You can make reservations by calling 213/435-3511. Be



LONG BEACH CONVENTION CENTER

sure to tell the hotel you are with the National Health Federation Convention to get the convention discount.

Plan on starting the new year right. Make a New Year's resolution to attend!

Police State Tactics Employed by California's Goon Squad

by Mark Lockman
editor

COVINA, Cal — A physician here who credits his life to an apparently unconventional cancer treatment, was arrested in his office by 12 state agents acting in behalf of California's so-called State Board of Medical Quality Assurance.

Richard Lawrence O'Conner, and his research associate, Dr. Vlastimil Brych were handcuffed and taken out of their office on September 22 for suspicion of offering for sale unapproved cancer treatments; grand theft by fraud; and conspiracy to violate cancer statutes.

Patients who were present during the raid were told to find another doctor. According to Dr. O'Conner's receptionist, "They told the patients that Dr. O'Conner was a quack and that his treatment was a fraud."

"Twelve people descended on my office," said O'Conner. "They were suddenly just there. I didn't understand what was going on."

We were imprisoned without any meaningful explanation, and subsequently released on bail.

"I cannot respond to charges against me, as none have yet been filed."

O'Conner, on the advice of legal counsel, would not elaborate on the cancer treatment. But the treatment consists of a specific vaccine which stimulates the immune system.

O'Conner himself began the controversial immune therapy six months ago, after learning that diagnosed lung cancer had left him with six weeks to live.

"I did not accept this prognosis, but commenced a treatment which brought me to my present, improved state of health.

"I then decided to devote a greater portion of my practice to the management of malignant conditions, and sought and obtained the services of Dr. V.M. Brych as a research associate to my practice."

DR. BRYCH

Dr. Brych may turn out to be the most

controversial figure in this incredible saga.

The media, acting on information supplied by the state Board of Medical "Quality Assurance," characterized Brych as a common criminal lacking in apparently any qualifications as a doctor.

"The news media was informed by the SBMQA that I had committed or participated in committing several felonious violations of California law," Dr. Brych said.

"According to the information promulgated by agents of the SBMQA, I was accused of being a person without a medical, or even high school, education, of being convicted and jailed for attempted murder, of practicing medicine illegally in New Zealand prior to my coming to the US, and of committing the felonies of theft, fraud and illegal practice of medicine in California."

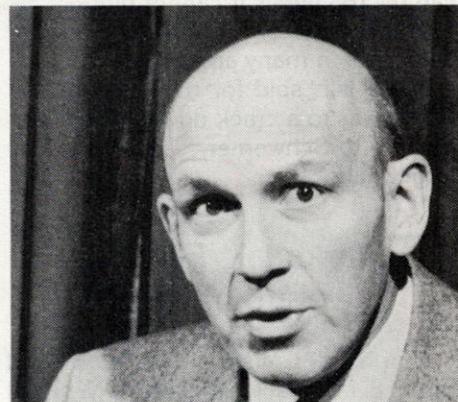
Dr. Brych, in denying the multiple accusations, said "I have never tried or convicted or incarcerated for any criminal activity.

"I am duly qualified as a physician and surgeon in Czechoslovakia, and following my graduation, obtained a post-graduate degree in human biology, as well as passing a board exam in my field of specialization."

In 1968, when Soviet forces invaded his homeland, Dr. Brych moved to New Zealand where there are no provisions for licensing foreign doctors. After obtaining a temporary medical license in New Zealand he studied in order to be duly licensed, which he was.

"During this time I was working for a government hospital as the physician in charge of a cancer department. By 1974, the results of the treatment of cancer patients in my department caused several private physicians to claim they were hurt financially by the diversion of their patients to the government hospital, where services were rendered without charge.

"Because of this, I became the target of vicious attacks by some disgruntled colleagues who eventually succeeded in persuading the New Zealand Medical Council to revoke my license in November of 1974.



DR. O'CONNER

"I took immediate legal action, and the very next working day, the Supreme Court of New Zealand reinstated my license."

In 1974, Dr. Brych left the government hospital to become the director of an oncology clinic, participating as both a physician and surgeon under the auspices of the Health Department of New Zealand. He also held staff privileges at the Seventh Day Adventist, St. Margaret and GlenElg Hospital, all in Auckland.

"In 1977 I was approached by the Premier of Cook Islands, together with the Minister of Health of Cook Islands, with an offer of an appointment as a Director of the Medical Research Institute there, and as a Director of the Department of Oncology in Rarotonga Hospital in the Cook Islands."

Dr. Brych accepted the offer and soon became registered as a Specialist in Oncology. Since New Zealand does not permit simultaneous registration in two countries, Dr. Brych surrendered his New Zealand medical license to the Medical Council in New Zealand.

He stayed in the Cook Islands for 16 months — claiming success with hundreds of terminally-ill cancer patients.

After completing a lecture tour in Great Britain and the US, Dr. Brych accepted an offer to work with Dr. O'Conner, who was at that time suffering from lung cancer.

"I am proud of the results achieved under my own management of advanced cancer patients in New Zealand, and I am equally proud of the results

(PLEASE TURN TO PG. 7)

Part VI of a series

GH-3 Legal Entanglements

This article is condensed from Jerome Godin's book, "GH-3 Discovery"

SAPSE SEEKS F.D.A. APPROVAL

With all the scientific testing, why is it that GH-3 has not been legalized in the United States? Why didn't the FDA approve GH-3 as an anti-depressant when it has been proven to be safe and effective as such?

To answer this, let us go back to the story of Dr. Alfred Sapse, who organized the testing under the FDA auspices. Dr. Sapse set up a company called Rom-Amer which had exclusive import rights of GH-3 from Romania. He was set to

CALIFORNIA'S GOON SQUAD

(From Pg. 6)

achieved by Dr. O'Conner with my assistance."

O'Conner

While maligned as a quack by state agents, Dr. O'Conner gained world recognition in 1971 for his development of an operative arthroscope widely used today for small-incision knee surgery.

Dr. O'Conner's discovery, although at first scoffed at by the medical establishment, is now taught in most medical schools.

He says his cancer treatment will go the same route.

When he was diagnosed with a hopeless case of lung cancer last March, Dr. O'Conner flatly rejected conventional therapy, "because I have a brain. God gave it to you. The alternative is death."

Dr. O'Conner contacted Dr. James Privitera for advice, and Privitera put him in contact with Dr. Brych.

"Four days after the first treatment began (March 1st) I began feeling better," Dr. O'Conner said. "By the seventh day I was feeling fine. I took the treatments because I wanted to live."

Both O'Conner and Brych announced that they will seek legal action against the state; however, whatever form that may take is unknown at this time.

Meanwhile, the state has filed no formal charges against either of them, but has up to three years to do so.

market GH-3 after receiving FDA approval.

During the time that the FDA was supposed to approve GH-3, based on the researchers' findings, a tremendous amount of publicity leaked out stating that GH-3 was effective against aging. The FDA fret that if they approved GH-3 as an anti-depressant, many doctors would be using it for aging. Since GH-3 was not tested as such in this country, the FDA demanded of Rom-Amer to prove that GH-3 was an effective, anti-aging substance. Naturally, this would take several years to do and millions of dollars.

Rom-Amer appealed this decision as they felt they had no control of how doctors would use GH-3 on their patients. The FDA agreed with Rom-Amer. However, when it was time again for approval, the FDA threw another "roadblock" in front of them. Since

GH-3 was only tested on the older population as a geriatric anti-depressant, they required testing with younger subjects.

This decision bankrupted Rom-Amer, as the testing would have cost an estimated two or three million dollars along with approximately 8 more years of research.

GH-3 LEGALIZED IN NEVADA

Marvin Kratter, a Nevada businessman who had personal experience with GH-3, took over the Rom-Amer Company. Rather than having GH-3 tested on the younger population, he decided to get GH-3 legalized by the state of Nevada at the same time laetrile was being legalized. He was successful in this endeavor.

(PLEASE TURN TO PG. 9)

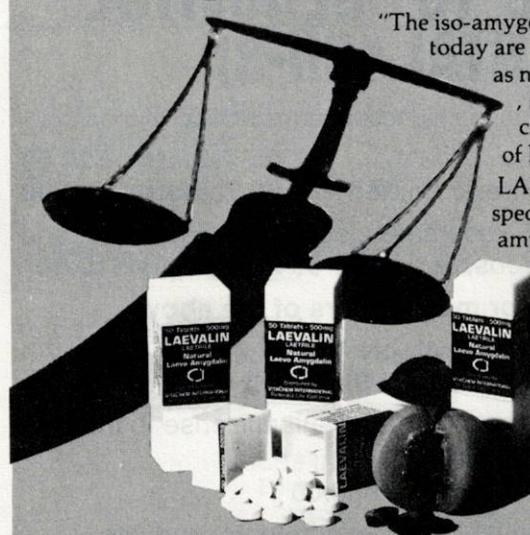
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California's AMazing Dennis Mangers defeated!

The arch enemy of Laetrile's legalization in California, Assemblyman Dennis Mangers, was defeated for reelection in the Nov. 4 elections by a staunch supporter of freedom of choice, Nolan Frizelle.

Mangers, a member of the Assembly's powerful Health Committee, was targeted for defeat by the National Health Federation, which attacked Mangers as being "so pro AMA that it blinds his concern for those thousands of

Americans who are fatally stricken with a disease for which orthodoxy holds so little hope."

NHF Board Member, Dr. James Privitera, walked Manger's district with his wife, Rosanne and her nephew. They went door-to-door telling hundreds of voters about Manger's anti-Laetrile position.

According to NHF's Executive Director, Clinton Miller, Mangers "double-crossed" his constituents by indicating

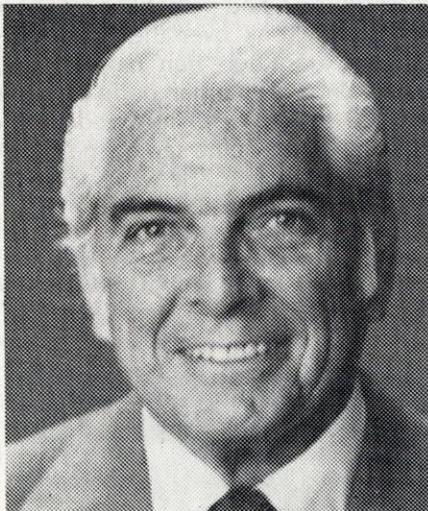
his support for the legalization of Laetrile in 1978, and then "betrayed" the cause when it came to a vote.

But NHF's disdain for Mangers was only exceeded by their admiration for his victorious opponent, Nolan Frizelle.

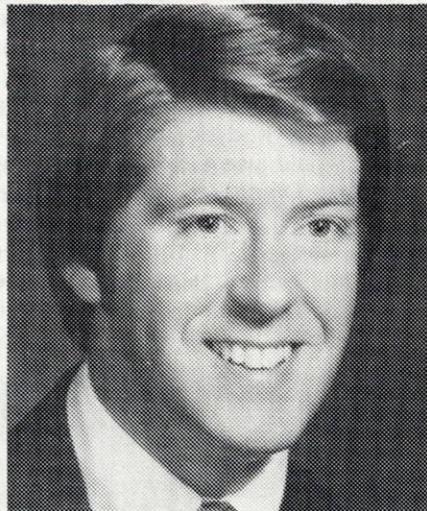
Frizelle, an optometrist, attacked Mangers for his "faith in government solutions to the perceived problems of people rather than in solutions the private sector devises."

In regard to Laetrile, Assemblyman-elect Frizelle portrayed governmental restrictions on its informed use as "an act typical of the thinking that only government knows best and our citizens are not free, but live at the pleasure of the elite who govern through agencies of the state."

Frizelle beat Mangers in California's 73rd Assembly District (Orange County) 71,531 (51%) to 67,616 (49%).



NOLAN FRIZELLE



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NHF MEMBERS: SPECIAL NOTICE

The General NHF Membership meeting will be held January 18, 1981 during the NHF annual convention in Long Beach.

The meeting, open to NHF members only, will be held in the Catalina Room of the Long Beach Convention Center at 6:15 p.m.



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GH-3 (From Pg. 7)**WHY THE FDA RESISTANCE?**

One can only wonder why the FDA threw these unjustified "roadblocks" at Rom-Amer. Could the major drug companies be behind it?

One can only guess, but whatever the reason, it has kept hundreds of thousands of people from receiving the benefits of GH-3.

We can't blame the FDA for acting in the interest of public safety. Many will remember the drug thalidomide which maimed hundreds of unborn children during a certain period of the mother's pregnancy. With the tragedies caused by this drug, new tougher laws for drug approval were passed. However, these new laws are now too strict. Over-reaction can be just as detrimental as failure to act. It is doubtful whether penicillin or aspirin could have been approved today with the present laws.

Proof of safety is important but not at the expense of keeping many beneficial substances off the market. For example, besides GH-3 the FDA is scrutinizing other nutritional substances such as Laetrile (vitamin B-17) and pangamic acid (B-15). We all know the story behind Laetrile as an anti-cancer substance, while Pangamic acid seems to be an oxygenator and may be very beneficial. It appears that nutritional substances are having a much harder time gaining approval than drugs which are known to cause side effects.

Certainly, the FDA is a governmental agency that's designed to protect us. That's what they are there for. However, they may be overprotective in one area and underprotective in another. Overprotective when it comes to the nutritional substances, vitamins etc., but on the other hand they are underprotective when it comes to all the chemical additives that go in our food.

I know that I am not alone in my opinion. I would like to relate a couple of letters that were sent to me in response to the advertisement of my book:

Dear Sirs,

It has been my conviction for years that the Food and Drug Administration has no right to tell the American people that they cannot think for themselves or manage their own business. What

has happened to the constitution or our bill of rights?

Dear Sirs,

Yes, I've been reading about GH-3, and I would surely like to try it.

And while I am at it, I'd like to tell you something which might help you sometime. My husband was diagnosed as having bladder cancer about the time Hubert Humphrey was diagnosed. Now Humphrey has been dead several months after using orthodox treatment. My husband went the laetrile, wholistic diet route, along with enzymes (it was illegal at the time we started, but it has since been legalized in Texas). Today my husband is the picture of health; mows seven lots on the weekends — works every day at his job since he retired seven years ago — he is enjoying life — plays bridge and watches the baseball and football games. Just thought you might like to know — might help you or yours.

I have always been patriotic as I love America, my country, with all my heart. But I just can't understand how a government can turn its back on its people and tell us we can't have the very thing which may mean life or death.

Well, you can see what is surely uppermost in my mind. Thanks for trying to help us all.

I thank both of those fine people for

their kind letters. They couldn't have said it better.

WHY IS THERE SO MUCH CONTROVERSY OVER GH-3, AND WHY ARE SO MANY PHYSICIANS NOT AWARE OF IT?

First of all, as you now know, GH-3 has not been approved. Even though GH-3 was researched during the last couple of years in this country with hopes of marketing it, most physicians do not know that. Many of them think of GH-3 as something that came in from Europe and is being used in this country illegally. They are not knowledgeable of all the research that was done.

Many of the U.S. studies were not published because the testing was being done for commercial reasons to get the product approved. This is the reason that many physicians are unaware of GH-3. Even if the results were reported, many physicians are just too busy to read the literature that comes out anyway.

Some doctors who employ traditional methods are not nutrition conscious and will not endorse any nutritional substance whatsoever. Others say that GH-3 is only procaine and don't want to hear anymore about it. However, many of the

(PLEASE TURN TO PG. 10)

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Chelation therapy gets ok

Florida Supreme Court Pulls

By Mark Lockman

editor

In a sweeping and unprecedented decision, the Florida state Supreme Court has ruled that Doctors cannot be prohibited from using controversial treatments or drugs unless the measures have been proven harmful.

The state's court of five justices rendered their decision on September 4, involving a case of a Florida medical doctor who was at first reprimanded by the Brevard County (Fla.) Medical Society five years ago for using an unapproved treatment for hardening of the arteries known as Chelation Therapy.

When the doctor, Robert Rogers, M.D., refused to stop his treatments, he was kicked out of the society and placed on one year's probation by the state medical board.

But in January of 1979, the First District Court of Appeals quashed the disciplinary actions and allowed Rogers to continue his practices, and the State Supreme Court upheld the Appellate court.

In reporting the decision, the *Brevard Today* newspaper commented, "The opinion has far reaching implica-

tions. . . . It could bring down an additional barrier to the use of Laetrile, the controversial and so far unproven cancer drug, and other procedures and drugs labeled as quackery by the medical profession."

The medical board's hearing officer had labeled Dr. Roger's unconventional Chelation therapy as "quackery under the guise of scientific medicine."

But the justices not only disagreed with the medical board, but went a step further in characterizing Rogers as a scientific innovator comparable to Freud, Pasteur and Copernicus — all of whom were derided by their contemporaries.

Chelation Therapy

(from Dr. Bruce Halstead's book, 'Chelation Therapy')

WHAT IS CHELATION THERAPY?

Chelation therapy is a form of treatment aimed at reducing calcium deposits in the arteries and other parts of the body. The treatment involves injecting small amounts of amino acid, disodium

ethylenediamine tetraacetic acid (EDTA), into the bloodstream. This amino acid has the unique and valuable property of being powerfully attracted to ionic calcium. When EDTA comes in contact with ionic calcium in the body it binds itself to it. The EDTA-calcium complex is then excreted through the kidneys into the urine and through the liver into the intestinal tract, and finally passes out of the body. This binding property of EDTA provides the basis for chelation therapy.

GH-3 (From Pg. 9)

new breed of physicians who are interested in nutrition and wholistic health are not only aware of GH-3 and prescribe it for their patients, but use it themselves. It gives me great peace of mind to know that our future doctors will be helping patients through the wholistic approach — the natural approach. Many of us feel it is the only approach.

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NHF MEMBERS: SPECIAL NOTICE

The General NHF Membership meeting will be held January 18, 1981 during the NHF annual convention in Long Beach.

The meeting, open to NHF members only, will be held in the Catalina Room of the Long Beach Convention Center at 6:15 p.m.

Clamps Off Doctors

THE CHELATION PROCESS

The word *chelate* is derived from the Greek *chele* which refers to the claw of a crab or lobster, implying the firm, pincer-like binding of certain chemical substances to a bivalent metal or other mineral. Chelation is specifically defined as the incorporation of metal or a mineral ion into a heterocyclic ring structure.

Certain chemicals are used in chelation to grasp metals or calcium with this claw-like action so that these minerals are encircled or sequestered by a complex ring structure, thereby losing their physiologic and toxic properties. Thus, when chelation takes place the calcium or heavy metal comes in contact with a chelating agent, becomes imprisoned in the chelating chemical, and then is excreted from the body in a bound and inert form.

THE CHELATION PROCESS IN NATURE

Chelation is one of the most important natural functions taking place in the bodies of living organisms, both plant and animal. It is the means by which plants and animals are able to utilize inorganic minerals. Chlorophyll, the green matter of plants, is a chelate of magnesium. Hemoglobin, the oxygen carrying pigment of red blood cells, is a chelate of iron. Chelation is involved in the formation and function of enzymes, the protein substances which control most of the vital functions of the body. Most of the successful drugs which are used in the treatment of disease are dependent upon chelation processes for their action. Chelation processes comprise some of the most complex chemical reactions found in nature, and are the mechanisms which control many body functions. These same principles are used in chelation therapy to treat atherosclerosis and related diseases. The science dealing with the subject of chelation is known as complexion or bioinorganic chemistry.

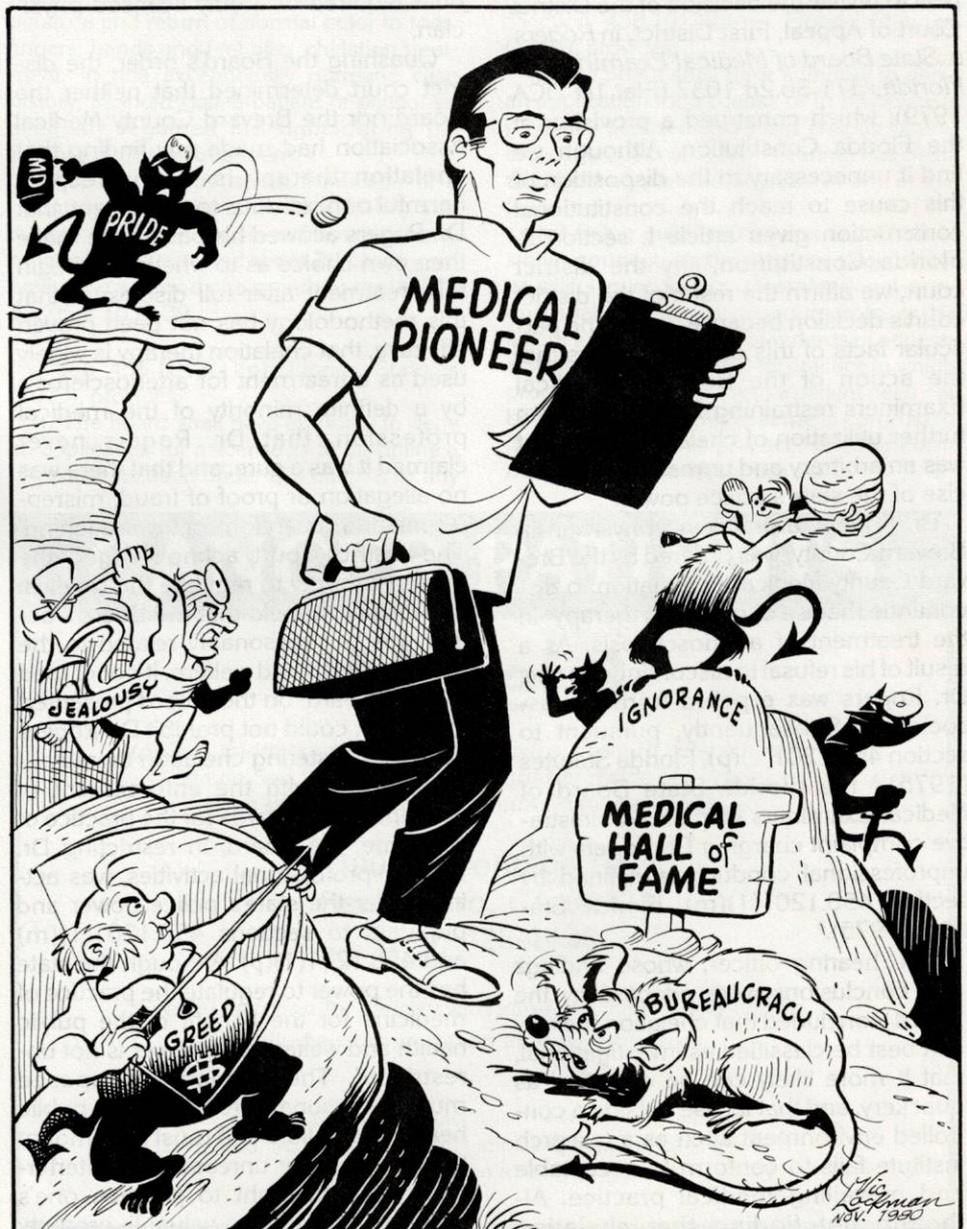
HOW DOES EDTA WORK?

Chelation therapy attacks atherosclerosis by acting primarily on the mineral components of the diseased arteries which have adversely affected the enzyme systems of the arterial lining. The major mineral involved is calcium. As a person gets older there is slow progressive build-up of calcium in the cells

of the body. Calcium deposition tends to impair the activity of the energy-related enzymes of the arterial wall. EDTA removes some of the excessive cellular calcium of the arterial wall and helps to restore the normal enzyme functions.

EDTA also assists the body in retarding certain degenerative processes attacking the cells comprising the arterial wall. This degenerative process is known as lipid peroxidation and affects the various intracellular membranes of the cell. When these membranes are destroyed, enzymes are released, the cell is injured and disease develops. EDTA tends to

(PLEASE TURN TO PG. 15)



CHELATION OK'd

Florida Supreme Court

Received September 8, 1980

No. 56,096

STATE BOARD OF MEDICAL EXAMINERS
OF FLORIDA, Appellant

vs.

ROBERT J. ROGERS, M.D., Appellee.

[September 4, 1980]

ALDERMAN, J.

This cause is before us on direct appeal to review the decision of the District Court of Appeal, First District, in *Rogers v. State Board of Medical Examiners of Florida*, 371 So.2d 1037 (Fla. 1st DCA 1979), which construed a provision of the Florida Constitution. Although we find it unnecessary to the disposition of this cause to reach the constitutional construction given article I, section 2, Florida Constitution,¹ by the district court, we affirm the result of the district court's decision because, under the particular facts of this case, it appears that the action of the Board of Medical Examiners restraining Dr. Rogers from further utilization of chelation treatment was an arbitrary and unreasonable exercise of the state's police power.

Dr. Rogers, a practicing physician in Brevard County, was ordered by the Brevard County Medical Association to discontinue the use of chelation therapy² in the treatment of arteriosclerosis. As a result of his refusal to discontinue its use, Dr. Rogers was expelled from the association. Subsequently, pursuant to section 458.1201(1)(p), Florida Statutes (1975),³ the Florida State Board of Medical Examiners filed an administrative complaint charging Dr. Rogers with unprofessional conduct as defined by section 458.1201(1)(m), Florida Statutes (1975).⁴

The hearing officer, whose findings and conclusions were adopted by the Board, concluded that chelation therapy can best be classified as investigational, that it more likely can be classified as quackery, and that its use outside a controlled environment such as a research institute fails to conform to acceptable and prevailing medical practice. Although not finding that chelation

therapy is in any manner harmful to the patient or that Dr. Rogers misled his patients into believing that this methodology of treatment was a cure for arteriosclerosis, the hearing officer determined that Dr. Rogers failed to demonstrate that chelation therapy results in any patient benefit in terms of organic process and recommended that Dr. Rogers be reprimanded, be ordered to cease and desist from employing this treatment, and be placed on probation for one year during which time he should demonstrate the type of exemplary conduct required of a duly licensed physician.

Quashing the Board's order, the district court determined that neither the Board nor the Brevard County Medical Association had made any finding that chelation therapy is in any respect harmful or hazardous to the patient, that Dr. Rogers allowed his patients to make their own choice as to whether to begin this treatment after full disclosure that this methodology has not been proven effective, that chelation therapy is widely used as a treatment for arteriosclerosis by a definite minority of the medical profession, that Dr. Rogers never claimed it was a cure, and that there was no allegation or proof of fraud, misrepresentation, coercion, or overreaching. The district court acknowledged the state's authority to regulate the medical profession but held that the Board's action was not reasonably related to the public's health and welfare. It concluded that the Board, on the record presented for review, could not prohibit Dr. Rogers from administering chelation therapy.

Entrusted with the enforcement of appropriate standards for the practice of medicine, the Board, in restricting Dr. Rogers' professional activities, was acting under the state's police power and pursuant to sections 458.1201(1)(m) and 458.1201(1)(p). Although the state has the power to regulate the practice of medicine for the benefit of the public health and welfare, this power is not unrestricted. The regulations imposed must be reasonably related to the public health and welfare and must not amount to an arbitrary or unreasonable interference with the right to practice one's profession which is a valuable property

right protected by the due process clause. *Doe v. Bolton*, 410 U.S. 179 (1973); *Dent v. West Virginia*, 129 U.S. 114 (1889).

Under the particular facts of this case, we conclude that the Board's action unreasonably interferes with Dr. Rogers' right to practice medicine by curtailing the exercise of his professional judgment to administer chelation therapy. The record before us fails to evidence harmfulness as a reasonable basis for the Board's action in restricting use of this treatment. *Cf. Golden v. McCarty*, 337 So.2d 388 (Fla. 1976). Furthermore, the evidence demonstrates that no fraud or deception was exercised by Dr. Rogers upon his patients who were fully informed of the nature of the procedure and the possibility of no improvement. Sanctions were imposed against Dr. Rogers because he utilized a modality not accepted by the Board as having been proven effective, not because the Board found that the treatment was harmful or that Dr. Rogers had defrauded his patients into believing that chelation treatment was a cure for their conditions. The Board's findings do not support a conclusion of quackery, and the state-imposed limitation on the administration of chelation treatment has not been shown by the evidence of the health and welfare of the public.

Accordingly, based upon the record in this case, we hold that the Board's action is an unreasonable exercise of the police power, and we affirm the result of the decision of the district court quashing the order of the Board.

It is so ordered.

Sundberg, C.J., Adkins, Boyd, Overton, England and McDonald, JJ., Concur

¹Article I, section 2, Florida Constitution, provides:

All natural person . . . have inalienable rights, among which are the right to enjoy and defend life and liberty, to pursue happiness . . .

²The district court in its decision here under review explained in detail the nature of chelation therapy:

CHELATION DECISION (From Pg. 12)

The record reveals that chelation therapy consists of a series of intravenous injections of a chelating drug, usually disodium ethylenediamine tetraacetic acid (hereafter disodium EDTA, Na₂ EDTA, or EDTA). Each injection takes approximately three to four hours to administer, and a normal course of treatment usually involves twenty such injections. The treatments are specifically intended to treat arteriosclerosis (hardening of the arteries),therosclerosis (deposits on the inner lining of the arteries), and other generalized circulatory deficiencies caused by excess calcium in the circulatory vessels. The common chelating agent, Na₂ EDTA, was originally discovered by I.G. Farben in the 1930's and is widely used as a food preservative. EDTA intravenous treatment is often recommended for lead poisoning and other diseases requiring removal of heavy metals from the body. Chelation treatments were widely used during World War II in treating sailors who had contracted poisoning from leaded paint. Since World War II more than 1500 scientific articles and studies have been published concerning practically every application of the chelating process in the body. Many of those articles are contained in the record.

The precise chemical reaction whereby metals, or calcium, are removed from the body through chelation is not yet completely known nor understood. However, through the years, many doctors have observed that after EDTA infusion, the urine calcium level rises and remains at relatively high levels for some months after administration of the treatments. The theory, now generally agreed upon by chelation proponents, is that the

chelating salt binds with ionic calcium in the blood, causing a temporary calcium deficiency in the blood. This is rapidly replaced by calcium in precipitate form ionizing in the bloodstream. This calcium, known as metastatic calcium, comes from the walls of the blood vessels and from calcium precipitate in every cell. Many experts believe that the metastatic calcium sludge in each cell causes the cells gradually to dysfunction. This phenomenon, coupled with the better known effects of calcium deposits on the interior walls of the blood vessels, results in a gradual decline in blood flow and cell function. Thus, if the pernicious calcium buildup can be prevented or reversed, cells and vessels can continue to function well into old age, reducing the inevitable effects of hardening of the arteries and other vascular occlusive diseases.

The record is replete with claimed instances of dramatic restoration of blood flow to the extremities resulting in arrest of gangrene, restored sensation, increased temperature and return of normal color to toes, fingers, hands and feet after chelation treatment. In one exceptionally dramatic case history, Reynold Hall, a patient of petitioner, allegedly regained his sight during his seventh chelation treatment.

Chelation therapy is, then, infusion of a chelating agent (generally Na₂ EDTA) into the bloodstream over several hours, a treatment which is repeated about 20 times; generally over a period of a month or more. 371 So.2d at 1038-39.

³Section 458.1012(1)(p), Florida Statutes (1075), provides:

(l) The board shall have authority to deny an application for a license or to discipline a physician licensed under this chapter or any

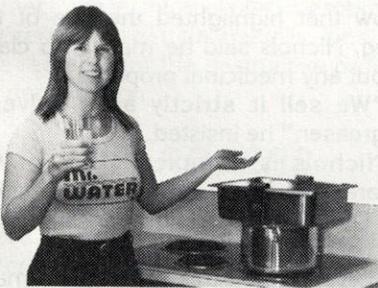
antecedent law who, after hearing, has been adjudged unqualified or guilty of any of the following:

(p) Being removed or suspended, or having disciplinary action taken, by his peers within any professional medical association, society, professional standards review organization established pursuant to s. 249F of Public Law 92-603, or similarly constituted professional body, whether or not such association, society, organization, or body is local, regional, state, national, or international in scope, or by being disciplined by a licensed hospital or medical staff of said hospital for immoral or unprofessional conduct or willful misconduct or negligence by the person in his capacity as a physician licensed pursuant to this chapter. Any body taking action as set forth in this paragraph shall report such action to the board within 30 days of its occurrence or be subject to a fine assessed by the board in an amount not exceeding \$500.

⁴Section 458.1012(l)(m), Florida Statutes (1075), provides:

(l) The board shall have authority to deny an application for a license or to discipline a physician licensed under this chapter or any antecedent law who, after hearing, has been adjudged unqualified or guilty of any of the following:

(m) Being guilty of immoral or unprofessional conduct, incompetence, negligence, or willful misconduct. Unprofessional conduct shall include any departure from, or the failure to conform to, to standards of acceptable and prevailing medical practice in which proceeding actual injury to a patient need not be established when the same is committed in the course of his practice, whether committed within or without this state.

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SMOKE SALES FALL — STORES TURN TO DMSO

By Lorraine Bennett
L.A. Times Riverside-San Bernardino Bureau

RIVERSIDE — Since the state Board of Equalization cracked down on tax-free cigarette sales on Indian reservations, two smoke shops in Riverside County are now selling the controversial solvent DMSO to boost their sagging revenues.

Operators of the Morongo Indian shop in Cabazon and the Cabazon band of Mission Indians' store in Indio have reported brisk sales of the bottled liquid for the last two weeks.

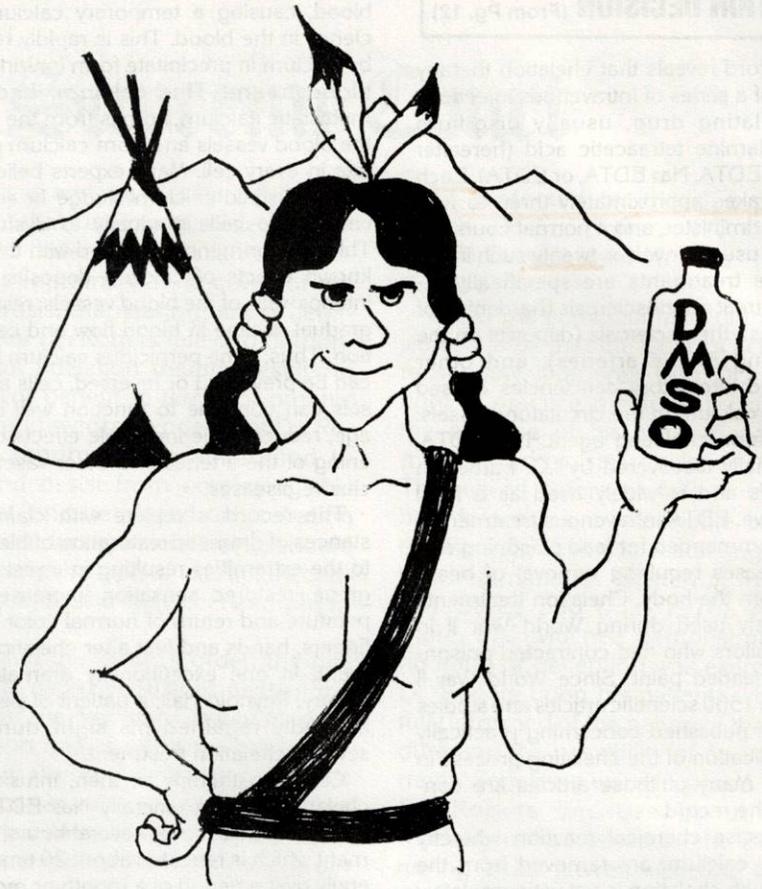
DMSO, a wood pulp byproduct, is sold legally in California as a solvent-degreaser. It also can be used as an anti-freeze and paint thinner.

But widely circulated reports that former Alabama Gov. George Wallace used DMSO to relieve back pain caused by his paralysis and testimonials by athletes who claim DMSO soothes aching muscles and sprains have resulted in demand for DMSO as a painkiller.

DMSO is sold legally as a drug in California only by physician's prescription for a bladder infection. At the smoke shops, both managers said they carefully avoid any mention to their customers of possible medicinal effects.

Sonny Miller, who manages the Morongo Reservation smoke shop off Interstate 10 in Cabazon, doesn't tout DMSO as a painkiller but did say the controversial liquid eased an ache in his shoulder.

"I used it nine days ago and I've had no pain since," Miller said. "When I rubbed it on, the pain stopped."



A gray-haired Palm Springs man who refused to give his name said that when he rubbed the solvent on his shoulder for relief from bursitis he felt prickly heat.

"I found I could raise my arm for the first time in a year," he said, demonstrating. "But I still have bursitis."

DMSO does not appear to "work" for everybody, he said, for when he gave it to a friend with a swollen ankle "it didn't help at all."

The federal Food and Drug Administration has approved DMSO as a prescription drug for a bladder condition. In July, the FDA warned of DMSO's spreading use and said it has not been proven effective for other ailments.

Miller said he has had trouble meeting the demand for it. He would not reveal his supply source, but said it is out of state.

Most of Miller's customers are elderly and previously bought DMSO in Oregon, where expanded medical use is permitted, he said.

"But some don't have money to travel to Oregon and they feel it's very unfair that it is always the wealthy who can try

different treatments," Millder said.

DMSO is selling at the rate of 50 bottles a day at the Indio smoke shop, said manager John Paul Nichols. Although he sells the liquid under a sign reading "As seen on 60 minutes," the CBS (TV) show that highlighted the use of the drug, Nichols said he makes no claim about any medicinal properties.

"We sell it strictly as a solvent-degreaser," he insisted.

Nichols is completely out of the cigarette business now. Asked whether the DMSO sales will compensate for his loss of revenue, he responded:

"Let me put it this way. Not as many people use DMSO as smoke."

The reservation smoke shop plans to open a card room offering California-style poker this week.

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Part II

HOXSEY TODAY: The incredible story continues

by Peter Barry Chowka

Contributing Editor

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During the 1950s the Hoxsey therapy was one of the best known nontoxic approaches to treating cancer. Yet, it has been consistently attacked by medical authorities as the most obvious example of quackery, and in 1963 the therapy was finally driven into exile in Mexico. Because North American patients continue to inquire about Hoxsey and in many cases journey thousands of miles to seek this unconventional treatment, Contributing Editor Peter Barry Chowka traveled to Tijuana this past summer to investigate Hoxsey today. Here is the second part of his report.

Because of Mexico's different economic, political, and legal climates, the bustling city of Tijuana just south of San Diego has become a crucible of unconventional approaches to healing.

Literally within sight of the U.S. border, a variety of health care alternatives — including laetrile, vegetarian diets, and DMSO — have taken root, and the better ones have flourished.

Today, with interest in nontoxic, traditionally-based cancer treatments steadily growing, new attention is beginning to be focused on the Bio-Medical Center, home of the Hoxsey approach. Last month, I detailed the history of the controversial Hoxsey therapy, and its present success under the guidance of Mildred Nelson, R.N., who has directed Bio-Medical since 1963.

To review, Hoxsey therapy is remarkably simple: nontoxic internal and external herbal medicines are combined with supportive treatments that include a special diet, vitamin and mineral supplements, and encouraging patients to assume a large degree of responsibility for their own healing. The treatment is individualized and, in a world where

(PLEASE TURN TO PG. 16)



MILDRED NELSON

Chelation Gets OK (From Pg. 11)

protect these intracellular membranes by removing certain metallic ions that are required for the destructive process of peroxidation.

DR. ROGERS

"God vindicates right and I believe we were right," commented Dr. Rogers after hearing the favorable verdict. The 55-year-old physician said that there is always a danger from quackery, but that progress can only be achieved through new ideas.

The Florida Supreme Court heartily agreed.

"The record is replete with claimed instances of dramatic restoration of blood flow to the extremities resulting in arrest of gangrene, restored sensation, increased temperature and return of normal color to the toes, fingers, hands and feet after chelation therapy."

The medical establishment was less impressed. Said Brevard County (Fla.) Medical Society President, Dr. Brian Gibbons, "I don't welcome this decision at all. It's not a step forward for medicine. It's a step backwards."

Rogers called the decision "a blessing. I'll be able to keep using it now."

He said the procedure, involving usually about 20 injections, is "perfectly safe in the hands of skilled, capable physicians."

"I've been using it for about 15 years now. We have been getting consistently excellent results in 80 to 85 per cent of the cases we treat."

The treatment was reportedly first used during World War II on soldiers suffering blood diseases caused from working with lead paint. EDTA, it was discovered, leached on to the lead and passed it out of the system through the kidneys.



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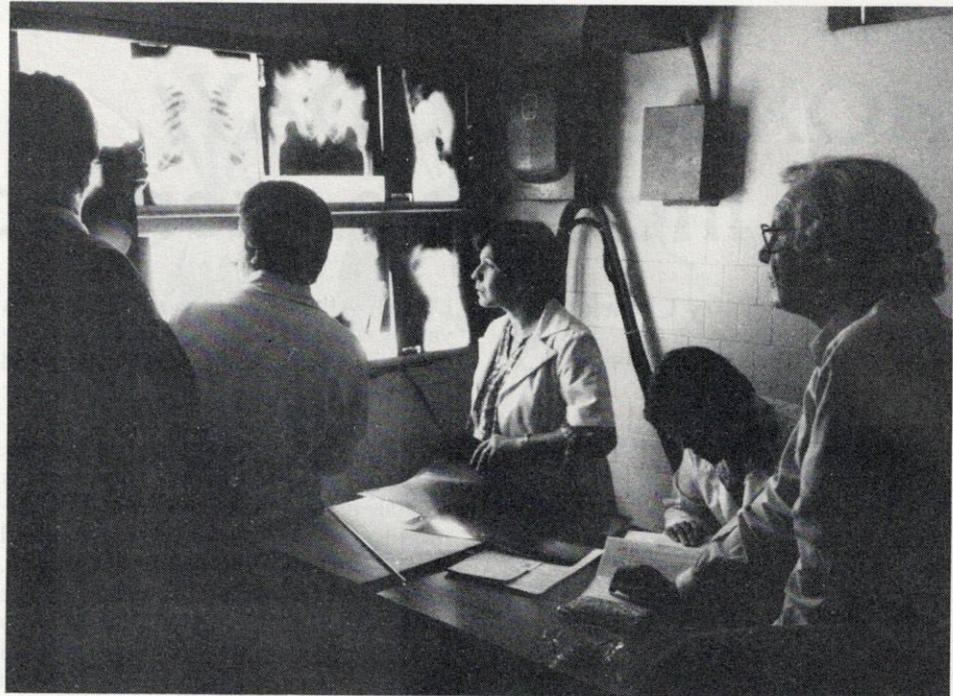
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HOXSEY TODAY (From Pg. 15)

medicine is a big business, inexpensive.

There is decades' worth of evidence that Hoxsey is helpful to many cancer patients. Benedict FitzGerald, a noted Massachusetts attorney, investigated Hoxsey and other alternative cancer therapies in the early 1950s officially on behalf of a U.S. Senate committee. At that time, Hoxsey therapy was offered at a large clinic in Dallas, overseen by Harry Hoxsey, who died in the mid-1970s. "Harry," FitzGerald recalled for me recently, "was a very colorful character. He had no formal education, which he readily admitted; but he had a tremendous knowledge of cancer. And he certainly had a following of people who claimed he had done a lot for them. He had some pretty effective results down there."

Since she became associated with Hoxsey in 1946, Mildred Nelson has treated thousands of cancer patients — too many for her to estimate the exact number. She carefully maintains complete medicinal files on all of them, though, and often answers questions by recounting a particular case in graphic detail, in some instances reaching for a file to corroborate her account or to re-



MILDRED NELSON AND BIO-MEDICAL CENTER'S DOCTORS EXAMINE PATIENT X-RAYS DURING THEIR DAILY CONSULTATION

fresh her memory.

Most of Mildred's patients are middle class U.S. residents, but many are poor (no one is turned away for lack of money); wealthy and notable people

have undergone Hoxsey, too. Once, Mildred recalled, she treated the brother of a sitting U.S. president. "The first thing he did after we helped him," she said, "was to go to Washington and ask his brother to spread the word. But the president told him, 'There's nothing I can do — My hands are tied tighter than anyone else's.'"

First Come/First Served

A cancer patient who makes the trip to Bio-Medical today can expect to be diagnosed and treated quickly, and be back on his or her way home within several days. (Patients who are gravely ill may be requested to remain in Tijuana somewhat longer.) Bio-Medical is an outpatient facility; U.S. patients usually stay at one of the motels in nearby San Ysidro, California, from which minibus transportation directly to the clinic is easily arranged. The fact that Bio-Medical is not a hospital has not prevented seriously ill patients from seeking Mildred's aid; it is not uncommon for private ambulances to arrive bearing patients who are carried in on stretchers.

Patients are treated on a first come/first served basis; no appointments are necessary. Patients must arrive at the clinic by 8:30 a.m., and those who do are guaranteed to see a doctor that day. Marilyn Merrill, an expert on the Mexican clinics, told me, "If 50 patients show up before 8:30, Mildred will see 50 that day, even if it goes until 12 midnight — that's

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PHOTO © PETER BABBY CHOWIK

Hoxsey (From Pg. 16)

happened quite often."

Initially, new patients are assigned to one of Bio-Medical's six M.D.s, who take the patient's history and order any necessary tests. There are modern diagnostic X-ray machines on the premises, although, because of concern about low-level radiation, Mildred assured me they are not overused. The Center also employs the nontoxic Arthur AMID blood test. The entire work-up is done in the morning, while patients are fasting. During lunchtime (there is an inexpensive restaurant on the premises), Mildred confers with the doctors and technicians about each patient's status. Merrill noted, "They work on a crisis basis: the patients who are the most severely sick are the ones who are looked at first. Each patient is given a program individually tailored for them, including advice on what they can eat, how to keep track of their symptoms and other problems, when to come back for check-ups, etc."

On their first day patients receive the Hoxsey herbal medicines along with supplements that may include vitamin C, nutritional yeast, calcium, laxatives, and other nutritional components. The diet which accompanies the therapy is basically a whole, natural foods regimen, that excludes pork, tomatoes, alcohol, bleached flour, and highly seasoned foods. Diets are more restricted in certain cases. "Our primary effort," notes a pamphlet printed by the clinic, "is to restore the body to physiological normalcy."

The most important component, of course, is the herbal Hoxsey medicines. The internal tonic, taken diluted in bottled water after meals and before retiring, tastes like old-fashioned cough syrup. Where indicated, external ointment or powder is also prescribed. Patients are provided with a three to six months' supply of these medicines before they leave the clinic.

"None of the other (unconventional nontoxic) therapies is incompatible with Hoxsey," Marilyn Merrill observed. Some patients, for example, while undergoing Hoxsey are also taking laetrile. Mildred told me, "Laetrile's given lots of people help . . . But I've never worked with it. I've got my hands full with Hoxsey: that's what I know, that's what I believe in, and that's what I use."

Yet, there is a general openness at

PHOTO © PETER BARRY CHOWKA



MILDRED NELSON ON TERRACE OF NEW BIO-MEDICAL CENTER OVERLOOKING TIJUANA, AND IN DISTANCE, THE US

Bio-Medical to employing promising nontoxic measures as adjuncts. New developments in the field of diet and cancer, for example, are followed closely; in line with progressive research, megadoses of certain vitamins like C are prescribed. Psychology is seen as increasingly important: "Mental attitude goes a long way in healing," Mildred observed. "The patients who make it are often the ones who really want to live — so they take their medicines, stay on the diet, and do the other things they're supposed to do."

The treatment offered at Bio-Medical is by no means simplistic. There is advanced diagnostic equipment on the premises, the resident M.D.s are well-qualified, and patients' needs are considered individually. Moreover, herbalism, which Hoxsey therapy may be considered a branch of, is the most ancient form of healing. Most of the components of the Hoxsey medicines themselves have been used for centuries to treat cancer and other conditions. Many modern conventional drugs are still derived from plants (for example, digitalis from foxglove). Recently, the Public Broadcasting System series *Nova* ("The Cancer Detectives of Lin Xian," October, 1980) reported that Chinese researchers have determined that a common medicinal herb often inextricably reverses the course of early forms of esophageal cancer.

In Canada, Essiac, an herb-based

cancer therapy of Native American origin but similar to Hoxsey, was in use with apparent success between 1924 and the late 1970s. Yet, herbalism continues to be denigrated in conventional medical circles. In 1968 the American Cancer Society Report, in its blacklist *Unproven Methods of Cancer Management*, that it "does not have the evidence that treatment used at the Bio-Medical Center, including . . . the Hoxsey method . . . is of objective benefit in the treatment of cancer."

A New/Old Kind of Woman Healer

Ultimately, Mildred Nelson is the central source of strength at the Bio-Medical Center. She is "a saint," according to Marilyn Merrill, and the description does not seem to be an exaggeration: Mildred is always available to her patients, and never far from the two telephones which bring queries at all hours from people around North America and beyond. As a clinician, Mildred is extraordinary — gentle, firm, cajoling, or reassuring as the individual patient's condition requires. Marilyn Merrill observed, "Mildred is the clinic director, the nurse, the psychologist, and, I guess you'd have to say, the mother figure. She fits into just about all of the different categories imaginable."

In the past it was not uncommon for a healer to embody many of these differ-

(PLEASE TURN TO PG. 21)

Hoxsey Today (From Pg. 17)

ent roles. But today medicine has fragmented into a dizzying array of competing specialties; it is a hierarchical profession, too, with registered nurses near the bottom in terms of influence and responsibility. Indeed, a frequent orthodox criticism of Mildred is that she is *only* a registered nurse. Because, it is alleged, she has overstepped the boundaries of her credentialed specialty, her healing abilities and favorable clinical results are ignored.

A current statistic further highlights the basic problem: Today, although women comprise 70 percent of the medical work force, only 7 percent of U.S. physicians are female. In *Witches, Midwives, and Nurses*, Barbara Ehrenreich and Deirdre English document the systematic suppression of women healers that began in the Middle Ages (when women using herbs and psychology were branded as witches) and continues to the present. "Women have always been healers," they observe, but during the last century "Curing became the exclusive province of the doctor; caring was relegated to the nurse."

Mildred rejects this stricture. "I've been considered a rebel all of my life for being into this type of thing," she mused. "I even had trouble getting through nurses training, because if a patient needed something done, I did it whether

or not I was supposed to. I was always in hot water." Yet, Mildred insists that she does not seek unnecessary controversy. "I'm actually rather straight-laced," she said. "When Harry was alive, we were forced into court every six months, just as regular as the calendar. And while Harry would enjoy it, I'd just shudder; I hated it."

Today Mildred continues her rebellion by advocating medical self-care — insisting that patients assume complete responsibility for their own health. "I tell people," she said emphatically, "'Find out how to take care of yourself.' But most of the American people are not disciplined — they don't *want* to take care of themselves; they want somebody else to do it for them. They don't want to give up their martini with dinner, even if it kills them; can you imagine that?"

Mildred's contention, according to Marilyn Merrill, is that "The best place for a person who is sick is not in a hospital, it's with their family." Mildred adds, "It's said that you have to see a patient in order to take care of him. Well, I don't fully believe that. So if a person phones that he needs something, I'll send it to him."

The Future of Hoxsey

Since 1963 Mildred has been responsible for singlehandedly carrying on the challenging work of Hoxsey. It has been a "hard, rough life," she noted, one that she might not choose a second time around.

I wondered, when I visited Bio-Medical for a week last summer, how things are different today compared to the 1940s or '50s. Mildred answered, "People are rejecting (orthodox therapies), especially chemotherapy, more quickly than they used to. They may take one shot, but then they say, 'That's it.'" The political suppression, which Mildred has experienced first hand, is "as strong as ever," she volunteered. "If a scientist at M.D. Anderson Hospital (a conventional cancer center in Texas) found a fast, reasonable cure for cancer in the morning, they'd probably shut down M.D. Anderson in the afternoon — that's how strong I believe the suppression is."

Although doctors are often ignorant of the issues, Mildred observed, they share responsibility for the problems besetting modern medicine, because "They think of the business solely. A certified public accountant told me not too long ago — and I had never stopped to think of it before but it sure clicked in my mind when he said it — that the biggest surgeries are done just before tax time — just before doctors have to pay their taxes! Sure enough."

In the past, promising cancer therapies like Dr. William Koch's anti-toxin glyoxylyde and krebiozen, championed by Andrew Ivy, M.D., Ph.D., have become unavailable after their proponents' passing. Mildred insists that she has made arrangements to assure continuing accessibility to the Hoxsey therapy. Recently, Roy Villazor, M.D., chief of the tumor section at Far Eastern University in the Philippines has become associated with Bio-Medical on a parttime basis. Four times a year, Dr. Villazor travels to Tijuana to consult with Mildred and Bio-Medical's doctors about their more seriously ill patients, who are then treated with a combination of Hoxsey medicines, BCG vaccines (immune-system stimulating substances made in Japan), and, in a few instances, mild chemotherapy which Dr. Villazor obtains for the U.S.S.R. and Europe. Mildred expressed great enthusiasm for Dr. Villazor's work and said that she looked forward to expanding the collaboration.

The Alexander Foundation, a not-for-profit independent group in San Francisco, has recently expressed interest in formally analyzing Bio-Medical's voluminous patient records in order to quantify the success rate. If the efficacy of Hoxsey could thus be established, it

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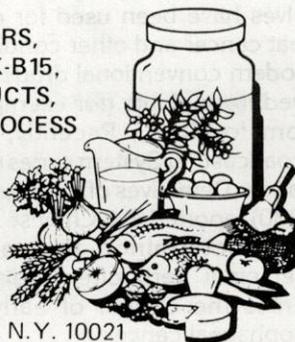
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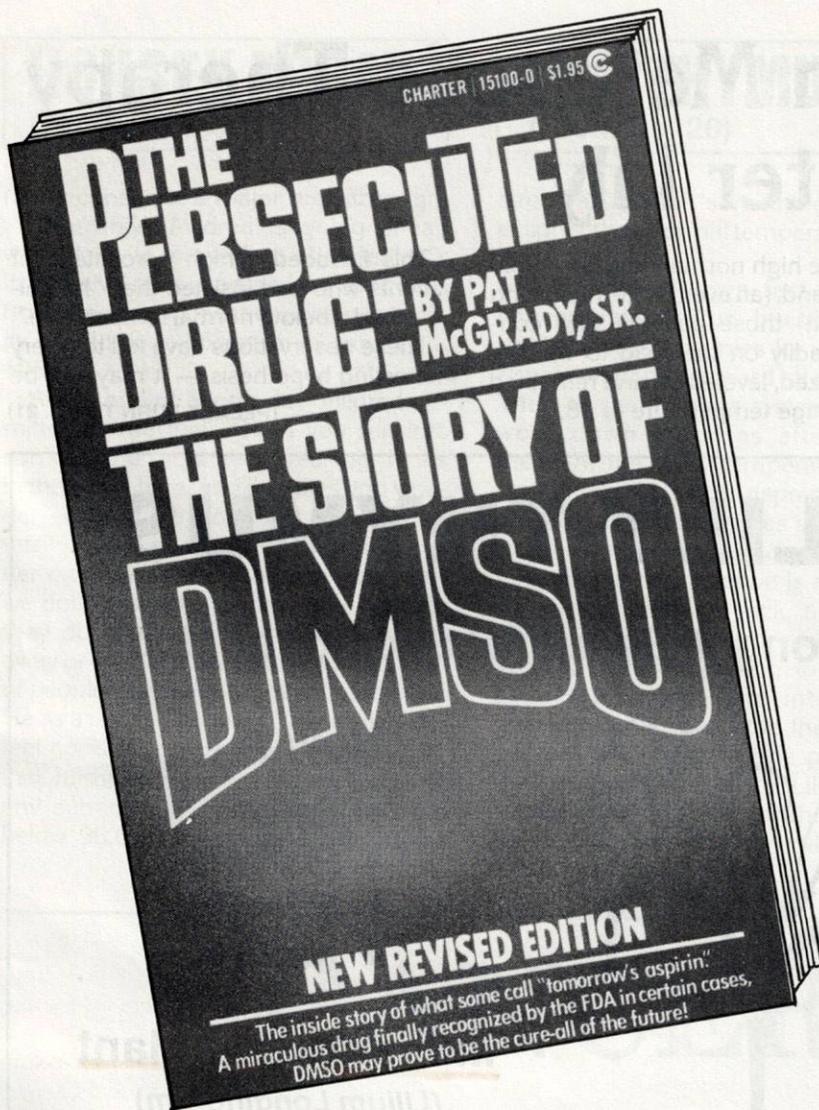
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DMSO, dimethyl sulfoxide, a by-product of the paper manufacturing process, was hailed in the early 60s as a "miracle drug," then banned by the FDA. This is the story of its discovery, of the man who has dedicated his life to freeing DMSO for common use, and of the amazing properties of this drug of the future.

New Advance in Metabolic Therapy made from Easter Lily

It began in Portland, Oregon, at St. John's Naturopathic Medical Center, where they specialize in the metabolic therapy of degenerative diseases. One of the patients, Shirley Smith, spoke of hearing that the Easter Lily had been used in the treatment of cancer. . .

Then, a few months later, Dr. MacCoy's assistant, Barbara Huntington, received as a gift a book detailing ancient herbal remedies — among them, instructions for preparing Easter Lily extract.

Next came a generous gift of 50 Easter Lily bulbs from an Oregon grower — and the clinic prepared the extract according to the age-old recipe.

Patients volunteered to utilize it, and monitoring began. The extract evidenced enough positive effect to warrant further research . . . and Barbara persisted. She contacted Dr. Alan Kratz (one of the editors of the prestigious Merck Manual), who applied his skill and expertise, and produced for the newly formed Avant Medica a homeopathic combination of Easter Lily and Thymus — a standardized oral liquid based on the Chinese remedy.

The exciting result — The Lily-Thymus, is both easy and pleasant to use, and combines perfectly with all aspects of metabolic therapy. While not considered a primary treatment, it is an ideal adjunct, and the lovely east lily has proven through research and studies to be a safe, gentle and decidedly effective stimulant to the immune system.

This potent modern formulation has produced documented, measurable responses, including increased amounts of active killer cells, and excellent subjective responses in the patients within the first week.

From the studies came correlated data that may prove to be of greater significance than previously thought in the field of immunology. One hundred per cent of the patients at the onset of each study showed below normal temperatures, ranging from 96.8 to 97.8. Simultaneous with the measurable response in the immune system, and the patients' increased sense of "well being," was a return of body temper-

ature to the high normal ranges — 98.0 to 98.6 — and, (an even more interesting observation) those patients who continued steadily on the road to well, as they stabilized, leveled off and remained at the average temperature of 98.6.

This included a high percentage of patients who had insisted they "had always had a below-normal temperature."

These observations have led to a very interesting hypothesis — it may well be

(PLEASE TURN TO PG. 21)

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HOXSEY TODAY

(From Pg. 17)

might constitute a major breakthrough.

Meanwhile, Mildred is going ahead with plans to move into Bio-Medical's impressive new quarters just up the hill from the present location. The new facility should be in operation by January 1, 1981.

At the end of a long day, Mildred admitted to me that "Often you run into some of the most heartbreaking things in the world here, and it makes you wonder, 'Why in the world am I involved in this?'" Quickly, however, she answered her own question: "When we lose one, we don't lose 'em in the conditions like they do across the border — wasting away or in pain. And there have been lots of people who have lived a full, complete life as a result of Hoxsey. That makes me feel good. It keeps me going."

that further research will establish that any subnormal temperature (meaning below 98.6 in this instance) is just as

LILY THYMUS

(From Pg. 20)

strong a signal of "something wrong" as a higher than normal temperature would be.

It is a well known fact that some cancer patients run intermittent low grade fever (sometimes for years) in an apparent attempt to ward off the disease. Then, as the immune system becomes worn down (such as after chemotherapy), the body temperature drops, presenting the cool, depressed atmosphere that cancer thrives in.

The story behind the development of this exciting new weapon is a combination of coincidence, luck, timing, skill, determination and team work. From research, to development, to reality, all parties involved were intensely interested in helping battle the common enemy: Shirley Smith (the patient who first mentioned the Easter Lily), Barbara Huntington (the assistant who doggedly pursued it), Dr. MacCoy (whose open

mind encouraged and established the research, and who now feels it has increased the effectiveness of therapy by some 20%), and Dr. Kratz (whose skill produced and the final formulation — the Lily-Thymus).

During the past half century of metabolic therapy there has emerged the "big four" — Laetrile, enzymes, the vital supplements, and diet. The Lily-Thymus may be destined to change that number to "The Big Five" and take its place in history as one of the most valuable natural tools in the hands of those practicing metabolic therapy.

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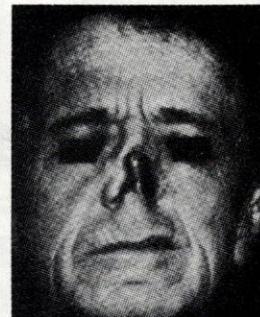
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Those who have been treated by Dr. Nolfi say such things as: "I saved thousands by avoiding major surgery. My weight and blood pressure have returned to normal. I no longer fear a stroke or heart attack. I get along fine without insulin. Constipation is a thing of the past. My food is less costly; I enjoy it more and there is less kitchen work. I thank God I learned about this before it was too late."

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The AMA and Nutrition

Reprinted from *Nutrition Action*

Until a few years ago, the American Medical Association published a pamphlet, "Can Food Make A Difference?", about proper nutrition for teenagers. The pamphlet noted, as do nutritionists, that milk products are important for a well-balanced diet. Unlike most nutritionists, however, the AMA pamphlet placed few limits on the types of milk products it deemed desirable. The pamphlet read, "You don't have to drink it [milk] plain — ice cream, milk shakes, ice cream sodas, cream soups, the milk on your cereal, and even cheese count."

Does this mean that teenagers can have ice cream sodas for breakfast instead of low-fat milk? Philip White, director of the Department of Foods and

Nutrition at the American Medical Association, told *Nutrition Action* that "it probably wouldn't be that bad" as long as teenagers supplemented their diet with more nutritious foods. White pointedly ignored ice cream's high fat content, which promotes coronary artery disease. He also ignored the high sugar content. Such misleading and incomplete statements about nutrition coming from the most influential medical organization in the United States are disturbing, yet they typify the AMA's anachronistic and inconsistent stance on nutrition.

Philip White, who holds a doctorate of science degree from Harvard School of Public Health, was named the Secretary

of AMA's Council on Foods and Nutrition in 1956. The Council, itself, began in 1929 as the Special Committee on Non-medicinal Foods. It was established to evaluate the nutritional value of foods and vitamins advertised in AMA publications. The AMA considers the Council to have been one of the "first organized consumer advocates," because of its "Food Acceptance Program," which allowed manufacturers of foods advertised in AMA publications to place a "seal of approval" on their products. Some of the accepted foods were cream cheese, tuna fish, ginger ale, bleached white flour, cocoa, and several brands of corn syrup.

After World War II, the Council changed its emphasis. The Food Acceptance Program was discontinued in 1954, because the AMA felt the need for the program had lessened "as laws have been enacted and as manufacturers have assumed more and more their share of responsibility in marketing worthwhile products." The program also slowed down the acceptance of adver-

(PLEASE TURN TO PG. 23)

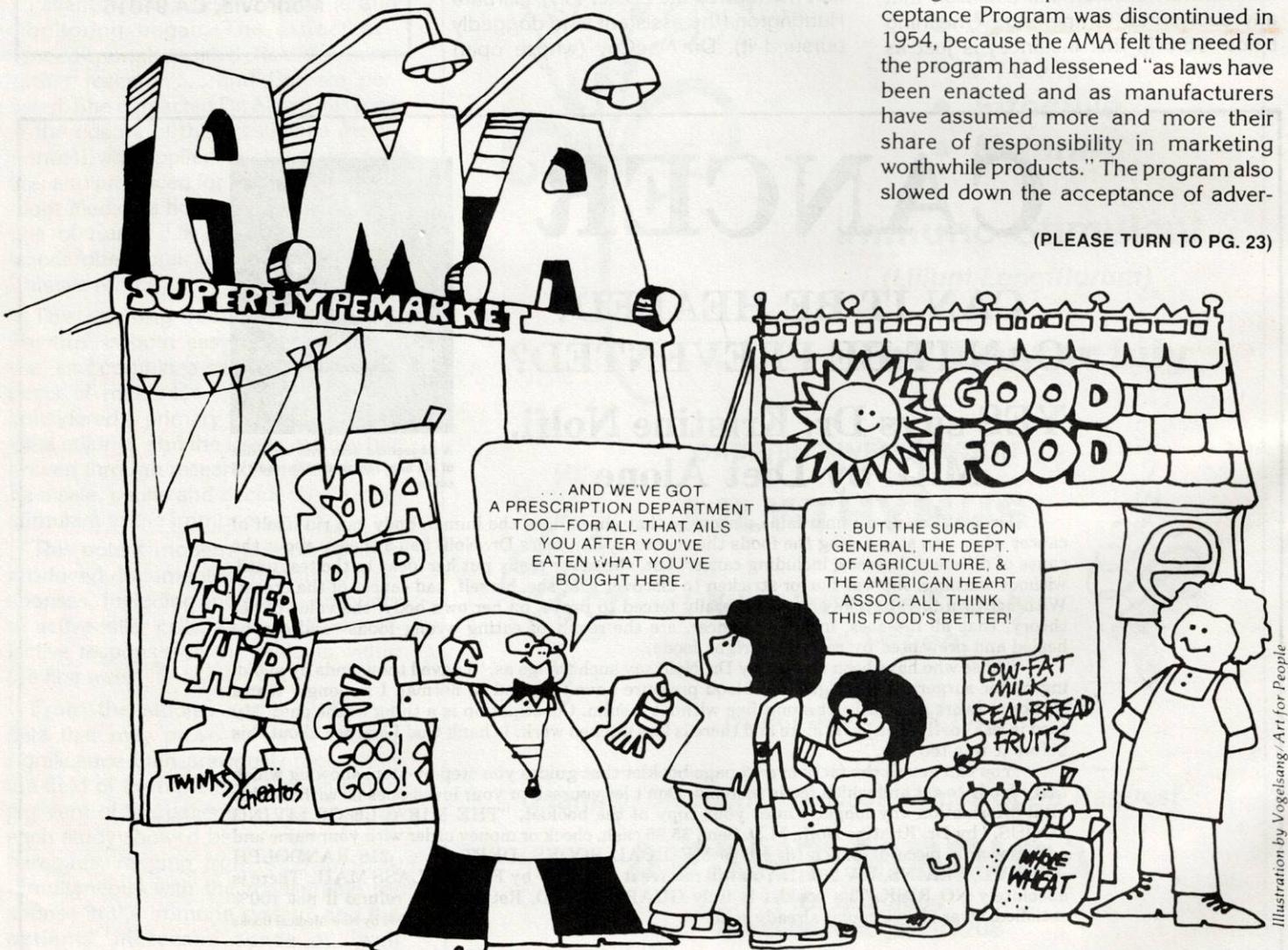


Illustration by Vogelsang/Art for People

tising. The Council began publishing scientific reports on various classes of foods, reviewing scientific and educational publications for scientific accuracy, and informing the public and the medical profession about new findings in nutrition. The Council has also encouraged, with only modest success, medical schools to develop nutrition courses.

Sugar

The AMA's stands on sugar have been rife with contradictions. In 1942, the *Journal of the American Medical Association (JAMA)* published a report condemning the excessive consumption of refined sugar. The Council said that "in the interest of the public health . . . all practical means [should] be taken to limit consumption of sugar in any form in which it fails to be combined with significant proportions of other foods of high nutritive quality." Soda pop and candy were targeted as special culprits.

The AMA Council expressed a similar view in a 1962 statement on "Confections and Soft Drinks in Schools":

When given a choice between soft drinks and milk or between candy and fruit, a child may choose the less nutritious. In view of these considerations, the Council on Foods and Nutrition is particularly opposed to the sale and distribution of confections and soft drinks in school lunchrooms.

Just this year, Dr. James H. Sammons, Executive Vice-President of the AMA, wrote that one of the best reasons to avoid sugar was that it "provided calories but little else in the way of nutrients."

One would think that with soft drink consumption tripling since 1942, the AMA would be on the warpath. Despite the AMA's earlier disapproval of eating too much sugar, White in 1979 stated that a diet can include some foods eaten "purely for pleasure" as long as the total nutrient needs are met and too many calories aren't consumed. "In this perspective," White added, "there is no such thing as a junk food." Strong statements against junk foods are apparently no longer accepted at the AMA.

White acknowledges a relationship between sugar consumption and tooth decay, but makes an important qualification. At a Congressional hearing in July, 1980, White asserted, "No relationship has been shown between the potential for dental caries and the amount of sugar consumed. It is important, therefore, to avoid the implication that eating less of foods such as jams,

cookies, soft drinks, cakes, and the like will reduce the risk of dental caries." White noted that the frequency of consuming sugar-filled foods, as well as the "stickiness" of the foods, are more important as far as cavities are concerned.

Dr. Philip Swango, a scientist with the National Caries Program at the National Institute of Dental Research, counters White by saying that if you eat less foods such as jams, cookies, and soft drinks, you are also reducing the frequency of their use. Swango said that White was "not careful enough to sort out the details. . . . In general, the statement needs elaboration to get the truth across."

In a speech to the National Food Processors Association last February, White made a special point of belittling any concerns about sugar. "A few years ago," he remarked, "cocktail conversation centered around saturated fats, cholesterol, polyunsaturated fatty acids, and Dr. Atkins' weight reduction diet; now cocktail talk is about the horrible sugars, nitrites, processed foods, and the Scarsdale Diet." Members of the food processors' association, which include Del Monte, Libby, and Dole, all large users of refined sugar, must have been overjoyed to hear the AMA's top nutrition spokesperson glibly relegate concerns about sugar to the domain of cocktail party conversations and out of any serious scientific discussion. The Surgeon General of the United States has a very different view of refined sugar. He has urged Americans to eat less of it.

Fat

It is almost incomprehensible that White also regarded discussion of saturated fats and cholesterol as mere cocktail party material. More than a dozen major health organizations, including the AMA, itself, have said that saturated fat and cholesterol are primary contributors to coronary heart disease. In 1972, the AMA Council on Foods and Nutrition and the Food and Nutrition Board of the National Academy of Sciences (NAS) issued a joint statement on heart disease. It said that the risk of developing coronary heart disease can be reduced "most practically" by the "partial replacement of saturated fat with sources of unsaturated fat," and "by a reduction in the consumption of foods rich in cholesterol." The 1972 statement also noted that

preliminary evidence suggests that faithful and continued consumption of a cholesterol-lowering diet over a period of years can reduce the coronary attack rate in middle-aged men. As would be expected in dealing with a chronic disease of this kind, early intervention appears to be more effective than intervention after the disease is present. . . . In summary, the average level of plasma lipids in most American men and women is undesirably elevated.

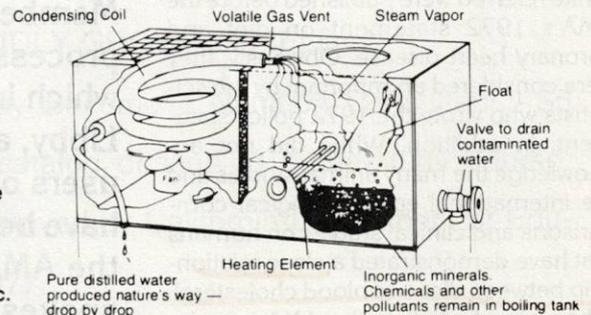
Philip White now seems to be retracting the AMA-NAS statement. At a recent Congressional hearing on the dietary guidelines issued by the federal government, White urged a change in the guideline that stated "high blood

(PLEASE TURN TO PG. 24)

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AMA

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cholesterol is clearly a major dietary risk indicator." White contended that "a high level of cholesterol in individuals does not necessarily reflect or result from dietary practices." When asked why the AMA suddenly changed its position from eight years before on the relationship between diet and blood cholesterol, White told *Nutrition Action* that new studies showed "no association between dietary variables and serum cholesterol."

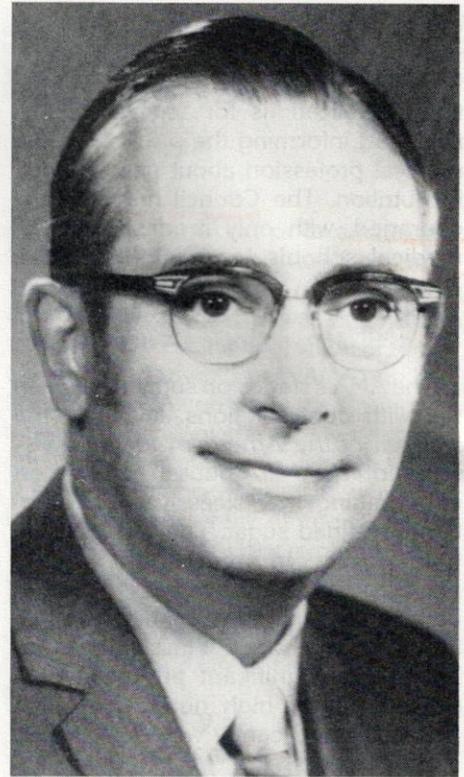
The evidence to which White was referring was taken from four dietary surveys in the United States and Israel. Most heart disease specialists, however, believe these studies are far too weak to provide meaningful information about the relationship between diet and blood cholesterol. The studies, according to Dr. Mark Hegsted, Administrator of Human Nutrition at the U.S. Department of Agriculture, are flawed because they involved groups of people with a fairly homogeneous diet. Since the dietary differences between the individuals are relatively small, blood cholesterol differences reflect larger genetic differences in the population. Good studies involve populations that have very different diets, and these studies show the expected correlations between diet and blood cholesterol level. More importantly, direct tests clearly demonstrate that saturated fat and cholesterol raise blood cholesterol levels. Such studies are far more meaningful than the epidemiological surveys.

It is interesting to note that three of the four epidemiological studies to which White referred were published before the AMA's 1972 statement on diet and coronary heart disease. Obviously, they were considered unimportant by the scientists who wrote the 1972 policy statement. In addition, White did not acknowledge the many animal studies and the international epidemiological comparisons and clinical studies on humans that have demonstrated a close relationship between diet and blood cholesterol. When asked whether the AMA was deliberately trying to deceive the public, USDA's Mark Hegsted remarked, "I think that's right." Dr. Kent Peterson, director of the American College of Preventive Medicine, said, "The AMA spokesman [Philip White] has made up his mind and then looked at the evidence." Dr. Jerome

Cohen, Associate Professor of Internal Medicine at the St. Louis University School of Medicine, agreed. "They [the AMA] go into this with an established point of view; they hear only what they want to hear."

White and the AMA also seem to have changed their minds about how many Americans have a high risk of heart disease. In 1972, the Council contended that the average level of plasma lipids in most Americans was "undesirably elevated." Now, White asserts that only a small percentage of the population is at risk. When asked for an exact figure, White responded, "I don't know what percentage, but it is quite a small percentage." White advises the small percentage of people whom he believes are at risk to see their doctor for nutritional advice — despite most doctors' ignorance of nutrition. The AMA, itself, has disclosed that only 30 out of 125 medical schools have a required nutrition course. The AMA advice to "see your doctor" for individualized attention is also very expensive and ultimately ineffective compared to the public health approach of preventing major diseases on a nationwide basis. White's claim that only a small percentage of the population has an increased risk of heart disease is refuted by reliable authorities. The National Heart, Lung, and Blood Institute warns that people with cholesterol levels over 220 mg/ml begin to show a high risk for heart disease. About half the adult population has a cholesterol level over 220. Dr. J. Michael McGinnis, Deputy Assistant Secretary of Health for the Department of Health and Human Services, said recently, "As long as more than half the U.S. population has plasma

Members of the food processors' association, which include Del Monte, Libby, and Dole, all large users of refined sugar, must have been overjoyed to hear the AMA's top nutrition spokesperson glibly relegate concerns about sugar to the domain of cocktail party conversations . . .



AMA'S PHILIP WHITE

cholesterol levels greater than optimal, sound public health policy would suggest dietary recommendations that might reduce average cholesterol levels."

Additives

White's strange views extend beyond sugar, fat, and cholesterol. As Chairman of the Board of Trustees of the Food Processors Institute, which sponsors courses for food company employees about good manufacturing practices, he should be knowledgeable about the safety and nutritional value of processed foods. In his speech to the food processors' association in February, White reassured his audience that processed foods are "as nourishing as food prepared from scratch — at home." But just to be on the safe side, he added, "If not, there is need to know what to do about it, i.e., what to add to assure a nutritious meal."

In addition, White completely overlooked the use of questionable chemical additives, which has not been a major concern of the AMA. White believes "we worry unnecessarily about food additives and processing." Last year he said that, "The safety and utility of food additives have been distorted so often that a chemical name or the word preservative on a label takes on the sig-

AMA (From Pg. 24)

nificance of the skull and crossbones on a bottle of iodine."

A 1961 Council statement entitled "Safe Use of Chemicals in Foods" state confidently, "Responsible manufacturers have made careful tests before the introduction of new chemicals, and the Food and Drug Administration is diligently and effectively protecting consumers from the precense of hazardous chemicals under existing federal laws." The banning of such carcinogenic additives as cyclamates, Violet dye No. 1, and Red dye No. 2 has proven the naivete of the AMA's stand.

The saccharin controversy has triggered AMA interest in food safety. The Council on Scientific Affairs recently recommended a weakening of the Food, Drug, and Cosmetic Act, which now prohibits any food additive that causes cancer. The Council would change the law so that the benefits of cancer-causing additives could be considered by regulatory officials. Industry also takes this position, knowing that its economists can calculate extravagant benefits for anything.

Nutrition Policies

Since 1977, the United States has made great strides in developing a responsible nutrition policy. In that year, the Senate Select Committee on Nutrition and Human Needs issued a report recommending that Americans eat less fat (especially saturated fat), cholesterol, refined sugar, and salt, and eat more starch and dietary fiber. This report quickly became the focal point of nutrition policy discussions. In 1979, the Surgeon General issued a little-publicized report, *Healthy People*, that made recommendations similar to those of the Senate Committee. Finally, and perhaps most importantly, earlier this year, the Departments of Agriculture and Health, Education, and Welfare issued "Dietary Guidelines for Americans," which also urged people to avoid too much sugar, fat, cholesterol, salt, and alcohol. During these several troublesome years, Philip White and the AMA were practically apoplectic, and threw their weight on the side of the status quo.

White claimed that the Senate's dietary goals were "politically motivated." He said they "represent an effort to force a

public nutrition policy" even though "much of the support for the Dietary Goals is based on hypothesis." James Sammons, the AMA's Executive Vice-President, told the Senate Committee "that it would be inappropriate at this time to adopt the proposed national dietary goals." He even alleged that "there is a potential for harmful effects from a radical long-term dietary change as would occur through adoption of the proposed national goals." He did not specify those effects. Unlike most heart researchers, Sammons claimed that "evidence that links the American diet with the American death rate from ischemic heart disease is suggestive, fragmentary, and even conflicting." Instead of supporting national dietary changes, the AMA only reiterated its familiar cry for people to "seek individual medical advice . . . to prevent or treat obesity."

When the government's 1980 dietary guidelines were published, the AMA's knee-jerk response was negative. Philip White told the *New York Times* that, though he had not read them yet, the guidelines seemed to "imply that all people now eat in the same way and would benefit from a reduction in fat or sugar or salt. The whole population should not be treated as if it were at risk of falling prey to diet-related diseases." Yet, White does not object to the Recommended Dietary Allowances, which prescribe higher levels of nutrients than most individuals need, because it is im-



AMA'S DR. JAMES A. SAMMONS

practical to determine each individual's needs.

Two months later, in a remarkably mild letter, Sammons told the Secretary of HEW that the dietary guidelines "offer good advice for the most part and provide information that should be helpful to the population as a whole." However, Sammons then listed two full pages of reservations. At one point, Sammons said that "high blood levels of cholesterol do not necessarily reflect dietary practices." Senator Thomas Eagleton (D-Mo.), prompted by the lobbying of farm groups, seized upon this phrase and quoted in a letter to USDA in which he said, "I strongly recommend

(PLEASE TURN TO PG. 26)

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AMA

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that the Department suspend the distribution of the pamphlet." Fortunately, the Department rejected Eagleton's advice.

The AMA makes little effort to inform the public about proper nutrition. The association's 1974 consumer-oriented book, *Let's Talk About Food*, was blasted by *Washington Post* food editor, Marian Burros. She wrote that the book "bears striking resemblance to a food faddist's book on nutrition. Both contain some truths, a great deal of incomplete information, and material which is certainly open to dispute." Among other things, the book defends bologna as a good source of protein, defends salted baby foods, says "sugar is wholesome," and touts the advantages of instant potatoes. Typical of the book was a statement about cola beverages: "If they are frequently used in place of more nutritious foods and beverages, however, the individual should be criticized, not the beverage."

The AMA says that one reason it generally refrains from providing dietary advice to the general public is that Americans are such a diverse people. Philip White said, "The usual diets are as varied as our ethnic, cultural, and geographic origins. It is unlikely that a specific dietary pattern could be devised to significantly

influence disease rates while satisfying the variety of tastes and customs that constitute the American way of life." It is amusing to note that the AMA's own "Daily Food Guide" pushes the "Basic Four" food groups, with nary a word about ethnic, cultural, or regional foods. Beans and peanut butter are sometimes not even listed along with meat, fish, poultry, and eggs in the "meat group."

The main advice the AMA now gives to the general public is that moderation and variety in diet, along with exercise, are essential for maintaining good health. In a 1979 Council report, the AMA stated that "Many problems associated with the 'usual American diet' and 'American food habits' reflect abandonment of the dictum of moderation. Immoderate habits, namely, overeating, may exacerbate or contribute to the development of degenerative diseases."

No one disagrees with the AMA's stress on variety and moderation in the diet. But most health experts believe that message's vagueness borders on the worthless. Dr. Peterson of the American College of Preventive Medicine noted that half of all Americans die of stroke, heart attack, or arteriosclerosis. The diseases are primarily due to lifestyle factors, diet being one of the most important factors. Peterson responded to the AMA's call for moderation and variety by asking what a "moderate and varied" diet is. He contended that "If that means what the average American eats,

it is killing him."

Dr. Peterson of the American College of Preventive Medicine noted that half of all Americans die of stroke, heart attack, or arteriosclerosis. The diseases are primarily due to lifestyle factors, diet being one of the most important factors. Peterson points out that medicine has traditionally been treatment-oriented rather than prevention-oriented.

Why White and the AMA are so at odds with most of the rest of the health community regarding nutrition is unclear. The answer is surely multifaceted, but part of the explanation stems from the AMA's philosophy of medicine. Peterson points out that medicine has traditionally been treatment-oriented rather than prevention-oriented. The treatment of disease has its place, but disease patterns have changed, and treatment is not always the appropriate choice. The major health problems are chronic diseases that result from lifestyle and environmental factors. Dealing with these diseases, according to Peterson, "requires a much greater emphasis on increasing awareness, knowledge, and motivation of individuals to act in their own self-interest and be less dependent on medical practitioners for cure. . . . Self treatment over a long period of time is more important than one-time intervention by a physician." Prevention is the proper approach for chronic diseases, for which treatment is ineffective and exorbitantly expensive.

The AMA's regressive stands on food issues would not need to be taken seriously, if the AMA did not wield so much influence over health policies. Common Cause Senior Vice-President Fred Wertheimer wrote, "The American Medical Association has played a central role in the determination of our nation's health policies, and political contributions are a major source of its power. The AMA was the top contributor to federal candidates in 1979, and is regarded as one of the

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AMA (From Pg. 26)

most powerful lobbying groups.

There is some dispute about what the AMA's priorities are. Dr. William Barclay, editor of the AMA's official *Journal*, stated that nutrition receives "most of our attention on Capitol Hill." Barclay says the AMA promotes improved production of foodstuffs, as well as investigations of preservatives and vitamins. Yet, few in Washington perceive the AMA as primarily being an advocate of good nutrition. A key Congressional staffer concerned with health issues replied to Barclay's comment, "That's a joke. The AMA is much more concerned about things like health insurance and health maintenance organizations — things that affect the financial concerns of their members."

The Future

Philip White was the Secretary of the Council on Foods and Nutrition until it was disbanded as a cost-saving move in 1974 and is now the Director of the Department of Foods and Nutrition. He has played a pivotal role in determining the department's stands on nutrition. When he speaks out, he does so in the name of the department and the AMA.

It is difficult to know why White persists in making misleading and misguided statements, which often offend common sense and scientific findings, but never the food industry. Joan Gusow, who heads the Program in Nutrition Education at Columbia Teacher's College in New York, noted that White's viewpoint reflects the nutrition philosophy that was developed during World War II. During that time there was a move to prepare and package food efficiently for the troops and the civilians. Nutritionists worked with industry to solve American food needs. After the war, industry was viewed by many as the solution to nutritional problems.

Unfortunately, many nutritionists who grew up with the attitude that industry had solved past nutritional problems apply that view to contemporary problems. One nutritionist remarked, "Some people got into a rut. Phil White was one of those people."

Some people believe that it will be impossible to alter the AMA's regressive nutrition policies. One nutritionist remarked that the chances of getting more progressive nutritionists in the Depart-

ment of Foods and Nutrition would be as likely as "getting Ronald Reagan to be the premier of Russia."

What You Can Do

In theory, the AMA could be a powerful voice for better nutrition. But, in practice, it is chained to the past by the director of its Department of Foods and Nutrition, Philip White. We urge readers to write to the president of the American Medical Association and urge that he replace Philip White and give progressive new leadership to the AMA's involvement in nutrition. Write to:

Robert B. Hunter, M.D.
P.O. Box 429
Sedro Woolley, Wash. 98284
Send a carbon copy to Dr. James H. Sammons, Executive Vice-President, AMA, 535 N. Dearborn St., Chicago, Ill. 60610.

Yet, others are not so pessimistic. One physician believed that the AMA is going through a "marked shift in orientation." Dr. Tom Ferguson, editor of *Medical Self-Care*, agreed. "The AMA is trying to live down some of the things it's done in the past." Ferguson cited the AMA's recent publication "Beyond Survival," which criticizes the way in which interns and residents are trained. Such a publi-

cation would have been unthinkable twenty years ago. Dan Greenberg, a Washington medical/science columnist, recently wrote, "The once formidable AMA is up against the tides of economic, political, and cultural change that it couldn't have bucked in its strongest days."

Philip White may have outlived his usefulness in an organization that is modernizing its policies. White's statements reflect an outmoded and dangerous nutritional philosophy that erodes the credibility of the medical community. For the sake of the health of the American population — as well as the reputation of the AMA — Philip White should go.

—Mark Wenneker
Michael Jacobson

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Upcoming feature!

Datebook of Health Events

Beginning with our January edition, we will carry a "Datebook" section on events related to health and nutrition. If your NHF chapter is sponsoring a lecture or special event open to the public we will publish the information free of cost.

Please try to send the information at least one month in advance to:

NHF DATEBOOK
PO BOX 688
MONROVIA, CA. 91016

THE NEW HEALTH

By Dr. Arnold Fox, M.D.

Arnold Fox, M.D. is in the practice of internal medicine and cardiology with strong interests in stress, anti-aging and nutrition. He is Director of the American Institute of Health in Beverly Hills and Assistant Professor of Medicine at the University of California, Irvine, California College of Medicine.

A 50 year old man living in the United States can expect to live another twenty years. A 50 year old man living in Sweden will enjoy another **twenty-nine years of life** — almost 50 percent more than his American counterpart.

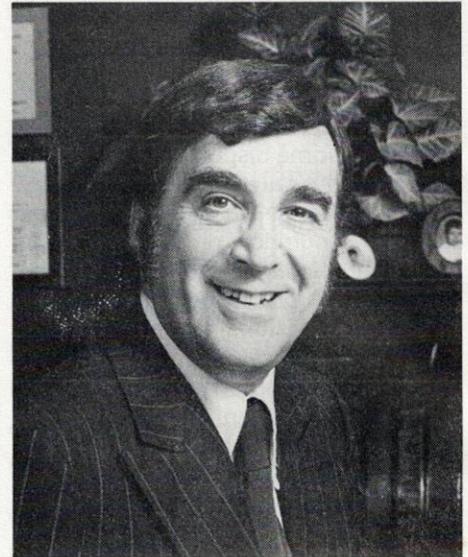
The United States is the most advanced nation in the world — it's also the sickest. We did not achieve this honor overnight. We had to work at it for many years. What good is the highest standard of living in the world, if you aren't able to enjoy it?

Disease does not "just happen"; disease is not a random misfortune. The evidence, overwhelmingly shows us that

most of today's illnesses, major and minor, are due to poor nutrition, poor health habits, poor handling of stress and a lack of the realization that only you can keep yourself healthy. As an M.D. there is not a pill or surgery that I can prescribe that will give you vitality. Only you can give yourself the vitality that I call "THE NEW HEALTH".

In this and future columns, I will show you how to achieve the new health. The new health is not feeling "alright" as many of us do. The new health is feeling **great!** The new health is characterized by happy, healthy, zestful and natural living. A real joie de vivre — without the use of stimulants, anti-depressants, tobacco, alcohol or sleeping pills.

The key to the new health is learning about yourself. How to take care of yourself. Your doctor is important in this. However, do not rely solely on your doctor to tell you what he thinks is wrong



DR. ARNOLD FOX

with you. Learn about your body, what nutrients your body needs, how various substances harm your body, how stress affects you, how to deal with stress.

What kind of foods should you be eating? A woman at one of my complimentary seminars at my offices in Beverly Hills asked:

"I'm very confused about the best diet for me... The only diet that has worked for me in the past was a high protein diet with no carbohydrates. I would like to lose 20 pounds. Do you believe that some people are so sensitive to carbohydrates that it triggers compulsive eating? I have been advised to stay away from white flour and white sugar for relief from arthritis."

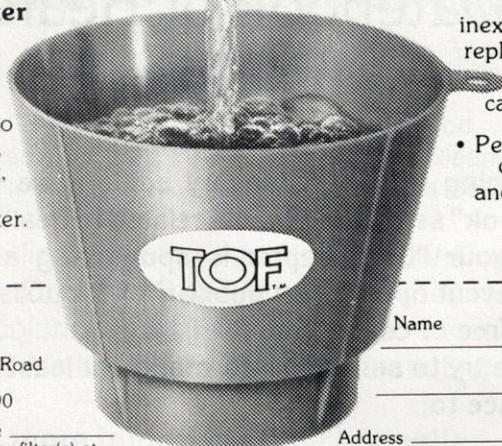
In choosing foods, bear this in mind: You want to eat foods that will contribute to your health by giving you a bountiful supply of all of the nutrients, and you want to avoid foods that will stress you. A food is said to be a stressor (something that causes stress) if it is either directly harmful to the body (a poison) or if it creates additional work for your body. If your kidneys have to work overtime to screen out impurities from your food, that food is a stressor.

The ANTI-STRESS WAY OF EATING is the answer. Remove the stressors from your body. Remember this little pneumatic: Do not use or at least restrict, CATS from San Francisco. Now, what are CATS from San Francisco? Well, I'm not talking about those cats that howl all night long outside of your bedroom win-

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New Health (From Pg. 28)

dow, I'm referring to caffeine, alcohol, tobacco, sugar, salt and fats and to that I must add we should reduce our intake of processed foods because they are definitely stressors and foods which are high in cholesterol. We eat much more than we can possibly use. We take in too many calories. We force our body to break down the excess of these calories for sugar and/or fat. This is stress. You should be eating vegetables, whole grains, fruits and legumes, which are peas, beans and lentils. These should be eaten as "close to nature as possible". Increase the amount of complex carbohydrates you eat. What are complex carbohydrates? These are fruits, vegetables, grains, peas, beans and lentils with a minimum or no processing. These complex carbohydrates break down slowly to provide the body with the fiber, vitamins, minerals, various nutrients that the body needs to run this wonderful complex machine. Decrease the simple sugars, that is, sugar, molasses, syrup and honey. To lose weight emphasize the vegetables. These are the lowest in calories and are high in nutrients and fibers. Of course, it is important that what you do eat be balanced with the proper and essential nutrients.

Are some people so sensitive to carbohydrates that they become compulsive eaters? Well, I don't believe that complex "unrefined" carbohydrates can trigger compulsive eating. However, the simple carbohydrates can and I would advise the woman above to be tested for hypoglycemia.

In order to achieve the new health I spoke about it is necessary to go beyond simply providing your body with enough nutrients to "get along". Ms. Morgan wrote to me:

"I recently heard you talk on WGN radio in Chicago. I would like you to tell me the way to stimulate our immune system."

Our immune system is a veritable army that the U.S. Defense Department would be proud to have. We have the equivalent of Tiger Tanks, atomic submarines, jet fighters and Marines in our bodies in the form of T-Lymphocytes (white blood cells under the control of a thymus gland), Phagocytes and Complements. Their job is to recognize and destroy foreign invaders such as bacteria, viruses and cancer cells. Every day, countless invaders are destroyed by

your immune system. You might "have" cancer several times in your lifetime and never know it, because your immune system destroys the cancer before it can destroy you.

Continual stress, whether the stress is due to foods or is emotionally or spiritually induced, wears down the immune system. Keep your body in tip-top condition, physically, emotionally and spiritually. Eliminate the "ERRORS OF LIVING", which include poor handling of stress, sedentary styles of living, caffeine, tobacco, too much salt, nutrient-poor eating, high fat foods, chemicals and additives, cigarettes and a lack of vitamins and minerals. Vitamins and minerals are very important in helping keep your immune system in good working order — especially vitamin C.

Ms. Morgan goes on to ask:

"... what harm is there in drinking lots of Diet Pepsi, about four to six bottles a day? How much caffeine is there in one bottle of Pepsi, compared to one cup of regular coffee?"

The various diet colas are destructive to the immune system, and eventually to the body, due to the heavy chemical load. The increases in cancer have been attributed to the great increases in chemicals in foods and in the environment as well as to the increased stresses of all types. Soft drinks have between 42 and 72 mg. of caffeine per serving. They also have lots of phosphorus, which may interfere with calcium absorption. Regular coffee has 100 to 150 mg. of caffeine per cup. Instant coffee has 50 to 66 mg. of caffeine. Tea usually contains 50 to 77 mg. of caffeine.

Caffeine is not a natural substance for your body. It is easy to show physiologic changes in the body when even small amounts of caffeine are ingested. Caffeine is a stressor.

When you adopt the ANTI-STRESS WAY OF EATING you can often do away with various medications and drugs you have been taking. P. Cozzola wrote from Illinois:

"I have had high blood pressure for quite some time and medication seems to have no effect. In fact, it is higher when I take the medication than when I do not. I am 55 years old and hope that I am not over-the-hill as far as changing my pattern of living."

High blood pressure is often a manifestation of the "errors of living". Your doctor should first make sure that you don't have forms of "curable" high

blood pressure, such as that due to narrowing of the arteries to the kidneys or to certain adrenal abnormalities, etc. If you have what is known as Essential Hypertension, you, with your doctor's concurrence, might want to start on the ANTI-STRESS DIET. THE ANTI-STRESS DIET combines the anti-stress way of eating, with daily exercise, learning how to handle the affects of stress, learning how to approach life in a very positive manner. I have a great deal of success in reducing blood pressure, often, at times, with lesser amounts of medications than I have used in the past. Instead, I use methods I described above, especially the ANTI-STRESS DIET. I use biofeedback, counseling, meditative procedures, mind as a healer mechanism and other techniques, as part of the overall plan. You are never too old to change from destruction to positive health habits.

ANTI-STRESS WORKSHOP

To learn more about stress, nutrition, and THE ANTI-STRESS DIET, come hear Dr. Fox speak at his free seminars held on alternate Tuesday nights.

The free seminars are given in Dr. Fox' office, in a special classroom — 416 North Bedford Drive, Suite 303, Beverly Hills, California. Call Area Code 213 278-6447 for a reservation.

UPDATE ON THREE MILE ISLAND

By Dr. Robert Mendelsohn

Figures released by the health secretary of the State of Pennsylvania, H. Arnold Muller, show a rise in both the number and the rate of infant deaths within a 10-mile radius of Three Mile Island during the six months after the March 28, 1979 accident. However, Muller subsequently stated that he did not believe the increase in infant deaths around Three Mile Island was related to the accident and his department had not completed its investigation into the precise causes of the deaths.

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PRIVITERA SUSPENDED!

Dr. James Privitera, a pioneer in metabolic treatment who was convicted of "conspiracy" to prescribe Laetrile, has been suspended for three months from the practice of medicine by the state's medical board.

The three month suspension is in addition to a 10-year probation by the State Board of Medical Quality Assurance (SBMQ).

Due to the terms of the probation, and guidelines surrounding the legal use of Laetrile in the state, Privitera will be forbidden to use the natural therapy he fought so hard to legalize.

Nonetheless, Privitera is seeking a full pardon from Gov. Jerry Brown who had previously indicated that if the California bill passed he would consider a full pardon.

Deputy Attorney General Earl Plowman said that since Privitera is not a "board certified oncologist" he will be legally prevented from prescribing Laetrile.

Under other provisions of the ruling, Privitera's scrutiny by SBMQ will include periodic interviews with the board's medical consultant; an oral clinical examination in the specialty of human nutrition, and if he fails the examination within a period of one year he will be suspended from the practice of medicine; and he must take 25 hours of medical training per year.



DR. JAMES PRIVITERA

Clinton R. Miller, executive director of the National Health Federation (NHF) called the board's action "disgraceful and an affront to every American who believes in freedom of choice and the sanctity of the doctor-patient relationship."

Miller said his 30 thousand member "health-rights" organization will begin a campaign to persuade Gov. Jerry Brown to issue a full pardon to clear Privitera of any wrong doing.

"Dr. Privitera's only crime was that he refused to treat patients in lock step conformity with the dictates of the medical monopoly.

"When Elvis Presley's doctor was convicted for over-prescribing additive drugs, he received only a three month probation. But when Dr. Privitera was convicted for the 'crime' of telling cancer-stricken patients where they could obtain Laetrile, he was jailed, labeled a quack, and ostricized by the state's medical board.

"This is an outrage of monumental proportions," he said.

Privitera, reached in his West Covina (Ca.) office, told NHF/Journal PS that he will continue his fight for Laetrile even though the recently passed bill only al-

lows certified oncologists to use the substance.

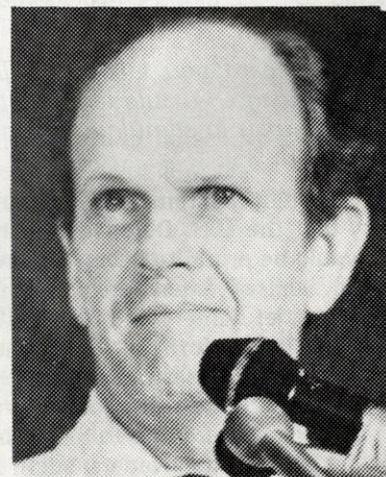
"The passage of the Campbell-Torres (Laetrile) bill represents a very large crack in the power of the California Medical Association and the AMA's control over physicians and patients alike," Privitera said. "It means that California has taken a giant step in granting freedom of choice to its citizens, and it further represents a refreshing resurgence of states' rights as opposed to centralized government.

"I'm happy with the bill," he continued. "I know it has its drawbacks, but those are outweighed by the positive aspects which include the legalization of Laetrile's manufacturing and the legalizing of the complete metabolic treatment that must accompany Laetrile therapy.

"As for myself, it's a personal loss not to be able to use Laetrile in my practice. But I believe the personal aspects are merely a footnote to the fact that organized medicine has been beaten by an aroused citizenry which has let its voice be known in our state capitol."

Privitera will act in an "advisory" capacity during his three month suspension at his California office.

In the meantime, Privitera is pursuing legal action against the state, which he claims used "altered" evidence in order to gain their conviction on "conspiracy."



CLINTON R. MILLER



Please sign and mail to Gov. Brown

Governor Edmund G. Brown, Jr.
State of California
State Capitol, 10th at L&N
Sacramento, Ca. 95814

Dear Governor Brown:

Thank you for your vital support for freedom of choice.

Thank you for your statemanship and courage in supporting Sen. Bill Campbell's bill to legalize Laetrile.

Without your hard work, our mutual cause for freedom of choice in matters of personal health would never have reached the peak that it has today.

I am writing today to ask that you issue a full executive pardon to a courageous pioneer in the field of natural health, Dr. James Privitera.

Dr. Privitera's license to practice medicine has been suspended for three months and he has been placed on "probation" for 10 years because he dared to challenge the dictates of the "medical monopoly."

He was convicted of a felony and spent three months behind bars. Now the State Board of Medical Quality Assurance seeks to further punish him for the apparent "crime" of helping people get well and stay well through natural methods.

Please, Governor Brown, I call upon you to reverse this travesty of justice.

Please, Governor Brown, issue a full pardon for Dr. Privitera.

He has already paid the price for his "crime," both in tremendous legal fees and separation from his wife and children while incarcerated. The Medical Board's recent action, on top of what Dr. Privitera has already suffered, constitutes nothing more than viciousness on the part of medical orthodoxy.

The great advances in medicine, history and science were always made by great men and women who were willing to challenge the entrenched misconceptions of the establishment. Columbus, Pasteur, Copernicus and countless others were labeled by their contemporaries as kooks because they dared to challenge to accepted views of their time.

Well, the world is not flat, and Dr. Privitera is not a quack.

Your granting of a pardon will not only serve to right the wrongs against Dr. Privitera, but will also serve to ensure that innovation and progress by medical doctors will not be suppressed by vested interests or pigheadedness.

Please, consider this matter.

Sincerely,

(name)

(address)

(city, state, zip)

Over, please!

Los Angeles Times

FRIDAY, FEBRUARY 15, 1980

CIRCULATION: 1,057,611 DAILY / 1,344,660 SUNDAY

Doctor's Pardon May Rest on Legalization of Laetrile

By LARRY STAMMER

Times Staff Writer

SACRAMENTO—Gov. Jerry Brown would be willing to reconsider a pardon to a Covina doctor convicted of treating cancer patients with Laetrile if the Legislature legalizes the substance, Brown's chief of staff said Thursday.

Legislation legalizing Laetrile but not taking a position on its effectiveness was introduced Thursday with backing from Brown, a former opponent, and Assemblyman Art Torres (D-Los Angeles), chairman of the Assembly Health Committee.

The same proposal was killed last year in a Senate committee, but its author, Senate Republican Leader William Campbell of Hacienda Heights, said that he believed the new bill's chances of passage have been "enhanced" by endorsements from Brown and Torres.

Davis said that Brown would reconsider his refusal to grant a pardon to Dr. James R. Privitera of Covina if the bill is passed.

Privitera is serving a six-month jail

sentence in San Diego County for prescribing Laetrile to treat cancer patients.

Davis said Brown has previously called on authorities to place Privitera on a work furlough program to serve out his sentence, and has indicated he will ask the state Board of Medical Quality Assurance to permit Privitera to keep his license to practice when the case is reviewed by the board in the spring.

Laetrile is the trade name for a substance made from apricot pits and known as amygdalin.

But its effectiveness has been the subject of heated disputes in the U.S. The Campbell bill specifically declares, "The Legislature finds and declares that the efficacy of the use of Laetrile or amygdalin with respect to cancer therapy has not been determined."

The bill would exempt Laetrile from current statutes requiring that a cancer therapy must be proven effective before it can be used.

The People's Doctor

by Robert Mendelsohn, M.D.

Insomnia

DEAR DR. MENDELSON: Our 23-year-old son has been a victim of insomnia since late 1976. The condition is now chronic and, from what we can understand, he sleeps very little. When he does sleep, he says it is seldom, if ever, a sound sleep.

The problem seems to have started because of his determination to have a 3.5 grade point average in college. Since an accounting major is very time-consuming, he apparently ignored his body's signals to go to sleep. Instead, he studied, particularly at test time, until the wee hours (3 a.m.). He was under a great deal of stress, having the necessity for a 3.5 grade point average and a cum laude degree pounded into him by his professors during his four years of college. He found a job after college, but since he couldn't sleep, he had to quit. He took sleeping pills to go to sleep until he saw a television program about Valium; he hasn't taken a sleeping pill since. He began graduate school in Phoenix during the 1979 summer session.

In August of last year, he went to a sleep clinic at Stanford University. His sleep was monitored. He slept only a couple of hours, and it took him 45 minutes to fall asleep.

At Stanford, he was referred back to some psychiatrists in Phoenix. Several sessions of psychiatric treatment have been suggested for him, part of them consisting of biofeedback. He doesn't think the psychiatric treatment he's had so far has been helpful. He says he feels like he's slipping very fast and can't seem to do anything about it.

I don't think he's ever gone the drug route, although he probably has tried marijuana. He smokes cigarettes, but never more than 10 a day, usually only on weekends. He drinks a little beer with the boys on weekends.

Can you help us find a cure, or even partial relief, for our son's insomnia? — Mrs. B.S., New Orleans

DEAR MRS. B.S.: I hope that when your son was taking downers to go to sleep, he wasn't also taking, as many college students do, uppers to keep awake. This kind of body chemicalization certainly



DR. ROBERT MENDELSON

could have produced his present wakeful state. And, while Valium is often taken by people so that they can sleep, I wonder how many of them know that one of its side effects is insomnia!

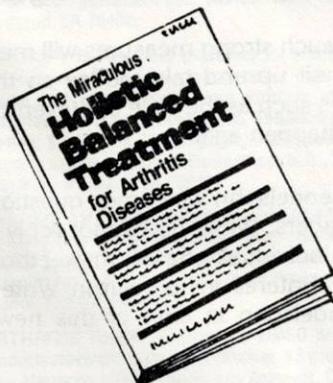
While it is impossible to properly advise you by long distance, let me give you, in admittedly simplistic form, the kind of recommendations I start with for patients of mine who have similar complaints. My bare bones prescription for your son is to first get out of Phoenix and join you at home in New Orleans. Second, he should stay away from sleep clinics, whether at Stanford or anywhere else. Third, he should stay away from psychiatrists, social workers, psychologists, or anyone else in the professional counseling business. Fourth, he should continue to stay away from drugs. Finally, stay away from colleges, universities or anything else that sounds like a school.

Your articulate letter clearly indicates that your son's symptom of insomnia can be resolved only when he discovers better approaches to the entire pattern of his life. Obviously, my above recommendations are not the whole answer, but in my opinion, they are the essential first steps.

Parkinson's Disease

DEAR DR. MENDELSON: Is it true that blood pressure pills can cause Parkinson's disease? I have been taking

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People's Doctor (From Pg. 33)

Hygroton for almost 20 years. I guess it's too late for me to worry, but your opinion on this matter might ease my mind if you say it's not true. A friend of mine related this information to me — she says her doctor told her of this relationship between high blood pressure drugs and parkinsonism. — V. W., Orlando

DEAR MRS. V. W.: First, let's define Parkinson's disease: This is a chronic condition characterized by weakness, tremor, muscular rigidity, restlessness, slow movements, and other symptoms. Plenty of drugs can cause these symptoms, including several groups of medications such as the phenothiazines (contained in Compazine, Phenergan, Stelazine, Tamaril and Thorazine) and reserpine (contained in Diupres, Hydropres, Regroton, Serapes and Serasil).

Parkinson's disease is not specifically listed among the side effects of Hygroton, but this antihypertensive, like many others, can cause weakness, restlessness, and muscle spasm. Therefore, my advice to you is to forget about the disease label and instead concentrate on the appearance of symptoms from this powerful drug.

Temper Tantrums

DEAR DR. MENDELSON: When a seven-year-old child has a temper tantrum, mostly when she cannot have her own way, what is the best way to treat it?

I am the grandmother of such a seven-year-old, and I wonder if something in her body chemistry is causing this, rather than just fits of anger. She can't seem to control these outbursts. I can't find any literature on this subject, and I thought you might be able to help us. — Mrs. G.L., New Orleans

DEAR MRS. G. L.: I presume the reason you are writing me, a doctor, about temper tantrums, is evidenced by your use of the words "treat it" in your first sentence. Presumably, you regard temper tantrums as something that must be treated. In your next sentence, you mention "body chemistry," thus adding another reason for consulting a doctor.

I must sadly inform you that in spite of more than half a century of investigation by biochemists, psychiatrists, and aller-

gists, practically nothing is known about chemical factors as the cause of temper tantrums or other similar behavior patterns. Indeed, even testing a child for changes in the body chemistry can be a dangerous procedure.

As far as treatment is concerned, my general impression is that more damage than benefits has resulted from the advice of experts. Therefore, although, as one human being to another, I am deeply motivated to help you, I must respectfully suggest that you are asking the wrong person. Why not talk to, consult, deliberate with, and talk again to those people who are closest to you and your grandchild — your children, other relatives, close friends, your clergyman, possibly even your grandchild's teachers, and maybe your family doctor (if he has been close to you for many years). Perhaps the reason I hesitate to give you advice of my own stems from my personal experience with my own daughters, whom I always tried to relate to with the utmost kindness, even to the extent of spoiling them. One of them, now a mother herself, appears to be using the same method with my granddaughter, and the other daughter is expecting her first baby in September.

Another 'One-in-a-million'

DEAR READER: The death of eight-year-old Steven Yuz in the Hospital for Sick Children following a heart attack, a yeast infection, and massive bleeding in his lungs, was headlined in Toronto's newspapers when I visited there several weeks ago. Steven was hospitalized for vomiting, which the doctors attributed to psychogenic causes. Having misinterpreted the x-rays and laboratory tests, they "treated" the boy by having him clean up his own vomit. The only time a hospital doctor called Steven's mother was to complain that Steven was masturbating; the mother patiently explained to the doctor that he was rubbing his belly, not his genitals, to relieve the pain. The autopsy revealed the presence of a highly unusual condition in which part of the bowel is not attached properly, resulting in intestinal obstruction. The doctors claim this is a one-in-a-million incident, although "Sick Kids" as this prestigious research and teaching hospital is colloquially known in Canada, supposedly is renowned for its expertise in rare disease conditions.

The hearings before the coroner were marked by doctors accusing other doctors as each sought to evade responsibility. Yet the chief hospital physicians admitted that Steven's death was a terrible thing. The coroner's jury came up with a series of recommendations designed to "improve communications" so that this kind of error would never happen again.

Since I do not believe that the problem lies in that elusive entity "communications" but rather in the very nature of the doctors themselves, I have some recommendations of my own. Speaking from my experience as past chairman of the Medical Licensure Committee of the State of Illinois, I believe that the Toronto coroner's jury already has unearthed sufficient evidence to justify suspension of the medical licenses of the dozen or so doctors who were involved in this case. Hearings can then be conducted to determine whether these licenses should be revoked permanently.

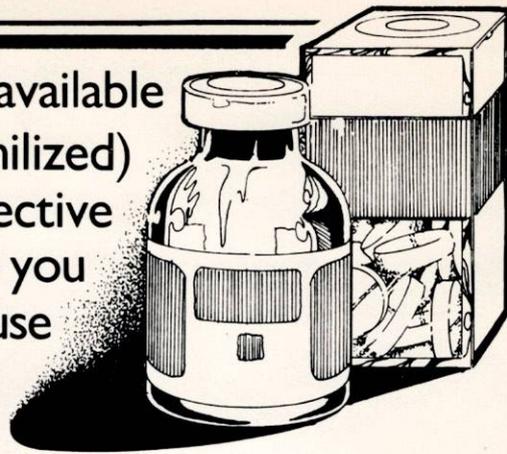
Secondly, since one of the defenses of these physicians is "We're only human," I recommend that we treat these doctors as all other humans, and convene a grand jury to determine whether there is sufficient evidence to justify a charge of criminal negligence and subsequent criminal penalties.

Third, I recommend that the grieving parents (who were not allowed to visit Steven because the doctors said it was their fault he was vomiting) be compensated by the hospital and physicians. (Since the doctors claim that this case is one-in-a-million, a favorite phrase physicians use whenever anything goes wrong, a million dollar compensation might be a good place to start negotiating.)

Only such strong measures will make doctors sit up and take notice so that tragedies such as the case of Steven Yuz will not happen again.

Dr. Mendelson welcomes questions from readers. While he cannot reply to them all individually, he will answer those of general interest in his column. Write to Dr. Mendelson in care of this newspaper.

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