

Book Reviews

Cancer Control by Improving the Genes Biochemical Environment

Cancer is thought to be a disease of aging but it can occur even in infancy. This finding is not a very happy one for those of us who are aging but in reality is a message of hope for everyone. For if a person can be free of cancer for sixty years it means that his/her body has been well endowed with the genetic structure that keeps us free from cancer. In other words no one can blame our genes for causing cancer. We have not looked after our genes properly and they can no longer perform the way they are supposed to. There are no cancer genes that will mandate that we will get cancer. If these genes were present the individual would probably not survive long past birth. An excellent example is that some of the cancers of infancy have decreased significantly in incidence since pregnant woman began to take more folic acid. This B vitamin allowed the genes to perform their job. It does mean that since genes do not live in a vacuum but must live within a very complex chemical environment in which they can operate that something has gone wrong with the system and the environment of these genes has been so corrupted that the genes fail to do their job. The problem is in the biochemical environment and not only in our genes.

In *Vitality* for September 2007 in her article on the history of modern disease, Helke Ferrie describes the multifactorial processes that play a role and how they have been ignored and neglected. Even rogue genes or selfish cells, as described by Hickey and Roberts, can be destroyed by a healthy body if all the required biochemicals are made available.

Since genes change very slowly and since the incidence of the cancers has increased dramatically in the past fifty years this suggests that the problem is in our gene environment in the cells of our bodies. Unluckily, the vast bulky cancer

establishment has avoided looking at the environment and has concentrated almost entirely on killing the rogue cancer cells. The modern oncological mantra is slash, burn and poison. Not that oncological doctors want to harm their patients but they have imbibed this mantra as an infant imbibes its mothers milk and it has become their world view of cancer. This method depends upon removing or debulking the tumor mass when possible and often this is helpful. It also means giving radiation and hoping that the cancer cells will be more devastated than the normal cells of the body and finally it means using one or more of a large variety of very toxic poisons in sub-lethal doses. It is hoped that the body will survive and that the rogue cancer cells will not. Vain hope. Various combinations of these big three are used. But where is the evidence? Surgery is probably the most effective, if done in time, followed by radiation and, coming far in the back, is chemotherapy. The latest evidence shows that when all the patients given chemotherapy are lumped together that the additional life span achieved is no more than 3 percent at an enormous cost of discomfort, despair and disability. Isn't it about time we paid more attention to the biochemical environment our genes need.

That is what Orthomolecular medicine is all about. It is based on the brilliant observations of Linus Pauling, whose discoveries form the basis for modern medicine, when he discovered that there was persuasive evidence that vitamin C when used in optimum amounts had anti-cancer properties. Since the usual doses that can be achieved by oral vitamin C in the blood will not be toxic this means that there is enough vitamin C to allow the cell environment to improve so that the body is once more able to deal with these rogue cells as it had been doing for so many years. But vitamin C given intravenously is even better and may be

as close to a perfect natural chemotherapy nutrient as it is toxic to these cancer cells and completely non toxic to normal cells. Orthomolecular oncology deals with the chemical environment of the cells in which the genes operate. But since oncologists have not been taught even the rudiments of orthomolecular medicine it is essential that the public learn about it so that it can teach their doctors and demand that they become interested.

I therefore welcome the following two new books which, in my opinion, describe the progress that has already been made and published but about which the medical profession remains ignorant or unwilling to recognize.

The Cancer Breakthrough. A Nutritional Approach for Doctors and Patients

by S. Hickey and H. Roberts

Lulu Press, Morrisville, NC, 2007

Paperback, 96 pages

Drs. Hickey and Roberts have previously published books, *Ascorbate: The Science of Vitamin C*. (Lulu Press, 2004, reviewed by Hugh Riordan in *JOM*, 2005, 20: 122-123) and *Cancer: Nutrition and Survival*, (Lulu Press, 2005). In the first half of this interesting book the authors describe in very simple terms what cancer is. It is caused by rogue cells in the body which no longer cooperate with the rest of the body for the good of the organism. They are selfish cells interested only in personal survival. As I see it, following these suggestions, these are cells whose survival has been threatened by one or more deficiencies of essential nutrients or by xenobiotic molecules so that they can no longer behave as normal cells and can only perform the simple task of growing. Restoring these factors and removing the toxic xenobiotics might persuade these rogue cells to resume their previous normal activities. The rest of the

book describes some of the nutrients that have been investigated most thoroughly such as vitamin C, vitamin K, vitamin D, vitamin E, selenium, iodine and many more. Enough information is provided so that the interested investigator or cancer patient can further study what these nutrients have already been shown to do. The last portion of the book describes a few programs that have worked. They are easy to follow, relatively inexpensive, completely harmless and should be considered by every person with any concern about cancer.

Hickey and Roberts are rather critical of the oncological establishment as am I and they let us know their views very early in the book when they quote Linus Pauling who wrote, "Everyone should know that most cancer research is largely a fraud and that the major cancer research organizations are derelict in their duties to the people who support them."

Cancer and The Search For Selective Biochemical Inhibitors, Second Edition

by E.J. Hoffman

CRC Press, NY, 2007

Hardcover, 461 pages

I reviewed Dr. Hoffman's first book published in 1999 by CRC Press (*JOM*, 2000, 15: 224-225). This book not only points out the value of using natural substances in dealing with cancer but contains much more clinical research data and it is a natural book to be read after reading the one by Hickey and Roberts. The first book does an excellent job of whetting one's interest and the book by Hoffman follows up by providing material that would be very hard for any individual to master on their own if they had to go through the literature. It is very thorough. I have been more or less familiar with the history of the environmental treatment of cancer from the first book written by Irwin

Stone when he summarized the literature that suggested that vitamin C had an important role to play. Dr. Stone introduced Linus Pauling to vitamin C and aroused his interest in it. Almost everything I have heard or read (and some I had forgotten) is in Hoffman's book. I can not abstract it as it is such a complex subject but I do hope that the fact that I like it so much will persuade you to read it. Some day books such as these will, to everyone's surprise, become medical school texts. But we do not have to wait until then. We can read, study and absorb as much of the information as possible and can then really become equal partners with doctors with respect to prevention and treatment of cancer. After all, it is a joint effort. But the patient has the most to lose or gain by making the wrong selection of doctor or treatment. Orthomolecular therapy is not dangerous and can be combined with any other treatment that is considered essential.

The confusions suffered by patients and their families is well described in the front page story in the *New York Times*, Sunday, July 29, 2007, entitled "Cancer Patients, Lost in a Maze of Uneven Care: Sick, Scared and Daunted by Complicated Choices". The choices are not that complicated when one avoids Orthomolecular treatment which is not discussed in this front page article by Denise Grady. The choice is between surgery, radiation and chemotherapy. It is clear that none of the options are successful or else there would not be the marked divergence of opinion between specialist surgeons and oncologists. When we really do have an effective treatment this kind of confusion does not exist. All diabetes specialists will agree that to treat diabetes mellitus one needs insulin and the most progressive physicians agree that nutrition control is also needed. Very few specialists will disagree with the use of antibiotics for many bacterial infections even though they will

not agree for their use in treating virus disorders. The confusion is the hallmark of the ignorance and failure of the oncological profession. These two books will help clarify some of the issues with respect to the use of gene environmental therapy. In sharp contrast with the use of surgery, radiation and toxic xenobiotics, the use of orthomolecular methods is free of dangerous side effects. A wrong decision with any of the standard treatments may lead to death. This will not happen with the use of orthomolecular substances.

—Reviews by Abram Hoffer, MD, PhD.

Naturopathic Clinical Nutrition
by Jonathan Prousky, N.D., M.Sc.
CCNM Press, Toronto, 2008
416 pages

With its wealth of clinical information, well organized and clearly explained, this insightful text recommends restorative treatments and offers research as evidence. With ten years of clinical experience, seeing patients with various health problems including psychiatric disorders, author Jonathan Prousky, N.D., M.Sc., knows about the healing capabilities of nutritional regimens, even for anxiety, ADHD, autism, alcoholism, bipolar disorder, depression and schizophrenia. While the author did not write this medical text for laymen, Prousky's accessible style makes scientific and medical information understandable to every reader, regardless of their education. Prousky presents clinical pearls about nutrition and nutrients. He encourages readers to learn about naturopathic and orthomolecular care, cooperate with differential diagnostic workups and consider the benefits of regimens of vitamins, trace minerals and amino acids, i.e. supplements.

Abram Hoffer's preface states that readers can trust Prousky's reports. After

meeting Jonathan Prousky and reading many books about orthomolecular medicine, I agree. Prousky's book reminds me of Dr. Hoffer's *Orthomolecular Medicine for Physicians*, published in 1989 and no longer easy to find. Hoffer's book still reads fresh and clear today. Prousky's clinical guide adds current information. Fortunate readers of both books will realize that Jonathan Prousky has carefully studied Abram Hoffer's research and clinical findings. Prousky not only learned how to help his patients restore their health, but he also writes about restorative care and he teaches orthomolecular principles and practices to naturopaths-in-training. Prousky's textbook explains the healing power of complementary naturopathic and orthomolecular practices. He encourages medical students and health professionals to read about orthomolecular medicine and consider nutritional regimens. Some professionals may follow Prousky's example and document the progress of their patients by writing their own books and medical journal articles. Hopefully this will help to sustain orthomolecular medicine for decades to come.

Prousky's important clinical textbook belongs in the libraries of a wide readership where his excellent information can bring clinical help and hope for restoring health to thousands of patients. If sick and vulnerable people trust quick labels and easy shortcuts and only get toximolecular pills, they are unlikely to heal as well as patients whose health professionals read Prousky's comprehensive clinical guide and learn to assess nutritional and biochemical aspects and recommend restorative regimens as complements to other treatment modalities.

As an example, let's consider benign prostatic hypertrophy. What does conventional medicine offer aging men who have trouble with their waterworks? – DRE exams and PSA tests before painful and repeated surgical procedures combined with

pills and unwanted side effects. When I had that sort of trouble, I googled and read how Feinblatt and Gant were researching another problem when they noticed that three amino acids—glycine, glutamic acid and alanine—helped a surprising number of patients to restore normal “flow.” In 1958, they published their finding in the *J Maine Medical Association* available from the Prostex website. Prousky's 2008 book shares their discovery, which was confirmed by other doctors in 1962, but remained little-known for the past fifty years. Within one day, those three amino's eased my discomfort.

Thousands of trusting patients hope that our health professionals will find, read and apply books about restorative treatments which were researched and found safe and effective by Abram Hoffer and other orthomolecular pioneers. Readers of *Naturopathic Clinical Nutrition* can thank Jonathan Prousky for studying orthomolecular medicine very carefully and then writing this thorough, detailed and documented textbook with more than 400 pages of clinical information about the principles and practices of naturopathic and restorative orthomolecular medicine.

–Review by Robert Sealey, BSc, CA
author of *Finding Care for Depression*
www.searpubl.ca

**Corrupt to the Core: Memoirs of
a Health Canada Whistleblower**

by Dr. Shiv Chopra
KOS Publishing Inc. Caledon,
Ontario, 2008

The anti-psychotic drugs which are poisoning huge numbers of unfortunate psychotic patients world wide have the following side effects: diseases such as the metabolic syndrome (diabetes, high blood cholesterol, high blood triglycerides), increased complications from

cardiovascular pathology, neurological disease such as tardive dyskinesia, deterioration of brain function, tranquilizer psychosis, permanent social incapacity, suicide, homicides, serial killers, broken marriages and homes, homelessness, addictions to drugs and alcohol, more people in prison, more people on welfare, more post surgical delirious reactions of the aged on statins after surgery.

Why would any one allow these toxic poisons to be inflicted on any population? The Greek term *pharmakos* was used to describe compounds which were both therapeutic and poisonous. Pharmacology deals with these compounds. The Greek physicians thousands of years ago did not know nutrients but they were aware that food was not a *pharmakos*, only chemicals are. Modern medicine maintains the same tradition and remains ignorant of the therapeutic value of nutrients. They can not be called *pharmakos*, as they are not poisons. Over the past two thousand years, only poisons have been accepted as drugs. This is especially true of the modern treatment of the cancers where poisons or poisonous treatments such as chemotherapy and radiation are used to kill the cancer and very little attention is given to help the body to develop its own defenses against the cancers. Given the right tools, our bodies can do a much better job than any oncologist with their poisons can do.

We also poison our schizophrenic patients with powerful toxic drugs, which have never been shown to be curative but do have palliative properties if one discounts the severe side effects listed above. When I began to treat schizophrenic patients with large doses of vitamin B₃, I did not have to worry about side effects. I took it myself and now have been on niacin for fifty-five years at three grams daily. I would never take any of the anti-psychotics unless there were six burly nurses sitting on top of me and forcing it

in. This is against the law in Canada but ignored everywhere, except in Ontario. This vitamin is safe, does not kill, and has so many beneficial properties it ought to be classed as an elixir of youth. In fact, it does prolong useful and active life and keeps one out of nursing homes.

When the first tranquilizer, chlorpromazine, was introduced in France by a surgeon, it immediately became very popular because it quickly controlled difficult behaviour and appeared to be safer than the drugs then available. It was soon apparent that this first drug, derived from the anti-histamines, was effective and relatively safe. The side effects were also relatively easy to deal with. They were not addictive and there were no serious withdrawal symptoms. They were so effective, psychiatry with a few exceptions concluded that at last we had found the cure for schizophrenia. It equated improvement in behavior with a cure and paid no attention to the long-term effects. These early drugs were valuable when used very carefully and in low doses. They were especially valuable to staff and hospital administrators. They were not concerned with long-term side effects, as they never expected their patients to get off drugs and become normal. The profits from the sale of these drugs was enormous, and still is, and companies began to compete to develop new ones that they could claim were better. More and more toxic drugs followed. Every new drug released was promoted as being freer of side effects. I became familiar with them all and soon realized that they were no better, that they had as many and worse side effects as the previous drugs, and that they created problems for my patients that I did not have to deal with when using the earlier drugs.

When considering the value of drugs "New" does not mean "Better", as many think. It is not like comparing old cars with newer models. It is more like that

old car dressed up to appear better but actually it is merely much more expensive. Modern drugs are much more expensive and much more toxic. Observing the damage done by these drugs to my patients, and more recently to my clients, I marvel that they had been released on an unsuspecting public. For example, a 19-year old girl who was getting along relatively well on haldol, but then was switched to Zyprexa simply because the drug company persuaded her psychiatrist to do so. She gained 60 pounds in six months and was converted from a schizophrenic woman under partial control to a woman who was like a sack of flour, obese, very depressed, and even more psychotic. The change in drugs was not done to help her get better. Or another 16-year old girl whose weight blew up to 300 pounds. Or the patients who are poisoned with toxic drugs and left hopelessly psychotic and addicted. One need see only one of these unfortunate patients to be convinced that any other treatment, or even no treatment, would have been better for them. Pharmakos are acceptable when nothing else is available. Insulin is essential and very toxic if overdosed, but it has been used safely for many decades. If a compound is discovered which has the same benefits but is safer, it will replace insulin. We do have alternative treatment for the mentally ill, called orthomolecular, which is effective and safe. Orthomolecular substances are not patentable and therefore hated by drug companies.

Over the years I have become more and more convinced that Health Canada has been more interested in the welfare of the drug companies than it has been in the welfare of Canadians. Since Health Canada is assumed to be operated by civil servants working for Canadians, not the drug companies, one would surely find this very surprising. I was convinced that this is the intent when I read Dr. Shiv Chopra's book *Corrupt to the Core*. In this memoir of his

four decades as a health Canada scientist I found the answer. I was correct. We have in Ottawa a few civil servants whose main concern has been to do their jobs honestly and are not primarily concerned about their own advancement and the need to accommodate the interests of the drug companies. But these few, like Dr. Chopra, were not allowed to do their jobs to protect the health of Canadians. How else can one account for the release of these toxic poisons into medical practice?

I accept that Dr. Chopra's account of his fight against corruption and for the health of us all is accurate. It confirms my observations of what happened to my patients and my own few contacts with Health Canada. Fortunately for us, Dr. Chopra was prepared for his war against corruption by the fact he was born and became a veterinarian in India. He soon discovered, that because of his origins and the prejudice these engendered, that he could not hope for promotion no matter how excellent his work record and that racism was inextricably tied to the corrupting forces against medical science. After a long arduous fight he won his cases against racism in the civil service in Canada's courts. Encouraged and made more determined, he started his second war, perhaps a much more important one, to protect us all against adulterated food and dangerous drugs. One of his major projects was to prevent the adulteration of milk by injecting dangerous hormones into cows, solely to make them produce more milk at the risk of the animals' health as well as the health of the people who would consume that milk.

Over the past 20 years I have seen a surprising increase in the number of milk allergic patients. Has the quality of the milk deteriorated so much? At least one quarter of all the psychiatric patients I have seen were also strangely allergic to all of the dairy products and did not get well until these were eliminated from

their diets.

Dr Chopra was fired in 2004 by then Prime Minister Paul Martin and, along with his fellow Health Canada scientists, sued the government for wrongful dismissal. Lets all hope that he wins this one too. The government should have been placed in charge of all drug applications in veterinary and human medicine, had integrity ruled government policy. I believe that if almost all the new drugs, inflicted on Canada over the past twenty years, were banished we would all be very much better off, and we would halt the destruction of schizophrenic patients with toxic poisons which do not permit them to get well. I recommend that every one read this book and learn of what our civil servants and politicians have been doing to Canadians. The recent major concern about the Harper government's proposed Bill C 51 is another example of our Health Canada in action against, not for, the people. Recently, I recommended that the current Health Canada should be restructured so that their true and only concern is a healthy Canada. Big Pharma is well able to speak for itself.

—Review by Abram Hoffer, M.D., Ph.D.

Detoxify for Life, How Toxins are Robbing You of Your Health and What You Can Do About It

John Cline, M.D., B.Sc. with Patrick Grant
More Heart Than Talent Publishing Inc.
Stockton CA. 2008
Paperback, 275 pages

John Cline reminds me of Dr. Brown who was the municipal physician in Saskatchewan when I lived on a farm six miles north of the US border at the intersection of Montana and North Dakota. He was the only doctor in a very large area and was our surgeon, taking out my tonsils, our internist, treating me

for pneumonia with mustard plasters, delivering babies and if necessary driving patients to hospital in the closest town fifty miles away. I even saw him set a dislocated shoulder in our living room with my father's help. In other words, he was a real general practitioner using what was then known as treatment with limited resources. Since then medicine has changed, becoming wealthy, specialized, rigid, intolerant and more like a church than a learned profession. Specialists have become so specialized they know more and more about less and less until too many have forgotten why they are physicians—to heal their patients using any method available that Will Do No Harm.

Modern general practitioners do not do surgery nor would we want them to unless it was an emergency. But with the vast explosion of information specialties have developed each jealous of its own turf, and more and more disinterested in anything outside their own specialty. Specialists knew more and more about their own specialty and less and less about the rest of medicine. When I began to practice in 1950, most of the psychiatric patients were treated by GP's and only the really very difficult patients who were mostly psychotic were referred to psychiatry. Psychiatry was just beginning its career in treating patients with drugs. Before 1950 there were none. The two standard treatments were insulin coma coming into disfavor and Electro Convulsive therapy (ECT) called shock treatment which is still used and has some value when used carefully and in combination with niacin. Psychiatry grew with the drug industry but it has not looked any further into the causes of so many of the mental illnesses. Psychiatrists became a specialty which depended primarily upon drugs. This role is being taken over by a new type of psychiatrist, called orthomolecular, who have amassed an amazing amount of evidence

that malnutrition, deficiencies and dependencies in calories and nutrients is one of the major factors. Clinical ecologists found that unusual reactions to foods and chemicals also caused mental disease. It failed to investigate these biochemical and psychosocial factors's causes. Perhaps this is a defense against the fact that when real causes are discovered those patients are taken from psychiatry and become patients of other specialties. Some of the major advances in psychiatry were made by non psychiatric physicians. Of the four major psychoses described in a 900 text book of psychiatry pellagra was cured by vitamin B₃, scurvy was cured by ascorbic acid and general paresis of the brain was cured by antibiotics. The fourth disease, dementia praecox, was removed from the field by renaming it schizophrenia which remained the main burden of mental hospital psychiatrists.

Dr. Cline's book describes the impact of toxins as a major cause of disease. After introducing us into the impact of these toxic chemicals and how to deal with them he gives special attention to some of the very common and very toxic minerals that we almost all have in our bodies with the consent of our governing health bodies. Mercury in our fillings in our teeth has been defended by dentists for decades, as would any dedicated members of a church defending their beliefs. This battle is almost won and soon all mercury will be banned from use in dentistry. Lead is another poisonous chemical which entered our bodies from the air after being exhausted by cars. It was quite a battle but we won that one too. This is a small beginning since most of the toxins all about us are additives allowed in our food for cosmetic or other non health related properties. As this is a clinical book there are many case histories in which Dr. Cline describes what was wrong, how the condition was treated and the recoveries. Dr. Cline and I have

shared patients and I can attest to the value of his treatment.

Dr. Cline is also concerned about the quality of our water and our air. He is concerned about the enormous amount of electromagnetic radiation all about us, about the bacterial composition of our gastro-intestinal flora and more. It is clear that maintaining good health is much more than handing out prescriptions of toxic drugs while ignoring all the other factors. Dr. Cline also pays attention to nutrition and the use of vitamin supplements. For those of us struggling with elimination diets the book ends with a number of very interesting recipes.

I recommend this book as a textbook for all medical students but do not expect to see this enlightened new policy. Our medical colleges who teach their students how to deal with the walking wounded are content with handing prescriptions for drugs. Every second Canadian has one or more serious condition. This will not change until the practices of clinical ecologists and orthomolecular physicians are adopted and become part of orthodox medicine. Until this happens modern medicine will remain dysfunctional, costly and in the mustard plaster stage of treating pneumonia.

—Review by Abram Hoffer, M.D., Ph.D.