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CAM CANCER THERAPIES - ARE THEY ALL QUACKERY?

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There is little doubt that interest in CAM (Complementary and Alternative Medicine) has skyrocketed over the last two decades, and that more people are taking herbal and other supplements, practicing meditation, yoga or various body work techniques to prevent illness or enhance health. In many instances, patients also now prefer "natural" remedies, acupuncture, different diets, and "energy" therapies to treat diseases, rather than drugs.

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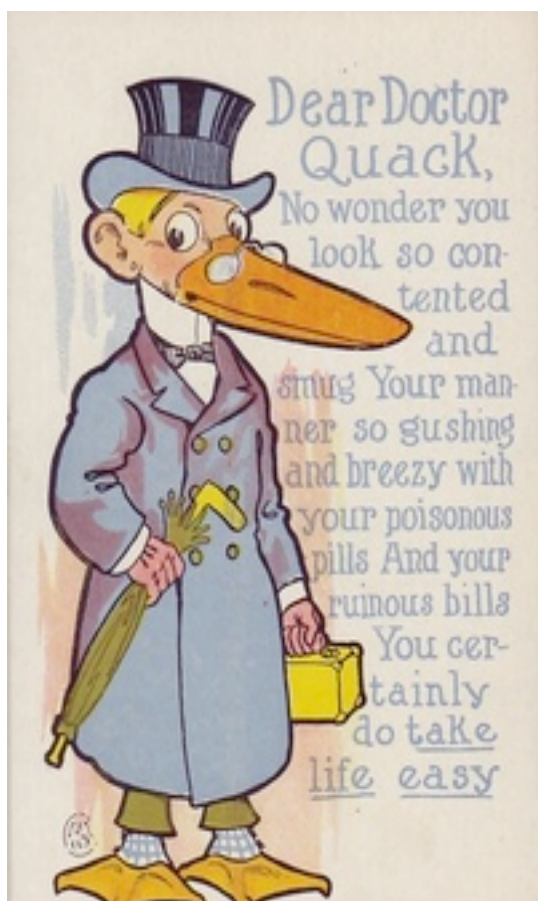
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Critics point out that in contrast to FDA approved pharmaceuticals, very few CMA modalities have had controlled clinical trials to provide scientific support for their claims of efficacy and cures. Although most are quite safe, there are exceptions, such as rigid adherence to certain diets that can have adverse health effects. A more serious issue is that very beneficial as well as safe conventional therapies will be denied or delayed until it is too late.

This is a particular problem for cancer patients, many of whom who are leery of the side effects of chemotherapy and radiation that often worsen their quality of life and merely postpone their demise. Desperate for any glimmer of hope, they are easily beguiled by numerous testimonials from others with similar and more advanced malignancies that were given a few weeks or months to live, and have now been cancer free for years. Faced with a dire prognosis and a future existence of progressive debilitation, who wouldn't be tempted to try anything that might possibly help?

And they have a menu of well over 100 products and programs to choose from that rake in much more than the \$7 billion/year spent by the NIH on cancer research. The majority of alternative cancer therapies are promoted by charlatans with no medical credentials who are well aware that their products are worthless. There are also well meaning but misguided zealots, including physicians and other health care professionals, who are convinced that they can cure cancer, as well as "quacks". Quack, in this sense, has nothing to do with the guttural onomatopoeic sound made by ducks, but is an abbreviation of "quacksalver", a 16th-century word to describe swindlers who peddled their salves and ointments in the street by broadcasting their numerous virtues as loudly as possible. Quack originally meant shouting, but later came to refer to a fake or unethical doctor who got results by exuding an aura of confidence and trust rather than yelling.



It is likely that many did benefit from these spurious products because of a placebo effect. In addition, pills and salves containing morphine made people feel better, while others did have medicinal properties, such as quinine from cinchona bark for malaria. Willow bark's salicylic acid acted like aspirin, extracts of fox glove provided digitalis, and compounds containing silver, mercury and arsenic could have helped certain infections. It is quite possible that as greater experience was gained, a few concoctions became more effective and were the basis for drugs now in use. Similarly, some doctors and others who developed or stumbled upon substances that later proved to be very important, were wrongly labeled as quacks, because their discoveries and theories were contrary to the prevailing medical dogma. In other instances, they also threatened the profits of mainstream medicine and drug companies, and the baby was thrown out with the bathwater.

A sampling of current alternative cancer therapies include: hyperthermia, oxygen and ozone, chelation, DMSO, hydrazine sulfate, chapparral, mistletoe, essiac, wheatgrass and other herbal supplements, shark cartilage, fetal and live cells, macrobiotic and countless other anti-cancer diets, numerous bioelectromagnetic devices and other "energy medicine" approaches, Ayurveda and Chinese practices, Immuno-Augmentation, whole body and

other immune system therapies, antineoplastons, homeopathy, naturopathy, mind/body medicine and combinations of these. Others, like laetrile and krebiozen, that had been particularly popular, are now banned in the U.S. but are available elsewhere. Many of these therapies were endorsed by celebrities and most had hundreds of testimonials attesting to their miraculous effects and cures. It is difficult to believe that all of these claims were fraudulent. One explanation could be that patients with the same type and stage of cancer respond differently to the identical intervention, just as is seen with approved chemotherapy drugs that benefit some but not others. Spontaneous remission of cancer has also been well documented, and there are patients who refuse surgery or any other treatment, who continue to thrive for decades. Dr. Michael Baum, Professor Emeritus of Surgery at University College London, a leading British oncologist who specializes in breast cancer, reported having a dozen such patients who lived in symbiosis with their tumors for up to 35 years. Is it not possible that we possess an innate ability to cure cancer or significantly slow its growth by mechanisms that have not yet been discovered? It has been postulated that the incidence of cancer is increased in the elderly because we develop cancer cells many times during our lives, but they are destroyed by immune system defenses that deteriorate as we age. Stress also impairs immune system function, which is why I have been intrigued with the relationships between stress and cancer for over a half century, and the potential benefits of stress reduction.

Could Cancer Be Another Example of Selye's "Diseases Of Adaptation"?

In 1977, Hans Selye's International Institute of Stress and the Sloan Kettering Institute in New York sponsored a Symposium dealing with stress and cancer. Selye and I developed a close friendship during my Fellowship at his Institute in 1951. He had invited me to coauthor "Integration of Endocrinology", the lead chapter in the AMA's textbook *Glandular Physiology and Therapy*, as well as "The Renaissance In Endocrinology" chapter for *Medicine and Science*, a series of lectures sponsored by the New York Academy of Sciences. Over the intervening years, he often asked me to critique several papers and prepare updated reviews of his novel concepts. We tried to meet when convenient, and in a visit to New York to coordinate this Symposium, he invited me to dinner, during which he indicated that he had a very personal interest in this event. Five years previously, a tumor in his thigh was diagnosed as histiocytic reticulosarcoma, a normally fatal malignancy, from which he apparently completely recovered. He had refused chemotherapy, and attributed his good fortune, not to any other treatment received, but rather his very firm determination to continue living so that he could complete his important research activities. Based on anecdotal reports of similar experiences and spontaneous remissions, he was convinced that a firm faith and fierce determination could retard or reverse cancer growth. Conversely, he wondered whether stress might contribute to the

development of certain malignancies, or accelerate their downhill course. His memory was always amazing, and he reminded me of a dinner conversation at his home some 25 years earlier, which included liberal amounts of his favorite Hungarian Bull's Blood wine. I had suggested that cancer might represent another of his "Diseases of Adaptation", and he now wanted me to contribute a presentation that would support this theory.

It was difficult for me to refuse anything that Selye requested, but I politely pointed out a variety of potential pitfalls in attempting to accomplish this. In addition, I had been completely involved in clinical practice for the past 20 years, and no longer had the time, training or resources to adequately address this subject. We reminisced about other things, and I assumed the matter was closed. However, several weeks later, I received a large parcel, filled with an assortment of articles dealing with various pertinent experimental and clinical reports. It fortuitously arrived just before I was leaving on vacation, so I took it with me and had an opportunity to leisurely review its contents. Selye had written comments on many of the reprints to support his position, or questions designed to pique my curiosity. He also suggested that I contact various authorities concerning their opinion or experiences with respect to possible relationships between stress and cancer, but this did not prove very helpful. Robert Good, President and Director of Sloan Kettering, co-sponsor of the Symposium, replied, "I have no information about stress and cancer", although he conceded that the topic was "most important." I found it fascinating, became increasingly intrigued by its possibilities and challenges, and eventually acquiesced.

I was particularly impressed with the observation that as one descends the phylogenetic scale; the incidence of malignancy decreases progressively. Cancer does not occur in primitive forms of life. Conversely, the ability of the organism to regenerate injured or lost tissues increases proportionately. Simple organisms have the ability to sever parts of their anatomy when they are injured. This capability would have survival value only if the animal possessed an equally remarkable ability to regenerate the cast off portion from available cell remnants. A starfish can restore a lost appendage, and the newt will grow a new tail or leg if it is amputated. This restorative capability is not retained in humans, although the spleen does possess unusual regenerative potential. As might be expected, the spleen is also the only organ in humans that does not give rise to spontaneous cancer, suggesting that its response to loss has been preserved as purposeful regeneration. In addition, if a child under the age of two severs a fingertip, it will grow back completely, nail and all. Such regeneration can also occur in adults if the tip is not covered with a skin flap, as is usually done.

I suggested that some malignant responses in man might represent an

atavistic, vestigial remnant of this primordial, purposeful, regenerative trait. When we suffer a loss or injury, attempts at replacement could well be activated, as they are in lower life forms. Unfortunately, this new growth (neoplasia) may be more harmful than helpful. Experiments with chemicals that cause cancer when applied to human skin or injected into rodents, support this hypothesis. When these same carcinogens are injected into the leg of a newt, a new accessory limb starts to grow at that site instead of a tumor. If injected into the epithelial iris tissue of the eye, the newt will regenerate a new lens. Thus, the identical carcinogenic stimulus can produce either purposeful regeneration or a malignant growth, depending upon the evolutionary development of the organism.

The leap from physical to emotional loss should not be too troublesome. The ability to regenerate lost or injured tissue in lower forms of life obviously involves something more than a simple local response. The message that tissue has been lost, irritated or damaged, must be relayed to higher central nervous system centers that initiate coordinated restorative activities involving neurohumoral and immune system mechanisms. Because of our highly developed cerebral cortex, significant emotional loss may well be perceived as even more stressful than physical loss of a body part. The same reparative signals may be activated, but responses designed to stimulate purposeful replacement are futile and fruitless, and any resultant new growth is apt to be the development of a malignancy.

The belief that cancer might in some way be related to stress or distressful emotions is as old as the history of recorded medicine. Over 2,000 years ago, in his dissertation on tumors, *De Tumoribus*, Galen noted that women who were melancholy were much more susceptible to cancer of the reproductive organs than other females, presumably because they had too much black bile, which in Greek is *mélas chole*, the origin of our word melancholy. Nineteenth century physicians like Nunn later emphasized that emotional factors influenced the growth of tumors of the breast, and Stern noted that cancer of the cervix in women was more common in sensitive and depressed individuals. Snow's review of over 250 patients at the London Cancer Hospital concluded, "The loss of a near relative is an important factor in the development of cancer of the breast and uterus." These observations have been confirmed by contemporary studies. In the Holmes-Rahe SRE Scale, the gold standard for rating stress, the four most stressful life change events all involved loss of important emotional relationships, with death of a spouse and divorce heading the list. It has long been recognized that widowed and divorced individuals die at much higher rates for cancer and other leading causes of death during the first year of bereavement. I cited numerous other supportive studies and Selye was so enthusiastic about my contribution, he emphasized it in his Foreword to *Cancer, Stress and Death*,

the published proceedings of the Montreal Symposium as follows:

Perhaps, as Paul Rosch of New York has suggested, cancer might even be an attempt by the human organism to regenerate tissues and organs and even limbs, as lower animals are able to do spontaneously. Going further, one might say that the ultimate health of the organism, like that of society, appears to depend on how well or appropriately its constituent units communicate with one another.

I had actually gone much further by suggesting that the health of all living systems, ranging upwards from cells, tissues, organs, individuals, families, corporations, nations and societies depended not only on maintaining good communication within, but with the external environment as well. I had also referred to McCarrison's studies of Hunzas, Stefansson's observations of Eskimos, and Schweitzer's experience in Africa, all of whom reported that cancer was unknown in these primitive peoples, but that it began to surface as they lived more and more in the manner of whites. This was not due to changes in diet, but rather civilization. In Alvin Toffler's 1970 best seller *Future Shock*, he defined this as "too much change in too short a period of time". *Stress and Civilization* was actually the title of one of Stefansson's books, but he was hardly the first to note the connection between cancer and the stresses of civilization. In Tanchou's 1843 "Memoir on the Frequency of Cancer" to the French Academy of Sciences, he wrote

Cancer, like insanity, increases in a direct ratio to the civilization of the country and of the people. And it is certainly a remarkable circumstance, doubtless in no small degree flattering to the vanity of the French savant, that the average mortality rate from cancer in Paris during 11 years is about 0.80 per 1000 living annually, while it is only 0.20 in London!

Estimating the intensity of civilization by these data, it clearly follows that Paris is four times more civilized than London.

In addition to Toffler, other 20th century writers came to similar conclusions and in a 1996 chapter entitled "Stress and Cancer: Disorders of Communication, Control, and Civilization", I cited these and more than 230 other references that supported these connections.

Burton's Immuno-Augmentation Therapy For Cancer And 60 Minutes

Although medical quackery has been around for centuries, it seems to have flourished predominantly in the U.S. The medicine wagons of the snake oil peddlers in the 1800s were followed by much more sophisticated scams. Quackery is defined as the deliberate misrepresentation or exaggeration of the ability of a substance or device to prevent or cure disease. But this is a matter of personal opinion, and in reality, quackery refers to therapies that are not approved by orthodox physicians, especially if the rationale for their use is not understood, regardless of the integrity of the investigator. Such individuals, who are labeled "quacks", are often vilified, persecuted, fined or jailed, even though they have caused no harm, much less deaths. Claiming

to benefit cancer is a particularly serious offense. I became involved in this controversy because of Lawrence Burton, an immunologist who had devised a technique for treating cancer by enhancing immune system function. Burton attracted national attention in 1966 when he demonstrated at an American Cancer Society meeting that he could cause solid breast cancer tumors in mice to become soft, shrink to half their size in 40 minutes and continued to get smaller. The C3H strain of mice he used was selected because every female develops breast cancer between five and 13 months of age. Their tumors were large, hard, resistant to chemotherapy, and grew so rapidly that all the animals died within 2 months after the cancer had been detected. His achievement made headlines around the world, and a banner across the front page of the *Los Angeles Herald Examiner* read: **"15-MINUTE CANCER CURE FOR MICE; HUMANS NEXT?"**

This infuriated the establishment and Burton was accused of fraud and trickery. One oncologist who had examined the mice after the demonstration, later stated "it was obvious that he had massaged the tumors until they had become fluid and then aspirated out the tumor and necrotic material" and that "a fresh puncture wound was found at each tumor site." Burton repeated the experiment several times at other meetings during which he did not handle the mice and had other oncologists inject them with identical results. Despite this, he continued to be criticized and castigated, his funding was terminated and journals rejected his papers. At the time, he was a member of the cancer research staff of Dr. Antonio Rottino at St. Vincent's Hospital in New York City. Rottino was impressed with Burton's research and one of the first scientists to conclude that there was a connection between the body's immune system and cancer. Whether his funding also suffered is not clear, but in 1973, Burton along with others from St. Vincent's and private investors founded the Immunology Researching Foundation in Great Neck, New York. They submitted an investigational new drug application to the FDA and began treating cancer patients. Officials repeatedly asked for information about the contents of his products and his methodology of obtaining them, and were not satisfied with his answers. The medical community was also very hostile, and in 1977, he established the Immunology Researching Centre (IRC), in Freeport on Grand Bahama Island. This was a non-profit organization licensed to treat cancer patients by a physician using Burton's protocol, which was called IAT (Immuno-Augmentation Therapy). Despite continued efforts by the FDA and others here to urge Bahamian officials to close him down, because the therapy was unsafe and banned in the U.S., the clinic thrived.

I became involved in 1978, when a philanthropist friend told me that one of her former employees with a very malignant brain tumor had improved remarkably following Burton's treatment, which she subsidized. Since it was

no longer available, he had been deteriorating and she was anxious to send him to the Bahamas. All relevant records and test results were required, as well as a physician's referral before, he could be accepted and his doctor vehemently opposed this. She was also concerned because of repeated derogatory remarks in the press about Burton and wanted me to meet with him, observe how his clinic operated and evaluate his treatment. She would reimburse me for any time spent and expenses, including a private plane if needed. I explained that I had never heard of Burton, had limited knowledge of immune system function and that someone with expertise in this area would be preferable. She had already considered and rejected this suggestion since she felt that most would be biased. If I could identify an authority that I felt would be completely fair and objective, she would also pay for their time, expenses and opinion, and make a generous donation to the American Institute of Stress for my additional efforts. I told her I would consider her offer, and after reading some background material about Burton, which included his firm belief that emotions and the mind had a strong influence on the immune system, I agreed.

She wanted me to do this as soon as possible because of the patient's worsening conditioning. I had been to Freeport before, since our winter home was 10 minutes from the West Palm Beach Airport and the flight only took about 45 minutes. I visited Burton the following week and found him to be quite affable and eager to answer any questions. He explained that his early research found that all cancer patients had impaired immune system function but the abnormalities varied for different tumors and even for the same malignancy in different patients. His treatment was based on administering components he called Deblocking Protein Factor, Tumor Antibody I and II, Tumor Antibody II, Tumor Complement and Blocking Protein Factor that were extracted from the sera of healthy people or the blood of cancer patients. How much and how often to administer any of these depended on the results of blood tests and the responses of previous patients with similar profiles that had been compiled and constantly updated in a computerized program. He made no claims that he could cure cancer, but rather control it so patients could function normally, much as diabetics did with insulin. His clinic seemed well maintained, and the patients I spoke with said they were pleased with their results; and a few were elated. They didn't mind the blood tests, which were often daily, or sometimes twice daily, and looked forward to seeing the results that showed their status. I wondered whether some of this was a placebo effect, since they had complete trust in Burton, who made a point of spending considerable time explaining their results and what was needed next. It is likely that they also benefited from the strong group social support that was quite evident.

I interviewed John Clement, the British physician who administered Burton's

concoctions and also had good rapport with patients. I asked what he told these lay individuals when they wanted to know why the treatments were helping them. He indicated this varied, but usually that cancer cells in healthy people are destroyed by antibodies that come from Tumor Complement produced by cancer cells, which attracts killer antibodies to these specific cells. These dead cancer cells travel to the liver for excretion, but if too many are killed in a short period of time, the liver can be overwhelmed. This leads to the production of Blocking Proteins that shield cancer cells from lethal antibodies and reduces the number of necrotic cells the liver has to handle. Deblocking Proteins normally neutralize this protective effect and cancer patients can have high levels of Blocking Proteins, deficient Deblocking Proteins, or both. A patient may need Tumor Complement to activate the antibody response, more Deblocking Proteins to neutralize Blocking Proteins or supplemental Tumor Antibody I or II, depending on the blood tests and responses to prior treatments. I also asked him about the patient that prompted my visit and he indicated that the family had been sending blood specimens periodically and that he and Burton had been very concerned about their steady downhill course, and would welcome the chance to be of assistance. I also asked him how many patients did not improve and what his best results were, and he acknowledged that there were failures but explained that this was still a work in progress and that they were learning from each patient. The most impressive responses were in patients with mesothelioma, a malignancy that is very resistant to radiation and chemotherapy and probably has the worst prognosis. He showed me the records of three patients he had brought in anticipation of this question, and they were truly remarkable.

It was possible that some of this was staged for my visit and that everyone was on their best behavior, since Burton and the clinic had been the recipient of my sponsor's largesse. Nevertheless, I could see nothing wrong with what was being done during my two-day stay. When I returned, I found that the patient was now almost confined to bed and his family had been urged to hospitalize him. They asked if I would admit him to a hospital and obtain any necessary tests and consultations as well as records from his physician. The plan was to then transfer him and his daughters by air ambulance to the Bahamas, and I agreed. On admission, he was confused, feeble and unable to stand without aid. Appropriate consultants and imaging studies confirmed the diagnosis of a large malignant brain tumor. It was felt his prognosis was grim, and that little could be done, so he was discharged to be cared for at home, but was sent instead to the Bahamas. When I next saw him about a month later, he was alert, and able to walk without any assistance. He had gained weight, his daughters said he was much more coherent and his blood tests were also better. I saw him several times over the next year, during which he continued to improve. On one visit, Burton

introduced me to Joey Hofbauer, a nine-year-old boy who had been diagnosed with Hodgkin's disease in 1978. His parents were told he needed chemotherapy immediately, but they took him out of the country to receive laetrile and nutritional therapy. Doctors were furious, and less than 24 hours after the family returned home, a sheriff and several deputies stormed into their house and took Joey to a hospital. The County Department of Social Services told his parents he would receive chemotherapy whether they approved or not and a bitter court case accusing the parents of child abuse that attracted national attention, quickly followed because of the urgency of the situation. After the parents were exonerated, they brought Joey to the Bahamas to receive Burton's IAT. He seemed quite normal and the blood tests Burton showed me also reflected steady improvement, except for one very prominent dip the previous month. Burton said this had puzzled him, until he learned that just prior to that, Joey, who was an avid football fan and was practicing his passes, had broken a window in one of the buildings. He was told he would be sent home immediately if this ever happened again and Burton was sure that the abrupt fall in his tests was due to this stress.

I was friendly with the Rooney family, some were patients, and I was the medical consultant for Yonkers Raceway, where we live, as well as the Palm Beach Kennel Club, which they also owned. On one of my visits to Florida, while having dinner at the Kennel Club, I was invited to join the family table, which included Art Rooney Sr., owner of the Super Bowl champion Pittsburgh Steelers. I was asked about my recent trip to the Bahamas and I told them about Joey's incident. Art never said anything but a week later, a courier delivered a football autographed by his entire championship team with a big "**Get Well Joey**" on it, and a personal note from him. This was typical for Art and I delivered the football on my next visit. Joey was ecstatic and Burton called me a week later because he couldn't wait to tell me that Joey's tests had now shown an unexpected and dramatic spike. I was convinced that he was on to something but his testing results needed to be confirmed by others, and his theory required evaluation by an impartial immunologist with expertise in this area in order for his research to be accepted. I had suggested this several times previously but he said that he did not want to disclose his secrets to others, who might deliberately misuse them, and claim they were hogwash. Moreover, he believed that all immunologists were biased against him. I saw his point, especially since there is nothing worse than being paranoid – and being right. Burton and I had become good friends and he trusted me, so I continued to harp on this by emphasizing that failure to do so would deprive tens of thousand or more cancer patients of the benefit of his therapy. I asked him to at least let me present a proposal to him that could also make the clinic self-sufficient and famous, and would be win-win situation. He eventually grudgingly agreed to this.

Fortunately, Dr. Paul Brown was a very good friend. He founded Metropolitan Pathological Laboratory in 1967 with \$500 and operated it out of his Manhattan apartment while he was a pathology resident at Columbia Presbyterian. In less than ten years, MetPath had one of the best equipped and largest medical laboratories in the world, was the largest U.S. company devoted entirely to clinical laboratory services, offered 600 tests, and was doing 2 million of them a month. Paul was always interested in new tests and I arranged for him to meet with Dr. John Laragh to add his renin assay for hypertension to their arsenal. (MetPath later became Quest Laboratories, which now offers 3,000 tests). The possibility of a reliable blood test for cancer was very intriguing, and although concerned about lawsuits in the event of errors, Paul began his usual detailed due diligence investigations.

Dr. Stacey B. Day, from Sloan-Kettering, along with Hans Selye and Jean Taché from the International Institute of Stress, was largely responsible for organizing the 1977 Montreal Symposium on Cancer, Stress and Death. Stacey was co-editor of the published proceedings of this event, and sole editor of a 1968 second edition that was also published by Sloan-Kettering. He had worked with Robert Good at the University of Minnesota and accompanied him when Good was named President of Sloan-Kettering in 1972. Good, a preeminent immunologist who had performed the first successful human bone marrow transplant, wanted Stacey to establish and chair a new Division of Health/Communications/Medical Education, which he did. In addition to serving as Professor and Head of this Division, he was now also Professor in the Post-Graduate Division, Cornell University Medical College. I had always found Stacey to be objective, open-minded, and curious, and thought this project would appeal to him. He was initially somewhat skeptical, but after I outlined my proposal, which included attractive arrangements, he agreed to spend a week or two to evaluate Burton's testing procedures and his theories about the immune system.

Paul Brown was delighted, as he was eager to have an authentic appraisal, but Larry Burton was suspicious, since Sloan-Kettering was anathema, and he was certain he would not receive a fair assessment. I was also concerned, since Stacey could be very rigid at times, but the two of them got along quite well, and when he returned, Stacey said that Burton was probably on the right track but had been using wrong terms, such as complement, which referred to something quite different to most immunologists, and blocking and deblocking proteins were confusing. He believed Burton was honest and sincere, but also felt that a more sophisticated analysis of his various factors was needed to insure their consistency and improve results, and these resources were not available in the Bahamas. However, Paul Brown had by now worked out a mutually satisfactory arrangement with Burton that would provide this, if MetPath could replicate his testing procedure and results.

I subsequently received a phone call from Phil Scheffler, a *60 Minutes* senior producer, indicating that he was interested in doing a segment on Burton and his treatment program. He wanted to know how I was involved with this and what my opinion was. Mindful of the negative press and *60 Minutes'* reputation for exposing scams, I was suspicious that this might have been another attempt by the establishment to sabotage Burton and was very circumspect and careful in my responses. I emphasized that I was not an oncologist and had never personally administered Burton's therapy, but was aware of the results he reported, some of which supported possible stress and cancer relationships I had written about. I asked who had referred him to me and he said that his psychologist wife had read some of my articles and heard that I was somehow involved with Burton's Bahama Clinic. I explained I had referred a terminally ill cancer patient at the request of his family, who seemed to have significantly improved, and also talked with other Clinic patients who reported similar beneficial responses. My overall impression was that Burton was an honest investigator, but that his results needed to be confirmed by others and that more information was required about the ingredients in his treatment formulations. These issues were being addressed by Drs. Stacey B. Day, a Sloan-Kettering immunologist with expertise in this area and Dr. Paul Brown, CEO of MetPath. This did not appear to be news, since he said that they were next on his list to speak with. I had also suggested that he visit Burton, and he said they already had most of the information they needed, and that if he decided to move forward, Burton and the clinic would be featured in the program. I alerted Burton, who said he had not spoken with anyone from *60 Minutes* or CBS, but that reporters frequently interviewed him. He was concerned that one or more might have been spies from *60 Minutes*, and that this would be a hatchet job he wanted no part of.

Despite his paranoia, this fear was not unfounded. Friends who had been on *60 Minutes* cautioned me there was no provision to review the program before it aired and no guarantee it would accurately reflect your views since they could excerpt whatever they wanted from your interview. Another ploy was to film you repeatedly moving your head up and down and sideways, to indicate agreement or disapproval, with no idea of what question or statement you were allegedly responding to. I relayed all these concerns to Phil when he said the program was a "go", although he acknowledged that obtaining Burton's cooperation was still an obstacle. He had dealt with this before and completely understood why any of us would be reluctant to appear. He was not allowed to give any details, but assured me none of us would be embarrassed or regret having appeared. Although he could give me nothing in writing, I trusted Phil, and was able to convince Burton that refusing to appear would be the worst thing he could do.

"The Establishment vs. Dr. Burton" aired May 18, 1980, and began with:

"Fifteen years ago, he believed immunology offered promise in treating cancer, but the leaders in cancer were convinced viruses were the answer. Now viruses are out, immunology is in, but Burton is still out, and out of the country."

Harry Reasoner interviewed me in my office and listed all my credentials, which included incoming President of the New York State Society of Internal Medicine. I felt comfortable with my answers to his questions but wondered where the mute filming of my head movements signifying disagreement or approval would be inserted. I thought Burton came across as being honest and compassionate and the patient I had referred was also interviewed. Paul Brown and Stacey Day were superb, MetPath and Sloan-Kettering received tremendous publicity, and the commentary by establishment physicians was not very convincing. Burton was delighted and his clinic was flooded with applications for admission from all over the world.

Are Stan Burzynski, Björn Nordenström & Demetrio Sodi Pallares Also Quacks?

My next encounter with a cancer therapist who was also called a quack came a few years later, when I was asked to testify in a lawsuit involving Stanislaw R. Burzynski, who had come to the U.S. from Poland in 1970 to serve as an Assistant Professor of Medicine at Baylor University. He graduated first in his medical school class of 250 in 1967, and the following year obtained a doctorate in biochemistry. When he refused to join the prevailing Communist party he was drafted into the Polish army and was only able to emigrate to the U.S. because of the assistance of influential scientists. Burzynski had discovered that normal healthy individuals had much higher levels of certain peptides in blood and urine that improved cellular communication so cancer cells were detected more readily. They also killed cancer cells in test tube studies. He became licensed to practice medicine in Texas, and in 1973 received a three-year grant to study the effect of urinary peptides on the growth of cancer cells. Peptides consist of different chains of amino acids and he isolated 120 such peptide components with possible anticancer effects he called antineoplastons. He synthesized four different formulations that were particularly potent, but as Burton had found, some did this by stimulating certain mechanisms and suppressing others, and treatment was dictated by changes in urine peptide patterns. He opened a clinic in Houston in 1977 to treat cancer patients and quickly incurred the wrath of local doctors. The County Medical Society charged him with using unapproved medications of his own devising and instructed him not to broadcast his treatment to the press. Burzynski complied with this ban but as word of his successes spread, a 1997 *Penthouse* magazine article entitled "The Suppression of Cancer Cures" described his plight. In ABC's 1981 20/20 "The War on Cancer: Cure, Profit or Politics?" segment, Geraldo

Rivera told viewers "The deeper we looked into the story, the more we realized that Stanislaw Burzynski is really not a maverick at all. His work is very much in the scientific mainstream, that burgeoning field of cancer research that's pin-pointing the body's own natural materials, its own proteins, to control irregular cell growth."

Since patients were flocking to Houston, the American Cancer Society placed Burzynski on its "unproven methods" blacklist, and in 1983, the FDA filed a Federal Court suit to prohibit him from manufacturing or treating patients with antineoplastons. It warned that if this request was not granted "the government would then be obliged to pursue other less efficient remedies, such as actions for seizure and condemnation of the drugs or criminal prosecution of individuals." I received a call from one of his lawyers asking if I would testify on his behalf and explained that I knew nothing about him or his treatment program, was not an oncologist or immunologist, and doubted I could be of any help. The lawyer indicated he was aware of this, and simply wanted to know, based on my experience with Burton and an article I had written on spontaneous remission of cancer, whether I believed it was possible that the body might contain natural anti-cancer substances. I had no problem with that and later received some background information and relevant papers Burzynski had published. I had little personal contact with Burzynski, save for the trial, during which he prevailed, since in 1983, Texas did not require FDA approval for innovative medicine as long as it did not involve interstate commerce, and no laws had been broken. Because of this, the law was changed in 1985 to insure compliance with FDA regulations.

That was only the first trial, and several lengthy ones followed until 1997. After one of these, a juror wrote Attorney General Janet Reno to express her disgust on "how my time and tax dollars were wasted on this trial", noting

On two separate occasions the FDA had confiscated a total of 300,000 documents (i.e., patient records, MRI scans, progress charts, etc.) and for Dr. Burzynski to be able to continue to treat his patients, he had to purchase a Xerox machine, install it at the FDA office, hire someone to make copies, and to make it even more difficult, he was required to call a day in advance to make an appointment for copies to be made. To this day these documents have not been returned."

Burzynski found additional antineoplastons that were more beneficial for specific malignancies like glioblastomas, the most common and deadliest brain tumor. Antineoplastons proved so effective in this treatment resistant cancer that the FDA was forced to grant Burzynski antineoplastons "orphan drug" status for this specific tumor in 2006, and other approvals may follow.

I have described the achievements of Demetrio Sodi Pallares and Björn Nordenström in previous Newsletters, but because of space constraints, will

summarize them as follows. Demetrio was an eminent Mexican cardiologist who developed a very successful treatment to reverse advanced metastatic disease and primary cancers as well as end stage cardiomyopathy by using a combination of electromagnetic therapy and diet that increased ATP, the source of all cellular energy. Björn Nordenström has served as head of the Department of Radiology at Karolinska Hospital in Sweden, chairman of the committee that selects the Nobel Laureate in Medicine and initially gained fame by inventing the "skinny needle" technique that allowed surgeons to biopsy small lesions in the lungs and elsewhere more precisely. Over 40 years ago, he showed that metastatic lung tumors often had an aura around them due to electrical characteristics not seen in normal surrounding tissues. He demonstrated that by administering a DC current to the cancer tissue that restored it to normal values, it vanished and did not recur over decades of observation. He then developed his electrical circulatory system theory. Both of these good friends presented their findings at our International Congress On Stress in Switzerland and asked me to co-author chapters with them for *Bioelectromagnetic Medicine* during the early planning of this work. Given the large number of phony devices claiming to cure cancer, it was only their impeccable credentials that prevented calling these pioneers "quacks".

Our next Newsletter will discuss other alternative cancer compounds like krebiozen and laetrile that were once wildly popular, but are now banned here, and why they are still available elsewhere. There will be a particular focus on pancreatic enzyme cancer therapy, since its efficacy is supported by a prominent theory of how cancer originates. We will also provide an update on the present status of the treatment approaches developed by Burton, Burzynski, Sodi Pallares and Nordenström — so stay tuned!

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Editor-in-Chief

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