

Some Real Causes of Heart Disease & Cancer

Heart & Cancer by Wayne Martin

First a bit of medical history. In 1879 Louis Pasteur was a low paid chemistry teacher in a college to train teachers in Paris. He had had a stroke that left him dragging his left foot and with little use of his left arm. He had one of the few microscopes in France and had been looking at bacteria with it. He had decided that bacteria – germs then – were causing disease and deaths.

In that year doctors wore frock coats as badges of being doctors. They would do surgery and child delivery in their frock coats and in so doing get them caked with dried blood. As such they were infecting and killing one mother in five at childbirth and one surgery patient in two. Florence Nightingale quipped that doctors need not hang up their coats in a closet. They were so stiff with dried blood that they could just be stood up in a corner.

In that year Pasteur made his first vaccine, this one against chicken cholera. He read his report before the Academy of Medicine in Paris and then he told the doctors there that this proved that there were germs and that it was time that they clean up and stop killing mothers at childbirth. Doctors there, in a rage, laid hands on Pasteur, gave him the bum's rush out of the hall into the street where they challenged him to a duel.

In 1880 Pasteur made his vaccine against anthrax. This time he read his report before the Academy of Science where he held the chair in Mineralogy. This time there were no doctors there but there were many members of the news media. The next day there were editorial comments in Paris newspapers, the tone of which was, "Up with Pasteur's Germs and Down with Dirty Doctors." Doctors for their part, just knew that there were no such thing as germs and Pasteur was an idiot. All they had to do was to bring in the news media from all over the world and have Pasteur demonstrate his vaccine. It would all end in a great fiasco and they would be rid of Pasteur and could be just as dirty as they pleased.

What was seen by the news media of the world and thousands of French people that morning of June 5, of 1881 were 25 unvaccinated sheep dying in agony of anthrax, along side of 25 well and contented, vaccinated sheep.

Overnight, all over Europe doctors cleaned up, got out of their frock coats

and went to aseptic procedures in child delivery and surgery. However no such thing happened in the USA. As far as doctors in the USA were concerned, Pasteur's anthrax trial never happened. My professor of bacteriology in 1932 had a photo on the wall of his office of two doctors in Boston doing surgery in 1889. They were wearing frock coats and the hooks used to close a wound were stuck in a lapel of one of their frock coats.

It took the news media and Pasteur to get doctors in Europe to go to aseptic procedures in surgery and child delivery in 1881. It would take the news media and Pasteur to get doctors to clean up and go to aseptic procedures in the USA in 1889. By 1889 Pasteur had made his rabies vaccine and it was being used by him with great success in treating rabies. He had shown it to be effective in treating rabies for 21 days after a person had been bitten by a rabid animal – 21 days but not a day longer. There was no use or knowledge of the vaccine by doctors in the USA, there still being no such things as germs in the USA then.

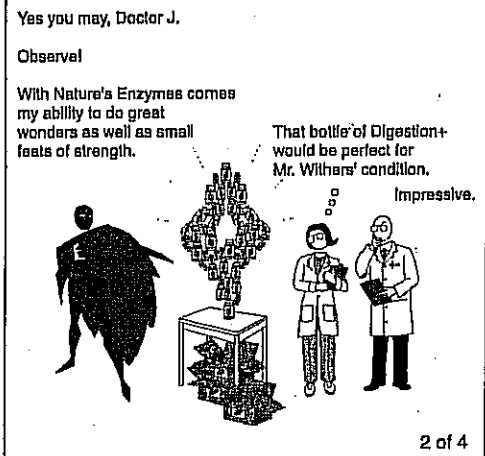
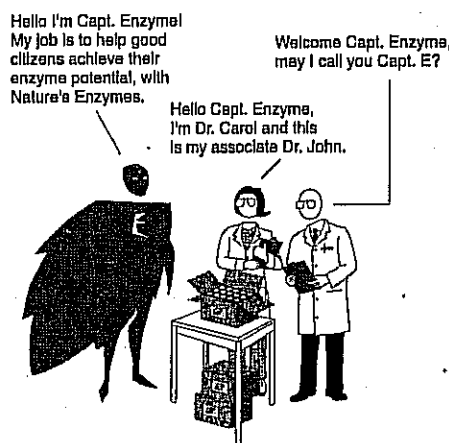
In the summer of 1889 in New York City, two small boys of a very poor family were bitten by the same rabid dog. As there was no rabies vaccine in the USA, the editor of the *New York Herald* bought steamship tickets for the boys to France. He sent a doctor with them. There was no radio then so for 12 days there was no knowledge of the boys. There was though, the TransAtlantic cable so Pasteur knew of their coming, and he had told the press that it was going to be a very close thing for the boys. Meanwhile every day the editor of the *Herald* had a front page

editorial telling the Pasteur story and of the anthrax trial. This copy was picked up and repeated by scores of other newspapers worldwide. My grandmother Martin told of prayer meetings for the boys throughout the midwest of the USA.

Pasteur sent one of his doctors on a small naval vessel to meet the ocean liner off the coast of Ireland so that the boys could begin their injections two days early. The boys arrived in time and were saved by Pasteur to worldwide rejoicing and acclaim. This at long last got doctors in the USA to clean up and go to aseptic procedures in child delivery and surgery.

There are no more blood caked frock coats today, however the blood caked frock coat effect is very much still with us.

We will have this year in the USA about 500,000 deaths from a form of heart attack called myocardial infarction. This is an altogether new disease that was unknown prior to 1926.¹ I had a long friendship with Dr. Rodney Finlayson. For many years he was with the Wellcome Research Laboratories in England. Beginning in 1980 he began a study of cases of death from myocardial infarction in London hospitals back to 1868. Myocardial infarction was unknown prior to 1925, however he could tell cases by the symptoms. He expressed his findings as a ratio. Between 1869 and 1900, death from myocardial infarction had been rare indeed. Between 1869 and 1900 his ratio was 1. By 1910 the death rate from myocardial infarction had increased ten-fold so his ratio in 1910 had increased from 1 to 10. This was at a time when machine-made cigarettes had come



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on the market and 80% of men were smoking them. There was no doubt in the mind of Finlayson that cigarette smoking had caused this ten-fold increase in death from myocardial infarction.

By 1980 this ratio had increased to 80. By 1980 the death rate from myocardial infarction had increased eighty-fold since 1900.²

Finlayson did not know it, but at the same time Dr. A.U. Mackinnon in Yorkshire was doing the same study in a rural constant population of 22,000. His results were in exact accord with what Finlayson had found in London. He had found the 10-fold increase between 1900 and 1910 and he also attributed this sharp increase to cigarette smoking. Mackinnon had also found the eighty-fold increase in death from myocardial infarction between 1900 and 1980.³

One would assume that the logical answer to these data would be to get everyone to stop smoking cigarettes and to otherwise live on the same diet as in 1900.

This did not happen. By 1955 doctors decided that the polyunsaturated vegetable oils and the margarines made from them were good and preventive of myocardial infarction and saturated fats were bad and were causing death from myocardial infarction. That is still their teaching today, in complete disregard of the findings of Finlayson and Mackinnon, for what did everyone eat in the near myocardial infarction-free days of 1900 but the saturated fats, butter and lard? There were almost none of the polyunsaturated fats to be had in 1900. There was a little cottonseed oil to be had and also a little margarine, but the margarine then was a mixture of tallow and coconut oil, both saturated fats. The polyunsaturated margarines made by the hydrogenation of vegetable oils did not come into use until the late 1920s.

With doctors telling us that the polyunsaturated fats are GOOD and the saturated fats are BAD, the polyunsaturated fats in our diet since 1900 have increased three-fold. It is a fact that as polyunsaturated fats have increased by a factor of three, deaths from myocardial infarction have increased by a factor of 80.

Polyunsaturated fats are vitamins and we need some of them, however a few of them will go a long way.

Circa 1977 I had a long exchange with Professor Terrence Anderson of the University of Toronto. He took note of the vast increase in death from myocardial infarction as polyunsaturated fats increased in our diet, however he took note of the antioxidant connection. He gave a reference that corn oil from which the antioxidants have been removed is cardiotoxic to minor animals.⁴

In 1900 nearly all bread was whole grain. As such it contained small amounts of useful polyunsaturated fats along with tocopherol antioxidants. When shortly following 1900, white bread began to replace whole grain bread, important amounts of tocopherol antioxidants were removed from diet. These antioxidants are destroyed by the strong oxidizing agents used to bleach flour white.

He gives an interesting case. In 1919 Italy banned the bleaching of and the making of white flour, this to reduce the import of wheat. This ban was in effect until 1946. During this time in Italy, there was no increase in deaths from myocardial infarction. In the USA and in England as white bread replaced whole grain bread, in the period 1919 to 1946, deaths from myocardial infarction increased by a factor of two.

There were two studies in the 1980s that told much about how antioxidants in diet reduce deaths from myocardial infarction. One study compared populations in the South of France and Scotland. Diet was much the same in both populations. Serum cholesterol was higher than doctors want in both populations, about 230 mg %.

The death rate from myocardial infarction in Scotland was five times greater than in the South of France.⁵ The difference in the two populations was the high wine consumption in the South of France. They ingest about 500 cc of wine a day in the South of France that contains about 100 mg of flavonoid antioxidants. These grape antioxidants seem to have had a profound effect in reducing the myocardial infarction death rate in the South of France. It is presumed that drinking grape juice could have the same benefit.

Then there was the ten year Zutphen study of older men in this city in the Netherlands. Here the amount of one flavonoid antioxidant was followed - quercetin. In this study men with less than 10 mg of quercetin in diet a day were

having twice the death rate from myocardial infarction as compared to the men with over 30 mg a day.

In this study quercetin came from onions, apples and black tea. This trial for the most part was a case of the coffee drinkers vs. the tea drinkers. Black tea contains quercetin whereas coffee has little or none.⁶ Increased quercetin in diet was also found to be associated with a reduction in mortality from all causes.

Orthodox cardiologists for the past 30 years have been telling us that there is good cholesterol and bad cholesterol. The good cholesterol is said to be HDL, high density lipoprotein. The bad cholesterol is said to be LDL or low density lipoprotein. Of late these same cardiologists have been telling us that when LDL is oxidized, it is especially harmful in causing myocardial infarction. The implication of the two studies just mentioned is that if LDL is not oxidized it may not be harmful at all.

We need to know more about the population of Okinawa. These people raise a lot of swine and the main fat in diet is lard. They have the same serum cholesterol as in Scotland, however their death rate from myocardial infarction is very low. It could be that the death rate from myocardial infarction in Scotland may be in excess of ten times what it is among the population in Okinawa. There is no white bread on Okinawa. A major item in diet there is *whole grain* buckwheat which they made into noodles. Again as in Scotland and the South of France, total serum cholesterol of the people on Okinawa is about 230 mg %.

No one was measuring serum cholesterol in 1900 in England but we know what was in diet. This population that was nearly free from myocardial infarction was having total cholesterol of about 230 mg %.

Until now we have seen myocardial infarction being caused by *both* cigarette smoking *and* by a vast increase in diet of polyunsaturated fats from which most of the antioxidants have been removed. The present war on cholesterol and the fostering of vast increases of polyunsaturated fats in diet from which the antioxidants have been removed, is a wonderful case of the blood caked frock coat effect in medicine today.

In 1965 I developed a friendship with Professor Henry Schroeder of Dartmouth Medical College. Beginning in about 1950 it was the in thing to have water softeners in homes in parts of the nation with hard water. Schroeder took note that as water softeners were installed, deaths from myocardial infarction increased. He

did a detailed study of two cities in the USA, Lincoln, Nebraska and Savannah, Georgia. Lincoln has very hard water, 200 ppm. Savannah has very soft water, 50 ppm. By 1960, the death rate from myocardial infarction in Savannah was double that of Lincoln.⁷ By 1960 nearly half the homes in Lincoln had water softeners. Schroeder then undertook to find how many of the heart attack deaths in Lincoln occurred in homes with water softeners. He was stricken with cancer at that time and the study was not completed, however he felt that if the increased death rate from myocardial infarction in the homes with water softeners in Lincoln could be factored in, then in Savannah the death rate from myocardial infarction could exceed that of the population in Lincoln with no water softeners, by a factor of at least four.

Schroeder did not live long enough to know it but what is good about hard water is its magnesium content and perhaps its selenium content also. Here is a thought: the magnesium content of hard water in Lincoln is exactly the same as in French wine. There have been studies in Canada and England of the hardness of water and hence of the magnesium content of drinking water and in both studies, the death rate from myocardial infarction had increased as the magnesium content of drinking water decreased.^{8,9} There was a study in Finland of the magnesium content of soil; the death rate from myocardial infarction was much higher in that part of the nation with low magnesium in soil.¹⁰

There is another white bread heart attack connection. In the removal of bran in making white bread, most of the magnesium and selenium in grain are removed. Telling how magnesium seems to prevent heart attacks leads into another case of the blood-caked frock coat effect in medicine. In about 1972 cardiologists in England decided that taking aspirin may reduce deaths from heart attacks and first one trial and then a second trial were done, hoping to show that taking aspirin would prevent a heart attack. Both trials showed *no* benefit in the prevention of heart attacks.^{11,12}

The next trial on aspirin in the prevention of myocardial infarction was in the USA, done by the National Heart, Lung and Blood Institute in which the US Government spent \$16,000,000.¹³ There was *no* benefit in the prevention of myocardial infarction and the harmful side effects of aspirin constituted a disaster with stomach ulcer-like pain, stomach inflammation and bleeding of the stomach and intestines.

Cardiologists still would not let go of the concept that taking aspirin would prevent a heart attack. They reasoned that they could prove this concept if only they could do trials in which doctors were subjects. Two such trials were done, one in England,¹⁴ and one in the USA. The English trial *again* showed no benefit, however the trial in the USA was hailed as a great success.¹⁵ Its success was not all that great. Deaths from heart attacks were *not* reduced and over all survival was *not* increased, however non-fatal heart attacks were reduced by 40%. In this trial Bufferin was used and Bufferin contains aspirin *and* a little magnesium. Of the five trials on aspirin in the prevention of heart attacks, the only one to show some benefit was the one that was done with a combination of aspirin and some *magnesium*.

Not only do these "good" polyunsaturated fats seem to be causing more deaths from heart attacks, they may also be a major cause of cancer.

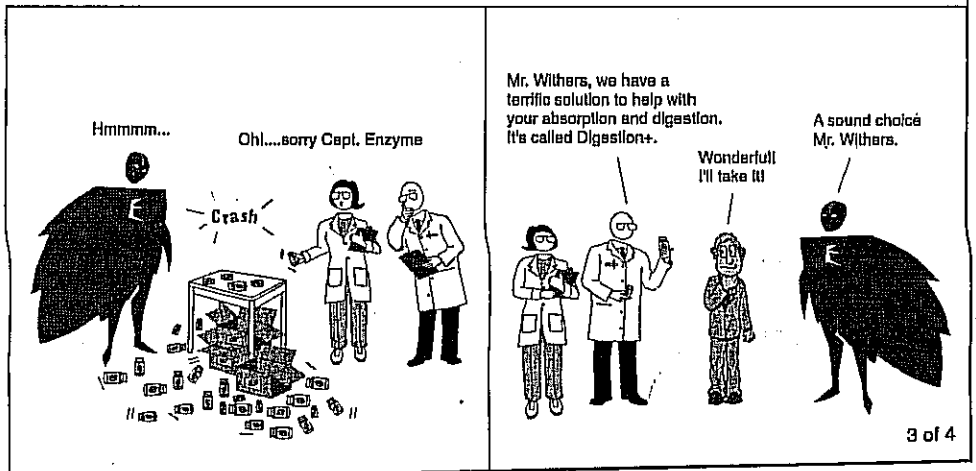
The polyunsaturated fats are greatly immunosuppressive and anything that is immunosuppressive can and will cause cancer. The first to suggest how greatly immunosuppressive are the polyunsaturated fats was Dr. R.A. Newsholme of Oxford University.¹⁶ The title of his first report was "Mechanism for Starvation Suppression and Refeeding Activation of Infection." What he was saying was that in the absence of starvation, we get in our diet immunosuppressive polyunsaturated fatty acids, and hence are prone to having bacterial and viral infections. When we starve, our body store of polyunsaturated fats is depleted and then our immune system activates and will tend to abolish an existing infection while preventing

other infections. He says that the immunosuppression of polyunsaturated fatty acids make them useful in treating autoimmune diseases. He gives a reference for the use of sunflower seed oil in treating multiple sclerosis^{16a} and another reference to the use of sunflower seed oil to provide immunosuppression to prevent rejection in renal transplants.^{16b}

I placed a phone call to him in Oxford from my home in Fairhope in about 1982. I reminded him that he was told how greatly immunosuppressive are the polyunsaturated fats, that they can be used in treating autoimmune disease and to prevent the rejection of renal transplants. I said that all this immunosuppression of the polyunsaturated fats is being forced on us by doctors now telling us how good they are. Why, I asked, has he not suggested that polyunsaturated fats are cancer-causing? He said if he did, that he would get run right out of Oxford.

He told me of his six year-old daughter who had been in a near vegetative state with Guillian-Barré syndrome. All immunosuppressive drugs had failed in her case. He resorted to treatment with sunflower seed oil, 50 grams a day and nothing else. She showed steady progress to a complete cure in one year. Recently I have been told that she is now married with children of her own. The Guillian-Barré syndrome is an autoimmune disease and autoimmune diseases are treated by immunosuppressive drugs.

When renal transplant surgeries were first done, it was found that the patients had to be immunosuppressed to prevent rejection. Doctor were astounded at how



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quickly cancer developed in these immunosuppressed patients. Some cancers became up to 20 times as frequent as was expected. Newsholme has said that there is no better way to immunosuppress a renal transplant patient than with 50cc a day of sunflower seed oil.

In *Oncology Times* in the January 1982 issue was a report from the University of California at Davis that mice fed polyunsaturated fats were more prone to develop melanoma. In the same publication in the May 1980 issue was a report from Oregon State University that polyunsaturated fats fed to cancer prone mice increased the number of cancers formed.

In 1969 there was a report on a ten-year trial at a Veterans' Administration Hospital in Los Angeles on treating half the patients with a diet in which there was double the amount of polyunsaturated fats as compared to saturated fats. In the half of the patients living on a high polyunsaturated fat, there was an increase in cancer deaths of 15% as compared to the half with most of the fat in diet as saturated fat.¹⁷ The authors of this report felt that the polyunsaturated fats had caused this increase in cancer deaths. In the *British Medical Journal* for October 6, 1973 there was an editorial asking if polyunsaturated fats were cancer-causing and ended saying that yes, they are cancer-causing.

I like to tell a story that suggests how cancer-causing are the polyunsaturated fats. In 1930 in the USA, 80% of men then smoked cigarettes. In 1930 the death rate from lung cancer in the USA was small indeed. By 1980 in the USA, only 30% of men were smoking cigarettes. By then the death rate from lung cancer had increased by a factor of 60.¹⁸ Doctors did not decide that the polyunsaturated fats were GOOD and getting every one in the nation eating them, until 1955. It was after 1955 that there was the vast increase in lung cancer deaths. In 1930, the tar content in cigarettes was much higher than in cigarettes today, nonetheless cigarette smoking in 1930 was causing very little lung cancer. The vast increase in lung cancer deaths here since 1930 has happened as the percent of men smoking has decreased from 80 to 30% but as immunosuppressive polyunsaturated fats in diet have increased by a factor of three.

The so-called BAD saturated fats are not in the least immunosuppressive and that has got to be GOOD! It is to be regretted that there have been no studies on whether selenium in diet is preventive of heart attacks. The making of white bread and water softeners remove selenium from diet. I am having an exchange with Professor Harold Foster of the University of Victoria in Canada. He tells me how selenium in diet is protective against HIV. He has some most interesting information on AIDS in Africa vs. selenium in diet. In many parts of Africa now, from 10 to 35% of the population are infected with HIV. In Senegal there is a very high selenium content in soil and drinking water. The people there do not eat white bread and there are no water softeners. There, only 1.77% of the population is infected with HIV. Foster has shown that patients infected with HIV have lower plasma selenium than uninfected people and as the disease progresses, the depletion of plasma selenium increases.¹⁹

There are indications that selenium may be beneficial in the prevention of cancer. In 1983, Dr. W.C. Whillett of the Channing Laboratory in Boston reported a study that showed as plasma selenium doubled in humans, the risk of cancer was reduced by half. For many years, I have taken selenium in yeast pills containing 100 mcg of selenium.

We have another common dietary cause of cancer - coffee. When coffee is roasted, the carcinogen 3,4 benzopyrene is formed. There have also been identified two other possible carcinogens found in coffee.

In 1981 I had an exchange with Professor Brian MacMahon of the Harvard School of Public Health. He had done a study in the Boston area and had found that the drinking of three cups of coffee a day increased the risk of pancreatic cancer by a factor of 2.7.²⁰ He felt that coffee drinking was the cause of 50% of all pancreatic cancers. He stopped drinking coffee and replaced coffee with tea in his office. Yet MacMahon was not all that certain that carcinogens in coffee were the cause of pancreatic cancer.

In England prior to 1948 people there drank tea and very little coffee, however after 1948, there was a vast increase in coffee drinking in England. Dr. Tim Spencer of the St. Bartholomew's Hospital in London in 1981 cast much light on the MacMahon study.²¹ He

plotted the importation of coffee into England between 1948 and 1973. During that time, the importation of coffee increased by 120%. Also during that time the death rate from pancreatic cancer in England increased by 50%.

Dr. A.J. McMichael in Australia reviewed the MacMahon and Spencer reports and had this to add. He gave a reference that coffee drinking increases the production of the intestinal hormone, gastrin. He said that with minor animals, coffee stimulates the production of gastrin, and gastrin stimulates pancreatic hyperplasia and neoplasia.²²

In 1985 Ana Marie Comary Schally of Tulane University reported that pancreatic cancer seems to be hormone-induced. She gave a reference that treatment of pancreatic cancer with tamoxifen had shown some benefit.²³ She and others in Mexico then treated a few far-advanced patients with pancreatic cancer with liver metastases, with the LH-RH agonist D-Trp-6-LH-RH. A few long lasting remissions were obtained.²⁴

Coffee drinking in the USA has remained much the same over the past 100 years but during that time there has been a vast increase in deaths from pancreatic cancer. It is suggested that the same thing is happening with pancreatic cancer as has happened with lung cancer and that this increase in pancreatic cancer has been the result of the combination of coffee drinking and the three-fold increase of immunosuppressive polyunsaturated fats in diet. There is a reference to support this concept. D.F. Brik of our National Cancer Institute had reported in 1981 that pancreatic cancer increased when corn oil was added to the diet of golden hamsters.²⁵

I have had an exchange with Professor Eugene Weinberg of Indiana University. He has written in great detail on how iron in excess is greatly pro-cancer, pro-heart attack, pro-viral and pro-bacterial infection.²⁶ Nearly all of us in the USA with our high meat diet have excessive body iron stores. It is his teaching that excessive body iron stores are even more immunosuppressive and cancer-causing than are the polyunsaturated fatty acids. Helen Coley Nauts, founder of Cancer Research Institute has a monograph reporting over 400 cases of cancer patients having a regression of cancer when they suffered from a bacterial infection.²⁷ Bacteria have a great need of iron. Weinberg suggests that as bacteria consumed the excessive body iron stores in cancer patients, the immune system became active and killed

the cancer cells. When Albert Schweitzer founded his hospital in Gabon in 1913, he reported that the natives there were free from cancer. They were strict vegans living on millet and cassava. The iron in their diet was only about 20% of that in diet now in the USA.

In the *British Medical Journal* of June and July of 1923 were three letters from doctors in Africa telling of the freedom from cancer of the natives living on a strict vegan diet and out of contact with Europeans. Again, these cancer-free natives were getting only about 20% of the iron in diet as compared to the population of the USA. These cancer-free natives were also getting only about eight grams of polyunsaturated fat a day in diet. This was enough to act as a needed vitamin but so little as to avoid the immunosuppression caused by the 40 grams of polyunsaturated fat now in diet in the USA.

As iron in diet may be a major cause of heart attacks, let us consider the premenopausal women. They are free from myocardial infarction. While they have excessive iron in diet, they constantly reduce body iron stores by bleeding during menstruation. Post-menopausal women quickly become just as at risk from myocardial infarction as men. Professor Weinberg suggests that men and post-menopausal women can gain much protection from myocardial infarction, and cancer, by giving frequent blood donations.

We have suggested that doctors have been causing both heart attacks and cancer by advising us to replace saturated fats in diet with polyunsaturated fats. We have something of the same thing now going on with doctors and iron. We have doctors fostering the adding of iron to bread and wheat-type food. I am not a doctor but am an avid reader of the medical literature. Having reviewed what is in this article some suggestions will be made that could reduce deaths from both heart attacks and cancer by well over 60%.

First, stop eating red meat and for men and post-menopausal women, consider giving two blood donations a year. Do not take a vitamin pill containing iron. Avoid baked goods, bread and breakfast cereals to which iron has been added. Shredded Wheat biscuits have no added iron, neither has oatmeal.

We need some polyunsaturated fatty acids. Take four evening primrose oil capsules and two of fish oil concentrate a day. Then otherwise avoid

polyunsaturated fatty acids in diet. Bread has about 2% of them and should be avoided. Eat butter and avoid margarine. Avoid salad dressings which are high in polyunsaturated fats. Take some antioxidant pills: Suggested is 400IU of natural vitamin E and 25,000IU of vitamin A a day. Read my letter in the *Townsend Letter* for November 1999, page 112, on the prevention of thrombotic stroke. Dr. DeKeyser thought that this much vitamin A added to diet would almost put an end to thrombotic strokes. (He seems not to have been able to sell this concept at his hospital). Take 400IU a day of vitamin D. See my letter in the *Townsend Letter* for October 1996, page 111. This could reduce colorectal cancer by 80%. Take 200 mcg of selenium as yeast. Take 3mg of melatonin in the evening. See my letter in the *Townsend Letter* for November 1996 page 93. This is an antioxidant that we make a little of that has both an anticancer and anti-heart attack effect.

I do all of this except blood donations. I gave blood donations twice a year until aged 65 and since then the Red Cross has refused to accept my blood donations. I will be age 90 in July of 2001. As of now fewer than 10% of my class of 1933 at Purdue University survive so the above may have been effective in my case.

Correspondence:

Wayne Martin
25 Orchard Court
Fairhope, Alabama 36532 USA
334-928-3975 / Fax 334-928-0150

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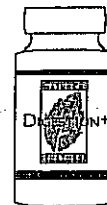
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One week later.

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Thanks again Dr. John and Dr. Carol, I haven't felt this good in years.



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