1996

All our days are numbered --: Journey through breast cancer with traditional and alternative medicine

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ALL OUR DAYS ARE NUMBERED--

JOURNEY THROUGH BREAST CANCER

WITH TRADITIONAL AND ALTERNATIVE MEDICINE

An Abstract of a Creative Thesis

Submitted

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

Tomma Lou Maas

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May 1996

Abstract

All Our Days Are Numbered--Journey Through Breast Cancer with Traditional and Alternative Medicine brings hope to women who must face breast cancer. In four books, Lorna Jordan shares the events leading up to her disease; her traditional breast cancer experience; her search for alternative medicine which will improve her health; and her journey into good health. Book One, "In the Beginning," presents evidence of Lorna's developing ill health. Beginning in adolescence, Lorna's exposure to mercury, antibiotics, and DDT contribute to her poor health. Later, in early adulthood, she begins to have mood shifts and menstrual disorders. When she takes birth-control pills, Lorna develops depression and benign breast disease. Finally, breast cancer arrives. Book Two, "Shock and Despair," presents Lorna's physical and mental anguish from her lumpectomy, the reading of the pathology report, and a mastectomy. This book reveals the problems Lorna must face after cancer: fear and isolation, rejection by her husband, reactions of family and friends, watching for recurrence, and finding hope for the future. Book Three, "Other Treatments" is Lorna's search for non-traditional medicine which will rebuild her immune system, help overcome her allergies, and fight her cancer through nutritional approaches to health. Fighting fungi, building immunity, removing mercury, and cleansing the colon are important components of this book. In Book Four, "Getting Well," Lorna meets Dr. A.V. Constantini, a world specialist in diseases caused by fungi and their toxins. From him she seeks to verify what she has discovered on her own about

the causes of breast cancer and ways to prevent its return. Lorna learns to practice meditation to help heal herself. Unexpectedly, she develops a ruptured appendix and diseased gallbladder; removal of these diseased organs improves her general health immensely. Lorna and her husband share a candlelight dinner together on the fifth-year anniversary of her breast cancer. An epilogue in the form of a letter to other women encourages them to fight on and to consider the food they eat as a very important component in their fight against breast cancer. A brief postscript discusses Dr. Guenther Enderlein's postulate of *Mucor racemosus* Fresen as the cause of breast cancer.

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This study by: Tomma Lou Maas

Entitled: All Our Days Are Numbered—Journey Through Breast Cancer with Traditional and Alternative Medicine

has been approved as meeting the thesis requirement for the

Degree of Master of Arts

4/17/96
Date

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4/17/96
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FOREWORD

When I agreed to have this book written about me, I hoped it would bring courage and faith to women who know they must keep vigilance regarding breast cancer. My purpose is to share the events leading up to my own disease and demonstrate the kind of wellness which, I believe, most woman can achieve.

Many of the methods I have used and the treatments I have sought in the struggle to overcome cancer and regain my health will not be found in the offices of mainstream medical practitioners. Often I have had to introduce these ideas to my doctors, and I have persisted with my use of them.

Although it has been only five years since my lumpectomy, radical mastectomy, and chemotherapy, there has been no recurrence of my disease. This is true, I believe, because I have diligently struggled to improve a weak immune system and reduce severe allergies which have contributed to my poor health. It is this weak immune system which invites breast cancer and which brings metastatic cancer back to the body.

Each of us is different. Our body systems respond differently to food we eat, to the air we breathe, and to disease. Therefore, what is said here regarding how nutrition and positive living have affected me will vary from woman to woman. The concepts discussed here, however, should help guide anyone who desires to study her own body and learn to read what it is telling her.

Above all else, I hope this book will empower women everywhere with knowledge about good nutrition and its relationship to their breast cancer disease. Hopefully, each will also find the spirituality which has brought me health and happiness. Perhaps too, sharing these ideas will bring change to mainstream medicine's view of "food and nutrition" and illuminate how nutrients from "food" can serve as medicine to heal the body. May this book also help doctors see how food, fungi, food "artifacts," and allergies invite this abyss we know as breast cancer.

Lorna T. Jordan

CONTENTS

BOOK ONE:

IN THE BEGINNING

One in every eight women
in the U.S. will get
breast cancer in
her lifetime.[1]

CHAPTER ONE
JUST A LITTLE PAPILLOMA

One night in the fall of 1974 as Lorna Jordan dressed for bed, she found a black liquid oozing from the nipple of her left breast. Looking closer, she found a dark stain on the bodice of her peach colored nightgown. She squeezed her breast and a tiny drop of dark exudate appeared. "Tony, look at this!" she cried. The black droplet swelled on the nipple as she pressed her breast. "What is it?"

"I don't know, Lorna," replied Tony calmly, as he came closer to inspect the colored fluid. "You better see the doctor." Lorna's husband knew the discharge wasn't normal, but he did not want to frighten his wife. Lorna pulled her nightgown up over her shoulder as she sat down on the edge of the bed. She felt her small frame being dwarfed by the thoughts flooding her mind. This black fluid scared her. It had never been there before.

Lorna got in to see Dr. Thomas Gordon in two days. As she sat waiting in his office, Lorna felt irritable and moody. Her recent episodes of insomnia brought with them a tenacious stubbornness which no one could budge. These moods were typical lately.

When Dr. Gordon finished his examination, he adjusted the examining gown over Lorna's chest and asked her to sit up. Lorna dropped her legs over the side of the examining table and waited for Dr. Gordon to speak. When he finished washing his hands, he crossed his arms and leaned back against the wall. Looking at Lorna with a noncommittal expression on his face, he said, "It is just a little papilloma." Lorna looked perplexed, and Dr. Gordon continued. "It's a swelling in the duct of your breast. The surface tissue of the duct has developed little polyps or warty growths on it. The black fluid you found is blood." Then Dr.

Gordon demonstrated with his hands how the long, narrow tumor was situated in the duct near the top of her breast. He added, "I think we better take it out."

Lorna resisted. "Why?" she blurted out. "Maybe I bruised it. Maybe it will go away." The other breast did not have any black exudate coming from it, and Lorna did not want any doctor cutting on her breast.

Dr. Gordon tried to mollify his uncooperative patient as he continued talking gently. "Generally, we want to remove a lump or a tumor, even if it is benign," he said. "Then you won't worry about it."

Lorna thought Dr. Gordon was hiding something from her. Finally, he coaxed his patient into a more responsive attitude. He told her a surgeon would come from Des Moines to operate and he would assist. Without lingering long on the subject, Dr. Gordon mentioned a possible mastectomy.

Lorna caught the word and returned it as she would a tennis volley. "Mastectomy!" The idea scared Lorna out of her mind. Looking pained at her doctor she queried, "And how awful is that?"

Dr. Gordon went on calmly, explaining that if they needed to remove her breast she would have a little discomfort. He carefully dismissed any major effects from the mastectomy saying, "It will make you a little stiff." Then he added, "You will have to crawl your fingers up the wall to limber up your arm." He demonstrated the upward creeping motion in the air.

It sounded so simple, so benign, but Lorna was upset when she left the doctor's office. At home she told Tony what had happened. Stoically, he said, "I think you should have it out." Dr. Gordon had told Lorna removing the papilloma would keep it from turning into something else. Always positive, Tony said, "If you have it out, you won't worry about it."

It relieved Lorna to have someone else make the decision for her. Tony was her strength, and she loved him for this. He brought her to bright thoughts and positive attitudes. Always, Tony remained optimistic. He expected the best, until the facts told him otherwise.

In the middle of November, 1974, the late fall days were gray and blustery. The Iowa sky, overcast with huge hovering clouds, gave no promise the sun would ever show its face again. Lorna entered the hospital for surgery. That evening while Dr. Gordon made rounds, he came to see her in her room. Lorna had been thinking about this operation and what it could mean. She knew her two breasts would no longer look alike. One would be smaller. Other concerns were on her mind, and when Dr. Gordon made rounds, she asked him, "Can you operate so the scar doesn't show?"

Dr. Gordon sat down and listened as this young woman with dark hair and a sad face asked questions about her surgery. Lorna's soft pageboy framed a creamy complexion. She looked healthy, but the papilloma indicated something had gone wrong in her body. With gentle reassurance, Dr. Gordon replied, "I think we can do that." Then he demonstrated on his finger the amount of tissue they would remove during the operation. "We will only take out tissue about the size of my index finger," he said. "Your breast will keep its shape." He patted her hand, telling her she would do just fine, then left.

Lorna remained nervous from thinking about the surgery and withdrew considerably during the evening. The idea of a mastectomy did not enter Lorna's mind so much as the horrible idea of a doctor putting a knife to her breast. She did not want the scar, and she did not want to think about what this papilloma could mean. Lorna had turned 30 earlier in the year and how she looked was important to her. It was important to Tony as well, and she knew it.

Shortly after the doctor left, the evening nurse came with the operative permit. Lorna signed for removal of the papilloma and a possible radical mastectomy. She did not know much about mastectomies and wanted to know even less, for the idea scared her. It bothered her, too, when Dr. Gordon talked with such casualness about amputating her breast, as though the procedure were nothing.

The following day, her surgery went well. The two doctors removed her papilloma, and the tumor was benign. They did not find a cancer, and Lorna left

the hospital later the same day. However, the incision in her breast pained her greatly each time she moved. Still, Lorna felt glad the operation was over. She had kept her breast, and the doctors had hidden the scar.

Recuperating at home, Lorna sat quietly on the sofa to eliminate any unnecessary pain. Tony brought her pillows, waited on her, and "cooked" for them. He brought food home from fast food restaurants. They had no green salad for supper and no fresh vegetables, but Lorna smiled and thanked him, happy because Tony would feed them when she could not.

Lorna loved to cook and knew how important were well-balanced meals with green and yellow vegetables. However, over the years the young couple had also grown accustomed to eating easy meals of dark rye bread with a tangy cheese spread in the evening. Cheese and crackers had also become a popular snack or meal for them. Stopping at the bakery or the market for these items after work meant easy shopping. Lorna and Tony thought these were nutritious foods.

At age 30 Lorna Jordan had dodged breast cancer--at least for the moment. She did not know then that one in every 14 women in the U.S., during the decade of the 1970s, would be diagnosed with breast cancer during her lifetime. For Lorna and her husband, the benign papilloma and its surgery were a scare. When the event passed, they shared a sigh of relief.

During 1961 in the U.S., one woman in 20
was stricken with breast cancer;
one in 14 in the 1970s;
one in 11 during the 1980s;
and one in nine in 1990.
The figure climbed to one in eight in 1992.[2]

CHAPTER TWO
A CHILD GROWS UP

The sun rose in a soft, pinkish light over the tall rows of corn in Marion County, Iowa. Through layers of lavender and pink the sun pushed its golden glow out through the clouds and over the fields of Tommy and Mary Jordan's farm. A gentle breeze stirred, and the maple leaves on the trees in the yard moved as the light intensified. From the barn came the bawling of calves for their mothers, and the lowing of the milk cows drifted back from the pasture as the sun warmed the green hills and fertile swales. It was the summer of 1954.

The Jordan farm spread out to the north, the east and the south. On the west, Highway 181, a bumpy blacktop running from Melcher to Pleasantville, separated the Jordan's from Ralph Richard's farm and Paul Kading's place further south. To the east the farm extended to meet Louie and Ellis Jordans' farms. Just inside that boundary, the railroad had come through, cutting diagonally across their property in 1912, leaving odd-shaped parcels of land and making the place harder to farm. The railroad, which brought transportation through the region, continued north past Fairview Church, the spiritual center of this community, and on toward Pleasantville. Louie Jordan had married Lena Shivvers in 1906 and had bought his 200-acre farmstead in 1908 when he was twenty-five years old. Known as "Pop" to his five offspring, Louie was the last of 15 children born to German immigrants who had come to Iowa in the mid-1800s. He had staked his home on the land, and now his children, Tommy and Ellis among them, farmed land adjacent to his. To the north of Tommy's place lay Harold Kading's farm. Harold's sister, Helen Kading, had come to live with them and help raise his three young daughters after Harold's wife and fourth daughter had died in childbirth. All of the farms were within eyesight of each other.

In the kitchen of their two-story farm house Tommy and Mary's ten-year-old daughter, Lorna, sat at the table eating the eggs, bacon, and toast her mother had prepared for the family's breakfast. She had risen late this morning and ate by herself. Just as she was finishing her glass of milk and a vitamin pill, her mother popped into the kitchen holding a pan of eggs in her hands and remarked sharply, "Don't forget, Lorna, you are to weed in the garden today."

"I haven't forgotten, Mama" Lorna replied, watching her mother move quickly to set the eggs down. Lorna's hazel green eyes, still drifty with sleep, became more alert as her mother pushed nervously around the room, tidying up the counter. Lorna's dark hair, rumpled from sleeping, was tied back in two thick braids. Across her forehead hung straight brown bangs puckered a little above her eyes, giving her an impish appearance. Lorna always remembered the work her parents assigned, and she followed instructions to a letter. She knew she would weed the garden. Very early in her life she had learned the work she did would help the family make ends meet.

In the garden Lorna felt free and easy. The fresh breeze cooled her face as the sun continued its climb in the sky. July was hot in Iowa, and the earlier she finished her work, the better she thought it would be. She knew the difference between the leaves of plants and weeds and could walk down the rows of carrots and pull the black-eyed susans and the smart weeds. As she worked her way toward the rows of sweet corn at the south end of the garden, she examined a new crop her father had planted. Peanuts. She lifted the green leaves and saw where the stems entered the ground. *Would they really get peanuts from those plants?* Her father had told her the peanuts grew underground, and in the fall they would pull them up. The patch of green peanut plants did not look very promising, but she decided to keep faith in her father's words and moved on.

The sweet corn grew taller this year than Lorna could ever remember. The rains had come at the right time. The ground lay black and mellow. The cornstalks were turning brown as the swollen ears matured in the hot sun. Ripe ears heavy with milky kernels drooped over. Some of them had large silvery and black smut on them. The odd shaped smut always fascinated her. *It's so colorful* she thought. With a stick she broke off the chalky, black spores, releasing them in a great cloud of smoke. Her parents had told her not to touch the smut as it was

poisonous, but daring to examine it gave her goosebumps. *I'll only touch it with a stick* she thought. Very curious, Lorna wondered why it grew there.

The Jordan's food came from this garden. Half an acre in size, the green garden would blossom and yield baskets of heavy red tomatoes, green peppers, and yellow ears of sweet corn through the summer. Short, plump cucumbers would be picked for eating and pickling. There were green beans to be canned and peas to be frozen. Purple eggplants grew next to cabbages, cauliflower, and kohlrabi in the middle of the garden. Radishes, together with lettuce and spinach, clustered to the front. All would fill a rich cornucopia at harvest. Around the garden's edge hung arbors of grapes. Beds of red strawberries lay next to rhubarb and asparagus. Laid out in perfect harmony in long rows, short rows, hills and beds, the Jordan garden was a grocer's delight.

Down the lane and into the field south of the garden the family had planted potatoes. Every fall they harvested ten or eleven one-hundred-pound sacks full of potatoes for winter food. Lorna's father and grandfather often worked together. Walking the single share potato plow behind the tractor, they dug the tubers out of the ground, freeing the rich earthy aroma of the soil. Everyone in the family helped harvest this food. Even four-year-old Danny came to the potato patch during the harvest. Sitting in the middle of a potato row wearing blue overall trousers, he played with a toy tractor. Everyone kept watch over him. Lorna, her fourteen year old sister, Rosie, and their mother walked the long rows, stooping to pick up the potatoes. They filled five-gallon buckets. When Lorna's bucket became too heavy for her to lift, her father came to her rescue and dumped the potatoes into a burlap bag someone else held open. Then the men lifted the sacks and the potato plow into the wagon and hauled them home. The potatoes were stored behind the house in a small shed used for cold storage and washing clothes.

North of the house lay the orchard. This was a special place for Lorna. In the spring when the fruit trees became heavy with blossoms, the sweetness gave Lorna a heady feeling. She climbed the ladder in June and plucked the fattest, juiciest fruits she could find. Often the soft pulp of the ripest cherries slipped off its seed and left the stem with its pit hanging in the tree. Then lots of juice trickled down Lorna's arms, leaving a sticky trail behind.

In the fall after school Lorna liked to climb the peach trees, searching them for the most succulent fruits. Her sweet reward was finding the biggest, ripest yellow peach in the tree. As she sat eating it, doves cooed in the orchard. Lorna's favorite long-haired cat, Pinky, sat below her with his fluffy tail wrapped around his legs. He blinked at her with olive eyes as she watched him watch her. Lorna loved the animals, and once in a while she would sneak a little piece of lunch meat from the refrigerator and give her favorite cats a treat.

Lorna had been a colicky baby. Ear aches plagued her in 1946, before the age of two. The doctor said her enlarged tonsils and adenoids should come out. Tommy and Mary Jordan were afraid to take Lorna to the hospital because of the epidemic of poliomyelitis, but Dr. Carpenter assured them there was nothing to fear. At the hospital he removed Lorna's lymphoid glands.

Antibiotics came on the medical scene in the 1940s, and this advance would change Lorna's life in unseen ways. With availability of the antibiotics, the Jordans' family doctor soon used penicillin for Lorna's and her sister's frequent sore throats and ear problems, but Rosie's were more serious than Lorna's. In spite of these gnawing problems, the sisters survived and grew.

About the same time Dr. Mater at Knoxville was giving the Jordan sisters shots of the new antibiotic penicillin, Dr. Burbank at Pleasantville was giving it to old folks for coughing spells and walking pneumonia. No one knew exactly how this new drug worked, but it seemed a godsend. Everyone in the community praised its effectiveness.

One day after Lorna learned that penicillin also grew in their bread box, she examined the smudges of blue-green mold growing across a slice of bread. It seemed odd to her that this strand of fuzzy mold had been turned into a miracle medicine which would cure her ear aches. She had listened to her mother and aunts talk about the miracle cure. She knew everyone felt grateful. The word "penicillin" slipped off the tongues of neighbors who had old folks sick in the

house. It perched on the lips of praying fathers who sat hopeful through the night with feverish children. Lorna looked in wonder at this mold which had affected her life.

Shortly after the wonder drug penicillin came to the Jordan household to ward off illness, another miracle cure came to eliminate pestilence from the fields. Introduced in the late 1940s, this new chemical killed pests, increased the yield of crops, and reduced labor and energy costs. Its name: DDT. Dichloro-diphenyl-trichloroethane, a synthetic compound made from refined petroleum, was advertised as having the ability to knock out any pest. This wonder chemical became the topic of conversation among all the farmers in the corner cafe, after church, and at the feed store.

Like their neighbors in the adjoining farms, the Jordans applied the new miracle chemical to their crops. Sitting in the tractor seat high above the corn rows, Tommy Jordan watched the little jets of watery spray shoot from the sprayer's nozzles. The clear mist saturated the summer air and rose up in a cloud around him. The pungent, acrid smell made his eyes water and his nose burn. All day, in the cloud of DDT spray, he rode the tractor up and down the rows of corn, immunizing the field. Lorna's father didn't know then that in twenty years DDT would be banned. Its toxic effects would continue up the food chain and into the lives of animals and people. By 1975 DDT would bring the bald eagle, our national symbol, to the brink of extinction.

Curious about the DDT and the new spraying machine, Lorna walked down the lane to where her father sprayed the corn. The shiny metal machine glinting in the sun caused her to squint into the light. The pungent smell of DDT drifted around her as she walked through the head-high corn. With a little breeze, the cloud of spray drifted past her and into the neighbor's field. The smell made her cough and hold her breath but she did not think about this. Lorna wanted to ride the tractor. She wanted to see the new sprayer showering the cornstalks with DDT. Only farmers used the pesticide. But Lorna's aunt, who lived in town, had told her when the wind came from the right direction, she could smell the DDT

from her front porch. When the breeze blew, she got up and went inside, shutting the doors and windows.

* * *

At fourteen Lorna had her first dental filling. The family's dentist in Melcher repaired the cavity with silver and mercury amalgam, and no one thought anything about it. The next year she had her second cavity filled with the same materials. In the dental office with mouth agape and the dentist and his assistant working away with needles and picks, Lorna squirmed from the pain of the dentist's probing. Everything smelled so medicinal in the office. The bright light and the anesthesia in her jaw made her wince. She thought *How trapped your teeth can make you*. She wanted to be free of this imprisonment. She let her mind wander to escape this captivity. At home, she felt free at last, driving the milk cows up from the pasture to the barn and singing to herself. She especially liked to sing after she put the cows out to pasture at night. With the light fading in the west, she sat on the edge of the water tank in the barnyard, always making the same wish:

"Star light, star bright
First star I see tonight,
I wish I may, I wish I might,
Have this wish I wish tonight."

Then crooning the popular song at the time, she sang to Venus, the evening star:

"Venus, goddess of love that you are,
surely the things I ask,
can't be too great a task.

Oh, Venus if you will,
please send a little boy for me to thrill.
I'll give him all the love I have to give,
as long as we both shall live.

Venus if you do,
I promise that I always will be true.
I'll give him all the love I have to give,
as long as we both shall live."

Every eleven minutes a woman in the U.S. dies of breast cancer.[3]

CHAPTER THREE
GETTING A GRIP ON LIFE

Lorna loved life. Everything around her interested her. It did not bother her that she was a girl. She saw no disadvantages in this. She loved to cook and learned early from her mother and grandmothers how to bake bread, make jams and jellies, and cook for a crowd. She helped can fruits and vegetables and learned to use the extra eggs that were broken and could not be sold to make angel food cakes for the family. Lorna sewed many of her own clothes and entered them in 4-H contests at the county fair. She raised sheep in boys' 4-H for her first money-making project. Then she switched to feeding beef steers and heifers to make more money for her future, probably college.

In high school Lorna excelled in scholastic events. She loved music and sang in the girls glee club, the mixed chorus and in trio. On Sundays she played the piano and organ at Fairview, the little Christian church by the railroad everyone in the community attended. Popularity, however, did not come Lorna's way in school. She wasn't invited to be a part of the "evil eight clique." These girls hung out together after school and flirted with their boyfriends in the halls. Disappointed to be shunned by these popular girls, Lorna found ways of coping with her feelings.

Although too short for the basketball team, height did not keep Lorna from the science club. With the help of Mr. Young, her teacher, she decided on a freshman science project comparing the anatomy of different animal brains. She assembled the heads of a dead fish, a frog, a chicken, a salamander, and a cat and dissected their brains out of the skulls. She wanted to find a human brain, too, for her exhibit. When Mr. Young did not know how to obtain one, she made a clay model. Then she drew each animal's brain on a poster board and connected the anatomical structures with a red line to show the same organ in the brain of

different animals. It amazed her to see how the organ for smelling and the orbits for seeing were so large in the fish, frog, salamander, and chicken and became smaller in proportion to the rest of the brain in the cat and the human. The brains fascinated her.

At home, working on a newspaper on the kitchen floor, Lorna cut the brains out of the chicken, the frog, fish and salamander. After school she worked on the cat's skull in the science lab. It was the most difficult of the dissections. One of the sophomore boys, who was reconstructing a cat's skeleton for his science project from a cat that had been hit on the highway, gave her the brain, but she had to cut it out of the casing. The hard skull had to be sawed open. Even then, the brain was well attached and had to be carefully cut away. Lorna did not like the smell of the formaldehyde. Always present, the pungent smell burned her nose, and she grew to hate it.

Through high school Lorna continued her science projects. Each one probed a little deeper than the preceding one. For her senior project she raised rabbits, planning to operate and remove their parathyroid glands, which would produce tetany in the animals. In her room at night she studied everything she could find about the muscle spasms of tetany and how they could be corrected. She had asked Dr. Perryman, the young doctor who served the Pleasantville Community, to show her how to operate on the rabbits. He showed her pictures and explained how the operation would go. Then he loaned her hemostats to hold the skin flaps open and suturing needles to sew the skin flaps shut. She asked about sterilizing the equipment to prevent the rabbits from getting infected. He even took her to Des Moines, forty miles away, to visit the College of Osteopathic Medicine and showed her the students' human anatomy lab. Then she made plans for her first operation on Saturday.

Lorna had been preparing for this operation for months. First, she had raised the rabbits. That began a year earlier with a pregnant doe. Now she had a complete little rabbit farm. Saturday arrived. She was ready to remove the parathyroid glands from the throat of a rabbit she had carefully raised. Lorna wanted to be able to treat her rabbits and have them recover from their cramps

and muscle spasms. She was not heartless in her experiment, for every pain her rabbits felt, she felt, too.

In the basement, Lorna prepared a corner for her operating room. She draped the ironing board with clean towels and set the floor lamp close to brighten the operating table. Nearby sat a bottle of chloroform, which Lorna would use to re-anesthetize the rabbit if he happened to wake up before she was finished. Now Lorna laid out her first rabbit for surgery. She had anesthetized him thirty minutes before with an injection into the abdomen. Under the lights, she trimmed the hair away from the front of the neck with scissors, then shaved the neck with a safety razor. She cleaned the skin with cotton and alcohol and cut a one and a half inch incision through the skin to expose the thyroid.

It took a while for her to recognize the anatomy of the rabbit's neck inside the flaps of skin. The light glistened off of the membranes which were pulsing to the beating of the heart. *How exciting!* she thought. By working slowly, Lorna calmed herself. Soon she felt disappointed and a little scared, for she did not recognize anything. *Where are they? Parathyroids are supposed to be round.* Looking and probing gently on the various parts of the exposed neck, she felt a bit of panic. Already it had been an hour since she had put the rabbit to sleep, and the weight of this adventure and the short time she had to complete the operation before the rabbit woke up made her anxious. Her back began to ache from the tension in her body. Then, focusing more closely on her work, Lorna began to recognize the shapes in the red mass that were organs. *This must be the thyroid. It wraps around the throat. Like in the picture.* As she examined the rabbit's thyroid, she observed the pulsing of blood and the bright redness of all the tissue in the neck. Suddenly, the light glinted off a tiny, coin-shaped body attached to the rabbit's thyroid gland. *That's it!* she said. *That's got to be a parathyroid gland.* Lorna was ecstatic. She had found the tiny organ that regulated calcium in the body. Removing it would upset an equilibrium which controlled the balance of calcium in the blood and the bones. She knew the imbalance would produce some profound effects. The most striking one would be the uncontrollable shaking of the rabbit.

How can it be so small and do all that work? she thought as she looked for more little coin-shaped parathyroids on the larger thyroid. Working carefully, and as quickly as she dared, Lorna cut away as many parathyroids as she could find. There were four, two larger ones and two smaller ones hiding on the sides of the thyroid. Then she sutured the thyroid to stop the bleeding, and closed the flaps of muscle and the skin in two layers. Everything had gone as Dr. Perryman said it should go. It had taken her three and a half hours, and Lorna was pleased when she finished. She laid the rabbit in a comfortable box in a cool part of the basement and waited for him to wake up. It was January and outside the weather was cold. She would not return the rabbit to his hutch for several days, but would wait for his neck to heal.

For the next several days, Lorna watched over the rabbit. As the days passed, the shaking began, and the tetany increased through the week. Sometimes the rabbit could not walk for the muscle spasms. It reminded Lorna of the red pig she had seen quivering in the field by the creek. The poor animal could barely stand. Her dad said it had St. Vitus's dance. There wasn't anything the vet could do for it. Lorna knew the pig probably had died. She didn't know if St. Vitus's dance had anything to do with calcium metabolism in that pig, but feeding her rabbit a diet high in calcium kept him from shaking so much. In fact, when he began to shake, he often began to eat.

* * *

For the most part, Lorna's health as a teenager growing up in the late 1950s and early '60s was good. She had lots of energy and a buoyant personality. Most of the time her spirits were high and she found life exciting. Lorna looked forward to the future, her mind filled with all kinds of plans. Occasionally, however, her enthusiasm wavered and a depression set in, especially on Sunday afternoons, after a big dinner, rich in desserts.

As high school days wound to a close and graduation approached, Lorna made plans to attend the State University of Iowa in Iowa City. With great anticipation, she awaited this prospect. She admired her two great aunts in church and at community functions, and they had gone to college in days when few women had that opportunity. Lorna sensed something different about these two women, and it intrigued her. They seemed so worldly to her, so full of a kind of thinking other people did not have.

Graduation night arrived hot and sultry, even for May. The doors of the school building had been propped open to let in the air, and the canvas-covered floor of the gymnasium smelled musty from the heat of bodies crowded together on squeaky chairs. Parties were planned for afterwards, and an electricity hung in the air. The senior girls dashed in and out of the Girls room putting on their navy gowns and letting Mrs. Profitt help them adjust their mortarboards. Mr. Mullen smiled at the boys as they roamed the halls with excitement, dressed in their graduation gowns and mortarboards. Some of the girls were already crying in the hall. High school had come to a close, the biggest event in their lives over. Lorna did not feel this way. She felt thrilled with the prospect of going to college. She believed life would offer her more than high school, and thought *I will find it in college.* All night, through the commencement and the reception afterwards in the gymnasium, Lorna smiled and thanked her family and friends for their good wishes. *College,* she thought, *will be even better than high school.*

In 1971 President Nixon declared
"War on Cancer." Our government
invested billions of dollars to
create a huge cancer army--
a coalition of groups
that are employed
in the cancer
industry.[4]

CHAPTER FOUR
COLLEGE AND ROMANCE

The Jordans sent their second daughter off to the State University of Iowa in the fall of 1962 with the admonition "take care of yourself." Lorna moved into Burge dormitory in Iowa City at the beginning of her freshman year, and in her new environment she found many choices not present at home. For the first time in her life she did not eat from her family's table, and someone else prepared her food. Walking through the breakfast cafeteria line, Lorna found a wide selection of foods she did not have at home. Frequently, she chose from the sweet rolls or the pancakes. At lunch, dessert choices of thick fudge brownies, apple brown betty, or a shiny red apple tempted her. Nearly everyone Lorna saw ate the sweet things and not the fresh fruit. She did the same.

Lorna had always been on the chubby side, and as a teenager she had dieted frequently. However, Lorna thought she knew how to stay healthy; she wanted to look nice, and tried to take care of herself. Really, though, she remained quite ignorant on how to accomplish this, for she knew little about how her body used food. By her third year of school, when Lorna was living off campus and cooking for herself, she found herself in trouble. Lorna could not concentrate. Sitting in a comfortable chair in the Sun Room in the Union she tried to study her zoology notes. Reading and re-reading the same page, Lorna could not make the information stick in her brain. She ate her lunch and thought the food she had brought with her was sufficient to get her through the day.

Lorna had packed a peanut butter sandwich and some raisins; then she bought a carton of milk. After she ate, however, her mind fogged and she could

not stay awake. That morning for breakfast, Lorna had made herself a large pancake and had eaten it with syrup and coffee before she left for school.

Lorna also had trouble sleeping. One night when she lay awake at 2:00 a.m., she finally crawled out of bed and in the dark felt the top of her dresser for the cherry filled pastries she had bought at Mr. Tweety's grocery. After she ate the sugary treat, she fell asleep.

Beer and pizza were now part of Lorna's college life, too, but she did not know how badly these foods were affecting her. She ate what the rest of the college kids ate and never thought a thing about it. Pizza had rarely been available when she was growing up at home. Even now, in the 1960s, pizza was sold only in a few shops, and alcohol had never been a part of her family's life. College, however, had introduced her to certain changes in her diet and lifestyle. Lorna's mind became confused and her insomnia increased as her choices in "foods" expanded. Lorna could not see what she was doing wrong.

As her health deteriorated, Lorna began skipping classes. Then she changed her major from general science to literature and French, but did poorly there as well. Now she devoted more time to her social life and her job. She worked twenty hours a week as a ward clerk at University Hospitals. By the end of the second semester of her junior year, however, the registrar notified her that she had been placed on scholastic probation. Suddenly, everything Lorna had wanted in life began slipping through her fingers. Lorna dropped out of school and found a second job.

One night walking home from work along the dark brick pavement headed toward College Street, she thought *How will I get myself out of this mess?* She wanted to finish college and get her degree. The shadows from the buildings around her cast a lonely image on the bricks as the crisp October breeze blew against her face. A single tear fell. Then more rolled from her eyes until the lonely shadows on the pavement became merely a blur. She had only herself to blame and only herself to help her out of this predicament. She knew changing curricula from science to literature had been one of the reasons she had done so

poorly in school. She loved learning through literature, but her grades were not strong enough to get her through. Blinking back more tears she said softly, "Well, if I have to go back into science to get through college, I will do it."

After a turbulent fifth year, Lorna finished college and obtained her bachelor's degree in general science. She began working as a medical secretary for Dr. Leslie Bernstein at University Hospitals and loved the patients and the hospital. The doctor saw patients wanting cosmetic surgery on their noses and chins. Patients came with hearing loss and facial fractures from farm accidents. Parents brought babies born with cleft lips and palates, and Dr. Bernstein repaired them all.

He saw patients with cancer of the tongue and lip from chewing tobacco. He called cigarettes cancer sticks and pulled them out of the mouths of patients waiting in the hall to see him.

Working at the hospital soon after graduation, Lorna met Tony. A handsome young man, tall with blue eyes and just out of the U.S. Air Force, he had come to college on the GI bill to study electrical engineering. Lorna had never met such a gentle man. She had many opportunities to date, especially the law and medical students, for many of them spent time working in the hospital. Tony seemed different. He doted on her, and she reciprocated his affection.

Tony picked her up after work at the hospital and took her on picnics in Crandic Park. Sitting on the river bank, they ate sandwiches from Charco's, and Tony showed her how to catch carp with dough balls made from a slice of wet bread. It fascinated Lorna how Tony could say he would catch a fish and bingo! he did it. She wondered how he could be so sure it would happen. He pointed out the bright, shiny, red-orange scales on the fins and tails of the spawning redhorse and the smooth speckled skin of catfish. Lorna had never seen these animals so close up. They were beautiful to her, and it impressed her that Tony knew so much about them.

They went canoeing together at Lake McBride and horseback riding at Sugar Bottoms. Tony drove her up along the Mississippi River to the dam at

Guttenburg, a favorite spot of his, where he fished with his father as a child and where they still went fishing for bluegills and walleyes. He took Lorna to Palisades State Park, made a bonfire and roasted hot dogs and marshmallows. He took her to *The Sound of Music*, and afterwards they ran in the rain to the Pizza Parlor and laughed and talked about life. On football weekends, dressed in sport coat and tie, his '60 Chevy Impala shined to a fair-thee-well, Tony drove over to Lorna's apartment. They walked to the Hawkeye games in the yellow autumn leaves, and laughed and shared their thoughts about everything. At times Lorna felt so happy she said, "Tony, this can't last. Everything is too perfect. I feel too wonderful!"

Eight months later, in the spring, Tony and Lorna eloped. It was a simple wedding with the justice of the peace performing the ceremony in the schoolhouse at Solon. Matt and Annie, their married friends who had introduced them, stood up with them and afterwards threw a tiny surprise wedding party at the Highlander Supper Club in Iowa City. Lorna and Tony were both giddy with happiness, and Lorna was overwhelmed with joy when the waitress brought out a little white wedding cake decorated with yellow bells. Lorna cried with happiness. Then she sat on Tony's lap, and they took turns feeding each other pieces of wedding cake as the band played "Here Comes the Bride." Everyone clapped. Matt and Annie smiled. This marriage was a happy event for them, too. They had watched Lorna and Tony fall in love. Now, on the couple's wedding night, they had planned the surprise wedding cake and serenade and had given them a skillet and ten dollars to start married life. For Lorna this was ecstacy. How wonderful their friends would do so much for them. The two couples laughed and danced into the night. When the evening ended, Matt and Annie drove Lorna and Tony to her apartment and said good night. From 222 East Fairchild the young couple would start their lives together.

In the twenty-five years since the
U.S. has "waged war on cancer,"
breast cancer has increased
by twenty-five percent.[5]

Breast cancer is a disease that
attacks the family.[6]

CHAPTER FIVE
MARRIAGE—THE PROMISE AND THE SHADOW

Marriage was the best thing that had happened in Lorna's life. Forever she had dreamed of this moment. Now it was hers. She had a wonderful, young husband, and together they would experience the adventures of life. In the hospital, Lorna sat typing Dr. Bernstein's manuscripts and letters on her IBM typewriter. She admired the wedding band on her finger, for this symbol from her true love was everything she had ever wanted. *How wonderful to be married,* she thought. *Tony is so good to me.*

In their second year of marriage, Tony changed his course of study to fisheries and wildlife biology. Then the couple moved 140 miles to Ames so Tony could attend classes at Iowa State University. In the wintery weather of 1970, they found a cozy little apartment on Grand Avenue not far from the Department of Transportation, and Tony started school in the snows of mid-March.

The days rolled into May, and the sweet, gentle breeze of a new spring surrounded them. As Lorna fixed supper, she kept an eye on the kitchen window to watch for Tony walking home from school. The trees were bursting with soft green color and the forsythia bush outside the window cast a cheerful yellow happiness over the yard. Lorna could see past the flower shop to the other side of the block where he would pass, walking home. When she saw him approaching, she stopped whatever she was doing and ran to meet him. Walking home together, holding hands, Tony would tell her about school that day. He brought little presents home to her from plant taxonomy class. He knew Lorna would like to learn about these things, too. One day he brought her "nested" seeds from the

tall tulip tree. Another day he brought twigs of evergreens and explained to her how to tell a pine from a spruce by the way the needles attached to the branch.

As spring swelled into summer, Lorna settled into her new job as a planning aide at the Department of Transportation just five blocks from home. In the evenings the couple spent time together. Lorna picked gooseberries from the banks of the Skunk River while Tony fished. In the mornings, she packed a piece of gooseberry pie in his lunch box along side the homemade rye bread sandwich she had made of summer sausage and dill pickles with mustard. Then she tucked in a little note, to let him know she was thinking about him while he worked shocking and measuring fish on the Skunk River with a graduate student.

The joys of their new marriage, however, were interrupted by Lorna's emotional outbreaks. Once a month, and sometimes in between, Lorna's blue days reappeared. Tony wondered if all women were like this. He could never predict when she would blow up. To him, it seemed Lorna was a time bomb just waiting to explode. However, Lorna did not see herself this way.

One Sunday morning, a short two hours after she had made them breakfast of buckwheat pancakes with Karo syrup, bacon, and coffee, Lorna broke into tears and with weak legs stumbled to the refrigerator for something to eat. Tony came running from the living room where he had been reading the paper and grabbed her, holding her up as she was so weak. Crying, she hugged him and mumbled about needing something to eat. He helped her find a hard boiled egg in the refrigerator. After she ate the egg, she became calm; later she would learn that crying increased her blood sugar and helped tranquilize her moods.

Other symptoms bothered her, too. Severe cramps in her legs at night caused her great pain, and she bruised easily. Lorna had first experienced the leg cramps in college. One doctor told her they were from wearing a panty girdle. Another told her to drink more milk. In the pool during college swimming classes, the cramps were very strong, and on the walk home to the dormitory Lorna's legs pained her. She never thought about her experiment with the rabbits and their muscle cramps which were from the calcium deficiency.

As the years went by, Tony noticed his wife became vulnerable to every sneeze or cough which passed her way. Then, when she got sick, it took her a long time to recover. Doctors continued to prescribe antibiotic pills, and sometimes Lorna had to take them for two weeks before she would begin to get well.

In the eleven years the couple lived in the vicinity of Ames, Lorna's health declined, and this shadow of ill health eclipsed the promise of a long and happy marriage. Two years earlier, when Lorna was 30, Dr. Gordon had prescribed Elavil, an anti-depressant medication, to help her sleep. Lorna began having insomnia in college, but over the last six years when she had taken birth control pills, her sleep patterns became worse. Her insomnia became especially bad on nights after she and Tony stopped for a beer and a basket of peanuts in a pub downtown. Stopping there to escape the July heat had become a habit. Hungry and needing food more often than most people, Lorna ate lots of peanuts. Those nights she had trouble falling asleep. Sometimes, when she awoke in the night, she could not fall back to sleep. The next day Lorna felt as though a truck had run over her. The Elavil helped her cope with her sleep problem.

Several of the country houses the couple rented also contributed to Lorna's poor health. One of them had contaminated well water, and the water softener used heavy metals, including cadmium. Consequently, the couple carried their drinking water home from town. Another house was filled with mouse dust and molds. Here, Lorna's menstrual periods became erratic, and she began to wonder if she were going crazy. Sounds became distorted in her head. The chimes of their old country clock stretched out weird and long. In bed, the slightest sound from Tony would awaken her. Even the loudness of her own breathing woke her in the night. Both of these houses were heated with gas space heaters, and in both Lorna cooked on a gas stove. She did not know this gas heat and the molds were poisoning her.

Lorna became concerned with her recurring mental health problems, and she searched everywhere for information to explain why she periodically underwent these severe reactions. When she read Dr. Abram Hoffer's paper, "Mechanism of Action of Nicotinic Acid and Nicotinamide in the Treatment of Schizophrenia,"[7] she began to understand some of the reasons she felt nervous or

fearful and could not sleep. She also learned how nutritional support, particularly supplemental B vitamins, could help stablize her shifting moods, and she immediately put this knowledge into practice.

To strengthen her nutritional program, Lorna now began eating a hypoglycemic diet. She stopped using sugar, white flour, coffee, alcohol, and all foods containing even the slightest amount of sugar. Her low blood sugar diet included more protein, some fruits, and many vegetables, but no sweets, refined foods, or sugar. This diet, which Dr. Gordon had recommended after diagnostic tests for thyroid and low blood sugar, was intended to help Lorna stabilize her oscillating levels of blood glucose and maintain more even moods.

Other symptoms also suggested Lorna's health was fading. She experienced vertigo, a spinning sensation, and frequent shortness of breath. Sometimes her heart raced for no apparent reason. Anger and irritability were frequent visitors.

Tony tried to cheer her. He also tolerated her outbursts, but he often felt trapped. Sometimes, he wondered why he had married her. *Was it something I did? Why does she get so emotional?*

Then came the papilloma six years after they were married, and they struggled on from there.

. . . an epidemic of breast cancer . . .
*appears to be occurring around the globe.**

CHAPTER SIX
BREAST CANCER ARRIVES

When Lorna first found a lump in her breast, sixteen years after her papilloma, she did not think much about it. In her bedroom her hand slipped over the swelling as she dressed. The mass, which felt firm and rounded lay far to the left side of her breast next to the ribs. Occasionally, on days following her discovery, Lorna re-examined the mass, but cancer never crossed her mind. It had been, after all, many years since her papilloma, an incident she had all but forgotten. It was late August in 1990 when she finally mentioned the lump to Tony. He said, "Well, go see the doctor." Lorna was busy. She did not go.

Lorna and Tony now lived in Cedar Falls, where Tony had taken a position as Senior Systems Programmer with the University of Northern Iowa. Lorna forgot about the lump until one day it caught her attention while she was putting on her clothes. It hurt when she touched it. Lorna went to the mirror and carefully examined the painful spot. Nothing else around it felt sore. She could move it, but the swelling seemed firmly attached. The lump measured about the size of a quarter, maybe a little smaller. She could see the swollen shape protruding from the roundness of her breast. Lorna made a mental note to make an appointment with the doctor.

She called for an appointment the second week in September but could not get in to see Dr. Franklin until the 25th of October. The receptionist encouraged her to see another doctor. Lorna, however, did not want to start over with another doctor who knew nothing about her. She liked Dr. Franklin, and he was familiar with her history. *Strange that they can't get me in sooner than six weeks. I thought they kept appointments open for just such emergencies* Lorna said to herself. Later

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* Breast cancer was the cause of 570,000 deaths worldwide in 1980. In "Lifestyle and Trends in Worldwide Breast Cancer Rates," L. Kohlmeier, J. Rehm, and H. Hoffmeister, Journal of the Annals of the New York Academy of Sciences 609 (1990): 259.

she would turn this fact over and over in her mind and wonder just how a doctor's office decides whom to take and who should wait.

When the twenty-fifth came and Lorna went for her appointment, she knew the lump had grown larger. In the office, Dr. Franklin examined her. He was encouraging and told her most lumps were not cancerous. "We'll aspirate it," he said. Then he took out a syringe and slid the long needle through the skin and into the lump saying, "If it's a cyst we'll get a clear fluid."

There is a silence in the whiteout of a blizzard that wipes out all other thoughts and sounds. In the examining room the syringe came out empty. A vast white silence hung over the room. There was no fluid, and in her mind Lorna was thinking *Does this mean I have cancer?* She did not know what Dr. Franklin was thinking. And he did not volunteer his thoughts. He told her they would send the sample to the pathologist.

BOOK TWO:

SHOCK AND DESPAIR

The suffering of husbands, children,
mothers, fathers, and friends
goes on unabated as breast
cancer silently expands
its striking range.

CHAPTER ONE
THE DOCTOR'S WORD

Four days after her breast biopsy, Lorna came home from graduate class late on a Monday night and plopped herself on the bottom of the stairs. "Did Dr. Franklin call?" she asked. Tony sat on the sofa watching television.

He got up and turned the television down. "How was class?" he asked her, giving his wife an inordinate amount of attention. Lorna shuffled her bookbag to the stairstep and stuffed inside some papers she had brought home.

It seemed odd to her for Tony to turn down his program and talk to her. Usually he plugged in permanently to whatever he was watching. Lorna had waited four days, over the weekend, to hear about the pathology report. "Oh, it was okay," she replied about her Intro to Graduate Studies class that night. "Did Dr. Franklin call about the path report?" she repeated.

Tony cleared his throat and spoke nervously, "Yes, he called."

Lorna noticed his nervousness, and looking at him perplexed, asked, "What did he say?"

Tony got up from the couch, hurried into the kitchen, and brought back a yellow tablet. Glancing up as he read from it, he began babbling about a "specimen."

"They didn't have much to work with," Tony blurted out, " . . . but the pathologist says it is suspicious for cancer." On the yellow tablet were notes he had taken during his telephone conversation with the doctor.

A cold chill swept over Lorna, one she had never felt before. Unexpectedly, a summer storm can roll through the night. Thunder shakes the house and lightening cuts the sky. The thrashing in the darkness frightens you as a child, sleeping alone. One's world is an island. This feeling of aloneness crept over Lorna. She did not look up at Tony. She only stared at the forest-colored carpet at her feet. He rambled on, but she did not hear him. A haze filled her mind and churned slowly in a pool of emptiness.

When her thoughts came back to her moments later, Lorna reacted unconsciously. *Something else . . . for me? . . . this can't be true.* She could hear Tony's voice again. He mumbled rapidly. "They might be wrong. Dr. Franklin said there wasn't much tissue in the sample."

Lorna knew he was trying to make her feel better. *Oh, Tony, you optimistic Tony.* Then he added reluctantly, "But the pathologist thinks there's a good chance it's cancer." Tears came to Lorna's eyes and blurred the room in colored streaks of yellow, cream and brown.

The next day Lorna panicked. She called for an appointment with the surgeon, Dr. Sampson, to examine the lump and plan for its removal. She got in to see him at 9:45 the same morning. At the clinic, Lorna sat nervously in her examining gown waiting for the doctor. Some of her fear dissipated, however, when Dr. Sampson arrived. With a friendly smile, he said practical things as he washed his hands. Lorna liked him right away. He seemed down to earth.

Dr. Sampson empathized with Lorna's concern and worried right along with her about the prospect of the lump being cancerous. He explained that a surgical lumpectomy would tell them for sure whether the tumor contained cancer. He did not push Lorna for a mastectomy. He just said, "Right now we need to know how you are. If there's a cancer in there, you need to get it out."

Everything was now happening so quickly, Lorna felt confused. Somehow it reassured her when Dr. Sampson made the decisions and she did not have to think too hard about them. He showed her where he would make the incision.

No hiding the scar this time she thought. The scar would run from her armpit toward the nipple. The incision would be used again, should a mastectomy be necessary.

Dr. Sampson put Lorna on his operative schedule for a lumpectomy the following Wednesday, November 1st. Then they talked briefly about a possible mastectomy and reserved a date for it, too. Lorna knew Dr. Sampson kept a busy schedule, and she wanted to act swiftly in case the radical surgery would be necessary. Then Lorna left the clinic consumed in her thoughts of breast cancer, surgery, and the realities of living and dying. She was forty-six years old.

The next day, Lorna dutifully drove back and forth from the clinic to the hospital for her pre-op procedures. She hated facing what lay ahead, yet she feared doing otherwise. She registered at the hospital and had her blood tests and x-rays taken. The physician's assistant took a lengthy medical history. *I suppose this is to prepare for the mastectomy* she thought. Her mind drifted in a fog of approach and avoidance. With all her heart she wished her life could move forward without any of these difficult decisions and the aftermath she knew could follow.

Under local anesthesia, Lorna knew she would be awake during the lumpectomy, but this did not bother her. She wasn't squeamish about blood and surgery, for after all, she had cut her rabbits. Dr. Sampson chose to use electric cautery to seal the bleeders. Lorna had nearly passed out in the dentist's office when the dentist used epinephrine for anesthesia. Her sensitive system often reacted to chemicals and medicines. Electric cautery would stop the bleeders without adding chemicals to her already toxic-ladened body.

When Tony accompanied Lorna to the hospital on Wednesday morning, they had not told their families about the surgery. Neither of them wanted to alarm anyone unduly.

In the O.R. the nurses moved Lorna from the gurney to the operating table. Lorna's teeth were chattering. "It's freezing in here," she said. One nurse stretched out her left arm while another wrapped her body in heated blankets.

Lorna had poor circulation and frequently felt cold. Looking overhead at the bright lights, she thought *I would love to be home with Tony, snuggled in bed with him right now. He is always so warm.* On cold nights in the winter, Tony would often wrap his warm body around hers until her toes and fingers warmed from his heat. Then her cold nose would lose its red color, and she could stop tensing her muscles and relax for sleeping. The same happened on canoeing trips. When caught in the cold winds or rain, Lorna depended on Tony's heat to warm her in the tent.

The nurse finished wiping the cold, iodine-colored antiseptic over her chest and arm. Dr. Sampson and his assistant came in, and the doctor began making small talk to the technicians. He smiled at Lorna and told her again what they planned to do. "Now if you start to feel any pain, just tell me. We'll put a little more anesthesia in there." Lorna nodded. Then the technician draped a blue cloth in front of her face. Lorna could no longer see the operating area.

Dr. Sampson talked to her as the operation progressed. She could also tell what was happening by his conversation, "Cauterize that one. She's got a bleeder there." Lorna could feel the tugging and pulling on her breast as the operation advanced. Two times she cried out in pain and Dr. Sampson stopped and waited for more anesthesia to take effect. Lorna's sense of pain had always been acute.

The doctor, his assistant, and the O.R. technicians joked and worked with good humor, and Lorna casually monitored the activity. Suddenly, a quietness encompassed the operating room. Lorna guessed why. *They have found a cancer* she thought. No one said a thing. The doctor and the technicians kept working, but a seriousness in the room told Lorna what they were seeing. Lorna felt the tugging and pulling more intensely now. The doctor's work seemed more difficult for him. The operating team worked together quietly.

Lorna had asked to see the tumor Dr. Sampson would remove. After a time, she knew they were nearing the end. Dr. Sampson held up the piece of flesh he had cut away so Lorna could see it. She could not see it well, but it looked about the size of a silver dollar piece, only quite thick. Her breast would definitely be smaller now.

In the recovery room, Tony sat next to Lorna's bed. To Lorna the white, pale room with its empty walls seemed to ache with dreariness, and the chrome legs of the beds looked cold and forbidding to her. *What a bleak place* Lorna thought. A nurse entered the room and reported Dr. Sampson would be in after he received the report on the frozen pathology section. This would verify whether the tumor was cancerous.

Lorna had not eaten since the night before at home. Nothing ever looked positive to her when she needed food. Tony held her hand and smiled at her. *Oh, Tony, my wonderful Tony. What would I do without you.* He was her anchor, her wings. When she was blowing in the wind, he tethered her to earth. When she was sinking in over her head, he pulled her out on strong wings. Always he stabilized her.

Dr. Sampson walked quickly into the room and to the bedside. The presence of his blue O.R. gown told Lorna he had other surgeries after hers. He smiled at her, patted her hand and said, "There is good news and bad news." She looked into his eyes and saw the hope she knew he must offer to all his patients. "First the bad news . . . you have a cancer. Now the good news . . . it's a small one."

How thoughtful of him to put it that way Lorna thought to herself later. She watched as he indicated with two fingers the size of the cancer he had removed from her breast.

"It was about five centimeters," he said. "This big." He stretched his fingers out to about two inches. She blinked and tried to concentrate on what he was saying. Dr. Sampson went on, "I didn't get it all. There was some cancer in the margins. I want you and Tony to make an appointment and come over to my office. I want to show you some pictures of women with mastectomies."

Overcome with grief for herself, Lorna choked back the tears as Dr. Sampson finished talking. "Okay?" he asked, looking at them to see if they understood. "I'll see you in my office." Then he patted her arm and left. Tony pushed closer to the bed and held Lorna's hand. He looked as forlorn as she could ever remember. "Why me?" she said. The tears rolled fast down Lorna's face. "Tony, why me?"

Tony choked on his own feelings. He did not know why cancer had come to visit his wife. He did not think it came to her for any particular reason, least of all because of anything she had done. It had just happened. The nurse came in during this very intimate moment and seeing the two crying, she turned and left, closing the door.

More than 50,000 American boys died
fighting a ten-year war in Vietnam.
Every year nearly 50,000
women die of breast
cancer in the U.S.[8]

CHAPTER TWO
PROCEDURES

In Dr. Sampson's small office, Tony and Lorna sat together with their knees pressed close to the doctor's desk. The small room suited the intimate nature of the conversations which took place there. Words, spoken in hushed voices, could still be heard. Dr. Sampson opened his desk drawer and took out some pictures of a woman who had surgery to remove a breast. Her face was not there, so Lorna and Tony could not empathize with the woman's feelings. It was just a body without a breast. Another picture had the body with both breasts missing.

"I want to show you these pictures," Dr. Sampson said. "This is the chest after a mastectomy." Lorna looked at the pale-colored woman with one breast hanging there and the other one gone. A U-shaped scar smiled back at her. *This is ugly* Lorna thought. Then Dr. Sampson launched into talk about the options Lorna had for breast cancer treatments. There was radiation and keeping the breast. Or, she could have a mastectomy and lose her breast. He also mentioned reconstructive surgery. He briefly talked about chemotherapy and hormone therapy but did not discuss these. He was more concerned with removing the solid mass that was the tumor. His approach, as a surgeon, involved treating cancer by removing it.

Dr. Sampson wanted Lorna and Tony, together, to think about the treatment they preferred. He mentioned that some women had both breasts removed--as a kind of insurance against future cancer. The idea horrified Lorna. *Both breasts off!* Lorna and Tony talked and listened. Dr. Sampson did not push them.

"I don't want to influence you either way," he said.

Lorna knew the left breast had given her trouble before. The papilloma had brought her the same fears she now faced again. She also had a stubborn streak and a determination to fight in the most practical way. If she could get to the root cause of something, it was her nature to do it. Then she would yank the problem up by its roots, if she could. "That breast has caused me trouble before," she said. Already her mind firmed to face the ugly truth staring at her from the pictures on the doctor's desk. She turned the alternatives and their problems over in her mind. *Radiation could damage my lungs or my heart or other healthy tissue.* She did not understand how radiation could be safe to use when it damaged other organs. She knew these organs could not be shielded from exposure. As much as she despised the idea of losing her breast, in her mind she knew the knife would be safer, even though the price meant disfigurement.

Tony wanted her to have both breasts off. "You wouldn't have to worry about another cancer," he volunteered. Lorna was shocked!

"Tony, I don't believe you. How could you say that?"

"Well, you wouldn't have to go through it again, if it came back." Lorna did not say anything, but in her mind she started recording the insensitive statements people who did not have cancer made to her. Tony's was the first.

Together they decided on the mastectomy. Lorna did not want reconstructive surgery. She had worked for a plastic surgeon and knew many surgeries would be required to complete the final reconstruction. She also knew that "plastic surgery" did not promise a perfect breast. At her age of 46, the fewer breast surgeries, the better, she felt.

Dr. Sampson reassured them in their choice, "That's what I would want my wife to do," he said.

How sincere. How comforting Lorna thought. Later she would see how clearly Dr. Sampson understood disease and his patients' feelings as they struggled with cancer. His gift remained one most doctors could not offer. Dr. Sampson had

been through cancer himself as a young medical intern and knew how fearful cancer could be. Lorna counted her blessings. Dr. Sampson was one of them.

Now Tony and Lorna prepared to tell their parents. Tony called his father and asked if he wanted to come up the day of surgery. John, a favorite family member in Tony and Lorna's home, visited often. He and Tony fished together, and John enjoyed coming to dinner. All three of them had fine times together. Lorna listened on the upstairs phone as Tony made the call.

"Dad, we've got some bad news."

"What's that?" John queried.

Tony went on, "Lorna's got breast cancer, and she's having a mastectomy on Wednesday. Do you want to come up?"

"Judas Priest!"

Lorna had never heard her father-in-law swear before. She knew it took a stout wind to blow those words out of him. Tony and John talked on for a while, but Tony's father did not want to come up and wait with his son through the surgery. "You'll have your hands full," John said.

Tony knew his father didn't handle illness well. He had seen it before when one of his father's best friends sat helpless from a stroke. John didn't know what to say to comfort him, for he felt uncomfortable himself. Tony did not push his father. They said good-bye and Tony hung up.

Lorna couldn't believe her father-in-law would abandon Tony in his time of need. The operation, under general anesthesia, would take several hours. *My god, who is going to help Tony through this ordeal?* Lorna wondered. She did not want him to sit worrying all through her surgery. Then she called her parents. She hated to do this, as she knew how upsetting the news would be.

When the phone rang and her mother answered, Lorna asked, "Is Dad there, too?"

"Yes," her mother replied.

"Put him on the other phone. I have something to tell you." When her parents were on the line, she said, "Are you sitting down?" Then she broke the bad news. "I have breast cancer, and I'm scheduled to have surgery on Wednesday. We wanted to tell you before I go in."

Lorna couldn't believe the calmness of her parents. Sometimes when the fire sweeps over the earth and there seems no place to hide, a mother or a father will rush forth and snatch the child away from the raging beast. In her concern for how her parents would react, Lorna had never once thought they would put away all their fears of cancer just to give her strength.

"We want to come over," her mother said.

"Yes, we want to come over," her father echoed.

Her mother's voice remained as steady as Lorna could ever remember. "What time is your surgery?" All those days of friction between mother and daughter slipped away. Lorna's resistance to her mother's advice, and the hurt feelings Mary Jordan sustained from her daughter's occasional sharp remarks were unimportant. There was only love present now.

Five days later Lorna entered the hospital for surgery. She felt stoic and distant about the impending mastectomy. Without food in her body, Lorna's mind ranged into wild and morbid thoughts. The surgery which had been scheduled for 9:00 in the morning had been delayed when the doctor ran into complications on another case. Lorna was glad for the extra time because her parents had a long drive to Cedar Falls. She feared she would go to surgery before they arrived. Just as the nurse wheeled her out of the room, the Jordans arrived in the hall, three of them, still bundled with the cold air of November clinging to their coats. They hugged their daughter and exchanged kisses. Lorna cried when her brother, Dan, hugged and kissed her. "How are you, sis?" He said with a big grin.

These were the gifts which meant everything to Lorna. She could not buy them. Love from her family was freely given. Love flowed like a never ending stream, across the rich green valleys, through the treacherous rocks one dared not cross, into the arid pasture in times of drought. The stream might shrink when too many drank from its cool steady flow, but it never disappeared. The stream gave life to everything around it.

The Jordans sat with Tony in the waiting room, and another dear friend, who knew the silent partners of cancer and waiting, had come to sit with Tony as well. Company at a time like this is a welcome visitor. It takes time away.

Lorna came through her two-hour surgery and awoke in the recovery room an hour later. When the nurse finally wheeled her to her room, her parents and brother had gone, but Tony was there.

The night following surgery existed as utter misery for Lorna. She had been given nothing to eat, so she could not sleep at all. The hands on the big clock in her room moved silently on the wall. She watched them move from ten o'clock to eleven o'clock; then from twelve to one, and on to two o'clock, three o'clock, and four o'clock. Exhausted, Lorna still could not sleep. An IV of Ringer's lactate dripped steadily into her right arm, and a plastic hemo-vac had been inserted into the wound on her chest. The tube drained fluids from the surgical incision into a plastic bag taped to her body. Bandaged and packed with ice, Lorna's left side throbbed under the cold. Every minute she felt the stabbing pain. She could not move, and her arm ached. Her back and bottom hurt from the pressure of lying in one spot. Whenever she tried to move, a fiery pain seared her left side. It became worse when the nurse tried to get her out of bed and walk her to the bathroom.

Lorna tried to uncurl from the frozen position her body had taken. Muscles did not want to be bothered. Not knowing how to relax her back, she tensed her muscles. This brought pain ripping through her back as the surgeon had cut through these nerves. Lorna screamed. The nurse brought pain pills.

On Friday, the second day after surgery, life improved. Lorna had slept through part of Thursday night. The night nurse had taught her how to relax her back and reduce the pain. Hospital attendants brought her food she could eat,

and friends came to visit. Several brought flowers. Lorna's family had brought her a big yellow chrysanthemum. Her mother had said, "Now when you get better, when it's spring, plant this outside in your garden. It will bloom for you." Many of Tony's friends sent flowers and some even brought them to her room and stayed for a visit.

So many friends had remembered her. Bouquets of flowers came from far and near. On the window ledge sat an elegant plant Lorna's sister had sent from Ohio. People in her past, from Fairview Church, had remembered her. They sent cards, letters, and formed a prayer chain in their community hundreds of miles away. Her ex-brother-in-law and the kids sent a beautiful fall arrangement. To her, Laverne remained her brother, even though the marriage had crumbled. At times Lorna felt overwhelmed with everyone's kindness. She was not alone.

The names of 50,000 young men
who fought and died in Vietnam
are engraved on a black granite wall in
Washington, D.C. — This country
could erect a similar monument
each year to the mothers,
daughters, wives, and
loved ones who die
of breast cancer.

CHAPTER THREE
FEAR AND ISOLATION

For two days Tony and Lorna waited for the pathology report. Dr. Sampson had taken the breast and twenty-nine lymph nodes under her arm, as many as he could find. The path report would tell Tony and Lorna about their future.

Tony spent hours with Lorna in her room. He cheered her and brought her a very rare treat--a quart of chocolate almond ice cream to celebrate her victory over surgery. Surprised, Lorna couldn't believe Tony would do this for her. Since she had begun her hypoglycemic, sugar-free diet nine years earlier, he had been very protective of her eating habits.

The nurse brought paper cups and plastic spoons for the impromptu party. Lorna ate a small helping and shared the ice cream with her friend, Mildred, and with Tony. She gave the rest to the wonderful day nurse who had been a lifeline to her during her trying surgical ordeal.

Tony took Lorna for short walks down the hall to the nurses' station. He steadied her on her right side as they pushed the IV stand ahead of them. Lorna's room, located in the new wing of Sartori Hospital, offered a clean and cheerful environment. Glad for the large west windows, Lorna could look out through the pines and into the sunset. During the day the sun shone and the blue sky brightened the room. At night, when Lorna was alone, she sometimes left the drapes open and watched the fluttering of snow flakes against the black window pane. Their life and death struggle reminded her of her own. In the past week Lorna's mind had drifted in thoughts of her own mortality.

Late Friday afternoon Dr. Sampson walked into Lorna's room with the pathology report in his hand. Tony sat by the window. Lorna's eyes followed the doctor's every move. In a quick glance, she picked up the shifting body language of the two men as they moved into position for this final round in the surgical arena. The grand finale of emotions would be played out in this room with the reading of this report. Lorna knew, purportedly, that cancer's conquest hinged strongly on the number of nodes involved with disease.

Tony braced himself in his chair near the window. Dr. Sampson found a place against the wall facing both of them. Lorna turned her head so she could watch both her husband and her doctor. Now, by shifting her gaze from one to the other, she could watch the feelings unfold on their faces. Lorna remained stoic.

Lorna thought at other times Dr. Sampson seemed like a friendly neighbor, willing to help remove fallen limbs and leafy litter. Now, in his crisp, white hospital coat, sandy colored hair and sparkling clean glasses, he looked ever bit his professional role as one of the city's top surgeons. Lorna observed this serious side of her doctor. His usual cheerfulness had been packed neatly into his pocket for the moment. He was here on business.

Leaning on the wall, Dr. Sampson put both hands behind his back and rocked against the wall as he talked. He launched into his usual discussion about the stages of breast cancer and what they meant. When he finished, he took the report in his hands and started reading it aloud. Lorna shifted her eyes to Tony. He looked scared, yet strong. Lorna sat quietly in her bed. She was the object of this attention and the reason for all the pent-up emotion which waited to explode with whatever news this report would bring. Lorna felt far removed from the reality before her. Like a moth hovering outside a window, she peered in, into the lives of a sick woman's husband and her doctor who had to break cancerous news.

Dr. Sampson continued reading. Lorna watched Tony's body tense as Dr. Sampson got to the part about lymph node involvement. Tony gripped the arm of the chair with his hand and twisted his mouth into a painful expression as he bit down on his lip. "One node in 29 was positive with cancer."

Lorna did not hear everything the doctor had said after that. With this news, her mind drifted away. Ambiguous relief passed over her, something like

the bullet which had whined past her in the garden when they lived near Guttenburg. The neighbor boy, target practicing, had let go with a volley of shots. They pinged on metal around her, but none of them found her as their mark before she slipped out of the garden and into the safety of the house. Lorna knew it wasn't the best report, but she also knew she wasn't riddled with cancer yet. She had hope.

Then she listened as Dr. Sampson continued, "That cancer . . . it was right down on the rib. I had to scrape the bone with my knife. His face had a worried look. "I think I got it all, but it was right down there--right down on the rib."

His furrowed brow told Lorna more than the pathology report. She knew he was trying to be positive for her sake. He continued, "I'll make an appointment for you with Dr. Sankra. I want you to get started on chemotherapy just as soon as you can."

Lorna knew cutting through the tumor during the lumpectomy had freed some of the cancer cells to travel in the blood stream. Now she learned her tumor had nearly grown through the tissues into the bone as well. This made a clean and easy excision impossible. Although Dr. Sampson did not think the cancer had invaded the bone, she knew he had concern for her health and thought chemo would be a wise choice. Dr. Sampson had received chemotherapy for his lymphoma years earlier and believed in it for his patients.

The pathology report contained another important and unexpected piece of information. The breast contained two cancers. Dr. Sampson did not know this when he operated. The pathologist discovered the other cancer when he dissected the breast tissue. Both cancers were growing in breast lobules. Lorna responded immediately *It was a good thing we took it off.*

Removing the breast had been the right choice after all. Both cancers had been identified as aggressive, infiltrating tumors. Both arose from the epithelium (the lining) of the lobules, the glands which produce milk.

On hearing this news, Lorna breathed a sigh of relief for their decision to have the surgery. Facing the reality of losing a breast, however, would be harder to deal with than she ever expected.

Tony took Lorna home on Saturday morning. The nurse helped her into a wheelchair. Then she packed a pot of flowers into Lorna's lap and the rest into a little cart. A bright blue day, the tenth of November welcomed her as she left the hospital. She looked forward to watching the Iowa Hawkeyes play football on television.

At home Tony helped her get comfortable on the couch, but the football game did not go well. The Hawkeyes played poorly and Lorna tensed her muscles every time they made a mistake. This brought her excruciating pain, and soon she had a headache. Tony turned off the television and replaced the game with music to help Lorna relax.

The end of 1990 approached rapidly. It had been a year with unexpected twists which neither Lorna nor Tony could have ever anticipated. Both had turned 46, but what lay ahead in the coming six months would be the most grueling time of their lives.

Forty-four thousand women died
from breast cancer in the
United States in 1994;
in 1995, another
182,000 women
learned
they had
breast cancer.[9]

Neither money,
nor education, nor willingness
to submit oneself to painful treatments
are a guarantee against this disease.[10]

CHAPTER FOUR
THEIR STRUGGLE TOGETHER

Lorna's parents planned to drive back to Cedar Falls to care for their daughter while Tony had to be gone for an IBM-training workshop. The timing for him could not have been worse. Helpless in the house because of her constant pain, Lorna could not cook for herself. She could get in and out of bed on her right side, but her tightly bandaged left side and immobile arm remained useless. To protect herself from the pain, she barely moved her arm.

At work, Tony prepared for installation of the University's new computer system. He knew the work ahead would be difficult and require his full concentration. This challenge involved converting the University's computer operating system from MVS version 1 to version 4.

Normally, a systems programmer moves from one version to the next level during system upgrades. Otherwise, there are too many details and too many variables to track.

Tony viewed the three step upgrade, from version 1 to version 4, as a pressure cooker even with Lorna well. Ahead of him lay a task no one else had ever tackled. There were no paths, no other footsteps to follow. Tony would have to think through all the parameters of the new system configuration and install it

in bits and pieces, while he kept the old system running. Finally, when all the pieces were in place, he would make the cut-over to the new MVS version 4.

Like the Challenger and other spacecraft, once Tony jettisoned the old system, he would be flying with new wings. The system had to work.

For Tony this seemed the first time in his marriage Lorna truly needed him. He felt the weight of his work pressing down like a yoke upon his shoulders. *What if Lorna has a year to live?* he thought. Tony's feelings tormented him, yet he could not tell her this, for he must comfort her. Many nights when Tony could not sleep, he got up and thought about the computer system. He thought about his wife and what his life would be like if she died. Tony didn't want Lorna to die, but he thought about this possibility.

Lorna and Tony had talked before of things which might separate them in death. They knew they would stand beside each other to the end. However, being separated from each other by a demanding job when the end might be near for one of them wasn't something they had considered.

Tony left for his first training session in Chicago the day after Lorna came home from the hospital. After he was gone, she sat down at the dining room table and put her head in her hands. Tears rolled, and soon sobbing convulsions rocked her. The isolation of being left alone in the house, in this ocean of sickness, set her mind adrift. Like a tiny dingy caught in a stormy sea as light failed, she could not see through her streaming tears. Her bent shoulders, wrapped around a wounded chest, shuddered as she wept. Through the tears, she asked, "Why me? Why me? God, why is this happening to me. Hasn't there been enough for me?" When she gained control of herself, the lonely blue-gray color of the room blurred through her tears.

When she wiped the tears away, Lorna took out her stationery and wrote to three good friends, telling them about her breast cancer. She wanted them to

know, for Margaret, who worked at the Department of Transportation where Lorna had worked, always offered comfort. Sidney's spiritual words would encourage her. Finally, Lorna wanted to share her feelings with Bev. How could she know the responses she would receive from these friends would comfort her, encourage her spiritually, and make her fiercely angry?

When the door bell rang at one o'clock in the afternoon, Lorna had control of herself. At the door stood her parents with sad faces and a suitcase and a basket of food in hand. Her father had brought his guitar and her mother, her sewing. Lorna expressed gladness to see them, but her spirits dragged on the ground. It would be a trying week for everyone. Lorna was depressed.

Nights she cried herself to sleep. In the mornings, Lorna did not want to get out of bed. She missed Tony and found it easier to go back to sleep than face the day. The reality of an amputated breast and her immobility from surgery left her alienated. Lorna felt a physical and spiritual ugliness from the abuse by the surgeon's knife. To compensate, she withdrew from her mental and physical pain.

Surgery's conquest and cancer's victory had snatched Lorna's breast, leaving her deformed. This loss would become more acute when the bandages were removed.

Mary Jordan prepared meals for all of them, trying to find foods Lorna could eat. This proved difficult, for Mary was unfamiliar with Lorna's rotation diet. Dr. David Morley, who was Lorna's allergist, had encouraged her to use this diet, to help alleviate her allergy symptoms. On the rotation diet, she ate each food only once every fourth day.

Lorna helped her mother with the meals by giving directions where she stored her food and telling her how to fix it. Lorna had made up her mind soon after surgery she would eat well, so she would heal well. Her stubborn nature drove this conviction.

Mary Jordan helped Lorna change her bandages and clean the chest drain with hydrogen peroxide. Blue plastic stitches held the healing scar and scabs in

place. Lorna taped plastic over the bandages when she showered, to protect the wound from infection. Cautiously, she tried to reach up and limber her stiff arm. On Wednesday, her father drove her to Dr. Sampson's office to have the hemo-vac drain removed from the incision.

Lorna held a most loving feeling for her parents and the help they offered, but she could not express these feelings. All words of appreciation froze, for her heart felt heavy. When a young man says "good-bye" and leaves his family to enter battle, he cannot say what is truly in his heart, for what is truly in his heart is fear that his days are numbered. A huge gulf exists between his feelings and what he says. Lorna might as well have been three years old again, trying to tell her parents "thank you" for giving her life as a child in this world. Her wistful green eyes looked out silently upon her parents' tender care.

When Tony returned home from his IBM training program and her parents went away, Lorna laid her heavy feelings on her husband. Her spirits depended on him. Lorna had spent much time thinking about the cancer. She tried to figure out, why her? Why breast cancer?

In less than a month she would face another violent assault, chemotherapy. Another desecrating act would be committed against her body, against her will. Lorna began to write her thoughts in her daily food diary. These thoughts reached far beyond just what she had eaten that day. Her thoughts probed into the physiology of her body, what had gone wrong in hers, and into a philosophy of living and dying.

I found my lump. I felt it grow larger and never thought but fleetingly it might be cancer. To the touch it pained me, but my body knows so much pain, I didn't think much about this. I am so sensitive; my body is like a laboratory, and through its sensations, I monitor what goes on in it.

To Lorna's thinking, terrible things like breast cancer happened to other women, those who did not take care of themselves. Lorna, who had always tried to be conscientious about her health, had begun to eat frequent snacks when she learned she was hypogylcemic. When she discovered eating foods with sugar in

them upset her blood sugar and that strong coffee gave her the shakes, she gave those up.

Two weeks passed and Lorna moped around the house, mourning the loss of her breast. She thought about her cancer and retreated when the thoughts became too frightening. *How long will I live?* she wondered. Lorna knew all her days were numbered. Ahead of her waited the chemotherapy. *Will my life go steadily downhill after I start those treatments?* She had seen it happen to many cancer patients. She had no idea that Tony's thoughts were also of destruction and death. *Is this the beginning of the end?* he would ask himself.

In the first part of December, when Lorna was scheduled to start her chemotherapy treatments, Tony again had to leave for another computer installation training session. A friend drove Lorna to the Cancer Treatment Center and sat with her, just as the friend had sat with her husband through his terminal cancer treatments at Mayo Clinic. Lorna appreciated her good friend Mildred for coming to her rescue.

Lorna had no idea how she would react to the chemotherapy. The doctor had warned her she could become nauseated or quite ill. With Tony gone from home, Lorna's friend, Mildred, promised Lorna if she became ill, she would come running and stay the night.

Lorna went for her appointment during the first, big winter storm of the year; it was the biggest snowfall, the coldest temperature, and the most blustery weather of the year. In the large chemotherapy room at the Cancer Treatment Center, cancer patients filled the blue and burgundy recliners which lined the room. Tubes attached to yellow and clear bags of chemicals hung beside the recliners on stainless steel racks five feet off the floor. The patients watched television as intravenous chemotherapy dripped into their veins. The morning game shows and familiar TV personalities provided a friendly ambiance to the room.

Lorna could not tell if any of the patients were apprehensive. *At least not that I can see* she thought to herself. She wondered how many others felt as anxious and resentful as she did that these toxic chemicals would be dumped into her body. However, Lorna could detect nothing unusual in the attitude of other cancer patients as they watched television. Calmly, they received their chemotherapy. Some patients had semi-permanent shunts (tubes) inserted by their collar bones and received their chemicals through those.

The passivity in the chemotherapy room caused Lorna to think of this event as a kind of "last supper." Everyone she saw accepted the chemicals without resistance. *It seems as ordinary as sitting down to breakfast* she thought as she surveyed the room. The idea of cancer patients having chemo for breakfast unnerved her. *What is our world coming to?* she questioned.

Lorna decided these patients had accepted chemotherapy. *It is a way to continue living* she thought. *They do not resist, not the way I want to resist.*

Oncology nurses wearing mauve pantsuits broke the quietness in the room as they bustled from the adjacent chemical lab room. They ministered to patients who had come for cancer treatments.

To Lorna, most of the patients looked old, gray, and sick. She knew she wasn't young, but she didn't feel as old as many of these people appeared. Most had graying hair. Some wore wigs, and others wore scarves. Brave patients bared their balding heads. She saw no children or young adults today, and all of the patients were Caucasians.

Lorna's nurse brought a handful of plastic tubes and syringes filled with clear and colored liquids which would go into Lorna's arm. The nurse daubed the top of Lorna's hand and looked for a good vein. Then she pierced a puffy, blue vein and started the flow of chemicals into Lorna's body. Lorna watched intently as the nurse pushed the toxic-looking yellow fluid through her veins. *They are destroying my body with this chemotherapy* she thought. She hated having this chemo dumped into her system, knowing the chemicals could destroy her cells and tissues. *Think what this stuff, this C-Methotrexate-5FU, will do to my liver, my bone marrow, my dividing cells. I'll never be the same once this poison gets into my body.* But, the chemotherapy fought the cancer.

Lorna's ideas about the chemicals destroying her body were partially correct. The chemotherapy would lower her immune system's response, and already it had been weakened. It had become so weak, in fact, cancer had taken hold. She wondered what would happen to her now. How would she cope with infections and her allergies after her immune system became further damaged?

The oncology nurse changed syringes and injected more chemicals into Lorna's vein. The entire procedure took about thirty minutes, and Lorna felt no real discomfort, just a little burning. The nurse, sensing Lorna's anxiety on her first visit, spoke cheerfully and remained calm.

Mildred drove Lorna home. The treatment did not bring a bad taste to Lorna's mouth, and she did not become nauseated. Her parents called and Lorna felt fine, not at all depressed or drugged. Later, she wondered if the vitamins and supplements she took every day had helped her survive the chemo treatments without becoming nauseated.

Vowing she would continue working through her chemotherapy, Lorna went back to her job as a clerk in the business building on Monday after Friday's treatment, her first round of chemotherapy.

Lorna worked every day, except one, during her six months of chemotherapy. She became very ill only once, half way through her treatments when the chemotherapy and her allergies collided. That night Lorna had helped Tony wax their house's hard wood floors. After breathing the floor wax in the house, she could not sleep. The next morning, her face was swollen, and the skin around her eyes had puffed up. Her body ached and her swollen joints and stiff muscles pained her. The petroleum-based chemicals in the floor wax brought on an allergic reaction. The chemotherapy, which had weakened Lorna's immune system, exacerbated her allergy symptoms. Exhausted, Lorna stayed home and slept.

There has been no substantial
change in the mortality
from breast cancer
since the 1930's.
--Susan M. Love, M.D.[11]

CHAPTER FIVE
ALLERGIES, FUNGI AND FOODS

After she began her chemotherapy, the chemicals in cleaning solutions, cigarette smoke, and auto exhaust bothered Lorna much more severely than they had before. Dr. Morley, her allergist, did not want her using cleaning compounds at all. Now with the chemotherapy lowering her immune system's ability to fight back, Lorna responded with severe allergic reactions and depression.

Her extreme sensitivity to molds and chemicals, including perfumes and fragrances in soap and detergents, also brought allergic reactions to many foods. Lorna's broken-down immune system would not permit her to eat the foods most people enjoyed.

As she sat at the dining room table contemplating her condition, her mind flashed back to 1989, the year she had first seen her allergist, Dr. David Morley. One year later she discovered her breast cancer.

Tony had driven his wife to Dr. Morley's allergy clinic in LaCrosse, Wisconsin. Lorna had been pessimistic about the trip, thinking that no one could help her with her insomnia, her nervousness, the itching inside her arms, and the pains in her stomach. She complained to her husband on the way there, "Tony, this trip will just be a waste of time. Dr. Morley isn't going to find anything to help me."

"Keep your mind open, "Tony cautioned.

Tony's attitude had a positive influence on Lorna, and his optimistic nature kept Lorna's thoughts from sinking lower. She knew this about her husband and

had often thought *What if I had married someone else? What would have happened to me?* Lorna could slip easily into the imaginary world, and when depression gripped her, there was no telling where it would stop. Tony was her rock of Gibraltar, and she loved him for this.

Before her appointment, Lorna completed an extensive medical questionnaire. This information gave Dr. Morley a chance to learn about his patient's habits before they met. On one page Lorna answered questions about the foods she ate, and how often she ate them. Another page asked if she had pets, if she smoked, and what kind of heat and cooking fuel she used in the house.

Tony and Lorna found the medical complex nestled between historic old houses in LaCrosse. Inside, the clinic was spotless. Signs at the entrance and in the waiting rooms stated, "For the benefit of our allergy patients, please do not wear perfumes and colognes" and "No Smoking, Please." The examining rooms contained no carpets to catch mold or trap dust, and all of the floor drains had been cemented closed.

When the nurse called for Lorna, she and Tony followed to the examining room where Dr. Morley and his assistant, George, greeted them. Dr. Morley reviewed Lorna's questionnaire and asked a few questions. George asked if Lorna had been breast fed and if she had dieted much. The allergy doctors wanted to know if Lorna had taken many antibiotics.

These questions surprised Lorna. Neither Dr. Morley nor George related the questions to anything else. They just asked and nodded their heads as though they expected the answers she gave them. Later, Lorna would learn that dieting had been detrimental to her health. About the breast feeding, she thought *I couldn't help it if Mother didn't have enough milk to breast feed me.* Lorna did not think she had had any more antibiotic treatments than any one else. She did not know then that over-use of antibiotics contributes to the development of allergies and disease states of the body. Dr. Morley's questions made her think *Do you suppose we are taking too many antibiotics when we should let our bodies develop their own defense?*

After Dr. Morley talked to the couple, he sent Lorna to the laboratory for allergy skin testing, for blood work, and for environmental sensitivity testing.

After the tests, Lorna's arm swelled up with eight red welts. These were allergic reactions to *Candida* yeast, several other molds, dust mite, and nickel. Some of the reactions burned, others itched. The skin tests made Lorna realize how miserable a hidden allergy could make her feel. *What if I itched like this all over?* she thought. Lorna had read the labels on many of the solution bottles while she sat for her skin tests: dog dander, grass, pollen, *Alternaria* (mold), *Candida* (mold), dust mites, and many others. *People are allergic to everything!* Lorna thought, as she gazed at the hundreds of little vials holding the antigen solutions used for allergy testing.

Dr. Morley requested a complete blood chemistry. In addition, he requested RAST tests for allergies to wheat, yeast, peanuts, pork, and potatoes. The results of these tests would be sent in the mail. Everything about the allergy testing intrigued Lorna.

In the Environmental Sensitivity lab Lorna received drops under her tongue to test for chemical sensitivity to *Candida* yeast, sugar, and sodium benzoate, a preservative. Ten minutes later, Lorna reported a quaking sensation. Some of the drops under her tongue caused tightness in her chest; others caused a mental fog. When the technician completed the sensitivity testing, she neutralized the effects.

Over the months and years that Lorna would return to this allergy clinic for treatments, her symptoms would change as her sensitivities changed. Later, she would react severely to ethanol, a chemical found in cigarette smoke and vehicle exhaust. Ethanol fogged Lorna's brain so badly and gave her such headaches that around idling cars and cigarette smokers, she just held her breath and hurried away.

Lorna and Tony sat in the hall waiting for the results of the tests and their turn in the doctor's office. When they were called in, Dr. Morley sat behind his desk wearing a white lab coat. He looked very distinguished, and his soft, graying hair fit his gentle manner. He worked quickly and spoke briefly. Lorna and Tony sat expectantly in the two chairs near his desk.

"Lorna, we have found some allergies," Dr. Morley began, "and I think we we can help you."

This news came as a great relief to both Lorna and Tony. "Are these the reasons for the pain in my stomach and my insomnia?" she asked.

Dr. Morley reviewed her chart as he spoke. "You are allergic to molds and to dust. The insomnia is a hard one to pin down, but we will know in a few days about the RAST test, whether you are allergic to these foods."

He turned to Lorna's husband and said, "Tony, your wife has had quite a time. Her allergies are a big part of her central nervous system problems." Tony looked surprised and waited for Dr. Morley to finish. "If you had taken her to a psychiatrist, she might never get well."

Tony listened then breathed a sigh of relief. Lorna sat silent, absorbing what Dr. Morley had just said. It confirmed to her what she had thought *There are answers to my problems.* Finally, she had found a doctor who believed in what she told him. Lorna became hopeful.

Tony squeezed her hand. Then Dr. Morley wrote out a prescription for Nystatin and told Lorna to take these anti-fungal pills every day. It would help rid her body of the yeast and molds which were causing many of her allergies. He also wanted her to avoid molds and try to make her house as free from dust as possible.

Lorna made mental notes about what he said and hoped Tony would remember everything. He remembered things she could not.

Lorna wanted to know if she had allergies to the foods she ate the most. She loved eating potatoes, bread, and peanut butter. Dr. Morley wanted to check for yeast and wheat allergy, since many people develop intolerances to those from eating them so frequently.

When he finished, Dr. Morley said to her, "Pick up your drops on the way out. The blue bottles are for food. The red drops are for chemicals. Use them three times a day." He explained they would help her overcome sensitivities to yeasts and additives in foods. Then he said, "Stay away from yeast and foods that bother you, and read the labels on the package."

Lorna did not know food manufacturers add yeast to soups, cereals, and breading on fish to enhance flavor. She would soon learn, however, how destructive yeast and molds could be to a person whose immune system has been weakened.

All this information overwhelmed Lorna, and she had many questions. Most of all she wanted to know why she had pains in her stomach after she ate.

Dr. Morley knew it would take time to remove the layers of allergies and sensitivities Lorna had developed over years of exposure. These allergies had weakened her immune system. Dr. Morley said, "Maybe you should rotate your food. Eat a food just once every four to seven days."

Lorna's thoughts drifted back from those memories of her first trip to the allergy clinic. Sitting at the dining room table, she watched the cardinals out the window eating the seed Tony had left for them. *Those birds eat the same thing over and over* Lorna thought. *How am I different? Dr. Morley said the rotation diet would eliminate some of the toxic load until I can strengthen my immune system.*

Lorna would discover over the coming months that rotating her foods and avoiding moldy environments would help her symptoms tremendously. Then, by avoiding eating foods with mold in them, she could reduce her toxic load. Maintaining this vigilance over her allergies would be the pattern in Lorna's life for the next several years. Although she had found a doctor who could finally help her, Lorna's health would not improve immediately. Her immune system had been weakened and, unbeknownst to her, the cancer had come. Worse things were in store for her.

* * *

While taking chemotherapy, Lorna's eating problems became worse. Planning her eating and shopping for foods frustrated her. Lorna looked in every grocery to find new produce to eat. She tried jicama, the Mexican potato, chinese celery cabbage, rutabagas, and all kinds of peppers. Once in a while Lorna rebelled against her restrictive diet and ate the forbidden foods anyway and swore in her kitchen while she did so. When her will to adhere to the strict eating pattern faltered, she became depressed. Then her stomach pains returned, and irritability and fatigue plagued her.

Everything Lorna ate, which she knew she should not eat, punished her in some way. Milk fogged her brain. Some foods caused pains in her muscles. She did not use many fruits, as these always made her feel bad. The day after she ate potatoes, she felt awful. Grains left her feeling half way dead. Every time she tried wheat, it punished her. Wrinkles on her face and bags under her eyes were sure signs she had not eaten wisely.

In despair, Lorna gave up trying to be cheerful at work. The pain in her healing chest and the lethargy imposed by the chemotherapy pulled her spirits lower and lower as each three weeks of the chemo cycle advanced. At night she sat by Tony's side and watched television with him. She desired to do nothing else. In the daytime, before she went to work at her half time clerk position, she watched the news coverage of the Gulf War confrontation called Desert Storm. *How appropriate* she thought. *Two wars going on. Desert Storm and this war of chemotherapy in my body.* Watching Desert Storm soothed her in a strange sort of way. It posed an unfinished drama which played out every day, like the unfinished drama going on in her body. First the battle appeared to be won. Then the enemy shot down a U.S. Air Force pilot over Iraqi territory. The enemy tortured him and put him on television, proving they had power, too.

During her chemotherapy, everything seemed larger than life to Lorna. Visual images made huge impressions, and her mind hung on the metaphor of cancer and war. *They are alike* she thought. *The killing. The fear. The separation and alienation.*

The immune system is literally a scoreboard of a person's nutrient intake . . . [12]

CHAPTER SIX
ALONENESS

Lorna's depression grew deeper with the advancing chemotherapy. Dr. Nadipuram, her oncologist, could not understand why she responded this way. She cried in his office and became reckless, not caring what became of her. Fatigue overwhelmed her. Moving up or down the stairs seemed a formidable task, causing Lorna to reconsider its necessity. Normally able to bounce up and down the stairs a hundred times a day, Lorna sat immobilized on the sofa, her thighs spreading wider as fat accumulated from inactivity.

Vacuuming the living room or the stairs required all the energy Lorna could muster. Sometimes it required more. By sheer force she drove her muscles with adrenalin when she finally made up her mind to clean the house or wash the car. A small task took her two hours, or longer.

Getting the groceries posed a daunting chore and required days for Lorna to summon her will. Moving her lethargic body from the car to the store, lifting the bags, and bringing the groceries into the house demanded energy reserves exceeding her supply. Adrenalin provided the rest. The next day, Lorna paid the price.

In the mornings after she showered, Lorna collected fistfuls of dark curly hair. When she ran the comb through the wet mass, handsful of hair came out, filling the waste basket in the bathroom. She rolled up ringlets and placed them in envelopes to remember her pretty dark hair. She watched the blackness of her head thin to white as hair fell out. In the bathroom, she exercised her arm every day. Each time she stood in front of the mirror and saw her naked, ugly body, she cried.

Lorna felt useless, hopeless, and ugly with her breast amputated, her body growing fat, and her hair falling out. Finally, she bought a wig, before she lost all

of her hair. One day, in downtown Cedar Falls, the wind caught her wig, and the ball of hair rolled down the street. Stumbling after it with her bald head exposed, she felt that her life had turned into one humiliation after another.

The days of chemotherapy dragged slowly on. Tony would not touch her. This pained Lorna and made her bitter, too. *I never thought Tony would abandon me because of this cancer* she thought. But Tony stayed away from her, and Lorna suffered unbearably with her thoughts.

Her withdrawal and the feelings of loneliness made her thoughts worse, perhaps, than her reality.

In the basement of the business building, Tony worked day and night, putting together his plan for implementing the computer's new MVS system. Work took away thoughts of his sick wife which festered in his mind. Knowing that he could do little for Lorna, except give her emotional support and love, he pored himself into the project facing him. During long days and nights in the basement of the Business Building, he read manuals, made detailed notes, and called IBM support about his questions. Some answers they did not have, so together the IBM support team struggled with Tony to learn how the modular sections he would create could fit together. Tony, who loved archeology, had read how the stone-age Incas cut monolithic sections of rock and placed them together in buildings and walls which had stood forever. These primitive peoples, who had no sheering tools and no cranes to lift the tons of stone, built these walls by thought and physical force.

In the University's high tech world of computers, Tony remained the primitive force behind the mainframe computer. Everything depended on Tony's hours of thinking and planning. He was the mental and physical force.

At home by herself during the days and evenings and week ends, Lorna felt imprisoned. Her depression brought feelings of uselessness and recklessness. At times, throwing all caution to the wind, she ate with abandon whatever she wanted to eat. At the grocery, she bought cookies for Tony; then she ate them secretly, when he was gone. She hated her life, especially her feelings of being constricted.

Withdrawing farther from reality and lost in cancer's doldrums, Lorna turned to the forbidden foods for refuge. Her punishment came later, when she least expected to be knocked to the ground again. In the evening, or the following day, Lorna slipped farther and farther into depression. The sugars and carbohydrates intensified her bleak feelings. Suicidal thoughts swept over her. For her, the situation became more hopeless. *I am a prisoner to cancer* she thought. *It is here to kill me.*

What we eat clearly
affects cancer risk . . .
We vainly pursue magic bullet cures.
--Adriane Fugh-Berman, M.D. [13]

CHAPTER SEVEN
SLEEPLESSNESS

At times during her chemotherapy, Lorna could not sleep. At other times, she could not stay awake. Problems of falling asleep after eating were not new. They had appeared many times before her cancer, and she saw these symptoms in other people as well.

The yeasts and other fungi in her intestines dumped their poisonous waste products--their mycotoxins--into her system after she ate. The foods she liked to eat fed fungi, too, and their metabolites signaled her cell receptors to *sleep.*

One day Lorna nearly missed work from the lethargy which had consumed her. She awoke at eight, then drifted back to sleep. Again she awoke at nine, but a terrible fog trapped her mind. She felt groggy, as though a wicked spider had cobwebbed her consciousness. Repeatedly, she awoke, then fell back to sleep. When she finally aroused herself and saw the clock's hands pointing straight up, Lorna sat up, shocked at the lateness of the day. Forcing the lethargy and fatigue off like heavy covers, she rallied. *Gosh, it's twelve o'clock* and hurried to get herself ready for work thinking *I can make it by one.*

At night, Lorna experienced trouble falling asleep. Her back ached from inactivity, from sitting in front of a computer screen or television, or from sleeping on the day bed. Later, women in her breast cancer support group talked about insomnia being the "mark of a veteran." Every breast cancer woman had her story to tell about sleeplessness. Later, Lorna would ask *Is it yeast which causes their insomnia, too? Are fungal toxins in our bodies blocking our sleep receptors?*

Lorna would cling tenaciously to this idea, for she hoped to help other women survive their assault from breast cancer. Lorna knew doctors didn't have much to say about *Candida* yeast in the body; however, she remained convinced the yeasts and fungi had a great deal to do with her ill health.

Although some doctors would claim Lorna's sleep problems were psychological and a way of escaping her dilemma, Lorna knew differently. *There are real reasons for this insomnia* she thought. *This isn't in my head. If I could only find some way to show the doctors I know this is true.*

As her immune system weakened, the fungal pathogens spread through her body. When she ate sweets, starchy carbohydrates, or fats, the yeast and fungi grew like bread dough when sugar is mixed with baker's yeast. The fungi loved to eat the foods Lorna knew she should not eat.

Ranging freely in her body, traveling in her blood and causing her great distress, the *Candida* yeast, other fungi, and their toxic waste products moved into her tissues and organs. Nights when Lorna ate yeast-producing foods, such as potatoes or other starchy foods or fruit, the toxic wastes gave her arthritic conditions in her fingers and feet.

With fewer of the good T-lymphocyte cells fighting in her repressed immune system, the fungi and their poisons gradually took over her body. Lorna's allergies became worse.

Even before Lorna had discovered her cancer, she had puzzled over bits of information she had gathered from her body's reactions to food. Then by reading books and medical journals, she constructed postulates to explain her deteriorating health.

Lorna didn't always tell Tony her thoughts, as he tired of listening to her problems. One night when Lorna could not sleep and a hard knot formed over her stomach, she talked about it to Tony as she lay in bed. When she rubbed the knot, it subsided. When she stopped rubbing, the blood rushed back, throbbing, as the knot reformed. As Lorna talked about her insomnia, Tony jibed back at her, "What are you anxious for, you don't even have a job?"

His comment struck a chord with her, "I'm not anxious," she said. "Everybody thinks I'm anxious about something. I am NOT. You think it; the doctors think it. It's just not so!" It disgusted Lorna that everybody thought she

had nerve problems and should just get over them. "Crips! If I could make myself better, I would," she snapped at Tony. Tony didn't reply.

Lorna lay silent, thinking of the Xanax, the anti-anxiety medication Dr. Franklin had prescribed for her. She thought about the *Candida* yeast and wondered if it could be responsible for her "anxiety." Ten minutes later she heard Tony sleeping. When she still could not fall asleep after another thirty minutes, she got up and took another Xanax.

She approaches unseen,
the predatory animal,
Mutilating my body and soul
for no reason,
Leaving me helpless
in the winds of change,
Offering no clue
if she'll ravage me more . . .
from "On Cats' Feet"--Lorna T. Jordan

CHAPTER EIGHT
FRUSTRATION WITH DOCTORS

As she sorted through the sundry lab tests and medical bills on her kitchen counter, Lorna recalled many of her frustrations with doctors and her medical treatments over the years.

From the beginning when she first learned of her breast cancer, Lorna had felt strong reservations about surgery and chemotherapy. The first session after her mastectomy with her oncologist at the Cancer Treatment Center had proved devastating. Lorna did not get Dr. Sankra, whom Dr. Sampson had recommended. His patient schedule had been filled. Instead, the clinic assigned her to Dr. Mukund Nadipuram, the other chemotherapy oncologist.

Lorna believed success with her treatments and the outcome of her breast cancer would depend heavily on her mental attitude. She wanted to muster every positive psychological support in her treatment program. Frustrated with the turn of events, she thought *How can chemo help me get well now? I wanted Dr. Sankra to care for me.* Having pinned her hopes to one doctor, she felt crushed by the assignment to another.

Now in Dr. Nadipuram's office, she listened to the slightly-built, Indian doctor with the small graying moustache explain the chemotherapy protocol. She thought.to herself *What do I do now? This isn't the doctor I wanted.*

Lorna knew she could not feel negative toward her doctor if she hoped to get well. She also knew she could not feel negative toward the chemotherapy if it was to help her. In the back of her mind she wondered if she would destroy her health by her negative thoughts.

What should she do?

Like many other times in her life, Lorna took stock of the situation. *Why should I have less faith in Dr. Nadipuram?* she asked herself. She liked his quiet gentleness.

Lorna wanted to reverse her feelings about Dr. Nadipuram and think positively about him. To help her achieve this goal, she made a gift for him. She asked the frame shop to triple mat her cancer poem, "On Cat's Feet," in red, yellow and blue overlapping ovals. The woman in the poem had been attacked by a mountain lion. She lay bleeding on a ledge above a pool, her breast severed, thinking about ending her life in the pool below. She could escape her staggering pain and the torment of waiting for the mountain lion to return, attacking her again. However, the woman rallies and prays to the spirit, "Let me live to be ninety and die in my sleep."

In the waiting room, she watched Dr. Nadipuram unwrap his gift. Slowly he read the words. When he finished, he clutched the poem to his breast like a child clasping a lost teddy bear. In his eyes Lorna saw the childlike hope of the innocent. Her poem had been a prayer to her doctor. She knew Dr. Nadipuram cared deeply for his patients, and she moved unhesitating into her treatment program. In the coming months Dr. Nadipuram would become everything Lorna could hope for as her oncologist.

* * *

Other doctors were less helpful. Dr. Sankra could be charming, but Lorna found when he substituted for Dr. Nadipuram, that he refused to answer questions about "yeast" and belittled her ideas when she asked if fungus had anything to do with her poor health.

She was upset that her doctors seemed to know little about vitamins and could not advise her on the dosages she might need.

When she requested lab tests to check for magnesium deficiency, those reports came back "within normal range." Nevertheless, Lorna believed from journal articles she had read and her experiences with pain, tingling sensations on her skin, and muscles cramping in the night that her body dumped magnesium. Like her rabbits with tetany after their parathyroid glands had been removed, she believed her body did not use calcium and magnesium properly.

She experienced severe problems with vaginal yeast while on the chemotherapy and afterwards. However, when the yeast had been cultured in the lab, the reports came back "negative." One time Lorna used a Nystatin suppository and left the white residue from the yeast for the doctor to confirm. Again the test came back "negative." Baffled, Lorna spoke to Dr. Franklin on the telephone after the lab results had been mailed to her.

"The yeast is there," she said.

"I know," Dr. Franklin replied.

"Well, why doesn't the lab test find it?" Lorna found it hard to believe such an obvious fact would show up as "negative."

"I don't know. I have another patient whose yeast doesn't show a positive test in our cultures, either."

Lorna wondered what other tests were not accurate.

Turning over every possible reason for her allergies and nervousness, Lorna wondered about the mercury fillings in her teeth. When she asked her doctors about this, none of them encouraged her to have the fillings removed. Lorna, however, had read that mercury in silver amalgams can repress the immune system in some people. *If my fillings are repressing my immune system, I want to know! Otherwise, I will never get well if I leave those fillings in my teeth.*

Lorna knew of the growing concern about mercury in teeth as a health hazard. On television, 60 Minutes had examined the DAMS controversy (dental

amalgam mercury syndrome), and found that various symptoms appear in patients allergic to their mercury fillings. Nevertheless, the American Dental Association held to the view that no harm could come from mercury in silver amalgam fillings.

Searching for reasons for her ill health, Lorna had her hair analyzed for heavy metals and toxic compounds. The results showed toxic mineral levels of lead, arsenic, mercury, cadmium, aluminum, nickel, and beryllium. Her nutrient mineral levels showed high levels calcium, magnesium, zinc, selenium, phosphorus, sulfur, molybedenum, and low levels of potassium, iodine, cobalt, chromium, sodium, copper, manganese, and iron. Lorna took the report to several of her doctors. They did not know how to interpret the results and took no action.

Again Lorna felt frustrated at the failure of her doctors to know what this important data meant to her health. More than frustration, it angered her that these doctors made no attempt to learn what this information told them and help a patient who struggled to improve her health.

Lorna knew some of her doctors viewed her as a hypochondriac or a malingerer, someone who always found something wrong. Lorna's rebuttal to this argument was *Well, this breast cancer did not happen by accident. The condition of my health had been jeopardized to the point that cancer could walk in the door. I really don't think these doctors are prepared adequately in preventive medicine. They are trained to tackle disease after it entrenches itself. This is the way they are taught, and they don't even* think *of approaching medicine any differently.*

But Lorna's criticism of her mainstream medical doctors was not just a punch in the dark from anger; she endlessly read the medical literature. She also searched within her body to find the reasons for her illness. Now she wanted to have the mercury removed from her teeth. However, Lorna's dentist took the same stance as the American Dental Association. When she told him she wanted to have her mercury fillings removed and replaced with non-toxic composite fillings, he objected. Later, he mailed her a position statement, reprinted from the JAMA (Journal of American Medical Association) magazine, confirming the official view stating that no harm could come from mercury fillings.

Lorna questioned these officials' positions and decided to look for a dentist who would help her.

Numerous other traditional approaches to sickness and health had frustrated Lorna. She wondered why mainstream doctors prescribed tranquilizers and anti-depressants so readily when perhaps foods, vitamins and minerals, and herbs might be safer alternatives. Lorna did not believe in taking drugs, except as a last resort.

When she observed her doctors ignoring the causes of her medical problems and treating the symptoms, it bothered her. She had resisted her doctor's eagerness to prescribe Xanax for anxiety and Prozac for depression, telling herself *There must be answers. Why do my thoughts fly? Why can't I sleep? I have nothing to be anxious about.* She believed doctors administered too many medicines which "drugged" their patients. Lorna did not want to be drugged. She wanted to live.

Is it the same with cancer? Are we ignoring the causes and spending our money on empty treatments? Lorna pondered long on *Why cancer?* She knew from her own experience that *truth* often sat just in front of her nose. In her mind she wondered about the yeast/fungus connection to her breast cancer.

Could this yeast in my body, these fungal cells and their mycotoxins have produced my breast cancer?

Lorna wondered, too, if the rapid increase in breast cancer in the United States and resulting metastasis could be triggered from this burden of yeast in the body. Her Aunt Clara had told her about a friend who had bouts with recurrent breast cancer. The doctor explained to the friend, "You just have a body that gets cancer."

"It means her immune system is weak," Lorna told her aunt. Privately, Lorna was disgusted that a doctor would say this to his patient. Lorna had read in Dr. John Trowbridge's and Morton Walker's book, *The Yeast Syndrome*, of a possible connection between *Candida* yeast and breast cancer.[14] During the coming months, she would turn this "connection" over in her mind. Eventually, Lorna would patch together enough pieces of information to form an uncomfortable quilt of possibility. The simple idea of how this fungus-breast cancer connection happens would scare her to death.

Lorna asked herself what every woman with breast cancer asks herself: *What did I do to bring this cancer to me?* Then she probed deeper. *If my health has deteriorated, what should I do differently to rebuild it?*

For a long time Lorna believed if she were ever to find the kind of medical help she truly desired, she would have to search and find it for herself. Yes, she had confidence and a great deal of respect for her family doctor who could treat an appendicitis, or the flu, and give her a physical. However, the big medical crises worried her, and she feared some doctors could make her worse.

Like a dark cloud looming overhead, Lorna watched the impending storm approach. Her severe allergies, her fluctuating mental state, and now breast cancer threatened to tear her future apart. Like a summer tornado, grinding along the ground, ripping to shreds every living thing in its path, the storm approached. Lorna frantically sought shelter from this raging tornado. Would she ever find a doctor to protect her before the massive storm swirled over her?

Lorna found herself in a new race for life. *How much time do I have?* she asked. In previous races, her mount, named Good Health, had been fast; but now, in her mid-forties, Lorna had been placed on a dark horse called Cancer's Dilemma. She knew he was a fast steed and that he could break any rule, jump any fence, and steal every opportunity to win. The race would have only one winner. *If only I could ride Good Health again* she thought. *I know we could win.*

During her chemotherapy--and also afterwards--Lorna observed her body slipping into malnutrition. She wanted her doctors to help determine dosages for the vitamin and mineral supplements she took. When she learned Dr. Franklin knew little about supplementing vitamins and minerals, she tried to coax him into learning about it and advising her in their use.

When this did not work, Lorna struck out in great irritation. It angered her when she had to take the responsibility for doctoring herself. With her body becoming more reactive to foods, Lorna had to guess which vitamins, minerals, and supplements to take.[15]

What are we cancer patients supposed to do? Die because our doctors don't know about nutrition and allergies? Lorna's fury continued. *Why don't my doctors*

know what I know? They can go to workshops and read the Journal of Orthomolecular Medicine.[16] She did not excuse a doctor for ignorance of nutrition and mineral and vitamin therapy.

Lorna had seen a plethora of information on preventive medicine, nutrition, and disease and knew it was available to any doctor. *My doctors are pill-rollers!* Lorna said as she vented her feelings in the privacy of home. Then she wrote this letter to Dr. Franklin:

Dear Dr. Franklin:

I guess I held undue hope that you could help me. Sorry that I took so much of your time unnecessarily.

Please send my electrolyte results of April 8th and some past ones to compare.

As always, I will continue my search for the truth in wellness and good health . . . but if Associates of Medicine is going to be working in that direction, someone needs to take some time off and refurbish their medical education with study at Tufts University in areas as abstract as nutrition and allergies.

I will continue to search for the answers myself and for a doctor whose acumen covers the areas that I need assistance with. Therefore, I will want most of my records at some later date.

Thank you.

Sincerely,

The next day Lorna told Tony what she had done. He listened to her as he often did while shaving in the bathroom. When she finished, he walked out, one strip shaved away from his lathered face. Looking at her with a jaundiced eye, he said, "Well, what are you going to do when you need a doctor?"

"I don't know. I'm not going to worry about it," Lorna replied and paced around the kitchen as she talked.

"Well, doctors can't know everything," he said.

"I suppose I'll have to find another one. Tony, those doctors aren't helping me. I tell them what happens to me, and they don't believe it!"

"Are you sure you won't need Dr. Franklin? Will you regret what you've done?"

"I don't care. Medical schools don't teach the doctors much about food and nutrition and allergies. But Tuft University does." Lorna threw the newspaper to the floor in a huff. "Nutrition and allergies are probably the two most important things a doctor can know to keep his patients healthy and cure disease. My doctors know very little about them."

Tony raised his eyebrows at her and went back to the bathroom.

Lorna knew she expected a lot from her doctors. They were not prepared for the questions she asked. At times she persisted with her thinking to the point of being obnoxious. However, Lorna did not second guess her own questions; she searched everywhere for information, in books and medical studies.

Lorna's bad moods became worse. She railed at Tony. He began to think she was going crazy, but he held his tongue.

Not enough Americans
are aware of the
extensive link
between diet
and breast cancer.
--America's Diet: Are We Losing
the War Against Breast Cancer?[17]

There are no cancer victims, only cancer producers.
--in The Cancer Prevention Diet--by Michio Kushi[18]

CHAPTER NINE
REJECTION

Lorna's aloneness brought an overwhelming sense of rejection. Her feelings came from within. Tony did not love her less, but in her mind, she felt he did.

As she began to prepare herself to face the world after surgery and chemotherapy, with artificial hair and a prosthesis for her breast, she faced her situation bitterly. Lorna hated what she saw in the mirror: a lopsided woman, balding and getting fat, sad hazel eyes, no energy, and no hope for the future.

With the chemotherapy, Lorna lost her libido, too. The discovery of her breast cancer came at a terrible time, for Lorna had entered menopause just before she found her cancer. The cumulative feelings of personal loss--losing a breast, her sex drive, entering menopause, and leaving the fertility of youth behind, as well as the problems of chemotherapy--were forced upon her in one moment. Together, these life changes contributed to Lorna's physical and mental setback.

Dressing for work, Lorna saw only an ugly woman in the mirror. She took the short dark wig down from its overnight post and pulled it into place on her head. Lorna did not like the short hair as it did not keep her warm in the wintertime. However, she had chosen it because it looked better than the longer wigs, and she hoped it would last until her hair grew back.

Placing it on her head, she adjusted it right and left and forward and back to center it, to look the same each day. Lorna had singed the front curls one night when she opened the oven to check on Tony's pizza. The synthetic hair had

melted. She hated wearing it now, but could do nothing about it. The wig cost $100, and she could not afford another.

At work Lorna hunched her shoulders forward so not to expose the flatness of her chest. She felt vulnerable without her breast and even more so without her bra. The wound was tender, and tight clothes rubbed uncomfortably. She wore loose fitting tops and layered sweaters to hide her deformity.

Another woman who worked in the same building as Lorna also fought breast cancer. Carol had struggled with the disease several years earlier. Now it had returned to haunt her and her family. Her oncologist had placed her on an extended, twenty-four month schedule of intensive chemotherapy.

Carol inspired Lorna at a time when little could raise her spirits. Carol had been through all the treatments Lorna now experienced, the surgeries, the six-months' treatment with chemotherapy, bone scans, and even radiation and MRIs (magnetic resonance imaging, which are pictures of the inside of the body). Now Carol fought the metastatic cancer which had returned to her bones.

Carol's predicament saddened Lorna, but Carol remained cheerful about herself and the cancer. As Lorna stood before the pro's desk, listening to advice, she learned many things which would help her face her own cancer. She did not agree with Carol's selection of foods, for she ate everything. In fact, Carol admitted she had gained over fifty pounds. She thought she would need the weight later. In her earlier struggle with cancer, Carol had lost weight, and she expected to need the weight to fight again.

Carol, who hid her bulk under loose-fitting sweaters and sweatshirts, ate everything people brought to the department for coffeetime or parties. However, Lorna never ate any of those tempting birthday cakes, doughnuts, rolls, and box lunches with croissants stuffed with tuna salad and served with cookies and grapes. They contained sugar and white flour, and that fed yeast.

Some days Lorna feared asking Carol more about what she could expect with breast cancer. Sometimes Lorna retreated and just remained ignorant. She saw this happen in the breast cancer support group, too. Lorna paced herself in

learning what breast cancer could mean. Too much information at once scared her.

Letters arrived in the mailbox. Lorna's friends and family sent sympathetic get well cards. No one talked about *cancer.* The cards carried ambiguous messages--*hope your illness is soon over.* Lorna's mind struggled with the intended distance. *Why don't they talk about my cancer? Must I carry this burden alone?* Lorna's Aunt Clara wrote about the "big C." *Only Aunt Clara can speak about cancer in her letters.* Lorna learned people are so frightened of cancer, so scared for themselves, they do not know how to talk with a friend who has cancer.

Other people made insensitive remarks which shocked Lorna. One day, a secretary in the business building said to Carol and Lorna as they discussed their breast cancer, "You girls are lucky to be alive. Ten years ago you would have been dead."

How thoughtful! Lorna muttered to herself. *You old bag, why didn't you get breast cancer!*

To Lorna, there seemed no fairness to cancer's visit. Good women, young mothers, kindly grandmothers, none of them were exempt from breast cancer's bullet. If you were hit, the struggle became yours. Everything else in life would be set aside, and mentally and physically you would fight a disease determined to take over your body and your spirit.

One friend sent Lorna a note saying "God sure must love you, he keeps throwing the ball into your court." Another woman wrote, "Some day you'll look back on this as an interesting experience." *How cruel!* Lorna thought. She kept all the notes and remembered these comments.

How can people say these things? Death came as no stranger to Lorna. Her family had seen its share of tragedy in the death of a mother, and a child. These tragedies had helped her family learn what words would comfort and what words would offend.

With 90% of new drugs on the market being discovered by America's pharmaceutical company researchers, the choice of breast cancer medicines is constantly expanding.
--Pharmaceutical Research and Manufacturers of America[19]

Proper nutrition could prevent from 50-90% of all cancer.--Dr. Patrick Quillin[20]

. . . one person in three in the United States will develop cancer, and . . . one person in five will die from cancer.
--Janis Kuby, Ph.D., Immunology[21]

CHAPTER TEN
FAMILY AND FRIENDS

Lorna's cousin discovered her colon cancer at age 32, just after her son was born. At Mayo Clinic the doctors told Linda she was a "dead woman," for the cancer had spread into nine of nine abdominal lymph nodes. Linda refused to believe she was meant to die, for she had two small children to raise. With strong religious faith and the help of her doctors at home, she underwent radiation and conquered the cancer. Twenty years later, she remains well, taking vitamins, minerals, and herbal supplements to protect her health.[22]

When Linda heard about Lorna's cancer, she made the two hour drive to bring courage and faith to her cousin. Lorna needed this visit. Slouched on the sofa, not wanting anyone to see her, Lorna heard the doorbell ring. Letting her cousin in, Lorna apologized for her messy house. Linda smiled and held her cousin's hand. She had come to see Lorna, not the house.

The two women, who had grown up together, had been close friends during high school, as their fathers were brothers. In 4-H, their demonstration, "Serve Cheese to Please," had won a blue ribbon at the County Fair and had advanced into competition at the National Dairy Cattle Congress in Waterloo, Iowa.

For Lorna, her cousin's visit was hope knocking on her door. Linda's experience proved that Lorna could beat cancer, for Linda had defied the odds and refuted what doctors at the famous Mayo Clinic had told her. Lorna clung to her image of Linda as cancer victor.

The time Tony and Lorna spent together also became precious. When the warmer days of March arrived, Tony walked with Lorna through the park before sunset. He pointed out the red-wing blackbirds perched along the ditches singing "Jubile-e-e." Males staked out territory for spring nesting, and with wings brilliant in red and yellow, they displayed their nuptial patches when other males approached. *This nesting spot belongs to me* they said. *I'm waiting for my girlfriend.* The females would arrive in flocks later than the males.

In March, snow lingered in low spots and on the north sides of trees and houses, but the breeze felt warm on Lorna's cheek. As Tony and Lorna walked out toward Brunskill's big barn silhouetted against the setting sun, the scene reminded Lorna of home. Dreary as life seemed to her now, she loved seeing the milk white lights illuminating the barn doors and windows. *Someone is milking there* she thought. At home, the lighted barn had always welcomed her. There she found warmth, friendly cats, cows being milked, and the fragrant scent of hay. The memories of better days took her pain away.

Walking with Tony through the park provided the only exercise Lorna got each day, and she looked forward to it. Tony talked about their future, but for Lorna, it remained difficult to think beyond her experience now. Besides, the idea of *surviving* cancer left a big question mark in her mind. *How long is survival?* she asked herself. *A year, two years, five years?* As she thought about the possibilities, Lorna recalled the news and recent reports of women who had died of breast cancer and others sick with breast cancer. Actress Jill Ireland, wife of actor Charles Bronson, would die in May of 1991, and Lorna's neighbor, Sue Harris, would succumb to breast cancer the same month, after a valiant struggle at University Hospitals with numerous bouts of chemotherapy and infusions of blood platelets.

The preceding fall, before Lorna knew she had breast cancer, Sue and her husband and their two young daughters had come to view their lot adjacent to

Tony and Lorna's. The Harrises looked forward to building a new home there. Now those dreams had collapsed.

Lorna's spirits sagged when she thought of the women around her dying of breast cancer. Still, Tony encouraged her saying, "This is temporary. You'll feel better when the chemo is over." Lorna wanted to believe him.

As winter drew to a close and spring approached, Lorna's feelings of withdrawal began to subside. In their place came feelings of anger which were harder to accommodate. No one wanted to listen to Lorna's hostilities. Her anger focused on the cancer, her doctors, and her medicine.

One day as she stood at the pharmacist's counter waiting for her Cytoxan prescription she thought *Why do these pills cost us so much? The pharmaceutical companies must turn them out by the truckful.* After her chemotherapy injections at the Cancer Treatment Center, Lorna took this oral chemotherapy three times a day for fourteen days in her treatment cycle. Each month the pills cost her more than $100.

At home, after supper, Lorna vented her anger at Tony. Examining the white and turquoise-spotted pill which lay in her hand, she repeated, "These pills cost too much! Who benefits from them? The drug companies. These pills must be cheap to produce; there are so many of us cancer patients taking them!"

Lorna knew producing large volumes made a product cheaper, and it enraged her to think a drug company would profit from the pain and suffering of so many women with breast cancer. "These stupid pills lower my blood count, give me fatigue, and kill my libido," she said. "And the drug companies are making a fortune from women like me!"

Tony finished his dinner and listened patiently as his wife continued her tirade. When a lull broke the anger, Tony asked her calmly, "Shall we go for a walk in the park? The sunset will be beautiful tonight." He knew she needed to let her feelings out. They had been bottled up for six months, since she first learned about her cancer.

Tony brought her red down jacket from the coat rack, and Lorna put on her blue turkish-cloth cap to cover her bare head. Together they walked hand-in-hand down the street.

Lorna felt bad about her rages. Their lives were tension-filled enough with Tony's work and her illness. She did not need to throw this burden of anger into their lives. She also knew Tony tried hard to buoy up her feelings, and she thought *How can I be mean to him? Tony would never treat me that way.* So Lorna stifled herself most of the time.

It wasn't a good idea, for the grieving process Lorna had entered would be necessary if she hoped to emerge from the depression which held her captive.

It troubled Lorna that she could not express her angry feelings about cancer to her friends. They shied away from her when her hostility reared its head. Still, Lorna felt like railing against the cancer, the chemotherapy, and the pain of these physical and mental constraints.

In public, Lorna kept her thoughts to herself. She knew they would only raise hostilities in other people if she voiced her views on this beastly breast cancer and other people's unthinking remarks.

Lorna found expressing her frustrations to friends in letters therapeutic. The letters did not seem to offend anyone. She supposed friends reacted differently to a letter than listening to an angry woman in person talk about her breast cancer. Small, angry poems also presented themselves. Lorna wrote about her cancer.

My Clock

Tick tock
Tick tock
Minutes pass
On the cancer clock;

Tick tock, tick tock,
Minutes pass on
The cancer
Clock.

Writing calmed her. It put her feelings into perspective.

By the first of April, Lorna had finished half her chemotherapy. She had gained 13 pounds, weighed 114 pounds, and felt terribly fat. Just as she found herself in a pit of despair, a friend came visiting.

Mae brought great solace to Lorna's inward misery, for Mae listened. She also brought Lorna little gifts she had made, a paper cutting for Lorna and Tony's twenty-third wedding anniversary and gingersnaps for Tony. The two women sat around the big dining room table in the warm sunshine, held hands and shared talk. *Dear Mae. She understands in ways others seem not to understand* Lorna thought. Her gentle friend never reproached her. Lorna could say whatever she felt, and Mae always listened.

When the two friends said good-bye at the door, Mae hugged Lorna and said, "I love you." Lorna did not know then that two cancers hugged each other. Her friend was dying of cancer but Lorna did not know it. Like the loving person she was, Mae gave more to others than she asked of them. For Lorna, Mae existed as one of the world's great blessings.

Her memories of this day would come flooding back to her when Lorna learned in June that Mae had become very ill. Sick since April, her rapidly growing cancer of the pancreas had been diagnosed to be fatal. Lorna thought to herself *It happens to the good ones, the ones who have the most to offer.* She saw no fairness in cancer. Lorna also knew reasons existed for cancer's conquest, but no one had yet discovered them.

Each morning when Lorna awoke, she thought about Mae. "Her days are numbered, too," Lorna said as she whispered her prayers. Mae had less than a month to live.

We don't know what causes
breast cancer. We don't
have a clue.

If we knew,
I wouldn't
do it anymore.
--Erma Bombeck, Breast cancer survivor [23]

CHAPTER ELEVEN
WATCHING FOR RECURRENCE

Ever vigilant for signs which might warn of another cancer growing in her body, Lorna felt a sore spot on her spine. She asked Carol at work what she would do.

"Get a bone scan," she said. "Then you will know if it's a tumor." Carol had become an expert on locating tumors. She could feel them developing as new lumps in her legs and back. With soapy hands in the shower, she slipped her hands over her body and found the tumors growing. Then the doctors went after them with radiation.

Carol had known about the lump in her breast for nine years. Her doctor, however, told her not to be concerned; he would watch it. Finally, when doctors removed the lump, it had turned cancerous and spread throughout Carol's body.

After her papilloma in 1974, Lorna had mammograms regularly. She had become familiar with the x-ray machines and the procedure of squeezing the breast to take the picture. She remembered as a child how the salesman in the shoe store used an x-ray machine to check the fit of the shoes on her feet. These x-ray machines had long since been removed for the hazard they posed from repeated exposures to growing children. *What about the mammogram?* she thought. *Could it cause cancer to start?*

Later, when Lorna discovered how one cell or one tissue could be irritated so as not to heal, like a gallbladder continually rubbed by a stone, or an IUD, an intra-uterine device, continually assaulting the uterus, she began to understand how a cancer could get started. *Something in one cell goes wrong. Then, if the immune system does not eradicate the damaged cell, the faulty cellular DNA can create another faulty cell.*

Lorna knew the cell which serves as the master pattern for the newly forming cells will not keep replicating itself if the immune system detects an error in it. She knew a healthy immune system eliminates renegade and maverick cells which carry this faulty genetic material. *The body protects itself this way* she thought. *These safeguards are programmed into our immune systems to help us fight the enemy and preserve our healthy tissues.*

These ideas coincided with Dr. Christian Kellersmann's statements in the book *Cancer and Consciousness* which Lorna was reading. "Yes," she said, voicing her strong belief, "cancer only results when the immune system has been disturbed or weakened."[24]

The idea of a "sore that will not heal" caught Lorna's attention. She had spoken with a woman whose father had died of laryngeal cancer. All his adult life he had worked with refrigerants. In the days before the caustic ammonium compounds were containerized, the refrigerants irritated his throat daily. He developed sores which would not heal. Eventually, these sores became cancerous.

Those stories worried Lorna. She knew from experience that when she lost the calcium in her body, she would not heal properly. She thought *What if I have scrapes or tears in my colon and they don't heal? Am I giving cancer a place to grow?*

Lorna had not read anything in medical books or articles about calcium being necessary for healing, but she knew this was true for herself. She experienced it time and again. She also saw this problem in her mother. A cut on the thumb or a fever sore on the face would not heal for a week or more. Eventually, the injury healed over, but it often left a scar. Lorna thought of the harsh-looking scars on her right knee and left leg. Perhaps these scars remained because she had not healed rapidly.

Lorna thought getting calcium to stay in her body was crucial for healing her cancer. How would she do this? No doctor she had asked seemed to know anything about it.

She thought more about the sore spot on her spine, then Lorna asked Dr. Franklin if she could have a bone scan.

As she approached her last chemotherapy session, Tony smiled at her. He had encouraged her all the way saying, *Honey, you are half way done. Lorna, you are two-thirds of the way through. Sweetheart, just one more time.*

To Lorna, his support had become priceless. Who else would give as much as Tony gave. In turn, she encouraged him in little ways with his struggle at work. A final countdown approached. Lorna would receive her last C-Methotrexate-5FU injections and would take the last round of Cytoxan pills in May. Tony and his IBM support team would go for the cut over to the new computer operating system in June. Maybe the summer would bring better times for both of them. They were hoping.

In the Cancer Treatment Center, the last injection proved difficult. The blood vessel gave way and the needle punctured through the vein. Lorna watched in amazement, for she had always had such good veins. They usually stood right up for taking blood. Every nurse had been pleased to work with Lorna's veins. She spoke up as the nurse inspected her hand, "They are usually very good."

"It's the chemo," the nurse replied. "It's corroding your veins."

Lorna knew the chemotherapy nurses were careful not to spill the pee-yellow fluid on their skin, but Lorna had no idea the chemicals were this caustic. "You mean it's eating the veins?"

"Yes, your veins have collapsed," the nurse said. "That's why it's hard to get the needle in." She attempted to enter another vein.

Lorna could only be glad this awful experience would soon be over. Extremely sensitive to many chemicals, Lorna had found that chemotherapy had been no different. She was pleased, however, that she never became nauseated by her chemo like Carol did. In fact, Carol would vomit when she went to the cupboard to get her pills. Her conditioned reflex had become so strong, even the idea of chemo made her sick to her stomach. Carol's oncologist ordered sleeping pills during the most toxic loads of chemo so she would not vomit. Her husband set the alarm, woke her and gave her the pills, then Carol fell back to sleep.

Lorna could see the chemo's monthly effect as rings on her remaining strands of dark hair. At half inch intervals, a blondish ring marked each shaft. She wondered what other organs and tissues the chemo affected. Later, she would learn the bone marrow, the liver, and the brain were major targets and she would

wonder if, perhaps, her liver had been damaged.* *Is that why I am having such difficulty with my foods. Is that why I can't eat anything? Maybe my body is not detoxifying*?

She asked her doctor how long the chemo would stay in her body.

Dr. Nadipuram said it would be out several weeks after she stopped taking it.

What should she believe?

Lorna also wondered if she had stored up the toxic chemicals in her body fat. She had gained 13 pounds during chemo. Would she be like the catfish that stored up DDT in its backfat. She had learned about this while Tony studied fisheries in college at Iowa State. When the fish metabolized the fat, the DDT went back into the animal's system. Lorna thought the chemo might do the same to her. She would watch and see if she could detect anything when she mobilized the fat.

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* A healthy liver detoxifies the blood.

Oh, take her away
this hungry cancer;
Let me live to be ninety and
die in my sleep.
--from "On Cat's Feet" by Lorna T. Jordan

CHAPTER TWELVE
SEQUELAE

May arrived and the last of the chemo had been delivered. Lorna rejoiced to be finished with it. Tony took her fishing for spring bluegills and redears at Rogers Park. Lorna knew after the chemo injection she would lose energy for three weeks while her white blood count dropped. She did not think of this right now. She felt as energetic as she could while on chemotherapy and wanted to go to the lake.

It was a gloriously warm blue day in May. Lorna felt very alive on their drive to the park. This was the first real "event" in her life since her discovery of the cancer. Tony parked the truck at the far end of the lake, and they rigged up their fishing lines. Tony set out around the lake ahead of Lorna. She moved slowly as her lazy legs had trouble keeping up, but Lorna did not care. This beautiful day belonged to her, and she would enjoy it. All winter she felt dead. Now the world in full glory awakened around her. Alive to see it, Lorna could not remember a more perfect moment.

The woods budded with new, soft, yellow-green leaves. White blossoms of mayapples peaked out from big green umbrella leaves, and purple violets speckled the ground. Dutchmen's breeches and phlox painted a delicate pink and white pattern under the blooming maples and linden trees. The trail looked familiar to Lorna.

Around the bend she caught up with Tony and watched his line break the surface of the blue water. She did not care if she fished or not. She just cared that she was here, alive, breathing in this wonderfully fresh air with all these other living things. No needles. No nurses today. Nothing to remind her of winter's painful struggle. The couple continued around the lake. Lorna headed toward a favorite fishing hole. Big redears inhabited this lake, and if she got lucky, she might catch one today.

The water felt chilly, but Lorna did not mind standing in it. The sensation of cool water rippling against her legs revitalized her body. Its coldness pinched her, reminding her she was alive.

Whammy! A fish hit her line and the bobber went under. The fish swirled quickly in a tight circle as she kept the line taught. "I got one! I got a bluegill."

"Good girl, Lorna. Keep your line tight." Tony hurried through the bushes to see Lorna's catch. "He's a fighter. Must be a pretty good one."

"Yes, he is," Lorna called back. Tony stood on the bank under an overhanging tree and watched Lorna net her bluegill, admiring her spunk. "Look at this, Tony. Isn't he nice?"

"Yes, he'll go eight inches," Tony said.

Thrilled with her catch, Lorna knew this was one of the best days of her life. She also knew that right now, this very moment of this very day was all she could every expect to have. Yesterday could not be retrieved, and tomorrow might never arrive. On the spot, she decided her life would be rich and full no matter how long she lived. Lorna would live for the day.

If I live today, she thought, *no one--not even cancer--can take anything away from me.*

Tony's voice brought her back from her thoughts, "Com'mon, let's try that big log. I want to see you catch a sackful of redears today."

* * *

Lorna went to visit Mae in the hospital in June. She took Mae a sprig of flowers from her blooming linden tree. Its perfume smelled lovely, and Lorna knew Mae had not breathed a scent of spring's fresh breezes since entering the hospital. A painter, Mae loved nature's gifts as objects of her brush.

Mae smiled and took the flowers from Lorna, smelling them deeply. Lorna wore a little protective paper mask over her nose. The two friends talked; Mae had not been eating and had lost weight. The night before, however, she had eaten and said to Lorna, "I had some vegetables for supper last night. They tasted *so* good."

Mae seemed more interested in how her friend was than any concern for herself. Gazing on Lorna standing there in her pink dress and short, dark wig, Mae smiled a warm melting smile and said, "You look so pretty."

Lorna could feel Mae's gaze taking in every detail as though it might be the last time. Her mind photographed another picture she would paint in memory.

Mae had never mentioned "cancer" to anyone. She just stoically faced her future and placed her trust in God.

Lorna left the hospital in tears. She went to the Art Colony to see which paintings of Mae's were still for sale. She wanted something of Mae for herself. Lorna selected a piece of Mae's art with butterflies and tulips and this poem on it:

How Do I Love You

Let me count the ways --
I love you like tulips
And sunny spring days,
Like butterflies
and candle glow,
Apple pies
and falling snow.
Like starry nights
and morning dew,
But most of all
For being you.

Lorna hung it in her living room.

Every time Lorna walked through the park in June and saw the pastinacas and wild carrot blooming on their tall stalks in the draw near the willows she thought of Mae. *That is a water color by Mae Arnold* she thought. Brilliant mustard yellow of wild parsley bloomed amid clusters of lacy wild carrots. The flowers looked brilliantly alive against the frame of black willows. Lorna wrote to Mae in the hospital and through her pen painted these pictures for her friend to see.

Tony's "cut over" day nudged up on him. He slept in snatches of one or two hours now. His mind was consumed with a multitude of details. He wanted the

cut over to be clean. His own standards required the new system be transparent to the users and the new version 4 of MVS to run without a hitch.

Lorna could sense her husband's anxiety as the impending cut over day pushed closer. The pressure pounded Tony, and he became nervous about everything. Lorna felt thankful the IBM team supported him, and she could not thank them enough. One day when Tony and one of the IBM support team members had been working for 22 hours straight and Lorna knew they had not eaten, she ordered a pizza with a thin crust. It was Tony and Tom's favorite. Then, wrapping it in Tony's blue down jacket, she carried it to the business building where the two slaved away on never-ending details.

Doing nice things for other people made Lorna feel good about herself again. She thought *If I can get my mind off myself, maybe I can put thoughts of cancer away, too.* She knew this would be better for her. She had read that the survivors of the Nazi holocaust who forgot, those who put the terrors and the injustices behind them, were healthier, better adjusted people. They enjoyed their lives more than those imprisoned in past memories. Lorna thought she would emulate those survivors.

Lorna went to visit her parents one weekend in late spring while Tony buried himself in his work. There, in the little community of Fairview where she had grown up, she made plans for her burial site. Lorna had thought long and hard on this matter during her illness and did not want Tony to have to make these decisions. Besides, she wanted to be buried with her family in the Lincoln Cemetery.

Around the kitchen table the Jordans talked about the cemetery. Which plots remained. Which ones were low, in the wet area. Mary Jordan went to the bedroom and brought out a box containing several documents. It held a map of the cemetery showing who owned the burial plots in Lincoln Cemetery.

"This is mom's and mine," her dad said, as he pointed out a location on the drawing. Paula is buried here, and this is for Danny." Together the three of them looked over the locations. Baby Matthew was buried on the other side of Dan's plot. Another burial plot had been reserved for Jan, the baby's mother, Dan's second wife.

"Maybe you want this one," Lorna's dad said looking at her. The plot lay adjacent to his on the north.

"Yes, I would like that."

Lorna knew the prairie buttercup grew in Lincoln Cemetery. Every spring, near Memorial day, its burgundy, blood-red petals unfurled. Vigilant, it fluttered close to the ground over the graves. Even the weekly mowings had not vanquished its brave spirit. Lorna admired that prairie flower. *Anemone caroliniana* seemed regal to her. Proud and unyielding. This was the only place she knew it grew.

It seemed appropriate to Lorna, too, that the prairie buttercup remained as witness to her family's arrival and departure from the earth. In this place called Lincoln Cemetery her great grandparents had begun their lives together in Marion County. Here, they were also buried. Frederick Jordan and his wife Henrietta Proennecke, who had left Germany one hundred and thirty-five years earlier, had made camp in their wagon in this grove of trees in 1859 as they moved west searching for land. This beautiful place on the prairie which became Lincoln Church and Lincoln Cemetery had been a good place to camp that night.

The prairie buttercup reminded Lorna of her family's struggle to survive on the prairie and carve out a piece of land for themselves. Theirs was a tradition which had been passed on for four generations. Ever faithful, each spring the blood-red blossoms of *Anemone caroliniana* waved their banners of faith and hope to succeeding Jordan generations.

BOOK THREE:

OTHER TREATMENTS

Fungus loves fat!
The standard American diet--salt, sugar, and fat--feeds the fungus.--Dr. Alexander Wood[25]

CHAPTER ONE
REACHING FOR RECOVERY

The effects of chemotherapy diminished by the end of June, and Lorna looked forward to the summer. One July morning in the privacy of her bedroom, she examined her left arm and chest wall. She knew certain nerves had been cut and the muscles damaged during her mastectomy. As she raised her arm and rubbed her underarm, she felt no sensation there. *This side is weak* she thought as she observed her ribs in the hollow of her chest where her breast had been. *But the nerves will grow back, and I'm not going to let this surgery change my life.* Lorna slipped the silicone breast form into her bra and finished dressing, checking her appearance in the mirror. Although she was determined to conquer the disabilities from her surgery, Lorna's chronic fatigue would be harder to overcome. Nevertheless, Lorna felt hopeful for she had decided to fight breast cancer and reach for total recovery.

Once her traditional cancer treatments, the surgeries and chemotherapy, were over, Lorna began searching for ways to make her body healthier. She visited the library and bookstores and brought home books on alternative cancer therapies, thinking that if her immune system grew strong enough, cancer would not return to her body.

After breakfast, she sat at the dining room table searching through piles of books and gathering detailed information on nutrition. Outside the window her prairie garden with its purple cone flowers and Indian grass swayed in the summer breeze. As she read, she pieced together information, made notes, and sketched a plan which, she hoped, would help her regain her health. She wrote this entry in her diary.

I got my breast cancer because my immune system broke down. It broke down and I didn't know it and my doctors didn't know it. They didn't know what symptoms to look for to check for a strong immune system. Maybe this is not a wonder since some doctors still do not believe the immune system has anything to do with cancer. Well, I think it does.

Lorna knew from Dr. Orian Truss's[26] work with *Candida* yeast that this organism could increase its numbers during periods of stress and lowered immune potential. In fact, she had learned that yeast could change forms under optimal conditions and become more virulent when the body is malnourished.[27] Normally confined to the large intestine as one of its innocuous inhabitants, *Candida* yeast can proliferate, growing hyphal "roots" which can puncture the intestine and permit food to fall through into the bloodstream. This causes the "leaky gut" syndrome and produces allergic reactions to food.

Dr. Morley had been treating Lorna's weakened immune system for a year before the cancer was found. With chemotherapy, however, Lorna's immune system had become progressively weaker, and with this change she observed yeast growing more extensively through her body. The budding yeast, which normally remains superficial on the surface of the mucous membranes, had changed to the more aggressive filamentous, hyphal form. With tiny hair-like projections, the *Candida* took root in Lorna's tissues, spreading like the blue-green penicillin mold across a slice of bread.

Fighting her way back to health would present an uphill battle.

As she sat reading about allergies, Lorna tried to understand why her body responded the way it did to the food she ate and to Dr. Morley's allergy treatments. She thought about the viral injection she gave herself every four weeks in an effort to stimulate her immune system. *Once a month I give myself this flu-vac shot then wait to see if my T-lymphocytes will rally* she noted. She knew Dr. Morley wanted a red swelling the size of a pea to appear on her arm and remain for forty-eight hours. *He said, 'We'll teach your T-lymphocytes to fight back.'*

When no reaction occurred, or when the red swelling went away before 48 hours had passed, Lorna knew her immune system did not function properly. *How vulnerable I am. Something is repressing my immune system.* When she recognized certain foods made her yeast grow and this simultaneously caused the red swelling to fade or disappear, she connected the foods she had been eating to the growing yeast.

Every time it happened the same way. *It's that damn yeast dragging my immune system down.* She thumbed through her food diary and read these entries:

Yeast loves milk! It loves fats! This is the breast cancer connection to fats, but most doctors don't suspect it. Everyone wants to put the bloody finger of guilt on fats

alone. What about the sugars? They are obvious culprits to me, but nobody says a single thing about sugar. Nobody says a word about fungus, either.

Another entry read:

These foods feed the yeast and shut down my immune response: milk and dairy products, fats, fruits, and starchy vegetables. Citrus fruits, citrate vitamins, and vegetables with oxalate crystals such as broccoli, cauliflower, bok choy, Swiss chard, spinach, and also tahini shut down my immune response. They bring about the same effect as Candida *growing in my body.*

Fungus loves sugar, cakes, donuts, pies, jams, jellies, candy bars, ice cream, sweetened yogurt and ***fat****. Of course, I don't eat these sweet foods any more, but the year I found my cancer, I ate every smigeon of fat, especially the fat on meat.*

I can no longer eat potatoes or wheat in crackers, cold or hot cereals, or bread--for the bread has yeast, sugar, and wheat in it. I cannot eat starchy peas or beans without the yeast growing. I love to make chili and would eat it if I could. Instead, I make it for my family and inhale the wonderful aroma.

Depending on what I eat, this red welt comes and goes on my arm. I think it also depends on whether I have enough calcium and magnesium in my cells. I think citrus and broccoli and spinach remove calcium, too, and this contributes to the demineralization of my body.

She closed her diary and daydreamed out the window. In the yard a rabbit plucked a dandelion stem, devouring it right down to the yellow blossom. Lorna wondered why she demineralized so easily. *I get leg cramps at night*, she thought, *just like my rabbits developed tetany after their parathyroids were removed.* She thought how, occasionally, she became very nervous; and at other times, she had trouble falling asleep.

As her mind wandered, Lorna considered how she had attempted to control these symptoms. *When I avoid yeast-producing foods and dose with magnesium, calcium, vitamin C and D, my symptoms disappear.* From these observations, she concluded that certain foods interfered with calcium and magnesium in her body. Then, she had another thought: *Maybe the molds and yeast also deregulate my calcium and magnesium.* She knew when *Candida* yeast grew inside her she seemed to lose these minerals.

Later, an article written by Leo Galland, M.D., would confirm her thoughts: ". . . fungi deregulate calcium and magnesium in the body."* *Maybe that's the key to breast cancer* Lorna had thought. *If I do not have enough minerals in my system, especially calcium and magnesium, my immune system breaks down and I become vulnerable to disease.*

On Friday, Lorna gave herself the flu-vac shot to challenge her immune system. At the table, she cleaned the inside of her arm below the elbow with alcohol and inserted the long thin needle just under the skin. As she slowly pushed the plunger, the 1 cc of vaccine welled up into a round bump on her arm. When she finished, she could not see any redness developing around the shot. *I'll watch for a response* she thought.

As the day advanced, Lorna saw a redness gradually surround the vaccine, and she remained hopeful the shot would "take." However, by Saturday, the injection on her arm faded, and on Monday she called Dr. Morley.

"Dr. Morley, it's the food I eat . . . it causes the red spot to fade."

He replied firmly, "That shouldn't have anything to do with it." He thought viruses were the culprits reducing Lorna's immune response.

Feeling disappointed with her doctor's response, Lorna hung up. Everything she had observed told her the growing fungus in her body caused the red fighting response to fade, for she could bring it back by changing her diet. She vowed to watch the reaction again next month to see what else she could learn about the foods she ate and her immunity.

Later, Lorna would hear about a German bacteriologist, Dr. Guenther Enderlein, who discovered that certain organisms which live symbiotically in the blood change forms, from virus to bacteria to fungi.[28] It was not the first time Lorna had read about pleomorphic** species changing form as they became pathogenic in the body.[29] Lorna would wonder if these changing life forms (from virus, to bacterium, and to fungus) would explain some of the mysteries which plagued modern medicine and, perhaps, cancer most of all.

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* Dr. Galland is a leading allergist and immunologist practicing in New York.

** Having multiple forms in their life cycles.

Armed with this new information and a belief in her own observations, Lorna would later have this thought: *Dr. Morley says the viruses are the culprits. I think my food feeds the fungus, and this causes my immune system to falter. Maybe we are both right.*

Medical knowledge and technical
savvy are biodegradable . . .
--Lewis Thomas, M.D.[30]

CHAPTER TWO
SEARCHING FOR ANSWERS

It bothered Lorna when the medical information she heard on television or read in the newspaper did not correspond with the research articles and books she read. Many of her ideas on nutrition, health, and her breast cancer vastly differed with information presented by the media.

One evening as Lorna watched television with Tony, a commercial coaxed people to stop eating eggs. Lorna's frustration erupted. "Good grief! Eggs are nature's most nearly perfect food. They feed an embryo and bring it to life!"[31] She often felt that the media and some doctors and dieticians tossed all good sense regarding food and nutrition out the window. It also bothered her when the media picked up on certain alleged "facts about food and diets," then filled the air waves with this often inaccurate information.

Lorna felt the same about the massive ad campaigns that drug companies sponsored on television. To her, these advertisements, promoting certain drugs, were an attempt to popularize them and influence the public's attitude toward disease and its treatment.

"Tony, the drug companies promote their products with huge ad campaigns on television; then they provide doctors with free pills to give to their patients. Everybody buys that medicine."

"That's free speech in this country," he replied, as he continued watching television.

Whenever a news cast reported on breast cancer or a special program on breast cancer was announced, Tony drew Lorna's attention to them. A few weeks earlier, the news had reported on a breast cancer study in which the project director had falsified data. The published report skewed information on types of treatments and their results.

Falsifying important data on breast disease made Lorna angry, for she knew women watched these reports and often based their selection of treatments

on them. Her reaction had been critical: *I don't have a lot of faith in the news media and these medical reports. If a project director manipulates data to deceive us, how are we to know which reports are valid? Who can we trust?* She resented it when women were the pawns subject to unethical practices. *I wonder if these people even care? The media and some of these doctors give us a pap to suck and tell us . . . the cure for breast cancer is just around the corner."*

As she thought how misleading the news could be at times, Lorna blurted out, "Tony, the media gives us the impression that breast cancer is declining. They want us to think there are fewer women getting breast cancer today. But that's not true. There are *more* women getting breast cancer today.

"Yes, I know," he replied.

Lorna turned over in her mind the facts as she knew them. "First, they said early detection explained the higher incidence of breast cancer in women. Well, that's been debunked. Besides, it can't be the whole story." Lorna flipped through a *Time* magazine as she spoke. "It's true, after they started massive mammogram screenings, more women learned they had breast cancer earlier; but today there is *more* breast cancer."

"I'm not disagreeing with you," Tony exclaimed, frustrated that his wife kept interrupting his thoughts.

Lorna knew this kind of twisted reporting made women feel unsure as to the truth. It also made them feel guilty for getting breast cancer. She had brought the U.S. government's 1991 hearing report *Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer* home from the library. In it she had read Dr. Susan Love's testimony at the hearing. *She said 'Every day the newspapers have stories about this or that new breakthrough. The problem is that they are advances in treatment but not necessarily in cure.'*[32] Lorna thought to herself, *I believe this is true.*

The pages of the *Time* magazine she held fell open to a thick, tear-out--a medical advertisement on breast cancer--*What You Need to Know About Breast Cancer.*[33] Lorna noted the advertisement had been sponsored by a group of pharmaceutical companies. Lorna continued to read: *. . . it's not just the statistics about breast cancer that scare women. It's that one common form of treatment--surgery--may change their bodies drastically and forever.* The statement riled her.

This group . . . America's Pharmaceutical Research Companies . . . decries mastectomies and lumpectomies as treatment for breast cancer! . . . but they glorify chemotherapy. They are just manipulating us women with breast cancer for their benefit. She startled Tony as she again blurted out her thoughts, "That is just blatent, biased reporting. Chemotherapy can change a woman's body forever, too! But they don't tell us this!"

Tony looked at his wife warily as she slammed the magazine shut, "What about loss of fertility from chemotherapy?" she asked. "Some women would say that changes their bodies forever!" This had not been a concern for Lorna at age 46, but she knew it could be devastating for a younger woman.

Tony observed her anger, then asked, "Are they upsetting you again?"

"It's not the truth!" Lorna said, laying the *Time* magazine aside and reflecting on her terrible days during chemotherapy--days when she felt ugly and depressed. She remembered how her body with its amputated breast had reminded her of the Amazon women in Greek mythology--fierce warriors from Amazonia--who cut off one breast to fit the hunter's bow to their chest. In her feelings of humiliation and defeat she had written this poem:

This Amazon Woman Is Me

Amazon Woman running—
chasing the enemy
through green leaves,
a tight forest of corn.

Barefoot . . . soles hardened.

Left breast severed
to house the hunter's bow.

Drawstring taut—
let the arrow plunge into the heart.

Dead—Alive, my heart.

* *

Cancer scars the mind.

Sidney calls hers
mandrill nose;

Marsha's cancer slashed her face—
like the sword in a German
game of Schmisse.

Sheath over my shoulder,
I enter the tight green jungle.
A straight line—
a tough shoot—

Aim
Fire
Drop it DEAD
in its tracks.

Lorna got up from the couch and walked to the window. The sky held its evening light of amber, pink, and blue. Outside the closed windows waited the environmental assaults she must confront every day. Yet, she wasn't sure her body was ready for them. *Chem Lawn calls me every time they come to our neighborhood to spray the yards* she thought. Lorna stayed inside on those days so she could avoid breathing the fumes. Sometimes, however, she put on her little paper mask and held her breath as she made short trips to the garden to gather vegetables or take peelings to the composter.

As she stood at the window, she thought about the medical community's comments on cancer oncogenes. *They want us to think this is a great cancer breakthrough.* Lorna knew cancer oncogenes* did not give a woman breast cancer. They merely indicated certain genetic weaknesses in a woman's system which could help breast cancer grow after something else triggered it. *Only five percent of us had mothers with breast cancer. The genetic component isn't the main reason we get this disease. There have to be* ***other*** *environmental insults.* The huge emphasis on cancer oncogenes irritated Lorna, for she thought more tangible help could be offered. News on breast cancer depressed her.

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* Genes permitting cancer to grow.

She walked over to the television and turned if off. The news was over and Tony had gone to his computer room. She thought about the nearly fifty-thousand women waiting to die from breast cancer this year in the United States. *We are in a holding pattern. Either the cancer industry does not have anything of significance to offer us, or they do not want to help us get well . . . and stay well. Maybe the profit motive is just too great to get their minds off the bottom line.*

Lorna had read some of Dr. Lewis Thomas' books on medicine, and his ideas intrigued her. Thomas, who had headed the respected Sloan-Kettering Cancer Research Center in New York City, died of cancer in 1992. One of his theories was that science, especially medicine, is biodegradable. Today a theory can be the belief of the medical community; tomorrow it becomes the absolute wrong thing to do. He also said "knowledge in medicine stands side-by-side ignorance."

This seemed true to Lorna. *And the doctors play down this reality. Maybe they do not believe what Dr. Lewis said is true.* She pondered the meaning of this, dark eyes gazing into the abyss of thought.

In her reading room, Lorna picked up Dr. Thomas's book, *The Fragile Species.* She sat down, turned on the lamp and thumbed through the pages until she found the section about George Washington and the terrible medical experiment which killed him.

Washington, who at sixty-six was hale and hearty, had gone for a horseback ride in the snow. Later in the day, he came down with a sore throat and fever and took to his bed. Over the next two days, his doctors bled him of five pints of blood. His last words to his physician were; "Pray take no more trouble about me. Let me go quietly."[34]

Lorna laid the book aside and thought about eighteenth century medicine and today's twentieth-century practices. She wondered how far apart the two eras really were. *Dr. Thomas said therapeutics in medicine were a matter of trial and error and that the trials were based on guesswork. Maybe chemotherapy is guesswork, too. Maybe treatments for breast cancer is a lottery for women.*

This poem she had written came to mind:

LOTTERY

The lottery is so cruel
Culling us by numbers
18, 46, 72
Even the babe who slumbers.

Cut one open
Nodes are clear
Another -- jaundiced
Greater fear.

On Wednesday, Lorna went for her bone scan. It scared her to lie beneath the big x-ray machine and watch the picture of her bones develop on the screen. She had heard that dark spots could be cancer hot spots. Lorna saw these darker spots developing on the film in the region of her upper spine, near her neck where she had pain.

The report from the bone scan came back showing deterioration around the cervical neck vertebrae. The radiologist diagnosed the dark spots as "degenerative/arthritic erosion of the bone," not cancer.

The healing power of the body
can overcome disease.

CHAPTER THREE
QUETICO WILDERNESS THERAPY

After battling breast cancer for seven months, Lorna had a major question on her mind: *Could she successfully canoe into Canada's Quetico Park with Tony for their annual wilderness experience?*

August approached, and Lorna prepared their food and clothes for the trip while Tony readied the fishing gear. In other years, Lorna had exercised her back and chest muscles to strengthen her canoe stroke, for Tony had much greater strength than she. This year, however, as Lorna jogged through the park with her backpack in place and simulated her canoe stroke, her left side did not become stronger, it became sore.

Lorna felt apprehensive about her strength and her ability to endure the impending trip. Tony, however, encouraged her, saying "I'll carry the packs and the canoe over the portages. You just come along. We'll rest as often as you need to."

When the second week of August arrived, the weather turned beautiful in the Arrowhead region of northern Minnesota. Driving up the Gun Flint Trail, the couple could not have asked for a more perfect day. Lorna's spirits remained high, for she meant to challenge herself with this trip. She looked over at her husband and touched his knee, "Tony, if I can do this, I can do anything."

The afternoon sun cast a warm yellow light through the pines and aspens. A cow moose with her yearling calf crossed the highway and sloshed through the marsh. Dimples off the blue water sparkling like diamonds danced in the sun. Their Pulsar sped on toward the top of the trail.

The next day Tony and Lorna launched their canoe into Lake Saganaga at Hooke Island. Around them sheer rocky cliffs rose along the north lake shore, and in every direction stony islands, capped with trees, stood like sentinels watching the endless march of time and travelers through this unchanging landscape. The huge wilderness lake with its 300 islands remained awesome to Tony and Lorna. They both knew that even the most experienced voyager could meet a watery grave if caught in the fury of a violent storm.

On this day, however, the sun shone brightly and the water remained calm. Lorna felt delight in returning to these northern waters. *How wonderful to see the lake country again* she thought as she paddled from the bow of the canoe. A light breeze put a chop on the water. She turned and smiled at Tony, her green eyes flashing with happiness. Tony knew what this trip meant to her, and joy for her happiness swept over him. He watched his wife, her balding head wrapped in a red bandana with a bill-cap pulled snugly over it as they canoed on toward the mouth of Cache Bay and the Ranger's Station.

Tony knew the first test of Lorna's arm would come as they turned into the wind which drove the waves out of the Bay. In previous years, they had nearly capsized their canoe when rough water and Lorna's weaker strokes could not keep up with Tony's stronger ones. Tony gave a sigh of relief for today's calm weather. Half a mile in the distance waved the Canadian flag from its rocky outpost. He heard Lorna counting as they methodically paddled on. He knew she counted her paddle strokes to take her mind off the unending expanse of water which lay ahead between them and the Ranger's station.

"Sixty-eight, sixty-nine, seventy, seventy-one . . . ." Lorna counted each stroke until she reached one hundred. Then she began again. Counting helped her build endurance and a steady stroke to get them through rough water ahead. Again and again she counted to one hundred; sometimes she sang the Volga boat song, until the outpost grew larger and they landed their canoe on the island which was their entry into Canada's Quetico Park.

After checking through the Ranger's Station at nine o'clock in the morning, the couple set a course northeast across the huge blue expanse of Cache Bay, heading for Silver Falls Portage. As she canoed, Lorna favored her left side, for her right chest muscles were much stronger. Gulls wheeled overhead and gathered in a colony on the large flat rock mid-way across Cache Bay.

Tony watched Lorna's paddle dip repeatedly into the water as she canoed with her stronger arm. Never changing arms and never complaining, she paddled on into the blue oasis ahead.

Maneuvering the canoe with a longer, more powerful J-stroke, Tony equalized the difference in their power strokes and kept them on course. The repetitions nagged at an old muscle injury in Tony's mid-back, and eventually he asked, "Lorna, could we change sides?"

"Sure," she replied, looking back to see his face grimaced with pain. "Is it your back?"

"Yeah, I'd like to rip that muscle out."

Lorna laughed at him, "Oh, honey, you want everything to work, or you want to throw it away."

"Yeah, well this body's supposed to work!" They changed sides and paddled on. Occasionally, they rested.

Deeper into the wilderness they canoed. By noon they reached Silver Falls Portage. There they unloaded their gear and ate lunch before Tony hoisted the first sixty pound pack onto his back and commenced their two hour portage over the rough trail to the next lake, Lake Saganagons.

On the other side of the portage, they loaded their canoe and set out again for a distant campsite on the blue, jewel-like Lake Saganagons. This smaller lake was safer to canoe, as it was more protected from the elements. Like beads on a string, Saganagons connected its numerous small lakes together via an isthmus of water. Tony was always glad to reach Lake Saganagons after navigating the potentially dangerous Lake Saganaga and Cache Bay. At any moment fickle weather could spawn a storm, whipping the water into a life-threatening situation. The narrowness of Lake Saganagons offered protection, for the couple could quickly take refuge on a nearby shore.

The couple paddled on past islands, through narrows and into waters they had never seen before. Lorna navigated up front with her map, and occasionally Tony glanced at his map to check their position.

Four hours and thousands of paddle strokes later, they arrived at the campsite they hoped would be vacant. Tired but happy, Lorna and Tony dragged their packs from the canoe and set up their tent. This would be home for a few days. They had come ten miles, the farthest they had ever canoed in a single day.

When evening came, Tony and Lorna sat around their camp fire watching the sunlight fade in the western sky. The lake-glow glimmered with reds, pinks, and gold. The lake reflected pine trees growing on granite islands in this pristine place. "The natives named this Lake Saganagons," Tony said. "The name means 'string of pearls.'"

Then Tony put his arm around his wife and caressed her body. Their lips met in a warm and loving kiss. Like the glacier rolling slowly over the Canadian Quetico, pushing its overburden away, his kiss slowly washed away her pent-up fears. With a stark beauty--like the Quetico lakes and their raw granite landscape after the violent Pleistocene glaciers had passed--Lorna felt her body renewed. Her husband's gentle caresses melted her frozen desire and warmed her belief in his fiery love. As darkness covered the world, the two put out the campfire and crawled into their tent.

The canoe trip into the Quetico represented, for Lorna, her great victory over cancer. Through will power and physical force, she had challenged her cancer-ravaged body and won.

What we are dealing with
is a combination of a tumor
and an immune system.

The immune system takes care of these
cells in some women, and those women do well.

In others, the cancer cells have an opportunity
to establish themselves as micro-metastases and will
eventually grow large enough in vital organs to kill
the woman.–Susan M. Love, M.D.[35]

CHAPTER FOUR
HEALING THE BODY

At home, after their Canadian trip, Lorna tackled her precarious health. Noise had become louder and more irritating after her chemotherapy, and she had become extremely nervous. The canoe trip had been peaceful, but at night Lorna used ear plugs for sleeping. Now, the severity of her insomnia increased, causing sleep to evaporate on both ends of the night. So, she got up, turned on her computer, and wrote poetry. Most of it reflected her melancholy or fiercely angry feelings, but the poems purged her mind, just as her body tried to purge the toxic chemicals. Both Lorna's body and her thoughts had been poisoned.

Lorna felt an urgency after her wilderness trip which she had not felt before. As she watched her weight slipping downhill, she thought *My god! I've got to get a hold of this creature; I've got to strangle this malnutrition before it finishes me.* She made this entry in her daily diary: *I'm losing weight. I have so much diarrhea, and I can't control it! My body is losing electrolytes and nutrients. I have to have those to rebuild myself, or . . . what will happen to me?*[36]

Lorna knew malnutrition was the first cousin to cancer, and she had seen patients in advanced stages of cancer die, not from the cancer, but from malnutrition and secondary diseases which took over the body when it could not fight back. Now malnutrition held her firmly in its claw; Lorna had lost ten pounds.

She examined everything she thought might interfere with her recovery from chemotherapy. She observed light-colored rings appearing again on her hair at irregular intervals. *It's the chemo. It's coming out of the fat and I'm metabolizing*

it again. This therapy is affecting me twice! Lorna shed another eight pounds, bringing her weight down to 95 pounds. She felt exhausted, but could not sleep. Little things irritated her, and the demineralization of her body brought on a stubborn attitude. Her mind raced.

Although she had challenged herself during the wilderness trip and found it therapeutic, Lorna had lost ground with her health. Eating freeze dried meals and nuts, nut butters, and dried fruits had been a major shift from her meat and fresh vegetable diet at home. This starchy diet, high in carbohydrates, had fed the fungi. Then their mycotoxins poured into her system, bringing on depression and fatigue. Lorna's energy plummeted as did her self esteem. Only by sheer will power and adrenalin could Lorna keep up with Tony. The wilderness trip demonstrated in a very obvious way how much food could affect her health.

For years, Lorna had read extensively about vitamins and minerals. She knew repairing her nutrient and biochemical deficiencies would require avoiding stress. She also knew her body needed good food and thought it needed supplemental vitamins and minerals, as well as essential fatty acids. She suspected that regaining her health also meant *quitting* a stressful job.

Tony also knew Lorna needed to be free of stress if she were to get well. He knew she had never been happy with her work situation since they moved to Cedar Falls. At home, as he worked in the yard, he figured their income and their debts to see if they could live on his salary.

Clipping the grass around his rose bushes, he worked out the financial problems facing them. His old pickup truck looked pretty shabby. Then he thought *Well, it's only two miles to work, and the old truck ought to hold on a while longer. If it gives out, we just won't go to the Mississippi fishing.* Tony decided to defer some of their purchases and thought they could get along on his income. Then he thought *Lorna enjoys graduate school and her writing; maybe those will help her get well.*

A few weeks later in September, as Lorna walked with Tony among the roses admiring his work while lamenting how useless she was, he said, "Honey, your job is to get well."

During the days, Lorna sat at the dining room table poring over the books she had borrowed from various libraries. She had been taking vitamin C for years.

With the cancer, she increased the dosage to 10-12 grams a day.[37] Always conscientious about providing good nutrition, she had begun taking other anti-oxidants, including vitamin E and selenium, a few years earlier and had continued doing so during and after her chemotherapy. She thought *Maybe my supplements helped me get through chemo without getting nauseated as other women do.* She knew from studies these anti-oxidants had a cleansing effect on her body, and vitamin C, particularly, helped cancer patients recover and live longer. She had strong faith in using them.[38]

In addition to the C and E and selenium, Lorna took a wide range of other vitamins and minerals and changed the dosages over time as she determined she needed more, or less. When she discovered calcium was easily lost from her body and her wounds would not heal, she thought *I wonder if losing my calcium is the reason I bruise so easily?* She was determined to find out how this worked. She had never read any information about calcium, bruising, and the failure to heal. She soon discovered, however, when she took calcium and vitamin D together, her cuts healed and her bruises went away.

Lorna would again reflect on this problem of retaining her calcium and healing her bruises a year later. In the spring of 1992, one year after her chemotherapy, Tony took Lorna to Atlanta to celebrate their twenty-fourth wedding anniversary and visit their friend, Joe King. In the excitement of the trip, Lorna forgot to pack her calcium tablets. In two days, she developed eleven bruises on her legs, and her speech ran so fast that her words slurred together. and Tony and Joe had trouble understanding her speech.

A year later, in 1993, another incident involving severe bruising would again puzzle Lorna. One evening when Lorna was sitting in class talking to Pattie, another college student, she noticed large, purple bruises on Pattie's legs, and asked her about them.

"Oh those? I bruise easily," Pattie replied. "They're awful, aren't they?" The young woman moaned as she turned her ankle to reveal an ugly blue-violet colored bruise as large as a softball. "I can't get rid of them."

Lorna noticed other smaller bruises on Pattie's legs, and being concerned for Pattie's health, Lorna told her about her own breast cancer. "I have a lot of yeast in my body, and I think it may be related to the bruising. Maybe it's also

related to my breast cancer." Lorna wanted this young woman to know what she had learned for herself about yeast overgrowth and her deteriorated health.

Listening intently, Pattie replied, "I have yeast, too. It's just awful! I can't get rid of it."

Lorna continued. "I have many allergies, so I don't eat anything that feeds yeast--like bread, or pizza, or fruit, and especially soda pop. They make the yeast grow."

Surprised at this statement, Pattie volunteered, "My absolute favorite food is pizza. I love it! And I eat it all the time. I would rather eat pizza than anything else."

Lorna frowned in a mild reprimand, "Well, you're probably addicted to it." Then her face softened and her green eyes addressed the young coed sympathetically as she said, "The yeast wants to be fed." In her mind Lorna had made another connection: *Yes, the cheesy pizza, the growing yeast, and the bruises--all of these contribute to our good health spiraling downward when our immune system is weak. I think this problem of foods and fungal growth and degenerative disease--especially cancer--is happening to many of us. Yet, our doctors do not suspect this.* After a while Lorna got up to leave, but not before she admonished Pattie, "Take care of yourself, and watch what you eat!"

After Lorna began controlling her diet and taking calcium tablets, along with vitamin D, she no longer was plagued with bruises on her legs. She did, however, still experience the leg cramps intermittently in the night. These woke her, and she had to get out of bed to straighten her legs and toes. The repeated severe cramping caused her to worry about insufficient minerals in her body. She knew calcium and magnesium worked in tandem. The calcium tensed the muscle, and magnesium relaxed it. Lorna wondered *Could a deficiency of magnesium in my tissues cause this cramping in my legs at night? Dr. Leo Galland says insufficient calcium results in insufficient magnesium. Maybe this explains why I get those cramps.*

Lorna wanted to discover how the calcium was lost from her body. She also read to learn how magnesium was lost. *If I lose my calcium and develop bruises and leg cramps, I must be doing something to cause this* she thought. *If I can figure*

out how this happens, maybe it would also answer questions about women losing calcium to osteoporosis, and maybe why they get breast cancer.

Lorna had read that phosphorus compounds in processed foods could displace calcium and subsequently magnesium in the body. She also knew from experience that citrus fruits and citrates in foods--and even vitamins containing citrate--removed the calcium and magnesium from her body. Eating citrus sometimes produced cankers in her mouth. Her friend, Joe, and her niece, Audry, also experienced this problem. Consequently, Lorna began reading the labels on foods, for she wanted to learn which foods contained large amounts of phosphorus and citrates. She thought *These will cause the body--at least bodies like mine--to lose essential minerals.*

One day while she was in the grocery store, Lorna picked up a can of soda pop and read the back panel. To her amazement, she discovered the pop contained both phosphate and citrate. *Good grief! Is this soda pop demineralizing our bodies?* A wave of astonishment rolled over her as she thought of all the college students she had seen carrying their refillable jugs of soda pop around campus. *These young people drink pop all day long!*

Lorna read other soda pop labels. Each can or bottle she picked up contained the phosphoric acid or citrates which could remove calcium and magnesium from her body. *If this soda pop is demineralizing our bodies, then it may be contributing to our downward spiraling health. If a woman drinks soda pop every day, might this contribute to her breast cancer?* Stricken by the possibilities staring her straight in the eye, Lorna could only set the cans of pop back on their shelves and shudder in disbelief. *Could a "soda pop factor" partially explain why many more younger women today are plagued with breast cancer than in decades before? It seems possible,* Lorna thought, *if their bodies are being demineralized.* Then she realized that *They can't fight off disease if they are eating poor diets and are troubled with yeast and fungal overgrowth.*

She also knew the soft drink industry claimed a $48 billion market in recent years. *The pop manufacturers are trying to get us to drink more pop every day. They even want us to drink it for breakfast! But could pop be a hazard to our health?*

Lorna remembered the days growing up at home. *Pop was a treat then.* She recalled the Jordan and Shivvers' family reunions which were held once a year in the Knoxville city park. *We had every flavor of pop, and we could drink as*

much as we liked, but this was only twice a year. She pictured the metal tubs filled with cold bottles of grape, orange, strawberry, cola, and cream flavors floating among the chunks of ice and cold water. The tubs sat on the grass near the picnic pavillion. *We didn't have pop at home very often* Lorna thought. *Occasionally, Dad bought a case of twenty-four bottles of mixed flavors for the family. We drank it sparingly and made it last.*

What wound did ever heal but by degrees?
–William Shakespeare[39]

CHAPTER FIVE
HEALING THE MIND

The following Saturday morning, the sun shone brightly through the kitchen window, and the teapot whistled on the stove as Lorna stood in the kitchen counting out her daily vitamins, minerals, and other supplements. Tony had gone outside to feed the birds.

Three small cups each held eighteen to twenty-four supplements which would be distributed through the day. As she counted, Lorna thought about the foods she ate which brought on insomnia or "light" sleep and other foods which produced muscle cramps in the night. She had tried to control the pain by dosing with calcium and magnesium and noticed that adding these minerals to her system slowed her rapid thoughts and calmed her nervousness. The loudness of sounds also became more tolerable. These noises, which thundered in her ears when pots and pans clanged or doors slammed, accompanied her irritable feelings. However, when calcium and magnesium minerals were restored to her body, the loudness of noise diminished and her irritability went away.[40]

She watched Tony fill the birds' pan of water and the sunflower silo feeder. He didn't put out much seed in August since it attracted starlings and house sparrows. The doves and wrens found plenty of natural foods to eat in the garden and yard during the warm months.

Tony walked in as Lorna finished cooking his oatmeal. "Your coffee water is ready, honey," Lorna said, smiling as her husband sat down at the breakfast bar. On weekends both of them enjoyed their coffee-making ritual. Tony ground the beans, and together they savored the aroma of the fresh grounds and brewing coffee.

Tony did not offer Lorna any coffee this morning, for coffee made her feel aggitated, and Tony was protective of his wife's eating habits. Occasionally, when Lorna asked for a bite of his pizza, or a cookie, he would tease her saying *Are you supposed to eat that?* Lorna appreciated Tony's watchfulness, for sometimes will power was hard to muster.

* * *

The winter of 1991 and spring of 1992 had brought more depression, and then the mania. Tony knew his wife did not often follow his advice. However, after her chemotherapy, he knew she listened more closely. Her weight loss continued as her diarrhea became worse, and Lorna feared for what could become of her. She had enrolled in a graduate course, but walking across campus in the winter winds, she felt as frail as a leaf lost in a gale.

Lorna recognized that her nervousness, her frantic handwriting, the insomnia, and a rapid cycling of ideas all contributed to the truncated grammar, phrasing, and thought patterns in her writing. This reminded her of Emily Dickinson's writing and she thought: *She was caught in the same web as I--caught in the bipolar world of mania and depression. I can see it during the time of her frantic and prolific writing.*

Lorna had noticed especially how both she and Dickinson shortened phrases and abbreviated or corrupted grammar in a line. *It is the mind--it rushes on and the hand struggles to keep up. The ear plays with words . . . and knows what it wants to hear, and it chooses those slightly corrupted . . . because it suits.*

She also knew that during mania this creative impulse drove her, and Lorna thought it happened to her when she demineralized. *I lose my calcium and then my magnesium. It is part of a vicious cycle which brings on this rapid flight of ideas. It happens to some of us, and we either ignore it, or capture it.*

During the apex of her mania, Lorna had written her research paper on Emily Dickinson. It was then she identified so closely with the recluse poet's feelings: with her metaphors, her feelings of death and destruction, her sense of being immobilized by depression, her fears, and her withdrawal. *Everything appears so vivid--for her, for me* Lorna thought. *Sounds are amplified, too--like they are for James Joyce's protagonist Stephen Dadelus in* Portrait of the Artist As A Young Man, *and . . . like they were for Gary Gilmore in Norman Mailer's* The Executioner's Song.[41] This thought sent a shudder through her spine. *An artist and a criminal? . . . both behaviors affected by loss of minerals?*

Sipping her tea at the dining room table, Lorna watched the snow flakes drift silently to the ground. She remembered that during chemotherapy, depression held her tightly under its wing. *Fungus in the body can be a potent*

enemy she thought. Lorna attributed her uncontrollable depression during chemo to fungal mycotoxins overwhelming her system[42]--and her mania to demineralization by the fungi.[43] Watching the silence of the snow sift down around her, Lorna had no inkling that an even more debilitating depression awaited her.

Lorna had learned that taking B vitamins and eating frequently through the day could help stabilize her shifting moods. She took all the B vitamins in a Super B capsule, three times a day. Thiamine increased her appetite, but she needed to gain weight.

She also knew from reading Dr. Melvyn Werbach's book *Healing with Food* that her daily dosage of niacin (B_3) could minimize the toxicity of chemotherapy and injury from gamma-ray radiation. She thought it had probably helped her during her chemotherapy treatments.[44]

Lorna had read that women with breast cancer typically have lower levels of vitamin A circulating in their blood than do women free of cancer. So, she increased her dosage of vitamin A and beta-carotene.[45] She knew some cancers, especially cancer of the esophagus, had been linked to a deficiency of manganese.[46] So, Lorna supplemented her diet with manganese. When she learned zinc was an important mineral for a strong immune system, she took this supplement, and the tell-tale signs of zinc deficiency (white spots on her fingernails) went away.[47]

Oh, we have so much to learn Lorna thought as she thumbed through Dr. Carl Pfeiffer's book *Mental and Elemental Nutrients--A Physician's Guide to Nutrition and Health Care*.[48] She stopped at the chapter "Calcium and Demineralization," then read the sections on "Hypoglycemics on high protein diets require more calcium" and "Extra calcium tablets require extra zinc." *There is so much to know. No wonder doctors can't answer all my questions.* Lorna imagined the complexity of these mineral-vitamin-enzyme interactions in the body and sighed at the enormity of it. *The medical world is just beginning to consider nutrition and its effect on health. And we are all different. The way foods and nutrients affect each of us is very specific.*[49]

Our war on cancer
is not nearing victory
. . . because our national
strategy is devoted more to developing
high-priced treatments and elaborate cures,
rather than eliminating the epidemic from our society.[50]

"Western diet is the main factor causing the high incidence of hormone dependent cancers [breast, prostate] and colon cancer in the Western World."
–The Cancer Prevention Diet by Michio Kushi[51]

CHAPTER SIX
FIGHTING THE FUNGI

One Tuesday morning on a breezy spring day in 1995, Lorna would find another piece of information which she would fit into her puzzle of health and disease. Lorna walked to the mailbox and pulled out the letters and magazines. Quickly, she scanned the table of contents in the *Science News*, and this article grabbed her attention: "Diet Causes Viral Mutation in Mice."[52] She sat down on the porch steps and read, "A benign coxsackie virus can mutate and become virulent if its host, a mouse in this case, lacks the trace mineral selenium." *How interesting* Lorna thought.

She continued reading, "Moreover, the altered virus can cause disease when it enters well-fed animals."

"Really!" Lorna voiced her surprise aloud and pondered the idea. Always gathering information and storing it away in her mind for future use, she seached for connecting links to breast cancer, particularly for ways to reverse or prevent the cancer. *If I can figure this out, perhaps I can help other women* she thought. The idea of a virulent disease evolving from mineral deficiency intrigued her. She wanted to understand how cancer happened and why it came to her.

The article continued, "This interesting work is the first to show that a nutritional deficiency can accelerate evolution of a virus population from benign to virulent in an intact animal . . . ."

How very interesting Lorna thought as she marked the article for future reference. *Well, maybe my body became malnourished and then vulnerable to cancer. Maybe this disease is a gradual process of losing one's health, a deterioration which happens when we don't eat* good *food.*

Wouldn't it be something if cancer--breast included--comes to us from inside, from our own choice of diet and its cellular destruction?

As in Isaac Asimov's science fiction story, *Fantastic Voyage,* Lorna reconstructed in her mind the scenario of how breast cancer might have come to her.

As a colicky baby, Lorna Jordan had ear aches and the doctors gave her penicillin to quell the infections.[53] Later, as she grew, more numerous antibiotics were given to fight sore throats and fevers. The young girl developed cravings for peanut butter, cheese, and sweets. She had silver-mercury fillings placed in her teeth. Then the child grew into a young woman; her diet wandered from healthy vegetables and meats and fruits to donuts and pastries, refined foods, pizza and beer, quick snack foods and soda pop--most of which feed yeast and fungi. Eventually, the woman began using birth control pills, adding synthetic estrogen hormones to her body.

Now, years later, deep in Lorna Jordan's bowels *Aspergillus, Alternaria*, and *Mucor* compete with *Candida* for food. Feasting on sugar, bread, and chocolate, they grow and divide into more numerous organisms. As the numbers of fungal colonies increase in her gut, they demand more food, and the young woman feels cravings for candy bars, soda pop, and pizza loaded with yeast, cheese and mushrooms.

Again she eats the foods her body craves until she feels sated. An hour later, feeling full and her mind foggy with sleep, Lorna Jordan lies down to take a nap.

Inside her body, *Aspergillus, Alternaria, Mucor, and Candida* also eat their fill of the foods flooding through Lorna's intestinal stream. The resident fungi now produce antibodies against the new, intruding fungi (yeast in the bread dough and mold-loaded cheese in the foods Lorna has just eaten). The resident fungi, threatened by displacement, produce antigens which bring on allergic reactions in Lorna's body. These reactions appear as various symptoms: headaches, stomach or chest pain, other muscle pain and the stiffness of arthritis, stuffy nose, post-nasal drip, or asthma.

As the fungi digest their food, they produce metabolites (gases and waste chemicals). The gas swells Lorna's bowel, producing a bloated and uncomfortable

feeling. As it presses against the thin walls of her large intestine, it is absorbed into the bloodstream via osmotic pressure. Once inside the bloodstream, the metabolites (the chemical wastes) are free to hook a ride on a red blood corpuscle or a white blood cell and freely roam the body.

In addition to the waste products which have entered Lorna's body, *Alternaria, Candida, Mucor, and Aspergillus* also produce hormones for their own life cycles. These hormones range freely in the blood and are absorbed by Lorna's body as though they were her own hormones.

These estrogen-like hormones follow Lorna Jordan's estrogen hormone route, circulating through her body's reproductive organs. Some of them fasten themselves onto the cell receptors in her uterus and ovaries, her pancreas, and even in the pituitary gland in her brain. These hormones produced by the invading fungi interrupt her usual estrogen and progesterone signals for a normal menstrual cycle. Normally meant to signal life events for the fungi, these hormones now produce PMS (pre-menstrual symptoms) in the young woman. They delay her menstrual period, causing her to feel bloated, crampy, irritable, and to have sore breasts before her period. After her period begins, the invaders' hormones cause pain from cramping, produce spotting, then turn on a hemorrhagic flow.

Lorna Jordan, feeling very ill, calls in sick and misses work. Her illness, unknown to the doctor who prescribed her birth control pills, results from the fungi's hormone signals which falsely control her body's gynecological functions. These fungal invaders have snatched her body for their purpose.

Some of the fungi's metabolites, which are not hormones but gases and crystalline waste compounds, now dissolve in the young woman's bloodstream. They catch rides to their favorite locations. Finding a knee, or a finger, or a toe joint which suits them, gases of uric acid settle out as uric acid crystals, causing the pain of arthritis and rheumatism in the night--and sometimes gout. Other waste products travel to the back muscles and the neck where they also cause pains. They rob muscles of their magnesium supply and exacerbate unexplained pains in the back, legs, arms, and neck. These fungal waste products travel in the arteries where some also take up residence in the plaque and waste minerals, such as lead, calcium, and cadmium which have been laid down during atherosclerosis.[54]

However, the most notorious of these metabolic by-products--those which women with breast cancer must be on guard against--are destined straight for the young woman's reproductive organs. Their prime target? Residence in the breast tissue. Here oxalate crystals settle out with calcium as particles in the breast's ducts and lobules and irritate the tissues surrounding them. In response to this constant irritation from *Alternaria,* or *Aspergillus*, or *Mucor's* oxalate waste products, the breast's epidermal cells, which line the ducts and lobules, proliferate. These linings form polyps and wart-like growths along the inside of the duct and lobules to protect themselves. When Lorna Jordan eats more chocolate, donuts, sugar, and bread, more *Aspergillus, Alternaria, Mucor, and Candida* waste products float through the bloodstream and crowd into their favorite living quarters, along the ducts and lobules of the breast.

Years pass, and a papilloma forms in the duct of this young woman's breast, and she notes this change as a bloody discharge oozing from her breast. Years later, two granulomas form in the breast lobules. These tiny, hard calcified bodies are undetectable on a mammogram. They are not palpable yet to the doctor's hand. Meanwhile, Lorna's blood and the tissue which surround the granulomas have become slightly acidic,[55] and *Mucor*[56] fungus settles into the diseased areas. Three years later, these granulomatous tissues form their own blood supply. Like young embryos, the tumors begin to grow: two breast cancers are starting a life of their own.

Could this scenario be true? Lorna paused, imagining the science-fiction drama taking place in her body.

Let food be thy medicine and
thy medicine be thy food. -Hippocrates c. 420 B.C.

Cancer Feeds on Carbohydrates
--Dr. Robert Atkins[57]

CHAPTER SEVEN
BUILDING IMMUNITY

Lorna read extensively about nutrition. She studied what people ate and listened to them talk about their health. What she observed in the student union on campus and in restaurants intrigued her. It amazed her that people apparently thought nearly everything was equally edible. *How ridiculous!* she thought. *Dead food. That's what we're eating. We kill it everyway we can. Then we think we can be healthy eating* dead *food. We cook living food to death. We zap it to smithereens in a microwave. Then we pour on so much sweet sauce, or catsup, or gravy--or fill up on ice cream and cookies--until we feed the fungi and starve ourselves.*

To Lorna it seemed remarkable that many people never equated how they felt with what they ate. *People say their aches and pains are from the weather. Well, they have more aches and pains from what they eat than from all the weather in a hundred years. They just haven't considered it.*

At home, she thought about these nutrition problems and reflected on the *Science News* article about the virus which became virulent without selenium in its diet. *Well, I hope a belief in these theories of nutrition and disease takes off. Heaven knows, information on nutritional healing has been around in the medical literature for many years.*

Lorna read the *Journal of Orthomolecular Medicine* regularly. She knew from comments by editor Dr. Abram Hoffer it took the medical community about fifty years to accept new concepts, such as those establishing nutrition as treatments for the ill.

With her own regimen of anti-cancer therapies tucked firmly in her mind, Lorna began using thymus gland extract as an anti-cancer treatment in 1992. Dr. Young Shinn, a nutrition-oriented allergist in Atlanta, had prescribed her first glandular supplements in an attempt to strengthen her immune system.

He also prescribed pancreas gland supplements. After listening to Dr. Nicholas Gonzalez'* lecture tape on supplementing pancreas tissue, Lorna convinced herself of its efficacy. She knew from *Science News* magazine that if a woman can keep a tumor's blood supply from developing, a cancer can be better controlled. Dr. Gonzalez pointed out that the pancreas hormone stops the developing blood supply to the placenta.** [58] Lorna thought the pancreas hormone might stop the growth of any new cancerous tumors growing in her body. She took the pancreas capsules three times a day.[59]

She also knew essential fatty acids (EFA) were necessary for normal body function, but these cannot be made in the body. In her biochemistry book she read about linoleic, linolenic, and arachidonic essential fatty acids.[60] In *Smart Medicine for a Healthy Child*, she read: *Fatty acids carry fat-soluable A, D, E, and K vitamins . . . they help manage cholesterol, regulate body temperature, and control blood pressure. EFAs are also essential for growth and development and healthy skin, hair, and nails.*

Lorna's refrigerator contained cold-expeller-pressed oils of almond, safflower, canola, walnut, and olive as she knew some of these were good sources of essential fatty acids in foods. She had also discovered that butter, lard, and other animal products which contain saturated fats, such as meat and dairy products, were also good sources of essential fatty acids. *This is going to come as a surprise to many people* Lorna thought. *Most people would be shocked to know that margarine and hydrogenated and partially hydrogenated (processed) oils are the worst possible fats for their bodies. These fats clog the cells, and products made from them are doing us much harm.*[61] Lorna knew the public had been misled about fats in the diet--even polyunsaturated fats--but thought *There isn't much that will change the consumers' minds, I suppose. An army of information has been mustered against using animal fats.*

For years Lorna and Tony had used butter in moderate amounts, and Lorna removed the skin of chicken and drained the beef and pork of its excess fat after cooking.

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* Nicholas Gonzalez, M.D., practices in New York City.

** The placenta, which is the "birth sack" in mammals has a tumor-like growth.

To supplement her essential fatty acids, Lorna also took a tablespoon of flax seed oil (linoleic acid)* every morning and evening and three evening primrose oil (gamma-linoleic acid) capsules during the day.[62] She hoped these would help her body heal so she could absorb nutrients in her undernourished body. Lorna discovered with essential fatty acids in her diet, she could reduce the amount of the anti-fungal prescription Diflucan she used.

She had also read about herbal supplements and experimented with various herbs, including echinacea, licorice root, burdock root, goldenseal, ginseng, and alfalfa. Trying one, then another, she finally settled on echinacea, garlic, and Pau D'Arco; she used the garlic and Pau D'Arco herb daily. She also tried spirulina and chlorella, green algae, to add chlorophyll and magnesium to her regimen, and kelp, a brown algae, for iodine.

Pioneers and aboriginal American peoples used echinacea root as a natural antibiotic before fungal-derived antibiotics were produced by pharmaceuticals. Lorna grew the echinacea, the purple coneflower, in her prairie garden. However, she did not know it stimulated the immune system to produce additional white blood cells.[63] Although the newly produced white blood cells were not the mature T-lymphocyte cells needed to fight cancer cells, Lorna hoped the thymus gland extract she took could boost her white blood cells into mature, fighting T Cells. She had read that the thymus gland in the body filters the white blood cells through it, producing mature, fighting T-lymphocytes.[64]

When her oncologist, Dr. Nadipuram, told Lorna about the John Hopkins breast cancer study, showing women with abundant T-lymphocyte cells in their systems did not get recurrence (metastases) of breast cancer, Lorna desperately wanted more T-lymphocytes in her immune system. So, she put her mind to work with positive thinking, *I'll help my body create more T-lymphocytes.* She took the echinacea capsules three times a day, rotating them one week on, one week off and hoped some of the new white blood cells would become mature fighting T Cells as her body absorbed the thymus gland tissue.

In addition to these herbal supplements, Lorna drank herb teas, rotating them as she did her foods. She avoided green and black teas, for those often contained mold which would aggravate her allergies. She selected ginseng,

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* Linoleic acid is the most essential of the fatty acids.

licorice, burdock root, Pau D'Arco, chamomille, cranberry, echinachea, and other teas known for their anti-viral and anti-fungal properties.

To supplement her anti-fungal prescriptions, Lorna used capryllic acid capsules periodically. When new anti-fungal drugs came on the market, Dr. Morley changed Lorna's prescription to the latest one. She had started with Nystatin, progressed through Nisoral and Diflucan. Later she would take Sporonox.

She also tried Co-Enzyme Q-10 to improve her energy level[65] and used acidophillus several times a day to repopulate her intestine with desirable flora. No matter the dosage, however, Lorna did not get the kind of good results she thought she should. *There must be some factor I'm not considering. Otherwise, why wouldn't I see greater benefits?*

Dr. Morley had questioned whether adding acidophillus to his patient's medical treatments helped her at all. Lorna began thinking that re-innoculating her gut with the "good" bacteria and maintaining a "balanced flora" was a very difficult thing to do. *If only I could re-establish my "good flora," maybe I would have fewer food reactions.*

"Unless we go back to the soil,
we won't restore the health
of the population."
--Lynne August, M.D.[66]

CHAPTER EIGHT
CONTRARY TO DOCTORS

One day in May of 1993 when Lorna stopped to pick up her Diflucan anti-fungal prescription at the K-Mart pharmacy, her pharmacist asked her, "How long are you going to take this Diflucan? I have never seen anyone, except AIDS patients, use it for as long as you have!"

Shocked by the statement, Lorna replied, "I don't know." It caused her to begin wondering how similar her problems and AIDS patients' problems might be, particularly with regard to fungal infestation.

When she went for her oncology check-up in June, Dr. Nadipuram asked her about the Diflucan she had been taking. When he learned that she had been taking it for more than a year, he wanted her to stop.

"But I can't stop taking it, Doctor Nadipuram, I can't survive without it," Lorna said, pleading with him to understand.

The doctor considered her situation for a moment then repeated himself. "You shouldn't take it this long. I want you to see a specialist in Infectious Diseases in Iowa City."

At home, Lorna expressed her frustration to Tony, "What am I supposed to do? One doctor tells me one thing. Another tells me to do the opposite?"

Setting aside her stubborn pride, Lorna retreated and made an appointment with Dr. Franklin, her family doctor, to ask him what he thought. To her dismay, Dr. Franklin agreed with Dr. Nadipuram. He didn't think Lorna should be taking anti-fungal medicines for so long either. He had said, "You may need it later." Then he arranged an appointment for her to see a specialist in Infectious Diseases at University Hospitals in Iowa City.

The next day, Lorna called Dr. Morley, her allergist, and told him what had happened. Frustrated with her other doctors' attitudes, Dr. Morley said, "They don't understand this. They don't know anything about it."

Lorna understood completely what he was saying. Her heart went out to Dr. Morley, for she knew the lonely battle as well. Like some of Lorna's views on health and medical treatments, Dr. Morley also stood alone in his fight on the medical battlefield. His views on allergies and immunology were foreign to many mainstream medical doctors, including Lorna's doctors at home. At times he, too, had to struggle against the tide. This moment gave Lorna a great deal of compassion for Dr. Morley.

When she hung up, Lorna pondered her situation. *Do I quit taking the anti-fungal Diflucan, as my oncologist and my family doctor say. Or, do I keep taking it, since my allergist has prescribed it?*

Three weeks before her appointment at University Hospitals, Lorna quit taking the Diflucan. Very quickly, her symptoms returned. She kept detailed notes of their recurrence.

Inside her body, Lorna's fungal growth poured toxins into her system, shutting off the energy supply to her cells. She imagined her mitochondria, which are energy furnaces in every cell, shutting down and not doing their work. Like the hot fire in the steel mill which is necessary to melt the metal to make the tools, Lorna's fire had been doused. Her energy furnace had only a glimmer of fire in it. Her mitochondria could not fire up cell energy, and her legs became heavy again and hard to move. Her energy disappeared, and the chronic fatigue returned. It required her greatest effort to lift the vacuum cleaner up the stairs.

In August, Tony drove Lorna to Iowa City for her appointment at University Hospitals. They waited to check in behind long lines of registrants. Lorna noted how impersonal registration had become since she had worked at University Hospitals for Dr. Bernstein. Clerks sat at their computers behind the shiny plexiglass partitions and paid more attention to their machines than to the patients. She remembered twenty-five years earlier how involved the clerks were with the patients. How they looked at the patient and patiently waited for the answers. Now the clerks consulted the computer and barely turned their faces toward the patient. Lorna thought *Years ago there were no plastic dividers and glass partitions. Twenty-five years ago everything seemed more human, a little bit closer to*

flesh and blood. Lorna looked around the burgundy and silver room. In lines stood obese, and gray and sickly-looking people. Those who were crippled or very ill sat hunched over in their wheel chairs. Healthy-looking relatives attended them. To Lorna, the jaundiced and graying illnesses appeared even more yellow and gray against the burgundy colors of the decor splashing off the walls and metallic partitions of the registration desks.

After obtaining her registration papers, Lorna and Tony followed the corridors to the Department of Infectious Diseases. Lorna checked in and as she sat in the large, nearly empty, waiting room, Lorna thought *This is where the AIDS patients come.* She wondered if anyone in the room thought she had AIDS.

Thirty minutes later, a medical student called her name and ushered them into a small examining room. There the medical student took Lorna's medical history. When she steered away from his questions with comments she felt were pertinent to her case, the young man quickly redirected the questioning back to his usual routine. The medical student completed the oral history and did not examine Lorna physically. When he finished he said Dr. Schwedler would be in to see her; then he left the room.

Dr. Schwedler walked in ten minutes later. It always surprised Lorna to see how young some of her doctors were. Dressed in a white medical coat with his name neatly embroidered on the pocket, he looked very fresh and clean. His black hair shone from light drifting in the window. Lorna observed everything she could about this young doctor from his appearance. *I wonder how much he knows?* Lorna thought as she surveyed this doctor who had been certified as a specialist in infectious disease.

After Dr. Schwedler reviewed the medical student's notes, he asked Lorna questions about herself; then he concurred with Dr. Franklin's and Dr. Nadipuram's opinion that the Diflucan should be discontinued. He did not think this potent anti-fungal medicine should be used continuously as Lorna's allergist had prescribed. Among her traditional doctors, their conclusion had been unanimous.

"But what about the yeast? It causes me so many problems," Lorna asked, feeling very perplexed at Dr. Schwedler's response to her problems.

"We don't feel that is a problem," he said. "*Candida* yeast is a normal component in the intestinal flora." It did not seem to matter to Dr. Schwedler that vaginal yeast and mind fogs were a problem to Lorna. He added, "I see a lot of patients just like you." Then he said he would write a letter to Dr. Franklin reiterating his belief that Lorna should stop taking her anti-fungal drug Diflucan.

The interview did not last more than fifteen minutes. Lorna left, feeling frustrated with doctors once more. It seemed to her Dr. Schwedler did not recognize a most important problem in his patients: an out-of-balance flora in the intestine with heavy fungal infestation resulting in degenerative diseases.*

When she returned home, Lorna resumed taking her Diflucan, and her symptoms went away.

Three doctors had concurred that she should stop the the anti-fungal medication which Dr. Morley had prescribed for her. Depressed about this situation, she thought *Just because I am not raging with breast cancer metastases, these doctors think my health is fine.* When the doctor's bill for her evaluation came for $234, Lorna could not believe it. Lorna thought *This is exactly what Dr. Morley meant when he said, 'They don't understand these things.'*

Lorna wrote in her diary:

I think the yeast in me set the stage for cancer's growth. Certain foods cause me a great deal of trouble. I know I cannot eat sugars. I have not eaten sugar for years. Fats and sugars were the first "foods" I noticed which deregulated the calcium in my body. Yeast grows like mad when I eat sweet or fatty foods. Later, I discovered, quite by accident, I could not eat citrus fruits or citric acid or use citrate in vitamins. These also pull the calcium out of me and bring another round of yeast and fungal overgrowth, and sometimes cankers in my mouth. Sometimes this loss of calcium/magnesium is obvious as diarrhea and depression. Then I become tired and my immune system cannot do its work. Now I am vulnerable to cancer again.

I have seen it happen over and over. Every time fatigue pops up, I can usually pin it on the magnesium which spills out of my cells. That goes back to a food I have eaten or a mold I have contacted. My system may seem odd, but truth to tell, I think lots of people have the same problems I do. They just don't know it.

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* Lorna would learn more about the degenerative diseases which fungi in the body cause from Dr. A. V. Constantinti.

When your T Cells are depressed, you have
a higher chance of getting cancer,
infectious diseases, or auto-immune diseases.[67]

We get more of a rise in T Cell numbers by taking out
a few amalgams than . . . by trying to raise them with drugs![68]

CHAPTER NINE
REMOVING THE MERCURY

Lorna's search for answers to rebuild her health continued. She borrowed books from her dentist and began reading about the toxic effect mercury amalgam fillings can have on the immune system. One account told of a young woman in her twenties who appeared healthy and who played on a woman's soccer team. However, unknown to her she had a very low T Cell count of 47. (T Cells are needed to fight cancer cells.) A month after her dentist removed the silver-mercury amalgam fillings in her teeth, her T Cell level jumped to 73.[69]

Late in the summer of 1993 Lorna decided she wanted to have the silver-mercury fillings removed from her teeth. Over Sunday breakfast on a hot August day she brought up the subject to Tony, gently probing his reaction to additional expenses in her search for good health.

"Tony, you know, I've been thinking." Lorna toyed with her tea bag as she talked. "I'd like to have my mercury fillings removed." Not wanting to look him in the eye just now, she took the tea bag out and twisted the last drops of licorice into her steaming cup of tea.

First there was a silence in the room. Then Tony adjusted his chair backwards on the rug and cleared his throat. "Well, what would this entail?" he asked.

Lorna felt reluctant to ask her husband for more of their money to pursue "health cures" for herself. *After all,* she thought to herself, *I don't have cancer now, at least not that I know.* Then she continued unflinchingly with her conversation. "I've talked to Dr. Lawler about removing the fillings, and he has told me everything I need to do." She hesitated again, to delay telling him how much these procedures would cost. "I will need blood and urine tests done by Hal Huggins's dental lab in Colorado Springs.[70] They will determine what kind of composite fillings can be used in my teeth--so I don't have an allergic reaction to those

fillings. And I need my hair analyzed for toxic metals. After those tests are done, Dr. Lawler will remove the old fillings and put in the new ones."

"Do you know how much that will cost?" Tony asked, looking directly at her, his arms crossed on his chest.

"Not exactly," Lorna said. "But I think the lab work is about a hundred dollars. The hair analysis costs another $30." She hesitated and then looked at him as though all her thoughts had been suspended. Out the window the leaves of the crategus trees had turned a scarlet brown and the parched dull lawn cried out for a freshet of rain. The apogee of summer's glory had passed. Ahead lay the approaching fall and a blanket of winter white.

When her thoughts returned to the present, Lorna said, "Dr. Lawler can replace my six mercury fillings for $600." She sat without moving and hardly breathed as she waited.

Then hesitating, she added, "There's one other thing. Dr. Lawler wants me to detoxify with intravenous vitamin C after the mercury extractions. I don't know what that will cost, but Dr. Hanson can do it."

Tony shifted in his chair and looked out the window. He remembered the year they had spent $3,000 on trees for their property, and he was turning over in his head the deferments of other expenses in their budget now. When she looked up, Lorna saw her husband's eyes searching silently into the far distant future. She quickly added, "I don't have to do this all at once. Maybe I would replace two fillings a month, until I get them done." She twisted her dinner napkin in her fingers and held her breath and waited. She knew it had taken all their extra money to pay for her medical bills, and now she was asking for more.

Tony's face contained a pained and searching look as though some tree had fallen in the wilderness and he strained to hear the crash. In his mind he turned over their financial situation. With the strain of all these medical expenses, he wasn't sure how to present his thoughts to his wife. Then with some hesitation he broke the silence with a question. "Well, you've been getting paid for the articles you write for the toy magazine. Would you want to pay for some of those expenses with that money?" he asked.

Lorna's response was immediate, "Oh, yes, honey, I could do that. I'd be glad to do that." A happiness rushed over her which took all her anxiety away. She jumped up and threw her arms around her husband's neck and kissed him passionately. "I don't want us to spend all our money on me. Maybe I don't need to have these fillings out . . . maybe the cancer will never come back . . . but I think I want to do this. I can never know if the mercury is harming me unless I remove it."

In three different appointments Lorna had her metal mercury-silver amalgams removed and replaced with white composite fillings. She had intravenous vitamin C chelation and magnesium drips after two sessions to clean-up the mercury debris.* Lorna felt marvelous after each of these "clean-up" sessions. In fact, it struck her that she had never felt so good after dental work.

For two months following these procedures, Lorna noticed decreased problems with the yeast and a gradual improvement in her health. She also had more energy. Her lab tests showed a good rate of mercury excretion in her urine. *The mercury is coming out* she thought. After a time, the benefits leveled off. She had made some gains but her health did not rebound as fully as she had hoped. *Either the mercury or some other kind of toxicity is still bothering me* she thought. *I haven't pinned it down yet.*

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* Chelation - the piggyback effect of one substance adhering to another. Here vitamin C attaches to the mercury and carries it out of the body.

"Dysbiosis," *a state of living with intestinal flora that has harmful effects*--Leo Galland and Steven Barrie.[71]

"The first line of your immune defense system against the literally millions of illness-causing organisms that besiege your body is the gastrointestinal system: your stomach and intestines."
--Robert Erdman, Ph.D. in the Amino Revolution[72]

CHAPTER TEN
CLEANSING THE COLON

Lorna had read about coffee enemas which cleanse the colon and fight cancer. As she sat at the dining room table reading from Dr. Bernard Jensen's book *Tissue Cleansing Through Bowel Management*, she knew some American doctors took their wives who were sick with cancer to Austria, Sweden, Germany, and Mexico for these and other cancer fighting therapies. She also knew colonics and coffee enemas were not generally regarded as acceptable cancer treatments in the United States. Lorna reflected on U.S. medical doctors taking *their* wives outside the country and thought *Maybe these doctors suspect American medicine doesn't offer all it could.*

Lorna considered what she had read, *"When the intestine is healthy, good health follows." That makes sense* she thought. *If cancer is to be vanquished and we are to be healthy, our bowels must function properly.*

Lorna knew toxic poisons could collect in the intestine and make the entire body sick, and she wondered if cleansing her colon would improve her health. *As much as ten pounds of toxic wastes can line the intestine and impair absorption of nutrients.* "Really?" Lorna exclaimed as she read in Dr. Bernard Jensen's book. "Ten pounds? Can this be possible? That's a lot of debris to carry inside." She laid the book down and wondered if she had dried mucous and debris in her intestines. *If I could get rid of this waste, I would probably get well much faster.*

Lorna continued to gather information about colon cleansing therapies; she wanted to learn how the various irrigations were done. She also wanted to know if these treatments posed any immediate or long-term risks to her. She also discovered there was a big difference between having a "colonic" and having a "coffee enema." The former involved irrigating much higher up into the intestine while the "coffee enema" involved irrigating only the lower portion, the colon.

Lorna understood that the higher "colonics" washed away the hardened mucous and tar-like lining which could accumulate from years of "abusive" eating. It also washed away the bowel's flora--even the good bacteria and fungi. She knew this could be a drawback for anyone trying to establish the "friendly flora" in her system.

A coffee enema seemed less risky to her, and Lorna thought it would accomplish two things: detoxify her liver, and remove the overgrowth of yeast and fungi in her lower colon.

Next, Lorna tried to find a therapist to perform either of these treatments. She quickly discovered, however, that doctors in Iowa do not provide these services.

One day while Lorna waited in her dentist's office, a serendipitous event took place when she met Renee Mauser. A licensed practical nurse, Renee knew first hand about these therapies and could offer Lorna information on them. What Lorna heard that day encouraged her, and she felt somewhat reassured that she could give the colonic or the coffee enema to herself.

Previously, Lorna had listened to taped testimonials of people who used colonics regularly. These were people older than herself--in their sixties and seventies--who swore by the good results they achieved. These treatments made them feel younger and more vibrant. Lorna had also read doctors' accounts of using coffee enemes to save the lives of patients who were critically ill by removing the toxins in the colon. She also had read many articles about colonic therapy--particularly coffee enemas--in books on alternative cancer treatments.

It amazed her to read how immediately a sick person's health improved once the toxic poisons were washed from the bowel. Where she lived, doctors had scarely heard of colonics or coffee enemas, and none of them knew of the rapid improvement certain cancer patients had made using these therapies. *Well,* Lorna thought, *if our doctors don't know about yeast and fungal overgrowth, they probably don't know about cleaning the colon either.* She considered how these treatments might change people's lives. *This is a shame, for many more cancer patients would probably get well.*

Lorna wanted to try the coffee enemas. She had read Dr. Sherry Rogers' book, *Wellness Against All Odds,* which described how to give them. *She says it stimulates the liver to detoxify.* Lorna had wondered for some time if her body had failed to detoxify after chemotherapy, for she knew the liver could become toxic and then would not function properly. *Maybe my body hasn't detoxified.* The web of skin between Lorna's thumb and forefinger contained a dark greenish hue. She

had read such discolorations in the hands and feet indicated diseased organs. She wondered if this symptom of disease would go away if she detoxed with coffee enemas.[73]

After much consideration, and realizing she would have to give the coffee enema to herself, Lorna felt uneasy and gave up her quest to use this therapy. With her attempts thwarted, she turned to Pau D'Arco.

Pau D'Arco is an herbal supplement which has been used for centuries in other countries to fight cancer. It is obtained from the inner bark of the South American *Tabebuia* tree (also called *LaPacho*)--and from another related tree in India. Lorna thought this treatment would be easier to use. In her books on alternative cancer therapies she learned this popular herb was also used as a tea. *I am going to try it* she thought. When she found Pau D'Arco available in capsule form at her health food store, Lorna was delighted, and she purchased both the capsules and the tea. *If this cleans my bowel, I will substitute it for the coffee enemas and the colonics.*

She took one herbal capsule three times daily, knowing Pau D'Arco was toxic to fungi and yeast, and welcomed the surprising results. The herb proved to be a strong cathartic and evacuated her bowels quite efficiently. *I know its removing the toxins because I feel just <u>wonderful</u> afterwards!*

One Lorna told her husband, "It's true, Tony! Cleaning the bowel makes you feel really wonderful! It takes away those "yucky" feelings. I'm not irritable or groggy after using Pau D'Arco. It's like walking on spring air and my mind is not fogged over."

Lorna was thrilled with these results, for milk had always fogged her mind and gave her an eery sensation of *being outside herself.* She knew Pau D'Arco would be an important part of her anti-cancer health care plan.

If only the rest of the world knew <u>how good</u> they could feel when they dump the toxins from their intestines. She turned to Tony and said, "Think what a better disposition the world could have if every one felt as good as I feel today. People don't know their good health--and their good disposition--is trapped in a dysbiotic bowel."

Tony laughed. "I never thought of husband abuse or social injustice being a component of constipation!"

Lorna responded to her husband's humor with a smile. "Well, maybe it is."

Like a spring breeze blowing the dust and debris of winter away, Lorna felt revitalized with her use of the Pau D'Arco herb. A new-found aliveness and a positive attitude gave her energy she had not had before. Now each time she felt low or depressed, she looked to the fungal culprits clogging her bowel as the reason. When she cleared her intestine, she felt well again.

In the months to come, Lorna learned more about the bowel and its dysbiosis (a bowel not populated with the proper microbes) when she would hear Dr. Ali Majid, a reknowned pathologist, tell the audience at the Fungal/Mycotoxin Conference what to expect of a healthy bowel. Standing before the crowd of expectant doctors, clinicians, and patients, Dr. Ali with his wonderfully serene and philosophic demeanor said, "You should have two or three odorless, effortless bowel movements a day."

Odorless and effortless. That's what he said.

Lorna knew that in Eastern medicine, Chinese doctors questioned their patients extensively about their stools--the consistency, color, odor, and number of stools per day. A Chinese doctor understood a patient's health problems by studying the bowel. Lorna could never recall that her doctors ever asked about her bowel movements.

One day while Lorna was working in the yard, her neighbor stopped by to report on her son's trip to University Hospitals and their visit to the Pediatrics Department. "The doctors can't figure out what's wrong with Jamie," Susan stated. "He has this diarrhea, and everytime he eats, the diarrhea comes back. Now he's afraid to eat! One doctor there told us they cannot figure out 90% of the problems in the gut."

"I'm not surprised," Lorna said as she leaned on the rake. "This is our state's research hospital, and they don't look on yeast or fungus in the gut as a problem. At least they didn't for me."

"What happened to you?" Susan asked. She knew about Lorna's breast cancer, and the two women had discussed their allergies and the foods they used to combat them. Then Lorna told her about her unsatisfactory trip to the

Department of Infectious Diseases and how Dr. Schwedler told her *Candida* yeast in the gut could not be her problem.

"I don't know what we are going to do," Susan said, reflecting on her own immediate problem. "Jamie's got to eat, but he has so many allergies."

Lorna felt sorry for Jamie. He was only eleven and it seemed to her he had been troubled with one ailment after another for the years they had been neighbors. Lorna had also experienced chronic diarrhea after her chemo, and had lost much weight during that time. With a hopeful tone in her voice, she offered this advice to her neighbor, "Well, try keeping him off dairy products and sugar and anything that feeds yeast or mold. Maybe you can get it settled down." The two women parted, each thinking about her own gastro-intestinal problems.

When she went for her next allergy appointment, Lorna asked Dr. Morley about having colonics to irrigate her colon. She had seen pictures in Dr. Jensen's book of the black, tar-like mucous which can accumulate over the years and line the intestine. She knew this hardened lining interfered with nutrient absorption.[74]

Lorna also knew some people trapped mercury deposits in this debris. Subsequently, mercury-loving bacteria can recycle the toxic metal in the body, causing long-term health problems.[75] *Scientists never guessed that waste mercury could foul our environment* Lorna thought. *But it does. It fouls the waters in paper milling areas, and it can foul our bodies. Using mercury in modern technology comes back to haunt us by degrading our health.*

Dr. Morley did not encourage her to have the colonics.

On the long drive home from the allergy clinic in Wisconsin, Lorna thought back to her conversation with Renee Mauser in Dr. Lawler's dental office and the life-threatening illness she had overcome by using detoxifying therapies.

Renee had been diagnosed with chronic fatigue by her family doctor when, in fact, she was suffering from mercury poisoning. "I almost died," Renee had said. "My heart stopped beating 2,000 times in 24 hours, and my doctor told me to go home and exercise. I couldn't exercise. I couldn't even stand up."[76]

Lorna admired Renee, for she was a spunky gal who took responsiblity for her own health when traditional medicine could not help her. "Dr. Lawler saved

my life," Renee had said. "He removed the mercury from my teeth. Otherwise, I think I'd be dead now."[77]

Lorna listened as Renee told of her brush with death and the detoxifying therapies she had used which saved her. "Every day, about four o'clock in the afternoon, my body purged the mercury in metallic-smelling stools," she said. "I had this whirling sensation--like I was sliding off the face of the earth."

Lorna observed Renee's seriousness as she recounted her terrifying experience. The rapid exit of the heavy metals tugged at Renee's brain and put a strain on her whole body, producing sensations she had never experienced before. Her tissues, however, gave up their store of mercury metal more quickly than most people when they detoxify mercury in their bodies.[78]

During her epsom salts soaks in the bath, Renee observed the mercury being pulled from her body. She found on the bottom of the tub silver-colored particles which came through the pores of her skin.

Renee knew her doctor would never believe her if she just told him what had happened. Instead, she collected the tiny nuggets of metal and placed them in a small box. When she showed her doctor the metal she had collected, he stood looking at them in disbelief.

After hearing Renee's story of mercury poisoning and seeing how she had recovered total good health after detoxifying, Lorna was convinced she should detoxify, too. *I know our intestines have to function, or we are sick!* She had read Dr. Leo Galland's and Stephen Barrie's paper on "Intestinal Dysbiosis and the Causes of Disease" and thought *Everything these researchers say points to me*:

> *Intestinal dysbiosis should be considered as a mechanism promoting disease in all patients with chronic gastrointestinal, inflammatory or autoimmune disorders, food allergy and intolerance, breast and colon cancer, and unexplained fatigue, malnutrition or neuropsychiatric symptoms.*[79]

Breast cancer, malnutrition, food allergy, autoimmune disorders, and mental disorders. That's me! Lorna thought. For her, everything in this paper pointed toward the same conclusion: *My breast cancer was precipitated by my intestinal dysbiosis. The good organisms in my gut died off, or were killed off by overuse of antibiotics and mercury in my teeth. These were replaced by bad organisms which*

were encouraged from use of birth control pills and improper eating. Weird, isn't it? We don't want to think about our guts; yet, they rule our lives.

Lorna continued her Pau D'Arco detoxification. She also knew fasting provided another means for improving her toxic state. *If I don't feed the fungi, they won't release toxins into my system and poison me.* After she had gained back seven pounds--and got her weight up to 100 pounds--Lorna felt healthy enough to try fasting.

Throughout her fasting day, she drank clean water which had gone through a reverse osmosis process to remove the chloride, fluoride, and other unwanted chemicals. She took vitamin C and her usual supplements and nibbled on a carrot and ate dandelion greens twice when she became hungry. In the evening, Lorna ate a light meal. She found the day of fasting refreshed her and she thought *Well, it wasn't a total fast, but I didn't feed the yeast or fungi today. No wonder I feel so well!*

With the positive results of fasting, Lorna knew she would try it again.

Climb high
Climb far
Your goal the sky
Your aim the star.[80]

CHAPTER ELEVEN
CLIMBING THE MOUNTAIN

Lorna had observed for years that running and swimming seemed to blow the toxins out of her system. If she felt groggy in the morning, a mile of running would dust the "cobwebs" out. Then she felt energized for the day.

On a crisp winter weekend in 1993, before breakfast, Lorna put on her coat, wool cap and muffler. As she left the house she called back to Tony, "Honey, I'm going running. I'll be gone for half an hour. I'll fix breakfast when I get back."

He watched her from the window, her red coat and gray cap bobbing as she jogged down the street. He thought about how much his wife had always been a part of his life. Whether he wanted to go fishing, watch birds, or photograph wildflowers, she had always been by his side.

Not because I wanted her there, he thought, *although I do, but because she wants to be with me.*

Marriage to someone who cared had been a prerequisite for both Tony and Lorna. Marriage came first--with its happiness and sorrows--above all other entities: before careers, money, other family members, and divisions which can separate a union.

Tony watched his wife turn the corner. He knew when she returned red-faced and happy, she would be in a cheery mood and ready for breakfast. *She's doing what she likes to do* he thought as he remembered his wife's stiffled spirit during her pallid and miserable days of surgery and chemotherapy.

A flood of thoughts washed over him momentarily from those times past. When Lorna had first been diagnosed with breast cancer Tony had thought *Oh, no. This is the beginning of the end.* Later, after she made it through surgery and they learned she was not loaded with cancer, he felt more hopeful. Still, certain thoughts crossed his mind, *What if she dies? Will I stay here, living in the same house?* He had briefly considered these possibilities, thinking that for a few years, he would stay in Cedar Falls. Then perhaps he would move elsewhere--to shut certain memories out of his mind.

Never one to dwell on morbid thoughts, Tony's mind turned to brighter days in their marriage for he had much hope that Lorna would reach a full recovery. *Her spirits are up and that's a good sign* he thought. He remembered how she loved life and the good times they had when he was a student. Every spring, at the first sign of open water, Tony had taken Lorna waterfowl watching. They had climbed the hills in Marshall County near Hendrickson's Marsh and laid flat on their bellies, laughing as they watched male ruddy ducks strut about in the water trying to impress a female ruddy duck. The colorful green and gray shoveler ducks with big spatulate bills rousted around in circles in the water, snorting their *huh-huh, huh-huh, huh-huh* sound. These males also wanted a girlfriend. Lorna and Tony thought the birds were so much like people. They loved these hours together.

He remembered the night trips to the woods to photograph chorus frogs near Story City. One spring they rigged up miners caps with lights for their heads and went searching the flooded oxbow ponds next to the Skunk River. Illuminating the water with her headlamp, Lorna had searched the darkness for the calling chorus frogs. *She couldn't find them* Tony thought. *I could see them, but she couldn't. She could hear them close to her.* Suddenly a flickering of light had glimmered from the vocal sac of a singing male. Tony remembered her excitement, "*Oh, Tony, I never thought they'd be this small!*" she cried with ecstasy in her voice. He saw her watching as the males pawed their way across each other to find a female and climb on her back. "*What delightful little animals. They are in love!*"

Tony saw in his wife the same tempestuous temperament as nature herself. Wild and violent as the male chorus frog's search for spring consummation, yet tender and steadfast as the soft, intimate embrace of two tiny creatures clutched in temporal oblivion.

When the door popped open and Lorna returned from her run, she pulled off her coat and gloves and dropped them on the floor. Tony stood there smiling at her.

"This is my oxygenation therapy," she said. "Running burns up the toxins and puts oxygen into my cells. The cancer won't like this." She pulled her husband to her and squeezed him. Then with a wistful look in her eye and a coquettish twist of her head, she tacitly asked for a kiss, her face pushed forward to meet Tony's.

He drew back slightly and laughed at her. "You always get what you want, don't you?"

"Not always! But I *try*!" She pulled him back to her and kissed him quickly. "Now let's have breakfast. I'm starved!"

At the breakfast table Lorna read an article she had clipped from her father-in-law's newspaper and reported on it to Tony. "You know, this Cedar Rapids woman, who has had breast cancer, runs, too, but with her baby in her backpack." Lorna tried to imagine the 25 pound weight of a baby jostling up and down as she ran. "That would be hard work, running with a baby on your back."

"Why is she doing it?" Tony asked.

"She's preparing for a mountain climbing expedition in the Andes--to raise money for the Breast Cancer Fund." Lorna knew the deep breathing would help this woman's body to respire and remove the body's wastes, helping her to detoxify.

"Good for her!" Lorna said. "She's blowing out her toxins and preserving her health. Cancer doesn't like oxygen." Lorna thought if running could be good for her health, it would certainly be good for other women fighting breast cancer. She knew running in the mornings helped remove the swelling and stiffness which gathered in her joints at night.

"Maybe making love does the same thing," Tony offered.

Lorna smiled as she looked at him, observing his healthy coloration. "Could be," she replied. "Maybe it's those endorphins. They help make us well." She had observed that making love had a similar salutary effect as running. Not only did the deep breathing oxygenate her cells and make her feel good, but it stimulated the endorphins in her brain, giving her a sense of well-being, like a "runner's high."

"That's not all," she said, giving Tony one of her I-dare-you looks.

"What? What else?" he asked, trying to coax her to tell her secret.

"Well, you remember last month when I injected the flu-vaccine and a day later the red welt faded?"

"Yes, that happens frequently," he said, puzzling over this old bit of information.

"*You* made it come back--the red swelling on my arm."

"*I* did? What did *I* do?" Tony sat at the table incredulous over what she had said.

"What you've always done . . . loved me. Loved me passionately. You brought my T-lymphocytes back to fight for me." Tears of happiness swelled in Lorna's eyes.

Tony moved his chair closer to his wife's and hugged her as the tears started to fall. He laughed gently, "Lorna, you cry whether you are happy or sad." Then he pulled her chin up and wiped the tears away.

Lorna laughed, blinking to clear her eyes. "It's just that I'm so happy for us. Everything is so much better now. It was horrible then. I wanted to love you, but I couldn't . . . not in the way I wanted to love you. And the pain, the chemo and not knowing whether I would live or die. I just couldn't deal with all of it at once."

"I know, honey. I know." Tony, in his patient way, had weathered his storm and hers.

The sick get sicker, quicker.
–Sherry Rogers, M.D.[81]

CHAPTER TWELVE
HEALTH OR DISEASE

Lorna knew her body talked to her. She could tell when her body felt healthy, and when it felt sick. She had only to listen to what it said. She often asked herself *Can I monitor it, keep my body well, and keep cancer away?*

On her way to the post office one day early in 1994, Lorna walked past the medical clinic in downtown Cedar Falls. She stopped and watched the gray and ashen older people hobble into and out of the building. She wondered if they listened to their bodies. *Maybe they think a pill can cure anything* she thought. She had heard many older people complain about their ill health; however, she did not observe many of them restraining themselves in their eating patterns. *They consider food one of the pleasures in life, and they are not going to deny themselves.* Lorna noted that the many older, unhealthy-looking people outnumbered those who had good coloring and appeared vital and healthy. She wondered how many of them had mercury in their teeth and how many were constipated. *From the number of laxative commercials on television,* she thought, *bowel problems must be a chronic problem for many of them.*

At the Student Union on campus, Lorna also observed young adults eating unhealthy foods. *It is not because they can't afford to eat good food. They just don't take the time to prepare it, or they select the wrong food offered.* Thinking back to her own early college days, she supposed some of them were also ignorant about "good" foods and "bad" foods. *How can they expect to build and maintain a healthy body eating that junk?*

Lorna recalled how her relatives and friends--some of them sick--laughed at her when she told them they shouldn't eat certain foods. It was a nervous laugh, and she knew they laughed because they considered her ideas silly.

She had watched Tony pick up candy wrappers the neighbor kids dropped in the yard. In the mall she observed mothers feeding eager toddlers soda pop. Everywhere she saw a deluge of junk food advertisements saturating the air waves. It seemed to Lorna that everyone just soaked it up.

In Lorna's family the number of cancer patients mounted. The men were hit hardest, with prostate, bladder, pancreas, and skin cancers. Her cousin, Linda, had survived colon cancer twenty years ago, but Lorna remained the only member on either side of her immediate family to have breast cancer--although she remembered a second cousin on her father's side who had been stricken with it.

At family dinners and reunions, Lorna listened attentively as aunts and uncles talked about their surgeries, chemotherapy, and radiation. *This is odd* she thought. *Their doctors don't give them advice on food and nutrition.* She seemed to be the only person controlling the kinds of foods she ate. *They think I'm either eccentric or unhealthy* she thought. *Maybe I'm the only one doing the right thing.*

In the spring of 1994, a flyer arrived in Lorna's mail announcing the first Fungal/Mycotoxin Conference to be held in the fall in Toronto, Canada. *It's about yeast and fungi causing chronic and degenerative diseases in the body.* The information grabbed Lorna's attention, and the roster of faculty appeared impressive. However, it was Dr. A. V. Constantini, Head of the World Health Organization's Collaborating Center for Mycotoxins in Food in Freiburg, Germany, who interested her most.

"He is going to speak on disease caused by yeast and fungi," Lorna whispered as she sat down in her chair, wondering what priceless information she could gain by attending this conference. "This says he will show evidence of mycotoxins as major causes of most malignancies--including breast and prostate cancer. Humm . . . this should be *very* interesting."

Immediately, Lorna's brain started to figure the logistics of a trip to Toronto. *If only there were some way I could get there* she thought. *If I could meet Dr. Constantini and hear him speak perhaps he could help me continue on a path to good health.* She wanted to know what he thought about her situation.

Two days later Lorna mentioned the conference to Tony while she was fixing supper.

"Well, maybe you should go," he said.

"How would I get there. We can't afford a trip like that." Lorna had figured the costs for the air travel, three nights in a downtown hotel, plus foods, and the

cost to register for the conference. It seemed prohibitive. She put the idea out of her mind.

However, the desire to know more about fungi, their mycotoxins, and her breast cancer overpowered her will to forget the conference. The next day, Lorna called the sponsors of the conference, and was surprised to receive a great deal of support. After a bit of negotiating, Lorna offered to photograph the conference sessions and transcribe the conference presentations in lieu of her tuition fee. Maggie, one of the sponsors, would search for a roommate to share her hotel room with Lorna. Then just as Lorna was almost ready to hang up the telephone, Stephen, the other sponsor, said to her, "Just have *faith,* and come. It will all work out."

With those gentle words and strong faith, Lorna's heart fairly sang. She made up her mind she would go to the Fungal/Mycotoxin Conference.

That evening when Tony came home from work, Lorna was ecstatic, "Honey, guess what? I'm going to work off my expenses, and I'm going to scrounge the rest of the money from somewhere. I'm going to Toronto!"

Tony smiled at her enthusiasm and her success. *She works so hard at everything* he thought. *I'm glad she has found a way to get there.* "Good for you!"

BOOK FOUR

GETTING WELL

"We are always like pigs
at the trough, and
we are killing
ourselves
on food."
--Dr. Alexander Wood[82]

CHAPTER ONE
MEETING THE GOOD DOCTOR

At ten minutes to nine in the morning on September 30, 1994, Lorna hurried into the Toronto conference hall and spied Elizabeth, her roommate, who had saved her a seat halfway toward the front. Lorna had come a thousand miles, by herself, to hear Dr. A. V. Constantini speak. Elizabeth had come two thousand miles. When Lorna seated herself, Elizabeth was busily engaged in conversation with a doctor who sat on the other side of her--Dr. Constantini!

Sitting there, speechless, Lorna's eyes were transfixed on the gentle face of this grandfatherly doctor. Never missing a word in a conversation, Dr. Constantini quickly corrected misconceptions about *Candidi albicans* yeast being the sole villian in dysbiosis and fungal/mycotoxin-induced disease. As he spoke, he punctuated his own conversation with lively little stories and fascinated a small audience of people gathering to listen.

Dr. Constantini, sitting with us? Lorna thought. She blinked in disbelief, then gathered her composure. For a brief moment a thought dashed through her head: *He knows more about disease from fungal/mycotoxins in the body than anyone else in the world, and I'm sitting two seats away from him. I can't believe this!*

From the pre-conference literature, Lorna knew Dr. Constantini's mind contained a storehouse of information which no one else was likely to know. He had spent twelve years of his life reading the world's accumulated research on fungi, their mycotoxins, and the resulting human disease. He had traveled around the world talking firsthand with researchers, doctors, and patients in order to gather knowledge of fungal/mycotoxins and their relationship to chronic and degenerative diseases. Lorna knew none of her doctors had access to this kind of information, and she knew the American Medical Assocociation did not concern itself with it either.

As she listened to his words unfold and observed his alert manner, Lorna felt ecstatic. *He is accessible. I can talk to him* she thought. *Dr. Constantini is the doctor I've been searching for! I'm going to ask him about this fungal connection and breast cancer. Maybe he can explain these puzzles about my eating, and especially the connection between my yeast and my cancer.*

The excitement of the participants penetrated the conference hall. Doctors, clinicians, naturopaths, and patients of many nationalities chatted eagerly, waiting for Dr. Constantini to speak. They came with hope--hope for curing their patients--and for healing themselves. Dr. Constantini, who could explain the unknown mechanisms of disease, would show them how yeast and fungi caused disease in the body.

From the podium, Dr. William LaVallee, the moderator, opened the conference at a few minutes past nine. Eagerly, Lorna faced the front as the first speaker, Dr. Alexander Wood, spoke on dysbiosis and the biological terrain of the gut. His lecture, "Fungal/Mycotoxin Etiology* of Chronic and Degenerate Disease," explained the disease state. Lorna listened as he spoke on the importance of proper diet, adequate chewing, and "changing the terrain" of the intestine. Lorna reflected on his remarks and thought *Changing the terrain is critical, if I am really to get well. Maybe then I'll be able to eat more normally.*

Dr. Wood continued, talking about "dysbiosis" and "mycotoxicosis"** in human disease. His words rang in Lorna's ears as though a thundering bell had been discharged beside her: "Something has happening to the intestinal terrain, and the disease state is becoming more and more prevalent in more people." She caught his next statement and the shock of his words reverberated in her ears: "Why are we looking at the horrific numbers of cancer?"

Yes, why are we? Lorna asked as Dr. Wood continued with the next statement--which riveted Lorna to the wall:

"Most of our patients aren't dying of cancer; they are dying of mycotoxin poison because of the suppression of their immune system."

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* Causation of disease.

** Toxicity from mycotoxins.

A cold chill swept over her. Lorna felt as though someone had crammed a bitter pill into her throat and made her taste the awful ooz spreading slowly across her tongue and palate before forcing her to swallow it.

This was the reason she had feared chemotherapy. *It's just as I suspected. The fungal mycotoxins are killing the cancer patients.* She considered how she had battled her fungi and yeast every day by selecting certain foods to eat and avoiding others.

It made her think of Dr. Leo Galland's statement in his paper "Nutrition and Candidiasis":[83]

Therapeutic use of broad spectrum antibiotics and immunosuppressant drugs have made Candida invasion of vital organs a major cause of death following chemotherapy, organ transplantation, and open heart surgery.

The shock of hearing the truth about cancer deaths spoken so frankly shook Lorna to the bone. *Why don't our oncologists warn us about this risk?*

Lorna reflected on her health: *Every day my life is on the line. Never for a moment have I believed I'm out of the woods.* She thought about the John Hopkins study which showed that women with abundant T-lymphocytes do well after breast cancer, but those who do not have enough T-lymphocytes get metastatic cancer.

Lorna resented the fact that chemotherapy forced her to live with a compromised immune system; from it she had developed the more virulent, hyphal *Candida* yeast, worsening dysbiosis, and overgrowth of other fungi which played havoc with her eating.

The thought had crossed Lorna's mind more than once: *What if I hadn't stayed on this strict rotation diet? Would I be dead by now?* She thought about other women who had suffered and died, but wanted desperately to live.

She thought about Carol, her co-worker, whose health had taken a plunge just before Christmas in 1992. *Carol wanted to live in the worst way--for her children and her husband.* Yet, when Lorna had visited Carol in the hospital, Lorna was shocked to see the food the hospital served her.

Looking at Carol's dinner tray, Lorna pointed out the "foods" she didn't think a cancer patient should eat. "You shouldn't have that malt, and don't eat

any sugar or white flour." Carol responded with a perplexed expression, for she couldn't image why a hospital would feed her something she shouldn't eat.

"Oh, they don't understand these things," Lorna went on. "Sugar feeds the fungus, and you are fighting it along with the cancer." She looked at the meat and broccoli on Carol's plate. "That's okay, but sweet gelatin is not good for you."

The doctors and dietitians thought sugars and starchy carbohydrates would help the patient put on weight. True, Carol's condition had taken a slide, and with it she had lost several pounds. From her experience with fungus, however, Lorna knew eating sugary, high caloric foods--including fat--was the wrong approach to getting well. *I can't convince them* she thought. At this moment Lorna felt as miniscule as a small star in the sky whose beacon of light could not possibly penetrate a world of darkness. *Nobody will listen to this.*

After she visited Carol for the last time, Lorna wondered if women with breast cancer could discipline themselves to do as she had done. She thought of the awful-tasting food she had learned to eat and the monotony of eating the same things. Most of the time this sacrifice did not bother her, and only occasionally did she feel sorry for herself. Punishment from inappropriate food indulgences brought her back to the reality of living and dying, especially when she watched her friends dying. *If I don't control this yeast, it will take me over, and whatever health I have will drop like a deflated balloon from the sky.*

Bringing her thoughts back to the conference, Lorna felt a sense of awe sweep over her as she glanced around the room and captured this moment in time. *These participants are hanging on Dr. Wood's every word.* Here she felt surrounded by compatriot spirits. At home she felt isolated, even alienated, for no one believed her complaints that yeast and depression were connected to what she ate, or to her cancer. *None of my doctors--except Dr. Morley--thinks this way.*

She recalled the diagram she had drawn showing the destructive cycle of "bad foods" and yeast, tobacco, and chemical insults, as well as a broken immune system which she thought explained her breast cancer. The end stage showed the yeast consuming a corpse in the coffin. She had taken the drawing to her doctors in Cedar Falls. They had just looked blankly at it, as though it had been a copy of hieroglyphics from antiquity.

They know nothing about this! Lorna thought. *No doctor, except these at this fungal conference, would ever get excited about my diagram.*

She recalled the night this idea had come to her. *It was after I visited Carol in the hospital--when I was struggling so hard to whip the yeast and the depression which plagued me. I was afraid my life would go downhill, like hers.*

The idea that yeast and breast cancer were inextricably linked had dawned on Lorna like a bright star sending its beacon through a foggy night. Yet, her alert antenna was up to receive it. As she came down the stairs into the living room, she called out to Tony "I know where the cancer comes from. It's the yeast, Tony! It's the yeast!"

She hurried to the sofa and knelt down and drew in mental pictures the scenario which had just come to her mind. "The allergies, the yeast, and certain foods . . . they all knock out the immune system. Then cancer sets in because the body cannot fight back!"

This moment had been a revelation to Lorna, and Tony listened intently. "But you have no way of proving it," he replied.

"I know," she said. "But I believe this is what has happened."

Now, here in Toronto, as Lorna listened to the world's experts on fungal/mycotoxins and human disease, she felt relieved. *I am among doctors who understand! They won't think I'm foolish.* Here, it seemed, she existed in a world apart from the world of medicine back home. *Yes,* she thought, *yeast and fungi <u>are</u> bigger problems than my doctors have ever dreamed, but they don't believe this, and it will be like pulling teeth to try to convince them. Dr. Abram Hoffer said it took fifty years for a new idea to catch on in the medical world. How many of us will die in that time?* Lorna wondered. She knew the angry and bitter feelings of sitting, waiting, and not knowing whether death stalked her. She also knew every woman who had breast cancer suffered this pain.

Now, Lorna had heard what seemed to her the *truth*. She had heard it spoken at this conference. *We are dying of mycotoxin poisons which suppress our immune system.*

This realization overwhelmed her and the awful truth bit painfully into her conscience. *Cancer and its chemotherapy treatments are a standoff. It resembles a frog stalking a garter snake for lunch* she thought. *One will devour the other, but we will not know for sure which will feast and which will be food.* She recalled the photographs she had seen of a frog eating a small snake which had first tried to make the frog its own meal. *I always thought the snake took the frog,* she thought, *but the reverse can happen. We rarely see these events in nature; we only know when the photographer brings us nature's hidden truths.* She pondered this metaphor: *We die--and maybe it is from the chemotherapy which depresses our immune system and promotes the fungal/mycotoxins. Everyone assumes the cancer kills us, and no one is the wiser.*

It bothered Lorna when mainstream medicine did not concern itself with these truths about yeast, fungi, and chemotherapy. *The doctors at this conference care about nutrition* she thought. *They speak out to help people like me live. But, traditional medicine--it hasn't begun to think about fungus and fighting cancer with nutrition. Maybe it doesn't even want to!*

Lorna recalled with dismay that most traditional doctors at home prescribed only surgery, radiation, and chemotherapy and had little or no knowledge of how adequate diet could fight breast cancer. *Oh, if those women who see death riding only knew this truth--how helpful it could be for them.*

Lorna's thoughts returned to Dr. Wood's presentation. *He thinks we eat like pigs and says we are killing ourselves on food. Yes, I believe this is true.* Dr. Morley's flu-vaccine shots had helped her discover this. As she listened to other speakers, the facts accumulating at this conference convinced her that fungi and mycotoxins were responsible for her breast cancer. She also knew restoring her health called for a more radical approach to treating her disease than any doctor at home had devised. In her mind, she was laying a plan of how to proceed.

Lorna intended to talk with Dr. Constantini. *I want Dr. Constantini to read my monograph, and I want to know what he thinks I should do about my fungal infestation.* Lorna's experience with candidiasis and her bout with poor health following chemotherapy had been published a year earlier in the *Journal of Orthomolecular Medicine.*

However, she vascillated about making her breast cancer experience public. At this conference, among compatriot spirits who spoke openly about disease and finding answers to medical enigmas, however, her view began to change. *Maybe I am brave enough to tell my story* she thought. *If I shared what I have learned about foods, allergies, fungus, and a broken down immune system with other women, maybe it could help them.* In the back of her mind, Lorna had thought of having a book written: she thought of describing the events leading up to her breast cancer and the treatments she had undertaken to preserve her life. Lorna didn't believe traditional medicine held all the answers for cancer patients. This was especially true when after chemotherapy she was saddled with many new health problems and her cancer doctors had no treatments for them. *Yes, maybe a book could help other women survive breast cancer.* But first, Lorna had questions which needed answers, and she thought she would find them at this conference.

When Dr. Constantini got up to speak, Lorna listened to his every word. Some of the technical material was too difficult for her to understand in the beginning. However, as the uncommon names of fungi and medications became familiar, Lorna began to absorb the main points of his lecture.

When he began discussing how eating fruit contributes to fungal infestations in the body, Lorna's ears perked up. She sifted out information as it applied to her.

"I'll say it right now," Dr. Constantini said. "This statement to eat more fruits and vegetables is the most dangerous statement I've ever seen."

What a bombshell! Lorna thought as she considered how she could not eat fruits and starchy vegetables. They fed her yeast and put her to sleep, or kept her awake, or made her groggy, or irritable.

"I have seen it in my medical practice," he continued. "Patients cannot lose weight eating fruit because it raises their cholesterol and makes fat. It feeds the fungi."

Then he talked about the anti-fungal foods. "But all the amino acids are anti-fungal. All of them," he said. "All the fatty acids are anti-fungal. Vitamin C is anti-fungal."

Lorna knew meats, which are amino acids, and low-carbohydrate vegetables, such as lettuce, celery, radishes, and sprouts were foods she could eat. Taking fatty acids had also permitted her to cut back on her anti-fungal prescription Diflucan. She was also glad to learn vitamin C fought yeast and fungus, for it agreed with her. *So far, everything he has said explains how yeast and fungi are behind my health problems.*

Dr. Constantini continued talking about fungal organisms in the body. "Oxalate comes from fungus and the drug allopurinol is anti-fungal," he said. "Aspirin is anti-fungal."

It intrigued Lorna when Dr. Constantini said fungi and mycotoxins caused many degenerative diseases, including breast cancer. "There are no internal causes of disease," he added. "Every disease has a cause, and every cause is exogenous (comes from outside the body). A rattlesnake cannot poison himself, and fungi don't poison themselves."

Lorna saw in Dr. Constantini's illustrations, a clear relationship between her fungi and her breast cancer.

"I described mycotoxin before," he said. "I will do it again. Mycotoxin is a metabolite of fungi. Mycotoxins injure all other species of life, including us, including other fungi. They are toxic. They are poisonous. Fungi compete for all the same things that our cells compete for. They are going to get to the food that you are eating before you get to it because they are in the intestinal stream. So, if the patient is overloaded with fungi . . . . [and] patients with clinical disease [are] overloaded, of course. Fungal overgrowth is a real situation in people dying in different disease states."

Lorna felt he was talking about her health. *So what am I supposed to do?*

Dr. Constantini talked about native diets and "caveman" diets. "Call them what you want," he said, "but, basically they are all very simple diets, because these people don't have money to go out and buy all the things that have the major mycotoxin insult. Those things are what we do with food."

Lorna knew he meant eating natural foods: food we grow in the garden, nuts, plants, and vegetables. Mycotoxin insults come from processing cereals with sugar, fructose, and dextrose; adding artificial flavorings, additives, and dried

fruits; eating pastries, candies, catsup, sweet pies, mayonnaise; and adding sugar to foods such as nuts and vegetables.

The images of processed foods in TV commericials rolled through Lorna's mind. *Hardly anyone eats food without sugar in it.* She had been able to find only five cereals without sugar in them for Tony. He ate Nuggety Nuggets, Shredded Wheat, Grape Nuts, puffed wheat, and puffed rice for his breakfast. Lorna didn't eat cereals. Instead, she ate salmon with celery, eggs with amarynth and tomatoes, and pollock with carrots and collards.

Lorna remembered the box of table salt she had bought in a health food store. *They even put sugar in the salt because our tastes have changed. We have learned to want a sugary taste.* Lorna rebelled when she discovered the salt had been sweetened and took the box back to the store.

His discussion of safe foods to eat brought Lorna back to Dr. Constantini's lecture.

"If you eat lunch at my mother's house, you will probably get a plate of vegetables with some olive oil and garlic on them. That's it. They eat fish.

"Have they destroyed their eating? To the contrary," he said, "they live very well. But vegetables and fish and fresh foods--those are the major things."

Dr. Constantini told the audience that his parents, who are 94 and 88 years old, immigrated from Southern Italy and now live in Southern California. They always plant a garden and eat the simple foods they grow.

As Dr. Constantini continued, he explained how the fungi and their mycotoxins produce degenerative diseases.

"Characteristically, the toxigenic fungi do not normally invade and produce mycosis*. They work by producing metabolites which kill the host. They don't invade, unless you have AIDS. With AIDS you don't have an immune system, so the fungi invade like mad."

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* Disease caused by the presence of fungus.

That's what happened to me on chemotherapy! I didn't have an immune system. Lorna thought about her pharmacist's remarks about using so much anti-fungal medication. Dr. Constantini's words made Lorna realize that cheating on her diet--eating jelly and toast and cookies during chemotherapy--had crippled her health afterwards.

Dr. Constantini continued his lecture, describing the effect of oxalate produced by fungi in the body. "Oxalate, oxalic acid. These are mycotoxins--calcium oxalate crystals form. They are very toxic--oxalate is very toxic."[84] Then he explained why crystals of oxalic acid are found in the human body. "There is no gene in the human to make oxalic acid, but fungi have a gene to make oxalic acid." He went on to explain how uric acid, which causes gout, is also a fungal metabolite.[85]

After listening to Dr. Constantini describe how fungi produced oxalic acid and uric acid crystals in the body, Lorna thought: *Well, my idea might just be correct. Maybe those calcifications which show up on a mammogram are calcium oxalate crystals caused by fungi depositing their waste products in the breast.* She was thinking of her own medical history and putting more pieces of the puzzle into place. She also wondered if uric acid crytals might be responsible for the rheumatoid pains in her joints after a day of indulgent eating.

Dr. Constantini's presentation on fungal/mycotoxins intrigued her. Lorna began to see how chronic and degenerative diseases--such as diabetes and athereosclerosis which is epidemic in Western society today, but was unheard of 100 years ago[86]--could be caused by abusive diets and the fungal/mycotoxins produced in the body.

No wonder our doctors have not put their fingers on the cause of cancer Lorna thought. *They haven't begun to think about fungus!*

She remembered the time Dr. Sankra had seen her when Dr. Nadipuram, her oncologist, was away. He had rejected outright her questions about *Candida* yeast. Dr. Schwedler, too, who is a specialist in Infectious Diseases, had also refuted the possibility that *Candida* could cause her illness. Lorna considered this paradox. *Well, those doctors should be at this conference. There are a lot of us overloaded with fungi, and they don't even know it.*

Lorna's chance to talk to Dr. Constantini came at lunchtime. An appealing noon buffet of fish and rice, with a medley of sauted vegetables, lettuce, and many fresh fruits and vegetables, as well as sweet muffins, apple pie, and chocolate torte tempted the guests. Lorna knew the hotel did not serve just the healthful foods which Dr. Constantini advocated, but she appreciated the buffet, thinking *How nice they serve a wide selection. At least I'll find something I can eat.* Lorna filled her plate with fish, rice and vegetables. She bypassed the breads and desserts and seated herself at one of the round tables which accommodated eight persons. The plates of colorful green and orange vegetables against the crisp white table linens and burgandy napkins gave a vibrant and healthful appearance to the meal.

Across from her Dr. Ali and his wife seated themselves, and other doctors filled in the remaining chairs. Dr. Constantini sat at an adjacent table. When the meal was finished, he came over and sat down at Lorna's table to talk to Dr. Ali.

This is my chance Lorna thought. *I'll do it. I'll ask him to read my paper and tell me what he thinks of it.* When an appropriate time arrived, Lorna offered Dr. Constantini a reprint of her article on candidiasis. She had hesitated to push her personal experience on this famous doctor. However, her fears were calmed when Dr. Constantini read the title and became interested.

"I would like to know what you think about it," Lorna said, feeling rather small and insignificant. Then she told him of her breast cancer and how she had been taking anti-fungal drugs for five years. "Should I keep doing this?" she asked, a huge question in her voice. By taking drugs she knew she put herself at risk for producing more virulent strains of fungi which eventually could resist all medications.

Dr. Constantini looked at her gravely, for he knew the seriousness of breast cancer. Then he shook his head slightly, as though her question were of profound importance and should be considered seriously. He replied, "I would sure take something, something anti-fungal."

The concern in Dr. Constantini's face answered a thousand questions in Lorna's mind. Now she knew her health problem was, indeed, serious--even though none of her doctors at home recognized it, except for her allergist Dr. Morley. In her heart she had known this was true, but how would she convince an unbelieving world?

Dr. Constantini looked at the monograph and said, "I'll read it tonight."

Lorna sighed with satisfaction, thinking to herself *I've done it! I've given Dr. Constantini my paper.*

As the conference advanced through the afternoon and evening approached, the audience remained enthralled with Dr. Constantini's presentation; neither they nor he wished to break for dinner. His stories of fungal contamination of foods, of foods which feed fungi, and of fungi in human disease blew wide holes in existing medical theories. Open-minded doctors shuffled their thoughts as they readjusted ages-old medical concepts which Dr. Constantini's lecture had just turned upside down.

This is scary Lorna thought as she took note of the mycotoxin-contaminated food items he mentioned, many of which were in her diet. *If I want to get well, I have to eliminate as much of this fungal burden as I can.* He pointed out fungal contamination of oils, meats, grains, and nuts.

"Sunflower, corn, and peanut oils are the worst," he said. "Aged meats. Wheat and other grains which are not stored or handled properly are contaminated."

Lorna noted that feeding mycotoxin-tainted grains to livestock can cause even meat and eggs in the grocery to become contaminated.

"No wonder I get so many food reactions," Lorna whispered to Elizabeth, who sat beside her. For Lorna, Dr. Constantini's talk confirmed that what she ate and her rampant yeast overgrowth were directly connected.

At twenty minutes past 7:00 p.m., the group finally broke up for the day. Lorna felt overwhelmed with the information she had gleaned from Dr. Constantini's lectures. As they left the conference hall, she turned to Elizabeth and said, "Thank goodness I have another chance to hear this--when I transcribe his lectures."

"Yes," Elizabeth replied. "Isn't he fabulous!"

The next day Lorna purchased many of the books available at the conference. At the top of her list were Dr. Constantini's two volumes on the fungalbionics of cancer[87] and atherosclerosis.[88] Thumbing through the cancer bible she read this paragraph: *Fungal toxins are constantly being absorbed from toxin-producing fungi living in the host, particularly in the gut. An increased fungal growth/toxin production is caused by diets high in sugar, fruit, oils, fats, and fermented foods such as beer, wine, bread and cheese.*[89]

A revelation occurred to Lorna: "I'm not *allergic* to these foods! They are feeding my fungus and yeast!" It relieved Lorna to know she wasn't allergic to wheat, oatmeal, and peanuts. She knew the RAST tests never proved it, since they were always negative. "It's the fungi! They love to eat what I eat, and their mycotoxins knock out my immune system!"

The next day after lunch, Lorna made a beeline for Dr. Constantini's table. When the opportunity presented, she popped her question to the good doctor. "Did you read my paper?" She fully expected him to pull it out of his pocket and hand it back to her unread. Instead, he sat there, hands folded, one over the other on the table, and looked at her seriously.

"Yes, I read it," he said.

Curious about his serious response, Lorna asked, "Well, what did you think?" She tried to hide her excitement at having an opportunity to speak to this distinguished doctor who had come all the way from Europe to speak to a handful of interested doctors, naturopaths, clinicians, and patients in North America.

"It's good," he said. "Lots of good information in there."

Secretly, Lorna was thrilled to have Dr. Constantini's impression of her experience with candidiasis. She knew she had presented some ideas which were true for her and which she had never read published anywhere before.

"Well, I thought maybe it would help other people, and I wanted to share my experience with them," she said.

"It will," he said.

Buoyed with faith in her own observations, she thanked him for reading her paper and left.

On Sunday morning, the last day of the conference, Lorna gathered with a small group of people who had collected around Dr. Constantini's table in the lecture hall. Their conversation was casual, with frequent reiteration of statements made by Dr. Constantini in the preceeding days' lectures.

In just two days, Lorna had gleaned information she considered critical to her improved health and, possibly, her survival. Now she decided to share this information with other women with breast cancer. *Dr. Constantini came to Toronto to tell these doctors about fungal/mycotoxins and human disease* Lorna thought. *He is working from the top down in medicine, disseminating this important information to practicing doctors over the world.* Lorna knew her doctors would never think of attending this conference, but she had an idea: *Perhaps my book, will show women how they can help themselves--and get their doctors to help them, too--with food and nutrition.* She thought if Dr. Constantini could work from the top down, maybe she could work from the bottom up. *Could women with breast cancer bring change to mainstream medicine? Could they change the way doctors view food and nutrition and encourage these nutritional therapies for breast cancer?* The idea intrigued Lorna. *It would give women more treatment options for their disease* she thought. *And, possibly, it could prevent breast cancer for other women.*

As the group's conversation wound down and Dr. LaVallee called the conference to order for the last time, Lorna spoke up. "Dr. Constantini, I am going to write a book about my breast cancer and its fungal connection." She waited for his response.

Around her the doctors and clinicians looked up to see who had spoken. The petite, dark-haired woman who carried a large camera and had photographed the conference continued speaking. Around her there was total silence.

"My yeast and mold allergies and my broken immune system have everything to do with my breast cancer, but nobody at home believes this. I want other women to know what I have found out at this conference."

Dr. Constantini looked up at her as she stood before him, his hands clasped together. He cocked his head slightly as if he were probing his thoughts to

connect with this woman's commitment to write a book about her breast cancer. "That would be great!" he said. Then hesitating as he spoke he said, "I ought to . . . I should put together something on breast cancer, too."

Lorna continued. "Maybe I can help women survive . . . by letting them know. Like you are working to let doctors know about the many chronic and degenerative diseases which are caused by fungi in the body--breast cancer included."

Every eye was upon her. Lorna felt very conspicuous in the small group, but her words flowed on without trepidation. "Maybe my book can make women aware of how dangerous yeast and fungi are to a woman with breast cancer, and how damaging chemotherapy can be to a woman who already has a compromised immune system. And maybe they will think twice about the foods they eat."

Dr. Constantini sat moved, yet unmoving, listening to this ninety-five pound woman speak of fighting cancer.

The silence of the group surrounding this doctor and patient spoke loudly of how *real* the enemy was for them--for their patients, mothers, sisters, wives, and friends.

"You do it!" Dr. Constantini said. "You write that book. It will help others," and with a smile of encouragement, he tapped his clasped hands on the table.

Lorna felt the support of the doctors surrounding her. In their eyes she saw empathy, and their compassion soothed the harshness of confessing her breast cancer to a group of strangers.

Dr. LaVallee gavelled the conference to order, and the participants took their seats. Lorna sat in a daze, stunned by what she had just promised she would do. The headiness of the moment swept over her. Gravity might as well have pulled her into a black hole, into another universe, for she felt as though everything in her life had changed. Suddenly, she had charted a new course, one which would permit others to see into her life--and her breast cancer.

Ahead of Lorna lay the most challenging project of her life: to present her experience with breast cancer and share the knowledge she had gained from coming to this conference and meeting Dr. Constantini. In the nebula of her

mind, two questions formed and reformed. In the vast stellar dust of thought, two constellations alternately swirled into focus: *Can I help other women who hope to beat breast cancer? Can I continue to help myself?*

Small is the gate and narrow the road that leads to life, and only a few find it.
--Matthew 7:14

CHAPTER TWO
LEARNING TO LIVE

Lorna went home with much on her mind. Tony met her at the Waterloo Airport late Sunday evening and gave her a warm homecoming. "Well, was your trip worth it?" he asked, giving her a big hug.

"Oh, yes, Tony! It was wonderful!" Lorna's green eyes beamed as she looked up at her husband and began rapidly recounting the events. "Dr. Constantini and Dr. Ali--they are all wonderful doctors! You wouldn't believe what I learned!"

He smiled as she talked and described the highlights of her trip. "You know, what I thought about the yeast setting the stage for my cancer? This seems to be true, but there's more than *Candida* at work. There's *Aspergillus, Alternaria, Mucor*, and other really tough fungi living in our bodies. And I know how this problem with my eating and the yeast that grows in me fits together now.

"Really?" Tony replied, almost afraid to ask more, for he knew she could go on endlessly with her explanations.

"When I eat potatoes, bread, starchy vegetables, or nuts and fruits, they feed the fungi, and the fungi give off mycotoxins which suppress my immune system. It is just like I told Dr. Morley about the red welt that comes and goes according to what I eat."

He took her hand and pulled her toward the arriving luggage. "I guess you learned a lot."

"Oh, I did, Tony. I did. But, I'm not sure how to get my doctors to help me. They won't believe any of this! It will sound too far out for them."

"Oh, you'll find a way," Tony said as he grabbed her bag off the luggage queue and headed for the car.

Lorna knew living a happy life was one way to prolong living. She had read *Love, Miracle and Medicine* by Bernie Segal, M.D., and *Quantum Healing - Exploring the Frontiers of Mind/Body Medicine* by Deepak Chopra, M.D. Both books focus on positive thinking and she knew this helps the sick body heal. She and Tony practiced laughing hardy belly-laughs which Norman Cousins advocates in his book *Anatomy of an Illness.* She loved it when, in bed at night, some silly thing would set them to laughing, maybe the neighbor's neurotic dog, or a cartoon they had watched together. Since her bout with cancer, Lorna was determined to find small joys in life around her. She had done this before, but now she actively practiced it.

She had also quit a job, which she had taken just after her chemotherapy was over, when she found it stressed her immensely. Tony had seen to that. She had also refined her eating plan after her trip to Toronto and felt positive about this change. Now she plunged her whole self into preparing information for the book about her cancer. *This is really exciting!* she thought.

In December of 1994, Lorna went to the Cancer Treatment Center for her six months' oncology check-up. She remembered how sad and depressed she had felt coming here in 1991 and 1992. Today, however, the snow sparkled in the sunshine outside the building, and inside, the gas fire roared in the fireplace. Lorna found the living room of the Cancer Treatment Center inviting. Looking around, she saw few patients who seemed in as good spirits as she.

For some time, Lorna had found an inner peace. Subconsciously, her mind told her *If I can keep my immune system active, I can prevent cancer from returning to my body.* She knew this newfound peace came from playing an active role in her own health care. *I do not consider myself a victim of cancer. I am perfectly capable of taking responsibility for what I eat and how I feel because of the food I eat.*

She recalled the many times she had heard scared women talk of beating their breast cancer by getting "second and third opinions," "getting the highest tech treatments possible," and "eliminating the odds." To Lorna, these women were frantic about their breast cancer. *It is as though they believe seeding the clouds for rain will change the climate. They have little regard for nature's outcome, just as they have little regard for the way they treat their bodies.*

Lorna was thinking about the hectic lives many women lead and the fast-food and mal-nutritious meals they eat and also feed their families. This group of

women seemed like robots to Lorna; women who expected to drive into a 15-minute-oil-change station and get a "broken part fixed." *Well, it is not just one part which is broken.*

Lorna reflected on her own rough times, the depression and anger she had known as she dealt with her cancer. She knew some desperation could be expected, but intuitively she felt these women were not facing the truth about their lives. *This would require giving up something--something they think they* cannot *give up.*

She knew how hard it had been for her to give up goals she had thought were important (earning a second income, operating her marketing business, and writing regularly for three magazines). *I believe they expect too much of themselves.*

Lorna had pondered this idea long before her cancer set in. *They are living lives out-of-balance. They don't see the need for peace and serenity. Yes, we push hard to get more. Get more of what?*

She thought she had taken a balanced view toward living. However, when her cancer hit, Lorna realized her life, too, was out-of-balance. Then, with a life-threatening illness knocking at her door, she reexamined her goals--and readjusted her views on money, life, health, and happiness.

Perhaps most of us would have fewer cancers if we ate better food, nourished our spirit more, and found happiness in our work and in family relationships. She suspected these simple goals would reduce stress and improve a woman's health. *Most of us could take a more forgiving view of the world and the people around us.*

Lorna recalled how unhappy she had been when she had not found suitable work after Tony and she had moved to Cedar Falls. *I don't know if my unhappiness played a role in my declining health, but I suspect it did.*

Failing to find a satisfactory job, Lorna put herself under self-imposed stress. This contributed to her illness, and she recalled how "stressed" she had felt the year she found her cancer. *It was as though someone was stretching my neck. The pressure . . . of my work . . . and I didn't have time for Tony . . . that was the worst part of all.*

Lorna overbooked herself with a regular job, plus her writing projects, and classes in graduate school. *I didn't have time for the important things . . . it created a tension between Tony and me. The situation brewed up angry feelings between us. I hated it! I hated the pressure, and the rushing to get everything done.* Looking back, Lorna knew her career goals and the money she earned had not been worth the emotional pain.

Looking around the Cancer Treatment Center living room, Lorna saw people sitting in pairs. She quickly identified the cancer-ridden one. *She has the cancer* Lorna thought, looking at an elderly couple. *I know by her thin hair, gray flesh, and her unhappy face. He doesn't look very happy either, but it's because of his wife's illness.*

She also observed a ten-year old boy curled up in the fetal position on a couch, moaning, and a strapping young man of twenty-five years sleeping in the chair, his languid form reduced to a heap of weakened muscles from his chemotherapy treatments. She winced at their pain and suffering. Lorna had empathy for these cancer patients and their loved ones who sat helplessly beside them. *All a family can do is encourage, or cajole (if that ever seems to help)* she thought. Lorna had a hard time dealing with cancer when she saw others suffering. She felt a sudden revulsion creep over her: *This place is a nightmare!* she thought. *This insidious monster--Cancer--lives here. It lives in this building, and there is no promise this terrible beast will ever be slain.*

The nurse called Lorna into Dr. Nadipuram's office. She knew there was always the possibility her doctor might find the cancer had returned, but Lorna did not worry about this. The peacefulness which had settled over her life took worries of cancer away.

When Dr. Nadipuram walked into the room, he smiled and hurried over to shake her hand with both of his. "How are you?" he asked.

"I'm fine," Lorna replied. "How are you?"

"I'm fine." Dr. Nadipuram shook his head in a kind of disbelief then introduced Lorna to the woman intern who had followed him into the room. "This patient is remarkable. She is writing a book about her cancer." Lorna nodded to the woman doctor and said "hello."

During Lorna's examination, Dr. Nadipuram read her blood report then proceeded to examine her old chest scar for any signs of returning cancer. He also felt her right breast for lumps and examined her neck and axillary regions for any changes in lymph node size. When he had finished, he asked if she had any pain. "Anything in your back?"

"No, nothing unusual," she replied.

Since her trip to Toronto, Lorna had periodically dropped into Dr. Nadipuram's office to leave him copies of the fungal/mycotoxin lectures as she transcribed them. She wanted him to know first hand about the fungal component of cancer.

Lorna never dared to presume her future, and she knew her doctor never second guessed who would survive and who would succumb to cancer's call. But the faith Lorna had found within herself led her forward. Without looking into the future, Lorna lived one day at a time. Each day she accepted what it offered; each day she took pleasure in her very being.

When he finished his examination, Dr. Nadipuram said to her, "I have another patient. She is like you."

The comment startled Lorna and she waited for the doctor to continue. "She questions everything." Dr. Nadipuram's gentle eyes waited for her response. "Would you like to meet her?"

Lorna reflected for a moment then replied, "Yes, Yes, I would. What is her name?"

"Jeanie Carpenter."

Lorna left Dr. Nadipuram's office with a good medical report and an appointment to return in six months. She clutched Jeanie Carpenter's telephone number firmly in her hand.

When the two women met at Jeanie's house, each was surprised at the appearance of the other. Short and tiny with dark hair, Lorna looked up and laughed, for over her towered Jeanie's tall, thin frame, topped with a head of

blond, downy fuzz. They chatted over tea and discussed what they thought had caused their cancers.

Lorna could see how much farther she had progressed emotionally than Jeanie, for Jeanie's diagnosis and surgery had been quite recent. *I almost forgot how bad it was* Lorna thought as she listened to Jeanie's fears and anger. *I should never forget what the beginning was like; but really, I am relieved to be past that part.* She didn't tell Jeanie what she was thinking but extended her friendship and gave to her new-found friend what Carol and Mae had given to her--hope for better days to come.

Lorna had taken her supplements along, to share with Jeanie how she fortified her diet with super-nutrition to help improve her health. They talked about food, and Lorna learned Jeanie was vegetarian. When she served a fruit plate with tea, Lorna did not eat it. Instead, she took out a tin of mussels and some turnips and asked if she could peel them in the kitchen.

When the conversation focused on vegetarian foods Jeanie ate, Lorna said, "I eat meat and fish and lots of vegetables, especially raw ones, for the enzymes--and no fruit."

Through the picture windows of Jeanie's living room, Lorna felt the tranquility which she knew she needed to nurture her spirit. "You have a beautiful view," she said, thinking how the scene comforted her.

"Yeah," Jeanie said, watching Lorna and clinging to her every word, as though she might learn some secret for survival. A cardinal flitted across the yard and Lorna laughed. "This is wonderful. You have the woods in your backyard!" She knew how difficult it could be to find a pastoral view of trees and shrubs while living in the city.

Lorna felt in high spirits this day. However, she sensed in Jeanie a tension--an inability to free herself from the worries and concerns which accompany a too-recent diagnosis of cancer. Lorna had felt these pains, too, during her chemotherapy and for a year afterwards. Now, she hoped to ease the burden for Jeanie, even though Lorna suspected only time and inner healing would bring this welcome change to her friend.

"I have an appointment with Dr. Keith Block in Illinois; he specializes in nutrition," Jeanie said, probing for Lorna's reaction to her own attempts at finding alternative medicine to help conquer her disease. "I hope he isn't a quack."

Nevertheless, Lorna could feel Jeanie's hesitation toward this doctor. However, she knew Jeanie was desperate to do something which would improve her health and help her survive. Then she told Lorna she planned to have her other breast removed, as a precaution against cancer developing in it. Lorna was shocked, but she didn't reveal these thoughts to Jeanie.

She's brave! Lorna thought as she recalled how she had not wanted this procedure. *There was no way I wanted to go through that surgery again.* Lorna admired Jeanie for taking responsibility to improve her fragile health. Both of them knew they did not want to sit and wait for the death stats to be tabulated: they wanted to do something for themselves.

Like Lorna, Jeanie studied alternative modes of cancer therapy. Jeanie walked into the next room and brought back the book she had been reading, *Choices in Healing: Integrating the Best of Conventional and Complimentary Approaches to Cancer* by Michael Lerner.

"Yes, I have that book," Lorna noted.

"I'm reading about meditation," Jeanie said. Then in a quiet voice, unlike the assertive person Lorna thought Jeanie could be, she said, "I'm afraid I will die of cancer." Lorna felt the fear and pain in her words and understood.

"It's too soon after everything. You need more time," Lorna said, as she encouraged her friend. "Everything will fall into place if you nurture yourself." This was one of those days Lorna knew to draw back--a time when a friend with cancer is not ready for the facts and theories. *She needs to heal, emotionally, physically, and spiritually.*

Lorna was reminded of Deepak Chopra's book *Quantum Healing* in which he explains how cells in the body can be trained to behave in a certain way and how every cell is connected to every other cell. *What a wonderful machine the body is* she thought. *How much abuse it can take and still perform. Chemotherapy, alone, is proof of this.*

Jeanie continued. "I'm working on this imagery to shoot down cancer cells in my body."

Lorna listened to Jeanie and sifted out her angry feelings, remembering she had them, too, at this stage of recovery. They talked about allergies, and Lorna discovered Jeanie had been treated for them in the past. They also talked about Jeanie's work as a school counselor. Here, Lorna detected the greatest source of her friend's discontent. *I've known those feelings, too* she thought. *They come when money and success become more important than internal peace.* However, Lorna knew each woman had to make these decisions for herself, and she did not discuss this with Jeanie.

When they parted, Lorna smiled and said, "You are headed in the right direction. I want to know what Dr. Block prescribes for your nutrients and immune support."[90]

In the days following, Lorna thought about the positive living she had put into practice. Dr. Ali says we can meditate at any moment. *It doesn't require shutting yourself off in the bedroom alone for fifteen minutes before dinner. There are more pleasant ways to meditate.*

Lorna could relax her body and mind by watching the birds at the watering pan outside the window. The peacefulness which came over her took every concern a million miles away. She knew this was healthy for her. Drifting out of her meditative state she recalled Dr. Ali's words. *He said we can learn to meditate on trival things--a dead twig, a leaf, a flower, a patch of snow, a glass, a bird on the ledge. It does not matter. Our purpose is to train our eyes to fall on some object and let go, not to analyze, not to compare, but to free ourselves from this torment of ceaseless thinking.*

Lorna remembered he had said health is about relationships: 'It can be mitochondrial relationships, mycotoxin relationships, or our relationship with a larger presence--because we cannot really deny ourselves that--but they are relationships, and I think health is about relationships.'

Yes, thought Lorna, *why isn't our health about relationships?* She admired Dr. Ali and his way of looking at life. She knew part of his philosophy came from different cultural beginnings. *He takes it all in stride and never seems rushed or*

pressured. If only we women with cancer could achieve this harmony within ourselves, with the world, and with our loved ones, the pain and suffering might greatly diminish. And we wouldn't have as many sick people standing in line for a pill from the doctor, hoping to "cure" what has festered so long inside.

Dr. Ali, who was born in Pakistan, grew up under the influence of Moslem religion and Eastern philosophy, and Lorna found his ideas made wonderful sense. She and Tony had tried to live in harmony with nature. They saw what small entities they were in the marvelous universe around them. *We are like specks of dust in the air--just floating among many other specks of dust* she thought, and she reflected on her journey through a severe illness. *Yes, I know relationships are important in my life--they are even more important now.*

She thought of Tony, her family, Tony's family, her doctors, and friends. Chemotherapy seemed the antithesis of harmony in a relationship: cell-to-cell, body-to-mind, and physical-spiritual well-being; all of these were disrupted when chemo flowed into the body.

The thought of chemo raised the hackles on Lorna's neck and brought feelings of resentment. *Chemotherapy's violent nature was destructive to everything in my body! It was destructive to my relationship with Tony, and destructive to my work and happiness.*

She remembered that day in May--late in her chemotherapy treatments--on the day of epiphany when her life changed. *Tony took me fishing at Rogers' Park. There . . . in that serene place, I again felt the rhythms of nature. This harmony has always balanced our lives. Miniscule as I am in this world, among the creatures of nature I feel whole.*

Like the lake itself, with its essential oxygen and carbon, spirulina and pondweeds, scuds and snails, oaks and orchids, readears and bluegills, Lorna saw once more how she and Tony fit into the larger world. This truth blazed in her mind like the setting sun on Rogers' Lake, orange on the surface of tranquil water: peaceful as deer walking in the meadow; comforting as whipperwills calling from the woods; and homey as the raccoon family washing food together on the lakeshore. Here, together, a man and woman held hands and knew they were part of this world. Knew, too, this day in their life would pass--could never be reclaimed--but was forever etched in their memory.

In February of 1995, Lorna talked to Jeanie again. By now her friend's other breast had been removed. She also had a benign tumor removed from her right parotid (salivary) gland.

"In eighteen months I've had three surgeries," Jeanie said as they spoke on the phone." Lorna empathized with her friend, knowing each procedure brought one's thoughts a little closer to death, at least she had felt this way when cancer was on her mind.

Several weeks later, when Jeanie returned from Dr. Block's office in Illinois with an armful of nutrients--vitamins, minerals, and herbal supplements--the two women talked again. Jeanie wanted Lorna's opinion on the supplements he had prescribed for her.

When Jeanie listed off the anti-oxidants, minerals, vitamins, and other support therapies she had brought home, Lorna crowed with delight. "Dr. Block's nutritional and immune support program for you is very similar to the one I am using." She held one reservation regarding Dr. Block's recommendations, however. It concerned the extensive use of fruits and grains. She did not think a cancer patient should use so many fungal-driving foods in the beginning. Lorna feared Jeanie might not be able to tolerate these in the early days after chemotherapy when a cancer patient is beginning to heal.

Jeanie was relieved to hear Lorna's positive remarks on her supplements, for Dr. Block had told her the first three years after breast cancer were critical for nutritional and immune support. Dr. Block's anti-cancer protocol also confirmed to Lorna that she had been doing the right things for herself.[91]

O Hidden under the dove's wing,
hidden in the turtle's breast,
Under the palmtree at noon,
under the running water
At the still point of the turning world, O hidden.
–T.S. Eliot[92]

CHAPTER THREE
A TURN OF EVENTS

On August 3, 1995, Lorna arose in good spirits and went jogging before breakfast. As she ran through the park and up the hill toward Brunskill's barn, the perfectly warm, sunny day offered no hint of the catastrophy awaiting her. As she rounded the bend onto the highway, she felt a sharp pang in her right side and wondered about it, for this was most unusual.

Back at the house and finished running, Lorna gave herself a coffee enema and made plans for a day full of activities. It was the third time she had done the coffee enema in an attempt to remove toxicity from her body. She had gained confidence to try it after reading Dr. Sherry Rogers' book *Wellness Against All Odds*. Two other times in the past four weeks she had used the enemas successfully. Today, however, she experienced a powerful peristaltic contraction of her intestine, forcing the enema rapidly out of her body. *Why is this happening?* she wondered.

By noon, Lorna's abdomen had begun to bloat. She discovered she could not pass gas and wondered if she had a blocked bowel. As the day wore on, the bloating became worse. Lorna had immediately felt guilty for using the coffee enema. *I brought this on myself* she thought, hoping the swelling and pain would go away.

When Tony came home from work, Lorna sheepishly explained to him what she had done. He set his brief case down by the door and went upstairs to change his clothes. Lorna wondered why he didn't say much, but she knew he thought she was crazy for trying the coffee enemas.

When he came downstairs, he raised his eyebrow at Lorna's discomfort and said, "I won't say I told you so." Lorna tried not to complain.

All through the night Lorna tossed in the downstairs bed and moaned with the rising pain. When morning came and Tony walked into the bedroom, Lorna

was lying on the bed holding her sides. "I couldn't sleep," she confessed. Tony did not comment. He left and went to the kitchen to make coffee.

Four hours later Lorna's condition had not improved, and she felt certain she should not eat, for nothing in her bowel moved. Only occasionally could she burp up gas.

Tony had taken Friday off from work, and the two of them had planned a fishing trip. However, seeing Lorna's misery, he knew this was out of the question. In his private thoughts, he was disgusted that a perfectly good fishing day had been ruined. He thought he would work in the yard since their fishing trip was not possible.

By noon Lorna wanted to call the doctor, and Tony had begun to worry, too. Doubled over and with the pain mounting, Lorna asked, "Tony, will you take me to the doctor's office?" She knew she could not drive herself.

She got an appointment with Dr. Barrons for four o'clock that afternoon.

Tony let his wife out in front of the clinic and left to park the car. Lorna moved slowly across the grass toward the door. Each step jarred her. Stooping forward and grasping both hands to her belly, she tried to shield herself from the vibrations as she crossed the rough ground.

In the doctor's office, tears filled her eyes when Dr. Barron's thumped her watermelon belly asking, "Tell me which hurts more . . . this? . . . or this?"

Tony sat on the chair in the examining room holding Lorna's purse. So far, Lorna did not know if anyone empathized with her plight. Tony had not said a word to comfort her. Consequently, her guilt had swollen like her stomach. In her mind, Lorna thought she had brought this dilemma on herself with the coffee enema. Stoically, she suffered in silence.

Moving very slowly down the hall to the x-ray lab, Lorna moaned quietly as she went. She stooped forward and tensed the muscles around her middle to protect herself from further pain. This constant tensing of her muscles, however, gave her a backache and made it hard to breathe.

When Dr. Barrons saw Lorna after reading the x-ray, he said, "I think you may have ruptured something." Lorna saw a fear in his eyes. "I'm going to put you in the hospital. I don't know what's going on in there."

The fear she saw in his eyes brought Lorna even greater guilt. Outwardly, she remained inscrutable, but inwardly she feared for what she had done to herself. *Well, whatever I've done, I'll have to live with it--ride it out.*

To Lorna, it seemed that both Tony and Dr. Barrons blamed her for bringing this condition to herself. She felt spiritually bereft, like a child who has just witnessed the death of her pet dog by a car speeding rapidly away. This hollowness reminded Lorna of her earlier feelings with a diagnosis of "breast cancer."

Looking up from the examining table, she saw Tony sitting stiffly and wide-eyed in the chair across the room, but having received no emotional support from him, Lorna withdrew into her own small world of pain. Suddenly, in a strong and forceful voice, which was unlike him, Tony said, "We'll get to the bottom of this!"

Through her gripping pain, a calmness passed over Lorna as she felt her husband's concern. She knew he was worried, too. This reassurance released her from her shame, and she knew they were pulling together in this new illness.

At six o'clock Lorna was admitted to Sartori Hospital. Over the next two weeks as a patient there, she would face a harrowing experience.

Through Friday night, Saturday, and Sunday Lorna laid agonizing in bed. She did not eat. Only with the greatest effort could she slide her legs to the edge of the bed, pull her body upright with her arms on the side of the bed and move cautiously to the bathroom. She couldn't understand why the doctors let her suffer. *Why don't they do something to relieve my pain? At least put a trocar in me, like we did the our 4-H calves when they bloated . . . and remove the gas.* She tried to imagine how a doctor would use the knife-like trocar on her. At home, the knife with its metal sheath was inserted into the swollen stomach of her bloated 4-H calf. Then the knife was removed and the hollow sheath remained, permitting the gas to escape.

Lorna found it impossible to bend at the waist. Her painfully swollen belly made any movement a trial. In fact, her body felt as though it had been stretched

flat and tacked to a board. She could never predict the severity of the pain when she moved; still, she didn't scream or complain loudly. Having been used to much pain in her life already, Lorna just grimaced and occasionally cried out softly, "Don't touch me! Don't touch me!" when a nurse approached.

Friday night, Saturday, and Sunday were filled with diagnostic tests: x-rays, a CAT scan of her abdomen, ultra-sound, and more x-rays. To Lorna, it seemed the med techs were always at her bedside wanting blood. Night and day they hovered over her with vampire-like needles trying to suck blood from her collapsed veins and bruised right arm. Nurses awakened her from precious sleep to take her temperature and blood pressure. With IVs in her right arm, the nurses were tempted to use her left arm since it was more convenient. Always, she told them not to use her left arm. "That my mastectomy side," she said. "Use my leg," and Lorna kept them from it.

Four doctors made rounds to see her, each one asking about the events leading up to her present condition. They listened to her bowel sounds and her chest then shook their heads, trying unsuccesfully to make a diagnosis.

Lorna wondered what they were thinking. Occasionally, she overhead comments about her blood cells: "She has a lot of immature white cells . . . ." She wondered what this meant to them.

For four days, Lorna had not moved her bowels, and she could not pass gas. As each day dragged on, she suffered in agony and wondered, *Is this cancer? Has it come back . . . to my bowel?* Her back muscles cramped from tensing them, and she pulled her legs up to her chest to relieve the pressure on her abdomen. Lorna could not stand to be turned to either side.

By Sunday, Lorna did not know how much longer she could stand the pain. *When will they do something! Anything to relieve this awful pain?* She could not move, nor could she eat. A vague consciousness of some terrible new illness gradually overcame her like a cloud of bad weather. A vaporous fog filled her mind and trapped her spirit. As she moved in and out of thought, she saw that her condition was like those blind nights she tried to make it home from school and work in heavy fog. Low clouds swamped the highway, concealing the edge of the road. Lorna could not see a foot in front of her. Even the most familiar curves and bridges ahead were dangerous, and a wrong move could prove fatal.

Intravenous Ringer's lactate and antibiotics dripped into Lorna's right arm day and night. The fluids swelled her legs, her ankles, her torso, and her feet. Every movement brought excruciating pain. Lorna lay stiff and rigid, her body bloated like a whimpering, sick animal waiting to die.

Sunday evening when Dr. Sampson made rounds and saw her anguish, he knew she had not improved. He shook his head and said, "I can't leave you like this. I've got to open you up."

Lorna did not know what he meant, but it promised relief, whatever it was. She supposed it meant opening her up with a knife. However, when the hours passed and ten o'clock came, Lorna presumed Dr. Sampson had changed his mind. *The procedure is off. Another night of this?* Lorna moaned.

Half an hour later, Dr. Sampson entered her room and called the Endoscopy Lab. He told them to prepare for his patient. In five minutes, a male nurse arrived and loaded Lorna into the wheelchair for her trip downstairs. With a blanket over her legs to keep her warm and her right arm pushing an IV stand ahead of them, Lorna, cried out softly with each bump the wheelchair encountered. She closed her eyes as they joggled over door jambs and crossed the threshold to the elevator. Her ride might as well have been through a boulder quarry, for each bump jarred her, shaking her sore abdomen like an earthquake. Lorna shuddered with pain.

Lying on the examining table in the endoscopy room, she saw two hoses hanging above her. *This procedure isn't going to be a knife* she thought. *They are going up my rectum with that hose.*

Before she could blink, Dr. Sampson and the male nurse had the procedure underway. Lorna cried out for mercy.

Always sympathetic to her pain, Dr. Sampson responded, "You don't like that, do you?" as he tried to get the endoscope up and around the bends of her intestine.

"I have to moan," she said. "I have to."

The hose, however, would not turn the corner to her transverse colon, and Dr. Sampson--not wanting to hurt her more--removed it and started again with a smaller hose, one with a flexible head. This time, Lorna could watch the

procedure on the television monitor as the scope passed up her rectum and into the colon. She could see her pink and healthy-looking large intestine. *There is no black tar or debris filling my colon* she thought as she watched, intrigued with this modern feat of technology. The picture of her bowel helped take her mind off the pain. This time the scope made the bend to the transverse colon, and Lorna watched as the accordian-like folds of muscles pinched down and rounded the bend as though one were passing into the curve of a tunnel through the mountains where there are no lights. Once around the bend and into the straight-away, light from the flexible scope again flooded the intestinal walls, revealing their healthy condition.

In the midst of her own pain, the experience of vicariously traveling through her own intestine and seeing it healthy comforted Lorna. It reminded her of *Fantastic Voyage* and her imagined trip through the blood stream as a mycotoxin.

Although the first scope attempt had failed, Lorna was glad for the second. She had traveled up her intestines visually and felt reassured to see that her colon was clean. This intimate experience with her bowel--a part of her body she had never viewed before--gave her a keen appreciation of its important work, and it comforted her to know her bowel looked healthy and not diseased.

Dr. Sampson's second attempt to reach the transverse colon successfully cleared the obstruction, part of which had been caused by the barium contrast material* which had pooled in her lower intestine. With the gas released, Lorna felt less pain. She also welcomed the relief of ending the examination.

Sore and exhausted from the procedure, Lorna lay in bed, sleeping intermittently through the night. She wished to be left alone. Inevitably, however, at six o'clock a med tech from the blood lab came to puncture her arm. *Everyone in this hospital wants their own vein!* Lorna had only one good arm to give them. The other was her mastectomy side, and Dr. Sampson had told her nearly five years ago not to let anyone use her left arm for blood pressure or drawing blood. Lorna continued to refuse the nurses access to it.

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* The contrast material is swallowed before x-rays are taken to reveal the organs in greater relief.

After the endoscopy, Dr. Sampson postponed Lorna's gallbladder scan at Allen Hospital from Monday until Wednesday. Lorna wondered why he had done this but assumed he thought she was too sore for more tests. Still, Lorna knew this meant lying there for two more days, in the same wretched condition.

Although she lay there in misery, everyone who came into her room told Lorna she was lucky to be in the hospital, for the weather had hit a record high. Those who came to work and those who came to visit suffered visibly in the 90-100 degree heat. Meanwhile, Lorna lay in her hospital bed looking out at the dreary, hot August sky. "I can't even see a tree," she lamented. "Only concrete, part of the hospital building."

Tony came to see her every day and tried to cheer her. Sometimes he came early in the morning, before work, and brought her items she wanted from home--her contact lens solution and a razor. Lorna called him at work and at home. They had their best visits then, for whenever Tony came to visit his wife in the hospital, some medical procedure or nurse's routine took precedence. After a while Tony stopped coming so often and waited for Lorna to call him. Meanwhile, the days dragged by and the doctors conferred and tried to establish a diagnosis.

Dr. Sampson had arranged for Lorna to have a gallbladder scan with nuclear medicine* at Allen Hospital two days after her endoscopy. When Wednesday arrived, Lorna looked forward to the gallbladder scan. She hoped the test would show her gallbladder to be diseased. *At least they can take it out* she thought. *Maybe that will help rid me of this gas and pain.*

The scan meant leaving Sartori and going for a drive with Tony. Lorna looked forward to this. *At least I can see the trees and flowers for a little while* she thought.

Tony drove up to the hospital curb, and the nurse helped Lorna into the car. When they were alone, Tony asked, "Would you like to drive by the house and see where Max took out the trees?"

"Yes," Lorna replied. Any escape from the hospital was a small joy to her. She wanted desperately to see home and Tony's roses blooming in the yard--and

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* A radioactive compound is swallowed, permitting the function of the gallbladder to be tested.

even the clearing where seven dead trees had been cut out of the yard while she had been in the hospital.

It was a hot day, but Lorna did not mind the temperature. She felt barely alive for the first time since she had been admitted to the hospital six days before. Now for a while she was free, free from the entrapment of the hospital. As they drove past the house, Lorna slowly drank in the picture of her home, absorbing everything. *That's our home . . . and Tony's roses . . . and my prairie garden. Oh, how bare it looks without the linden tree in the front yard.* She longed to get out of the car and stay, but for now she knew there would be only a glimpse of her past life and all she hungered to return to. *Oh to be healthy again. . . to be home with Tony*, she thought. She longed for their daily routine together.

Although the sight of home cheered her, it also brought morbid thoughts. *Will I ever come back here? Will I get well? Tony is alone here . . . without me.* She wanted to be there, too, talking to him, cooking their meals, and working beside him in the yard.

The two arrived at the emergency entrance of Allen Hospital for Lorna's gallbladder scan at one o'clock. Tony parked the car, and the two made their way slowly across the concrete in the hot sun toward the huge revolving door. To Lorna, they seemed to move as slowly as two snails crossing the hot desert sands of the Sahara. Hunched forward, she steadied her swollen stomach as Tony held her upright by the arm.

In six days, Tony had watched as his wife become bloated beyond recognition. Her body was not the body he knew. Her legs and thighs were swollen twice their size, and her ankles had triple folds of puffy skin around them. She looked pregnant to him, and the wrap-around skirt he had brought from home for her to wear had to be fastened with a safety pin.

Tony felt pity for his wife as she moved slowly down the hospital corridor. Lorna felt embarrassed. She knew her grotesquely swollen figure was ugly, and said to Tony, "You probably don't want to be seen with me."

Tony kept his thoughts to himself and said, "You'll get your shape back."

The gallbladder test was positive. Lorna moaned as the gallbladder constricted, bringing another round of pain. "Yes," she said, "that's the same pain I've felt so much of my life." The gallbladder tried to empty its contents to the liver, but the diseased organ did not function and emptied only a small portion of its bile. Lorna recognized this pain as one she had associated with her menstrual cycle in years past.

With confirmation that her gallbladder was diseased, Dr. Sampson put Lorna on his operative schedule for Friday afternoon. He would remove her gallbladder.

Lorna hadn't eaten since she entered the hospital and she didn't look at all emaciated since she was swollen with water from the Ringer's lactate IVs. With her bowel no longer obstructed, Dr. Sampson wanted her to begin eating. Lorna tried some V-8 juice but refused anything sweet, knowing sugar would make her yeast flare up. Although the doctors and nurses thought she could eat any food--except fatty foods--Lorna was afraid to stray far from her rotation diet. She knew better. *They don't know how my body reacts to food.* She refused foods with sugar, dairy, wheat, and citrus in them.

By now her rotund appearance camophlaged her real weight. Her legs and lower body were swollen with water, and she looked six months pregnant. Her glossy-looking shins and the folds of skin overlapping her ankles were symptoms of the edema which shaped her body. *I can't believe I look like this!* Lorna thought. She had weighed only 97 or 98 pounds when she entered the hospital. Now she hadn't eaten for six days.

Late Wednesday afternoon, the nurse brought Lorna a liquid protein meal, and without reading the label, Lorna drank the vanilla-flavored Ensure. Immediately she began to bloat and she spiked a temperature. The doctors came quickly to see why this sudden change. Dr. Franklin did a pelvic and a rectal exam, trying to pin down a diagnosis that had so far evaded a team of four doctors.

Lorna picked up the Ensure can from her bedstand. She knew the doctor had ordered a non-dairy product. However, when she read the label, Lorna was furious with the nurse. "There are three kinds of sugar in this! I told you I cannot use ANY sugar; I react to it!"

With the rapid decline in her condition, Dr. Sampson immediately moved her surgery up to Thursday.

When the nurses rolled Lorna away to the operating room, Tony sat alone--in the same waiting room he had sat in nearly five years before. First, he had waited through a lumpectomy--to hear if his wife had cancer. Then, a week later, he waited through her mastectomy while Dr. Sampson cut the cancer out. Now he sat by the telephone waiting for another call from the operating room about his wife. To him, this operation was not a routine surgical procedure. *It's my wife . . . . they are operating on Lorna. What would I do if I lost her?*

He had tasted how life would be without her before. It left a bitterness on his palate, like the powdered alum mothers used to coat canker sores in children's mouths. Intended to heal the sore, the sour alum made the child salivate profusely, causing him nearly to vomit. Tony struggled to hold back the reflex.

He had walked into an empty house after work before. *She's not here* he thought. *This place is empty.* There were no sounds coming from her busy kitchen, no smells of chili simmering on the stove, and no clattering of the keys as Lorna's speedy fingers covered the keyboard of her computer.

Twice Tony had felt this bleak loneliness. At home he turned on the television, just to have sounds in the house. He rummaged through the refrigerator, looking for cold meat and cheese for his supper. At night he slept alone. No Lorna lay next to him, soft and giggly. The pillow on the other side of the bed remained empty. Tony's thoughts pooled in confusion, like an eddy below a dam--the dark water moved randomly, turning up flotsam and jetsam, like his mind. *What if I have to get used to this?* he thought. *What if she doesn't get well?*

When the surgery was over and Lorna awakened in the recovery room, Tony was waiting for her in the hall outside Intensive Care. As the nurses approached, wheeling Lorna down the hall with thirteen monitors, IVs, and tubes attached, Tony was shocked! He blinked in disbelief to see his wife so small and helpless, dwarfed by these chattering machines. A cadre of nurses and the anesthesiologist pushed her gurney and IV stands ahead of them. The beeping of the heart monitor and the pumping of her IVs frightened Tony. *My god! What does this mean?* he thought. He could not comprehend the need for these machines if Lorna was going to be okay.

As she lay there, drifting in and out of consciousness, Tony felt so helpless. *Why can't I take some of her pain and suffering away? Why does she have to fight so hard?*

In this moment of truth, Tony's mind again became overwhelmed. It was impossible for him to comprehend how Lorna's health could be cut down so quickly. *How could she be perfectly well one day . . . and a week later lie critically ill in this hospital?* Tony saw his wife unable to move and knew that her life depended on the machines attached to her sick body and to the nurses who monitored her vital signs.

He knew this artificial life-support system held them together by a strand of life, and he thought: *How fragile our lives.* Tony also knew life held no promises: the thin life line which tethered them to each other--and tethered them to earth--would last only a short while.

His mind flashed back to the moment the telephone rang in the waiting room and a nurse asked to speak to him. He had been annoyed by a youngster who turned up the television and ran in and out of the waiting room, distracting everyone who waited to hear the doctor's report after surgery. He wondered why a parent would permit a nine year old to run loose in the hospital, free to annoy others. The call from the O. R. changed his thoughts.

"Tony, your wife has a ruptured appendix," came the word from the other end of the line. "Dr. Sampson is going to remove it. We'll be in surgery longer than expected," she said.

"But what about her gallbladder?" Tony asked, his mind swirling like the flotsam churning in the eddy as new questions popped into his head with this changing diagnosis.

"Well . . . we don't know about the gallbladder. Your wife has extensive peritonitis*--her body cavity is badly infected. Dr. Sampson doesn't know if he can remove the gallbladder now. He thinks she's too sick."

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* Infection in the abdominal cavity from the ruptured appendix.

Tony wanted to say, "Take her gallbladder. Don't put her through this again!" but he kept these thoughts to himself. However, in his mind he prayed, hope upon hope, that Dr. Sampson would remove both her appendix and her gallbladder.

Sitting next to her bed in the Intensive Care Unit, Tony's mind returned to his wife's present condition. He sat faithfully beside her, watching Lorna as she lay groggy from the anesthesia and helpless with thirteen tubes in her arm and other body orifaces. He whispered a prayer, *Please get well. Lorna, please get well.*

Eighteen hours passed. Finally, Dr. Sampson gave permission to move Lorna back to her room, for he felt her condition had stabilized. Tony remained by her side. When she became conscious of her surroundings, she was holding his hand. She tried to turn her head to see him, but the naso-gastric tube running into her nose and taped firmly to her face, pulled her back. She could vaguely see the two tall IV stands and the flashing red and green lights on the monitors indicating the status of her IVs, antibiotics, and morphine. Mixed with the blurr of the room were the clicking sounds of the pumps and the whirring of the gastrointestinal vacuum as it sucked out the contents from her stomach.

She gasped and murmurred, "Tony . . . Tony?"

He squeezed her hand. "I'm here," he said. "I'm here."

Lifting her blanket, Lorna peered down at her bandaged stomach. Tony quickly began explaining, "It wasn't cancer. You had a ruptured appendix. Dr. Sampson couldn't take your gallbladder out. You were too sick. He'll do that later, but it will be quite a while."

The bandage covered a long scar stretching from above her belly-button to above the pubic bone. On her right side lay a small bottle sutured to her flesh. It drained the inside wound, where the appendix attached to the cecum of the large intestine had been removed. Lorna gave a sigh of relief. *No colostomy* she thought. The last thing Dr. Sampson had said to her before putting her under was "We might have to cut your bowel and give you a colostomy." This news had shocked her. *What a terrible thing to tell a patient just before putting her to sleep!* she had thought as she gave him a look of horror.

Dr. Sampson knew there was something very wrong inside his patient, and he and the surgical team were preparing for what they would find. As Lorna lay

conscious on the operating table, however, he did not tell her what he was thinking.

As the days dragged slowly by, Lorna continued to gain weight from the IVs dripping into her body. On her best days, however, Tony thought she was merely treading water. On her worst days, Tony worried.

Lorna felt fragile. She knew she was losing weight even though she remained swollen with water. Each night two nurses came and lifted her onto the scales. Each time she asked them what she weighed. Her weight remained over 100 pounds. Lorna calculated she was retaining nearly fourteen pounds of fluid.

She did not eat; only the white amorphous bag of formula from the pharmacy dripped slowly into a vein. The bags of antibiotics and 1,200 calories a day slipped quietly into her arm to nourish her. Her spastic bowel would not function, and it writhed with paroxysms of pain. She wondered if it would ever learn to work properly again.

Four days after her surgery, Lorna sat on the side of her bed, weary and discouraged. She felt weak and knew that fickle weather could sock her in at any moment; yet, she had a mountain to climb to get well. She remembered their backpacking trip with friends into the Beartooth Mountains and the change of weather which had brought a fright to them all. An unexpected snowstorm at high altitude in the night buried the trails and made their maps useless.

Lorna again felt the loneliness and isolation. She knew she could live or she could die from this massive infection. *It depends on how it goes* she thought. "I've got to get well," she murmured. "I've got to get well." She thought this way--not for herself--but for her husband. "I don't want to leave Tony. I don't want him to be alone." These thoughts brought back feelings from her mastectomy more than four years before.

With her appendix ruptured and peritonitis well established, Lorna was now more physically ill than when she had cancer surgery. Emotionally, however, she was more in control. Six days later, as she sat alone in her hospital room, Lorna felt a change come over her and knew it was a good omen. Immediately, she called her husband.

"Tony, I know we're not out of the woods yet, but I think we've rounded the bend. I feel like I can make it . . . if I could just get home and have you take care of me . . . I think I would get well."

Her spirit had rallied and her desire to become well was healing her body. Stepping cautiously through this unknown territory of a ruptured appendix with its massive infection was a different kind of war for her. She knew her medicine, her mind, and her body had the power to heal her diseased body and that this infection could not compare with the treacherous mine fields of cancer. Stoically, Lorna had walked through that valley of shadows: the mental anguish of a lumpectomy, then a mastectomy, and, finally, the violence of chemotherapy and its aftermath. Culmulatively, these had robbed her spirit and broken her heart.

On this day, however, Lorna felt in control, and she looked forward to her future and to getting well.

Eight days after her surgery, Tony took his wife home. Still very weak and weighing only 92 pounds, Lorna was happy to escape the hospital. She had told Dr. Sampson when he made rounds late that day, " . . . if I could just go home and eat and get some exercise . . . I think I can make it."

He wrote the order, releasing her from the hospital at seven o'clock in the evening.

After two weeks confined to her hospital room with its stark walls and bleak surroundings, Lorna was happy to be home. "Thank you, Tony, for loving me . . . and bringing me home." As Tony helped her into bed, she thought *What would I do if I didn't have Tony to care for me at a time like this?*
"I never thought of myself as being a sick person," she said to him. "But just look at this track record. Breast cancer and now a ruptured appendix, and still one more surgery to go!"

In the following weeks--and in the night when she could not sleep--Lorna sat up and wrote in her diary. The entire sequence of events--her appendix rupturing, discovering extensive peritonitis, and knowing her diseased gallbladder needed to be removed--shook Lorna's theories about her cancer to the bone. After much thinking, she wrote a letter to Dr. Constantini in Freiburg, Germany.

As she sat reading during the night, she skimmed the letter she had written, highlighting the most significant parts:

Dear Dr. Constantini: *September 4, 1995*

On August 3rd, I became very ill with severe abdominal pains . . . My doctors could not determine immediately what was wrong with me, as my symptoms were not conclusive for classic appendicitis. . . I ate nothing . . . was on Ringer's lactate without dextrose (I always ask for this kind of IV since dextrose, sucrose, or any sugar solution makes me severely ill--i.e., limp and weak or bloated . . . . On August 9th, I had a gallbladder scan . . . the pain emulated the same, frequent pain I have experienced through my life. However, my gallbladder, which should dump 35% of its contents on stimulation, was freeing only a fraction of that amount . . . . hence my pain.

On August 9th, I began taking a little nourishment. Late in the afternoon, a nurse brought me Ensure--a protein drink; and after drinking it, I swelled up like a balloon, had extreme pain, and spiked a temperature. Needless-to-say, I was furious with the nurse when I read the can's label and saw three ingredients were sugar!!! With this course of events, the doctors took action and moved up my surgery to the next day. . . .

After my surgery, Dr. Sampson fed me with total parenteral nutrition (hyperalimentation) through a vein, and I received heavy doses of antibiotics for 10 days. The antibiotics did stabilize my low grade temperature. However, I had a great fear for how these antibiotics could permit the fungi to extend their range . . . . None of the doctors treating me at the hospital have a good understanding of my allergies and the treatments I had been getting. I actually feared I might become more ill with these allergy/fungal problems while my Cedar Falls doctors tried to cure a ruptured appendix and diseased gallbladder.

After two days with the amorphous bag of white, milky formula draining slowly into my body, I could imagine that my face must look quite swollen. I asked the nurse for a hand mirror to check my face and was shocked to see my face looking absolutely normal. No bags, circles, or swelling under or around my eyes!

I could NOT BELIEVE this change. I had an absolute absence of any allergic reactions to this food and it totally baffled me . . . . On August 17th I began eating a full liquid diet. I didn't think I would tolerate the foods they served me, but much to my surprise, I did--and very well! No allergic reactions of any kind--although I still refrained from sugar and dairy. I tried some fruit juices and tolerated those. The next day I ate some artificially sweetened yogurt, part of a baked potato, squash, fish,

turkey, and vegetables. I found that I could even eat the same thing two days in a row!! I couldn't believe this was happening. I, who had been severely restricted in my eating since 1989 (the year before my breast cancer arrived), could now eat ANYTHING! At least, this seemed to be the case. It was as though someone had thrown a switch with the removal of my diseased appendix and made me a new person.

Dr. Constantini, could Aspergillus fungus have been living in the cavity of my appendix and eroding the walls--until the wall collapsed and the massive infection ensued? Could this fungus have caused a long and slow poisoning of my system, degrading my health and requiring so much from my immune system that I had nothing left to fight off the breast cancer?

Even Tony, my husband, thought this might be. Otherwise, why would I be food sensitive one day; remove my detritus-filled appendix the next and Bingo! I am well?

It is amazing! . . . it is a miracle. When I called my father to update him on my condition and told him I could "eat anything," he said, "Well, that appendix has been bothering you for a long time." I think he was right.

However, it was hard to believe how much my body had shrunk lying in a hospital bed. I was a mere skeleton, and my husband said I looked as though I had come out of the death camps.

But I could eat! This was a godsend to me. I, who could not eat as others do for five years, could now enjoy ordinary food--a baked potato, a bowl of oatmeal. If, indeed, a fungal body had diseased me, repressed my immune system and perpetuated my ill health for all these years, one stroke of the surgeon's knife had cut it out and made me well . . . .

Addentum 9-5-95: After two week, I have began to get my yeast back! "Starving" in the hospital for two weeks apparently also starved the fungi. Two weeks of liberal eating (some sugar, fruit juices, much cereal with Rice Dream, soy milk, and almond milk) have brought the fungi back. I have these symptoms: vaginal flatulence, gas in

the bowel, slight stiffness in my hands, and swelling around one eye. I will return to a more "modest" diet and keep taking my Sporonox . . . .

Best regards,

Sincerely,

Lorna was eager to pass this information on to Dr. Morley, her allergist, as she had an appointment to see him late in September. A week before her appointment, she sent a copy of her letter to Dr. Constantini and the following letter to Dr. Morley:

Dear Dr. Morley:

. . . I still have my gallbladder operation to go but have gained eight pounds . . . . Dr. Lynne August, director of Health Equations, feels that my eating problems may go away entirely when my gallbladder is removed. She was delighted to learn how my body responded positively when the infected appendix was removed.

As you may know, so many of my enigmatic eating problems disappeared with that surgery and "starving of fungi" when I did not eat for two weeks. Maybe the antibiotics helped kill them as well. What pleases me is that I no longer must remain on a rotation diet. I can eat pork and beef and potatoes, oatmeal, rice, amaranth, millet, and juices without having my face swell, circles develop under my eyes, and joints swelling over night.

I think, perhaps a pocket of virulent fungi was removed with the appendix and cecum and that a smaller locus of fungi in the gallbladder may cause the remaining problems. Hence, the gassing with sugar and milk! . . . . Dr. Sampson, my surgeon, says doctors just don't know why patients with gallbladder disease gas up. Well, feeding the fungi might just answer that question . . . . but this is Dr. Constantini's domain. Whatever the answer, I look forward to having my gallbladder removed and the continuation of improved health.

This whole thing has been a very long haul. It started in 1989 when I came to see you, progressed through breast cancer in 1990-1991 and continued with extreme eating problems afterwards, and now comes the appendix/gallbladder story. If all of these discoveries unravel my tapestry of ill health, I think it will have been worth everything I have been through. I really hope getting to the bottom and finding the truth isn't this difficult for someone else.

I look forward to seeing you Friday and discovering more about the condition of my health as you look at me from the clinical ecologist's perspective.

Sincerely,

When she went for her appointment, Dr. Morley was extremely pleased with the improvement Lorna had made with her allergies. Best of all, the flu-vaccine shot, which would challenge Lorna's T-lymphocytes to fight disease, gave the best show of defense Dr. Morley had seen in his patient. The red welt which lasted two days on her arm proved Lorna's immunity was coming back!

Women (and men) who desire
more holistic treatment
are part of a huge
paradigm shift
in health care that
is gaining enormous momentum.
This in itself will change health care.
--Christiane Northrup, M.D. in "Mindful Medicine"[93]

CHAPTER FOUR
OTHER DOCTORS BRING HOPE

Dr. Sherry Rogers' coffee enema was not the only therapy Tony had frowned on. Lorna had ventured into a dietary treatment by Health Equations.[94] Occasionally, he warned her about getting herself into a jamb, and sometimes he wondered about her judgment.

"You can't believe everything you hear," Tony said to his wife, as they drove back from fishing at East Lake. A dozen yellow bass swam lazily in the plastic bucket wedged securely between Lorna's knees. From the front seat of Tony's pick-up truck, she gazed at the summer grasses curing along the roadside as she listened.

Sharing their thoughts had been a mainstay for Tony and Lorna since before they were married. Conversations over coffee on Saturday mornings and philosophical discussions after reading an editorial were small joys they shared together. This ritual, a daily communion with each other concerning the events of the day, was as certain as the tide coming in and the tide going out.

"But no doctors here can help me!" Lorna protested as Tony objected to her use of experimental therapies. "Only I can find something, or someone, to help me."

Lorna knew after the Fungal/Mycotoxin conference, she would put all her energy into getting her immunity back and moving her body from a catabolic (diseased) state to an anabolic (healthy) state. She had several ideas on how to accomplish this.*

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* When the body is in a catabolic state, it breaks down tissues; in the anabolic state, it builds tissues.

Tony used logic to try to persuade his wife of the possible risks she took in using experimental medicine. "They don't know if it will work. Nobody knows."

"I know, I know," Lorna said in frustration. "There are NO STUDIES--no double-blind, controlled studies--to prove it!" She was thinking of the argument mainstream medicine always gave when it rejected evidence for nutritional therapies.

Tony admonished her gently, "Maybe mainstream medicine is right. Maybe nutritional therapy won't heal cancer--not every cancer."

"Well, that may be," she retorted, "but most of the doctors I see are ignorant of the healing going on around them from nutritional therapies--because they don't read the books or journals which publish the results."[95]

She recalled the breast cancer support group meeting she had attended earlier in the month. One of the radiation oncologists had spoken at the meeting. When Lorna raised questions about treatments using nutrition, the doctor refuted her comments, saying nutrition could only help *prevent* cancer. It could not be used to *cure* cancer.[96]

Those kinds of ignorant statements riled Lorna. *They go by the book--the books they've been taught from--and never question other empirical results.*

"Tony, I don't see why doctors don't have more inquisitive minds," she complained as she pushed her hat back on her head. "How can they be so blind to the success stories of patients being healed with nutrition?"

She thought about Dr. Sherry Rogers' experience with cancer survivors using the macrobiotic diet--a diet Dr. Rogers had used herself to recover from environmental illness[97]--and the book Lorna had read *The Cancer Survivors: And How They Did It.*[98]

"Doctors aren't perfect," Tony said. "Some of them have inquisitive minds; others don't."

Lorna was thinking of Wayne Samuelson and his experience with prostate cancer. "You know, Wayne Samuelson had prostate cancer. He got well using the

Hoxsey treatment in Mexico,[99] much to the shock of his Ames doctors. Diet is a very important part of his therapy; everything he eats is fresh. He doesn't eat canned or frozen foods, and he uses shark cartilage, too. But the FDA* banned the Hoxseys from using their cancer treatment in the United States and drove them out of the country."

"Yes, I know. You told me about him," Tony said as he checked for traffic at the intersection, shifted gears and pulled out across four lanes of traffic.

Lorna continued. "Wayne said he didn't want to be castrated, and he knew that was the kind of treatment he would get in this country. So, he went to Mexico."[100]

"Well, I wouldn't want that treatment either," Tony said as he squeezed his thighs together, reacting to the thought of prostate surgery.

"Even if he weren't truly castrated," Lorna continued, empathizing with her friend, "a man would feel that way." Momentarily, Tony and Lorna's eyes met and they shared the horror of this traumatic event which could touch their lives.

"That's why you take the saw palmetto and eat so many vegetables, Tony, to protect your prostate gland. One cancer in this family is enough!"

Lorna had learned from *Dr. Atkin's Health Revelations* newsletter[101] that the berries from the saw palmetto plant were as effective as the expensive Procar prescription for men,[102] and they didn't have the side effects. She ordered the saw palmetto for Tony, and he took it daily, along with his vitamin C capsule and a multi-vitamin/mineral/anti-oxidant tablet.[103]

Lorna had joined the Cancer Control Society in 1990. Its literature had been her first exposure to the many numerous alternative medical treatments available to fight cancer.[104] Until then she had thought, as she knew many other people did, that alternative cancer therapies were just a hoax foisted on the public--that only surgery, radiation, chemotherapy and a few hormone treatments were available in this country. After she began reading and saw how much literature had been produced on alternative medicine to fight cancer--and how

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* Federal Drug Administration.

important diet is to prevention and recovery--she began to realize how powerful the lobbyists for traditional medicine were.

We don't know about these other treatments because someone, or some groups, are keeping this information from us. Lorna had found in this literature enough information to decide for herself if she wanted to use any of these cancer treatments. She thought other people could do so as well.[105]

When Tony and Lorna arrived home, the sun had set in the west, leaving the sky streaked with lavender and rose. The tall yellow-leaved cottonwood cut a silhouette against the fading light. Tony pulled the bucket out of the front-seat of the truck and ran fresh water on the fish to keep them alive.

Inside the house, Lorna prepared to clean the bass in the kitchen. Earlier in the summer the two had discovered how delicious the brassy, yellow bass tasted.

As she worked with the knife and filleting board on the counter top, Lorna thought about the odyssey of her health and illnesses which Tony and she had journeyed through together in 27 years of marriage: *Allergies, breast cancer, a ruptured appendix with peritonitis, and a diseased gallbladder. Now, I am going to be well* she thought. *With these diseased organs removed, Dr. Morley's help--and Dr. Constantini's knowledge--I am going to get well.*

One of the bass splashed in the bucket. *The oxygen is running out* Lorna thought as she glanced in at the fish lying on his side, struggling to right himself. *His life in this bucket is like our own lives. We are caught in an environment which steals our health--even the foods we eat are suspect . . . and we struggle to be free.*

Lorna wondered how many chemicals had been absorbed into the bass's backfat, how much Atrazine* had found its way into the river and into the bass Tony and she would eat for supper.

She thought about the food plan Health Equations had designed for her. She had met the director, Dr. Lynne August, at the Fungal/Mycotoxin Conference. *Dr. August said eating is a hormonal event.* Later she had showed Lorna how balancing her carbohydrates in proper proportion with her protein was essential if she hoped to move her body from its catabolic (tissue destroying) state

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* An herbicide.

to an anabolic (tissue building) state. *Otherwise, she said the disease state in my body will turn on.*[106]

Dr. August also found Lorna needed to add hydrogen to her body--to move it from its acid environment to a more neutral environment and to help remineralize her tissues. She observed Lorna's cold hands and feet, her low blood pressure, and incomplete cleansing of the cells, due to the impermeability of the cell membrane. *My cells are unable to clean themselves,* Lorna thought, *and the toxic material stays inside. This all plays a part in my body's diseased, catabolic state.*

Dr. August also found Lorna's lymphocyte count extremely low when she ran her CBC chem-22 results* through her computerized blood analysis program. Lorna's lymphocyte count recorded a shocking -50 on the scale.

When Lorna found out, she could not believe it. *Minus 50! What about my T-lymphocytes?*[107] *I need those to fight disease. No wonder I have been so sick!* She wondered why her other doctors had not mentioned her low lymphocyte count to her. *Don't they know? Don't they want to tell me?*

Lorna had stumbled onto a challenging new approach which might possibly restore her health, and she wished to pursue it. *I'm knocking on this door called "nutrition," and it promises to yield secrets about my health and my illnesses.*

It intrigued Lorna, too, when she learned from Dr. August that she could turn the production of yeast on and off in her own body by the selection of foods she ate--and whether she ate these foods together, or apart. Learning how she could manipulate food to maintain wellness and replace drugs fascinated her.[108] *Gee,* Lorna thought, *I know the future holds much new information on nutrition, and I'm going to pursue it--for my health, and for others'.*

* * *

On November 10, 1995, Dr. Sampson removed Lorna's diseased gallbladder. The next day she went home.[109]

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* Blood test run in Cedar Falls.

Happiness is . . . receiving the pleasant without grasping and the unpleasant without condemning.–Mark Espstein, M.D.

Sometimes our life throws us a boomerang.
The outcome is really how each of us
responds to the challenge. –Lorna T. Jordan

CHAPTER FIVE
DINNER TOGETHER

Five years had now passed since Lorna was diagnosed with breast cancer. On the first of November in 1990 she had a lumpectomy. One week later she had a mastectomy. In those five years Sue, Carol, and Mae had died with their cancers. Linda, Jeanie, Wayne, and Lorna were alive and healthy; all of them had changed their diets. Today, Lorna planned a candle-light dinner on the seventh of November, to celebrate another year of being with Tony.

In the dining room sat a blue bowl of red roses on the lace tablecloth. It was the last bouquet of the year, a late fall harvest from Tony's rose garden. Beside them Lorna had placed her poem, "Earth Metals." She had written and framed it as a gift for their twenty-sixth wedding anniversary. The poem recalled their lives together, particularly the last five years when the two had struggled through Lorna's ill health:

Earth Metals

He strung blue lapis
around my neck for love
and Chinese turquoise
long life beads
for cancer

he poured garnets
in my hand
like wine flowing from a chalice
when I could not eat
and draped long strands of pearls
around my throat when I grew old

he brought me amber from the Baltic Sea
and malachite from Moldova,
he hunted tiger's eyes far south
in Africa

he found two dolphins kissing –
silver hearts molded for Valentine's Day –
and slipped them in my ears

he captured a dragonfly
immortal in silver and gold,
he found a crab made of jasper
in Madagascar, warrior to my cancer
he gave me lucky jades
of many colors and
brought moonstones from Ceylon

he laid agates in my hand
--picked from the Little Cedar
where he fishes and told
me stories of the bass
and how he let her go.

At the dining table Tony listened to the strains of Mozart's *Clarinet Quintet*, while Lorna lit a single white candle. It sat in a "25th wedding anniversary" candlestick holder which Tony's aunt and uncle had given them. The colorful table with pink and white china and pink goblets gave the room a cheerful ambience. Their food sat on the table: a green leafy salad with bits of red onion and chunks of orange yams, baked squash and brocolli with a grain/meatloaf and tomato sauce.

The occasion called for a toast. Lorna lifted her goblet filled with cranberry juice and asked, "Tony, would you make a toast for us?"

Savoring the fullness of the moment, he lifted his glass to hers and thought of one of their greatest pleasures and said, "Let's see . . . here's to having a longer summer fishing together next year."

"I'll toast to that," replied Lorna. The flickering light danced in her eyes, revealing her happinesss. This picture of her warmed Tony's heart. He knew her happiness came from being alive and being able to share this moment with him five years after her cancer.

It had always delighted him that his wife enjoyed cooking and sewing and keeping their home attractive. It pleased him, too, that she kept herself attractive and that she enjoyed fishing and working in the yard with him.

For a moment they paused, giving thanks for the fruitfulness of their lives together. Then Lorna served their food.

Tony broke the silence. "Just think, hon, in the spring you'll have your Master's degree."

"I know, Tony. Isn't it something--how quickly that time went by?" She was thinking how her graduate studies and her cancer had coincided. "It was a bittersweet time."

"Yes, it truly was," Tony replied.

"I loved every minute of my studies, but the cancer was a painful trial for both of us." The candle flickered momentarily.

"Now you'll be able to teach children to write poetry--as you have wanted." Tony reached for her hand and held it in his, a lump rose to his throat.

"I would love that Tony. I really would. I want them to see the beauty in their lives. It's there, if only someone would help them discover it."

The candle flame blazed brighter as the two held hands. It cast its yellow glow over the table, over the food Lorna had prepared for them, and over the bowl of red roses--the last gift of Indian summer. The candle light marked the end of one year and the beginning of another.

EPILOGUE
TODAY AND TOMORROW

She who has health, has hope:
and she who has hope has everything.
–from an Arabian Proverb

To all mothers, grandmothers, sisters, daughters, wives, and friends:

The fact that I eat to preserve good health and keep cancer at bay may seem a funny sort of thing, but it has worked for me, and I hope it keeps working. I read everything I can find about state-of-the-art medicine which deals with nutrition and building a strong immune system. Then, I adhere closely to what I know I must do.

Some of you may view giving up pizza, pasta, fruits, and chocolate as a huge sacrifice. I do not. When you know how wonderful you can feel after all those years of fatigue, sleeplessness, irritability, and a host of other complaints, you will wonder why no one told you before you could feel this good!

Giving up these "foods" which qualify as your yeast's food--and eventually your cancer's food--is not really a sacrifice when you know you are starving the enemy. Furthermore, you will come through your experience with a strong conviction for what you are doing. At least, this is how I view it.

Heaven knows, I am still on the battlefield. Every woman who has had breast cancer is still on the battlefield. Dr. Nadipuram, my oncologist, tells me that breast cancer is one of the cancers which does not "clear" with a five-year, cancer-free record. Instead, breast cancer cells hide out somewhere in the body--no one knows where--and wait to come back.

Overgrowth of fungi made my body a petri dish for cancer's growth--and <u>*Candida*</u> *yeast is just one of these. This is what I believe. The environment of my body was such that fungus could grow, and the mycotoxins suppressed my immune system. Then, when I unknowingly fed the yeast and the fungus in my body, I set myself up for breast cancer--or its return.*[110]

Every woman who has breast cancer has a repressed immune system which has permitted cancer to get started. I believe this is true whether the cancer is caused

by stress from death of a loved one, divorce, or work, or whether it is from a fungal-diseased organ or organs--or from both, such as I believe happened to me.

I still hope to find someone who can help me correct my body's deficiencies: restore the calcium and magnesium and show me how to keep them balanced so I do not get muscle cramps and jumpy legs in the night, and so sores from cuts and scraps will heal properly.

Maybe inadequate vitamin A and D are at fault, too. Research papers I have read demonstrate how improper metabolism of vitamin A permits allergies to proliferate. Perhaps a genetic deficiency partially explains my allergies and has, therefore, encouraged my yeast and fungi to grow when I eat certain foods.

Perhaps, too, I have not detoxified completely after chemotherapy. The long period of malnutrition and toxicity which accompanied my allergies and declining health over many years has, undoubtedly, damaged my cells' ability to cleanse themselves. Cells which do not function properly by bringing nutrients into the cell and taking wastes products out are "sick" cells. My body cannot be healthy if my cells are not getting nutrition and removing their wastes.

Most of my doctors do not think in terms of fighting disease at the cellular level. Consequently, I must maintain vigilance for my own health. I do this by fighting the overgrowth of fungi and their mycotoxins which I believe are the roots of my illness.

Some of the women in my breast cancer support group do nothing to stave off a second round of cancer, and some of them--maybe most of them--will never have to face cancer again. This is wonderful! But I will not risk my health by closing my eyes and hoping for the best.

But what about you? What can you do for yourself? And perhaps even more important, what can your doctor do to help you?

First, begin by taking responsibility for your health. By this, I mean help your doctor help you, but don't leave all the decisions to the doctor. Take notes on how your body responds and expect your doctor to give you adequate answers to the questions you ask. Read voraciously about health. Expect your body to heal itself, and help it heal by nurturing it.

Besides telling you to love yourself and take good care of yourself, I have a "Wish List of Wonderful Things" which, if these came true, could help all of us women remove breast cancer as a primary fear in our lives:

My Wish List of Wonderful Things to Happen

—It would be wonderful if every woman could monitor the state of her immune system--as I monitor mine with Dr. Morley's flu-vaccine shot once a month.

—It would be wonderful if every doctor knew how to heal according to Hippocrates' belief that "food is medicine, medicine is food."

—It would be wonderful if every American woman had more choices in breast cancer treatments--especially nutritional treatments.

—It would be wonderful if the National Cancer Institute--backed by the American Medical Association and our mainstream medical doctors--would shift gears and spend its cancer research money on nutritional studies which heal, instead of chemotherapy and radiation treatments which poison.

* *

Everything I do is aimed at improving my health and strengthening my immune system: my diet; my nutritional supplements; and my allergy treatments for molds, dust, and yeast. This vigilance for staying healthy includes rejecting invitations to crowded places, especially during flu and cold seasons. I use unchlorinated-unfluoridated water and get plenty of sleep. I don't let little things upset me. They aren't worth it. And I take pleasure in my work--whatever that may happen to be--gardening; cleaning the house; teaching children to write poetry; or sitting with my husband, enjoying the evening sky.

All of these events in my life are important, and none is more important than the other. They all contribute to my happiness and to the health of myself and my family. I love my life. There are so many gifts in it.

What kinds of gifts? you ask.

A purple martin's song on the wing as he coaxes his youngster to learn to fly. A single red raspberry clinging to a slender stem shimmering in the morning dew. I gather these garnet jewels from my garden early, while the fog hangs cloud-like over the shrubs. From the TV aerial a male cardinal sings "wet year, wet year," and I smile. True, it has been a wet year, but the blessings of life have been extented to me another four seasons.

Today, my wish for you is to find peace and health after breast cancer. Tomorrow, my wish for you is to have one more day like yesterday.

Sincerely yours,

Lorna D. Jordan

POSTSCRIPT

A truth stands hidden in front of our eyes.
--Lorna T. Jordan

Near the end of 1995, Lorna learned more about Dr. Enderlein's studies of the blood. The information she uncovered would shock her sensibilities, but not her rationale. Described in highly detailed and graphic texts, *Hidden Killers*[111] and *Blutuntersuchung im Dunkelfeld (Blood Examination in Darkfield)*[112], revealed to her the nature of her breast cancer. Both books explained that when the blood and diseased tissue in the body become acidic (an abnormal state in healthy people), an ideal condition exists for the "hidden killers" to grow and become cancerous in the body. Through the years (and for some unknown reasons) Lorna's blood had become acidic[113]; consequently, it was primed for the development of *Mucor racemosus* Fresen. Its endobiont,* which is a nonpathogenic organism in the blood when the blood has a neutral pH (not acidic and not alkaline), changed from its symbiotic, nonpathogenic state and grew into a pathogen--the highest stage of its life cycle, the fungal mycelium.[114] *Mucor racemosus* Fresen then attacked Lorna's cells.[115] The results were her two lobular breast cancers.

What would astonish her more was learning that this symbiotic organism *(Mucor racemosus)*--which has lived in mammalian blood for millions of years--has been viewed since the beginning of modern medical science under the microscope as various structures of the blood (i.e., platelets, thrombocytes, fibrin).[116] The functions of these blood structures have long been observed as clotting of the blood and other useful biological activities in the human body. However, the knowledge that these structures in the blood are pleomorphic forms in the life cycle[117] of *Mucor racemosus* Fresen has been buried for eight decades in dusty German books and papers which contain Dr. Enderlein's published findings.[118]

Even more amazing to Lorna would come the revelation that the cancerous stage of *Mucor racemosus* Fresen in the body can be reversed,[119] for Dr. Enderlein repeatedly reversed the disease life-stage cycle of the endobiont to its most primitive and symbiotic life form (the protit)[120] by conjugating the protit and the mature endobiont (the mycelium) of *Mucor racemosus* Fresen.[121]

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* The term endobiont includes both the non-pathogenic and pathogenic life-stage forms.

This process of conjugation and growth of *Mucor racemosus* is similar to conjugation and maturation of the human species: the joining of two mature adults brings together their most primitive cells (the gametes: a sperm and an egg) which produces the ovum, which then grows into the fetus, which then becomes a child. This life cycle continues until the end-stage "adult" again reappears, and the cycle repeats itself. Thus, we observe the life cycle of a human and the "cyclogenie" of *Mucor racemosus* Fresen.

Having lived together in the blood of mammals for millions of years, the endobiont and the human have been constant companions. They work together in symbioses, the endobiont coagulating the blood and providing immune support until for reasons unspecified the blood changes from a neutral pH and becomes acidic or alkaline.[122] With this desirable milieu, the endobiont can change form and grow into its pathogenic fungal state.[123] Now *Mucor racemosus* will attack the body's tissues, and a cancer begins to grow.

THE END

Notes

[1] Chair Mary Rose Oaker, Breast Cancer: Winning the Battles, Losing the War, HR Select Committee on Aging and Subcommittee on Health and Long-Term Care, Joint Hearing, Pub. No. 102-894 (Washington: GPO, 1992) 1-2.

[2] Breast Cancer: Winning the Battles, Losing the War, HR Select Committee on Aging and the Subcommittee. on Health and Long-Term Care. Joint Hearing. Pub. No. 102-894. 102nd Cong., 2nd sess. (Washington: GPO, 1992) 1-2.

In 1973, there were 82 cases of breast cancer for every 100,000 women in the United States; by 1988, this figure had risen to 110 cases per 100,000 women. From Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer, HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations, Hearing, 102nd Cong., 1st sess. (Washington: GPO, 1991) 12.

[3] Health Guide: What You Need to Know About Breast Cancer, 2nd in a series (Washington: Pharmaceutical Research and Manufacturers of America, 1995).

To obtain a copy, write to Pharmaceutical Research and Manufacturers of America, PhRMA, 1100 15th St. NW, Washington, DC 200005, or call 1-800-862-4110.

[4] Robert M. McAllister, Sylvia Teich Horowitz, and Raymond V. Gilden, Cancer: What Cutting-Edge Science Can Tell You and Your Doctor About the Causes of Cancer and the Impact on Diagnosis and Treatment (New York: Basic Books, 1993) 3-4.

"President Richard M. Nixon signed into law the National Cancer Act [Dec. 1971]. With it, a 'war on cancer' was declared. Funding for cancer research was made a national priority, and the budget of the National Cancer Institute, the cancer-research arm of the National Institutes of Health, the premier government-funded biomedical institute in the world, was increased to an all-time high" (McAllister, Horowitz, and Gilden 3).

[5] Ted Weiss, Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer, HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations, Hearing, 102nd Cong., 1st sess. (Washington: GPO, 1991) 1.

[6] Bernadine Healy, Breast Cancer: Winning the Battles, Losing the War, HR Select Committee on Aging and the Subcommittee on Health and Long-Term Care, Joint Hearing, Pub. No. 102-894, 102nd Cong., 2nd sess. (Washington: GPO, 1992) 61.

Bernadine Healy, M.D., was Director of the National Institutes of Health, Department of Health and Human Services, when she testified before the Joint Hearing.

[7] Orthomolecular Psychiatry--Treatment of Schizophrenia, eds. David Hawkins and Linus Pauling (San Francisco: Freeman, 1973) 202-62.

[8] Mary Rose Oaker, Breast Cancer: Winning the Battles, Losing the War, HR Select Committee on Aging and Subcommittee on Health and Long-Term Care. Joint Hearing, Pub. No. 102-894 (Washington: GPO, 1992) 1-2.

[9] Pharmaceutical Research and Manufacturers of America, "Learning About Breast Cancer Can Save Your Life," Health Guide: What You Need to Know About Breast Cancer (Washington: Pharmaceutical Research and Manufacturers of America, 1995).

[10] Ted Weiss, Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer, HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations, Hearing, 102nd Cong., 1st sess. (Washington: GPO, 1991) 1.

[11] Chair Susan Love, Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer, HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations, Hearing, 102nd Cong., 1st sess. (Washington: GPO, 1991) 58.

[12] Patrick Quillin and Noreen Quillin, Beating Cancer With Nutrition (Tulsa: Nutrition Times, 1994) 44.

Charles B. Simone, M.D., makes this statement in Cancer & Nutrition:

> The extent to which the immune system is weakened or damaged is partly determined by the nutritional status of the individual prior to infection. Epstein-Barr virus is implicated in a relatively benign disease, infectious mononucleosis; a slow-growing cancer, nasopharyngeal cancer; and a rapidly growing, usually fatal cancer, Burkitt's lymphoma; as well as other diseases. Why does one person's immune system permit infectious mononucleosis to develop and another person's immune system permit a fatal cancer to

> develop? The answer is very complex and not well defined at all, but nutritional status is a factor. Your *nutritional status* is determined by how well your diet and supplementation program is meeting your nutritional needs. The better your nutritional status, the better your immune system, and the better off you will be (47-48).

[13] Adriane Fugh-Berman. America's Diet: Are We Losing the War Against Cancer? HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations. Hearing. 103rd Cong., 1st sess. (Washington: GPO, 1993) 57.

[14] John Parks Trowbridge, M.D., and Morton Walker, D.P.M., The Yeast Syndrome (New York: Bantam, 1988) 338. The following quotations provide important information for persons with yeast infections and for those which have other disease considerations. "People who have undergone organ transplants or are victims of malignant diseases of the blood (the blood dyscrasias) such as leukemia are especially likely to suffer with yeast-related illnesses."

> Incidences of the *Candida* syndrome complicating a major illness are increasing steadily. For example, in the period 1954-1958, the National Cancer Institute reports that candidiasis was found in 7 percent of cases of acute leukemia. But in the period 1959-1964, the prevalence rose to 20 percent. From 1972 to 1975, presence of the *Candida* syndrome jumped again to 33 percent in those affected with leukemia.
>
> As strongly implied in the last chapter by endocrinologist Phyllis Saifer, M.D., all indications point to yeast infestation being a disease resulting from medical progress (338).

[15] In Healing with Food, Melvyn Werbach, M.D., states that "Cancer and cancer chemotherapy cause nutritional deficiencies, which should be monitored by your physician and, if possible, corrected. Moreover, certain nutritional factors can reduce the often serious adverse side effects of chemotherapy and radiation" (48).

According to Ernest Rosenbaum, Malin Dollingter, Lawrence Margolis, and Isadora Rosenbaum, in "Maintaining Good Nutrition" in Everyone's Guide to Cancer Therapy: How Cancer Is Diagnosed, Treated, and Managed Day to Day, malnutrition can decrease immunity. The authors state, "Anyone with cancer who is potentially curable may fail to be cured because of poor nutritional management." Moreover, these authors report that "You might also need special food supplements, either with or between meals, to increase your daily intake of nutrients." (142-43)

[16] Subscriptions to The Journal of Orthomolecular Medicine can be obtained by writing to: The Journal of Orthomolecular Medicine, 16 Florence Avenue, Toronto, Ontario M2N 1E9, Canada.

[17] Chairman Rep. Edolphus Towns, America's Diet: Are We Losing the War Against Cancer? HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations, Hearing, 103rd Cong., 1st sess. (Washington: GPO, 1993) 2.

[18] Michio Kushi, and Alex Jack, The Cancer Prevention Diet: Michio Kushi's Nutritional Blueprint for the Prevention and Relief of Disease (New York: St. Martin's, 1993) 129.

[19] "Research Offers Hope for the Future," in What You Need to Know About Breast Cancer, 2nd in a series (Washington: Pharmaceutical Research and Manufacturers of America, 1995).

[20] Beating Cancer with Nutrition 37.

[21] New York: Freeman, 1992: 505.

[22] Dr. Patrick Quillin reports in his book Beating Cancer with Nutrition that the Cancer Treatment Centers of America have used nutrition as part of their comprehensive cancer treatment program for 20 years. With adjuvant nutritional therapy, thousands of patients have experienced improved quality and length of life. Many of these patients were given a death sentence by other clinics (56).

[23] Erma Bombeck, syndicated columnist and breast cancer survivor, made this statement on 1 Oct. 1992, before HR Select Committee on Aging and the Subcommittee on Health and Long-Term Care, Joint Hearing, Pub. No. 102-894, 102nd Cong., 2nd sess. (Breast Cancer: Winning the Battles, Losing the War, 1992) 41.

[24] Christian Kellersmann, interview with Barry Bryant, "A Biological Approach to Cancer Treatment," New Medical Foundation, Cancer and Consciousness (Boston: Sigo Press, 1990) 34-49.

[25] Dr. Alexander Wood in an address to the first international Fungal/Mycotoxin Conference," Toronto, Canada, 30 Sept. 1994. Dr. Wood is a naturopath and clinician in Shelbourne, Ontario.

[26] Jeffery Bland, "Candida albicans: An Unexpected Problem," Lecture, Nutritional Biochemistry, University of Puget Sound, Tacoma, Washington, n.d.

Other helpful papers on this topic by Orian Truss, M.D., are:

"Tissue Injury Induced by *Candida albicans*--Mental and Neurologic Manifestations," presented at the 8th Annual Scientific Symposium of the Academy of Orthomolecular Psychiatry held in Toronto 30 Apr.-May 1 1977, and published in the Journal of Orthomolecular Psychiatry 7.1, 1978: 17-37.

"The Role of *Candida albicans* in Human Illness," presented at the Huxley Institute Symposium, Birmingham, Alabama, Sept. 1981, and published in the Journal of Orthomolecular Psychiatry 10.4, 1981: 228-38.

"Metabolic Abnormalities in Patients with Chronic Candidiasis--The Acetaldehyde Hypothesis," presented at the Yeast-Human Interaction Conference, 10 Dec. 1983, Birmingham, Alabama, and published in the Journal of Orthomolecular Psychiatry 13.2, 1984: 66-93.

[27] In The Yeast Syndrome, Dr. John Trowbridge quotes Leo Galland. M.D., who explains that *Candida* goes into germtubes or hyphae formation when deprived of nutrients:

> "A yeast that is happy and well fed will grow rapidly and bud," Dr. Galland said. "*Candida* goes into germtubes or hyphae formation when deprived of nutrients. [Hyphae are germtubes, the branching tubular filaments comprising the vegetative portion of fungi.] Human serum contains certain food factors for the yeast, including transferin, which binds iron (another key nutrient for yeast), and the serum may also deprive it of [other] nutrients."

When malnourishment occurs for *C. albicans*, "It goes into this hyphal form in the organism's search for nutrients. One of the changes that occurs is at the tips of the hyphae: an enzyme called phospholipase is elaborated, which is capable of disrupting human cell membranes, allowing the yeast looking for food to penetrate into the cell," said Dr. Galland, "the Candida's phospholipase works by splitting fatty acids from phospholipids present in the human cell membrane. There will then be peroxide generation which accounts for some of the local inflammation [with skin eruptions, gut wall distress, and other disorders]."

Dr. Galland, who was formerly with the Gesell Institute of New Haven, CT, is now Assistant Medical Director at the World Health Medical Group in New York City. He presented this information at the Third Yeast-Human

Interaction Symposium held in San Francisco on 29-31 March 1985. (Trowbridge 61)

[28] The concept of viruses, bacteria, and fungi changing from one form to another form is not an accepted fact in medical science. A few researchers and doctors are bringing this information to the attention of the medical world.

[29] In her book Cancer: A New Breakthrough, Virginia Livingston, M.D., discusses the pleomorphic bacterium Progenitor *Cryptocides* which she discovered and which she believes produces cancer in humans. A cancer researcher and a clinical doctor, Livingston writes:

> In 1948, I was years ahead of my time in showing that the Rous tumor agent was not a virus but a pleomorphic bacterium. As in Duran-Reynal's work, the tumors were only a part of the resultant disease. In addition to tumors, there were cheesy lesions or areas resembling tuberculosis, which could invade any one of the essential organs such as the liver, kidney, heart or lung. These organs might show changes in the connective tissue, called collagen, which could lead to degeneration as seen in the chronic human degenerative diseases. So it was concluded that these microorganisms, P. *Cryptocides*, could not only cause cancer but a number of other ailments that afflict man. The infectious nature of arthritis, some kinds of heart, liver and kidney impairment, and most recently of diabetes, has been proposed. Many medical researchers admit that the patterns of these diseases point to their latent infectious nature but none has come forth with the "antigen" or actual causative agent. It is these filterable forms that have been described as C-particles, mycoplasma or viruses by other research workers. We have proposed that certain strains of this Progenitor group may be the culprits.
>
> Before the theory could be proven that the filterable form of the Progenitor group was equivalent to the so-called "tumor-viruse," it was necessary for us to spend many months with Dr. James Hillier of the RCA Victor Laboratories in Princeton. We passed the bacterial cultures isolated from the tumors of man and animals through filters that would permit passage only of so-called true viruses. These filtrates contained minute forms of life which then regrew to become bacterial cultures. This work proved conclusively that the Rous agent was not a virus. Peyton Rous did not call his tumor filtrates viruses but instead "tumor agents." His material could be dried and held on a shelf at room temperature for months and then, mixed with saline, it could be reactivated to initiate fresh tumors. A true virus has been defined as a submicroscopic infectious unit that lives only in the presence of living cells and cannot exist even momentarily

outside of them. A great deal of time and effort has been spent in trying to find a virus implicated in any form of human cancer. *None has been found.* However, I propose that the filterable forms of P. *Cryptocides* which are of virus size are the causative agents in human and animal cancers (36-37).

The cancer organism appear to resemble mycoplasma, organisms that exist without cell walls, especially since the cytosine-guanine ratio of their nucleic acid, DNA, is similar to that of the mycoplasma. However, the usual mycoplasmas tend to remain in their state of existence without cell walls but the *Cryptocides* may pass rapidly through the state without walls to the form of true bacteria and thus alter their C/G ratio. Perhaps all mycoplasma could be induced to become bacteria but this is still a disputed point (37).

[30] The Fragile Species 8.

[31] The "biological value" of a food is determined by how closely its amino acid distribution matches the body's qualitative and quantitative requirements. The Net Protein Utilization (NPU) is the measure of biological value and protein digestibility of specific foods. Although there is no "perfect" protein, eggs most nearly match the mix of amino acids required by healthy human bodies. Thus, the chicken egg is the standard by which other proteins are measured (Garrison 23-24).

[32] In Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer 50.

[33] Pharmaceutical Research and Manufacturers of America, Health Guide: What You Need to Know About Breast Cancer, 2nd in a series, Washington: Pharmaceutical Research and Manufacturers of America, 1995.

[34] Thomas 9.

[35] In Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer 58.

Small growths, called micro-metastases, have been found in the bodies of women with breast cancer; however, in Questioning Chemotherapy, Ralph W. Moss, Ph.D., reports that it remains speculative whether these pockets of cancer will grow into life-threatening disease (85). Chemotherapy has been considered the best treatment to remove these micro-metastases. Authors Steve Austin and Cathy Hitchcock, however, challenge this protocol in their book, Breast Cancer: What You Should Know (But May Not Be Told) About Prevention, Diagnosis,

and Treatment (65-6). Improved nutrition, including a diet which is strongly neutral [giving a pH range 7-7.8 to the urine] and a stronger immune system may also prevent them from growing ("Enderlein Darkfield Seminar," 18 Feb. 1996).

[36] Dr. Patrick Quillin reports the following in Beating Cancer with Nutrition:

> Up to 40% of all cancer patients die from malnutrition. It is crucial to provide quality calories and protein to slow down the wasting that often occurs in cancer. Cancer elevates calorie needs, while chemotherapy often causes nausea and poor eating habits. The metabolic by-products of cancer can blunt the appetite. End result: the patient ends up eating less and needing more. The consequences can be catastrophic. For patients who cannot or will not eat, nutrients can be infused into the patient's veins, a medical process called total parenteral nutrition, or TPN. (53)

[37] In their studies, of cancer and vitamin C, Linus Pauling and Ewan Cameron found that anticancer treatments can create a situation of fairly severe ascorbic acid (vitamin C) deficiency. This deficiency interferes with the healing processes and with the body's immune resistance not only to cancer but to intercurrent infections and complications from the cancer-plus-treatment illness (124).

The following excerpt from their book, Cancer and Vitamin C: A Discussion of the Nature, Causes, Prevention, and Treatment of Cancer with Special Reference to the Value of Vitamin C, gives an indication of the diminished vitamin C level in their cancer patients:

> As expected because of individual variations in dietary patterns, the results in healthy persons were spread over quite a wide range, with a few such apparently healthy individuals having remarkably low white-blood-cell ascorbate levels. The average value in over 100 such individuals, however, is around 32 $\mu g/10^8$ wbc, whereas the average value in eight breast cancer patients with known metastases had dropped to 11 $\mu g/10^8$ wbc.
>
> If surgery is then performed on these cancer patients (or on the non-cancerous "healthy" controls mentioned above) a further significant drop in leukocyte ascorbate levels is observed. And if we subject these patients to high-energy radiation as part of their treatment for cancer the values will drop even further. For instance, we might have a breast-cancer patient starting at 20, dropping to 12 after mastectomy, and then dropping to 8 during and immediately after her course of post-operative

radiotherapy. And if that patient then receives a course of anticancer chemotherapy the values will drop still lower, to 2 or 3 $\mu g/10^8$ wbc.

Because ascorbate is required for the proper functioning of so many essential biological processes, no physician should disagree that such an ascorbate deficit should be corrected. Where disagreement still exists is in regard to the quantity of vitamin C that is required to rectify this deficit. It will be recalled from the earlier discussion in this chapter that not all ingested ascorbic acid is absorbed, and that not all ascorbic acid is retained, and the greater the dose ingested the wider will become the gap between actual intake and effective absorption and utilization. Nevertheless the only way to rectify the deficit is to ensure that an adequate surplus of ascorbic acid is available at all times. (124)

[38] Fatigue and nausea from chemotherapy and radiation can be dramatically reduced by taking high doses of anti-oxidants for a week prior to beginning treatments (Quillin, and Quillin 41).

[39] In All's Well That Ends Well, II, iii, 379.

[40] During periods of stress, tissue stores of magnesium are depleted and urinary excretion is elevated. Research shows that animals fed low magnesium diets react violently to formerly well-tolerated noise; when magnesium is increased in their diets, they are more able to cope (Garrison 204).

According to J. Durlach in "Clinical Aspects of Chronic Magnesium Deficiency" in Magnesium in Health and Disease, chronic magnesium deficiency can present with extreme polymorphism, i.e., cardiovascular, osteoarticular, hepatic, digestive, genital, urinary, hematologic, dermatologic, otorhinolaryngologic, stomatologic, ophthalmologic, and immunologic manifestations. This paper, however, deals with the neuropsychiatric forms of primary magnesium deficit. Some of these symptoms include neuromuscular hyperexcitability (spasmophilia), anxiety, hyperemotionality, dizziness, tremors, headaches, insomnia, and pricking and tingling sensations. Light sleep predominates; thus dreaming is rare (94-95).

Durlach also writes that "neurological manifestations are those most readily identifiable [in magnesium deficit]." Clinical symptoms of chronic magnesium deficiency appear as brittle nails, hair and teeth, and occasionally visual disorders due to a cup-like cataract (Chapter 23, "Neurological manifestations of magnesium imbalance" in the Handbook of Clinical Neurology: Metabolic and Deficiency Diseases of the Nervous System, Part II, Vol. 28, New York: North Holland, 1976: 545-47).

[41] Gary Gilmore, an ex-con who murdered two men for apparently no reason, was executed in Utah for his crimes in 1977. He complained periodically that noises became overwhelmingly loud. Lorna believes he suffered from demineralization, particularly magnesium (Mailer 843).

In Magnesium Deficiency in the Pathogenesis of Disease, Mildred Seelig, M.D., M.P.H., F.A.C.N., notes that " . . . magnesium intakes have been gradually falling since the beginning of the century" (3). She also reports a changing need for minerals in the diet and the sharply increased requirement for more magnesium (particularly with foods having high vitamin D and phosphorus content). In the mid 1930s when milk was first fortified with 400 IU of vitamin D/quart, this supplementation was intended to cure rickets. However, when this supplementation became mandatory in the 1940s and 1950s, the vitamin D supplement came to replace either cod liver oil in the diet, or the vitamin D was in addition to the fish oil in the diet (3). Phosphorus is the other nutrient which has reduced the usable magnesium in the body. The major source of phosphorus is soft drinks (soda pop), and the consumption of soda pop has raised markedly during the last twenty-five years (3).

[42] Lorna believed the severe chronic fatigue and depression were brought on by anergy produced from mycotoxins swamping her system. She thought these fungal/mycotoxins could attach to cell receptors in her tissues and overload the mitochondria so her body lost its "energy" and could not do its normal work.

Anergy is a process which can "turn off" certain sets of T cells (Ronald H. Schwartz, "T Cell Anergy," Scientific American Aug. 1993: 62-71).

In their book The Yeast Syndrome, Dr. John Trowbridge and Morton Walker report the presence of steroid receptors on yeast (*Candida albicans*) and productions of steroids by yeast. The authors present information from Dr. David Feldman's presentation before the third Yeast-Human Interaction Symposium held in San Francisco, 29-31 Mar. 1985:

> "*Candida albicans* has a steroid-binding protein. It binds corticoids [steroids such as cortisone] and progesterones," Dr. Feldman declared. In the same way that a woman transports steroids into the cytoplasm of her body cells, the yeast takes steroids into its own cellular protoplasm.
>
> From his studies, Dr. Feldman found that corticosterone and progesterone were the yeast's two most favored steroids. He found that the Candida receptor is even better at absorbing steroids and seeking steroid substance than were the animal receptors also studied. "Bidirectional

interaction is possible," he concluded, meaning that yeast can potentially participate in, and interfere with, human hormone signal systems. (60-61)

[43] Lorna believed that Epstein Barr virus (EBV) might also play a role in her mania, for she had read in Dr. William Philpott's book Brain Allergies that these viruses will attack the lymphocytes (the basic guardians of the immune system). Simultaneously, these viruses will also attack the central nervous system neurons in the brain and spine, since both the lymphocytes and the neurons have similar surface antigens (231-33). Lorna found that eating cheese could precipitate an acute bout of mania which lasted for four hours.

For more information on EPV and immunodeficiency, see "Depression Correlated with Cellular Immunity in Systemic Immunodeficient Epstein-Barr Virus Syndrome (SIDES)" by A.D. Allen and S.M. Tilkian, in Journal of Clinical Psychiatry 47.3 (1986): 231-32.

"Epstein-Barr virus belongs to the herpesvirus family. About 90 percent of all adults carry this microbe. For people with a healthy immune system, the virus poses no risk and remains a silent, life-long companion." (Kathleen Fackelmann, "A Versatile Virus: Epstein-Barr Virus Displays a Few New Malignant Tricks," Science News 18 Feb. 1995: 104-5).

[44] In Healing with Food, Melvyn Werbach, M.D., reports that a daily dosage of niacin (B_3) can minimize the toxicity of chemotherapy and injury from gamma-ray radiation. The latter is taken with aspirin (50).

[45] In the 1920s, just a few years after the discovery of a fat-soluable vitamin, the connection between vitamin A and cancer was made (Garrison 145). "Epidemiological studies have shown a tendency for some human cancer risks to be higher in populations with low blood retinol." Vitamin A deficiency prevents normal differentiation of epithelial tissues. In animal studies, some of the retinoids have been shown to prevent or inhibit the development of cancer of the bladder, breast and skin" (87, 88).

In their book Cancer and Vitamin C, Linus Pauling and Ewan Cameron state that some studies in the scientific literature report increased intake of vitamin A increases lymphocytic immunocompetence (immune function). The following quotation is taken from their book:

Thus a regime consisting of the lymphocytes being brought to peak efficiency by adequate intakes of vitamin A and vitamin C and periodically boosted to even greater efficiency by the use of some non-specific stimulant

> such as a bacterial vaccine may be found to be the best method of employing the immune system in cancer treatment. (81)

[46] Manganese "is found in a form of superoxide dismutase [SOD] with anti-cancer effects. This is one reason it is important to get sufficient amounts in the diet. Manganese is abundant in whole-grain cereals, egg yolks, nuts, seeds and green vegetables." Researchers have found lowered amounts of manganese-containing SOD in many tumor samples. SOD is a naturally-occurring enzyme that absorbs free radicals, converting them to hydrogen peroxide which is then converted by other enzymes to water and oxygen. (Moss, Cancer Therapy 121, 336-37)

[47] She wondered if zinc would also help her depression since it helps her immune system.

[48] Carl Pfeiffer, Ph.D., M.D., pioneered in the study of nutrition. By restoring patients' nutritional balances, Dr. Pfeiffer and his staff returned schizophrenics to normal functioning, alleviated children's hyperactivity and mental disabilities, reduced psychoses, and reversed the effects of aging.

As Director of Princeton's Brain Bio Center in Princeton, NJ, Dr. Pfeiffer's research, practice, and experience made it "inescapably clear . . . that many mental conditions derive from bodily malfunctions--specifically from the absence of vital nutrients in the body. The cause of this may be an abnormal loss of a trace mineral, an inability to keep a normal blood-sugar level, outright poisoning from pollutants, or simply adherence to our modern diet of pre-packaged dishes, empty-calorie snacks and processed and adulterated foodstuffs" (Pfeiffer inside leaf).

Mental and Elemental Nutrients--A Physician's Guide to Nutrition and Health Care is available from Keats Publishing, Inc., New Canaan, CT.

[49] Dr. Linus Pauling, Nobel laureate, demonstrated in animal studies that levels of vitamins to support good health can vary by 2,000 percent from one animal to another in the same species. Extrapolating from this study, he projected that human nutritional requirements may vary just as greatly (Simone 60).

> "The science of nutrition gained popularity because of its link to disease. The novelty of nutrition stirred interest at the turn of the century with the discovery of the first vitamin and its cure of a disease. From this beginning, research continued to investigate the role of nutrients in the treatment of diseases. The findings were encouraging, and common disorders, such as scurvy and pellagra, that had crippled, blinded, or killed thousands of

people, were miraculously eliminated. Diseases once thought to be caused by genetics, microorganisms, or other factors were identified as easily remedied by the inclusion of one or more foods in the diet. The 'well-balanced' diet was defined as one that prevented the onset of overt disease. [However, knowledge about] nutrition still had a long way to go." (Garrison 201).

[50] Chair Rep. Edolphus Towns spoke before the House of Representatives at the Hearing before the Hum. Res. and Intergovt. Rel. Subcommittee of the Committee On Govt Operations, 13 Sept. 1993 (America's Diet: Are We Losing the War Against Cancer?, 4.

[51] In their book The Cancer Prevention Diet, Kushi and Jack report that a Scandinavian researcher concluded this in 1990 regarding current diet and cancer research (Kushi, and Jack 121).

[52] Researchers from the University of Texas Health Science Center in San Antonio and the University of Nebraska Medical Center in Omaha have brought this information to light in the medical community (T. Adler, "Diet Causes Viral Mutation in Mice," Science News 6 May 1995: 276).

[53] More recently, doctors have treated this condition by inserting tubes into a child's ear drum to help relieve the ear infection. More than 670,000 children have this surgically invasive treatment each year. Food allergies underlie many of these infections and many children get these earaches repeatedly, despite treatment with antibiotics (E. Pennisi, "Food Allergies Linked to Ear Infections," Science News 8 Oct. 1994: 231).

[54] A. V. Constantini, M.D., Heinrich Wieland, M.D., and Lars I. Qvick, M.D., Fungalbionics: The Fungal/Mycotoxin Etiology of Human Disease--Atherosclerosis, Vol. 1 (Freiburg, Ger: Johann Friedrich Oberlin, 1994).

[55] Normal pH (or potential hydrogens) of the blood, saliva, urine and other tissues is essential for good health. Blood pH is usually 7.35-7.45, and 7.41 is thought to be ideal. Cancer loves acidic tissue, and most foods influence pH by pushing it towards the acid or alkaline side (Quillin, and Quillin 108).

[56] The botanist G. Fresen first identified *Mucor racemosus* as a fungus in 1870. This mold participates in the decomposition process, assisting the decay of plant and animal remains. It helps recycle dead matter into gases and minerals that can be recycled into other organisms. Erik Enby, Peter Gosch, and Michael Sheehan, Hidden Killers: The Revolutionary Medical Discoveries of Professor Guenther Enderlein (Saratoga, CA: Sheehan Communications, 1990) 27.

[57] Robert C. Atkins, "Cancer Feeds on Carbohydrates," Dr. Atkins' Health Revelations (Alexandria, VA: Wellness Communications, June 1995: 2.

[58] Dr. Gonzalez' lecture presented the work of Dr. John Beard, D.Sc. (1858-1924), a comparative embryologist at the University of Edinburgh School of Medicine for over 30 years. Dr. Beard found that on the day the pancreas gland begins to function in the embryo, the placenta stops growing. He also found by manipulating blood levels of pancreatic enzyme he could control the growth of the placenta. Dr. Beard assisted doctors with preportedly terminal cancer patients and reversed the cancer in these people. (Gonzalez audiocassette).

This lecture tape, "Advances in Nutritional Treatment of Cancer," is available from the Journal of Orthomolecular Medicine.

In his book Cancer Therapy: The Independent Consumer's Guide To Non-Toxic Treatment and Prevention, Ralph W. Moss, Ph.D., reports Dr. Beard's treatment of cancer with pancreatic enzymes (308-9).

Michio Kushi reports that tumors can also be broken up by dietary measures. He states the following in his book, The Cancer Prevention Diet:

> In 1993 scientists reported that diets rich in soyfoods, especially miso soup, produced genistein, a natural substance that blocked the growth of new blood vessels that feed a tumor. Researchers from Children's University Hospital in Heidelberg, Germany, reported that genistein also deterred cancer cells from multiplying and could have significant implications for the prevention and treatment of solid malignancies, including those of the brain, breast, and prostate. (122)

Shark cartilage is another agent which is antagonistic to the development of a tumor's blood supply. Melvyn Werbach, M.D., reports in Healing with Food that a cartilage anti-angiogenesis factor inhibits new blood vessels from forming around the tumor. This substance has been isolated in cartilage of cows, and more recently in sharks (55).

[59] In Wellness Against All Odds, Sherry Rogers, M.D., reports that William Donald Kelley, D.D.S., broke up his cancerous liver tumors by using pancreatic enzymes (83). Judith Glassman also describes Dr. Kelley's return to health by using nutritional therapies after suffering metastatic liver cancer (Glassman 125).

Nicholas Gonzalez, M.D., who practices in New York City, uses an intensive nutritional approach to healing disease, particularly cancer, most degenerative diseases, and AIDS, based on the methods Dr. William Kelley used

to cure his own cancer. Dr. Gonzalez also carried out a six-year investigation of Dr. Kelley's success in over 10,000 patients (Fink 57).

[60] Linoleic and linolenic acids are "essential" fatty acids because the body requires them but is unable to make them; therefore, they must be ingested (Kleiner 566). Essential fatty acids appear to have specific nutritional importance; skin lesions on rats fed a fat-deficient diet healed with the addition of linolenic, linoleic, and arachidonic acids (or foods containing these polyunsaturated acids) (95).

[61] Lynne August, M.D., in "Food, Fat and Fatigue" a nutrition/education audiocassette tape produced by Health Equations. Lynne August, who is director of Health Equations, presented this information at the first international Fungal/Mycotoxin Conference in Toronto, Canada, 1 Oct. 1994. To order this audiocassette tape, call Health Equations (telephone: 1-800-328-2818).

[62] According to James Balch, M.D., in Prescription for Nutritional Healing, women suffering from breast cancer which is estrogen related should limit or avoid using primrose oil. Black current oil is a good substitute (40). Dr. Lynne August told Lorna that she should definitely not use evening primrose oil (telephone conversation, Jan. 1995.) After receiving this information, Lorna stopped taking the evening primrose oil.

Gamma-linoleic acid (GLA) is an important regulator of T-lymphocyte function in the body, and evening primrose oil, black currant seed oil, and borage oil are the main sources of this pre-formed GLA. However, linoleic acid, which is found in vegetables oils, can be converted to GLA, but the function is impaired when zinc, magnesium, and vitamins C, B_6 (pyroxidine), B_3 (niacin), and A are deficient. Also, high fat diets, hydrogenated vegetable oils, and margarine can block conversion of linoleic acid to GLA (Balch 32).

[63] Echinacea has been used for colds, colic, flu, infections, and snake bites. It is known for its antiviral, antibiotic, and anti-inflammatory properties; it provides good support for the immune and lymphatic systems and will help glandular swelling (Balch 51). Echinacea should not be taken daily for more than ten days at a time. Otherwise, it loses its effectiveness (Zand 87). An acceptable schedule for taking echinacea is: one week on, one week off.

[64] Ralph W. Moss, Cancer Therapy: The Independent Consumer's Guide To Non-Toxic Treatment & Prevention (New York: Equinox Press, 1992) 459-60.

[65]Coenzyme Q_{10} is a vitamin-like substance resembling vitamin E and may be an even more powerful antioxidant. It is found in human tissue and decreases

with age. It plays a crucial role in the effectiveness of the immune system and in the aging process (Balch 10).

As a naturally occurring molecule, coenzyme Q_{10} plays a vital role in the production of energy from food. It may also reduce the toxic effects of adriamycin, a chemotherapy drug which is toxic to the heart. It can also reduce hair loss from chemotherapy (Werbach 56).

[66] Lynne August, M.D., spoke on improving the nation's health by remineralizing the soil at the first international Fungal/Mycotoxin Conference held in Toronto, 1 Oct. 1994.

In his book Cancer and Nutrition--A Ten-Point Plan to Reduce Your Risk of Getting Cancer, Charles B. Simons, M.D., reports that foods in our diet today do not give us the nutritional value found in diets of generations past. These quotations demonstrate how far our diet has strayed from its past nutritional value:

> . . . today's diet does not provide as many vitamins as the diet of two generations ago. Over the past seventy-five years people have increased their consumption of fat by 30 percent and sugar by 50 percent, and have decreased their consumption of vegetables, grains, and fruits by 40 percent. In fact, Dr. [Linus] Pauling found that 110 raw, natural foods eaten by our grandparents contained two to five times more vitamin A, thiamine (B_1) riboflavin (B_2), and pyridoxine (B_6) than these same foods contain today (61).

[67] David Eggleston, "T Cells and Slides Shown," Candida: Silver (Mercury) Fillings and the Immune System, ed. Betsy Russell-Manning, 4th ed. (San Francisco: Greensward Press, 1990) 71-72.

For information on DAMS (Dental Amalgam Mercury Syndrome), write to DAMS, Inc., 725-9 Tramway Lane NE, Albuquerque NM 87122-8239, or call (505) 291-8239. Newsletters are available.

[68] Eggleston, "T Cells and Slides Shown" 72-73.

[69] Eggleston, "T Cells and Slides Shown" 72.

[70] Hal Huggins, D.D.S., has spent many years of his dental profession studying mercury poisoning in dental patients. His clinic, which was located in Colorado Springs, Colorado, helped many who suffered from mercury poisoning.

An article in the 11 Dec. 1995, Time magazine condemns Dr. Huggins' work and notes that he has closed his clinic. The article cited problems of litigation and pressure from malpractice suits against him (Gorman 71).

The Candida & Dysbiosis Information Foundation [CDIF], located in College Station, Texas, reports in its Jan. 1996, newsletter that mercury amalgam fillings have been banned in Sweden. In the United States, some state boards of the American Dental Association (ADA) do not permit dentists in their states to even discuss the potentially toxic effects mercury has on certain patients. If these dentists discuss the potential danger of mercury in silver amalgam fillings, they risk losing their licenses. Patients must be well enough informed before they enter their dentist's office to ask about the hazards of mercury and alternative materials which can be used in dental fillings (CDIF, 1996).

For information about the CDIF, write to Candida & Dysbiosis Information Foundation, P.O. Drawer JF, College Station, TX 77841-5146, or call (409) 694-8687 (phone is answered only part of the week).

[71] "Intestinal Dysbiosis and the Causes of Disease," Journal of Advancement in Medicine 6.2 (1993): 67.

> Article Abstract: With the advent of biochemical and microbial stool analysis panels, an increasing number of physicians are seeking a clearer understanding of the relationship between the ecology of the digestive tract and local and systemic factors affecting health and disease. This article details the relationships, causes and treatment options for dysbiotic related conditions.
>
> Regarding putrification in the bowel, the authors state the following: "This is the classic Western degenerative disease pattern advanced by Metchnikoff. Putrefaction dysbiosis results from diets high in fat and animal flesh and low in insoluble fiber . . . . data implicate this type of dysbiosis in the pathogenesis of colon cancer and breast cancer" (71).
>
> Galland and Barrie have this to say regarding dysbiosis and diagnosing disease: "Although Metchnikoff's ideas have been largely ignored in the United States, they have influenced four generations of European physicians. The notion that dysbiotic relationships with gut microflora may influence the development of inflammatory diseases and cancer has received considerable experimental support over the past two decades, but the mechanisms involved are far more diverse than Metchnikoff imagined" (68).

[72] The Amino Revolution 123.

[73] For more information on the history of coffee enemas and detoxifying the body, see Dr. Sherry Rogers' book Wellness Against All Odds, 81-109.

[74] Tissue Cleansing Through Bowel Management (Jensen 145-49).

[75] The Jan. 1996 Candida & Dysbiosis Information Foundation [CDIF] newsletter reports that "*Candida albicans* is known to be capable of converting inorganic mercury to organic methyl-mercury, which is more easily absorbed by human tissues than the inorganic form of mercury" (CDIF, 1996).

The editor also reports that *C. albicans* has been found beneath mercury amalgam dental fillings removed by German dentists. Mercury dental fillings are known to inhibit the beneficial lactobacilli in the saliva of dental patients' mouths (CDIF, 1996).

[76] Renee Mauser also went to the Mayo Clinic in Rochester, MN, for treatments. Her health responded after she had the mercury fillings removed from her teeth and detoxified her body tissues with DMPS (Mauser 1994).

[77] Renee Mauser, who is a licensed practical nurse, is also coordinator of Iowa's DAMS (Dental Amalgam Mercury Survivors). She experienced unexplained multiple symptoms and illnesses, including heart problems, continual fever, and symptoms of Alzheimer's disease. In 1992, she had ten mercury fillings removed from her teeth, and nearly all of her health problems disappeared (Carney, Des Moines Sunday Register, 14 Jan. 1996: B1).

[78] This patient had additional treatments with DMPS (2,3-Dimercapto-1-Propanesulfonic Acid) to detoxify her mercury. DMPS is a water soluable derivative of Dimercaprol developed to reduce the side effects of Dimercaprol and is marketed in countries outside the U.S. under the brand name Dimaval.

[79] Journal of Advancement in Medicine 6.2 (1993): 67-80.

[80] Inscription on Hopkins Memorial Steps, Williams College, Wiliamstown, Mass.

[81] Rogers, Wellness 193.

[82] Fungal/Mycotoxin Conference, Toronto, 30 Sept. 1994.

[83] In "Nutrition and Candidiasis," Journal of Orthomolecular Psychiatry

14.1 (1986): 50. This report was derived from Dr. Galland's paper presented at the Yeast-Human Interaction Symposium in Birmingham, Alabama, 10 Dec. 1983.

[84] Traditional medical textbooks do not identify fungi as the producers of oxalic acid and uric acids in the human. Dr. Constantini postulates that these caustic compounds are metabolites of fungi which can result in degenerative diseases such as gout and hemorrhage in the body.

[85] Wealthy landowners in feudal Europe developed gout by eating *rich* foods while their laborers, the peasants, never developed gout. This occurred because the peasants were poor and could not afford to eat an abundance of meat and the many sweet delicacies made with sugar, white flour, and fat which their wealthy landlords ate. The peasants ate a diet Dr. Constantini refers to as the "caveman" diet: grains, nuts, plants, tuberous root vegetables, and a little meat.

[86] Heart attacks and diabetes are diseases of the modern times. One hundred years ago, heart attacks were virtually unknown, and diabetes has become widely known only in the last century. "Diabetes is the direct result of sugar consumption, and refined sugar did not become important until the nineteenth century when Napoleon built sugar factories in Europe (Atkins, Health Revolution 82).

Today's refined white sugar is a "relatively new innovation." During colonial times and for many years sugar was a luxury item and expensive to import. It was shipped from the Indies wrapped in blue paper and sold in cones which were cut with a special tool. This sugar was very hard and required a sugar mill to grind it (Better Homes and Gardens Heritage Cook Book 164).

Over the past 180 years sugar consumption has increased exponentially. In 1815 an Englishman consumed 7 1/2 pounds of sugar in a year (Atkins, Health Revolution 82); by 1978, consumption of sugar in the United States averaged 125 pounds per person (Hoffer 97). This change in eating habits has brought with it a profound change in the chronic and degenerative diseases affecting the Western world today.

[87] Fungalbionics: The Fungal/Mycotoxin Etiology of Human Disease--Cancer, Vol. 2 (Freiburg, Ger: Johann Friedrich Oberlin, 1994).

[88] Fungalbionics: The Fungal/Mycotoxin Etiology of Human Disease--Atherosclerosis, Vol. 1 (Freiburg, Ger: Johann Friedrich Oberlin, 1994).

[89] A large flyer on the display table listed another eighteen books Dr. Constantini plans to publish on fungal/mycotoxins and degenerative disease. These books are: AIDS, gout, Crohn's disease, multiple sclerosis, infertility, psoriasis,

cirrhosis, Alzheimer's disease, scleroderma, Raynaud's disease, sarcoidosis, kidney stones, amyloidosis, vasculitis, arthritis, Cushing's disease, and The Garden of Eden.

[90] Keith Block, M.D., has a private practice in Evanston, Illinois. He is also medical director of the cancer treatment program at Edgewater Medical Center (EMC) in Chicago, an affiliate hospital of the University of Illinois School of Medicine. He has developed a "unique and multi-faceted cancer care program" which includes inpatient care at EMC. For more information and evaluation of this cancer-treatment program, see Choices in Healing: Integrating the Best of Conventional and Complementary Approaches to Cancer (Lerner 335-51).

[91] These supplements cost $450 a month; Lorna gave Jeanie information on other places she could buy some of these supplements at a lower cost.

[92] From Coriolan I. Triumphal March.

[93] In Vegetarian Times, 54-59.

[94] Health Equations offers health/educational programs in nutrition. For more information, contact Director Lynne August, M.D., Health Equations, P.O. Box 323, Newfane, VT 05345; telephone (802) 365-9213.

[95] Few research funds are designated to investigate the relationship between breast cancer and nutrition.

In Breast Cancer: Winning the Battles--Losing the War, Chair Mary Rose Oaker spoke out about breast cancer research funding saying: "We have been penny wise and pound foolish in the way we fund research on breast cancer. Last year's increase was a start, but I am convinced that we now have the opportunity and the obligation to push for a major policy change. On top of the human toll, this scourge is estimated to cost Americans $8 billion in direct and indirect costs" (5).

[96] In his book Healing with Food, Melvyn Werback, M.D., says: "There is no evidence that dietary factors influence the course of human cancer once it is established. There is considerable evidence, however, that dietary factors affect cancer risk . . . . Nevertheless, I suggest the following diet because it is safe, beneficial to your overall health, and someday may be found to have healing properties.

1. Follow the Basic Healing diet as described in Appendix A
2. Emphasize fruits and vegetables
3. Drink hard water that does not require chlorinization for disinfection" (48).

Regarding this controversial question, many other reports have been documented, confirming that diet plays a crucial role in the course of human cancer, particularly the state of the immune system.

With regard to the question of expecting diet and nutrition to "heal cancer," Dr. Werback describes how calcium can stop the proliferation of cells in the colon which precedes colon cancer, and the use of magnesium to lower cancer risk. Considering that cancer is "systemic" and not a disease of the organ (the breast in this case) (52-53), Lorna believes that calcium and magnesium are important minerals in preventing metastatic cancer from returning to her body.

[97] Dr. Sherry Rogers healed herself using a macrobiotic diet. Her books You Are What You Ate, The Cure Is In the Kitchen, and Macro Mellow have helped other chronically ill patients become well. These books are available from Prestige Publishing, P.O. Box 3068, 3500 Brewerton Road, Syracuse, NY 13220.

[98] Judith Glassman's book The Cancer Survivors: And How They Did It reviews the traditional U.S. cancer therapies of surgery, radiation, and chemotherapy. Glassman then gives overviews of the major nutritional therapies. These include Dr. Max Gerson's diet and detoxification plan; Dr. William Donald Kelley's pancreas enzyme therapy; Ann Wigmore's wheatgrass therapy; Dr. Cornelium Moerman's diet; Linus Pauling and Ewan Cameron's vitamin C regimen; Harry Hoxey's herbal therapy; laetrile; macrobiotics; and several immune therapies, including orthodox immunotherapy; Dr. Josef Issels' therapy; Lawrence Burton's therapy; and mind/body therapy (Glassman ix-x).

[99] For nearly 100 years the unconventional Hoxsey treatment, which uses a combination of herbs to provide cancer therapy, has survived in the United States and now Mexico. Henry Hoxsey's nurse, Mildred Nelson, R.N., currently directs the Bio-Medical Center in Tijuana, Mexico. More information can be found in Cancer Therapy: The Independent Consumer's Guide to Non-Toxic Treatment & Prevention by Ralph W. Moss (160). Additional information on the Hoxey protocol and nutrient therapy can be found in Third Opinion: An International Directory to Alternative Therapy Centers for the Treatment and Prevention of Cancer and Other Degenerative Diseases (Fink 31-32); Alternatives in Cancer Therapy by Ross Pelton and Lee Overholser (198-202, 252); Options: The Alternative Cancer Therapy Book by Richard Walters (95-104); and The Cancer Survivors by Judith Glassman (178-206, 377).

The Hoxsey treatment is not the only "prostate cancer healing" remedy Lorna would read about. Dr. Erik Enby reports in Hidden Killers that biological remedies formulated by Dr. Guenther Enderlein can reverse chronic malignant

diseases in the lower abdomen (including prostate and uterine cancer) and return the patient to health (Enby, Gosch, and Sheehan 91).

[100] To contact Wayne Samuelson, write to him at: 234 First Street East, Dyersville, Iowa 52040; telephone: (319) 875-6222.

[101] To subscribe to Dr. Atkins' Health Revelations newsletter, write to: Dr. Atkins' Health Revelations, P.O. Box 25948, Alexandria, VA 22313.

[102] Saw Palmetto *((Serenoa repens)* grows naturally as a berry; the powdered extract may be mixed with other natural ingredients such as pumpkin seed oil, bearberry *(Uva ursi)*, and *Pygeum Africanum* extract, all herbal ingredients. Saw palmetto is used medically to shrink the prostate gland. Saw palmetto products are available from herbal product sources; three of these include the Atkins Center (1-800-628-5467); Enzymatic Therapy, P.O. Box 22310, Green Bay, WI 54305; and Bronson, 1945 Craig Rd., P.O. 46903, St. Louis, MO 63146-6903.

[103] Regarding treatments for prostate cancer, Dr. Enderlein found that "surgical removal of the prostate and testicles or use of radiation or chemotherapy" will not truly heal the cancer because these treatment do not permanently hamper the growth process of microfloras in the tissues (Enby, Gosch, and Sheehan 90).

[104] To contact the Cancer Control Society (CCS), write to: Cancer Control Society, 2043 North Berendo, Los Angeles, CA 90027; telephone, (213) 663-7801. Each fall the CCS holds its Annual Cancer Convention (usually over the Labor Day weekend) in Pasadena, CA. Information, videos, and speakers are on hand to provide information about the many alternative cancer treatments that are available today. Bus tours are also available to the Cancer Clinics in Tijuana, Mexico, several times during the year.

[105] Other useful books describing alternative cancer treatments include: Alternatives in Cancer Therapy: The Complete Guide to Non-Traditional Treatments by Ross Pelton, R.Ph., Ph.D., and Lee Overholser, Ph.D.; Options: The Alternative Cancer Therapy Book by Richard Walters; The Cancer Survivors and How They Did It by Judith Glassman; Cancer Therapy: The Independent Consumer's Guide To Non-Toxic Treatment & Prevention by Ralph W. Moss, Ph.D.; Choices in Healing: Integrating the Best of Conventional and Complementary Approaches to Cancer by Michael Lerner; Treating Cancer with Chinese Herbs by Hong-Yen Hsu, Ph.D.; How to Fight Cancer and Win by William L. Fischer; The Healing of Cancer: The Cures, the Cover-ups and the Solution Now! by Barry Lynes; Hydrogen Peroxide Medical Miracle by William Campbell Douglass, M.D.

Another useful book is The Third Opinion: An International Directory to Alternative Therapy Centers for the Treatment and Prevention of Cancer and Other Degenerative Diseases which lists the available clinics, doctors, services, and the costs for these alternative cancer treatments. This well-researched book quickly puts needed information at the fingertips of those who are searching for alternative treatments. John Fink compiled this book after he and his wife, Sharkey, lost their four-year old daughter to a rare cancer because traditional medicine could do nothing to help her. In the Finks' search to find alternative medicines which might possibly save their daughter, Phoebe died. This book was written so other parents would not suffer the Finks' tragedy.

[106] Prostaglandin is the fatty acid which mediates inflammation (Pfeiffer 464).

[107] Lorna's lymphocyte count on 7 June 1994, was 18.7%. After her diseased appendix and gallbladder were removed in Aug. and Nov. of 1995, her lymphocyte count was 24.1%; by 21 Feb. 1996, it had jumped to 47%, two points above the normal range.

According to Kurt Donsbach, Ph.D., D.Sc., N.D., D.C., in his A Report on Blood Tests, the average range for lymphocytes (the white blood cells that fight infection and toxins) is 30-38%; and the metabolic range, 43-45%. Dr. Donsbach states that "Deviations above or below metabolic ranges are seen in cytotoxic food or chemical reactions." Also, "Deviation above or below metabolic range suggests therapeutic nutritional support are needed for: spleen, thymus, lymph, immune system, vitamin C" (11).

[108] Lorna's food plan from Health Equations listed the kinds and amounts of food Lorna could eat for her meals and snacks. This food plan was based on her body weight, height, and the amount of exercise in one week. By balancing the protein and carbohydrate ratios, Lorna could control the arachnoid cascade (delta 5) which turns on the "disease state" in the body. This enabled her to "control" her yeast.

[109] Lorna's surgery had been scheduled for Nov. 28. However, due to acute distress and pain from her gallbladder, Dr. Sampson admitted her to the hospital for observation on Nov. 9th and operated the next day.

[110] Lorna came to believe that her *Candida* yeast served as an indicator for the state of her health. When yeast populations were increasing, Lorna's body was moving toward a disease state; when the yeast disappeared, her body was moving toward a more healthy state.

It was Dr. Enderlein's opinion that the "burdening of the blood with pathogenic stages of these fungi," such as *Mucor racemosus* Fresen, can also open the door to superinfections. As a result, it comes as no surprise that candidiasis--infection of the skin and mucous membrane with *Candida albicans*--is a common internal fungal infection found in cancer patients (Enby, Gosch, and Sheehan 83).

[111] Hidden Killers: The Revolutionary Medical Discoveries of Professor Guenther Enderlein was written in English by Dr. Erik Enby, Peter Gosch, and Michael Sheehan to help English-speaking physicians understand the findings of Dr. Guenther Enderlein, a brilliant German bacteriologist and zoology professor who lived from 1872-1968.

Dr. Enby practices in Gothenburg, Sweden. Hidden Killers is available from Sheehan Communications, Box 706, Saratoga, CA 95071 for $18. Telephone: (408) 354-4840.

[112] Blutuntersuchung im Dunkelfeld: nach Prof. Dr., Günther Enderlein [Blood Examination in Darkfield: according to Prof. Dr. Guenther Enderlein] (Hoya, Ger: Semmelweis-Verlag, 1993) gives both German and English translations of Dr. Enderlein's discoveries regarding the endobiont and cyclogenie of *Mucor racemosus* Fresen (and *Aspergillus niger* van Tieghem) in mammalian blood. The book is available from Enderlein Enterprises, Inc., P.O. Box 704, Mount Vernon, WA 98273 for $59. Telephone (206) 424-6025; FAX (206) 424 6029.

[113] Regarding this fact, Dr. Enby states:

> Dr. Enderlein discovered that the microscopically small protits in the plasma and tissue cells were part of a larger life cycle. He found that under certain conditions, microorganisms--such as *Mucor racemosus* Fresen--can lose their symbiotic qualities and grow into different stages (different forms and sizes) and will become hostile and capable of destroying surrounding tissue cells. This latter event takes place when the body experiences a significant change in its pH environment, becoming more alkaline or acidic. As the environment changes, however, the endobiont (here the protit--the lowest form of the endobiont) begins to change in order to survive the changing environment. Now the protit begins advancement towards its higher, more aggressive forms which can cause internal disturbances that the individual experiences as the state of illness. In short, Dr. Enderlein's research revealed the existence of a "blood-symbiont" that under special circumstances could act like a parasite, and grow to destroy body tissues (25).

[114] "Apathogenic microorganisms can ascend to higher, toxic phases within the cycle and cause disease. Stimulating factors include a diet rich in animal fats and proteins and other sources such as synthetic drugs, carcinogenic materials, and radiation" (Enby, Gosch, and Sheehan 27).

[115] In his book Bakterien Cyclogenie, Dr. Enderlein discusses the battle between proponents of the two different schools of thought: pleomorphism and monomorphism. According to the bacteriologist, "the controversy between monomorphism and pleomorphism relates exclusively to the controversy between the growth forms. The question is: do bacteria have only one growth form or are there types with more than one form? The monomorphist maintains that every deviating form or appearance within a species is an abnormality, degeneration, involution form or a mutation, thus a more or less constantly inheritable new creation. On the other hand, the pleomorphist--if we neglect the extreme members of this group such as Naegeli--recognizes the possibility that a sharply enclosed species can exhibit more than one growth or appearance form, and that the forms of a species can change. The term 'growth form' is intentionally used as opposed to 'development form' because, generally speaking, there is no talk of development forms in pleomorphism" (Enby, Gosch, and Sheehan 12-13).

"Not surprisingly, the extremely unusual appearances of the life cycle of bacteria excluded recognition by primitive scientific research methods. A natural result was the early schism of research into two opposing camps: monomorphism and pleomorphism" (Enby, Gosch, and Sheehan 14).

[116] Photomicrographs prepared by Dr. med. Maria-M. Bleker in Bluntuntersuchung Im Dunkelfeld: nach Prof. Dr. Günther Enderlein [Blood Studies in Darkfield: according to Prof. Dr. Guenther Enderlein] demonstrate these.

[117] Dr. Enderlein referred to the many changing forms of *Mucor racemosus* Fresen as "cyclogenie" (life cycle).

[118] "During the past 65 years, the conclusions that Dr. Enderlein documented with great detail in Bakterien Cyclogenie have remained unacknowledged by a major portion of the scientific community. For the most part, the ideas of the pleomorphists fell on deaf ears and the monomorphist doctrine was accepted throughout the bacteriological community" (Enby, Gosch, and Sheehan 13).

"Where Dr. Enderlein succeeded, however, many modern researchers have been unaware of or have simply chosen to ignore the cyclic growth of certain microorganisms. Even today, many scientists refer to these microorganisms as

microsomes (particles of cell nuclei), and consider them to be routine blood elements or artifacts with unknown functions--a school of thought that completely disregards the findings of Dr. Enderlein and other researchers more than 70 years ago" (26).

Hidden Killers discusses Dr. Enderlein's research and findings which explains the life cycle of the endobiont (transformation of the nonpathogenic stages of *Mucor racemosus* to its pathogenic forms), and the nonpathogenic to pathogenic forms of *Aspergillus niger* van Tieghem.

[119] "Pathogenic agents can be reverted to their lowest primitive stage. This process results in a change to a lower, apathogenic form of the cycle. The body can excrete these dismantled agents and their toxins through the kidneys, the lungs, skin or intestines. In addition, the immune defenses must be stimulated and restored to the highest possible strength to heal diseases completely" (Enby, Gosch, and Sheehan 27).

According to Dr. Erik Enby in Hidden Killers: "The key to fighting cancer and other diseases successfully lies in the practitioner's ability to destroy highly toxic pathogenic agents found within the life cycles of *Mucor racemosus, Aspergillus niger*, and other fungi, as well as preparing the internal organs to excrete them effectively" (83).

[120] "Dr. Enderlein introduced the encompassing term 'endobiont' into the medical language to describe the complete growth cycle of *Mucor racemosus* Fresen from protein molecule to the fungus stage. At that time, he recognized that the apathogenic stages--protit and symprotit--of this cycle possessed remarkable immune defense abilities when confronted with pathogenic microorganisms" (Enby, Gosch, and Sheehan 29).

Swiss biology researcher B. Haefeli has found more recently that protits assist antibodies produced by the immune system effectively to destroy antigens (30).

"Dr. Enderlein argued that lower phase forms function in the body as a double-edged sword. On the positive side, they are vital to blood clotting mechanisms that prevent human beings from bleeding to death from even minor wounds. On the negative, the protits in their higher, pathogenic forms promote the onset of many acute and chronic blood-related illnesses that afflict millions of people each year, including blood clots and leukemia. They can also have a degenerative effect on other tissue cells" (30).

" . . . Dr. Enderlein pointed out that an endobiont-induced disease complex, which contributes to a slow degeneration of different body tissues, is present in most chronic illnesses, including arteriosclerosis, heart, lungs, liver, kidneys, etc., multiple sclerosis, ulcers, glaucoma, stroke, and benign and malignant tumors. As Dr. Enderlein wrote, 'That all these numerous diseases are attributable to a single parasite is due solely to the fact that its unusually varied number of different developmental stages are capable of affecting a large number of tissues and organs of the human body'" (26).

"Many blood-related diseases fall within the life cycle of *Mucor racemosus.* The effects of this cycle--i.e., how a disease manifests itself in an individual through symptoms--may vary significantly from person to person, depending upon such factors as genetic make-up, diet, heredity, past illnesses, use of antibiotics, exposure to radiation and hazardous materials, use of recreational drugs, and hidden sources of infection. Dr. Enderlein theorized that because all living beings contain different kinds of primitive protein particles--the protits--which are transferred from generation to generation through conception and during embryonic development via the placenta, each individual has the potential to develop different somatic disturbances, such as heart conditions, cancer, rheumatism and dangerous blood illness" (27).

Those who worked with Dr. Enderlein and those who have followed his teachings believe that his work is truly revolutionary. Engy suggests that, "It demonstrates that time-honored bacteriologists such as Louis Pasteur and Robert Koch were only partially correct in believing that bacteria are nonchangeable, and that specific pathogenic microbes always cause specific diseases. Although this widely accepted doctrine might hold true for infectious bacteria and viruses introduced into the body from external sources, it needs closer scrutiny when considering 'noncontagious' diseases, such as most malignant chronic illnesses, and many other disturbances of the body tissues whose exact causes have eluded discovery by the conventional medical establishment" (26).

[121] ". . . when conventional medicine fails to stop a progressive or chronic disease, the patient is frequently told that the illness might have been healed 'if they had only come earlier' to the hospital for treatment. This claim is usually false. In many cases, such as certain types of cancer, the patient's condition continues to deteriorate despite treatments administered by conventional medicine. If ineffective medications are administered, the degeneration process will continue no matter when treatment begins" (Enby, Gosch, and Sheehan 23).

"With Dr. Enderlein's biological medications, the body is restored to a position where it can stop the growth process caused by cancer cells or degeneration of other diseases. In cancer cases, dead tumor tissue may remain,

but the illness is no longer life-threatening because the pathogenic microbes have been altered to a harmless state" (23).

In all medicine, however, a doctor must examine and treat each patient individually. The skillful doctor who applies creative thinking may determine the proper course of action (rather than applying the same treatment to everyone) and heal his patient (23).

[122] Dr. Enderlein found through his research that body fluids (blood) and tissues played a vital role in keeping the endobiont in its symbiotic state. He found that the change of the endobiont into its pathogenic stage (not its symbiotic phase) closely parallels an increase or decrease in the pH of the blood, leading to the individual's feeling of "becoming ill" or "becoming well." Therefore, Dr. Enderlein equated good health with the symbiotic phase of the endobiont life cycle, and illness with a shift in pH to acid or alkaline and the pathogenic state of the endobiont (Enby, Gosch, and Sheehan 54).

Dr. Enderlein also believed that the hostile endobiont hungered for protein and "fattened up" on a constant, high consumption of meat, fish, cheese and eggs, particularly when the diet is not balanced with base-rich foods (alkaline foods) (54).

It should be noted that refined sugars and fats do not themselves add inorganic acids to the blood; however, they "steal" base reserves which are needed to neutralize the acid components produced by other foods. Consequently, sugars and fats serve as a negative force in the diet. When the base reserves from the body are depleted, acids pollute the blood until the addition of new supplies can neutralize them. Therefore, the body often suffers metabolic-induced diseases, i.e., rheumatism, liver and kidney diseases, heart ailments, diabetes, high blood pressure, and diseases of the gums and teeth (55).

[123] "As far as Dr. Enderlein could understand from his research, the highest, final stage of the hostile growth forms are different types of fungi that can always be found in the tissues of a decaying corpse, but also sometimes in the tissues of very ill patients" (Enby, Gosch, and Sheehan 26).

Dr. Enby concurs with Dr. Enderlein that fungal microbes cause breast cancer, and said:

> Doctors often remove the cancerous breast, but many women still die because the infection remains in the body fluids. I maintain that the tissues are always the goal of the aggressive microbes; they infest the tissues and destroy them in later growth stages. Cancer is a late

developmental stage of the disease produced by a microbial infection of the body fluids that began many years prior to the patient showing first, subjective, then objective, symptoms (86-87).

Works Consulted

Adler, T. "Diet Causes Viral Mutation in Mice. Science News 6 May 1995: 276.

---. "Pill Ups Cancer Risk in Young Women." Science News 10 June 1995: 356.

Allen, A. D., and S. M. Tilkian. "Depression Correlated with Cellular Immunity in Systemic Immunodeficient Epstein-Barr Virus Syndrome (SIDES)." Journal of Clinical Psychiatry 47.3 (1986): 231-32.

Atkins, Robert C. Dr. Atkins' Health Revolution: How Complementary Medicine Can Extend Your Life. Boston: Houghton, 1988.

---. Dr. Atkins' Health Revelations. Alexandria, VA: Wellness Communications, June, 1995.

August, Lynne. "Food, Fat and Fatigue." Audiocassette. NewFane, VT: Health Equations, 1994.

Austin, Steve, and Cathy Hitchcock. Breast Cancer: What You Should Know (But May Not Be Told) About Prevention, Diagnosis, and Treatment. Rocklin, CA: Prima, 1994.

Balch, James, and Phyllis A. Balch. Prescription for Nutritional Healing. Garden City, New York: Avery, 1990.

Beardsley, Tim. "Trends in Cancer Epidemiology: A War Not Won." Scientific American Jan. 1994: 130-38.

Better Homes and Gardens Heritage Cook Book. Des Moines: Meredith, 1975.

Bland, Jeffrey. "Candida albicans: An Unexpected Problem." Lecture. Nutritional Biochemistry, University of Puget Sound, Tacoma, WA, n.d.

Bluntuntersuchung Im Dunkelfeld: nach Prof. Dr. Günther Enderlein [Blood Examination in Darkfield: according to Prof. Dr. Guenther Enderlein]. Hoya, Ger: Semmelweis-Verlag, 1993.

Bombeck, Erma. Breast Cancer: Winning the Battles, Losing the War. HR Select Committee on Aging and the Subcommittee on Health and Long-term Care. Joint Hearing. Pub. No. 102-894. 102nd Cong., 2nd sess. Washington: GPO, 1992. 41.

Boon, Thierry. "Teaching the Immune System to Fight Cancer." Scientific American March 1993: 82-89.

Braverman, Eric, and Carl C. Pfeiffer. "Essential Trace Elements and Cancer." Journal of Orthomolecular Psychiatry 11.1 (1982): 28-41.

Cameron, Ewan, and Linus Pauling. Cancer and Vitamin C: A Discussion of the Nature, Causes, Prevention, and Treatment of Cancer with Special Reference to the Value of Vitamin C. Philadelphia: Camino Books, 1993.

Cancer Control Society. Membership packet. Los Angeles: Cancer Control Society, Summer 1990.

Carney, Tom. "Mercury-based Dental Fillings a Risk to Health?" Des Moines Sunday Register 14 Jan. 1996: B1.

CDIF [Candida & Dysbiosis Information Foundation]. Newsletter. College Station, TX: Candida & Dysbiosis Information Foundation. June 1995.

---.---.---. Jan. 1996.

Chopra, Deepak. Quantum Healing: Exploring the Frontiers of Mind/Body Medicine. New York: Bantam Books, 1989.

Constantini, A. V., Heinrich Wieland, and Lars I. Qvick. Fungalbionics: The Fungal/Mycotoxin Etiology of Human Disease--Atherosclerosis. Vol. 1. Freiburg: Johann Friedrich Oberlin, 1994.

---. Fungalbionics: The Fungal/Mycotoxin Etiology of Human Disease--Cancer. Vol. 2. Freiburg: Johann Friedrich Oberlin, 1994.

Cousins, Norman. Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration. New York: Norton, 1979.

Donsbach, Kurt W. A Report on Blood Tests. Baja Calif., Mexico: Wholistic Publishers, 1988.

Douglass, William Campbee. Hydrogen Peroxide: Medical Miracle. Atlanta: Second Opinion, 1992.

Durlach, J. "Clinical Aspects of Chronic Magnesium Deficiency." Magnesium in Health and Disease. New York: Spectrum Publishing, 1980. 883-909.

---. "Neurological Manifestations of Magnesium Imbalance." Handbook of Clinical Neurology: Metabolic and Deficiency Diseases of the Nervous System, Part II. Vol. 28. New York: North Holland, 1976. 545-79.

---. "Renal Damage Caused by Magnesium Deficiency." Handbook of Clinical Neurology: Metabolic and Deficiency Diseases of the Nervous System, Part II. Vol. 28. New York: North Holland, 1976. 331-46.

Eggleston, David. "T Cells." Candida: Silver (Mercury) Fillings and the Immune System. Ed. Betsy Russell-Manning. Rev. ed. San Francisco: Greensward Press, 1990. 71-72.

---. "T Cells and Slides Shown." Candida: Silver (Mercury) Fillings and the Immune System. Ed. Betsy Russell-Manning. Rev. ed. San Francisco: Greensward Press, 1990. 72-74.

Eliot, T. S. Coriolan I. Triumphal March. T. S. Eliot: The Complete Poems and Plays. New York: Harcourt, 1952.

Enby, Erik, Peter Gosch, and Michael Sheehan. Hidden Killers: The Revolutionary Medical Discoveries of Professor Guenther Enderlein. Saratoga, CA: Sheehan Communications, 1990.

Enderlein Darkfield Seminar. Scottsdale, AZ. 17-19 Feb. 1996.

Enderlein, Guenther. Bakterien Cyclogenie. Rpt. Hoya, Ger: Semmelswiss Institute, 1981.

Erdmann, Robert. Amino Revolution. New York: Simon, 1987.

Fackelmann, Kathleen. "BRCA1's Role in Cancer That's Not Inherited." Science News 8 Apr. 1995: 213.

---. "Breast Cancer Risk and DDT: No Verdict Yet." Science News 23 Apr. 1994: 261.

---. "Homing in On Inherited Breast Cancer Genes." Science News 24 Sept. 1994: 197.

---. "Traitorous Lymphocytes: Drug Assaults Diseases from Leukemia to MS." Science News 11 Jun. 1994: 378-79.

---. "A Versatile Virus: Epstein-Barr Virus Displays a Few New Malignant Tricks." Science News 18 Feb. 1995: 104-5.

Fink, John M. Third Opinion: An International Directory to Alternative Therapy Centers for the Treatment and Prevention of Cancer and Other Degenerative Diseases. 2nd ed. Garden City Park, New York: Avery, 1992.

Fischer, William L. How to Fight Cancer & Win: Scientific Guidelines and Documented Facts for the Successful Treatment and Prevention of Cancer and Other Related Health Problems. Canfield, OH: Fischer, 1987.

Fletcher, John, Jean Mather, Malcolm J. Lewis, and George Whiting. "Mouth Lesions in Iron-Deficient Anemia: Relationship to *Candida albicans* in Saliva and to Impairment of Lymphocyte Transformation." Journal of Infectious Diseases 131.1 (1975): 44-50.

Fugh-Berman, Adriane. America's Diet: Are We Losing the War Against Cancer? HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations. Hearing. 103rd Cong., 1st sess. Washington: GPO, 1993, 57.

Gaby, Alan R. Magnesium: How an Important Mineral Helps Prevent Heart Attacks and Relieve Stress. New Canaan, CT: Keats, 1994.

Galland, Leo. "Normocalcemic Tetany and Candidiasis." Magnesium 4 (1985): 339-44.

---. "Nutrition and Candida Albicans." 1986/A Year in Nutritional Medicine. Monograph. New Canaan, CT: Keats, 1986.

---. "Nutrition and Candidiasis." Journal of Orthomolecular Psychiatry 14.1 (1985). 50-60.

---, and Steven Barrie. "Intestinal Dysbiosis and the Cause of Disease." Journal of Advancement in Medicine 6.2 (1993): 67-81.

Garrison, Robert H., Jr., and Elizabeth Somer. The Nutrition Desk Reference. 2nd ed. New Canaan, CT: Keats, 1990.

Glassman, Judith. The Cancer Survivors: And How They Did It. New York: Dial, 1983.

Gold, David. "The Stem Cell: This Master Cell Creates the Key Components of the Human Blood Cell and Immune Systems. Isolating and Manipulating the Stem Cell Will Lead to New Treatments for Cancer, Immune Defects and Other Disorders." Scientific American Dec. 1991: 86-93.

Gonzalez, Nicholas. "Advances in Nutritional Treatment of Cancer." The Coming of Age of Nutritional Medicine. 22nd Annual International Conference. Orthomolecular Medical Convention. Audiocassette. Toronto. 30 April, 1-2 May, 1993.

Gorman, Christine. "Are Your Teeth Toxic?" Time 11 Dec. 1995: 71.

Hartwell, Jonathan L. Plants Against Cancer: A Survey. Vol. 2. Lawrence, MA: Quarterman, 1982.

Hawkins, David, and Linus Pauling, eds. Orthomolecular Psychiatry--Treatment of Schizophrenia. San Francisco: Freeman, 1973.

Healy, Bernadine. Breast Cancer: Winning the Battles, Losing the War. HR Select Committee on Aging and the Subcommittee on Health and Long-Term Care. Joint Hearing. Pub. No. 102-894. 102nd Cong., 2nd sess. Washington: GPO, 1992. 61.

Hoffer, Abram, and Morton Walker. Ortho-molecular Nutrition: New Lifestyle for Super Good Health. New Canaan, CT: Keats, 1978.

---, and H. Osmond. Megavitamin Therapy: In Reply to the American Psychiatric Association Task Force Report on Megavitamin and Orthomolecular Therapy in Psychiatry. Regina: Canadian Schizophrenia Foundation, 1976.

Holy Bible: Containing the Old and New Testaments. Self-Pronouncing ed. Cleveland: World Publishing, n.d.

Hsu, Hong-Yen. Treating Cancer with Chinese Herbs. Long Beach: Ohai Press, 1990.

Jensen, Bernard. Tissue Cleansing Through Bowel Management. Escondido, CA: Bernard Jensen Enterprises, 1981.

Kaiser, J. "Breast Cancer: Hope for a Genetic Test." Science News 25 Feb. 1995: 119.

Kellersmann, Christian. "A Biological Approach to Cancer Treatment." Cancer and Consciousness. Interview. Boston: Sigo, 1990. 33-49.

Kleiner, Israel S., and James M. Orten. Biochemistry. St. Louis: Mosby, 1962.

Kohlmeier, L., J. Rehm, and H. Hoffmeister. "Lifestyles and Trends in Worldwide Breast Cancer Rates." Journal of the Annals of the New York Academy of Sciences 609 (1990): 259-67.

Kuby, Janis. "Cancer and the Immune System." Immunology. New York: Freeman, 1992. 505.

Kushi, Michio, and Alex Jack. The Cancer Prevention Diet: Michio Kushi's Nutritional Blueprint for the Prevention and Relief of Disease. New York: St. Martin's, 1993.

Lerner, Michael. Choices in Healing: Integrating the Best of Conventional and Complementary Approaches to Cancer. Cambridge: MIT Press, 1994.

Levy, Stuart B. The Antibiotic Paradox: How Miracle Drugs Are Destroying the Miracle. New York: Plenum, 1992.

Livingston, Virginia Wuerthele-Caspe. Cancer: A New Breakthrough. Los Angeles: Nash, 1972.

Love, Susan. Breast Cancer Research and Treatment: Progress and Failure in the 20-Year War on Breast Cancer. HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations. Hearing. 102nd Cong., 1st sess. Washington: GPO, 1991. 58.

Lynes, Barry. The Healing of Cancer: The Cures, the Cover-ups and the Solution Now! Queensville, ON: Marcus Books, 1990.

Mailer, Norman. The Executioner's Song. New York: Warner, 1980.

Mauser, Renee. Personal interview. 7 Sept. 1994.

---. Telephone interview. 2 Feb. 1996.

McAllister, Robert M., Sylvia Teich Horowitz, and Raymond V. Gilden. Cancer: What Cutting-Edge Science Can Tell You and Your Doctor About the Causes of Cancer and the Impact on Diagnosis and Treatment. New York: Basic Books, 1993.

McLaren, Donald, and Beatrice Zekian. "Failure of Enzymic Cleavage of B-Carotene: The Cause of Vitamin A Deficiency in a Child." American Journal of the Diseases of Children. 121 (1971): 278-80.

Montes, Leopoldo, Constance S. Pittman, William Moore, Clayton Taylor, and Max Cooper. "Chronic Mucocutaneous Candidiasis: Influence of Thyroid Status." Journal of the American Medical Association 221.2 (1972): 156-59.

---, Carlos Krumdieck, and Phillip E. Cornwell. "Hypervitaminosis A in Patients with Mucocutaneous Candidiasis." Journal of Infectious Diseases 128.2 (1973): 227-30.

Moss, Ralph W. Cancer Therapy: The Independent Consumer's Guide To Non-Toxic Treatment & Prevention. New York: Equinox, 1992.

---. Questioning Chemotherapy. Brooklyn: Equinox, 1995.

Mowrey, Daniel B. Echinacea: How an Amazing Herb Supports and Stimulates Your Immune System. New Canaan, CT: Keats, 1995.

Murray, Frank. The Big Family Guide to All the Minerals. New Canaan, CT: Keats, 1995.

Nash, J. Madeleine. "Cornering a Killer." Time 26 Sept. 1994: 70.

New Medical Foundation. Dissent in Medicine: Nine Doctors Speak Out. Chicago: Contemporary Books, 1985.

Northrup, Christiane. "Mindful Medicine." Interview. Vegetarian Times July 1995. 54-59.

Oaker, Mary Rose. Breast Cancer: Winning the Battles, Losing the War. HR Select Committee on Aging and Subcommittee on Health and Long-Term Care. Joint Hearing, Pub. No. 102-894. Washington: GPO, 1992. 1-2.

Pelton, Ross, and Lee Overholser. Alternatives in Cancer Therapy: The Complete Guide to Non-Traditional Treatments. New York: Simon, 1994.

Pennisi, E. "Food Allergies Linked to Ear Infections." Science News 8 Oct. 1994: 231.

Pfeiffer, Carl. Mental and Elemental Nutrients: A Physician's Guide to Nutrition and Health Care. New Canaan, CT: Keats, 1975.

Pharmaceutical Research and Manufacturers of America. What You Need to Know About Breast Cancer. Washington: GPO, 1995.

---. "Research Offers Hope for the Future," in Health Guide: What You Need to Know About Breast Cancer. 2nd in a series. Washington: GPO, 1995.

Philpott, William, and Dwight K. Kalita. Brain Allergies: The Psychonutrient Connection. New Canaan, CT: Keats, 1987. 231-35.

Prasad, Kedar. Vitamins Against Cancer: Fact and Fiction. Rochester, VT: Healing Arts Press, 1989.

Quillin, Patrick, and Noreen Quillin. Beating Cancer With Nutrition: Clinically Proven and Easy-To-Follow Strategies to Dramatically Improve Your Quality and Quantity of Life and Increase Chances for a Complete Remission. Tulsa: Nutrition Times, 1994.

Raloff, Janet. "EcoCancers: Do Environmental Factors Underlie a Breast Cancer Epidemic?" Science News 3 July 1993: 10-13.

---. "Menstrual Cycles May Affect Cancer Risk." Science News 7 Jan. 1995: 7.

---. "Tamoxifen Puts Cancer on Starvation Diet." Science News 5 Nov. 1994: 292.

---. "This Fat May Aid Spread of Breast Cancer." Science News 24 & 31 Dec. 1994: 421.

Ralston, S., I. T. Boyle, R. A. Crowan, G. P. Crean, A. Jenkins, and W. S. Thomson. "PTH and Vitamin D Responses During Treatment of Hypomagnesaemic Hypoparathyroidism." Acta Endocrinologica 103.4 (1983): 535-38.

Rippon, John Willard. Medical Mycology: The Pathogenic Fungi and the Pathogenic Actinomycetes. 3rd ed. Philadelphia: Saunders, 1988.

Rodriguez, and Michael Gonzalez. "Cancer, Immunology and Aging: The Nutritional Influence of Vitamin C." Journal of Orthomolecular Medicine 7.4 (1992): 203-5.

Rogers, Sherry A. The Cure Is In the Kitchen: The Strict Healing Phase for the Macrobiotic Diet. Syracuse: Prestige, 1991.

---. The EI Syndrome: An Rx for Environmental Illness. Syracuse: Prestige, 1986.

---. Tired or Toxic? Syracuse: Prestige, 1990.

---. Wellness Against All Odds. Syracuse: Prestige, 1994.

---. You Are What You Ate: An Rx for the Resistant Diseases of the 21st Century. Syracuse: Prestige, 1988.

---, and Shirley Gallinger. Macro Mellow: Recipes for Macrobiotic Cooking. Syracuse: Prestige, 1992.

Rosenbaum, Ernest H., Malin Dollinger, Lawrence Margolis, and Isadora Rosenbaum. "Maintaining Good Nutrition." Everyone's Guide to Cancer Therapy: How Cancer Is Diagnosed, Treated, and Managed Day to Day. Eds. Dollinger, Rosenbaum, and Cable. 2nd ed. Kansas City: Andrews and McMeel, 1994. 142-43.

Rosenberg, Harold. Nutrition and Stress: Only Total Health Awareness Can Help Us Survive. New Canaan, CT: Keats, 1983.

Seachrist, Lisa. "What Risk Hormones? Conflicting Studies Reveal Problems in Pinning Down Breast Cancer Risks." Science News 5 Aug. 1995: 94-95.

Seelig, Mildred. Magnesium Deficiency in the Pathogenesis of Disease: Early Roots of Cardiovascular, Skeletal, and Renal Abnormalities. New York: Plenum Medical Books, 1980.

Schwartz, Ronald H. "T Cell Anergy." Scientific American Aug. 1993: 62-71.

Shakespeare, William. All's Well That Ends Well, II, iii, 379.

Siegal, Bernie. Love, Miracles & Medicine: Lessons Learned About Self-Healing from a Surgeon's Experience with Exceptional Patients. New York: Harper, 1986.

Simone, Charles B. Cancer & Nutrition: A Ten Point Plan to Reduce Your Risk of Getting Cancer. New York: Avery, 1992.

Thomas, Lewis. The Fragile Species. New York: Macmillan, 1992.

Towns, Edolphus. America's Diet: Are We Losing the War Against Cancer? HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations. Hearing. 103rd Cong., 1st sess. Washington: GPO, 1993. 2.

Trowbridge, John Parks, and Morton Walker. The Yeast Syndrome. New York: Bantam, 1988.

Truss, Orian. "Metabolic Abnormalities in Patients with Chronic Candidiasis--The Acetaldehyde Hypothesis." Journal of Orthomolecular Psychiatry 13.2 (1984): 66-93.

---. "Restoration of Immunologic Competence to Candida Albicans." Journal of Orthomolecular Psychiatry 9 (1979): 287-301.

---. "The Role of Candida Albicans in Human Illness." Journal of Orthomolecular Psychiatry 10.4 (1982): 228-38.

---. "Tissue Injury Induced by Candida Albicans--Mental and Neurologic Manifestations." Journal of Orthomolecular Psychiatry 7.1 (1978): 17-37.

United States. National Cancer Institute. What You Need to Know About Breast Cancer. Rev. ed. Washington: GPO, 1993.

---. House. Breast Cancer Research and Treatment: Progress and Failure in the 20-Year War on Breast Cancer. Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations. Hearing. 102nd Cong., 1st sess. Washington: GPO, 1991.

---.---. Breast Cancer: Winning the Battles, Losing the War. Select Committee on Aging and the Subcommittee on Health and Long-Term Care. Joint Hearing. Pub. No. 102-894. 102nd Cong., 2nd sess. Washington: GPO, 1992.

---.---. America's Diet: Are We Losing the War Against Cancer? Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations. Hearing. 103rd Cong., 1st sess. Washington: GPO, 1993.

---. Senate. Why Are We Losing the War on Breast Cancer? Subcommittee on Aging of the Committee on Labor and Hum. Res. Hearing. 102nd Cong., 1st sess. Washington: GPO, 1991.

Walters, Richard. Options: The Alternative Cancer Therapy Book. Garden City Park, New York: Avery, 1993.

Wead, Bill. Second Opinion: Lapacho and the Cancer Controversy. Vancouver: Rostrum Communications, 1985.

Weiss, Ted. Breast Cancer Research and Treatment: Progress and Failures in the 20-Year War on Breast Cancer. HR Hum. Res. and Intergovt. Rel. Subcommittee of the Committee on Govt. Operations. Hearing. 102nd Cong., 1st sess. Washington: GPO, 1991. 1.

Werbach, Melvyn. Healing with Food: 281 Nutritional Healing Plans for 50 Common Ailments. New York: Harper, 1993.

Wood, Alexander. "Biological Terrain as a Determinant in the Health-Disease Continuum." Fungal/Mycotoxin Etiology of Chronic and Degenerative Disease. Fungal/Mycotoxin Conference. Toronto. 30 Sept. 1994.

Wu, Corinna. "Yin and Yang: Western Science Makes Room for Chinese Herbal Medicine." Science News 9 Sept. 1995: 172.

Zand, Janet, Rachel Walton, and Bob Rountree. Smart Medicine for a Healthier Child: A Practical A-to-Z Reference to Natural and Conventional Treatments for Infants & Children. New York: Avery, 1994.

AFTERWORD

The materials portrayed in this book are the actual experiences of those persons named and places mentioned. Some names, however, have been changed upon request. The names "Lorna" and "Tony" are pseudonyms used to preserve privacy. Those women with breast cancer whose names have been changed are Carol, Sue Harris, and Jeanie Carpenter. To them I am greatly indebted, for their stories helped me develop the faith and strength to survive my own cancer. To the husbands and families who have or had a loved one with breast cancer and to those who have suffered the ravages of other cancers, I am also deeply indebted, for without their stories and their love and concern, this book would never have been written. Other persons appearing in this book whose identifies have been changed include Matt and Annie, Pattie, and Susan and Jamie. A word of appreciation is also expressed to *all* my doctors, for without their caring concern life might have become unbearable. Among those whose names have been changed to protect privacy are Drs. Gordon, Franklin, Morley, Lawler, Hanson, Sankra, Sampson, Schwedler, and Barrons. Most of all I wish to thank my husband for his constant faith in me and his belief that I would survive my struggle with breast cancer. To those who have helped with this book, I wish to thank Karla Block who gave useful criticism and response as the manuscript was written. To Dr. Barbara Lounsberry, Professor of English at the University of Northern Iowa, I owe much, for she encouraged me to undertake this project as part of my Master's study in English. Her good judgment has guiding the development of this non-fiction book from beginning to finish.

L.T.J.