

# Boring Statistics and Exciting Cases

## Chapter Twelve

Nothing that has been said so far in this book would be of any significance if there were not some statistics to show that the nutritional approach to the treatment of cancer offers the cancer patient a greater quality and quantity of life than does so-called “orthodox” treatment.

A speaker I recently heard said, “I am not going to bore you with statistics, I am going to do it another way.” Well, I am going to bore you with a few statistics, because I feel that they are necessary to prove a point.

Let me repeat something that I said in Chapter Two. Cancer can be divided into two groups. The first group is known as *primary* cancer. This is cancer that is confined to a single area with perhaps a few adjacent lymph nodes involved. The second group is known as *metastatic* cancer. This is *primary* cancer which has spread into other distant areas of the body.

I consider *metastatic* cancer to be almost a different disease than *primary* cancer. I compare the two as I would a flood. The river rises, but the levee protects the low-lying town. Some small low areas may be damaged, but the town, as a whole, survives nicely. Those small areas can be

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repaired. Suppose, however, that the levee begins to break. Water begins to come into the town. This not only causes more damage, but it also puts more strain on the rest of the levee. This may cause the entire levee to crumble, and now the whole town is destroyed. Thus, while the primary cause of both of the above situations was the flood, whether or not the levee held created two entirely different situations.

*Primary* cancer is similar to what happens when the levee holds. The damage is small and is restricted to a small area. With proper care, the body can repair it. *Metastatic* cancer is similar to what happens when the levee develops a major leak or breaks entirely. The cancer spreads into distant areas of the body. The damage to the body is infinitely greater, more serious and more difficult to repair. Success or failure in the treatment of *metastatic* cancer depends entirely on how big is the leak, how long it takes to repair, and whether the rest of the levee is strong enough to hold until the leak can be repaired. Thus, while both *primary* and *metastatic* cancer result from the same disease known as “cancer,” whether it (the levee) can hold that disease in a small area or whether that defense mechanism (the levee) breaks down and allows the disease to spread widely can create two entirely different situations.

It is for this reason that I separate *primary* cancer and *metastatic* cancer into two different groups.

Statistics are meaningless unless you know how those statistics were derived. In my studies, I went back through my records from 1974 through the end of 1991. All of the patients that I included were diagnosed by physicians other than me and their diagnoses were confirmed by pathology reports. I then compared my results to those of the American Cancer Society. In this section, I want to give

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the results of my study of patients who had *primary* cancer. I want to stress that in this section I looked at only those patients whose original diagnosis was *primary* cancer, with no metastases at the time. The results of the patients whose original diagnoses showed metastatic disease will be discussed later.

### **PRIMARY CANCER:**

#### **Patients excluded from this study:**

It has been my opinion for some years that it may take as long as six months of nutritional therapy for the defense mechanisms of the body to begin to respond. Thus, I excluded from my study all patients with *primary* cancer who died within the first six months of treatment. These were patients whose defense mechanisms had been badly damaged or completely destroyed by their disease, the treatment they had received or a combination of both. Almost all of those in this group who were excluded were patients who had rapidly growing tumors in spite of (or perhaps because of) all of the radiation and/or chemotherapy they had received. They had been told by their radiologist and/or oncologist that their treatments had failed and there was nothing more that could be done. Usually the white blood cells and the body's ability to manufacture white blood cells had been destroyed. The white blood cells are the body's first line of defense against infection and, as mentioned in Chapter Two, are ultimately responsible for destroying cancer cells. Some of the patients had developed severe heart damage, kidney damage, etc. from their treatment. There were, at most, five patients who had a sudden, complete breakdown of their defense mechanisms and within a matter of a few weeks developed large, inoperable tumors. In these cases, no form of treatment was going to be of any value to these

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patients. Too much damage had already been done to the body. It was possible in some of these patients to improve the quality of their lives, but not the quantity.

### **Patients included in this study:**

I have included in this study of *primary* cancer patients only those patients with whom I have a follow-up of at least two years and who were alive at that time. There were a number of patients left out of this study who were doing well when I last had contact with them, but that contact was for less than two years. I have also included in this study those patients who lived at least six months, but subsequently died.

There are 180 such patients in this study. Thirty different types of cancer are represented. While none of these are the ordinary skin cancers, 10 of them are the deadly malignant melanoma type of skin cancer. From 1974 through 1991, a total of 42 patients have died. Twenty-three of those patients (12.7%) died from causes related to their cancer.

Three of the patients developed metastases while on the program and died. One of them lived 2 years and died at the age of 73. One of them lived 4 years and died at the age of 76. The third one lived 9 years and died at the age of 56. Five other patients developed metastatic disease while on the program but are still alive.

Thirty-nine of the patients on the program did not develop metastases but did die. As mentioned above, 23 died from cancer. Twelve died from causes unrelated to their cancer. Some died from heart attacks and strokes. One died from choking on food; one from a ruptured appendix; and one died in the MGM hotel fire in Las Vegas. Seven died of "cause unknown." These I put in because I had been in contact with these people less than

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two months prior to their deaths. They were doing well at that time. I was unable to find out the exact cause of their deaths, but it is difficult for me to believe that these people died a cancer death in that short a period of time.

### **Results:**

What all of this means is that out of 180 patients, over a period of 18 years, 87.3% *did not die* from their disease. Even if I concede that the 7 patients who died of “cause unknown” did, indeed, die from cancer, I am still looking at 16.7% of patients who died from their cancer and 83.3% who did not. One hundred and thirty-eight of these patients are still alive. Fifty-eight of these patients (42%) have a follow-up of between two years and four years. Eighty of these patients (58%) have a follow-up of between five and eighteen years. It is important to realize that this is ongoing. By the end of 1992, some new patients would come into the two-year category, and those in the four-year category would move into the five-year category.

I now ask you to compare my results with the statistics of the American Cancer Society for *primary* cancer. The American Cancer Society tells us that in *primary* cancer, with early diagnosis and early treatment with surgery, and/or radiation and/or chemotherapy, eighty-five percent (85%) of the patients *will die* from their disease within five years.

‘Nuff said.

### **METASTATIC CANCER:**

Yes, you are going to get more statistics. All of the patients in the study that follows had metastatic cancer when I first saw them. It was not I who made the diagnosis of *metastatic* cancer. These diagnoses were made by other physicians and confirmed by pathology reports.

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### **Patients excluded from this study:**

As I stated previously, it is my opinion that it takes as long as six months for the defense mechanisms of the body to respond to nutritional therapy in *primary* cancer patients. In *metastatic* cancer it may take as long as one year. Thus, I have excluded from my study all *metastatic* cancer patients who died within the first year of treatment. The reason for this is the same as stated previously. Most of these patients had developed widespread metastases while on radiation and/or chemotherapy and had been told that nothing else could be done. The low white blood cell count and the inability to manufacture white blood cells was there. The heart damage, kidney damage, etc. was there. The total damage to the entire body was greater than in *primary* cancer, and the time needed to repair that damage was longer. Again, it was possible through nutritional therapy to increase the *quality* of life of some of these patients, but not the *quantity*.

### **Patients included in this study:**

I have included in this study of *metastatic* cancer only those patients with whom I have a follow-up of at least two years and who were alive at that time. Again, there were a number of patients left out of this study who were doing well when I last contacted them, but that last contact was for less than two years. I have included in this study all patients who lived at least one year but subsequently died.

There were 108 patients in the study representing 23 different types of cancer. No ordinary skin cancers were included, but 4 of the patients had malignant melanoma with metastases.

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### Results:

From the period 1974 through 1991 thirty-two of those patients (29.6%) died from their disease. Seven patients developed further metastases while on the program. Three of those seven died from their disease, 3 are still alive and 1 died of a cause unrelated to his disease. A total of 47 patients died. As stated above, 32 died from cancer. Six died of causes unrelated to their disease, and 9 died of cause unknown. Again, “cause unknown” is for the same reason that I used for my *primary* cancer study.

This means that out of 108 patients with *metastatic* cancer, over a period of 18 years, 76 of those patients (70.4%) did not die of their disease. Again, even if I concede that the 9 patients who died of “cause unknown” did, indeed, die from their cancer, I am looking at 37.9% who died from their disease and 62.1% who did not. Sixty-one of those patients are still alive. Thirty of those patients (49%) had a follow-up of between two and four years. Thirty-one of them (51%) had a follow-up of between five and eighteen years. Again, you must realize that this is an ongoing figure, just as I stated for my *primary* cancer patients.

The American Cancer Society tells us that in *metastatic* cancer, with early diagnosis and early treatment with surgery, and/or radiation and/or chemotherapy, only 0.1% (one out of one thousand) of those patients will survive 5 years.

If you consider only those patients who have survived five years or more, this means that my results were 287% better than those reported by the American Cancer Society for the treatment of *metastatic* cancer by “orthodox” methods alone.

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### CASE HISTORIES

Following are some case histories from my files. The full name is given where permission has been obtained; otherwise, the patient's initials are used.

#### **Case No. 1: Polly Todd**

This 59-year-old woman was seen by me for the first time on 1/10/75 with the history that she had her left breast removed one month previously because of carcinoma. Three positive nodes had been found. I will let the patient tell you the rest of her history in her own words:

“It was recommended by a prominent physician that I be a part of an experiment in a (then) new chemotherapy program. For a second opinion I went to another city where I had a personal contact with the head of a large hospital. There they told me that my odds of survival were slim, and that I should be treated with strong doses of chemotherapy and radiation. At this point, a friend told me about the Laetrile-nutritional program, which I chose.”

The lady was placed on a nutritional program at that time and she has remained on it ever since. She is now 79 years old, in good health, and she has had no recurrence of her disease.

In a recent letter the patient said, “None of the above people on the chemotherapy program lived beyond 1 ½ years. Friends who scoffed at our choice then have much more respect now because others choosing the conventional treatment are gone, while I survive!”

#### **Case No. 2: Sue Tarbutton**

This 50 year-old woman was seen by me for the first time on 10/26/83 with a history that one week before she had a lump removed from her right breast which was found to be malignant. She did not want to have a mastectomy and wanted to go on a nutritional program.



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She has now been on the program for ten years, has had no recurrence of her disease and is quite well.

### **Case No. 3: Elizabeth Winschel**

This 51-year-old woman was first seen by me on 10/11/76. Four months before she had been found to have carcinoma of the colon with malignant cells in the abdominal fluid. She had four chemotherapy treatments but discontinued them because they made her so ill. She was started on a nutritional program. Now, seventeen years later, she continues to do well with no recurrence at the primary site of her disease and no metastases.

### **Case No. 4: Wasley Krogdahl**

This 60-year-old man was first seen by me on 4/20/79. In November, 1977, he had been diagnosed with having carcinoma of the urinary bladder. The tumor was removed. In February, 1979, three more tumors were removed. He was started on a nutritional program. In April, 1981, and again in November, 1982, some small tumors were removed from his bladder.

He and his wife came to visit me just recently. He is now 75 years old. He has had no further recurrence of his disease. He looks well, says he is feeling well and his wife says, "He is just as hard-headed as ever."

### **Case No. 5: Beverly Batson**

This 70-year-old woman was seen by me for the first time on 9/19/88. She had one-half of her stomach removed one month prior because of carcinoma. She received no radiation or chemotherapy. She has been on her nutritional program for five years. Now at the age of 75, she remains well with no recurrence at the primary site or with any metastases.

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### Case No. 6: Jean Henshall

This 48-year-old woman, that I saw for the first time on 9/8/87, had a history of being diagnosed ten months previously with malignant myeloma (a cancer which affects the bone). Her disease affected the bones in the pelvic area. She had received some radiation to that area which relieved the pain. She was started on a nutritional program which pretty much followed the protocol outlined in Chapter Eleven. However, after she had been off of her Laetrile injections for a few months, she was aware that she did not feel as well as she did while on them. She went back on some injections for a few months, and she felt much better. The injections were again stopped, and she remained on the Laetrile pills. This time she noticed no difference. She has now been on the program for six years and is doing well. "I'm doing everything. Even housework is a joy to me because I *can* do it."

### Case No. 7: R.H.

This 43-year-old woman was seen by me for the first time on 10/26/79. Two months prior she had been found to have carcinoma of the ovary with metastases throughout the abdomen. She was, at that time, on chemotherapy. We discussed nutritional therapy—what it would do and what it would not do. I saw her next on 11/13/79. She had two chemotherapy treatments by this time, but she had decided to discontinue them and go on a nutritional program.

She stayed on the program until 1982, decided that she was "cured" at that time and went off of the program completely. I saw her on 6/19/84. At this time, she had a tumor running from her right pelvis up into the right upper quadrant of her abdomen. She went back on her nutritional program. I saw her again on 8/1/84. She was feeling very well. The edges of the tumor were much softer and much

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more difficult to define. When I saw her on 9/2/84, the edges of the tumor were even softer than before.

I did not see her again until 8/20/85. She had been off of her program for 7 or 8 months. Why? It's a long story, and because of "privileged information" I am not free to discuss it. The tumor had enlarged and was now causing abdominal pain and some swelling in the right leg. I put her back on her program, which included some Laetrile injections, and recommended that she have the tumor surgically removed. On 10/1/85, the patient called me to say that she had undergone surgery. She said that the surgeon had found 5 well walled-off tumors that were easily removed. The pathology report, she said, showed mostly "dead" cancer cells.

In 1988 the patient went off her nutritional program. In 1991 she developed a bowel obstruction from her cancer and now has a colostomy. She did go back on her program again and has remained on it. In the three years that have passed since that time, there has been no recurrence of her disease.

### **Case No. 8: Joan Dewiel**

This 45-year-old woman first was seen by me on 1/28/80 with a history of having been found to have carcinoma of the colon in September, 1979. Surgery was done, there were no metastases, and she received no radiation or chemotherapy. She was placed on a nutritional program. That was 14 years ago. She is now 59 years old and has had no recurrence of her disease.

### **Case No. 9: Rex Perry**

This 42-year-old man that I first saw on 6/27/79 with a history of having malignant lymphoma, which was originally diagnosed in August, 1978. He had 8 months of chemotherapy, which he tolerated very well. His doctors

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felt, however, that there was a significant amount of disease still present. They wanted to do several more months of chemotherapy and follow this with total body radiation. The patient did not want to do this because of his concern about what it would do to his immune system. He chose, instead, to use the nutritional approach.

It has now been almost 15 years since he started his nutritional therapy. The most satisfying part of such a case history is that this patient has had no further problem with his disease. He is well and very active.

### **Case No. 10: Pauline Wilcox**

This 58-year-old woman was seen by me for the first time on 6/14/85 with a history of having had her left breast removed because of carcinoma in 1983. She received no radiation or chemotherapy.

She was placed on a nutritional program at that time. Since she had already gone for two years without any problem, I used only the Laetrile tablets as that part of her nutritional program. She did well on that program until 1988, when she went off of her diet and was taking her vitamins, enzymes and Laetrile only now and then. In November, 1988, she developed a small lesion on her chest wall. This was removed and found to be a spread of her cancer. She went back on her nutritional program again, except this time I added a series of intravenous Laetrile injections. Since then she has had two other small lesions removed from her chest wall which contained some cancer cells. Most importantly, chest x-rays and bone scans done on both occasions were normal. She remains in good health today. As this patient said to me recently, "My doctor is amazed."

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### **Case No. 11: Connie Stork**

This 24-year-old woman first was seen by me on 2/26/75. Her history was that in 1970 she had been found to have a malignant tumor of the brain. The tumor was partially removed. This was followed by 25 radiation treatments. In October, 1974, another large mass of tumor was removed, but much of the tumor remained. She was told that she had all of the radiation she could have. She was started on a nutritional program.

Now, some 19 years later, Connie has had no recurrence of her tumor. She did have greatly impaired vision as the result of her tumors in 1970 and 1974, and this has progressed to blindness. However, she is still very much alive and is blessed with a healthy mind and healthy body.

### **Case No. 12: Irene Dirks**

This 59-year-old woman was seen for the first time on 8/19/80. Her history was that six weeks before I saw her she had been found to have a very low hemoglobin (anemia). She was given blood. Her workup showed that she had a gastric ulcer, but it was questionable whether she had any bleeding from that ulcer. I discussed with her at that time a nutritional program that included some changes in her diet, some vitamins and a small amount of Laetrile by mouth. These changes were obviously not sufficient, because in March, 1981, she began having occasional vaginal bleeding. Two months later this bleeding was found to come from endometrial carcinoma (cancer of the lining of the uterus). A hysterectomy was done, and she was put on the full nutritional program. Now, some 14 years later, she has had no recurrence of her disease and at the age of 73 is quite well and very active.

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### Case No. 13: Doris Dickson

This 50-year-old woman was first seen on 5/14/85 with a history of having had a node removed from the left side of her neck in 1979. From this a diagnosis of lymphatic leukemia was made. She had one chemotherapy treatment, but this made her so ill she discontinued it. She went on a nutritional program of her own, which she stayed on until six months prior to the time I first saw her. She stated that for the past two or three months she had not felt well and that a recent blood count showed a 21,000 white cell count. A white cell count done on the day I saw her was 24,000. (A normal count is about 5,000 to 10,500.)

Mrs. Dickson was started on my nutritional program. I did not feel in her case that the intravenous Laetrile was necessary, so I used just the Laetrile tablets as that part of her program. One month later Mrs. Dickson reported that she was feeling much better. Her white cell count was down to 17,300. Her white cell count continued to drop and by November, 1985, it was down to 9,700.

In June, 1991, Mrs. Dickson reported a gradual increase in fatigue. Her white-cell count was 13,700. I reviewed her nutritional program and found some slips here-and-there that needed to be corrected. By October of that year her cell count was down to 10,700. In a recent letter from her, Mrs. Dickson reports that she is doing well.

### Case No. 14: T.P.

This 59-year-old man that was seen for the first time on 7/18/80. His history was that one month prior to this a routine x-ray showed a mass in his right lung. A biopsy showed this to be carcinoma. Five radiation treatments were given followed by one chemotherapy treatment that made him so ill he discontinued that whole program. He was started on my nutritional program.

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An x-ray done in January, 1981, showed that the tumor in his right lung was completely gone. Let me quote from a letter I received from him on January 23, 1981:

“They were surprised here at [hospital name omitted] comparing the x-ray of last June and the one I just received.... Hope you understand what I am trying to say. I was really tickled when I learned the tumor was gone, and I thought of you right away. I know in my heart it was the Amygdalin and will never think differently.

“The doctor I had at the hospital in June said it was probably the 5 radiation treatments I had. They just don’t want to admit [it was the Amygdalin], I guess.”

My last contact with this patient was in April, 1993. At that time he was doing very well.

### **Case No. 15: Helyne Victor**

This 54-year-old woman was first seen on 6/7/74. In 1967 she had her right breast removed because of cancer. In 1970 she had her left breast removed, also because of cancer. She had received no radiation or chemotherapy after either surgery. While yearly check-ups had failed to find any spread of her disease, this woman just didn’t feel well and wanted to get on a good nutritional program.

Mrs. Victor tells her story best. This is from a letter she wrote to the Ohio State Medical Board on April 5, 1975:

“My health has not been good and it was approximately a year ago that I found myself going downhill as far as my health was concerned, not knowing what to do or to whom to go for help. My husband and I began to read and research various avenues for nutritional help or aid.

“I felt very strongly that my poor health may have been due partly to faulty nutrition. After reading materials on proper diets, etc., I heard of Dr. Binzel and had heard that

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he did treat patients with a nutritional program. So, I called him and made an appointment....

“Following a good diet, as he suggested, and taking multiple vitamins for the past year, I can honestly say that I feel like a different person. My health has improved 100%, and I’m feeling like my old self and extremely happy with the results....”

Mrs. Victor continues to do well. She is now 74 years old and in a recent letter she said of herself and her husband, “We enjoy life and travel a lot.”

#### **Case No. 16: M.S.**

This 62-year-old woman was first seen on 12/6/78. One month previously she had a mole removed from her back. This mole turned out to be a malignant melanoma. She had no radiation or chemotherapy.

She was placed on a nutritional program. She is now 77 years old, quite well and quite active. She has had small a skin cancer removed from her face, but this was not melanoma and was unrelated to her previous disease.

I bring this case to your attention because melanoma is a highly malignant disease which frequently metastasizes rapidly to the liver. This woman was one of 10 patients that I saw with primary malignant melanoma (it had not spread to any other area). To the best of my knowledge, none of those patients have developed metastatic disease.

#### **Case No. 17: B.D.**

This 62-year-old woman was seen by me for the first time on 5/22/84. In January, 1980, she had been found to have malignant lymphoma. She received chemotherapy from January, 1980, through November, 1980. In March, 1982, she developed a small nodule in the back portion of her left neck area and a few months later a larger nodule in the right mandibular angle (jaw). She placed herself on a



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pretty good nutritional program at that time and the nodules had not progressed at all in size.

I up-graded the nutritional program of this patient by adding Vitamin A and Laetrile to what she was already doing. She was followed closely by her family doctor for the next two years. He could not detect any enlargements of these nodules. I saw her again on 4/30/86. I felt that the nodule in the right mandibular angle was the same size as before but was firmer and more movable. I thought the nodule on the left side of the neck was the same size but much firmer than before. The next time I saw this patient was on 2/18/91. I could not find any nodules at all.

It has now been 10 years since she started on her nutritional program. In a recent letter she said, "I am doing well and leading an active life.... I continue to take all of the vitamins that you prescribed and I never miss a dose."

#### **Case No. 18: B.W.**

This 44-year-old woman was seen for the first time on 2/6/81. She had been found one month prior to have carcinoma of the descending colon with 7 positive lymph nodes. A colostomy was not required. She received no radiation or chemotherapy.

She was started on a nutritional program. Now, some 13 years later, she has had no recurrence of her disease and leads a normal, active life.

What is so unusual about this patient? She had cancer of the colon with metastases. The odds of her surviving 5 years were one in one-thousand. Yet, she lives a normal life with no recurrence of her disease after 13 years.

#### **Case No. 19: Alice Silverthorn**

This 46-year-old woman was seen by me for the first time on 1/5/76. Her left breast had been removed in 1971 because of carcinoma. This was followed by radiation and

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chemotherapy. She had just been told that her disease had now spread to the cervical vertebrae (neck), her left rib cage and the vertebrae in her lower back. Her doctors wanted to give her more chemotherapy, but she did not want it. She wanted to go on a nutritional program.

When she started her nutritional program, she was having much pain. Within a month, the pain began to subside. In April, 1976, she began having more pain in her rib cage and in her lower back. She was put back on her intravenous Laetrile three times weekly for two weeks. The pain again subsided. In August of that year she began to have some pain once more in her rib cage. She was given intravenous Laetrile twice weekly for three weeks. Again the pain subsided. It has now been 18 years since she first started on her program. She is 64 years old and doing very well.

Let me share with you part of a letter I recently received from Mrs. Silverthorn:

“I remember only too well the fear and desperation, yes, and downright helplessness, I felt when the doctors at (hospital name deleted) told me the cancer had metastasized to my bones. It was a sentence of ‘death.’ I was told I would need to start chemo-treatments immediately. There was even talk of taking the pituitary gland out at some later date. I had already had a radical left breast operation and was treated with mustard gas, cobalt and male hormones. I had enough of torture! ! !

“When a friend told me about your nutritional approach to treating diseases, I was ready to try it. Even though we both knew my chances of survival were slim, together, we were willing to take on the challenge of fighting for my life. Now, thank God, you can claim me as one of your survivors.

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“I hope you include in your book how we feel, and just how difficult it is for those of us who were supposed to die, when the medical profession and well-meaning, intelligent people make the suggestion that the only reason we are alive is because it was a mis-diagnosis or the disease has gone into a ‘spontaneous’ remission. Most people make us feel like psychiatric patients. It is difficult to explain miracles, yet, that is what happened.”

### **Case No. 20: Grace Laman**

This 59-year-old woman was seen for the first time on 10/5/76. She had been diagnosed as having carcinoma of the pancreas six months prior to this. The only thing that had been done surgically was to run a tube from her bile duct to the outside. She was on chemotherapy for two months but stopped it herself because it made her so ill. She was told at that time that she had only 6 months to live. She was placed on a nutritional program.

Let me quote part of a letter I received from her almost two years later (9/23/78):

“I was [recently] put through a new scanner which showed that my tumor had reduced to the size of a tennis ball. It had been the size of [the doctor’s] hand, so he said.”

Now, 18 years later, she is 77 years old. In the letter which accompanied her picture she said, “This is my activity picture of me *eating out*, which I do very well.”

Note: With surgery and/or radiation and/or chemotherapy the chances of surviving more than one year with cancer of the pancreas are about 1 in 10,000.

### **Case No. 21: E.D.**

This 57-year-old man was first seen on 4/28/92 (and for that reason is not included in my statistical study) with a history of a diagnosis of carcinoma of the left lung 10 months previously. Surgery had been done followed by

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one chemotherapy treatment. This made him so ill that he discontinued it. He was then given 25 radiation treatments ending in December, 1991. In March, 1992, x-rays showed extensive growth of the tumors in that lung. He was placed on a nutritional program.

X-rays done in July, 1993, showed no further growth of the tumors in the left lung. X-rays done in November, 1993, showed that the tumors had all become scar tissue. In the most recent letter I received from him he stated that he was feeling so well that "I have no right to complain, so I have to cuss a lot about taxes, politicians, etc."

These statistics and case histories have focused primarily upon the extension of the patient's life span. That's certainly important, but the *quality* of life is also important. We will deal with that issue next.

