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THE ROAD TO HEALTH . . .

Using "The Clark Method" Newsletter

by Bonnie O'Sullivan

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Number 42

Dear Friends,

The updated *Cure for HIV and AIDS* by Dr. Hulda R. Clark will be available soon. I expect answers to many of your questions will be in the updated book.

However, since publishing a letter from Dr. Clark (NL #40), that included the sentence, "If she doesn't want to do that (have her teeth extracted), I would not detain her further," we have had several people ask, "Why does Dr. Clark advise sick people to have all their teeth extracted — even if their teeth look perfect?" To answer that question, and in place of the section, "Dr. Clark Answers Your Questions," I give you the following report:

Death and Dentistry, Martin Fischer — 1940 ***Charles Thomas and Co., Springfield, Ill***

Overall Review and Assessment

By S.H. Shakman — Institute of Science 1999

This is a great and very important book — a must for every dentist, medical doctor, patient or potential patient.

Fischer eloquently reviews the work of Billings and his school, particularly Rosenow, and pronounces the "Billings-Rosenow Syndrome" as responsible for the great bulk of human disease.

Fischer emphatically substantiates the Billings position that more than 90% of human systemic disease is due to chronic infections in tonsils and/or teeth — usually symptomless and often very difficult to detect, but always there. (pp. 107-115)

Fischer carries the Billings-Rosenow work to its logical/scientific conclusion concerning the flawed nature of dentistry. His declaration as a respected physiologist, that the tooth is a bone, is unequivocal and well founded. His consequent albeit "extreme" position,

that all fillings are bad, is hence actually inescapable. Fischer clearly and simply declares that all root canals, all fillings, and virtually all the other invasive things dentist do are bad. Fischer concludes the whole of dentistry is truly an “abortion.”

Considerable emphasis is placed on the importance of residual jawbone infections, and the need to excavate not only areas around extracted teeth, down to good bone, but also to remove residual alveolar ridges down to a smooth surface. (pp. 136-137 and in case studies.)

Perhaps the most important and somewhat original contribution of Fischer is his indictment of virtually all teeth, and remaining ridges, in the elderly population of the modern world. In essence, according to Fischer, after decades of bacterial attack through worn-down teeth or at the gumline, teeth become insidiously-chronically infected. Fischer describes the tell tale signs of these generally symptomless infections, and declares the situation virtually universal after the age of 50 or 60. (p. 85-87)

It seems kind of ridiculous that these people, perhaps even younger ones, would be urged by Fischer to have some or all of their teeth pulled, even some without previously-dentistried teeth or otherwise-obvious caries. That’s the bad news.

But the good news is that under such circumstances these people are going to be well situated to evade the ravages of the wide range of human diseases that come from these quietly-pathogenic oral nests, they’ll be a lot healthier and living very much longer. Indeed, with elimination of all Billings Rosenow-Syndrome streptococcal disease(s), the 150+ year life-span is truly within our grasp. So the long process of growing new teeth, through cloning processes yet to be developed, will not be nearly so intrusive as upon our currently absurdly-short lifespans.

This does not mean that we must abandon dreams of cleaning, protecting, healing and regenerating compromised tooth-bone in-vivo. Rather, it is recognition that this admirable goal remains a dream at our present stage of knowledge in 1999, calling for attention to the question as to whether future experimentation along these lines is best conducted on human or animal subjects.

Fischer is a terrific writer, very witty, very enjoyable. The book, *Death and Dentistry* should be available through most medical libraries; insofar as it is no longer in print, the American Academy of Biological Dentistry is making available working copies for educational purposes. [American Academy of Biological Dentistry: (831) 659-5385]

The “Hunt” for Oral Infection

Fischer provides extensive descriptions and details on how to go about poking in the various nooks and crannies in the mouth for typical “focal infections.” He notes that x-ray examination does not reveal early changes in soft tissues, or spread of infection, nor does it necessarily reveal changes in shade due to calcium variations. The plusses of x-rays are then discussed, but with the qualification that the physical exam is more important.

Following are notes on some of these details; again, the reader is urged to consult the actual Fischer work to obtain a more complete picture.

Signs of Infection in Teeth Never Dentistried (pp. 85)

The following signs in teeth that have never been dentistryed are to be critically viewed:

- Polishing off of biting and grinding surfaces to the extent that they expose their dentine and render more vulnerable the pulps.
- Junctional line between tooth and gum showing wear and/or erosion as a result of 3-4 decades of bacterial attack.
- Loss of translucency of tooth crowns, and assumption of whiter, more china-like look.
- Slight recessions of gum with exposure of root substance.
- Firmer fixation of tooth in socket.
- X-ray evidence of possible pulp stones and/or increased calcium deposition in surrounding jawbone.

It is noted that on extraction such a tooth exhibits “a narrowed pulp chamber, with the pulp itself no longer pink and moist but gray and dry with sandy granules sticking in it. (The blood has gone out of it, avascular connective tissue has taken its place and calcium deposit has occurred.)”

Things to Look for in Teeth, Signs of Infection (pp. 112)

- Gum recession.
- Discoloration about neck or biting edge.
- Erosion.
- Loss of transparency.

The importance of the above mounts with:

- Teeth that are unduly fast.
- Teeth that are unduly loose.
- Laterally placed fillings, especially if beneath the gum line.
- Encroachment of dentine upon pulp chamber.
- Pulp stones.

Fischer emphasizes that “we have never failed to recover partial tension microorganisms from structures so affected.”

Physical Examination of Teeth (pp. 110-111)

Discoloration is equated with deprivation of blood supply and death; loss of transparency is equated with increased, abnormal calcium deposition. Areas of caries, fillings, crowns or pegged teeth that smell foully “are self labeled;” areas that are hyper or hypo sensitive are all infected; as are red, swollen or bleeding gums, structures sensitive to finger ball pressure, pus or scummy white line about the tooth neck.

Tonsils: Beware of Shrunken, Rind-Like, “Normally Atrophic” (pp. 111)

Fischer urges awareness of tonsils that are “shrunken and made rind-like” and often thought of as “normally atrophic.”

Tonsils: Beware of Small, Firm, With Green Pus on Pressure (pp. 113)

Watch for tonsils that are smaller and firmer than normal, from which a greenish pus is expressible on pressure.

Why Oral Operations May Worsen Condition (pp. 51)

Fischer cautions “Proper terminus for the patient is, however, difficult of attainment. Grossest error lies in the nonrecognition of obviously infected tonsils, teeth and their surrounding tissues. Whereafter not merely incompetent but inadequate surgical attack makes for cropper. . . . A tonsil shaved of the peritonsillar infected lymph channels and inflamed scar tissues not removed, a tooth extracted but its adjacent and similarly affected alveolar bone left standing, too frequently excite constitutional reactions compared with which the signs and symptoms that made the victim a patient were trifling.”

Sure Signs of Infection (pp. 121)

Every area of gum that is still reddened, and every area that is sensitive to finger ball pressure, indicates an area of infection underneath.

“Saving” Infected Jaw Bone is Debit In Book of Life (pp.137)

“Every attempt to “save” (infected jaw-) bone . . . enters debits upon the book of life” Fischer emphasizes that he had not seen a single patient die of a focal origin disease who, despite having had all teeth removed (and proper tonsillectomy), did not have residual infection in the jaws. Capitol

This is Bonnie again:

Another question many people ask is “Why are root canals dangerous?” In answer to that question we present, on page 5 — courtesy the American Academy of Biological Dentistry — an interview featuring George Meinig, D. D. S., one of the founders of the American Association of Endodontists (root canal specialists).

Note: On page 10 is a list of Web Sites. These Web Sites are valuable resources for anyone interested in researching health/dental problems. For weekly updates be sure to visit www.y2khealthanddetox.com. The latest update was about a meeting held on November 5, 2001 in Los Angeles for Congresswoman Diane Watson (D-Los Angeles) and her bill to end the use of the dangerous toxin Mercury in dental fillings. The update included this comment: “While the American Dental Association still supports using Mercury fillings (and in fact receives a fee from Mercury amalgam manufacturers for endorsing their product), there is increasing opposition to the continued use of Mercury among dentists and other dental professionals. For example, smaller groups such as the Carmel-based American Academy of Biological Dentistry and the Orlando-based International Academy of Oral Medicine & Toxicology support an end to Mercury amalgam.”

Effective Non-Drug Non-Surgical Solutions for Chronic Illnesses

ROOT CANALS POSE HEALTH THREAT

AN INTERVIEW WITH
GEORGE MEINIG, D.D.S.

By Dr. Joseph Mercola

Dr. Meinig brings a most curious perspective to an expose of latent dangers of root canal therapy — fifty years ago he was one of the founders of the American Association of Endodontists (root canal specialists)! So he's filled his share of root canals. And when he wasn't filling canals himself, he was teaching the technique to dentists across the country at weekend seminars and clinics. About two years ago, having recently retired, he decided to read all 1174 pages of the detailed research of Dr. Weston Price, (D.D.S). Dr. Meinig was startled and shocked. Here was valid documentation of systemic illnesses resulting from latent infections lingering in filled roots. He has since written a book, "Root Canal Cover-Up EXPOSED — Many Illnesses Result," and is devoting himself to radio, TV, and personal appearances before groups in an attempt to blow the whistle and alert the public.

JM Please explain what the problem is with root canal therapy.

GM First, let me note that my book is based on Dr. Weston Price's twenty-five years of careful, impeccable research. He led a 60-man team of researchers whose findings — suppressed until now — rank right up there with the greatest medical discoveries of all time. This is not the usual medical story of a prolonged search for the difficult-to-find causative agent of some devastating disease. Rather, it's the story of how a "cast of millions" (of bacteria) becomes entrenched inside the structure of teeth and end up causing the largest number of diseases ever traced to a single source.

JM What diseases? Can you give us some examples?

GM Yes, a high percentage of chronic degenerative diseases can originate from root filled teeth. The most frequent were heart and circulatory diseases and he found 16 different causative agents for these. The next most common diseases were those of the joints, arthritis and rheumatism. In third place — but almost tied for second — were diseases of the brain and nervous system. After that, any disease you can name might (and in some cases has) come from root filled teeth.

Let me tell you about the research itself. Dr. Price undertook his investigations in 1900. He continued until 1925, and published his work in two volumes in 1923. In 1915 the National Dental Association (which changed its name a few years later to The American Dental Association) was so impressed with his work that they appointed Dr. Price their first Research Director. His Advisory Board read like a Who's Who in medicine and dentistry for that era. They represented the fields of bacteriology, pathology, rheumatology, surgery, chemistry, and cardiology.

At one point in his writings Dr. Price made this observation: "Dr. Frank Billings (M.D.), probably more than any other American internist, is due credit for the early recognition of the importance of streptococcal focal infections in systemic involvements."

What's really unfortunate here is that very valuable information was covered up and totally buried some 70 years ago by a minority group of autocratic doctors who just didn't believe or couldn't grasp — the focal infection theory.

JM What is the "focal infection" theory?

GM This states that germs from a central focal infection — such as teeth, teeth roots, inflamed gum tissues, or maybe tonsils — metastasize to hearts, eyes, lungs, kidneys, or

other organs, glands and tissues, establishing new areas of the same infection. Hardly theory any more, this has been proven and demonstrated many times over. It's 100% accepted today. But it was revolutionary thinking during World War I days, and the early 1920's! Today, both patients and physicians have been "brain washed" to think that infections are less serious because we now have antibiotics. Well, yes and no. In the case of root-filled teeth, the no longer-living tooth lacks a blood supply to its interior. So circulating antibiotics don't faze the bacteria living there because they can't get at them.

JM You're assuming that ALL root-filled teeth harbor bacteria and/or other infective agents?

GM Yes. No matter what material or technique is used — and this is just as true today — the root filling shrinks minutely, perhaps microscopically. Further, and this is key, the bulk of solid appearing teeth, called the dentin, actually consists of miles of tiny tubules.

Microscopic organisms lurking in the maze of tubules simply migrate into the interior of the tooth and set up housekeeping. A filled root seems to be a favorite spot to start a new colony.

One of the things that makes this difficult to understand is that large, relatively harmless bacteria common to the mouth, change and adapt to new conditions. They shrink in size to fit the cramped quarters and even learn how to exist (and thrive!) on very little food. Those that need oxygen mutate and become able to get along without it. In the process of adaptation these formerly friendly "normal" organisms become pathogenic (capable of producing disease) and more virulent (stronger) and they produce much more potent toxins.

Today's bacteriologists are confirming the discoveries of the Price team of bacteriologists. Both isolated in root canals the same strains of streptococcus, staphylococcus and spirochetes.

JM Is everyone who has ever had a root canal filled made ill by it?

GM No. We believe now that every root canal filling does leak and bacteria do invade the structure. But the variable factor is the strength of the person's immune system. Some healthy people are able to control the germs that escape from their teeth into other areas of the body. We think this happens because their immune system lymphocytes (white blood cells) and other disease fighters aren't constantly compromised by other ailments. In other words, they are able to prevent those new colonies from taking hold in other tissues throughout the body. But over time, most people with root filled teeth do seem to develop some kinds of systemic symptoms they didn't have before.

JM It's really difficult to grasp that bacteria are imbedded deep in the structure of seemingly-hard, solid looking teeth.

GM I know. Physicians and dentists have that same problem, too. You really have to visualize the tooth structure — all of those microscopic tubules running through the dentin. In a healthy tooth, those tubules transport a fluid that carries nourishment to the inside. For perspective, if the tubules of a front single-root tooth, were stretched out on the ground they'd stretch for three miles!

A root filled tooth no longer has any fluid circulating through it, but the maze of tubules remains. The anaerobic bacteria that live there seem remarkably safe from antibiotics. The bacteria can migrate out into surrounding tissue where they can "hitch hike" to other

locations in the body via the bloodstream. The new location can be any organ or gland or tissue, and the new colony will be the next focus of infection in a body plagued by recurrent or chronic infections.

All of the “building up” done to try to enhance the patient’s ability to fight infections — to strengthen their immune system — is only a holding action. Many patients won’t be well until the source of infection — the root canal tooth — is removed.

JM I don’t doubt what you’re saying, but can you tell us more about how Dr. Price could be sure that arthritis or other systemic conditions and illnesses really originated in the teeth — or in a single tooth?

GM Yes. Many investigations start with the researcher just being curious about something — and then being scientifically careful enough to discover an answer, and then prove it’s so, many times over. Dr. Price’s first case is very well documented. He removed an infected tooth from a woman who suffered from severe arthritis. As soon as he finished with the patient, he implanted the tooth beneath the skin of a healthy rabbit. Within 48 hours the rabbit was crippled with arthritis!

Further, once the tooth was removed the patient’s arthritis improved dramatically. This clearly suggested that the presence of the infected tooth was a causative agent for both that patient’s and the rabbit’s — arthritis.

[Editor’s Note — Here’s the story of that first patient from Dr. Meinig’s book: “(Dr. Price) had a sense that, even when (root canal therapy) appeared successful, teeth containing root fillings remained infected. That thought kept prying on his mind, haunting him each time a patient consulted him for relief from some severe debilitating disease for which the medical profession could find no answer. Then one day while treating a woman who had been confined to a wheelchair for six years from severe arthritis, he recalled how bacterial cultures were taken from patients who were ill and then inoculated into animals in an effort to reproduce the disease and test the effectiveness of drugs on the disease.

With this thought in mind, although her (root filled) tooth looked fine, he advised this arthritic patient, to have it extracted. He told her he was going to find out what it was about this root filled tooth that was responsible for her suffering. “All dentists know that sometimes arthritis and other illnesses clear up if bad teeth are extracted. However, in this case, all of her teeth appeared in satisfactory condition and the one containing this root canal filling showed no evidence or symptoms of infection. Besides, it looked normal on x-ray pictures.

“Immediately after Dr. Price extracted the tooth he dismissed the patient and embedded her tooth under the skin of a rabbit. In two days the rabbit developed the same kind of crippling arthritis as the patient — and in ten days it died.

“ . . . The patient made a successful recovery after the tooth’s removal! She could then walk without a cane and could even do fine needlework again. That success led Dr. Price to advise other patients, afflicted with a wide variety of treatment defying illnesses, to have any root filled teeth out.”]

In the years that followed, he repeated this procedure many hundreds of times. He later implanted only a portion of the tooth to see if that produced the same results. It did. He then

dried the tooth, ground it into powder and injected a tiny bit into several rabbits. Same results, this time producing the same symptoms in multiple animals.

Dr. Price eventually grew cultures of the bacteria and injected them into the animals. Then he went a step further. He put the solution containing the bacteria through a filter small enough to catch the bacteria. So when he injected the resulting liquid it was free of any infecting bacteria. Did the test animals develop the illness? Yes. The only explanation was that the liquid had to contain toxins from the bacteria, and the toxins were also capable of causing disease.

Dr. Price became curious about which was the more potent infective agent, the bacteria or the toxin. He repeated that last experiment, injecting half the animals with the toxin-containing liquid and half of them with the bacteria from the filter. Both groups became ill, but the group injected with the toxins got sicker and died sooner than the bacteria injected animals.

JM That's amazing. Did the rabbits always develop the same disease the patient had?

GM Mostly, yes. If the patient had heart disease the rabbit got heart disease. If the patient had kidney disease the rabbit got kidney disease, and so on. Only occasionally did a rabbit develop a different disease — and then the pathology would be quite similar, in a different location.

JM If extraction proves necessary for anyone reading this, do you want to summarize what's special about the extraction technique?

GM Just pulling the tooth is not enough when removal proves necessary. Dr. Price found bacteria in the tissues and bone just adjacent to the tooth's root. So we now recommend slow-speed drilling with a burr, to remove one millimeter of the entire bony socket. The purpose is to remove the periodontal ligament (which is always infected with toxins produced by streptococcus bacteria living in the dentin tubules) and the first millimeter of bone that lines the socket (which is usually infected).

There's a whole protocol involved, including irrigating with sterile saline to assure removal of the contaminated bone chips, and treating the socket to stimulate and encourage infection-free healing. I describe the procedure in detail, step by step, in my book [pages 185 and 186].

JM Perhaps we should back up and talk about oral health — to PREVENT needing an extraction. Caries or inflamed gums seem much more common than root canals. Do they pose any threat?

GM Yes, they absolutely do. But let me point out that we can't talk about oral health apart from total health. The problem is that patients and dentists alike haven't come around to seeing that dental caries reflect systemic — meaning “whole body” — illness. Dentists have learned to restore teeth so expertly that both they and their patients have come to regard tooth decay as a trivial matter. It isn't.

Small cavities too often become big cavities. Big cavities too often lead to further destruction and the eventual need for root canal treatment.

JM Then talk to us about prevention.

GM The only scientific way to prevent tooth decay is through diet and nutrition. Dr. Ralph

Steinman did some outstanding, landmark research at Loma Linda University. He injected a glucose solution into mice — into their bodies, so the glucose didn't even touch their teeth. Then he observed the teeth for any changes. What he found was truly astonishing. The glucose reversed the normal flow of fluid in the dentin tubules, resulting in all of the test animals developing severe tooth decay! Dr. Steinman demonstrated dramatically what I said a minute ago: Dental caries reflect systemic illness.

Let's take a closer look to see how this might happen. Once a tooth gets infected and the cavity gets into the nerve and blood vessels, bacteria find their way into those tiny tubules of the dentin. Then no matter what we do by way of treatment, we're never going to completely eradicate the bacteria hiding in the miles of tubules. In time the bacteria can migrate through lateral canals into the surrounding bony socket that supports the tooth. Now the host not only has a cavity in a tooth, plus an underlying infection of supporting tissue to deal with, but the bacteria also exude potent systemic toxins. These toxins circulate throughout the body triggering activity by the immune system — and probably causing the host to feel less well. This host response can vary from just dragging around and feeling less energetic, to overt illness — of almost any kind. Certainly, such a person will be more vulnerable to whatever “bugs” are going around, because his/her body is already under constant challenge and the immune system continues to be “turned on” by either the infective agent or its toxins — or both.

JM What a fascinating concept. Can you tell us more about the protective nutrition you mentioned?

GM Yes. Dr. Price traveled all over the world doing his research on primitive peoples who still lived in their native ways. He found fourteen cultural pockets scattered all over the globe where the natives had no access to “civilization” — and ate no refined foods.

Dr. Price studied their diets carefully. He found they varied greatly, but the one thing they had in common was that they ate whole, unrefined foods. With absolutely no access to tooth brushes, floss, fluoridated water or toothpaste, the primitive peoples studied were almost 100% free of tooth decay. Further — and not unrelated — they were also almost 100% free of all the degenerative diseases we suffer — problems with the heart, lungs, kidneys, liver, joints, skin (allergies), and the whole gamut of illnesses that plague Mankind. No one food proved to be magic as a preventive food. I believe we can thrive best by eating a wide variety of whole foods.

JM Amazing. So by “diet and nutrition” for oral (and total) health you meant eating a pretty basic diet of whole foods?

GM Exactly. And no sugar or white flour. These are (and always have been) the first culprits. Tragically, when the primitives were introduced to sugar and white flour their superior level of health deteriorated rapidly. This has been demonstrated time and again. During the last sixty or more years we have added in increasing amounts, highly refined and fabricated cereals and boxed mixes of all kinds, soft drinks, refined vegetable oils and a whole host of other foodless “foods.” It is also during those same years that we as a nation have installed more and more root canal fillings — and degenerative diseases have become rampant. I believe — and Dr. Price certainly proved to my satisfaction — that these simultaneous

factors are NOT coincidences.

JM I certainly understand what you are saying. But I'm still a little shocked to talk with a dentist who doesn't stress oral hygiene.

GM Well, I'm not against oral hygiene. Of course, hygiene practices are preventive, and help minimize the destructive effect of our "civilized," refined diet. But the real issue is still diet. The natives Dr. Price tracked down and studied weren't free of cavities, inflamed gums, and degenerative diseases because they had better tooth brushes!

It's so easy to lose sight of the significance of what Dr. Price discovered. We tend to sweep it under the rug — we'd actually prefer to hear that if we would just brush better, longer, or more often, we too could be free of dental problems.

Certainly, part of the purpose of my book is to stimulate dental research into finding a way to sterilize dentin tubules. Only then can dentists really learn to save teeth for a lifetime. But the bottom line remains: A primitive diet of whole-unrefined foods is the only thing that has been found to actually prevent both tooth decay and degenerative diseases.

To order "Root Canal Cover-Up EXPOSED — Many Illnesses Result", by Dr. Meinig, send your check or money order (U.S. funds) for \$19.95 + \$2.00 shipping (\$2.50 to Canada, \$3.00 to other countries), California residents add \$1.45 for state sales tax. Send to Bion Publishing, 323 E. Matilija 110-151, Ojai, CA 93023.

Web Sites Concerning Mercury, Root Canals and Cavitations

www.maxillofacialcenter.com

www.y2khealthanddetox.com

www.instituteofscience.com

www.cavitat.com

www.healthcarealternatives.net

www.altcorp.com

www.drshankland.com

www.bayareahyperbarics.com

www.hugnet.com/cavitati.htm

www.road-to-health.com

Update on Sandy Petry, Bonnie's daughter:

Sandy moved in with us in May of this year because she thought she was dying. She has been unable to work for the past four years due to increasing fatigue, a cough, general pain throughout her body and swelling of the lymph glands in her upper body. In September she was diagnosed by her dentist as having osteomyelitis of the jawbone with Lyme disease bacteria, *Borrelia burgdorferi*, the main cause of infection. This has led to extensive dental surgery, including the extraction of all her molars, removal of one of her upper front teeth, and the scraping of her jawbone (curettage of the bone or cavitation surgery) in all four quadrants and at the site of her missing front tooth. She has been taking homeopathic remedies for Lyme disease and other bacterial infections, pain and edema.

Looking back, and from our research — which we wouldn't have known to do if it weren't for Dr. Clark — Sandy's physical problems probably began with her pediatrician prescribing tetracycline for her when she was very young, which damaged her teeth. Then, when she was nine, she was slammed under the chin while swimming in a pool by someone's head, which caused hairline fractures in many of her molars. Our dentist, in 1970, said that he thought the fractures were of no importance. Now, we think her history of grinding her teeth

at night was a sign of hidden trouble. Since puberty, she has had such pain from endometriosis that she had two endometriosis operations and for years has been addicted to prescription pain pills (she stopped taking them in March of this year because they no longer helped with the pain she had throughout her body). In 1983, at the age of 22, she had her wisdom teeth removed, and developed three “dry sockets.” In 1997 her pain was so severe with endometriosis that she agreed to have a complete hysterectomy. That was also the year that she discovered one of her molars had a root fracture and her dentist root canalled it, then it was lost due to continued pain. Over the next four years, she had 3 more extractions due to root fractures, but her dentist and several doctors that she went to for help in Washington and Calif. never connected her fatigue, cough, pain and swelling to her teeth.

Sandy has asked me to correct a statement in the last chapter of her story (NL #41), where I wrote that she was pain-free for three days after having had two more teeth extracted. She was not pain free. At first, she had a slight reduction in pain in her mouth and of pain and swelling in her lymph glands, but by day three the pain and swelling were back.

October 16, 2001:

At Sandy’s dental appointment on October 16th she had cavitation surgery at her upper right wisdom tooth site and was tested again by the dentist with his Computron device. She again tested positive for *Borrelia burgdorferi*. She had been taking his homeopathic shots for Lyme disease bacteria for three weeks and he told her to keep taking them as they are to be taken for five weeks (one shot every other day, three times, then one shot a week).

As luck would have it, in the dentist’s waiting room Sandy struck up a conversation with a young man. They exchanged Lyme disease stories and he asked her if she had heard about a product called Immune-Assist that contains the extract of six medicinal mushrooms that is being used to cure Lyme disease. He had information about it with him that he had brought for the dentist, so she got the name and phone number of the scientist who formulated it. (For more information about Immune-Assist please turn to page 19.)

After talking to the scientist and reading everything she could find on the Internet about the six mushroom extracts, Sandy ordered a month’s supply of Immune-Assist and began drinking a packet of it morning and night on October 23rd. Due to a request by an M.D. (explained later), on October 29th — after just one week of taking Immune-Assist — Sandy had a blood test for Lyme disease. The test came back (a copy is enclosed at the back of this newsletter) indicating that Sandy’s blood is consistent with infection by *B. burgdorferi* in the recent past, but is not consistent with acute infection at the present time.

We feel positive that the Immune-Assist is what helped her to get rid of the acute infection of the Lyme disease bacteria, *Borrelia burgdorferi*.

Since she’s been drinking Immune-Assist, Sandy is much more clearheaded, cheerful, and energetic. The mushrooms act like a miracle on her mood and thought processes. I’m amazed that she can be so positive and cheerful and able to prepare a delicious meal so easily and quickly after taking Immune-Assist for 3½ weeks, when before taking it she couldn’t.

Dale even began taking Immune-Assist after he noticed how much better Sandy is feeling and that I have much more energy, get to sleep quicker and have been calmer about

life's ups and downs since I've been taking it. For 40 years I've been taking vitamins (now, I take EPA fish oil capsules, Evening Primrose oil capsules, SAM-e, CoQ10, L. Salivarius, cayenne "Power Caps," bioflavonoids and all 13 vitamins) and I never want to be without them. However, the ones I would sacrifice my material possessions for are — the Water Oz minerals (calcium, magnesium, potassium, sulfur, zinc, copper, iodine, and selenium), Panteric Extra (pancreatic enzymes) and Immune-Assist — for the physical comfort they give me (the absence of leg cramps, indigestion, allergies, insomnia and anxiety).

Immune-Assist also helps to clear the skin. Sandy had a small bump on her face at the jaw line and I had a red mark on my leg — both were there for years — and they vanished in less than a week after taking Immune-Assist. The scientist told us that one of his customers had a wart on the top of his head fall off after being on Immune-Assist for three months!

Coincidentally, on October 16th, Sandy received a surprise call from a doctor's office with the news that that the doctor had agreed to see her. She had been referred to this doctor in June and had called his office several times to make an appointment, but had been put off each time with various excuses. Then, six weeks prior to this call, she was told that the doctor was not taking new patients. When she was told that, Sandy was reduced to tears because before the lady made that statement she had held a long conversation with her about osteomyelitis of the jawbone. She even said the doctor knew that with this condition the lymph glands of the upper body sometimes become swollen and painful, which led Sandy to believe that this doctor might be able to help her. The nurse ended the emotional conversation by saying she would talk to the doctor and try to get Sandy an appointment and would call her back within 24 hours. When six weeks went by without hearing from her we thought it would never happen, but when it did, Sandy gratefully accepted the appointment.

October 25, 2001:

The doctor's visit was extraordinary. He knew exactly what Sandy is going through. He explained that he has written several papers and often gives lectures to doctors about this dental problem that causes fatigue, various degenerative diseases, and swelling of the lymph glands, the latest at Stanford University the day before Sandy's appointment.

Sandy's complaints were fatigue, an extremely swollen and painful upper body (stomach, breasts, upper arms and neck), a persistent cough and pain in both the left and right upper quadrants of her mouth where she had four teeth extracted (three recently).

The doctor performed a nasal endoscopy and a physical examination. He diagnosed Sandy as having ischemic osteonecrosis and chronic sinusitis — probable odontogenic. (Odontogenic means, "arising in tissues that give origin to the teeth.")

The doctor ordered:

- A blood test for Lyme disease (results are enclosed at the back of this newsletter).
- A blood test to screen for coagulation risk factors. Result; Elevated Lipoprotein(a).
- A CT scan of her sinuses. Result; "developmentally hypoplastic frontal sinuses." (Hypoplastic: "incomplete or defective development of the enamel of the teeth; it may be hereditary or acquired.") [Note: Sandy's teeth came in visibly damaged by tetracycline.]

- A bone biopsy. Sandy’s dentist removed a piece of bone from her jaw when she had cavitation surgery on October 31st. The bone was sent to Head and Neck Diagnostics of America and the diagnosis was made on November 7, 2001. Diagnosis: Partially nonviable bone with marrow fibrosis and lymphocytic infiltration, consistent with chronic nonsuppurative osteomyelitis, alveolar bone. There is no evidence of malignancy. (Osteomyelitis is infection of bone marrow. Nonsuppurative means nonformation of pus.)

The doctor prescribed: Prolonged antibiotics (30 days) for osteomyelitis; 20 Hyperbaric Oxygen treatments to help her jawbone heal; a low-level anticoagulant because elevated lipoprotein(a) causes an inability to break up clots. Sandy’s cholesterol level is high, 312, and the doctor says high cholesterol causes thick blood. To reduce her cholesterol and lipoprotein levels, he told her to take one EPA fish oil capsule, 250 mg. of niacin, and eat 2 Tbs. oat bran — all 3 times a day. (She is also taking 2 Colon Pills daily and one coffee enema as the bran would otherwise make her miserable!) (Sandy has also started taking Power Caps — cayenne pepper — to reduce her cholesterol as that is what reduced mine.)

To Sandy’s question, “Why am I so swollen?” the doctor said her lymph system is full of bacteria and toxins coming from her jawbone and is doing an excellent job of keeping them from entering her bloodstream. If they do gain access to her blood, they will damage her vital organs and she could go into Septic shock (invasion of the blood by bacteria). Bacteria produce many toxic products, and some of those products cause blood pressure to plunge to such low levels that body organs don’t receive oxygen and nourishment. “Shock” refers to the profound blood pressure drop, and “septic” refers to bacteria as being the cause. The doctor gave Sandy the following information sheet . . .

A Note to Patients with Jawbone Osteonecrosis (NICO, “neeko”)

You have microscopic evidence of ischemic osteonecrosis (literally, “dead bone from poor blood flow”), a bone marrow disease with either dead bone or bone marrow that has been slowly strangulated or nutrient-starved. There are a number of local and systemic problems capable of producing this bone disease, but more than 4 of every 5 patients with osteonecrosis have a problem, usually inherited, of excessive production of blood clots in their blood vessels. These are not normally picked up with routine blood studies. Bone is particularly susceptible to this problem and develops greatly dilated blood vessels, increased, often painful, internal pressures, stagnation of blood, even infarctions (completely blocked vessels). This hypercoagulation problem might be suggested by a family history of stroke and heart attacks at an early age (less than 55 years), hip replacement or “arthritis” (especially at an early age), and deep vein thrombosis. Chronic fatigue syndrome and fibromyalgia are also associated with excess coagulation and are frequently found in patients with osteonecrosis, but the significance of this association is not yet known. The jaws have a special problem with this disease because, once damaged, the diseased bone is poorly able to withstand low-grade infections from tooth and gum bacteria. Also, when a dentist works on a tooth he or she uses strong chemicals (vasoconstrictors, e.g., epinephrine) designed to make local blood vessels smaller and thus keep the local anesthetic in place longer. For someone who already has a problem with poor blood flow through the jaws, this may be disastrous.

(Note: Sandy’s dentist uses an anesthetic that does not contain epinephrine.)

History

When jaw osteonecrosis, i.e. bone damaged by poor blood flow, is painful it is given the name of NICO (Neuralgia-Inducing Cavitational Osteonecrosis). For those patients without pain, the more generic term, maxillofacial osteonecrosis can be used, although some prefer the term “Silent NICO,” in keeping with the orthopedic surgeons’ use of “Silent Hip” for painless osteonecrosis of the hip. The name NICO was first used in 1989 in a research paper presented to the International Association for Dental Research. It incorporates the two most *unique* features of osteonecrosis, i.e. the often neuralgia-like nature of the associated pain and the hollow spaces created within the bone marrow. Older names for this disease include: Robert’s bone cavity, Ratner bone cyst, chronic osteitis, interference field, and trigger point bone cavity. The first report of such a lesion in the jaws dates back to the 1860s, when it was thought to be purely an infection and was often associated with severe toxicity.

Overview/problems of treatment

Regardless of the underlying cause, the bone develops either a fibrous marrow (fibers can live in nutrient starved areas), a greasy, dead fatty marrow (“wet rot”), a very dry, sometimes leathery marrow (“dry rot”), or a completely hollow marrow space (“cavitation”). Any bone can be affected, but the hips, knees and jaws are most often involved. Pain is often severe but about 1/3 of patients do not experience pain. The body has trouble healing itself from this disease, but about 1/3 of cases do indeed heal themselves without the aid of a physician. Surgery eliminates the problem in the other 3/4 of patients with jaw involvement.

Curettage of the bone lesion is the standard treatment

The abnormal intrabony tissues usually must be surgically removed via decortication and curettage, i.e. removing the outer hard layer of bone and scraping out fragments of diseased bone marrow. Once the bony walls of the defect feel hard and look normal again, the bony defect frequently heals and the intense facial pain subsides dramatically or disappears completely. However, many patients must have additional curettage procedures, usually smaller procedures than the first, in the same site before the treatment “takes” and the bone is able to properly heal itself. Almost 1/3 of jawbone patients will need surgery in one or more other parts of the jaws because the disease so frequently has “skip” lesions, i.e. multiple sites in the same or similar bones, with normal marrow between. In the hip, almost half of all patients will get the disease in the opposite hip over time; this phenomenon occurs in the jaws as well.

We leave you with the suggestion by G. V. Black, the Father of Modern Dentistry, to remove “every particle of softened bone” and expect that “generally, the case makes a good recovery.”

This is Bonnie again:

Today is Thanksgiving and Sandy’s lymph glands continue to be extremely swollen and painful — even the bottoms of her feet are swollen. However, her last dental surgery on November 19th relieved the pain in her mouth and she is hopeful that all the infection and dead bone is gone from her jawbones. (Since October 16th — due to pain — she has had repeated curettage surgeries in all four quadrants of her mouth and has had two more teeth

extracted.)

So, after thinking long and hard about Dr. Clark's letter saying if she didn't want to extract her teeth she wouldn't be able to help her, the information on this disease that the doctor gave her, the book report on *Death and Dentistry*, and the results of the CT scan of her sinuses, she has decided to have her remaining 10 teeth extracted. Then, she is sure the Immune-Assist and the 20 Hyperbaric Oxygen treatments will get her lymph glands back to normal. (The dentist upped the doctor's prescription for Hyperbaric Oxygen treatments and gave her a prescription for 20 days of two treatments a day for 90 minutes each, so she'll be spending most of the days between now and Christmas in the Hyperbaric tank!)

As I researched Hyperbaric Oxygen Therapy I was reminded of the time a few years ago when someone asked Dr. Clark what she wanted for Christmas and she answered, "A Hyperbaric Oxygen Chamber for my clinic." (Please turn the page for more on HBO.)

Love,



Bonnie

The Material in this letter is for educational purposes only and is not intended as a prescription for any illness.

Hyperbaric Oxygen Therapy

From the Web Site www.bayareahyperbarics.com:

Hyperbaric oxygen therapy, abbreviated HBO, is a medical treatment that uses pure oxygen to speed and enhance the body's natural ability to heal. High dose oxygen therapy is approved by the American Medical Association, FDA, and Medicare. Patients who may benefit from HBO suffer from various diseases or injuries associated with hypoxia (or a lack of oxygen on a cellular level). It is at this cellular tissue level where all life takes place. The treatments are both non-invasive and painless. A patient undergoing treatment spends a prescribed amount of time sitting or laying in one of our cylindrical, body-length chambers, where pure oxygen is administered and atmospheric pressure is increased and controlled under meticulous conditions. The dosage, which includes pressure, time and frequency of treatments, is suited to each patient's specific diagnosis.

Hyperbaric oxygen therapy is used for a variety of medical conditions — such as radiation burns, slow healing wounds, infections, and post-traumatic swelling. Hockey and basketball teams use hyperbaric medicine to bring players off the injury list faster. By increasing the amount of oxygen in the blood, and hence to the tissues, the treatment stimulates the production of collagen, a protein that helps heal wounds. Some football teams, such as the San Francisco 49ers and the Dallas Cowboys, have their own chambers.

How Does Hyperbaric Oxygen Therapy Heal Your Body?

By dissolving extra oxygen into your blood, hyperbaric therapy:

- Kills bacteria, fights infections.

- Breaks down complex toxins.
- Promotes collagen matrix and blood vessel formation.
- Promotes osteoclastic (bone cell) and other types of cellular activity and reproduction.
- Heals by supplying ischemic (oxygen poor) tissue with the necessary oxygen for healing.
- Promotes the growth of new tissue.
- Reduces pain due to swelling.

What Is Hyperbaric Oxygen Therapy Used For?

- Kills infections and bacteria that die when exposed to an oxygen rich environment.
- More quickly heals damage to your body — from car accidents, sports or other injuries.
- Reduces painful swelling that interferes with movement and other treatments.
- After surgery — it shortens the healing time, reduces swelling and bruising and gets you back on your feet faster.
- With compromised circulation such as peripheral vascular disease, it rebuilds blood vessels.

What is Hyperbaric Oxygen Therapy?

Hyperbaric oxygen therapy has been used for 35 years to cure certain medical problems. Instead of breathing room air which has 21% oxygen, you breathe 100% oxygen through a mask or hood. In order to get the increased oxygen into all the tissues of your body, you enter the hyperbaric chamber which is then filled with pressurized air.

Will My Insurance Pay For It?

This depends on the problem or diagnosis and the kind of insurance you have. Although hyperbaric oxygen therapy is approved by the FDA, AMA, MediCare and MediCal, insurance will pay for treatment on some diseases and not others. We are the preferred provider for several plans, but not all plans will pay for healing all types of problems. Call us and we will help answer your questions.

If I Have More Questions That Need Answering —

Call us at (650) 567-9110 and speak with anyone at our clinic. Our Director, Lisa St. John will be happy to answer your questions. In addition, we have a Medical Director and can refer you to doctors specifically trained and certified in hyperbaric medicine, who can also answer your questions. We will also discuss hyperbaric oxygen therapy with your doctor if requested.

Medicare

Medicare will pay for Hyperbaric Oxygen Therapy treatment for the following conditions:

Acute carbon monoxide intoxication

Decompression Illness

Gas Embolism

Gas Gangrene

Acute traumatic peripheral ischemia. Hyperbaric oxygen therapy is a valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures, when loss of function, limb or life is threatened.

Crush injuries and suturing of severed limbs. As in the previous conditions, HBO therapy would be an adjunctive treatment, when loss of function, limb or life is threatened.

Certain non-healing wounds

Acute peripheral arterial insufficiency

Preparation and preservation of compromised skin grafts

Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management.

Osteoradionecrosis as an adjunct to conventional treatment

Soft tissue radionecrosis (radiation induced traumatized tissue) as an adjunct to conventional treatment.

Cyanide poisoning

Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment.

Medical Conditions Treatable by Hyperbaric Oxygen Therapy

Emergency Conditions, including

- Air Embolism
- Blast Injury
- Burns
- Carbon Monoxide Intoxication
- Cerebral Edema
- Closed Head Injuries
- Crisis of Sickle Cell Anemia
- Decompression Illness
- Gas Gangrene
- Hydrogen Sulfide Poisoning
- Ileus
- Near Drowning
- Near Electrocution
- Near Hanging
- Severed Limbs
- Smoke Inhalation

Orthopedic Conditions, including

- Acute Narcotizing Fasciitis
- Aseptic Necrosis
- Bone Grafting
- Compartment Syndrome
- Crush Injuries
- Delayed Wound Healing
- Edema Under Cast
- Fracture (non-union)
- Osteomyelitis
- Severed Limbs and Digits
- Soft Tissue Swelling
- Stump Infections
- Tendon and Ligament Injuries

Specific Neurological Conditions, including:

- Cerebral Edema
- Charot Marie's Tooth Disease
- Cranial Nerve Syndrome
- Early Organic Brain Syndrome
- Multiple Sclerosis
- Peripheral Neuropathy
- Radiation Myelitis
- Spinal Cord Contusion
- Stroke
- Traumatic Brain Injury
- Vegetative Coma

Make Your Immune System Invincible!

We've got the best natural defense on earth — in a packet Immune-Assist

Developed by a scientist — 100% Natural — 100% Guaranteed — Immune-Assist was designed especially for patients fighting Cancer. This mixture of six medicinal mushroom extracts has also shown excellent results against Lyme disease, Hepatitis and AIDS. Patients found benefits despite having responded poorly to conventional medications or therapies. Doctors are also quite impressed by the absence of side effects.

This premier dietary supplement comes in the form of a powder, packaged in 3 gram dose packets. Dosage is 2 packets a day, dissolved in hot water. (Can be mixed in soups, etc.)

Immune-Assist has undergone Clinical Trials for the treatment of Cancer at the Zhejiang Medical University Hospital in Hangzhou, China (see page 20 for results). We are honored that our product has shown dramatic enough results that it was chosen for Clinical Trials. Not many supplements can make that claim.

Manufactured for us by one of the leading pharmaceutical companies, this mixture consists of a blend of 6 different Beta-Glucan concentrates from the following mushrooms:

- Agaricus blazei — 1,6-d-Beta-Glucan
- Cordyceps sinensis — 1,3(1,4)-d-Beta-Glucopyranisol
- Maitake (Grifola frondosa) — D Fraction
- Shiitake (Lentinus edodes) — LENTINAN and KS-2
- Coriolus versicolor — PSK and PSP
- Reishi (Ganoderma lucidium) — Triterpenoids and 1,3-8-(1,4)-d-Beta-Glucan

Immune-Assist contains nothing else — no preservatives, fillers, binders or extenders. It is all organically produced and has not been irradiated. We believe this is the finest Cancer Adjunct Therapy available today.

Immune-Assist has a staff that includes Mycologists, Microbiologists and Health Care Professionals from several fields. We are doing our best to provide the public with the medicines they need. We use only organically grown, non-irradiated, non-genetically engineered mushroom products, and we use no fillers, preservatives or additives in our products. We are attempting to set a new standard in the Health Supplement field — one of quality at a reasonable price. Sure, we could charge what the others are charging for similar products. And we could add preservatives and cut the active ingredients with non-essential additives. But is that what YOU want? We are offering an option for people with very serious diseases, such as cancer. We do not believe that sick people need to be putting any more preservatives in their already weakened bodies.

Scientific Studies and Research Papers

There are literally hundreds, if not thousands, of scientific studies and research papers regarding the medicinal value of the mushrooms.

These studies come from a wide variety of sources: hospitals, medical schools and universities, government and private research laboratories, pharmaceutical companies, and independent researchers from all across the globe. The implications of their research is as far reaching as the diversity of their own backgrounds, nationalities and experiences.

It is our hope that as the truth of the medicinal value of these mushrooms becomes more widely known that the countless numbers of lives now lost to fully treatable diseases such as cancer, aids, diabetes and other maladies will be reduced to the absolute barest minimum and that the quality of life of all may be enriched therefrom.

Note: Immune-Assist inhibits platelet aggregation, improves diabetic parameters, decreases cholesterol, decreases inflammation of the liver from viral and chemical aggravation and insult, boosts the immunity for resistance to infection, and combats neoplastic action within tissues. Safety: Rare/occasional diarrhea and dermatitis. Do not mix with anti-coagulation medications, and cholesterol-lowering drugs. Diabetic medicines should be monitored.

Editor's Note: Always have Immune-Assist on hand! Immune-Assist is \$300. Plus \$7.00 shipping. (It is in convenient dose-packets of 3 grams each. Usual dosage is one packet two times a day, morning and evening. It is easily dissolved in a cup of hot water and drunk as a tea. There are 60 packets to a box, which is a one-month's supply — maintenance and/or prevention dose is ½ packet per day.

Clinical Trial Of A Mixture of Six Medicinal Mushroom Extracts

[Editor's note: The results from this clinical trial are very positive. This test was conducted at one of the leading Cancer Research Institutes in China on 5 different types of cancer. We are presently conducting a much broader and more in-depth trial at the same Institute.]

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ABSTRACT:

This paper reports the results of a clinical trial conducted between August 2000 and April

2001 at the People's Hospital of Lishui City, Zhejiang Province, Peoples Republic of China, showing the clinical manifestations of a mixture of six Medicinal Mushroom extracts as an adjunct therapy to improve the immune function of cancer patients undergoing other therapies. Methods: the Zhejiang Qingyuan Fungi Medicinal & Health Products Co., Ltd produced the experimental mixture used in this clinical trial. This mixture is marketed in the United States of America under the trade name Immune-Assist. This mixture includes Alpha and Beta-Glucans and other polysaccharides, extracted from the following well-known medicinal mushrooms:

- *Agaricus blazei* (polysaccharide >40%)
- *Lentinus edodes* (polysaccharide >25%)
- *Grifola frondosa* (polysaccharide >28%)
- *Ganoderma lucidium* (polysaccharide >20%)
- *Coriolus versicolor* (polysaccharide >30%)
- *Cordyceps sinensis* mycelium (polysaccharide >30%)

These six extracts were mixed together into tablet form and co-administered along with chemotherapy or radiation therapy to the patients undergoing treatment as a daily regimen. This trial was conducted among 56 cancer patients, 30 chosen to receive the Medicinal Mushroom extract mix and another 26 comparable patients receiving the accepted pharmaceutical drug Polyactin-A as a control group. All patients were in the middle-late stages (Stage 3 and 4) of cancer. Polyactin-A is made by Taixing Medicine Company, Ltd. in Chengdu, PRC and the batch number is 20000327. Results: There are apparent differences between the experimental group and the control group. The experimental group had improvements in the curative and Quality of Life measurements as compared to the control group of cancer patients. Discussion: The tablets of mixed polysaccharides, made up of the six species of Medicinal Mushrooms named, can become a new health product to improve immunity with high effectiveness and non-toxicity. Further trials are recommended.

Key words: Medicinal Mushroom extract, Beta-Glucan, polysaccharide, cancer, Immune function.

INTRODUCTION:

It has been found recently that the Beta-Glucans and other polysaccharides, which can be extracted from medicinal fungi, are bio active in many ways. Qingyuan County lies in the southwest of Zhejiang province in the Peoples Republic of China, and is one of the major sources of these medicinal fungi. We researched the folk remedies known in this area, and arranged the use of Royal Sun Agaricus mushroom (*A. blazei*), Maitake (*G. frondosa*), Shiitake (*L.edodes*), Reishi (*G. lucidium*), Turkey Tails (*C. versicolor*), and Caterpillar fungus (*C. sinensis*) as the main materials from which to extract the polysaccharides, and produce tablets according to the known roles of the polysaccharides, such as inhibiting the growth of tumors, improving the immunity etc. This research group found apparent roles of the polysaccharide tablets among the tumor patients during these trials conducted between August 2000 and April 2001. The patients were being treated concurrently with radiotherapy or chemotherapy. The polysaccharide materials were provided by Zhejiang Qingyuan Fungi Medicinal & Health Products Co., Ltd., and formulated in accordance with the Immune-Assist recipe developed by Hawaiian Health Products, Inc of Maui, Hawaii. The Government research permit number of the tablets used for this research is 99-118. Each tablet was 500 mg, with a total polysaccharide content of 475 mg.

MATERIALS AND METHODS:

1. Study subject selection criterion:

- 1) The patients all had apparent pathological diagnoses;
- 2) The patients have had no surgery before or have had surgery but had a relapse, or have new transference of tumor about focus. They had clinical focus of the observation marker of X-ray and CT in order to estimate the curative effect;
- 3) The patients have normal function of liver and kidneys before treatment, a Kafnofsky score >60, and could be expected to live more than 3 months;
- 4) According to the international standard of TNM by stages, the middle-late cases are chosen; American measure of stage 3 and stage 4.
- 5) White Blood cell count > 4.0 X 10⁹/L. blood platelet count > 100 x 10⁹/L.
- 6) The patients were being treated concurrently by radiotherapy or chemotherapy.

The patients were all middle-late stage patients with malignant tumors in all 56 cases. Among the 56 cases, 30 cases were in the experimental group, and 26 cases were in the comparison group. The cases of the two groups all came as referrals for this trial from co-operative hospitals. The patients had similar conditions, such as physical condition, total number of white blood cell count and granular leukocyte count, appetite condition and the clinical treatment plans of radiotherapy or chemotherapy were almost the same. The total number of white blood cell count in the two groups had no apparent difference through comparison by statistical treatment before trials. The details of the two groups can be seen from tables 1 and 2.

Table 1. The common comparison between the two groups

	<i>n</i>	Gastric Carcinoma	Liver Carcinoma	Lung Carcinoma	Large Intestine Carcinoma	Naso-Pharyngeal Carcinoma
Experimental Group	30	6	10	4	5	5
Comparison Group	26	6	9	4	6	1

Table 2. The comparison of total number of white blood cells between the two groups before trials

Total Number of White Blood Cells (x 10 ⁹ /L)				
	<i>n</i>	<3.5-4.0	4.0-5.0	>5.0
Experimental Group	30	3 (10%)	21 (70%)	6 (20%)
Comparison Group	26	2 (7%)	19 (73%)	5 (19%)

2) Experimental methods:

The two groups had basically the same radiotherapy and chemotherapy plans, procedures and similar anti-nausea drug therapy (Shudan). The patients in the experimental group begin to take the polysaccharide tablets for one week before radiotherapy and chemotherapy, 3 x day, 4 tablets each time (total 6 grams/day). The patients in the comparison group begin to take the tablets of PolyactinA for one week before radiotherapy and chemotherapy, 3 x day, 10 mg each time (total 30 mg/day). Both groups continued to take the tablets during the course of treatment and afterwards for a total of 2 months.

3) Observation markers:

- 1) 4 classes of vomiting: 0 x/day, 1-2 x/day, 3-4 x/day, 5 or more x/day;
- 2) Appetite, 3 conditions of appetite: almost none or less than half of common food quantity consumed, half of common food quantity consumed, common food quantity consumed.
- 3) Alteration of hemogram (blood) test, total CBC: 3-4 times every 3 days before and after radiotherapy and chemotherapy.
- 4) Observation of other poison reactions i.e. loss of hair, changes in organ function; such as stomach, intestines, heart, liver, kidney, etc.
- 5) Divide the conditions of markers 1-4 for the assessment of quality of life: According to the KPS, adding 10 points after treatment is considered improvement, increasing or decreasing by 4 points is stable, reducing 10 points or more is a decline of condition.

RESULTS

After radiotherapy or chemotherapy, the comparison group had little changes in reaction for the digestive tract and the improvements in the total number of white blood cells was much less than that of the experimental group. The appetite and quantity of food taken showed great differences between the two groups. These can be seen from Tables 3, 4, 5 and 6.

Table 3. The alteration in blood count of the two groups after chemotherapy

		Total number of White Blood Cells (x 10 ⁹ /L)			Number of Granular Leukocyte	
	<i>n</i>	<3.0	3.0-4.0	>4.0	<50%	>50%
Experimental Group	30	4 (13%)	5 (17%)	21 (70%)	11 (37%)	19 (63%)
Comparison Group	26	5 (19%)	7 (27%)	14 (54%)	16 (62%)	10 (38%)

P<0.1 From the comparison of the two groups as to the number of white blood cells.

Table 4. Comparison of vomiting after treatment

	<i>n</i>	0 x/day	1-2 x/day	3-4 x/day	5+ x/day
Experimental Group	30	24 (80%)	2 (7%)	2 (7%)	2 (7%)
Comparison Group	26	18 (69%)	3 (12%)	3 (12%)	2 (8%)

The result indicates P<0.01

Table 5. Appetite comparison after treatment

	<i>n</i>	< half servings food	half servings food	full servings food
Experimental Group	30	4 (13%)	17 (57%)	9 (30%)
Comparison Group	26	6 (23%)	12 (46%)	8 (30%)

The result indicates P<0.01

Table 6. Comparison of KPS value between the two groups

	<i>n</i>	Improvement or stable (%)	Decline (%)

Experimental Group	30	23 (78%)	2 (22%)
Comparison Group	26	19 (73%)	7 (27%)

The result indicates the score of the experimental group is higher than that of the comparison group.

Poison reactions:

The reaction of the digestive tract is very light for the two groups, the experimental group is 30% (9/30), and the comparing group is 50% (13/26); The conditions of loss of hair is 8.3% in the experimental group and 10% in the comparison group. The patients of the two groups show no abnormalities of the heart, liver and kidneys. There were two cases of lung infection in the comparison group, which were brought under control after treatment with antibiotics. No deaths occurred in either group during the course of these trials.

Typical examples:

Example 1: Female, 58 years old with fluid retention in left thoracic cavity. About 600 ml of fluid with blood was extracted on the second day after entering the hospital. The adenocarcinoma could be seen from testing, and the disease was determined to be membrana pleuralis transference of carcinoma of liver. Medicinal Mushroom polysaccharide tablets were added to the FM plan, and continued administration after chemotherapy. The symptoms of respiratory tract were relieved, and the water retention in the thoracic cavity was controlled. The patient's condition was stable and only a loss of hair was noted. She added 1 kg to her body weight and her KPS score increased by 60. On retesting the hemogram, white blood cell count was $3.8 \times 10^9/L$, and the functions of liver and kidneys were normal.

Example 2: Male, 69 years old with carcinoma of right lung. He entered the hospital for abdominal pain after chemotherapy of 2 months and radiotherapy of 1 month. The disease was very aggressive with anemia, and his KPS score was 40. Medicinal Mushroom polysaccharide tablets were added to the FM plan, and continued with the conventional therapy. The abdominal pain was relieved, the appetite was improved, overall condition was much improved.

DISCUSSION

- 1) The mixed polysaccharide was extracted from 6 edible and medicinal fungi. It was shown in this trial that the mixed polysaccharides can inhibit the protein synthesis of cancer cells, change the physiological condition of cancer cells, inhibit the growth and transference of cancer cells, relieve the poisoning action of the anti-cancer drugs, improve the patients sleep and appetite and result in overall improvement of the symptoms.
- 2) The mixed polysaccharides have an apparent role in controlling and improving the immunity. After taking the tablets, nonspecific immunity of the body is enhanced, improvements in the secretion of IGA, increase in the function of monocyte-macrophage and in the activity of NK cells, and in keeping the immunological balance and stability of the body.
- 3) The mixed polysaccharide has antagonistic action for the complications caused by the use

of the anti-tumor drugs and the White Blood Cell reduction caused by various reasons of clinical therapy.

- 4) The main material of Polyactin-A used by the comparison group is gluco-mannosan peptide. This is a highly effective pharmaceutically available immune enhancement drug. It can enhance the immunity and activate the function of phagocytes and white blood cells. It is used for treatment of the reduction in white blood cells seen during cancer treatment using radiotherapy and chemotherapy. (See footnote)
- 5) The results shown during this trial from the treatment of cancer patients indicate that the mixed polysaccharides of Medicinal Mushrooms has an apparent role in the treatment of all kinds of cancer, protecting the haematopoiesis function of the bone marrow, inducing the action of the digestive tract, increasing the immunity of the cells, increasing the activity of the NK cells, the LAK cell and the ratio of the Th/Ts cells. The curative effect of this polysaccharide mixture is higher than that of Polyactin A, and has an excellent helper role as an adjunct for the treatment of tumor patients.

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Footnote: Polyactin-A is a clinically used drug in China for reducing the incidence of side effects in the treatment of Cancer. This drug is not yet widely known in the west. It is thought by many doctors to be the strongest Immune Enhancement drug yet discovered. Clinical trials in America are usually conducted against a placebo. In other words, half of the trial group gets sugar pills and half get the effective medication. In China, this practice is considered unethical and inhumane. To treat sick people with a placebo is like cruel and unusual punishment. Instead, when a new medication shows enough promise to warrant clinical trials, the new one is tested against the very best medication available. In this trial, Immune-Assist shows greater effectiveness than the Polyactin-A.

Note: For a full report on current research on each of the six mushroom extracts call (800) 651-7080 — the cost is \$5. — or it is free with any order. (Free at www.road-to-health.com)
To order Immune-Assist, \$307 for 60 packets, call (800) 651-7080. VISA and MC Accepted.