

THE HOLISTIC SOLUTION TO OVERCOMING CANCER

The holistic approach to overcoming cancer combines antimicrobial and immune therapies with methods to regenerate the oxidative energy metabolism, cleanse the body of toxins and heal the emotions.

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The cause and cure of cancer are basically unknown, not only in conventional medicine but also in natural medicine. For decades, while working as a natural therapist and health writer, I continually tried to improve my understanding of what was really going on, and I am confident that the relevant pieces of the puzzle have now fallen into place. Here I share my thoughts and findings in the hope that many therapists and individuals with cancer will want to try them out.

Blocked Energy Production

The conventional view is that cancer originates in the cell nucleus due to random mutations or damage to the genetic material from radiation or toxic chemicals. This orthodox model sees the development of a tumour as a purely localised event in an otherwise healthy body. Therefore, the aim is to catch it as early as possible, remove or destroy the tumour and all should be well.

But reality is different. Unbiased investigations show that there is no real difference in conventionally treated and untreated cases.¹ I suspect that honest statistics would even show chemotherapy to shorten lives. Why, then, do some patients survive conventional treatment?

The answer is that some tumours just have a tendency to spread, and others remain harmless whether treated or untreated. Presently the focus is on detecting very small tumours—many of which would never develop into cancer and form metastases, but in statistics they are counted as cured cancers. When cancer does spread, then there is generally no conventional treatment that really works. Recognising this, statistics are commonly expressed as five-year survival rates. All this shows that the medical model of cancer is either incomplete or wrong.

The German cancer researcher Dr Paul Gerhard Seeger² demonstrated in 1938 that in most cases cancer starts in the cytoplasm, the jelly-like outer part of the cell, and especially in the energy-producing mitochondria. Here, food fragments are oxidised in a series of enzymatic steps called the "respiratory chain". Seeger showed that in cancer cells this respiratory chain is more or less blocked by the destruction of important enzymes, especially one called cytochrome oxidase. Without it the cell can produce energy only anaerobically, like a fungal cell. This is very inefficient and the resulting overproduction of lactic acid makes the cell and the body overacidic.

Seeger and others found that cancer cells utilise only between five and 50 per cent of the oxygen of normal cells. Furthermore, the virulence of cancer cells is directly proportional to their loss of oxygen utilisation, and, with this, to the degree of blockage of the respiratory chain. In 1957, Seeger successfully transformed normal cells into cancer cells within a few days by introducing chemicals that block the respiratory chain.

Further experiments showed that cancer cells of low virulence can easily be overcome by the immune system, but those with high virulence prevail and

continue to spread. Following this, Seeger made his most important discovery: thousands of experiments revealed that certain nutrients, mainly from the vegetable kingdom, can restore cellular respiration in low-virulence cancer cells and, with this, transform them back into normal cells.

Seeger's finding that cancer originates in the cytoplasm and not in the nucleus was confirmed by other researchers. Between 1975 and 1977, they repeated an experiment 93 times in which they replaced the nucleus of a fertilised mouse egg with the nucleus of a cancer cell. In each case, the egg developed into a healthy, cancer-free mouse and even the offspring remained cancer-free. Similar results were achieved with frog eggs.

The Budwig Therapy

Dr Johanna Budwig,³ a German biochemist and fats researcher, confirmed the work of Seeger on a practical level. In the 1950s, she developed a simple paper chromatography test that shows the blocked respiratory chain of cancer patients as a slow-moving yellow-green spot. By using liberal amounts of high-quality linseed or flaxseed oil and the sulphur amino acids cysteine and methionine, the yellow-green spot disappeared, the respiratory chain was reactivated, tumours commonly disappeared and cancer patients recovered. The main food providing sulphur amino acids was low-fat quark, a traditional form of cottage cheese made from fermented raw milk, and all foods had to be "as natural as possible".

In the final stages of oxidative energy production, electrons derived from food are made to flow along a bridge consisting of an essential fatty acid (EFA) and a cysteine-containing molecule to form carbon dioxide and water. This bridge becomes blocked by metabolic and microbial wastes and toxins, and the cell reverts to a fungal type of energy production which is the precondition for the growth of a tumour. Replacing this blocked bridge with a clean cysteine-EFA combination allows the electrons to flow again and the cell to revert to normality.

The types of metabolic waste that Budwig found to block the respiratory chain were mainly non-biological fats containing *trans*- fatty acids, as from commercial polyunsaturated oils, chemically hardened fats such as margarine and mayonnaise, saturated fats from grain-fed animals and synthetic anti-oxidant preservatives added to processed food to prevent rancidity.

To replace these faulty parts efficiently, it is important to provide both ingredients—sulphur amino acids and EFAs—in relatively high amounts at the same meal without much interference from other fatty acids, but additional lecithin is beneficial. Methionine, another

sulphur amino acid, is also useful as it can be converted to cysteine inside the body.

Budwig wrote that beneficial results, such as increased energy, can often be observed within days or weeks, while tumours may start shrinking after several months. Furthermore, worm-like microbes (Canceroben) that she observed in red blood cells and blood serum gradually disappeared.

But there are also problems with the Budwig therapy that caused me to hold back in the past. The Budwig diet is very high in milk products, which cause digestive problems or allergic reactions with many individuals. We also know now that milk contains the growth factor IGF-1, which appears to promote tumour growth especially in hormone-sensitive cancers. Furthermore, like Budwig, I only regard raw or unheated milk products as healthy, and the sale of healthy milk products is illegal in many highly medicalised countries such as Australia and most of the USA.

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and raw organic products and generally with patients who traditionally had a diet high in milk products. I am not aware of the success rate when using commercial, non-organic and pasteurised cottage cheese, but I believe it would be much lower than that shown in Budwig's results.

The presence of IGF-1 apparently did not affect Budwig's results. This means that when the conditions for

tumour growth are removed, then IGF-1 is no longer a problem. It also helps that IGF-1 and lactose remain mainly in the whey and may be discarded.

Budwig did not seem to pay much attention to the fact that not only quark but also other recommended food items in her diet, such as buttermilk, fresh raw milk, fermented sauerkraut and soaked grains, provide plenty of beneficial bacteria to sanitise the intestines. I regard this as an essential part of her therapy.

While there are many glowing testimonials, one story in particular highlights a serious problem with the Budwig protocol. An American prostate cancer patient had a personal consultation in 2000 with Dr Budwig (she died in 2003, aged 95). All was well until he had a heart attack six years later. This was not supposed to happen on the Budwig program which this patient still tried to follow, although with American cottage cheese rather than German quark.⁴

I believe some flaws in the Budwig approach contributed to this. The Budwig diet is very high in calcium but low in magnesium, which is bad in general but especially for arteriosclerosis. Contributing to this

may have been calcifying nanobacteria, because Budwig did not have an antimicrobial therapy available.⁵

Furthermore, Budwig discouraged the use of vitamin E to protect EFAs from oxidation. Therefore, individuals generally had a high level of unprotected EFAs in the blood. If they were exposed to oxidising influences, such as car exhaust fumes, active or passive smoke and especially chlorinated tap water, then these influences could cause much internal auto-oxidation. Chlorinated drinking water has been shown to be a strong promoter of atherosclerosis.⁶

To counter these effects, I would avoid using milk, buttermilk and whey in addition to quark, as all of these are high in calcium, but I would use additional magnesium instead. Furthermore, I would also squeeze natural vitamin E oil into newly opened bottles of flaxseed oil. Contrary to some expressed fears, natural vitamin E does not interfere with the respiratory chain.

Budwig also reported a rather unsettling feature of her therapy. She warned that even after tumours and metastases have disappeared, if someone starts again habitually eating processed meat or restaurant food, or other food with preservatives and synthetic antioxidants, there tends to be a sudden proliferation of the Canceroben (cancer microbes). At this stage, no amount of cysteine and flaxseed oil will help any more, and these patients may then die within weeks. After about five years, it is less dangerous to introduce less healthy foods gradually.

This brings us to the role of the cancer microbe, which I believe is one of the missing parts in the Budwig therapy. Dr Budwig did not regard the Canceroben as important in the cause and cure of cancer, but I do.

The Cancer Microbe

From time to time I have found references stating that cancerous tumours can be dissolved by infusion of blood from young and healthy individuals, but not with blood from older individuals or from anyone with cancer.⁷ This shows that cancer has much to do with vitality and the immune system.

Many independent researchers have reported the proliferation of certain pleomorphic (shape-changing) microbes in the blood and tumours of all cancer patients. One of the first to do so was the German professor of microbiology Guenther Enderlein, who in 1925 described the different stages of a microbe that is normally present as tiny colloidal protein units. In various degenerative diseases, especially cancer, these protein units grow into cocci and higher bacterial forms and finally into fungi. Before him, in the 19th century, the French professor

Antoine Béchamp described similar microbes and called them *microzymas*. In 1890, the Scottish pathologist William Russell also discovered the cancer microbe, and a form of it is still known as the "Russell body" in tumours.⁸

Independently, mostly without knowing of each other's work, several other researchers—Royal Raymond Rife, Wilhelm Reich, Virginia Livingston-Wheeler, Alan Cantwell and Gaston Naessens—described the same phenomenon.⁹

Orthodoxy, however, has a dogma that says microbes always have the same form and cannot change from viruses into bacteria and fungi. This is because orthodox microbiologists commonly observe dead, stained microbes in dead tissue or live ones for short periods, instead of live microbes in live tissue at high magnification over long periods.

Anyway, this microbe, generally called the cancer microbe, appears to do much of the damage attributed to malignant tumours. The cancer microbe badly damages the immune system and makes it incapable of fighting the cancer cells. Toxins released by advanced forms of this

microbe cause the characteristic sickening odour, as in terminal cancer, and cause wasting in experimental animals, just as in terminal cancer. If injected into animals, this microbe and its toxins cause cancer.¹⁰

Several of these researchers found ways to destroy or control the cancer microbe, which often led to a cure or remission of the disease. The cancer microbe generally begins to proliferate with a decline in health and

vitality. It appears to originate from the breakdown products of diseased body cells. The unhealthier the body becomes, the more the microbe develops from the mycoplasma stage into bacterial and fungal forms. By weakening the immune system and the metabolism, it prepares the way for the development of cancer. Toxins released by the cancer microbe may also interfere directly with the respiratory chain.

Two factors that greatly contribute to the rise of the cancer microbe are dead teeth and overgrowth of the intestines with harmful microbes. Dead teeth have become a major problem because of root-canal treatments. The dead roots and the surrounding jawbone commonly become concentrated breeding grounds for harmful anaerobic microbes, releasing a steady stream of toxins into the circulation.¹¹ Overgrowth of the gastro-intestinal tract with harmful microbes has the same effect on an even larger scale and is a main cause of immune system devastation, frequently resulting in auto-immune diseases and *Candida*-related problems.¹²

Therefore, in addition to regenerating the respiratory chain, we need to eliminate most of the microbes that

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poison the body and incapacitate the immune system. We start doing this by removing the main sources of microbial infestations, their home bases, by sanitising the gastrointestinal tract and, after sufficient cleansing and while using strong antimicrobials, removing any dead teeth.

Sanitising the gastro-intestinal tract involves killing harmful bacteria and fungi with a dose of a suitable microbicide and, before ingesting any carbohydrates, using a high dose of probiotics, preferably a home-made ferment of lactobacteria.

The antimicrobial treatment requires strong remedies and needs to be done at least for several weeks. My favourites are high-dose iodine as Lugol's solution or Iodoral for about three weeks, followed by a further period on acidified sodium chlorite, known as MMS.¹³ Also suitable are very high doses of wormwood and extract of pau d'arco or of olive leaf—all strong fungicides. In addition, a so-called electronic zapper and magnetic pulser and a variety of other antimicrobial remedies may be used.

Furthermore, the immune system may need to be improved with specific nutrients, especially selenium, zinc, magnesium, iodine and vitamin D (sunshine). Many other nutrients are helpful, especially berries yielding a purple juice.

While some cancer patients claim to have been cured by using antimicrobials as the main therapy, others have not been so lucky. This is what creates the confusion when looking for the cause and cure of cancer: almost every method can claim some successes and has some failures. Nevertheless, combining antimicrobial therapy with regeneration of the oxidative energy metabolism must rate very highly in overcoming the biochemical causes of cancer.

Cleansing and Natural Living

In addition to the problems caused by microbial toxins, there is also the damage from exposure to toxic and nonbiological chemicals in our food and environment. This damage greatly weakens the immune system, and Budwig as well as Seeger have shown that it is also a major cause of the blockage of the respiratory chain. Natural therapists are well aware of this aspect, and basically all natural cancer therapies stress cleansing and avoiding or minimising contaminated and processed food.

Most of the successful older methods of cancer treatment, such as the Gerson Therapy¹⁴ or the Grape Cure¹⁵, rely mainly on cleansing and clean living. The Grape Cure is only suitable in the early stages of cancer when individuals still have a fair amount of vitality, while the broader-based but much more difficult Gerson Therapy has a good track record especially in advanced conditions.

Such methods of clean and natural living place a high value on organic, unprocessed and raw foods high in vitality. So far these have been ridiculed by conventional medicine, but a recent research paper revealed that eating three small servings of raw cruciferous vegetables, such as broccoli and cabbage, per month decreased the risk of developing bladder cancer by 40 per cent; but if these vegetables were cooked, then the anti-cancer effect was lost.¹⁶

Also, another cornerstone of cleansing was recently verified by medical research. It has been demonstrated that removing protein debris or damaged proteins from cells keeps ageing organs young and healthy.¹⁷ Of course, the search is now on for a patentable drug to do this.

What Causes Tumours?

There are still the unsolved questions of what actually causes tumour development and what is the underlying difference between benign and malignant tumours. All of the factors mentioned so far may be essential ingredients of cancer, but they also apply to auto-immune diseases, such as rheumatoid arthritis and multiple sclerosis, and to chronic fatigue syndrome. The cancer microbe is present in all of these, and Budwig expressly mentions diabetics and others as having the same blockage of oxidative cellular energy production as cancer patients, but they recover when this is rectified.

There must be an additional factor at work in cancer compared with auto-immune diseases—a factor that focuses a

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destructive influence on a specific part of the body. Basically, all chronic degenerative diseases are associated with widespread chronic inflammation. This is an unsuccessful attempt by the immune system to eliminate the infective disease agent, the cancer microbe, or diseased body cells.

If a disease-causing agent manifests in a very limited part of the body, then there will be an inflammatory immune response only in this small area. This may happen if a group of cells becomes abnormal due to an accumulation of toxic chemicals, causing a localised blockage of the respiratory chain and possible infiltration by mycoplasma. If the immune system does not succeed in eliminating this threat, then chronic inflammation with destruction of body cells will result. This gradually leads to fibrosis, with a tough fibroid wall surrounding the battlefield, and we have a tumour.

If the immune system is strong and damage to the respiratory chain locally contained, and if there's no problem with the cancer microbe and the toxins are safely stored away, then the inflammation around the tumour will subside and we have a benign or dormant tumour.

However, if these factors are more severe, then tumour cells divide ever more abnormally and deteriorate into fungal-type forms. With a good blood supply, the tumour keeps growing. The cancer microbes inside the tumour become aggressive and, aided by chronic inflammation and high internal acidity, help the tumour to invade surrounding tissue.

If, in addition, the cancer microbes and other microbes are active throughout the body and there is widespread damage to cellular respiration, then cancer cells released from the tumour will find fertile ground to become attached and then grow in other parts of the body. We now have metastases. Finally, the fungal forms of the cancer microbes take over and poison the whole body. This is cachexia as the final stage of cancer.

Tumour Location

What causes a tumour to grow in a specific location—for instance, in the left breast rather than in the right? This is a confusing subject because there can be different factors leading to the same result. The basic cause of a tumour is local toxicity and damage to energy production, leading to loss of vitality and abnormal cell division.

Experimentally, tumours can be caused in a specific location by injecting a suitable toxin into tissue, such as a concentrated form of the cancer microbe or chemicals that block the respiratory chain. Tumours can also result from radiation frequently being beamed into the same location, such as from a mobile phone (cellphone), or from always sleeping in the same position over a beam of Earth radiation from an underground stream, or from radiation treatment of an existing tumour.

Natural therapists working with electro-acupuncture diagnosis have developed a chart that shows energetic connections between specific tooth locations and specific organs or body parts on the same side of the body.¹⁸ If a tooth is dead, as from root canal treatment, then this energy connection becomes disharmonious and the organ is stressed. In combination with a general presence of the cancer microbe and damaged energy production, this organ may now develop a tumour.

Another cause may be deficiency of a nutrient that is needed in high amounts at a certain location, such as zinc for the prostate gland, iodine for the thyroid and manganese for the thymus. In combination with other aggravating factors, such deficiencies may lead to tumours in these glands.

It has been shown that habitually wearing a tight bra greatly increases the risk of breast cancer.¹⁹ This is understandable from the principle of debris accumulating

where the river flow slows down. In a similar way, toxic chemicals will be deposited in fatty breast tissue when the lymph circulation in this area is suppressed.

Another question is: why is one breast affected and not the other? The answer may be found at the emotional level.

Emotions and Cancer

Dr Budwig also addressed emotional issues with her patients. She wrote that she could not help anyone with persistent emotional problems. I am convinced that her success was also greatly enhanced by the positive expectations of patients when consulting such a famous therapist.

Another German, Dr Ryke Geerd Hamer, linked different forms of cancer and tumour locations to specific kinds of emotional shock.²⁰ Accordingly, a conflict shock concerning a child, home or mother will affect the left breast, while conflict shock relating to a partner or others will affect the right breast.

Dr Hamer believes that most metastases or secondary

tumours are caused by the cancer-fear or death-fear resulting from the patient being given a cancer diagnosis or a negative prognosis. The solution is to search for any emotional shock that may have triggered the cancer and neutralise it with positive emotional changes.

The strong influence of fear can also be seen from an observation by the late medical clairvoyant and Theosophist Geoffrey Hodson. He described

a woman who previously had a cancer operation on one breast but then became fearful of developing cancer in the other breast. This fear created a dense, grey area in the aura over this breast, with increasing pain and tumour growth to such an extent that surgery was recommended. By cleansing the aura and replacing fear with a positive emotion, the grey area as well as the tumour and the pain disappeared. Hodson remarked that if surgery had been performed, the cancer would most likely have returned.²¹

Ductal carcinoma *in situ* (DCIS) is a generally harmless calcification in a breast that can occasionally develop into an invasive tumour. The preferred medical treatment has been mastectomy. Despite this, one per cent of women get local recurrence of a malignancy and another one per cent get distant metastases after mastectomy. A research report found that women with DCIS are much more fearful of a malignant recurrence than is warranted.²² It requires a high amount of fear to have a harmless calcification recur as cancer after mastectomy, but these women must have had a lot of fear put into them to agree to having a breast cut off.

With this, we have a further important aspect of a

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comprehensive cancer therapy: reversing the lack of vitality in the affected organ due to fear. This can be done by refreshing a memory of joy or love, or imagining a situation that will cause such a feeling and then transferring this feeling to the affected organ. This can be done daily as a guided imagery in a state of relaxation or meditation.

A Rational Cancer Program

A rational cancer program includes the following aspects:

- Using immunotherapy, i.e., vigorous antimicrobial therapy and immune system support;
- Restoring the oxidative energy metabolism according to the Budwig principle;
- Cleansing and using food and water as unpolluted and natural as possible;
- Using daily guided imagery to bathe the affected organ in positive feelings;
- Trying to find and neutralise any emotional shock;
- Correcting any other conditions that may have contributed to cancer development;
- Using supportive remedies and therapies.

Direct tumour destruction, as with Cansema/cancer salves²³ or sodium bicarbonate²⁴, is sometimes possible but should not be done in isolation but rather as part of an holistic program that includes immunotherapy, metabolic and emotional improvement as well as cleansing. For a program to implement these steps, see my website.²⁵ However, there are different ways of doing this, and in time we may come to a consensus on the best combination of remedies and treatments for different conditions.

Endnotes

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by Walter Last, available at <http://www.the-heal-yourself-series.com>.

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