"The Other War on Drugs"

Most people know about the U.S. government's "war on drugs," so the fact that federal agents arrested James T. Kimball last fall for supplying drugs doesn't sound remarkable. However, Mr. Kimball was not selling any type of illegal "street" drug. His crime was distributing a botanical product that has been proven effective in treating symptoms of Parkinson's disease. This bust was an example of another kind of drug war that the government is waging: a war on nontoxic substances that compete with products of the pharmaceutical industry. Make no mistake: this is a classic turf war, with government agencies protecting the hugely profitable prescription drug trade. →

by Daniel Haley

The Other War on

As a member of the New York State Legislature from 1970 to 1976, I became intimately acquainted with the political patterns—the harassment of American citizens and the suppression of information—that characterize this war. My experiences led me to record ten examples of them in my book, *Politics in Healing: The Suppression and Manipulation of American Medicine.*

An evolving battlefield

An essential way in which alternative medicine differs from conventional medicine is the latter's reliance on invasive procedures and toxic drugs to suppress symptoms, while alternative medicine treats the patient as a whole and goes to the greatest lengths to "first do no harm." Those attracted to alternative medicine have been voting with their pocketbooks to show their preference for gentler approaches. According to a recent study by Harvard University, last year, Americans made an estimated 600 million office visits to practitioners of alternative medicine and spent $30 billion on treatments. For "official medicine to maintain its current sovereignty, therefore, it must suppress nontoxic medical techniques and treatments. It does so by spreading misinformation; by sabotaging clinical trials or ignoring the positive results; by preventing patient reimbursement for alternative treatments; and/or by outlawing the practice and use of nontoxic techniques or even health claims for nutritional supplements. Most brutal, however, is the persecution of alternative physicians, researchers, product manufacturers and distributors through the legal system—whether or not any laws have been broken, and when no one has been harmed.

What is "official medicine?" It is the American Medical Association (AMA), major hospitals and medical schools, medical philanthropic and research institutions, and the FDA—all of whom are dominated by the pharmaceutical industry, which funds most of the medical research, buys the most advertising and makes the largest campaign contributions and lobbying efforts. In their May 19, 2001 issue, the British medical journal *The Lancet* published an editorial in which it accused the FDA of having become a "servant of the drug industry."

As for James Kimball, the FDA arrested and prosecuted him for distributing liquid deprenyl, calling it an unapproved drug and charging him with misbranding and fraud. In fact, many of the charges were contradictory, aiming to catch him in the net of definitions of "nutritional supplements" and "unapproved drugs" with all the conflicting restrictions that go with each.

Parkinson's Disease is correlated with a deficiency of the neurotransmitter dopamine, manifesting in decreased mobility, energy and cognitive function. Conventional treatment has used a precursor of dopamine, L-dopa, to raise dopamine levels. However, some complex conditions in the brain that might cause a dopamine deficiency in the first place prevent such a simplistic solution from working. Dopamine is degraded by an enzyme called monoamine oxidase type B. Liquid deprenyl citrate (LDC), also known as selegiline, works by specifically inhibiting this enzyme from destroying the brain's dopamine. Research by C.W. Olanow, M.D., Chairman of the Department of Neurology at the Mt. Sinai School of Medicine in New York, has shown that liquid deprenyl had favorable results in Parkinson's disease, compared with L-dopa, which is known to have adverse side effects. In fact, some patients found that liquid deprenyl was the only thing that, in the words of many, "gave them back their lives."

LDC's components are extracted from natural sources and therefore the compound is classified as a botanical nutritional supplement, as defined by the Dietary Supplement and Health Education Act (DSHEA). But the problem wasn't that the FDA had reports of adverse effects of LDC. In fact, during the trial, the government could not produce a single witness to testify that any harm was done to even one of the thousands of people who used liquid deprenyl.

James Kimball is currently serving a 13-year sentence for distributing a nontoxic botanical supplement found to provide significant relief for Parkinson's disease patients. The FDA managed to confuse the facts and the jury.

COURTESY WWW.LIQUID-DEPRENYL.COM

The real problem was its competition with other patented drugs, including Eldepryl (selegiline hydrochloride), distributed in the U.S. by Somerset Pharmaceuticals, which is jointly owned by Mylan Laboratories and Watson Pharmaceuticals. According to Kimball, testing of Eldepryl in Switzerland in the late 1980s, prior to FDA approval, revealed impurities (that were later identified as methamphetamines and other neurotoxins) which resulted in serious adverse side effects. Not so for liquid deprenyl, with its very high standards of purity. Studies by the Parkinson's Disease Research Group in Britain in the 1990s also showed adverse and sometimes fatal side effects when combining selegiline hydrochloride with L-Dopa in treating Parkinson's. This had nothing to do with Kimball's liquid deprenyl citrate product, which was molecularly unique. Nevertheless, during the trial the FDA refused to distinguish Kimball's product from these others. He was found guilty and sentenced to 13 years. He is presently incarcerated while his case is being appealed.

Documents available for viewing on Kimball's website

(www.liquid-deprenyl.com) prove that the coordinated, multi-jurisdictional task force that led to his arrest was instigated by the maker of Eldepryl: Somerset Pharmaceuticals. Eldepryl is still on the market.

For Kimball, and for all the families counting on this remedy to bring some normalcy back to their lives, the raid, trial and verdict were devastating. What is especially disturbing is that this is not an isolated incident. In fact, there is a long history of interference by the federal government in the development, distribution and use of nontoxic, alternative remedies.

Scary scenarios

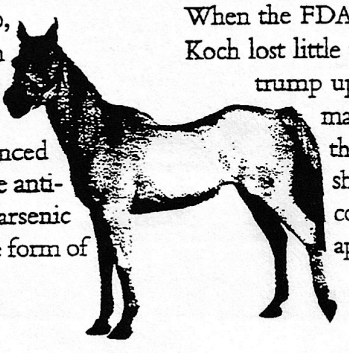
Nowhere is the suppression of nontoxic therapies a sadder commentary on the medical system than in treating cancer. Those facing this frightening disease must also face toxic radiation and chemotherapy—despite the fact that there are nontoxic options for which there is anecdotal evidence that thousands were helped and no one was hurt. No one, that is, except those who became scapegoats of a corrupt system, as revealed in these stories.

The Hoxsey Story

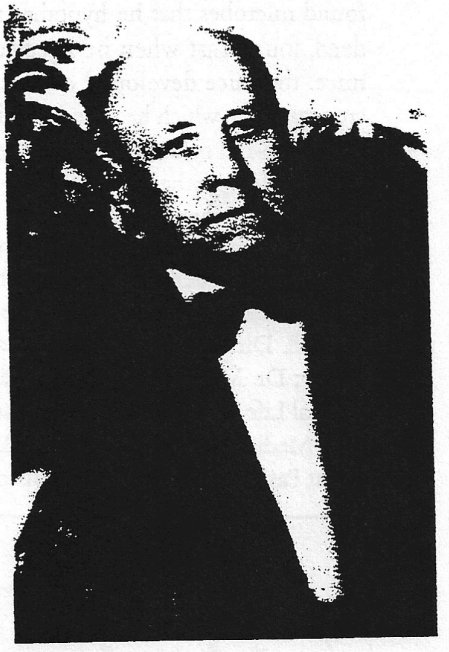
In 1840, the Hoxsey family observed that a horse which had been afflicted with cancer had been cured after eating certain herbs in its pasture in Illinois. Those herbs became the basis for the Hoxsey tonic and salves. They were kept for family use until the 20th century, when Harry Hoxsey used them at a series of clinics, the final one being in downtown Dallas. In the 1920s, Hoxsey refused to sell his formulas to a powerful AMA doctor. Shortly afterward, Dr. Morris Fishbein, editor of the *Journal of the American Medical Association* (JAMA) and de facto head of the AMA, began to denounce Hoxsey as a quack in his JAMA editorials. The battle reached its zenith when Hoxsey succeeded in suing Fishbein for libel, forcing him to admit under oath that he had never practiced medicine one day in his life; in other words, the head of the AMA was a bogus doctor.

During the trial, Fishbein granted that the Hoxsey treatment was effective for external cancers, such as the skin cancers melanoma and basal cell carcinoma. In 1962, the Hoxsey Clinic was finally driven out of the U.S. by the AMA and the Texas Medical Board, and moved to Tijuana, Mexico, where it remains as the Centro Biomedico. With consistent success, it needs only word of mouth to maintain a constant flow of patients.

Although the Hoxsey herbs were once denounced as worthless, all have recently been shown to have anticancer activity. For example, one ingredient, an arsenic compound, has since been shown to reverse a rare form of leukemia called APL (acute promyelocytic leukemia) when a version of a Chinese formulation was tested. It has since been approved by the FDA and is being used at Memorial Sloan-Kettering in New York, Dana-Farber Cancer Institute in Boston and other "official" American cancer centers.



Dr. William F. Koch refused pressure from the AMA in the 1940s to sell his nontoxic one-shot cancer therapy protocol, and was brought to trial by the FDA. In the atmosphere of the U.S. struggle against the Nazis, some jurors could not conceive that their government was lying.



The Koch Story

Just how far we have regressed in treating cancer becomes apparent when we review the story of Dr. William F. Koch (pronounced "Coke") of Detroit, who was curing cancer with one shot in the 1930s and 40s. Koch had theorized that cancer formed as a result of a metabolic defect brought on by a toxin or injury and related to an inability to burn off such toxins. His anti-toxin, glyoxylide, made use of an oxidizing catalyst to burn off toxins that might otherwise become cancerous. This writer personally knows one such former patient. Now 50 and quite healthy, she had been diagnosed—at the tender age of three months—with terminal liver cancer. It took just one shot of Dr. Koch's glyoxylide to cause the tumor to disappear in six months.

The JAMA denounced Koch as a quack after he refused to sell his protocol to the AMA. At the instigation of the AMA, the FDA put him on trial in 1942 and 1946. They did not succeed in getting a conviction, but neither could Dr. Koch secure an acquittal: in the atmosphere of the U.S. struggle against the Nazis, some jurors could not conceive that their government was lying. When the FDA finally dismissed the indictment in 1948, Dr. Koch lost little time moving to Brazil before the FDA could trump up another indictment. He never revealed his manufacturing process. Dr. Koch's one-shot cancer therapy died with him. Today researchers have shown the value of many oxygen-yielding protocols (such as hydrogen peroxide and ozone therapy) for treating various disease processes. →

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The Rife Story

In the 1920s and 30s in San Diego, Royal Rife built a light microscope capable of seeing viruses in their live state. (An electron microscope only sees microbes after they are dead.) Rife found microbes that he hypothesized caused cancer, and, indeed, found that when he injected the microorganisms into mice, the mice developed cancer. Rife noticed that the microorganisms, which he called Bacillus X, or the BX virus, were a purplish-red color, corresponding to an electromagnetic frequency. He hypothesized that they could be killed by being exposed to another frequency that would resonate with the vibratory rate of the microbe. Rife then spent years searching for the proper frequencies and at last he found them. Rife began human trials, monitored by such medical stalwarts as Dr. Arthur Kendall, Director of Medical Research at Northwestern University; Dr. Milbank Johnson, Medical Director of the Pacific Mutual Life insurance Co. and former President of the Los Angeles Medical Association; and Dr. Alvin Foord, Head of Pathology at Pasadena Hospital. Rife broadcasted these frequencies to terminally ill cancer patients, in five-minute exposures every third day. After six weeks of exposures to these frequencies, 15 of 16 patient's cancers went into remission.

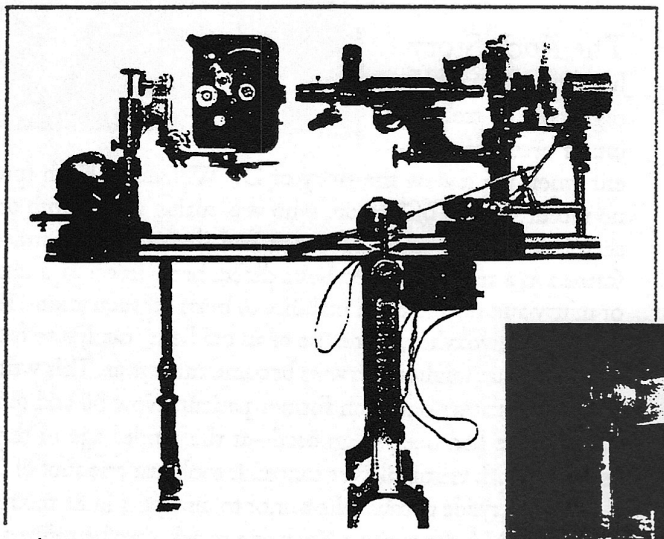
Rife's fame grew and he was brought to the attention of the same Morris Fishbein of the AMA. Soon, corporate interests attempted to buy the Rife technology, and when Rife refused to divulge his proprietary technology, trouble started. First there were lawsuits as to who actually owned what. Then, in 1939, the San Diego Medical Society warned that any doctors who used Rife's instruments would lose their licenses. Rife's company had to shut down. The instruments that survived had parts stolen or eventually broke down. Rife died in 1971.

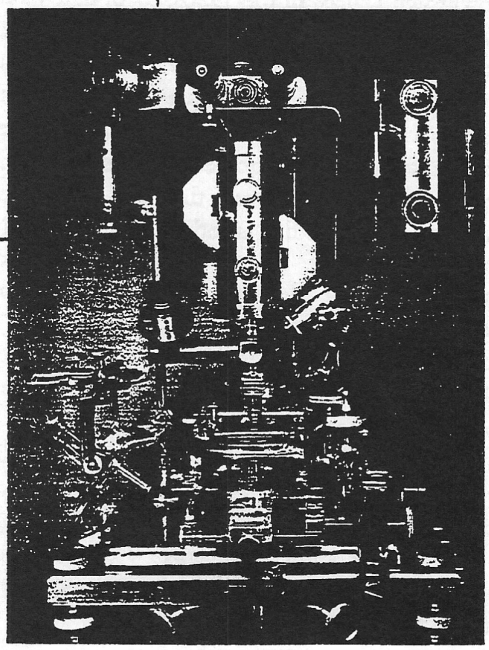
Today there are techniques, usually called bioresonance therapies, similar to Rife's work, that are being used medically—mostly outside the U.S. But the Rife microscope and the exact frequencies he developed are lost.

Krebiozen

In the 1950s, Dr. Andrew Ivy, then Vice President of the University of Illinois, and one of the most respected scientists in the world, came upon Krebiozen (pronounced "kreb-I-o-zen"), an important, nontoxic cancer treatment attributed to Yugoslavian doctor, Stefan Durovic. Krebiozen was made in response to animal tumors believed to be caused by a fungus. After injecting the same fungus into a horse to create an immune response, the researchers extracted and diluted the blood product, which quickly healed sick animals. In human studies, it rapidly eliminated pain and dissolved tumors. The substance immediately attracted the attention of prominent figures in the medical world. Some powerful doctors, however, didn't just want to use Krebiozen, they were determined to own and control it.

Sworn testimony presented to a special investigating committee of the Illinois Legislature in 1952 detailed a scheme by the AMA treasurer, J. J. Moore, to secure the distribution rights for Krebiozen. Failing that, Moore intended to destroy it, as well as the career of its chief proponent, Dr. Andrew Ivy. Moore did not secure distribution rights for Krebiozen, but did manage to get Dr. Ivy fired from his University of Illinois post, and from other positions as well.





Royal Rife designed microscopes capable of viewing live viruses. He theorized that viruses contributed to cancer and could be killed with the right electromagnetic frequency. Above left: The first of the microscopes. The airgaps between the lenses were filled with glycerine. Right: A more complex later model, one of many he used to successfully combat cancer. None of these survive intact.

PHOTOS COURTESY RIFE RESEARCH GROUP OF CANADA AND WWW.RIFE.ORG

Krebiozen was later denounced by the National Cancer Institute (NCI) and outlawed by the FDA.

Hundreds of cancer patients—kept alive by Krebiozen—demonstrated, demanding access to the drug, lest they die. They were ignored, and they died.

The FDA announced that its scientists had found that Krebiozen was only creatine, an amino acid. But Senator Paul Douglas of Illinois revealed, during testimony in the Senate, that his own independent researchers had discovered that FDA scientists had falsified data: moving a graph by 8% to make it appear that Krebiozen and creatine were identical. Subjected to cross-examination under oath in a trial a few years later, the FDA scientists admitted their deceit. But by then, Krebiozen had disappeared.

U.S. Department of Justice investigator Benedict Fitzgerald confirmed in his report to a Senate committee that the "alleged machinations of Dr. J. J. Moore, Treasurer of the AMA, could involve the AMA and others in an interstate conspiracy of alarming proportions."

A thing of the past?

Is this kind of harassment a thing of the past? Hardly! It is happening right now. Within the past two years, readers of *Alternative Medicine* have learned about the ongoing persecution of two pioneer cancer researchers: Dr. Stanislaw Burzynski, for his antineoplastin therapy (*Alternative Medicine*, issue 35, May, 2000), and Dr. Joseph Gold, for his work with hydrazine sulfate ("If it were any good, my doctor would tell me about it..." *Alternative Medicine*, issue 37, September, 2000).

A recent case involves amygdalin, or laetrile, extracted from apricot pits. Discrediting and outlawing laetrile was the FDA's big crusade 20 to 25 years ago. A pretty thorough job was done of equating laetrile with quackery in the minds of many Americans. In the minds of many others, however, laetrile was a useful and

nontoxic cancer therapy, and if it didn't help you, at least it didn't sicken you and make your hair fall out. A number of states legalized laetrile at that time.

In 1990, a 19-year-old boy named Jason Vale in Queens, New York, developed a tumor on his kidney. The tumor went away under chemotherapy, returned the next year and went away once more with chemo. When the cancer returned a third time when he was 25, he decided to try something else—apricot pits, a source of laetrile. They worked: The tumor went away and stayed away.

With the zeal of an evangelist, Jason set up a website to tell others how he'd conquered cancer with apricot pits, and also started a business to supply them to interested parties. He included a picture of himself, a husky, healthy young man of 30, now a champion arm wrestler. As clients reported success, Jason added their stories to his website.

In 1997, however, he was notified by America Online (AOL) that he was in violation of the law for sending unsolicited e-mails—"spamming." This brought Vale to the attention of the FDA, which raided his home in November, 1997. Vale watched FDA inspectors collect samples of his products and acknowledged full responsibility for marketing them.

The FDA also ordered products through Vale's website and in October, 1998, sent Vale a letter warning him that his laetrile products were unapproved new drugs, and that he could no longer make health claims for them or sell them. Vale's lawyer responded that the laetrile products were food for special dietary use by virtue of their ingredients, and Vale continued to sell them. In February, 1999, the FDA again raided Vale's home; again Vale insisted that his products were not drugs and he would not voluntarily

Jason Vale found himself the subject of an FDA raid for selling apricot pits, which he had used successfully to heal a tumor on his kidney. Prior conventional chemotherapy treatments had not put the cancer into remission. In his zeal to spread the word, Jason created a website and distributed e-mails that attracted the attention of the FDA.

shut down. Finally, in November, 1999, the FDA filed a complaint for a permanent injunction against Vale for selling unapproved new drugs. In April, 2000, a U.S. District Court granted the motion, and Vale was ordered never again to sell laetrile products.

Another case came to my attention when my book was published last year. I was informed that the phone number in the Appendix for Donna Schuster, a longtime supplier of hydrazine sulfate (HS), was disconnected. I learned that she was out of business. The FDA had closed down her supplier, Ken Michaelis, indicting him on 16 counts, including defrauding the FDA by failing to register as a drug manufacturer.

This turns out to be a game of semantics. Ken was not manufacturing anything, but simply repackaging both HS and amygdalin in smaller batches for distributors. The FDA informed him that it considered repackaging to be the same as manufacturing. His brother told me that Ken is under an FDA "gag order" not to talk about the details of his case—and not to talk to his customers. (Editor's Note: The trial is scheduled to start as we go to press. For more details, go to the website: www.holisticalternatives.net and press "congressional correspondence.")

Medical truth or power play?

The persecutions go on and on. Last year the FDA arrested Allen Hoffman for distributing a concentrated form of aloe vera, one of the oldest herbs known to man, used by Julius Caesar and Alexander the Great's armies for battle wounds.

DMSO was another persecuted drug. Dr. Stanley Jacob, its chief researcher, found that when antibiotics that were no longer effective were mixed with DMSO, this remarkable substance rendered bacteria vulnerable to them once again. Used soon after a stroke, either intravenously or orally, DMSO could dissolve the stroke. Hailed by *The New York Times* as the wonder drug of the 1960s, it is now all but forgotten.

Similar stories abound for immune-enhancing products and other nontoxic therapies. These substances are threats to patented drugs because they are cheap, effective and don't have adverse side effects. In many instances, members of the orthodox medical community knew that these therapies were effective, and had attempted to take over the protocol.

After being rebuffed, they resorted to persecution.

Moreover, in January, 1999, *Business Week* reported the fourth leading cause of hospitalizations: damage from FDA-approved drugs, affecting 2.2 million people a year at a cost of $5 billion. Americans are dying, one every three to five minutes, from the effects of FDA-approved pharmaceutical drugs, used as directed! In the face of such FDA dereliction of duty, against such a dismal background, who orders these raids?

Also, in 1999, the *Journal of the American Medical Association* reported that the fourth leading cause of death in the U.S. was side effects from properly administered, FDA-approved drugs. Congress did pass an "FDA Reform Bill," but it did nothing to address this issue. With huge

DMSO, aloe vera and other nontoxic substances have been targets of suppression, while toxic side effects from FDA-approved drugs were reported to be the fourth leading cause of hospital admissions and the fourth leading cause of death in the U.S. In the face of such FDA dereliction of duty, who orders raids on nontoxic substances?

contributions from the pharmaceutical companies, not one congressmen was indelicate enough to mention the statistic.

For this reporter, a New York State assemblyman in the 1970s, there is a solution to the drug problem (and I don't mean illegal street drugs, which kill only 10% as many people as legal drugs kill). The solution is simple: competition. Get the government out of the regulation of anything nontoxic.

In a free market, where non-toxic therapies can openly compete with toxic therapies, and information is not suppressed, consumers will make informed choices. This is exactly what the pharmaceutical companies don't want. Dancing to their tune, the FDA ferociously keeps off the market effective, nontoxic therapies that might provide formidable competition for patented, and often toxic, pharmaceutical drugs.

By keeping these therapies off the market, the FDA is not protecting the public from harm. It is protecting the pharmaceutical companies from effective competition. With an average of 65% to 75% of FDA employees working for drug companies upon their retirement, that's not surprising. *Lancet* editor Richard Horton wrote, "The FDA is not only

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HEALING GROCERY

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need for concern. (If you change your diet, you might want to discuss this with your physician.) In fact, the ability of grapefruit juice to make medicines more effective can also be used to the patient's advantage, especially when medicines have harmful or toxic side effects, so that lower dosages are more effective.

In another study, discussed in *Pediatrics* and *Child Health Alert,* researchers "concluded" that children drinking 12 ounces or more of fruit juice a day were at risk of growth failure or obesity. A closer look suggests that many of these children had a poor diet, were given processed, sweetened juices to "fill up" on, or had problems with absorbing nutrients. Drinking juice is not in itself a health risk.

All of this brings us to the quality of the juices. There is no match for freshly juiced fruit. But if convenience and thrift are factors, beware misleading labels when buying commercial drinks: the word "fruit" on the label doesn't mean you are getting juice. Terms such as "fruit drink," "beverage" or "punch" indicate little or no fruit. To be labeled as "juice," the product must contain at least 25% fruit juice, but a much higher percentage is desirable. Only 7% juice is needed for a label of "made with real fruit juice" and the term "real fruit beverage" is a lie. Check the ingredients—they must be listed in order of volume. If you see sugar or fructose first, move on.

Visit a juice bar, or make your own blend, for peak freshness. Or select individual juices or blends from one of the many reputable manufacturers that specialize in high quality and organic juices. It's summertime: Drink to your health! (And if you've partied too hard and have a hangover, fruit juices are the perfect answer for quick recovery.) For more recipes, see medical herbalist Anne McIntyre's book *Drink to Your Health.* For guidance on detoxifying, see *The Detox Diet,* by Elson M. Haas, M.D. AM

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compromised because it receives so much funding from industry but because it comes under incredible Congressional pressure to be favourable to industry. That has led to deaths."

Having freedom of medical choice can be a matter of life or death. Hundreds of thousands of people suffer and die needlessly every year. Control of medicine has historically been associated with corrupt or totalitarian regimes. It's time to separate the politics of wealth and power from the healing arts.

To take action, visit the consumer activist website Citizens for Health (www.citizens.org) for updates on current legislation, such as the Health Freedom of Choice Act and the Access to Medical Treatment Act; information on how to contact key legislators and regulatory agency officials; and links to other activist organizations. Get involved. Sign petitions or write to your legislators.

Your basic freedoms are at stake—and quite possibly your life, or the life of someone you love. AM

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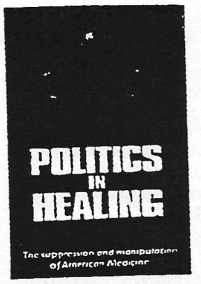

Daniel Haley devoted years to researching and writing the book, Politics in Healing: The Suppression and Manipulation of American Medicine *(Potomac Valley Press, ISBN# 0-9701150-0-8). Mr. Haley had been a U.S. intelligence officer in Asia, an international businessman and a member of the New York State Assembly where he chaired the Legislature's Joint Commission on Energy. He authored the Safe Energy Act of 1975, establishing the NYS Energy Research and Development Authority to focus on renewable energy resources.*

Healing Arts

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addition, a variety of musculo-skeletal techniques are available, including chiropractic, visceral manipulation, cranio-sacral and massage therapy.

Dr. Hopkins says, "The approach we take is that we don't treat disease. We don't treat cancer or any other illness. Our philosophy is that the only thing that can really treat the disease is the person and their own body. We are here to try to help that person and their body get healthier; to help that body do its own job better. We do this by removing the factors that are pushing it into a diseased state, by supporting the natural working systems of our God-given bodies. And we try to educate the patient as to what it's going to take to have a healthy lifestyle, to eat right, to live right and to do everything that they can do to help support these goals."

Adds Dr. Hansen, "Many people need a long-term approach. They cannot come out here for one day or one week and miraculously become healthy. They did not get into their predicament overnight and they're not going to get out of their predicament overnight. It has to be a very well thought out, long-term approach. The body has a certain rate at which it will progress."

"Many patients from out of the area need follow-up care where they live. Practitioners in other areas, hopefully, will pick up more of the diagnostic ideas and protocols that we use here and be able to do the same kind of work. Then, as we network, we can all share the tools and techniques that work in returning people to a lifetime of health." AM

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