



CONVERSATION for EXPLORATION

hosted by LAURA LEE

RALPH MOSS ON CHEMOTHERAPY, LAETRILE, COLEY'S TOXINS, BURZYNSKI, & CANCER POLITICS

(Laura Lee radio show, July 12, 1994 Transcript)

LL: (Laura Lee). The medical establishment keeps telling us that there are only 3 ways to treat cancer-- chemotherapy, radiation and surgery. Many people disagree and among them is Dr. Ralph Moss, author of a new book, Cancer Therapy. Dr. Moss, can we have a bit of background and why you became interested and decided to devote your practice and research to cancer?

RM: Twenty years ago I was hired at Memorial Sloan Kettering (MSK) cancer centre in New York as the science writer, later promoted to assistant director of public affairs. Shortly after I went to work there I went to visit an elderly Japanese scientist, Kanematsu Sugiura, who astonished me when he told me he was working on Laetrile (B17), at the time it was the most controversial thing in cancer ..reputed to be a cure for cancer. We in public affairs were giving out statements that Laetrile was worthless, it was quackery, and people should not abandon proven therapies. I was astonished that our most distinguished scientist would be bothering with something like this, and I said why are you doing this if it does not work. He took down lab books and showed me that in fact Laetrile is dramatically effective in stopping the spread of cancer. The animals were genetically programmed to get breast cancer and about 80 - 90% of them normally get spread of the cancer from the breast to the lungs which is a common route in humans, also for how people die of breast cancer, and instead when they gave the animals Laetrile by injection only 10-20% of them got lung metastasis. And these facts were verified by many people, including the pathology department.

LL: So this is verified, that Laetrile can have this positive effect?

RM: We were finding this and yet we in public affairs were told to issue statements to the exact opposite of what we were finding scientifically, and as the years went by I got more wrapped up in this thing and 3 years later I said all this in my own press conference, and was fired the next day, "for failing to carry out his most basic job responsibility"--ie to lie to the public what goes on in cancer research

LL: How can these people justify this in their own minds?

RM: Basically the attitude was best expressed by Lewis Thomas, the president of the centre, who told my boss, as he would not see me, "I am not going to die on the barricades for Laetrile. It is not a cure, it is only a palliative, (meaning it relieves pain and stops the spread of cancer), if it were a cure it might be a different story, but I am not going to give up my career, to die on the barricades". That's how they justified it in their own minds. I could not do that, nor could Dr. Sugiura, who never renounced the results of his own studies, despite the fact they put enormous pressure on him to do so.

LL: Are we practicing science here, or medicine, or politics?

RM: Politics. Political science as we say!

LL: You were mentioning that patients hear cure rate when something very different is being talked about. And we can go into the poor statistics for the standard modalities. They are not that effective, which is why everyone is looking for an alternative.

RM: When I was at MSK a lot of very weird things started to happen to me, there was this cognitive distance between what I was told, and was writing about treatment, especially chemotherapy, and what I was seeing with my own eyes. One time I heard the head of the intensive care unit give a talk in which he bragged about how he had

one of the lowest mortality rates in his unit. I went out to lunch with him, where he became a bit inebriated, and told me how he managed to get those statistics---by wheeling the dying patients out into the corridor where they died and didn't sully our departments record.

LL: Lets skew those statistics any way that looks good to us.

RM: Another time I went to interview a breast surgeon, and he had a lamp in the shape of a women's breast on his desk. I couldn't even get out a single interview question I was so astounded by this insensitivity, and here women were flocking in to have their breasts removed by this guy, and I thought...I didn't have any idea what was wrong but it was that twilight zone of knowing, feeling that something was definitely wrong but not knowing what it was. It was only when I had the enforced leisure from being fired that I was able to really look into it.

LL: It is interesting how many establishment doctors start out, in many cases to disprove the efficacy of alternative therapies and become advocates of alternative therapies. I don't hear many stories of the other way round.

RM: No, it is not likely. So, I started to look into the whole question of chemotherapy in particular, that is the cutting edge of orthodox treatment and I have now completed a report---Chemotherapy, How, When, and Why. With emphasis on the why. Although we do give some information for those who are taking chemotherapy on what they can take to decrease the side effects. Basically it is a very critical and comprehensive look, for we deal with about 60 different types of cancer, and all of the FDA approved anti cancer drugs. The bottom line is for a few kinds of cancer chemo is a life extending procedure---Hodgkin's disease, Acute Lymphocytic Leukemia, Testicular cancer, and Choriocarcinoma. Testicular cancer has yielded to platinum containing drugs.

LL: It probably makes you impotent.

RM: It does more than that. It is extremely damaging to the body, but it does lead to a very extended life for people with this problem. An interesting thing is that platinum is the old homoeopathic drug for problems of the testicles or the ovaries, and Hahnemann proved that on himself 180 years ago, but allopathic medicine takes this basic idea, without giving credit of course, ups the dose by the billions because they can't conceive of small doses having significant biological effect, and consequently put in massive amounts of homoeopathic medicines and cause tremendous toxicity and other problems, second cancers down the road and so forth. Outside those 4 or 5 treatments for which chemotherapy is effective there are a few where there is very moderate effectiveness in terms of life extension---lung cancer and ovarian cancer with a possibility of colon cancer.

LL: When you look at the statistics, chemotherapy is a standard treatment for all types of cancer generally speaking.

RM: Yes, it has become.

LL: However, when you really look at the statistics, you were saying, only a few respond.

RM: Yes, 2-4%.

LL: How in the world, Dr. Moss, can it be considered a standard cure, when it works for 2-4%, and very specific ones?

RM: We are dealing with an industry. It is not supported by the facts. The way that it is done is this. The drugs are tested in test tubes, and they look for things that will kill cells. After you have found something that kills cells, cancer cells, cell lines which are very abnormal non-typical sort of growths, maybe a new life form almost, then you put it into animals. Then if it kills the cancers before it kills the animals, and shrinks the tumours, you consider you have an active agent. You then put it into people, and go through the 3 phases the FDA prescribes for this, and basically if you can shrink the tumour 50% or more for 28 days you have got the FDA's definition of an active drug. That is called a response rate, so you have a response..

LL: Different from a cure?

RM: Quite a bit because when you look to see if there is any life prolongation from taking this treatment what you find is all kinds of hocus pocus and song and dance about the disease free survival, and this and that. In the end there is no proof that chemotherapy in the vast majority of cases actually extends life, and this is the GREAT LIE

about chemotherapy, that somehow there is a correlation between shrinking a tumour and extending the life of the patient.

LL: Or that there is a correlation between looking at a cancer cell in a test tube and the tumour in someone's body.

RM: Absolutely. What happens as you grow those cells in cell lines they become very weird. Hundreds and hundreds of generations later they don't even look like even normal human cancer cells. They are things that grow under glass, immortal cells, unlike normal body cells or normal cancer cells. So much cancer research is very questionable because it is based on this cell line research.

LL: Politics it seems is the word you must understand in order to understand what is going on. It is not science, it is not medicine, it is politics..

RM: And big money You have to understand that cancer is 1/9th of the overall health budget in the United States. The last figures I have seen from the American Cancer Society of money spent on cancer indirectly or directly at 107 Billion dollars.

LL: AIDS is a 4 billion dollar...

RM: Research, but you can't compare AIDS to cancer. Cancer we are talking about well over a million cases a year, not counting skin cancer which probably equals that.

LL: One million new cases discounting skin cancer?

RM: Right. About 630,000 people die every year of cancer in the US, and it really is an epidemic disease. We have got a tremendous industry. Every one of those people who is getting cancer and dying of it is going to be treated, and these treatments are extremely expensive. Chemo is tens of thousands, sometimes hundreds of thousands of dollars. A bone marrow transplantation which is basically another way of giving chemotherapy or radiation can run to about 150,000 dollars per person, and is almost never effective. It kills about 25%..

LL: Why carry on doing it?

RM: Because of the money, which is tremendous. If you look at the board of directors of MSK you will find that the drug industry has a dominant position on that board. One company in particular, Bristol Myers, which produces between 40 -50% of all the chemotherapy in the world, and they have top positions at MSK hospital.

LL: Doesn't that constitute a serious conflict of interest?

RM: They are selling their own drugs to that particular hospital but they have written into the by-laws of the centre that it does not constitute a conflict of interest to sell their company drugs to the centre. They get around it by not taking a salary. They are not paid, they are volunteers. Look what happens. You have a man like Benno Schmidt, who was first head of the president's cancer panel under Nixon, then becomes head of MSK. He then goes on using the knowledge he gained at MSK to set up his own drug company to make tens of millions of dollars.

LL: Another revolving door.

RM: You bet, and a big one.

RM: We have had 50 years of American Cancer Society (ACS) brainwashing on the question of cancer, so most people out there believe we are making progress in the war on cancer. We are not, we are losing the war. The statistics...

LL: 1.7% increase in terms of success rate a year, its nothing

RM: By the time we get to the 24th century we might have effective treatments, Star Trek will be long gone by that time. It's not working, yet we have had this infrastructure, the cancer establishment imposed over this country for the last 50 years. It is a fund raising machine. The ACS takes in 400 million dollars a year. What are they doing

with it? Where are the treatments? Where are the cures? Where is the good research? They are way way way out, far, drifting out to sea in terms of anything approaching human cancer. We have to re-orientate ourselves around the actual patient in front of you. The only thing that matters in cancer or any other disease. Instead we have this very abstract, academic, cruel, inhuman system which is now going to be forced down our throats by government decree.

LL: I am told the tobacco industry tries to influence the boards of directors of some of these cancer hospitals.

RM: At MSK in New York we had two top executives of Philip Morris and one of Nabisco on the board. You will not find much research being done on tobacco at MSK. They are not interested in tobacco, that is old hat, they are interested in P53 and other kind of weird genes that they find in their petri dishes. At the Tish hospital at NYU (New York University), named after the Tish family that is their chairman of the board. They own the Lorillard tobacco company, so they giveth and taketh away. They are going to give you cancer and then they will "cure" you of cancer, although they can't cure you. They will give you 3 months extra survival with vicious chemotherapy and call that a cure.

LL: I'd rather die gracefully in my sleep.

RM: You bet. You better not smoke and then most of the lung cancer wont happen, but that is one example of how the tobacco industry has infiltrated the medical establishment. The bigger thing is the industrial interests. If you look at the board of MSK you will find the who's who of the petro-chemical industry. Why are they there? Again, very little research is done on the effect of chemicals in causing cancer. We know that is probably one of the main things that causes cancer---petro-chemical pollution. But that is denied denied. Of course it's denied, because the people who are paying the bills and directing cancer research have a vested interest in keeping the scientists away from that area, and keeping them focused on DRUG cures, things that can be patented, marketed and so forth, and the FDA is in total collusion in this. They have set up a system where it costs hundreds of millions of dollars to develop a new drug in the US. Well, right there you know you are dealing with a monopoly situation.

LL: You can't be a small company and afford those research bills.

RM: You can't get in. It is a poker game where the ante is a 100 million dollars.

LL: Don't we have anti-trust laws?

RM: We are supposed to, and I have gone to people in the anti-trust division of the justice department. Their attitude is show us the smoking gun, in other words we want to see the conspiracy. Well I don't have access to the yachts off shore..

LL: You can see it. You have big business looking at cancer as a potential growth industry.

RM: You can come up with any results you want. You can buy the scientists to do that research. There are hired hands out there to attack any non-toxic treatment that you want to attack, and come up with some phoney results, give people synthetic vitamins with carcinogens, and that proves that vitamins cause cancer instead of curing cancer. You name it. If you have got the money you can buy the minority of scientists who are corrupt, but they are out there. Basically most people know how the data on the breast cancer study at the National Cancer Institute was fudged. The question of whether lumpectomy was as good as mastectomy is now in somewhat doubt, because of the fake data that was submitted to the national surgical adjuvant and bowel project run out of the university of Pittsburg. This kind of corruption and fakery, and abuse of the public has been going on as long as the war on cancer has been going on. The fact is that all of the studies that have been supervised by the National Cancer Institute should now be re-examined by congressional committees to see wether or not there is real corruption in all of them.

LL: If there was an even playing field some of the alternative therapies would shine.

RM: The Japanese are not afraid to look at things that are non-toxic. Here we will look at natural things as long as they are more toxic than chemotherapy. We don't want any competition. It would be unfair competition to have a less toxic drug than chemotherapy because everyone would then flock to the less toxic drug.

LL: What is really sick is the industry leaders value their bottom line more than the well being and life of people.

RM: Yes, because we have set up a situation where it costs hundreds of millions of dollars for a new drug. Once you have got a situation like that you have got to have a patent on the drug.

LL: We know that natural substances cannot be patented.

RM: If you want to change it you change the law that establishes the need for double blind clinical studies in drugs. You eliminate the efficacy clause from the Harris amendment to the food and drug act, which Harris himself didn't even want. This was imposed by the FDA and the drug industry. This upped the ante and made a regulatory barrier. Now instead of it taking 1 million dollars to establish the safety of a drug, you now need 300 million dollars. So none of the small inventors, or the people with good ideas can ever hope to possibly get their drugs approved. They put you in administrative limbo where the best you ever hope to get is this backburner simmering kind of thing, and I know of a number of good scientists who have got IND's (Investigative New Drug Applications) to test drugs, but when you try to market the drug they will put you out of business, and Dr. Burzynski is the prime example. Brilliant scientist, wonderful results in cancer, validated by the NCI, and yet he is on the verge of federal indictment.

RM: If there is one thing you should pick up from this show tonight it's this: If you ever get into a situation where a doctor recommends chemotherapy to you or your family ask to see the studies that the chemotherapy actually extends the life of the patient.

LL: With chemo you may be shortening your life, certainly be under discomfort, certainly incurring huge costs. It can bankrupt you or your family. You have a right to know

RM: What is the actual toxicity? Go to a library to get a physicians desk reference, or my chemotherapy report. I am continuously amazed. I was doing some research due to my consultations on AML--a type of Leukemia, and the treatment is so intense and toxic that in the older group that this particular patient fell into, 40% die from the toxicity of the treatment.

LL: 40% would have lived longer if they hadn't had the treatment.

RM: And the cure rate is miniscule, under 10%. It is terrible odds. In Las Vegas you wouldn't gamble with those odds unless you were crazy. The doctors fudge the statistics. They are confounding and confusing different issues, the response rate, the cure rate, the one year survival rate and so forth. Many doctors don't know any better. They are afraid. The widest prairies have electric fences and they are afraid to wander too close to the edge of their own field to find out what is on the other side because they know from the example of Dr. Jonathen Wright or Burzynski that if you stray too far from the herd you are liable to bump into one of those electric fences. So there is a kind of self censorship. I have seen this a hundred times. You talk to oncologists and doctors, and they are individually open-minded and interested but as an aggregate they will not move until their leadership moves because that is a very dangerous thing for an oncologist to do. They would stand out too much, and they can't afford to do that as they all depend on referrals from everyone else. So the minute you get branded as a "quack"----it is a conformist world, and in the professions the peer pressure is what makes for success or failure. Nobody wants to alienate their peers, so you don't stick your neck out or you will get your head chopped off.

LL: Lop the tallest poppy. Where does good science happen?

RM: Dr. Gavalo in Russia who gets 75% five year survival in most carcinomas. Unbelievable. CG hormone. Trophoblastic cell. Cancer is similar to pregnancy. Cancer looks like a pregnancy. Dr. Lance....isolate the blocking factor...analysed proteins anti tumour necrosis factor...blocking factors of tumour.. we dismount immune system when pregnant... remove blocking proteins 3 patients with over 2 pounds of cancer...within 24 hours all dead on autopsy they did not have a single cancer cell all gone in 48 hours....but kidneys could not handle it....they did not know about detox....the word detox does not appear in the main textbook on cancer or the main medical textbook...the word in medicine refers to heroin addicts and getting them off heroin....they do not conceive that their are such things as toxins created by a tumour...where do they think it all goes?....it goes straight to the kidney, liver, lungs....Lentz learned to go slower... surgery can reduce tumour load...this failure is more exciting than most of the success I read about...it shows you how incredibly powerful the immune system is...it is not just that people have failing immune systems...it is primarily that the tumour can evade the immune system....it does not see the tumour there...if you make it visible it will go in and wipe it out....the Burton Clinic in the Bahamas does this....Lentz did

learn (1986) 2 patients who were terminal are still alive.... in 1902 a man, Beard, discovered cancer is trophoblast, wrong time wrong place.....cancer is far too intelligent to submit to the raid approach of allopathic medicine

LL: Other research?

RM: Burzynski, only available in Texas. Some results are amazing, for example in brain cancer. The NCI sent a team, finally, after we were asking them for 15 years, and validated the cases. I met one of the boys who was treated for a tumour about the size of pear in his brain. Within one month the tumour was gone, and it is 3 years down the road, cancer free. He has damage from the radiation treatment he received prior to that, he lost some of his hearing. In non Hodgkinson lymphoma I have a friend who had stage 4, went through chemo, radiation and bone marrow transplant. He failed the bone marrow transplantation. More chemotherapy. Read my book and found out about Dr. Burzynski, and its 5 years, and he is completely free of cancer... an amazing case....he also took the whole "chicken soup" of vitamins etc.....why is this better than chemo?...it is very low toxicity

LL: You are talking about not damaged immune systems but how the immune system was fooled.

RM: Exactly, but you still have to have an immune system. Chemo decreases it..

LL: And you are going to die when some other germ comes along.

RM: Or another cancer comes along, which happens to about 10% of the people who survive the chemotherapy, they develop a second cancer, and they will never cure that one. It is almost impossible to cure.

Another treatment COLEY'S TOXINS which is one of the ones that excites me the most. This is not generally available though I do know of ways to get it in different forms. It was invented here like many of our alternative treatments and then they have to go abroad to be used. There is a Coley's hospital in China. They can get it in China but not here. It was discovered at MSK in 1893 and the results...over a 1000 people were treated with it. It is basically a high fever treatment. Some guy rung a radio show I was on, he had a sarcoma that was operated on, it spread, and his doctor sent him to Dr. Coley. He was 13 at the time and 95 now. This is 82 years. Sarcoma is an incurable disease. A blow away treatment. In advanced terminal breast cancer they got complete remissions in 50% of the cases using this treatment.

LL: This is criminal.

RM: That is not saying what you would get if you used it in conjunction with surgery, you may get a 100%

LL: It is criminal that these are not incorporated into the standard procedures.

RM: You bet, it is criminal. I have known about this and lived with it for 20 years. You know what? THEY know about it at Sloane Kettering. They even put Coley's picture in their publicity material, as a pioneer of immunology, but they would never use the treatment themselves. They want to develop DRUGS that can be spun off like Tumour Necrosis Factor, like these other immunologically based drug treatments, highly toxic, destructive of the immune system, incredibly expensive.

LL: It's big business.

RM: Yes, he who pays the piper calls the tune, and the drug industry pays the piper. Do you know what the MSK president makes?

LL: \$400,000?

RM: That's chicken feed. The president of MSK makes 2 million dollars a year, 2.2 million.

RM: Coley's toxins are bacteria that force the body to fever and kill them and the cancer as well. Tumours are very poorly vascularised, so you disrupt their ability to get nutrients and to get rid of wastes by raising the body temperature.....this is really an effective treatment and it an OUTRAGEOUS crime of the century that we at MSK were able to cure cancer a 100 years ago that they can't cure today. This is a fraud being perpetrated on the public...

LL: Why isn't the New York Times writing about this?

RM: The chairman of the board of Bristol Myers, the main company producing anti-cancer drugs, who also happens to be on the board of MSK, is also on the board of the New York Times. Everybody's brother in law is an oncologist, or on the board of somebody else's something or other, so it is a money making thing for the establishment. A hundred and seven billion, with a B, dollars a year business, and we are not going to get rid of it easily. The point is use your vote....

LL: Or your mind

RM: Or your mind, what a novel idea.

LL: Lets work with it (cancer) rather than go out to stamp on it like a cockroach.

RM: Chemotherapy is machismo practiced to the N'th degree. It is a war in which you are the battleground, lucky you, I mean you have to treat your body better than that. The folks that bring you the toxic chemicals that cause the cancer are then kind enough to bring you toxic chemicals that allegedly....

LL: We live in interesting times.

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