

My Story

It was on a Tuesday afternoon, January 4, 1995, that members of my family and I gathered in a tiny room at the Dana Farber Cancer Clinic with the head of oncology and another doctor. This meeting was the culmination of several weeks of diagnostic efforts, including biopsies, CT scans, X-rays, bone scans, an MRI, blood tests, physical examinations, etc. The meeting was short and to the point. I had prostate cancer, which had metastasized to the seminal vesicles and most likely elsewhere. The radiology report stated "2.3 x 4.3 x 4.8 cm mass is present in the peripheral zone in the mid line and extends superiorly to the seminal vesicles bilaterally and posteriorly to the rectum." It was also a Gleason 10, which meant that it was growing at the most rapid encountered and measured on the Gleason scale. The shared opinion by the doctors, based on the evidence, was that it would be fatal within 6 to 12 months maximum. Could anything be done? No, absolutely nothing.

There was no treatment which could be effective at this advanced stage. Surgery was not an option because the cancer had spread beyond the prostate. Radiation was not possible either for the same reason, because in order to stop the cancer it was necessary to get all of it, and too many other organs would be destroyed in the process, and only the cause of death would change. Radiation limited to the prostate could, however, temporarily reduce the size of the tumor and thus temporarily relieve the symptoms but "it would not add even one day of life". Combined hormone therapy was recommended instead, as a means of accomplishing the same thing, delaying the more debilitating symptoms associated with the "final days" of the ever-enlarging and spreading prostate tumor.

Now we must look back a ways to see how this came about, because there is a very important lesson to be learned here by every man who believes that he is monitoring his condition properly and who is relying on his doctor and the medical establishment to serve him well. I had gone to a well-regarded internist for several years for annual check-ups. These included both the PSA blood test and the digital examination of the prostate. In July, 1993, about a year and a half earlier, I had such an examination and was told that all was well, my PSA was normal at under 4.0, and the digital examination indicated nothing abnormal. When I mentioned occasional pains in the prostate area, he said "....we all get pains at our age. Your prostate is large but that is also common at this

age.....nothing to worry about". A month later, when I reported to him a discharge of blood, he suggested that I see a urologist, which I did, in September, 1993.

This man is well-known and esteemed in his profession. From my own experience, I must conclude that his stature in the medical profession may be in no small part derived from his record-setting ability to see more patients per hour than anyone else. I doubt that he gave me more than a total of five minutes, which included a digital examination and the dictation into a recorder of a letter to my doctor. The letter stated in part, "I have examined him carefully for evidence of prostate malignancy and found only a benign, modestly enlarged prostate that was somewhat modular and that did not suggest cancer. There was no indication or specific nodules that were firm. I think we are dealing with a self-limiting inflammatory process involving the seminal vesicals and will treat him with 10 days of broad spectrum antibiotics".

Well, that all seemed good.....just an inflammation. I could live with that. Should I doubt the veracity and competence of two highly respected doctors who saw no indication of cancer? I had never even considered cancer in the first place. That was what other people got. Haven't we all been brought up with an almost reverential awe and respect for the many years of self-sacrificing, rigorous training the doctors go through to learn all there is to know about doctoring, and for the dedicated, strict adherence to the Hippocratic oath that each lives by? (I wonder why Hippocratic and hypocrite sound so much alike. Maybe it is because the current trend in modern, politically correct medicine was anticipated, and the latter could easily be substituted for the former without anyone being the wiser). Today, there is a growing recognition that doctors are not infallible, that their competence can sometimes be suspect, and that economic as well as debilitating regulatory and political factors affect their performance. Clearly, doctors are no more immune than anyone else to the decaying social, moral and educational structure, which is the greatest disease of our times.

So, I went blissfully on my way for another year. The pain did not get any worse, nor did the bleeding. It didn't get any better either after the antibiotics, but I could live with that. After all, it wasn't anything serious. In August of 1994, I had my next annual exam with similar results. "You're fine. Keep doing whatever you are doing". My prostate was fine, just a little bit larger.

That's why I had to get up 2 or 3 times each night. Later, it seemed to me that my symptoms were getting worse and I was having to urinate more frequently and with greater difficulty.

This time I went to a different urologist, one whom I hoped was not a world-class marathon patient processor, one to whom I could talk, who would take the time to listen, and who would diagnose at a walking pace, not at the rate of a speeding bullet. I was lucky this time. His digital exam revealed what he thought was a large tumor on the prostate and also on the seminal vesicles. This was, of course, later confirmed by the MRI, while the biopsy revealed that it was cancerous.

Thus, one could say that I was fatally fooled by the fickle finger of fate. But in this case it was first the short, pudgy finger that couldn't feel anything, and then the flying finger that didn't know what he felt. Obviously, the tumor had been growing for months, possibly years, and could perhaps have been detected by a competent long finger before it had advanced beyond the prostate, and was as yet in some treatable state.

The evening of the Dana Farber consult, all available members of my family met to discuss the matter. I can vividly remember that evening. Everyone was serious but no-one seemed emotional. My own frame of mind may at first seem strange as I here describe it. One might expect that a reasonable reaction to such news might be fear, sorrow, resignation, anger, or even panic. Mine was none of these. As my family will verify, because I expressed it at the time, I felt what would almost have to be called exuberant. In my mind it was. "Oh, boy! I've got a job, a challenge, something to sink my teeth into!"

In order for this to make any sense, the situation must be placed in its context. This all occurred toward the end of the only recession that I had ever experienced during my 40 years as a professional engineer. Compared to the 80 to 100-hour workweeks, which had been my steady diet for most of my life, I had been vegetating for the past couple of years with too little work to keep me busy. The challenge of impossible schedules and seemingly unsolvable technical problems had been my steady diet for as long as I could remember. These had been the essence of my life, the force that justified my existence and that kept me, from a spiritual and a social perspective, both hollow and shallow. Now, suddenly, I had a challenge! A big one! Except for the fact that failure

would make it my last one, this challenge was little different from the hundreds of others that I had encountered since age 10, when I began my work life.

My formula for dealing with challenges had always been to study hard, think hard, work hard, and never quit. This procedure had served me well until now, and I saw no other way nor any reason not to apply it, at least one last time. My biggest problem was the time schedule. The Lord hadn't given me much time to accomplish such a large project. However, my schedules had always been impossible, so this was not new, and with God's help they were always completed when needed.

You probably have noticed that I have included God in this process. Actually, at the time, and throughout most of my life, until some time later, after I was healed, I didn't know God, and had no sense that He had any involvement in my life. The fact that He did, how He did, and how He has affected my life since then is a story unto itself and one that I have already written much about elsewhere.

At our first family meeting, we agreed to collect whatever books there were on cancer, each read one, and report our findings at weekly meetings. In the meantime, I began the Combined Hormone Therapy (CHT), which consisted of 6 capsules per day and one monthly implant by way of a thick needle deep into the belly fat. These were supposed to block the production of testosterone from the two sources in the body where it is created, thereby, in theory, denying the tumor its main nutrient, thus slowing the growth or perhaps even shrinking it.

We next met with the chief of cryosurgery at Tufts Medical Center, where they destroy tumors by freezing them. He said that the tumor was too big for the process to be effective. This was followed by a visit to the Mass. General Hospital and to a doctor who had had success with some sort of proton beam radiation. Again the answer was "no use, the tumor is too big and too widespread". It seems that it is good practice to take only the easier cases so that the ratio of success to attempts looks good. Even with this stacking of the deck, the statistics on cancer treatment are poor. Think how much lower they would be if they applied treatment to all cases, cases such as mine. Well, that seemed to be the end of it as far as conventional medicine was concerned. The leading authorities in the field at the leading institutions in the country had

rendered a unanimous verdict and, taken at face value, there was nothing more for me to do other than "get my affairs in order" and wait for the end. No-one mentioned what this last 6-plus months would be like and I did not think to ask.

By the way, each member of my family has read or will read this. Because there is almost nothing in this monologue which at least one of them didn't witness or know about in detail, I have here very little latitude to deviate from the straight and narrow factual narration of events and circumstances. There is nothing that pleased any of them more than to prove me wrong or find my mistakes. Therefore, it is safe to assume that what I here relate has been well edited, at least from the viewpoint of accuracy of fact. What a pity that their interest in calling me to task does not include spelling, grammar and punctuation.

Our collective reading revealed to us a whole new, little known, but much maligned world of so-called "alternative medicine". We found much compelling and sickening evidence of many years of concerted, coordinated and "criminal" effort by the FDA, the pharmaceutical companies, and the American Medical Association to exercise totalitarian control over every aspect of the health "business". From the evidence, it is clear that the last thing that the "establishment" wants is a "cure" for anything. Sickness is profitable, restored health is not, at least for the cartel. A solid "cure" for cancer, for instance, would jeopardize billions in investments and halt the flow of vast amounts being thrown into the so-called "war on cancer". Those scientists and doctors who have found effective, even promising protocols for what the medical oligarchy views as profitable "diseases", have been terrorized, jailed, discredited, ostracized and/or driven from this country, using tactics which one would expect from Hitler's Gestapo at its "best". This has been the covert American policy for most of this century, although many overt expressions of its power and control seem to have manifested beginning in the 1930's. I say "covert" not because it is a secret, but because it has never gotten the media exposure which would in any way alarm the general public. Nevertheless, there is proof, vast and compelling, to anyone who simply scratches the surface of readily available historical data.

If you believe that there will ever be a real "cure" for cancer or any other major profitable disease, one that will become readily available to the general public, you have a very long wait. Unless you

understand the real agenda, you will periodically be convinced that a "cure" is right around the corner. A major "breakthrough" will be "revealed" every so often, a breakthrough which will take "several years" of testing before it can be offered to patients. This raises hopes, raises the stature of the "researchers" and, above all, raises funding from both taxes and from increased contributions to the many "non-profit" organizations supposedly helping to fight the "war". However, for some reason, the "cure" or very "promising treatment" never seem to get to the public, or somehow, after all of the aforementioned "raises" have been milked out of the public, the "breakthrough" isn't all that it was hyped to be. Then the game gets played again and again, but so cleverly that we never catch on.

Clearly this is tangential to my story, but I feel compelled to at least make reference to this travesty, so that those who want to take charge of their health will realize that all is not as it seems to be nor as is popularly believed. I know from my experience that most will "stick to the system", believe what they are told by it, and accept whatever fate that it decrees. I pray that some will take heed and examine the facts from outside the system and not from the perpetrators and their unwitting dupes. To do less is at your peril, and also that of your family. Please note that this is not a condemnation of the practicing physicians, but of the system that trains them, controls them, and that supplies them. The evidence suggest that it is a closed system, a brotherhood consisting of the pharmaceutical companies the AMA, FDA, universities and research companies all "scratching each others back" and perpetuating the golden goose of symptom treatment.

During our examination of available data, we learned of a number of researchers and doctors who had developed protocols which were quite impressive, in terms of the success that they had having treated hopeless cases such as mine. One of these which seemed based on good science, although not well received by the American medical establishment, is very much valued in Germany. This is the legacy of a German bacteriologist named Gunther Enderlein who, in 1930 and beyond, examined live blood under a dark field microscope. He determined that certain bacteria living within the human body can change in size and shape, transforming from harmless agents into disease-causing bacteria or fungi. He developed medicines designed to halt these pleomorphic microbes' attack on body cells and tissues. These remedies are said to foster self-healing by causing the disease-causing forms to revert back into harmless forms.

Another treatment proven to be very effective is that developed by a Dr. Stanislaw Burzynski, a physician/biologist based in Dallas, Texas. He discovered that certain peptides, generated naturally by the body, inhibit to growth of cancer cells. These substances are part of a biochemical defense system completely apart from our immune system. When the immune system destroys invading agents, the biochemical defense mechanism tends to reprogram, or correct, defective cells. Dr. Burzynski found that cancer patients have only 2% to 3% of these, what he called antineoplastins, as compared with healthy individuals. By adding these peptides to the system, he found that tumors would shrink and even disappear. From 1977 through 1991 he treated more than 2,000 patients, most of whom were in advanced stages and many classified by conventional medicine as imminently terminal. Significant numbers of these were still in remission after 5 years, and the life expectancy of many others was considerably extended.

Apparently, the good doctor was too successful in treating the disease, because in 1983 the FDA began an unrelenting harassment campaign aimed at destroying him. In 1985, armed with an illegal search warrant, they raided his clinic, seizing over 200,000 confidential documents, including personal, private medical records. This harassment has continued to the present, causing the death or greatly reducing improvement of hundreds of patients who were thus deprived of treatment. His case is quite unique in that he is still in business even though he has been limited to serving only Texas residents. His case is further unique because he actually beat the government on several occasions in court, the last being in 1997 when the FDA sought to put him in prison for 99 years for inadvertently treating out-of-state patients. His success against the cabal's vendetta is to a large degree due to the many hundreds of patients whom he had helped and who at one point gathered in Washington to protest the FDA actions and lobby for legislation which would curb its' unholy activities. Then later, many patients maintained vigil outside the courthouse where he was on trial. This public expression was too great to be successfully avoided by the media, and this travesty received national attention, although the reporting was less than balanced, demonstrating a strong bias in favor of the establishment by careful selection of reported facts. So what else is new? I visited his clinic and had a consultation with him. Because he was then under the court order, he could not treat me, much to my disappointment and disgust.

By the end of January 1995, I had made a decision as to what formal treatment effort I would concentrate on. However I had hardly stood still up to then either. I knew what I had right after the long finger exam, long before the "final judgment". I just didn't know how bad it was. From that day on, I stopped all coffee, meat, fats, soft drinks, sugars and alcohol, and started eating more vegetables and immune building supplements. Avoiding meat, fats and sugars was the only difficult part because my coffee intake had never been more than 1 or 2 cups a month, only occasionally at business meetings, and I had never touched alcohol except perhaps 6 or 8 beers per year. Of course, this seemed like a classic case of locking the barn after the horse had been stolen, but what else was there to do? Continuing things which I knew tended to promote ill health made no sense to me if I was going to seriously attack my problem.

Cancer is but a symptom of a systemic problem, and not really the root problem. Of course it can and will kill, but it exists because the system has failed in some way, and that failure has manifested itself as a cancer. Depending on ones' genetic propensities and on the particular insults to which the body has been subjected, that failure in the system could just as well result in heart disease, diabetes, MS, or any one or more of the other serious diseases that debilitate and kill. The least that I could do was to eliminate everything that had cancer-causing possibilities and to take and do everything, which was known or even suspected of improving general health and perhaps thwarting cancer. The very least I could try to do was to die healthy.

So, on January 31, 1995, I went to Essen, Germany to see Dr. Maria Blecker, who was a well-known disciple of Dr. Enderlein, and who administered therapies which he had developed. This involved a week of daily visits to her office where she would test my urine and study my blood under a dark field microscope. The view through the microscope was also projected on a TV screen. What can be seen on the screen are many of the live components of the blood such as the red and white cells, along with a variety of other ingredients which tell the trained viewer a great deal about what is going on the system. One can, for example, see the activity of the white cells as they assimilate unwanted elements in the blood. This degree of activity is an indication of their health. Red cells also exhibit a variety of telling characteristics. Nice round, clear cells are healthy. Clustered, misshapen cells, and cells with excessive opaqueness indicate problems. The amount and "character" of the "debris" floating around also reveals important clues to likely

problems. This is a very fascinating and diagnostically important field of which conventional doctors seem to know nothing. I have watched my blood on TV many dozens of times these past years, and seen it transition through numerous phases as I carried on my various therapeutic programs.

Based on the blood analysis, there would be a daily injection of various remedies, some diet instructions, medical suppositories, and a return the next day to see what changes might have occurred in the blood. She could even tell from the blood whether I had eaten or not eaten what she prescribed. Dr. Blecker also recommended the use of a hyperthermia machine with which to apply heat to the tumor area. This is not available in the USA, but I later had one smuggled to me by a fellow patient who was in the electronics business.

One of the most difficult things about my stay in Germany was the dinner meal at the hotel. This was a huge buffet which featured many of the finest German cold cuts and other meats which have always been my favorites. The desserts also provided temptations that could shame the devil.

Because Dr. Blecker would be giving a professional seminar in Los Angeles in mid-March, I had my follow-up exam there instead of in Germany. By chance (or was it divine intervention?) one of her seminar attendees was a Dr. Klass, a naturalopath from North Blandford, CT, just 124 miles from my home. I have been under his care in the context of Enderlein therapies ever since. For a while I went to him every week, then every two weeks, and then less often. Now I see him about every six months to check my overall general health. I am convinced that the work of these doctors is highly beneficial in the restoration and maintenance of good health. Having observed the condition of my blood and its changing characteristics as a result of various remedies and diets, I also believe that this method of blood analysis, along with several other diagnostic methods in common use in this field, are very effective even though they are not recognized as such by the politically correct medical community.

My trips to Germany and California did not end the search, or the testing and trying of every product and device about which I had heard or read. I also applied to several organizations whose mission is to investigate and act as a clearing house for the dissemination of information regarding

the availability of alternative cancer treatments all over the world, but especially in the US, Canada and Mexico. From People Against Cancer, I received a list of doctors who have clinics that specialize in specific protocols, which have proven beneficial for many terminal patients. Among those were Dr. Lawrence Burton with his Immuno-Augmentive Therapy; Dr. Stanislav Burzynski with his anti-neoplastins; Dr. Max Gerson who cures primarily with diet and raw vegetable juices; Dr. Nicholas Gonzales who uses combinations of Gerson and Kelly, along with vitamins and enzymes; Hoxsey, who had success with a non-toxic herbal therapy; and several others. All of these are well known in the world of alternative cancer treatment, and I had already learned of them from other sources. At the 23rd Alternative Cancer Therapy Conference which I later attended in Pasadena, CA, I listened to a number of presentations, including Dr. Gerson's daughter who now operates his clinic, Dr. Gonzales, and representatives of many other clinics. There I also obtained a number of devices, supplements, herbs, techniques, etc., from the hundreds of display booths.

Another similar organization which tries to be very accommodating is CanHelp of Port Ludlow, WA. They have the same mission. However, they seem to keep track of a broader spectrum of conventional as well as alternative therapies, and tend to somewhat customize their suggestions to the individual cases. In my case, which they called "unusual", being hormone refractory, having a Gleason 10, and non-responsive to the PSA test, they did indeed go full spectrum with 12 pages of suggestions, ranging from the country's top radiologist to a source giving away the specifications for a home-made Rife wave machine. I went down the list and contacted nearly all of the them. The first was what is called brachytherapy developed by Dr. Hoakon Ragle at the Seattle Northwest Hospital, which uses radioactive Palladium 103 rice-like seeds implanted into the prostate. CanHelp was quite enthusiastic about this, but when I called Dr. Ragle, he said that I was not curable and not a candidate for this treatment. The same seemed to be the case regarding the other recommendations until I got down to some of the "far out" or "bottom of the barrel" items where there had been some anecdotal evidence of benefits.

Among these was an herbal formula created by Dr. Alexander Sun, called Sun Soup. This was reported to arrest the metastatic spread of tumors and sometimes eliminate them. This is among the worst-tasting substances ever created. However, I added it to my growing list of self-applied treatments and ate a bowl full each day for over a year. As an adjunct to this was a thymus extract

powder called "thymostimulin", which I had to get from the Czech Republic, dissolve in a fluid, and inject in my "butt".

Another suggestion was a substance called Vitar Elixir which was also reported to have arrested some advanced cancers. This, too, is an herbal mixture but extremely concentrated. For over a year I also applied this as recommended both by injection of 6 to 8 drops per day as well as a poultice on the groin. The drops burned as much as the hottest Tabasco Sauce, and the poultice blistered my skin and burned unmercifully. Every night I would sit in the tub, pour this stuff between my legs and then press an Elixir-saturated cloth tight against the skin, holding it there for half an hour. These were the second longest half hours I have ever spent consistently day after day. The pain that this caused, especially in the "private" parts, was all that I could tolerate, and then some. But sadly it did not all end after the half hour. Showering hurt and clothing hurt the blistered areas. Some of my undershorts, after dozens of bleach washings, are still pink from the Elixir, even though the excess was showered off after each application. I wore rubber gloves throughout these efforts and used heavy applications of bleach and strong cleanser to clean the tub.

Certainly the longest daily half hours of my life to date were when I was hooked up the hyperthermia machine. As noted above, I did finally get one sometime in June of 1995. This involved inserting a steel rod, about as thick as my thumb, into the rectum, and then placing a steel plate across the lower stomach on and under the navel. These were attached by electrodes to the machine, which then transmitted microwaves through the prostate area between the two terminals. One could adjust the intensity by means of a dial. The theory was that the generated heat would "cook" the cancer cells. To properly apply these terminals required the application of a special cream, which has good electrical conductivity so that the current, or microwaves, could readily penetrate the skin. In some instances, good and uniform contact did not occur. In these cases, turning up the dial might fail to produce the desired current. Instead, an incredibly painful surge of burning power would flow through, concentrated at one or more points, sort of sparking, instead of uniformly distributing between the terminals. At best, when it went smoothly, the discomfort was intense, but once it sparked, the resulting "wound" would hurt no matter how well it performed. Nevertheless, I always kept the power as high as I could tolerate in order to maximize the hoped-for benefits.

What I've described is but a sampling of the devices and medication that I subjected myself to. One could say, and many did. "How foolish! You could hurt yourself or do permanent damage." Hurt what? I had been told by undisputed authorities, doctors eminent in their field, who have dealt with thousands of similar cases that I had 6, or at the most, 12 months to live. Period! End of story! Unconditional! No equivocations! No exceptions! No maybes! I had absolutely nothing to lose. I could play Russian roulette, jump off a bridge, jump in front of trains, and do anything I wanted. Nothing could hurt me anymore than would the beast inside me. I could sit back and let it eat me up or I could try to shoot at it with any thing that I could find from spitballs to atomic bombs. What's a little pain and suffering in the process, or some damage to some other part of me? By June I had already past the 6 months time line and was heading down the home stretch and toward the losers circle. By the end of the year it would be all academic and history anyway, unless something worked.

The strange thing however, was that I felt good, in fact better than I had felt before all of this started. I had some pain, and also during this early period I had to get up 5 or 6 times during the night but that was all. However, the urologist examination indicated that the tumor was growing bigger and had begun to invade the urethra. All of my efforts had improved my general health but had as yet failed to tame the beast. It may be possible now however, to say that these efforts may have kept it corralled in the region and prevented what was believed the inevitable advance into the bones and other vital organs.

By August of 1995, serious bleeding was occurring and large blood clots would plug the urethra and then pop out with the urine. It's hard to believe but some were as large as a chicken livers. This problem increased quite rapidly until I could no longer urinate without extreme pain, only in tiny amounts and with great difficulty. By then the beast was beginning to creep up to the upper end of the urethra at the opening into the bladder. Dr. Doyle suggested that he install a permanent catheter and that I wear a bag. Instead I asked him to prescribe a removable catheter that I could insert myself as needed.

This was a 12-inch rubber tube with hole cut into its side, a half inch from the end. I also got a "stay in" catheter and a bag that I could install myself, if needed. The "stay in" type is a much longer, much thicker tube, which is actually two tubes in one. The one tube is, of course, for drainage, while the other one surrounds the first and has no hole in the inserted end. By placing a syringe on the exposed end after the other end is well into the bladder, one can force a fluid up into this outer tube, which then expands only at the extreme end so that the tube cannot fall or be pulled out of the bladder without evacuating the enlargement formed at the end of the tube. When in place, if one could see it, it would look like a small (10 cc) water-filled balloon on the end of a long tube.

Using the regular catheter helped for a while, but I still had to get up 10 - 12 times during the night because, for some reason, the urge to urinate would become overwhelming every few minutes and awaken me. Unfortunately, the "beast" was generating more and more blood clots and hunks of what looked like fibrous flesh, which I assumed, were pieces of tumor. These were accumulating so prodigiously that each urination, even with catheter, was a major effort. By now, I couldn't get out any urine without the catheter. However, whenever I inserted it, it was immediately plugged by a blood clot. This would require its removal, cleaning, re-sterilizing, re-lubricating and re-insertion, usually 6 to 8 times before the tube could drain the bladder. Thus, it might take me 15 to 20 minutes of effort before I could get relief. One time I called my son, Hal, from next door at 3:00 AM, after ten tries and when I thought for sure that my bladder would burst. Fortunately, I got relief with the next attempt and did not have to be taken to the hospital. These close calls occurred once or twice per week during that period.

This situation begged for some improvising. Running the tube in and out of my urethra more than 40 or 50 times per day was very unpleasant and starting to cause abrasions and soreness along the entire length of the urethra, even where the cancer was not. In an attempt to reduce this number, I decided to try using suction to remove the clots. I noticed that the outer end of the catheter fit just right over the end of a needle syringe. With this I could try to extract the clot by applying suction to the catheter. This worked only occasionally, but even that was welcome. Sometimes when I

pulled the catheter out while holding a suction, I could drag out a sizable clot, thereby reducing the number of times that I had to repeat the process in order to get relief. Other times I was able to break off a stuck clot and pass it through by pushing and pulling the catheter in and out just a little, while applying a suction with the syringe. This would work if I could get the end of the syringe far enough into the bladder before another clot got caught. This whole process created another very sore and sensitive spot in the bladder. Because of all the clotting, it always seemed necessary to push the catheter in as far as possible in hopes of slipping by or shaking off the clots. By doing this I nearly always poked the far side of the bladder with the end of the catheter. This, plus the fact that as the bladder drained and collapsed, some spot would always end up hitting the end of the catheter. After several hundred times of doing this, that spot became very tender and became one more source of discomfort. As much as I appreciated it each time I finally succeeded in being able to effect drainage, I dreaded that last second when the spot hit the end of the catheter.

Traveling was very stressful in this condition. In a car wasn't too bad because one could usually stop when needed, and I always carried a bottle and all of my paraphernalia (catheter, syringe, germicide, lubricant, cleaning cloths, etc.). Flying, however, was a problem. I spent all of my time watching the rest room "vacant/occupied" light, obstructions between it, and me and praying that I could get there when needed because there was very little "slack" time between the time I felt the urge and when hell would commence if I didn't respond.

In February, while things were still somewhat normal, I went to New Orleans to an "Immuno Comp Lab" where they had developed a vaccine using prostate cancer cells and other substances. This involved daily shots into the lymph area in the groin. After the first two shots at the lab, I went home and received each week a weekly supply of refrigerated, filled, needle syringes which I self-administered each morning. I continued this for about 5 months and chose to end it when I noticed one day that I was injecting something that had someone else's name on it.

In April, I went to Dallas to see Dr. Burzynski. This was one of those difficult trips referred to above. He and I discussed my case and he would have tried to help me, but he could not because of the FDA and the subterfuge previously mentioned.

Speaking of needles, I became quite adept at their use, into the flesh anyway. My weekly trips to Dr. Klass always ended in a huge shot in the arm, sometimes both arms, and a number of vials of substances to self-administer daily. He provided me with needles and syringes by the gross for this purpose. I used to accuse him of being a horse doctor posing as a naturalopath because of the huge syringes and horse-sized amounts he pumped into me. At home, I gave myself daily Enderlein shots in the butt, the 714X in the groin, the vaccine elsewhere in the groin, and the thymos extract in the butt. Also, for a while, I got daily shots in the vein of a substance called "Ukrain", which Dr. Klass recommended. I didn't try to do this myself, but got my son Hal to do it every morning when he came over to prepare my vegetable juice. Neither of us had ever done this before, so it was a new experience. He only missed the vein once (the second day) out of probably 60 to 80 shots, but that once was quite an experience for me. This stuff caused considerable and very unpleasant side effects when in the vein, but it was not supposed to go into the flesh. The effect of that shot caused me that morning to invent dance steps never before known to man as I jumped and howled around the kitchen for the next ten minutes. Being right handed, I would inject all the butt shots into my right cheek looking into a mirror to make sure I got it straight and into the thickest part, as directed. After a while, that area got pretty sore, so I learned to do it left-handed as well so that I could alternate.

During this time, another problem worked its way into my menagerie of difficulties, the reason for which took me some time to recognize. My legs always seemed to be very cold, day and night, no matter what I did. This was most noticeable when I was lying down. Even when I would apply a hot water bottle, I could not get them warm. One time I reached down to warm my leg with my hand and discovered that the skin felt quite warm to my hand even though the sensation of extreme chill continued to express itself, to my continued discomfort. Nothing seemed to help, although the feeling did fluctuate between minor chill to very cold. The very cold was usually at night, while during the day I could sometimes even forget about it if I was very busy at the office. Later I read an article, which described this condition as neuropathy, a condition caused by sleep deprivation. After that I did notice that some fluctuations seemed, to some extent, to be related to my sleep pattern or lack thereof. Most nights during this period I seldom got more than 20 minutes of sleep at one time. It took a very long time, but that sensation of cold is almost entirely gone.

By late April of 1996, things were much worse. Now sometimes even the stiff plastic catheter could not get past the obstructions. In addition to the blood clot problem, it seemed like some sort of solid protrusion had grown in and near the upper end of the urethra. I could push and push and even ram it, but to no avail. It seemed to hit a solid wall. I found that by bending the end of the catheter a little and twisting it when it reached the obstruction, I could get it past there and into the bladder. Then I learned of a catheter that was made with a bent end. This worked better for a short time, and then even that did not work. That was when I got out the blow-up catheter and with much effort, and the grace of God, got it in, blew it up, and hooked on the bag.

This stay-in catheter did not plug up nearly as often because both the tube and the hole were much larger. When it did, the syringe worked well. I used it quite carefully, however, because in my imagination I could see the possibility of sucking in the wall of the bladder and damaging it. I already had one awfully sore spot in there from banging the end of the catheter into the back side of the bladder so many times. I could feel that spot even when I wasn't banging into it. Whenever the bladder emptied, it would sort of bang itself on the catheter as it collapsed onto the end of it, always on the same spot. I would wince every time that happened. One could liken this to the bladder equivalent of a heel blister.

I guess the beast must have gotten bored with the local environment of my urethra, bladder, prostate etc. and thought I it might be fun exploring another location. It or one of its kin chose to journey down into my scrotum where it grew a tumor the size of a golf ball. Needless to say this added a new definition to what we call pain and discomfort, but of course it only hurt when I moved or touched it. The doctor had no suggestion as to what to do about it, so it became just one more thing to live with.

At this point, my Urologist, Dr. Doyle recommended that I have another T.U.R.P., to which I agreed. I had one a few months earlier and it had given considerable relief for 6 weeks before the constriction and clots returned even more resolutely. The hospital policy is to have what they call a pre-screening a few days before an operation. This involves the examination of records, questionnaires, cardiograms, a blood clotting rate test, etc., which takes a half day and is administered by a series of nurses. The weekend before this, I will always remember as the most

painful days of my life to date. My then 91-year-old invalid mother was living with me, and conveying her in a wheelchair down the threshold step and two more steps off the porch frightened and jolted her too much. Therefore, I decided to build a wheelchair ramp before I went to the hospital, so that whoever was here could move her, if necessary, without difficulty. I spent all day Sunday building the ramp, in great agony. Every move of my body, especially my legs, caused intense pain to the muscles. I had no idea what caused it, and could not see how it could be related to my cancer or to my urinating problems. It felt worse than if I had extremely over-exercised and had been severely pounded on every muscle. This pain continued to get worse and I could hardly walk when, on May 2, 1996, I went in for the pre-screening. At the end of the pre-screening, just as I was finally ready to leave, the last nurse to see me, I guess the only one to really look at me, a nurse of long experience named Nancy, took one look at me and called a staff physician, Dr. Speigleman. I don't know what she saw, but she saved my life. I did not go home that afternoon because, as soon as the doctor saw me, I was admitted and spent the night and the next day in the hospital. They told me that both of my kidneys had failed.

Apparently, as the kidneys begin to fail, one of the results is the build-up of potassium in the muscles, and this caused the pain that I had been experiencing. This must have been quite serious because they hooked me up to tubes and checked my blood several times during the night. I wish that I could cite all of the technical/medical names and terms for what went on, but that is all I remember and all that I believe is relevant to the story. Everyone who came in to do something appeared to be quite serious and concerned, and I got the impression that if something they were doing didn't work pretty soon, I would be in something more drastic than tubes, oxygen and blood tests.

By the next morning the potassium level or whatever, was apparently going down and had reached some acceptable level, after which Dr. Doyle said that I would have to have something done to allow proper kidney drainage. This would be either an internal or an external tube, depending on what he found when he looked inside.

Well, I didn't get the T.U.R.P. for which I had been scheduled, but I got a stint instead. This, I guess, is a sort of liner tube that is threaded up the urethra from the bladder to the kidney. Both of

my ureters had closed up. Dr. Doyle said that my bladder was full of cancer tissue and that this is what had closed both ureters, thus causing the kidney failure, which in turn caused the back-up of potassium and toxins throughout the system. Potassium level in the blood is apparently used as an indicator of kidney function. He scraped away all of the cancer tissue that he could, but was able to locate only one ureter. He said that I could do just fine with only one working kidney, I suppose especially for the time that he assumed I had left. He said that he had wanted to, but did not do the T.U.R.P. because I had lost too much blood already from what he had done, right to the point where he said that I probably should have a blood transfusion.

So it seems that the muscle pain, which I'd had for a week before this, was caused by the slowing down and finally failure of my kidneys. It seems like a miracle that the nurse, Nancy, saw what several others had not seen. Had she not been there, and I had gone home to wait the three more days before I was to go back for the T.U.R.P., I probably would not be writing this, or anything else. Because, from what I was told, this was a close call. It seems that, if the beast could not get me one way, it had no qualms about trying another.

The next day I was back on my feet with a bag on my leg, a tube in my urethra and another into my kidney. It was at this point that Dr. Doyle suggested I try radiation in order to possibly get some temporary relief from some of the symptoms. He thought that this might shrink the tumor and take some of the pressure off of the urethra. He made it clear that this would only have limited and short-term benefits, if anything, and the best that could be hoped for was a little less discomfort for a while.

At Dana Farber, they took a series of X-rays from a variety of directions, and from this prepared a map and a radiation program, after which they tattooed dots at various points on my groin, hips and back. They also did another bone and C.T. scan. On May 31, 1996, I got the first of 37 "zaps" of radiation at the Brigham and Women's Hospital. The first 20 or so were front and back only, while the remainder were front and side zaps.

This is a completely painless procedure, although the side effects can be a bit unpleasant. Mine were very minor. After the first 15 or so zaps, the skin in the vicinity of my tailbone blistered,

making it painful to sit and, of course, I lost most of my pubic hair. However, only 3 days after they stopped the rear zaps, the blisters and the pain were gone. There were also some minor but strange activities that caused me to believe that my bowels had gotten a little scorched. This also seemed to clear up quickly when the zapping stopped. Other than these, I had only one other discernible side effect from the radiation. Over a 2-week period after the last zap, I had 3 or 4 evenings of the most profound tiredness I have ever experienced, or believe possible to experience. I would be fine all day, and then suddenly this exhaustion would grab me. I think it was the closest thing to being literally half dead that one could encounter. I wasn't sleepy, but every cell in my body seemed to want to quit. In each case, I simply went to bed and was fine the next morning. I believe that this tiredness was due to the process by which all of the accumulated dead debris from the radiation was being expelled from my body. The system's efforts to digest, assimilate, transport and dispose of this large amount of dead material simply took a tremendous amount of energy, energy which it drew from every cell my body, even those not directly associated with the effort. As noted, these several episodes took place only in the evening, a very convenient arrangement.

As part of my on-going research, I had read and heard a great deal about mental attitude and imaging. Throughout most of this saga, I tried to apply some of what I had learned about this. I think my most effective efforts at this occurred while on the radiation table. Just before each zap I would quietly talk to my body. I would picture thousands of pac-man-like cells surrounding the "beast". I would say to them, "OK, men, put up your shields to protect all of the good cells and don't let any of those of the beast sneak out of here. Any second they're going to shoot atomic missiles at the beast and I don't want anyone else hurt". Then as soon as the zapping stopped, I would say, "OK men, down with the shields. Get the ambulances and medics and let's get all of the hurting good cells treated as soon as possible, and get the 'dozers and trash trucks in here to remove all of the dead cells, and especially the dead parts of the beast, before it all makes us sick". Later, at a quiet time, I would again think-talk to my body, telling it what a good job it had done that day and how hard I was trying to send it good stuff, tools and equipment with which to fight the beast and strengthen the system. I also told it of the tough battle we had ahead of us, what I was planning to do and what I expected it to do.

It is not my nature to give much credence to this type of thing, and a few years ago I would have scoffed at it and most of the other things that I have done and continue to do regarding my health. However, I do now believe that the body can, so to speak, "hear", and that this type of imaging and conversing is, in fact, beneficial to the healing process. I believe that those who know me would admit that, for most of my life, I have had a very serious, no nonsense countenance, bordering on, if not actually, morbid, and not likely to be found talking to my body or doing anything "far out". However, it seems that from the moment that I learned of the seriousness of my malady, this persona changed quite dramatically. As I noted earlier, my response seemed totally out of character, and that change has lasted to this day.

Although I did not know it then, I believe that the Holy Spirit was now taking a more open role as a guiding instrument in my life, the source of my strength and my attitude. I had to grow another year older and fully healed before I was capable of realizing that fact and of accepting Jesus into my life. I appreciate each day and thank God each morning for the day He is letting me start, and thank Him each night for the one that He let me finish. There is much more to this aspect of my new life, which I have described, elsewhere in considerable detail. I have written this in relation to this issue of imaging because I believe that without this type of attitude, any effort to benefit from imaging, or talking-to-your-body process cannot be effective. They say that your body hears everything that you say. I believe that in a sense. I also believe that it knows when you are faking or are not sincere. Therefore, if this process is to be beneficial, it must be sincere, and it can only be sincere if you really believe and mean what you say, and carry that meaning around with you all of the time. More on this later.

I had been using the stay-in catheter and bag for some time when I started the radiation therapy. After about 10 days, they x-rayed the area to see what was happening and noticed the catheter. Apparently I should not have had it in me during the treatments, so I removed it before the next zap. This was going to be a big problem because this type of catheter can be used only once. When the fluid-filled bottom end is deflated, the tube does not return to its original shape, but stays stretched out just like a toy balloon so it cannot be re-used. This meant that I needed a supply of these catheters. That wasn't easy, but I did get a couple before I removed this one. I still have them.

What a relief to remove that thing, even for a few minutes. That tube sticking out of me for 24 hours per day, rubbing as I walked, twisting as I sat down, stretching, trying to pull out as I rolled over in my sleep, began to cause blisters and great tenderness at the end of my penis. Furthermore, the bag on the leg during the day was no prize either. If strapped tight enough so as not to slip down my leg, it hurt. If strapped any less tight, it would slide down toward my ankle as it filled. After sitting for a few hours in the office, working, or in a meeting, and then getting up, this could present a problem as well as considerable potential for embarrassment. By then the bag might be quite full and heavy. If the straps were not tight enough, it would not only slip down but would also make a sloshing sound when I walked, unless I walked very slowly and with a stiff leg. It was not easy to appear normal. In addition, if it slipped too far, it would start pulling on the catheter, creating a sensation like the bladder was being pulled out through the urethra. All of this was particularly stressful because I worked during the entire ordeal and tried to act normal so that no one would know the nature or seriousness of my affliction. Has my condition been fully understood, I believe both clients and associates would have slowly abandoned what would have been perceived as a sinking ship.

Meanwhile, what I discovered, after the catheter was out, was that I could urinate without it! The radiation had relieved the pressure and stopped the bleeding! I experienced considerable pain during urination, but nothing that I couldn't live with quite happily.

In another context, that period during which I wore the bag, before and during the radiation therapy, was quite interesting. Big, thick, red clots would, of course, be in the bedtime bag each morning. These always fascinated me, even before the bag, when I pulled them out of the catheter. I would poke them, mash them, and examine them because they always seemed to be more than just blood. Sometimes I even saved them to show my family and the doctor, but no one seemed to share my enthusiasm. Actually, it turned out that some of the substance was cancer tissue, as would be evident later. In the bag, however, this stuff was even more interesting. It was now extruding through the catheter, passing through the clear plastic tube, and into the transparent bag. These extrusions, especially after I started the radiation, were as much as eight feet long, sometimes extending continuously in an unbroken, fibrous string from the catheter, down the entire length of

the tube and into a snake-like coil in the bag. At times it was red, other times pink, and often a ghost-like white. It was surprisingly tough and resisted breaking up when I tried to mash it by pinching it between the sides of the bag or shaking the bag. One morning the stuff in the bag was jet black; big gobs of black, which I now realize must have been cancer tissue falling off the bladder walls. It only occurred once, but it was a huge amount, and even the urine was black. The white stuff came both before and after this discharge. I suppose it, too, was dead, but not "burned" cancer tissue, perhaps washed clean of its blood. This "entertainment" ended just a few days before I removed the catheter, and I have seen no blood or other unusual discharge since that day. How strange and how good it was! No catheter, no bag, no bleeding, for the first time in more than a year! But at the time I wondered how long it would last, perhaps only a few weeks like the T.U.R.P. had made possible.

However, I still had the stint lining my right ureter. According to the doctor, these things cannot stay in more than 3 or 4 months before they must be removed and replaced. So, On September 6, 1996, he went in to replace the stint, logically believing that the kidney could not function without it. Because I had a spinal, I could hear conversations and what the doctor was saying as he went about his business. I couldn't hear everything, but he seemed quite excited. Later he explained. He had removed the stint, which had plugged, or for some reason was not allowing flow, and therefore that kidney was not discharging. Strangely, however, the other kidney, the one without the ureter which had been so badly plugged with cancer cells that he couldn't even find it earlier when he was trying to apply the stints, was now clear and functioning. How strange. The kidney with the stint should have functioned but could not, and the one that couldn't possibly function was working just fine. If the one with the stint had failed before the other one was recovered, I would have been in big trouble. What luck.....or was it divine intervention? At any rate, the good doctor was "astounded", not only because of this, but because the bladder was clean and free of cancer, and my prostate was soft and smooth. A subsequent test indicated that both kidneys were now working. My PSA was now zero!

As of the date of this editing, I have apparently been free of cancer for nearly 7 years, and it has been over 4 years since I was informed of the terminal nature of my malady. These have been the most important and the best years of my life. It may seem strange, given the many, many months

of severe, sometimes excruciating pain, heavy blood loss, months of near total sleep deprivation, subjection to very painful, sometimes very unpleasant, mostly self-imposed therapies, and the stresses associated with trying to maintain both family and business morale. However, the plus side far outweighs these negatives, and were I to have had a choice then, knowing what I now know, a choice of continuing to live as I was and remain in good health, or to go through what I did and be where I am, I would not hesitate to choose the latter.

Physically, I feel that today I am younger, stronger and healthier than I was, perhaps even as much as 10 years ago. As but one of many examples of proof, to me at least, was an event that took place in February 1997 when I drove to the Adirondacks in upstate New York to check on my log cabin which I built there almost 50 years ago. I found that the snow on the roof was nearly 4 ft. deep, and I knew if it was not shoveled off, another snowfall could crush the roof. I had not come prepared to do this work, and didn't even have gloves. Fortunately, there was a shovel there, and an old knit hat, which I used as a mitten for one hand. I worked continually, for nearly 4 hours, never leaving the roof until it was clean, and then drove the 230 miles back home. I was not tired from this effort nor did I ache the next day. The significance of this is that 4 years earlier, under similar conditions, I shoveled off that roof with the help of my son Hal, who did at least half of the work, and this resulted in my being quite fatigued, and my muscles ached for several days. There are many other examples of what I call my physical rejuvenation, such as an arthritic hip that doesn't hurt anymore, frequent heartburn that I no longer get, and a hiatal hernia that seems to have disappeared, etc., etc.

All is not perfect, however. At first, when the doctor expressed his astonishment at the total absence of cancer, he also noted that, statistically, there is more than an 80% chance that the cancer would return. From my viewpoint, a 20% chance of permanently beating it is better than the 0% chance they had given me in 1994. I also believe that the many things that I continue to do should be further improving those odds. In addition, according to the doctor, the scar tissue in my urethra and bladder continue to grow. This is slowly causing a reduction in the flow rate, which, in the last 2 years, has declined to almost 70%. Also, for some unknown reason, all during this time, whenever I urinate, there is severe pain that spreads across my entire lower abdomen, down the urethra, and frequently up into my right kidney, the one that had the stint. The intensity of pain is about the same, but more extensive than was that which I had the day after the T.U.R.P. operation,

Final 5/15/03

absent any pain medication. If this pain were continuous, it would be unbearably devastating and impossible to live with without strong pain medication. However, it only lasts 30 or 40 seconds, and is something that, all things considered, I can tolerate quite well, as long as there is no cancer. Even this pain has its merits, because it never lets me forget where I have been, what I had, what God did, and what I must continue to do. If I am to improve the odds of living to the Biblical age of 120 to 140, which I intend to do, God willing.