

## ANNUAL GENERAL MEETING

Notice is given that the next AGM of the Centre will be held at  
1A, Stockwell Street, Cambridge, on  
**Wednesday, 19th March 2003 at 7.30 pm.**

*The business of the meeting will include:*

- ◆ To approve the minutes of the AGM held on 27th February 2002
- ◆ To receive the Acting Chairman's report
- ◆ To receive the Honorary Co-Ordinator's report
- ◆ To receive the Therapist's Group report
- ◆ To receive the Honorary Treasurer's report
- ◆ To approve the Annual Report and Accounts for the year ended 31st October 2002
- ◆ To appoint the Independent Examiner of Accounts for 2002-03
- ◆ To elect the Centre's Officers for the year 2002-03.

*Current Officers are as follows: Chairperson -[vacant];  
Hon. Secretary—[vacant]; Hon. Treasurer—David Wilson*

- ◆ To elect members of the Committee of Management

*Current members of the Committee (being Trustees of the  
Centre) are: David Barylko, Jane Cornell, Fran Dawson,  
Paulette Dupuy, Mark Howe, Viv Neville, Ros Nightingale,  
Gill Overhill, Tricia Smith*

All current Officers and Committee members are eligible and willing to stand for re-election. New nominations will be very welcome and should be made in writing and bear the signatures of proposer, seconder and candidate. Please send to the Centre office.

*All interested may attend the meeting, but only paid-up members may vote.*

## *Robin's Nipples*

The more alert amongst us were devastated to realise we'd mis-read Robin's notice informing us that his nipples would be available from 11-1 p.m. on Sunday 1st December. In fact, if you put your glasses on you could clearly see it disappointingly said "Nibbles". Anyway, some of us still went along, looked at his striking art and nibbled his Nibbles for an hour or two. The day after that was the ...



## *Christmas Party*

About 76 of us were there—well, over 86 by the time the Barber Shop Singers arrived and entertained us so beautifully. Earlier that evening we were also entertained by Hannah and "The Sharons" (Amy, Fay, Jessica and Louise) who danced so expertly, followed by some young musicians, James and Emily on saxophone and clarinet and Matthew was presented with a specially nice advent calendar provided by Fred. And their finale was to lead us all with some carols. From the Curry Queen we ordered over £250 worth of curry, other people brought in food to share and there were, as usual at our Centre, some wonderful puddings. All our guests were very welcome. And some of them said "thank you very much for the enjoyable party and the tree presents". We had a great time. Malcolm auctioned some delicious looking cakes made by Sid's daughter Jill, and Ron's daughter Jill made the outstanding Christmas cake (as she does every year).

*Many thanks to:*

*Histon Feast ~ which raised £500 for the Centre.*

Ros Nightingale and I explained to them that we would like to use the money to pay for therapies which aren't available at the Centre and they were very happy with this idea. So, if you are finding it difficult to afford complementary therapies that we don't offer at the Centre, please contact Ann to arrange to receive two sessions of therapy to be paid for from the money raised at the Histon Feast.

# *Information I have Gathered About Vitamin B 17*

## *Part Two ~ "The Review" by Anne R.*

The overall argument of the book is that big business and drug companies have a vested interest in perpetuating the use of radiotherapy and chemotherapy as the standard treatments for cancer. The basis for promoting these treatments is profit, rather than long term effectiveness. The book traces this profit rather than health motive back to a powerful international drug cartel from the 1930's which persists today.

The book argues that the drug companies have successfully created a climate of need and fear about cancer which has pervaded the medical profession, its teaching and research, and hence the public. The drug companies have filled that 'need' and have promoted drug research, and licensed drugs which create immense profits. At the same time research about cheaper, more effective and less invasive means of treatment based on natural substances that cannot be patented and made profitable has been sidelined and "rubbished". Information about 'Metabolic Therapy' research and B17 has only recently become available to the public through the internet although it was published in the 1950's.

The author of this book, Phillip Day is not in the medical profession but is a medical researcher involved in the 'Campaign for Truth in Medicine'. It reports on medical research which has been 'sidelined' and silenced in this way.

The book follows the research of Krebs, an American, who drew on work done in the 1900's by John Beard from Edinburgh. It details how cancer cells are formed in the body, and how they can be targeted without damaging healthy cells by using Vitamin B17. This is my best and simplified summary of 'Metabolic Therapy'.

John Beard developed a 'Trophoblastic' Thesis of Cancer which stated that cancer was a healing process that wasn't terminating due to lack of pancreatic enzymes. The healing process is completed by the presence of B17, also called Laetrile or in its natural form—hydrocyanic acid. If this sub-

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stance is ingested in sufficient amounts it becomes 'selectively toxic' to cancer cells. If B17 comes into contact with healthy cells then a chemical called rhodanese in the healthy cells detoxifies it. This means that B17 is accurately targeted only at cancerous cells and not healthy ones. John Beard's conclusions back at the turn of the century have never been overturned.

I found this hard to grasp but my imagination was finally captured by the idea that cancer is an uncompleted process.



## *Letter from Diane Story*

*~a follow up to what she wrote in a recent newsletter*

"As you know I received another communication from the Cambridge MP, Anne Campbell. She kindly enclosed a copy of a letter she received from the Parliamentary Under Secretary of State, Yvette Cooper. This was dated 10 April 2002, so Mrs Cooper might have a different job now! Anyhow, here is an edited version of what Mrs Cooper said .....

"Thank you for your letter of 28 January enclosing correspondence from your constituent, Mrs Diane Story, about environmental pollutants and chemicals used in household products that may interfere with hormone systems and possibly cause breast cancer. I can understand her concerns.

The reasons for the rise in incidence of the condition are unclear, but researchers and health professionals believe that lifestyle factors may be important. In addition, education and publicity about possible symptoms, together with the increased availability of screening, has led to more cases being reported and diagnosed.

You will know that the NHS Cancer Plan, published in September 2000, acknowledged the importance of tackling this major problem, and announced the biggest ever programme of investment and reform in cancer services. Ms Rowe refers to prevention of the disease, and the Plan included advice on prevention by better understanding of the causes, and by offering help with stopping smoking and improving diet.

Mrs Story expresses her particular concern about the fact that breast cancer has now overtaken lung cancer as the most common form of the disease. This is correct - according to two major cancer charities, incidence of diagnosed breast cancer in the UK has increased to 39,500 each year compared with 38,900 diag-

nosed cases of lung cancer. The increase is in part due to improved diagnosis through the introduction of breast screening (numbers of women diagnosed with breast cancer have risen from 25,000 in 1979 and 31,000 in 1988). Other causal factors may be that women are living longer, more women are overweight, and women are tending to have fewer children and later on in life.

In 1999/00, 1.3 million women of all ages were screened within the NHS breast screening programme in England (nearly 1.5 million in UK). 76% of women aged 50 to 64 invited for screening took up the invitation, and 70% of women in the same age band had been screened at least once in the previous three years.

In 1999/2000, 8,215 cases of cancer were diagnosed in women screened in England, (9,525 in UK). 42% (3,488) of these were cancers smaller than 15mm, which could not have been detected by hand. I am pleased to say that 93.1% of women who have had breast cancer detected by screening are alive five years later (British Association of Surgical Oncologists, May 2001).

The programme is screening more women and detecting more cancers than ever before... breast cancer mortality in England and Wales decreased by 21.3% from 1990 to 1998, and 30% of this decrease has been attributed to

screening... Deaths in the 1990's were of women diagnosed in the late 1980's and early 1990's before coverage of the whole population for breast screening began. Strong action has been taken on Quality assurance and on the increased uptake of screening. Optimal film densities are now being used, and the expertise of radiologists and all staff has increased.

We are so confident that screening is saving lives that an extra 50,000 women aged 65 to 70 are already being invited for breast screening as we begin to extend the NHS breast screening programme to include women in that age group.

...Substantial investment of £93 million from the New Opportunities Fund is being used to buy 226 mammography machines, 46 ultrasound units; 60 trailers for the breast-screening programme; 33 MRI scanners and 56 linear accelerators. On top of this, as a result of the NHS Plan, over the next three years there will be a further 50 new MRI scanners, 200 new CT scanners and 45 linear accelerators. You will be pleased to know that in total, approximately 23% of MRI scanners, 30% of CT scanners and 19% of linear accelerators now in use in the NHS in England are new since January 2000. It is essential that this huge investment is targeted in the right places. So for the first time in this country, a national cancer facilities strategy will be developed to ensure adequate and equitable supply of up to date equipment.

Mrs Story also states that the rise in cancer cases may be due to increased use of man-made chemicals in the home. I share her view that we need to do all we can to understand the causes of breast cancer and to take

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whatever steps we can to reverse the trend. This is a difficult area because the causes are complex and have not been established, but may involve a number of dietary, hormonal, environmental and hereditary factors.

Responsibility for the safety of household and personal products lies with the Consumer Affairs Directorate of the Department for Trade and Industry, and its consumer protection legislation. In general, this places the responsibility on the manufacturer to ensure that the product can be used safely. In addition, there is specific European Union-wide legislation to prohibit the use of chemicals that are classified as known or probable human carcinogens in such products.

Mrs Story believes that, in order to protect public health, there should be more controls on persistent pollutants that may give rise to hormonal imbalances. A major review of the regulations covering environmental chemicals is underway, following the publication by the EC of a White Paper in February 2001 containing proposals for a future EU Chemicals Policy. The Commission proposed that both existing and new chemicals should be subject to a single system whereby industry would have to provide information by specific deadlines to register the chemicals they produce. The information would be evaluated and the chemicals of most concern would be subject to bans, except in cases where specific uses could be justified. In the UK it is the Department of Environment, Food and Rural Affairs (DEFRA) which leads on this White Paper.

The UK and other EU countries have agreed that these proposals needed to be strengthened in a number of respects. Ministers agreed on the need for a more streamlined process to obtain the essential information to speed up action on the chemicals about which we have most concern, and to phase out those that pose an unacceptable risk. The UK also argued that measures to minimise the animal testing implications needed to be imposed.

The UK will now be pressing for the EC to draft legislation with minimum delay to put in place a more effective regime for controlling chemicals with a sound strategy backing for taking action.”

As a footnote; I notice from the local press that Addenbrooke's recently took delivery of new scanners and linear accelerators. Good news for patients. I also noted the reference to diet and smoking, I think this is very important. Since I completed my course of TAMOXIFEN I have been visiting Weight Watchers regularly! There was an interesting article in a recent WHICH? magazine about the possible dangers in using popular toiletries and cleaning products which contain potentially dangerous chemicals. It highlights those products which are safer to use. I am concerned at the proviso that chemicals of most concern would be subject to bans, except in cases where specific uses could be justified. Hey, how could this be justified?

On a personal note I am impressed with our Cambridge MP and the efficient way in which she dealt with my letter to her - do you think we could invite her to visit our Centre?

Hope all is going well at the Centre, keep up the good work. Hope to see you all soon. Love, Diane



### *If you are a Cambridge Cancer Help Centre old-timer*

You will remember Debbie Wright. At our Centre I have details of Claridge House, her Quaker Centre for Healing, Rest and Renewal. (Registered Charity No. 228102) Details of their Spring/Summer courses for 2003 are in our library. They include Poetry Appreciation, Chinese Brush Painting, Easter break, Healing Retreat for people with M.E., the Healing Power of Sound, Walks Week, Befriending, the Grieving Process, Fabric Pictures in the Garden and Music and Dance Week. Please phone Debbie on 01342 832150 for further information.

### *Raffle/Tombola*

Gill and Margot will welcome any good quality raffle/tombola prizes for the stalls they are to man at Addenbrooke's Hospital on Monday 24 March and Monday 7 July. If you would like to help with the stall on those dates please contact them at the Centre.

## *H.M.T. Empire Orwell 1948 ...Ron*

We sailed from Liverpool on a cold and wet day, bound for Singapore. When we arrived the Singapore riots were on. We disembarked and rushed away in lorries to a camp at Pasha Panjang, all bell tents, at Calcutta Camp, four to a tent. Having looked around the camp I didn't like it. When I was in Boy Service I passed out as "Owl". Having trained in Boy Service I soon rose through the ranks, marksman with a rifle - 5 shots out of 5. I saw a notice outside the orderly room about the Malayan scouts. I volunteered to transfer with them (more money). I met some others who were in Boy Service. We were sent to an island a few miles off Singapore for jungle training and parachute training. It took six weeks jungle training and 8 parachute jumps (6 on land and 2 into the south China sea at two and a half thousand feet.) ( Happy Days) Then back to Singapore. Very soon after that we went to Johor Bahru, which is just across the causeway which separates Singapore from Malaya. The uniform was in jungle green, soft jungle hat and canvas and rubber soled boots, ammo pouches bandolier, rifle or stengun. We flew to Kuala Lumpur in Beverley planes - smaller version of a Dakota, no seats, you sat on the floor. We stayed there for about two and a half weeks, looking around Kuala Lumpur. I was promoted to Sergeant, not keen on that at first but got more money. My first patrol was to a rubber plantation which had been attacked by the C.Ts (Commie Terrorists), who had slashed the rubber trees, killed the Tamil workers and burnt their huts. The plantation managers lived in large houses or bungalows surrounded by barbed wire. Most plantation managers were Scots, some were O.K., others arrogant. We had a good tracker from Borneo. He could tell if someone had been along the pathway a week before. We went into the Kampongs (villages). Most people there were friendly. We'd give a handful of coins to the kids, tin of cigarettes to the elders, in return for information, some of which was good, some not so good. We were also escorts on the railways. There was a single line from Singapore to Kuala Lumpur. Often the trains were attacked by the C.Ts. In front of the engine we had an armoured truck in case the line was mined. Then we changed trains at Kuala Lumpur in order to travel to one thousand feet above sea level, with a temperature around 75 degrees. Up there was B.M.H Slim School for officers' daughters, with golf links and tennis courts - for officers only. When they had tournaments on, and because the jungle surrounded the Highlands, we had to do patrols around the area where they were playing. The school

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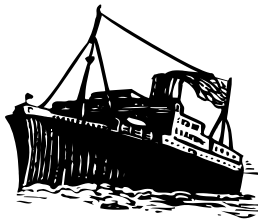


was named after Bill Slim, G.O.C., the 14<sup>th</sup> Army - nicknamed "Uncle Bill".

The school was like a rabbit warren. We then escorted people down to the heat again then to K.L. for them to return to Singapore, ready for return to the U.K. We had to report back to Singapore. After receiving our orders we went to the dockyard and boarded H.M.S. Alert, a naval frigate, to ferry us to Kaula Tregganau and were ferried ashore. We received a report about a C.T. hospital in dense jungle. The only way in was by sea and chopper, not like the ones they use today with one stretcher on either side. We had to be careful and keep to our grid (area) because there were other troops about. When we found the location there wasn't much left of it - the gurkhas with their kukris had beaten us to it. After that we went to Kuala Lumpur for medicals and new clothing, then to Penang Leave Centre for ten days' leave. Another duty we had was to escort entertainers to other venues. One was Carol Carr and another Donald Peers. Then we went back to Singapore.

I was best man at a friend's wedding at Singapore Cathedral. There were many things to do in Singapore. There was a paddle steamer, also the Union Jack Club, roast pork and pickled onions, Change Alley, famous for its gold exchanges. There was Bugis Street open air food stalls and .....you know what! The Botanic gardens, wonderful flowers and plants, monkeys all around you. The most famous product of all was "Tiger Balm" ointment, it cured everything.

*If We Eat  
we will Look  
Act like*



*Junk ....  
Like Junk and  
Junk*

The Church Army offered a lovely swimming pool, into which everybody disappeared when a Church Army Officer appeared. Then we went back to base, ready to return to Blighty.

Before I left I went to the 7<sup>th</sup> King Edward Gurkha Rifles, where I was presented with a silver tankard and a shield with two kukris on it as well as two skinning knives.

We left Singapore on the Empire Clyde to Southampton in December 1954, then to Hereford to change caps from light blue to dark blue. On then to Saighton Camp in Chester on the River Wye and amidst the most beautiful scenery I have ever seen.



## *Police Officers/Sponsored Slim*

Four of them plus one of their colleagues will be on the diet until 1st April 2003, raising money for us. If you would like to contribute to their fundraising please leave a contribution at the Centre. I did rashly say that once the sponsored slim is over they could visit the Centre for chocolate cake and coffee when they hand over the cash. So I'll be asking the cake makers to rally forth after 1st April, please.



In Big Issue I read that a huge body of research has established that behaviour is profoundly affected by nutrition and the lack of it and that the Western world, though drowning in food, is in fact malnourished. It goes on to say that we are what we eat. If we eat junk we will look like junk, feel like junk and act like junk. So it seems like a good time to tell you what I read in “Use Your Head”, by Monty Don in the Observer magazine. He tells us that he read Michael Pollan’s “The Botany of Desire”, in which it is pointed out that a potato grower he visited grows his potatoes in huge circles. Apparently these circles are sprayed by computer-controlled systems with the full arsenal of fungicides, pesticides, herbicides and fertilisers. The article mentions that the list of chemicals is too long to reproduce but the most toxic of all, it is said, is an organophosphate called Monitor, which is so lethal that the farmer says ‘I won’t go into a field for four or five days after it has been sprayed.’ It seems that this spray stops possible brown blemishes on French fries.

### **The farmer says he doesn’t eat his potatoes.**

And the article goes on to tell us that another farmer said he would never eat a bought cabbage. He had grown them for years and knew what was sprayed on to them. The Food and Agriculture Organisation’s website ([http://apps.fao.org/CodexSystem/pestdes/pest\\_q-e.htm](http://apps.fao.org/CodexSystem/pestdes/pest_q-e.htm)) says that in a survey done two years ago “head” cabbages tested as having 37 different chemical residues.

It seems most supermarkets provide organic produce—and there is a new establishment called “Organic Health” in Hauxton. Telephone 01223 870101—organic fruit and veg, organic meat and fish, wheat-free, gluten-free, dairy-free, yeast-free, sugar-free etc.

And in Waitrose, sit yourself down in their café, having previously asked to read their enormous book about all the foods they sell, including their contents..

## *Love Them All To Bits ...*

*Received a letter from Pat Planner, which says that she and Brian are moving to Henley-on-Thames to be nearer their daughter and the twins. She went on to say ...*

I can't tell you how much I appreciate all the love and support I got from you and everyone at the Centre there in Stockwell Street. Apart from the familiar faces that were always there, there was always the interest of new people coming in all the time, seeking support and solace. How wonderfully loving and giving all your healers are. I love them all to bits. And what fun we had at Sheringham, lunches at the café, curry dinners, parties. I could write endlessly of the many benefits of being associated with the Centre. So this little cutting about emotional support underlines the importance to cancer sufferers.

“When cancer patients get emotional support from their friends and families, chemical changes occur in their bodies that inhibit the spread of the tumour. In a study of patients with ovarian cancer, those who reported higher levels of social and personal support were found to have lower blood levels of vascular endothelial growth factor, a chemical that stimulates the growth of new blood vessels and promotes tumour dissemination. Social deprivation was associated with faster spread of the cancer.”

Reading it reminded me of a little piece of work that my grandson Max had to write at school, entitled “my special person“. For me it says it all.....

### *My Special Person*

Granny Pat is my special person. She is short, has grey hair and smiles a lot. She is always covered in cats hairs, because she has three cats. I think my Nan is special because my mum says that we have a special bond. When I was nine weeks old she got cancer and my mum used to take me to see her every day in hospital. Mum used to lay me beside her in her bed and she fed me with my bottle. Mum says that I helped Nan get better. Nan always spoils us and gives love and affection. For the first years of my life I used to call her Mum because I spent so much time

with her. That is why I love her.

By Max age 7

### Exciting ~

In addition to our six healers and counsellor we now welcome Linda, who offers reflexology and head massage and Don, a spiritual healer. That means we now have eight people who do all this for the Centre and don't ask for any financial reward. And they are all lovely! Please continue to book your appointments as usual. Any donations given to the Centre on receipt of the therapies are very welcome.

### Missing Caroline ~

We've missed Caroline for the Relaxation and are glad to welcome her back to us on Wednesday mornings. Jane, Mandy and Dennis helped out during Caroline's absence. And we offer them and all the healers and counsellor our thanks for what they do for the Centre.

### Australian Bush Flower Essences ~

Jane has obtained information about these essences ~ it is in the Centre's library.

## *Black Hair Dye Can Be Lethal ~*

*from Pat Planner*

I enclose this newspaper cutting because I think it is important for cancer suffers to take care with regard to dyes, shampoos etc. used on an area of the body that is very susceptible to absorption by chemicals. Black hair dye can be lethal. I have come across many cancer patients over the years who clearly dye their hair black and who probably are unaware of the damage. Apparently Jackie Onassis died of the type of cancer that is said to be caused by the same chemical.

The following is from the Evening Standard dated 15 October 2002, on the Health and Fitness page written by Alice Hart-Davis. She mentions that henna has been used for so many centuries that it was thought to be harmless. It is one of the oldest known cosmetics. But apparently scientists have found that a component, naturally occurring lawsone, is highly toxic. A European Union watchdog said that some hair dyes, linked to bladder cancer and rheumatoid arthritis, were unsafe. The chemicals that cause concern are PPD (para-phenylenediamine). It is found in dark hair dyes and concentrations of up to six per cent are legal. However, it is easily absorbed through the skin on the scalp and the hands. In this article it says that research has shown that people who use dark-coloured permanent dyes every four to six weeks have twice the incidence of bladder cancer. The lawsone is a naturally occurring chemical, found in henna at concentrations of between one and two percent - is toxic and can affect the kidneys, blood supply and stomach. However, when weighing up the evidence bear in mind that henna has been used for thousands of years without complaint.

Alice Hart-Davis goes on to write that if a dye doesn't contain PPDF, it may well have higher concentrations of lead, mercury and other toxic metals. Recent Swedish studies among sufferers of rheumatoid arthritis suggested that chemicals in colouring products might damage the immune system and even trigger the condition, though no particular chemicals were implicated. The advice given here is to avoid man-made dyes. Aniline dyes are derived from coal

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tar and used in semi-permanent dyes. Can irritate eyes, skin and mucous membranes, or cause allergic reactions. For similar reasons also, she warns, be wary of ammonium tholactate (a neutraliser), stearic acid (an emulsifying agent), pentasodium penetate (a binding agent) and ammonium hydroxide, all found in this type of product.

The writer's concluding advice is that highlights or lowlights are the safest options. The dye is painted on the length of the strand of hair but not the scalp. It is not absorbed by the skin.



### *Cash crisis kills off trial of selenium as 'life-saver'*

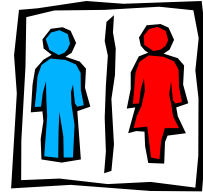
*~ article in The Observer on 20 October 2002*

It says that the country's leading provider of medical research funds has scrapped plans to set up a major UK trial to assess the anti-cancer powers of selenium - a mineral, it says, hailed as a life-saver when added to food. The article's writer, Robin McKiew, Science Editor, says that scientists are incensed because they now believe that increased dietary levels of the element provide protection against cancers and other diseases. They point to a recent US study showing that people given selenium supplements had far fewer cases of prostate and lung cancer compared with those given placebos.

### *Common Cold*

Dr John Briffa, in the Observer magazine, suggests taking echinacea— a herb, he says, with proven immune-stimulating activity. He suggests taking 20 drops of the tincture every two hours at the first signs of infection for two days, followed by 20 drops three times a day for up to 10 days, along with vitamin C and zinc lozenges (suck one every two waking hours).

*Oh dear,  
what can the matter be...?”  
~ from Fran*



Returning from a lovely evening out with friends in London, we took the last train to Cambridge from Kings Cross. My companions were going to leave the train at Stevenage and I was going on to Cambridge. Before we settled down in our seats I decided I needed the loo, so made my way to the nearest one, which happened to be in the last carriage at the back of the train.

Now, this was one of those new-fangled, all-singing, all dancing loos, sporting an elegantly curved door with no handle and an array of buttons inside the cubicle to press for different operations such as Lock, Unlock, Close, Open. (With me so far?)

OK. So I pressed the close button, then the lock one and felt sufficiently secure to use the facilities. Now the easy bit - press the Unlock button followed by the Open one. Nothing. Tried again. Still nothing.

I would like you to know that I am not easily panicked, but unfortunately I do have a tendency to be claustrophobic, so, trying to convince myself to stay calm I tried again - still no luck. Then I started looking round for an escape route. There was a notice saying “Emergency button situated beneath wash hand basin - Fine for improper use £50”. I struggled with myself over this one. I’ve never pulled a communication cord before, and it felt incredibly reckless and daring - I had visions of scenes from old films where everybody in the carriages gets catapulted out of their seats screaming, with attaché cases and shopping bags hurtling through the air all around. But what else could I do?

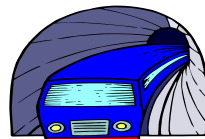


So, with great trepidation, I pushed the button (rather disappointed it wasn't the old-fashioned style communication cord, actually!) and waited for something to happen. To my relief the train didn't immediately stop dead with a terrible screeching of brakes and screams from the occupants. After a few seconds (felt like five minutes) a voice came through a loudspeaker grille in the ceiling. "Did you just push the emergency button?" Rather a silly question I thought, but I resisted making a sarcastic reply and owned up, saying where I was and that the door was jammed shut. Silence from the ceiling.

Now, if that had been me answering a damsel in distress, I would have been a bit more forthcoming with soothing remarks such as "OK luv, we'll have you out of there in a jiffy, don't you worry." (Am I still in the realms of the old-fashioned films peopled with the cheery chirpy cockneys of my youth?)

The train came to a dignified halt, and after what seemed like an absolute age, there was a voice outside my door announcing gruffly (not cheerily or chirpily, you notice) that this \*\*\*\*ing door was always doing this and he'd have to phone maintenance for instructions. Great. I could hear him talking to them (when he eventually got through - nearly midnight obviously isn't a popular time to be ringing maintenance) saying things like "Yes, I've tried that" and "No, the \*\*\*\*ing thing won't budge" and "Yes, the lady has pressed all the buttons several times". Then there were technical bits about "releasing the hydraulics" and "have you underpinned the upthrust gamgee" (well it sounded something like that, honest - I'm not a mechanic.)

By this time the claustrophobia was beginning to get the better of me, and I wanted OUT OF THERE!! I shouted to the man outside the door, offering to throw my weight against the door, and asking if he'd got a pickaxe or gemmy to hand. (He hadn't.)



Eventually, I saw the tips of his fingers coming to grips with the rubber seal at the door's edge, so I added mine and we both pulled together. Finally, inch by inch, we wrenched the thing open, and I fell out into the passage, to be met by a carriageful of people standing around watching all that had been happening. Since everyone was staring at me, I couldn't resist giving them a mock curtsy, which they applauded.

I returned to my companions who muttered something about well, yes, we were beginning to think you'd been gone a long time - I ASK YOU - call themselves friends?? I spluttered a few sentences about my problems with claustrophobia and the man on the seat opposite went white and said if it had been him he'd have smashed a window to get out. Good point.

Apparently, the man who came to release me was the engine driver, so he'd had to walk the entire length of the train and, of course, had had to stop the train to do so. The train was held up for 35 minutes, and several people missed their connections. I felt sorry for them, but not guilty. After all, was it *my* fault the door wouldn't work properly?

Anyway, my advice to you is not to use one of these elegantly curved door loos, but to opt for one of the more reliable standard sort. Oh, and if you ever get the chance to pull a communication cord, let me know what it feels like.

### *Haslingfield Dance Group*

They arranged a Barn Dance and gave us **£1500** they raised from the occasion. Several of us went along and had a good evening either joining in the dancing or just watching. The cheque was presented by Clive Blower and Dennis Owen. (You may have seen the picture in the Cambridge News.)

### *Used Stamps*

Jane's son Tom is collecting them for underprivileged children in Croatia. Please help him ~ see envelope on notice board.

## *Street Mugging/Captain Corelli*

Four of us went to see Mike Moran's stage version of Captain Corelli - again - at the Mumford Theatre. We arrived independently so when the time came to go home Gill and Ros suggested I should have a lift in one of their cars to where mine was parked. I said "no thank you" I would enjoy the walk. They persisted and persisted and Gill said it probably wasn't safe to do that - walk to my own car half a mile away. I said I thought Cambridge is a safe place, and Judith agreed with me and so after about 10 minutes discussion I said no, really, thank you, it's only half a mile, it is a lovely evening, I will enjoy the walk and I'm very grateful for your kind thoughts but I'm off now, goodbye. And walk I did - everything fine. Two police cars passed me and I thought,.....what is the saying.... "the law is with you". Anyway that was that.

A few days later I felt very silly. Gill was walking from her car to a nearby concert hall, in between two friends, at 7.30p.m. in a well lit street. A hand came round her neck from behind, and she was flung to the pavement and someone was cycling off with her hand-bag. One of her friends chased the cyclist but (perhaps fortunately) didn't catch up with him.

I e'mailed Judith and said now I feel silly and she said she thought one shouldn't be driven to stay at home because of the potential threat of violence, but that we could just make sure we didn't carry anything that was worth anything.

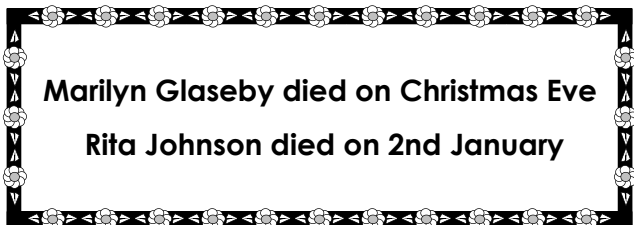
Gill, after all there was to do with the insurance claims and the police is fine, despite some aches and bruises which she bears with her usual stoicism and we all continue to venture forth ... but without large handbags ~ mine are in the bin.



*The views expressed in articles in our newsletters, and the products that are referred to, are not necessarily endorsed by the Cambridge Cancer Help Centre.*

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## *Taking on Others' Tensions ~*



In an article in another Observer Magazine Review, Barefoot Doctor suggests that to deal with stress you need to....breathe and remember that other people's experience is not your responsibility. You are not obliged to "take on others' tension". Instead, release tension on every out breath and visualise a peaceful emanation radiating from the centre of your chest touching everyone with tranquillity and understanding.

At Marilyn's and Rita's funerals it was difficult not to take on the tensions of sadness and the extremely hard sense of loss.

**Marilyn** was a young woman who had set the way she wished to cope with the disease. She had told Barry, her husband, what she wanted to happen - to be nursed at home and he did all that she asked. An enthusiastic Cambridge Cancer Help Centre supporter and regular visitor, an avid participator in Dennis's healing, helped enormously by the Bristol Cancer Help Centre and admired and cared about by many of us. So ~ "don't take on the tensions" ~ of her family and friends at that funeral, and especially of her distraught 14 year old son? ..... Impossible.

**Rita** - seemed to fight successfully on for so much longer than her doctors had expected. She would arrive at the Centre, perhaps looking thinner than on her previous visit, smile and laugh and say she was still here, enjoying the healing and the relaxation sessions, going dancing, going away for the weekend, and praising her family and her husband Ken, when he wasn't listening, for all that he did for her. An 'Open Letter' written by Rita was read to all of us at her funeral. Rita and Ken met when they were 17 and have been together all that time.

Ken and Barry say they will be back to the Centre, when the time is right for them



### *Thanks to ~*

Abington Whist Drive who sent us a cheque for £33, Ann Hales-Tooke who held a raffle at her Advent Open Studio and raised £30 for us, Mr and Mrs Cousins who sent us £260 which they obtained from their friends and family when they celebrated a wedding anniversary, Liz and her colleague for giving us ready-made recycled Christmas cards with envelopes, Margot, Jack and Ken who make recycled cards for us all year round (Jack made over 1400 Christmas cards), Val for the chocolates, Lilian for the envelopes and the very first donation into the Police 'Sponsored Slim' collection tin and Julie, Pauline and Richard who gave us lots of things to sell.

## *The Bristol Cancer Help Centre ~ Sheila B*

I've just been to the Bristol Cancer Help Centre for the two-day introductory course which, because it is so expensive some people use as the complete thing, though it is supposed to be the precursor to the five-day course.

However, suffice it to say I found the two days intensive and it has set me up to do those things which I should have done earlier: i.e. exercise, meditation, visualization etc. not to mention the right diet. Being a vegetarian I assumed that was enough, but not for Cilla the dietician. I'm now off tea, coffee, alcohol (oh dear) all dairy products, sugar and as little wheat as possible. She did kindly say that one should not be miserable about it and to give oneself little treats periodically—so come Christmas I may stray from the constrictions!

The building housing the Centre is an old stone built convent with many stairs but fortunately there is a lift. Forty people work there and the therapists all oozed confidence while other workers were extremely kind and helpful, and cheerful. I was particularly impressed by doctor Roger Lychey who took us through the ABC of the immune system, so now we know about T cells which we should all be boosting.

Our first day was spent in group work and on the second we met the therapists individually which gave us a chance to speak to the doctors, counsellors, dietician etc. in depth. I had some healing and a period in the art room but one of the jolliest occasions was before bed on our second day when we were paired off by Eula the night nurse to massage each others feet. Of course some were ticklish on the soles so there was plenty of giggling.

All this was started by Penny Brohn who had breast cancer and was treated totally holistically by a doctor in Germany, and was cured. Her friend Pat Pilkington held healing at her husband's

vicarage and together they set up the Centre with an interested doctor in 1983. Pat gave us an inspiring talk about it.

I was very impressed by the way supporters were treated,

with special time given to them separately. Altogether a worthwhile visit—expensive, £500 for two days (in my case a gift from two lovely friends) and £900 for the five day course, though bursaries are available.



## *Support from our local Pubs*

Maureen Hardingham and Sid Sheldrick regularly visit local pubs to collect and replace the Centre's collection tins. Recently the 'Live and Let Live' pub raised £90.49 for us. Many thanks to them and to all the other pubs who support us including:

The Elm Tree	Dobbler's Inn
The Locomotive	Rose and Crown
Tram Depot	Bird in Hand
The Fountain	Champion of the Thames
The White Swan	The Three Tuns, Abington
Clarendon Arms	Salisbury Club
Duke of Argyle	



## *Thanks also for collections from:*

The Geology Department  
Biochemistry Lab in Tennis Court Road  
Cowling's Butchers  
Salisbury Club

## *Pee-up the Wall Potential*

Dr John Briffa in the Observer Magazine and on the Nutrition pages, suggests that pumpkins may contain both a trick and a treat for people with prostate problems. He says that when a small boy he had some antisocial habits. One of these was, he says, to engage in wee-up-the-wall competitions with his mates. He says that a recent discussion over the dinner table revealed that this practice was commonplace among little lads of his generation but that now, alas, it appears that peeing games are rarer. Dr Briffa points out that the prostate is a walnut-sized gland that surrounds the first part of the tube that takes urine from the bladder to the outside (the urethra). After about the age of 50, he says, the prostate gland can enlarge, as a result of BPH (benign prostatic hypertrophy). While BPH is the most common cause of prostatic enlargement, prostate cancer is a possibility, too. So he says that men with an enlarged prostate should always seek medical advice. It appears that BPH often responds to an entirely natural treatment - certain healthy fats (essential fatty acids found in foods such as nuts and seeds) seem to contribute to prostate health, as do zinc and pumpkin seeds. So eating a handful or two of pumpkin seeds a day might keep symptoms at bay. Another popular natural remedy is Saw palmetto, a herb whose action on the body seems to be mediated through testosterone, a hormone some scientists believe is a vital factor in BPH development. It helps to slow the conversion of testosterone into the more potent dihydrotestosterone and has been found to block the action of dihydrotestosterone on the prostate. Dr Briffa recommends the supplements Prostate Support, which contains Saw palmetto, zinc, pumpkin seed oil, stinging nettle and African pygeum (by mail order 020 8795 3730). He says natural remedies have much to offer men suffering from BPH, especially those attempting to rediscover their inner child and his pee-up-the-wall potential. Or telephone "Nature's Best" (my favourite vitamin provider) for information regarding their Saw palmetto—telephone 01892 552 117.

*However* ~ My Cambridge son tells me there is something he found in the pub at which you pee in competition with your friends.



It is a ~

### ***Peeball ~ super power edition***

Apparently what you (men) do is put one (costs £1) into the urinal and then aim for it. If you make the pee ball disappear faster than your friends make their pee balls disappear (they dissolve in urine ~ the pee balls that is, not your friends) you are the winner. It says on the box that Peeballs are non-toxic and biodegradable, but should be kept out of the reach of children. From the payment of £1 a donation goes to "The Prostate Cancer Charity". Apparently you can also join the Peeball phenomenon on-line at PEEBALL.com



### ***New breast cancer drug better than tamoxifen*** *~ by Celia Hall, Medical Editor (The Telegraph 2002)*

"The first new drug for more than 30 years for older women with early breast cancer will be available on prescription this week"

It seems that Anastrozole is the first challenge to tamoxifen, the "gold standard" treatment for breast cancer. The trade name for Anastrozole is Arimidex. And it is already used to treat women with advanced breast cancer. The drug is specifically licensed for post-menopausal women whose cancers are sensitive to the female hormone oestrogen. More than 33,000 women are diagnosed with breast cancer each year in Britain and three quarters of them are post-menopausal. Jeffrey Tobias, professor of cancer medicine at University College London Hospitals said "this is very exciting news. It is an extremely important step forward in the treatment for this group of women. For the first time we have a choice of drugs".

At least one person at the Centre takes Arimidex.  
If you would like to talk to her please tell me.

*Can't Get Enough of .....er.....um...../  
Addenbrooke's Fund-raising Stall /  
Tender young nurses and orphaned  
virgins ~*



Thanks to Gill and all her helpers, including Eileen, Hazel, Ingrid, Kay, Ken, Margot, Maria, Yvonne and Glyn, we raised £398. Robert Sayle gave us marvellous gifts to raffle, Sid provided a doll for “guess the name of the doll” and a good time was had by all of us. Strange to say a lot of Mills and Boon books, which normally disappear at a fast rate, were left over at the end. And in the Observer magazine I read that every two seconds somebody somewhere in the world buys a Mills and Boon title. The headline of the article says that readers, it seems, can't get enough of romance, happy endings and, these days, .....erm..... perhaps I'd better stop there.

They summarise the action in one of the latest books from Mills and Boon and they say forget tender young nurses smelling of camphor and fresh air and orphaned virgins cast adrift in scary foreign places.....Instead Mills and Boon now has “Blaze”, which is the newest imprint from the 92 year old publishing house which currently produces two books a month in “covers designed to suggest that the contents are so hot that they just self-combust.” Apparently Alan Boon once admitted that “it has been said our books could take the place of Valium, so that women who take these drugs would get an equal effect from reading our novels” It ends by saying that in the utopia of a Mills and Boon ending, husbands are always and magnificently a good thing. In Blaze they also suggest that ....ah....no...well,, you'll have to read it for yourself. Look in the Centre's library.

## *Breast cancer detection by Digital Infrared Thermal Imaging*

With early detection and prompt treatment, the outlook for patients with breast cancer is good. In fact, most women treated for early breast cancer will be free from breast cancer for the rest of their lives. At present about 90% of detected abnormalities turn out to be benign.

Current methods of breast screening in the NHS and private hospitals in the UK are based on anatomical systems. While mammography is a valuable tool in breast screening, it has limitations since a growth has to be around the size of a small grape before it can be detected. Any abnormality will still have to be clinically correlated by some other method to determine if it is benign or otherwise. The detection of breast abnormalities by mammography is around 84% in the 50+ age group, but falls to almost 50% in the younger age levels. This is due to the higher density of tissue in younger females. Small-breasted women and men have difficulty in having a mammogram. Women with cosmetic implants cannot usually have a mammogram. Radiation, although small, is unacceptable to some patients. The compression of breasts can be uncomfortable, perhaps even painful.

### **What is DITI?**

Digital Infrared Thermal Imaging is a study of Physiology. It is relevant to many medical diagnostic requirements but is exceptionally successful in the field of breast screening. The human body is thermally symmetrical, and our thermal patterns are constant and repeatable. Pathology will cause thermal asymmetry. The infrared energy emission from the human body is registered and recorded to provide the thermal images. Everyone has a unique thermal pattern, rather like a fingerprint. Breast cancers tend to grow significantly faster in younger women under 50. The average tumour doubling time in the age group under 50 is only 80 days. Age 50 to 70 it is 157 days and over the age of 70, 188 days. Rapidly developing malignant tumours generate more intense infrared radiation.

When a cell begins to divide and develop in the body, it is recognised not as an invader, but an orphan. The body then begins to develop additional blood vessels to feed this orphan and thus, as it has no function, the growth develops rapidly. This development of blood vessels is called neovascularity or angiogenesis. The result of the development or spread of these new blood vessels creates an increase in the dermal (skin surface) temperature, which results in a subtle pattern of hyperthermia over the area affected.

### **How DITI was developed**

Infrared Thermal Imaging was discovered in 1800 and the first thermal image was recorded in 1830. The development over the next 130 years was

slow as it was the prerogative of the security services, used in military practices, search & rescue, weather systems in fact mainly as a camera for industrial and commercial purposes. In the 1960s the system was released for general use and since the development of less expensive and more powerful computers, plus digitisation, Infrared Imaging has been more widely used.

In the mid 1980s Dr Peter Leando, from Bath, designed the Meditherm scanner. This is the only Digital Infrared Thermal Imaging Scanner designed specifically for medical use. By removing many of the limiting features of the Infrared camera and developing a scanner with a narrower and thus more specific temperature band combined with the very high-tech systems now available, Peter Leando has achieved a breakthrough in breast screening.

### **How DITI is carried out**

Trained thermographers carry out thermal imaging in a temperature controlled clinical environment. The scanner is a little larger than a camcorder and is mounted on a tripod. The scanner is connected to a computer on which the images are stored. A breast scan consultation takes on average 15 minutes. Most of the time is spent on the consultation and the actual scan, which consists of five images, takes as little as one minute. The scanner is about 30 inches from the patient. There is no sound, no lights, no contact, no radiation and no pain. The images are visible by the patient. The images are then sent to a panel of doctors for interpretation and the results are usually available within 24 hours. A full report is issued showing the images along with the medical appraisal.

For the initial breast scan it is necessary to repeat the scan in 90 days. The two sets of scans are compared to determine if there has been any change. If any radical changes have occurred then the relevant advice is given. If there are no changes, then this establishes a baseline pattern for ongoing annual scanning.

DTI is not only a pre-emptive system. Where surgery has been carried out and it is not possible or desirable to have any contact with the lesion or wound, then DITI can be used post-operatively. As DITI is a study of physiology it is also very effective in locating the causal centre of pain where anatomical methods are not effective.

### **Further Information**

The MDA of the NHS have approved the use of the scanner in the UK as it obeys all the relevant medical protocols and is totally non-invasive, but it is not yet available through the NHS. At this time the service is only available on a fee basis. The fee for the initial breast scan is £125.00. This includes the first set of scans and the subsequent 90-day rescans, along with

all relevant reports and appraisals. The annual scan fee is currently £100.00.

For advice or information about this service, contact the Meditherm Clinic at The Beechwood Medical Practice, 41 Hills Road, Cambridge. Tel No 01223 843609. Bill & Wendy Bradford, are the Clinical Thermographers in joint practice at Beechwood. They also hold another clinic every Tuesday, in Littleport, Nr Ely. More information can be reviewed on the main website [www.meditherm.com](http://www.meditherm.com).



### *Carers in Eastern England—a chance to learn*

The National Extension College has teamed up with The Princess Royal Trust for Carers and successfully obtained funding so that carers can access NEC courses at reduced rates. They offer a range of courses including GCSEs, AS and A2s, vocational subjects such as book-keeping or childminding, along with creative writing, counselling, IT and study skills. Contact Roz Tarry on 01223 400393

### *The Field*

You may remember reading about this in a recent newsletter. A “Living The Field” two-day conference and workshop is being held at the Paragon Hotel, 47 Lillie Road, London SW6 on the weekend of April 5th/6th. So if you’d like to learn more about the Zero Point Field ~ that “ocean of microscopic vibrations in the space between things”, ask for details at the Centre.

## *Was it all a Dream? ~ from another Rita*

It's over a year since I discovered a lump in my breast. (In fact it was on Christmas Day!) ...."this can't be happening to me" I thought. I'm fit and healthy and, anyway, it's other people who have cancer, surely not me. The following day the lump was still there. I couldn't deny it any longer. I told my husband, Denis, who was very positive and said to have it checked. A week later I was waiting with Denis in the Breast Unit at Addenbrooke's, feeling very frightened, fearing the worst, yet hoping it was just an innocent lump, as family and friends had tried to reassure me.

A mammogram showed nothing untoward. Even after a scan the doctor had great difficulty trying to locate the lump. Finally I had the biopsy, which took some tissue from the lump. That was quite painful and with all the tension and fear I was experiencing, my eyes filled up. I didn't want to cry, I wanted to be strong and brave but I just could not hold back the tears. I waited outside whilst the doctor examined the tissue. Then Dennis and I were invited into a consulting room. "I'm very sorry to have to say that there is a small tumour...." I felt very frightened and asked, "am I going to die soon?" I know we've all got to die sometime but I felt totally unprepared for this news.

After talking with the surgeon I began to feel a little more positive. I would need a lumpectomy and he showed me with a simple drawing what he was going to do. The more he explained the more confident I became. He said the lymph nodes under my arm would also need removing because if the cancer had spread then that's the first place it would travel to. Waiting for the operation date was quite difficult. My family and friends were wonderfully supportive and positive during this period and the whole way through my treatment and recovery. My colleagues at work were also very caring and supportive and I felt very fortunate to have such friends.

The operation was successful and after two days in hospital I returned home to begin my recovery. I was determined to think positively and make a full recovery, and return to 'ordinary life' once more.

I returned to hospital for the results. The tissue and lymph nodes were clear ~ a great relief.

Some time later I began radiotherapy which was very painful as I now had very restricted movement in my arm and it was difficult, each day, to get my arm in the correct position. The radiographers were very sympathetic and helped me as much as they could. I only needed a month of radiotherapy and it was a great relief when it had finished.

One cold, wintry day I found myself at Cambridge Cancer Help Centre. A colleague had told me about it and she still attended the Centre occasionally herself. I was greeted with warm smiles from Ann and Mar-

got and then Margot offered me hand massage. I was quite overcome by such warmth and caring and very quickly I felt very comfortable. It was truly like a light shining into my dark world. I remember being quite emotional but this didn't seem to matter and it was lovely to begin to talk about my cancer. I could talk easily and openly to my family but to others I just would always become tearful. I was still trying to come to terms with having cancer.

At the Centre were books, videos and a wealth of information, and always a drink with lots of lovely positive people around to talk to.

About this time my G.P. asked if I would like to see a counsellor, as I seemed to be in tears each time I began talking to the doctor.

Many, many more tears were shed with Lisa, my counsellor. She was wonderful and allowed me, in my own time, to talk, to cry and to ask questions. Those sessions with Lisa were invaluable and very slowly, with the support of the Centre, my family and friends and Lisa, of course, I became stronger in being able to talk about it and began to regain my confidence.

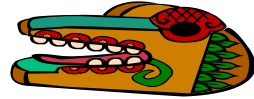
Meanwhile my arm had become painful and with very restricted movement. The consultant suggested some physiotherapy. Amanda, my physio has been fantastic in trying to help me regain movement through a wide variety of exercises. She also recommended some hydrotherapy, and gradually I began to get a little more movement back. Now, one year on, I am able to do backstroke in the pool!

My swimming has helped me enormously, body and mind, and I still swim two or three times a week. Swimming has also contributed to regaining my confidence and thinking positively. Yes, I had cancer but with the wonderful nurses and doctors at Addenbrooke's I feel I am making a good recovery. I feel very fortunate to have a wonderful family, lots of great friends, colleagues, Elaine a reflexologist, my G.P. Dr Baldwin, Lisa my counsellor and Amanda my physio. All this love and support has contributed to the good recovery I am making.

I had thought I would never be able to go back to teaching. I felt my body wasn't strong enough, but gradually my strength began to return and with lots of support from my husband, Denis, I am back teaching full-time.

I still have regular visits to Addenbrooke's but it's just great to be alive and to feel so well.....**was it all a dream?**

## *Loch Ness Monster And Mark*



Mark couldn't get a place in the London Marathon this year. So he's running (in aid of our Centre) in the Loch Ness Marathon on 28th September. Some of us are planning to be there. We're hoping to travel up by train on Friday 26th and return home by train on Monday 29th. We cannot book the train seats just yet but they will probably cost between £55 and £60. We can probably book all our seats in one carriage so we will all be together on the trip. I do not know the cost of bed and breakfast accommodation just yet. Mark is checking it out. Eight of us are interested so far, ten if you include Mark and Sarah - and they are the reason we are going anyway!

**If you would like to join us please contact me as soon as possible**

*Love Ann*

### *Joke from Thailand Son*

Doctor, what's the matter with my parrot?"

*"Looks like it's dead, madam."*

"Dead! How can it be dead? You can't just say it's dead without at least doing some tests surely! It was perfectly fine this morning."

*"Well, it's definitely dead, madam."*

"I'm not happy unless you do some tests to make sure."

*"Oh, alright then. Nurse! Send in the cat."*

So, cat walks into the room.

Paces around for a while, gets up on to the table and looks the parrot up and down ten times and walks out again.

Vet says, *"Right, the parrot is definitely dead. Please pay your bill. That's 100 quid."*

"100 quid! How can it be 100 quid just to tell me my parrot is dead!"

*"Well", says the vet, "it's 50 quid for the consultation and another 50 quid for the catscan."*