Black Salve

Its Correct Use in Removing Cancers and Treating Other Conditions

Reflections on 30 Successful Years of Working with Escharotics (1989-2019)

Greg Caton

Foreward by Bradford S. Weeks, M.D.

Illustrated by David Dees

Other Books by Greg Caton

(See: gregcaton.com)

Lumen: Food for a New Age
(1985)

MLM Fraud
(1991)

The Gospel of 2012
According to Ayahuasca:
The End of Faith and
the Beginning of Knowingness
(2012)

The Joys of Psychopathocracy:
Why Criminality is Essential
to Effective Modern Government
Our Rebirth in the Wake of
Their Destruction of Our World
(2017)

Living on the Precipice
Global Corruption, The Supremacy of "Fake" &
Reflections on Near-Term Human Extinction.
The Essential Internet Postings
(2018)

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of Working with Escharotics
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Legal Disclaimer

The information in this book is intended to accurately present my 30 years of experience in working with escharotic preparations, most specifically what is now generically referred to as "Black Salve." It distills my conclusions in the aftermath of having worked with thousands of cases. That having been said, nothing contained in this book is intended to replace your personal relationship with your licensed medical practitioner. Nothing in this book should be construed as a diagnosis, treatment, prescription, advice, or cure for any disease. I am a medical researcher and practicing herbalist – not a medical doctor. Always consult a qualified medical professional for specific health concerns. Do not rely on this material for medical treatment.

This book should be treated as a discourse for future research. It does not render medical advice or services to the individual reader. Therefore, neither I nor the publisher are liable or responsible for any loss, damage, anguish or distress allegedly arising from any information or suggestion in this book. I approach the task of writing this book as a medical layman. This book contains numerous references from professional healthcare sources. I am not connected professionally or economically with any of these sources, unless otherwise indicated, most of which are historical.

Forward by Bradford S. Weeks, M.D

The book you hold in your hand will change your life vastly for the better and, if you share it with your own doctor, she or he will have received an incredible compliment from you because the information contained in these pages saves lives better than most, if not all, the treatment protocols available from your doctor.

As an integrative, functional medical doctor for the past 35 years, I am both old fashioned and romantic: my goal is simply and exclusively to serve the trusting patient. That is it. Now, if that generates for me a wonderful sense of purpose and value in life, if it generates an income to support my family, and if it inspires others to choose a career in helping people, well those are fortunate consequences of my career goal of simply serving the patient.

How do I serve the patient? I use treatments that work by which I mean that they certainly do far more good than harm allowing me to stay true to my vow "Primum non Nocere" (first do no harm). My patients have benefited greatly from black salve and many of the other treatments described in this book.

Today around the world, I am sorry to report, doctors who prioritize serving their patients are an endangered species. Why would I say this knowing that you like your doctor who seems kind and compassionate? I say this because your doctor doesn't work for you. She or he works on you but doctors, like everyone, work for the entity (third party payer) who actually pays the doctor's bill. Rarely today does the patient pay the

doctor and only if you pay can you hold your doctor accountable. Remember rule #1 in understanding your relationship with your doctor: 1) Doctors serve who pays them and for ~ 99% of doctors today that is NOT the patient. Who pays the doctor? A third party, be it the doctor's employer, the health insurance company or a government entity. Sadly, the patient rarely has the opportunity to pay the doctor and therefore rarely has the opportunity to hold the doctor accountable. That conflict of interest bodes poorly for the trusting patient.

It gets worse. Despite doctors typically being nice people and having good intentions, the irreparable health care system today coerces most doctors to not offer patients superior or "centsible" treatments (i.e. treatments which are safer, more effective and more cost-effective than the standard of care). Rather it forces the doctors to only offer what is acceptable and here's the rub: acceptability (the standard of care) is determined not by best science but rather by profitability and only secondarily, if at all, by the optimization of the health of trusting patients.

Medicine today is not science driven. Any real medical scientist with integrity will admit that this tragic assertion is accurate. Medicine today is driven by corporate profit. The standard of care is not derived from best practices but rather from what third party payers declare they will reimburse in the year to come. Complicit in this debacle is the fact that the once revered title "M.D." has come to reflect the fact that most doctors are foot soldiers of big pHARMa and their "M.D." stands for marketing director.

Why am I writing a forward to this book which, by the way, I congratulate you for holding in your hand? Because the author, Greg Caton, is a courageous and brilliant man who has dedicated his life to serving patients by offering them a "centsible" treatment for cancer: the ancient black salve. For this heart of service, he is considered a disruptive force (a medical "terrorist" as his treatments divert money away from big pHARMa), he has endured tremendous hardships and imprisonment at the hands of profiteering agents of big pHARMa, and yet he has never faltered in his mission to serve patients.

Now it is your turn to be courageous and so I urge you to start by thinking for yourself. Read the life saving information in these pages with an open mind and heart and then think carefully about what you read. Don't be surprised that participants in the medical industrial complex will tell you that this book is nonsense. That is not important. What is important is what you think after learning what this book teaches.

Light Ahead!

Bradford S. Weeks, M.D.[1]

[1] See a description of Dr. Weeks life and work in "Brief Biographies of Contributors" at the end of this book

Author's Forward:
An Overview on Escharotics

Few areas of health care are as contentious as that of "Black Salve," a generic term for a class of natural topicals that are reputed to remove cancers and even precancerous cells at low cost, without side effect – and when used properly, with minimal discomfort. "Black Salves" belong to a class of compounds called "escharotics," which is not a term I would use to describe them, but is one that I have inherited.

If you listen to medical authorities, they will tell you that "Black Salve" is dangerous. They will say that Black Salve is a fraud perpetrated by professional con artists – who are out to deceive the public by pushing quack medicine on an unsuspecting public. All you have to do is "Google" the term "Black Salve" and what comes up at the top are numerous links to articles backed by medical orthodoxy that cast Black Salve, and escharotics in general, in the worst possible light. One gets the distinct impression that widespread use of Black Salve could be worse than the Black Plague pandemic, or maybe a 200-mile wide asteroid hitting the earth.

None of this is true.

As I have learned from a lifetime of studying medicine, its history through the ages, and the disciplines related to its development, our culture is beset with disinformation.

We've all heard the term "fake news." It is, however, not nearly as pernicious to the public well-being

as “fake medicine,” which is not a national, but an international, phenomenon. Escharotics have been used successfully for at least a half millennium. So why listen to me in particular, and not somebody else who has worked with escharotics?

My wife, Cathryn, and I are the originators of Cansema®, the first escharotic preparation to be introduced online.[1] Moreover, we created the very lexicon now used by both practitioners and end users of escharotic preparations around the world. We turned an obscure, forgotten, suppressed, and professionally neglected tidbit of herbal folk medicine into a full-blown medical discipline, creating scores of new protocols for successfully treating cancer in the process. That this discipline is not accepted as such by the orthodox establishment is quite beside the point. That this discipline -- simple, straight-forward, effective, and unyielding to those who want a proprietary angle -- will never be accepted by an orthodoxy that is totally consumed by greed is also quite beside the point.

Nonetheless, it helps to know who the originators of the Black Salve movement online and its current state:

1. **Authorized Sites of Alpha Omega Labs:** A few users have complained that our having different domains made things more complicated. Perhaps they have a point. Therefore, below you will find a complete list of the websites that are connected to the real Alpha Omega Labs, to Cathryn and I, and to the real Cansema®:

(a) AltCancer.com and **AltCancer.net:** The first of these is our original site, as I mention above. We added the second for those who want access to the same information without Joomla or other platform enhancers. Everything on AltCancer.net is authored in simple HTML and this is now our primary “archive” site.

(b) HerbHealers.com: Our sales site for the U.S. and Canada

(c) AlphaOmegaLabs.com: Our sales site for all other countries.

(d) Meditopia.org: A “work-in-progress” history of escharotic preparations, in general; our work, in particular . . . set within the larger context of what would be required to create a health care system that didn’t operate like a crime syndicate. (Note that Chapters 1, 2, and 4 of Meditopia, which I consider essential to a more thorough background understanding of escharotics, are included in the Appendix section of this book.)

(e) GregCaton.com – This is my personal bio site for those who want more information on me personally.

2. **Visual Identification:** Any customer who has met us in person or talked to us on the telephone will be able to identify us in the handful of videos that we have posted on our YouTube channel.[2]

[1] The Wayback Machine shows our earliest “snapshot” as having been taken in December, 1996. See: web.archive.org/web/19961225152207/http://www.altcancer.com:80/
But we actually launched the site in September, 1995, well before the Wayback Machine came into existence. See: en.wikipedia.org/wiki/Wayback_Machine

[2] YouTube Channel: Alpha Omega Labs. See: www.youtube.com/user/AlphaOmegaLabs. Also see: www.gregcaton.com/media.htm, where additional interviews and related media material

Again, I make these facts public so that those who decide to read this book may have confidence in my experience and a knowledge I would possess as only the online pioneer of such a class of medicinal compounds would have.

can be found.

Introduction to Black Salve

In my other books I discuss the history of black salve going back 500 years and why it has been so vigorously suppressed by the medical establishment.[1] I discuss how I was introduced to Black Salve in 1989.[2] Although I have included this work in the current volume, it is not the emphasis here. (I have only included this material as background -- something necessitated by the establishment's concerted efforts to demonize Black Salve for political and economic reasons.) If you want more depth in this area, even more than I provide in the Appendix, I recommend reading my last two books.[3]

This book focuses on how to use Black Salve. It reflects nearly 30 year of refinements in uncovering the protocols to employ in using the product and avoiding any problems. Although most of what I will discuss is already online, this volume is apparently necessary because of massive disinformation that is pouring in from two sources, primarily prevalent on social media: first, orthodox medical industry shills who would have you believe that Black Salve is dangerous and to be avoided at all cost, and secondly, new vendors who provide incorrect advice about how to use Black Salve and are subsequently in a position to really hurt people. Without the input from people, such as myself, who really

[1] This covered in both *The Joys of Psychopathocracy* and *Living on the Precipice*, Chapter 2. See: www.gregcaton.com/books.htm. This subject is covered in particular detail in the latter. See also: www.meditopia.org/chap2.htm. Or see "Escharotics: 500 Years of Suppression" in the Appendix.

[2] See *Living on the Precipice*, Chapter 4, www.meditopia.org/chap1.htm; or Appendix A of this book.

[3] *The Joys of Pschopathocracy* and *Living on the Precipice*. See Bibliography.

understand Black Salve thoroughly, this second group risks aiding the warnings of the first group. This is a tragic development, because when Black Salve is used properly, it is a miraculous healing compound. As an herbalist I know of nothing comparable.

I know this area well, since I am the person who pioneered the use of Black Salve on the internet. From 1995 until September, 2003, a span of eight years, I was the primary vendor in the online sales of Cansema® -- the trademark I used for the sale of the product. This same product is still available today under this and other names.[4] There are numerous copycats, and many of these formulas do not contain the proper ingredients to make them effective.[5]

One example is various social media posts have decried our use of zinc chloride as a caustic agent. Like so many other people, they say things that they think will gain traction with an uninformed public whose members don't know any better. The truth is that zinc chloride has been successfully utilized in escharotic formulations since at least the 1850's, and the arguments against zinc chloride are so ridiculous, many of them violating principles of inorganic chemistry, that I was forced to pen a rebuttal.[6]

So, admittedly, this book is about the proper use of our Cansema®, whose ingredients we fully disclose online.[7] It would also relate to any formula that is close to it in composition. If you still doubt its effectiveness,

[4] The general Cansema® page is now at: www.altcancer.net/cansema.htm, and order instructions are at: www.altcancer.net/order_instruct.htm

[5] See: www.altcancer.net/salve_comparison.htm

[6] See: www.altcancer.net/zinc.htm.

[7] See: www.altcancer.net/faqcan.htm, see Question 200.

we have hundreds of testimonials and pictorials online,[8] and I also provide photos of my own personal use of Black Salve at the bottom of a Quackwatch rebuttal article.[9]

A word about structure

I could have made this book 2,000 pages long – produced in multiple volumes -- and then I would risk having no readers at all.[10] So it was necessary to balance the volume of information I've accumulated with a need for brevity.

So with the exception of some of the material in the Appendices, the emphasis here was being brief and to the point. Nonetheless, everything in this book has a specific reason for inclusion. To facilitate a better understanding of the book, I provide a quick synopsis of its structure below:

Book I: Black Salve – Topical Use

Chapter 1: On Issues of Testing

Most people – not all, but most – become aware that they have cancer, be it skin cancer or something internal, because they've been diagnosed. In this chapter, I discuss different non-invasive diagnostic techniques and I explain why, in our experience at Alpha

[8] See: www.altcancer.net/cansema.htm#testimonials

[9] See: www.altcancer.net/docs/quack/eschar.htm.

[10] My informational site, altcancer.com, is over 2,000 web pages already, and most of those pages translate into several pages of printed text. These represent authored entries I have made from 1995 to the present.

Omega Labs, these are preferable to a biopsy or other invasive testing procedure. Chapter 1 deals with diagnostics and testing, because for most people, this is their starting point in dealing with a problem for which Black Salve will provide a solution.

Chapter 2: A Description of the Escharotic Process

Black Salve, again, is an "escharotic preparation," which initiates a very well-defined process. Wouldn't it be helpful, before one considers using Black Salve, if you knew what to expect? Of course, it would, and this chapter provides pictorials to help explain the process, step-by-step.

Chapter 3: User Instructions: Proper Application of the Salve

Once a decision is made to use the Salve, the next step is to have reliable instructions. There are numerous recommendations made by "representatives" of newer Black Salve manufacturers that based on inaccurate information. Some of it is just guessing. This chapter provides accurate instructions, refined over the decades, that reflects the best way to use Black Salve.

Chapter 4: Minimizing Pain, Discomfort or Itch

After having instructions for proper use, the next consideration is having proper instructions for dealing with potential pain, discomfort, or Itch. Speaking personally, I've removed about a dozen growths since

1989 – about five in 2009 alone – and I had very little pain, discomfort, or itch, nothing that I would regard as unmanageable, but every case is different, so it is very worthwhile to be educated in this area if you're going to use Black Salve.

Chapter 5: Advisories on Veterinary Applications

The next area of consideration is the treatment of pets. If you knew how to remove malignancies from the human members of your family, wouldn't you want to do the same for your pets? Important pointers are provided in this chapter.

Book II: Systemic Issues, Internal Cancers & Carcinogenic Thought Patterns

Chapter 6: "In Situ" versus Systemic: Understanding the Difference

Some growths are the result of a local phenomenon, while others are a symptom of a larger, systemic (body-wide) condition. It's important to know the difference if we're going to use escharotics.

Chapter 7: Preparatory Considerations

In treating internal cancers – to borrow from the metaphor, "A Nail in the Toe" that is contained in this section – you must first "remove the nail." Treating cancer is a meaningless, ineffective endeavor, if effort

is not expended to first remove the inputs that are causing or exacerbating the condition in the first place. You don't operate your car by pressing on the gas petal and the brake at the same time, and contrary to the current orthodox model, you don't effectively treat cancer – or ANY degenerative condition – without "taking your foot off the brake."

Chapter 8: Carcinogenic Thought Patterns

Escharotics are frequently used internally – (for which there are protocols that are outside the focus of this volume) – however, it is my opinion that any effective approach to treating malignancies internally is going to take into account psychological traumas that are themselves powerful carcinogenic inputs. No effective approach to treating cancer can ignore the mind-body connection.

Book III: History of Black Salve / Understanding the Defects in Our Cultural Operation System – Appendices

Appendix A: A Tear in the Matrix (Personal History of Escharotics)

This was an updated version of Chapter 1 of Meditopia, most of which was written in 2004, with updates over the intervening years.[11] Its importance is that I share the intellectual and experiential journey I took in discovering Black Salve and the implications of its deliberate suppression. My attempt is to put you in my shoes so that you can better understand the worldview that imbues this book and my other writings.

Appendix B: Escharotics: 500 Years of Suppression

Orthodox apologists would have the public believe that Black Salve is either a recent concoction or one that is antiquated and outdated. Its proliferation is neither recent nor outdated. Its popularity is rooted in the fact that in the majority of cases, it works – surpassing anything that is currently officially "approved." This chapter, which is an update to the original Chapter 2 of *Meditopia*[12] is important in giving the reader a panoramic view of a healing tradition, centuries old, which could have never gained the traction it has with the public if it was dangerous or ineffective.

Appendix C: An Embarrassment of Riches: How I Learned that Suppression Is the Medical Profession's Most Enduring Legacy . . .

Black Salve is more easily accepted if one understands the patterns that inhibit healing traditions that are like it. The last half of this appendix examines the deliberate suppression of what we would eventually call Vitamin C in the treating of scurvy – for nearly 200 years. The parallels to the suppression of effective cancer cures, like Black Salve, is made glaringly and inescapably obvious. A lengthy examination of Thomas Kuhn's classic, *The Structure of Scientific Revolutions*,

[11] See: www.meditopia.org/chap1.htm

[12] See: www.meditopia.org/chap2.htm

is made to further drive home the points made earlier in the chapter. Currently, orthodox cancer therapies are too profitable to ever allow legitimate cancer cures to see the light of day. It's important to grasp the mechanics behind this phenomenon.

Appendix D: ZnCl2. Zinc chloride: Its Established Effects . . .

Those who pooh-pooh Black Salve frequent resort to attacks on the use of its primary mineral compound, zinc chloride. Statements made about this compound are frequently false and misleading, so this appendix corrects the provable falsehoods surrounding these attacks.

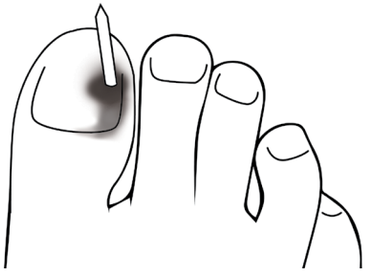
Appendix E: Panoply: A Comprehensive Black Salve FAQ

This is a detailed question-and-answer section, covering a broad range of frequently asked questions about Black Salve. Over fifty questions are posed, and detailed answers are provided.

What follows are the Bibliography and Index.

Any relevant comments, complaints, or questions about this book can be addressed to me at greg@greg-caton.com.

Taken from the archives of **Mother Goose Metaphors**
"For the young, the innocent,
and the truly cerebrally challenged!"



I was running through the woods one day, and I happened to step on a nail.

The nail went through my toe, barely missing the bone, and was very painful.

So with the assistance of friends, I went to a local medical doctor, whose office was not far from the woods.

He examined my toe, took an x-ray, and then gave me prescriptions for pain killers, an antibiotic, and an anti-inflammatory.

When I got home, having purchased the prescribed drugs at a local pharmacy, I sat down for a moment to examine my toe.

Yes, I felt better, but I was beset with the strange thought that perhaps things would have gone better if the doctor had removed the nail . . .

The next morning, I went to a local naturopath.

He immediately recommended that before doing

anything else, we should remove the nail.

"The nail in your toe is the source of all your other problems – the pain, the inflammation, and threat of infection," insisted the naturopath. "Getting rid of the nail will ultimately mean getting rid of the symptoms."

"I had that same thought myself last night, doctor," I said. "And yet I am disturbed by what my friends might think if they discovered that I had the nail removed. After all, everyone knows that good medicine calls for the treatment of troublesome symptoms while leaving the cause unattended. Treat the cause? That's bad for business!"

"I understand completely," the naturopath replied calmly, as if he had confronted this same situation a thousand times, "but I'm not here to practice good medicine."

"You're not?" I asked in confusion.

"No, I'm not," the naturopath replied. "In fact, I'm not a medical doctor at all, so I don't even practice medicine. I'm a quack, so I practice quackery."

"What does that mean?" I inquired.

"Well, it means that I believe in addressing the cause of what others call a 'medical problem,' and not just the symptoms," he said proudly. "And this is probably why you were referred to me. You see, I'm not just any ordinary quack. I'm actually quite skilled in quackery, which is important because a bad quack is no better than a good doctor![1] I pride myself in being the best quack I can be!"

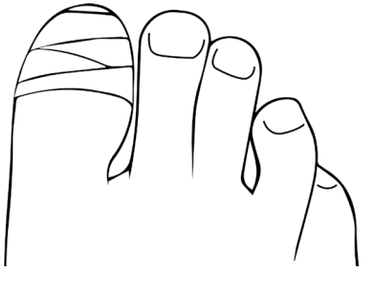
[1] This is reminiscent of a quote I repeat in Chapter 1 by Thomas McKeown, M.D.: "Francis Galton was generous in his conclusion that there is a considerable difference between a good doctor and a bad one, but hardly any difference between a good doctor and none at all."

"Alright," I said hesitantly at first. "Let's do it."

The naturopath proceeded to take out of a pair of plyers and he removed the nail. He then applied Lugol's Iodine to the site of the wound before wrapping it in gauze. Then he gave me a homeopathic for the pain. "There," the naturopath said in conclusion, "now let's allow the body to repair the area, and then it won't be necessary to keep treating the symptoms."

Within a week, the wound had healed over, all inflammation was gone, and although the area was still a bit sensitive, the worst of the pain was clearly over.

As I examined the naturopath's handiwork, I couldn't help but wonder how different the world would look if we could only replace good medicine, good science, good drug regulations, and good laws – getting rid of them all -- with good quackery.

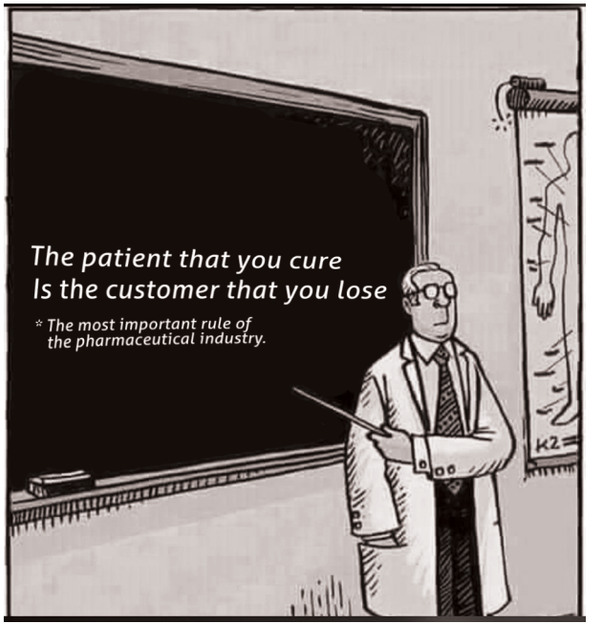


Then I thought about all the doctors and other health care professionals who would be out of work if good quackery was put in place. I contemplated a world of unhappy government workers and politicians who would no longer see a steady stream of bribe payments and other forms of remuneration for their support in helping to maintain the current orthodox system. And

what would happen to all those pensioners whose stock portfolios would plummet in the shares of the pharmaceutical companies and other elements of the corporate world devoted to “health care”? None of this even intimates what would happen to the mainstream media, which could barely survive if not supported by the massive largesse of pharmaceutical advertising funds, thus jeopardizing the public’s right to fake news! This can’t be!

My God, I thought to myself, what anarchy lurked in this new world?

I shuttered . . . and then I banished the thought completely.



Glossary

Black Salve – is a general term for a topically applied herbal product that belongs to a class of medicinals called "escharotics" (see below). It is primarily used to remove skin cancers, for which it has a long track record of success, going back centuries. However, it is frequently used to treat other conditions.[1] My personal introduction to Black Salve and a history of its use going back 500 years is covered in Appendix A and B of this book, respectively.

Bloodroot Paste – is a term used for a variety of "escharotics" (see below) whose primary ingredients are zinc chloride (see below), powdered root of bloodroot (Sanguinaria canadensis) and purified or spring water. According to Dr. Jonathan Hartwell, the use of bloodroot, native to the Appalachian mountains in the Eastern U.S., goes back at least to the early 1800's.[2] We use Bloodroot Paste to treat non-cancerous moles, skin tags and warts. The process normally takes longer – (applications can average once a day over a two week period) – and vary from person to person).

Cansema® – is a U.S. registered trademark of Herbologics, Ltd., founded in 1992, for its own version of Black Salve.[3] It was an unregistered trademark from 1995 to 2007. The trademark was finally filed in 2007, in response to ineffective versions that were being produced by counterfeiters.[4]

Chronic inflammation – also known as "systemic inflammation" (SI). This results from the activity of immune-related cells and the chronic activation of the innate immune system.

[1] See: www.altcancer.net/cansema_other.htm

[2] Jonathan Hartwell, *Plants Used Against Cancer*, Quarterman Publications, Lawrence, MA, 1982. See "Bloodroot." We cover Hartwell elsewhere, as well. See: www.altcancer.net/hartwell.htm. We sell a variant as well. See: www.altcancer.net/bpaste.htm

[3] See: www.meditopia.org/docs/trademark_meditopia.pdf

[4] See: meditopia.org/old/chap7_2004.htm. Also: www.altcancer.net/ashwin/ashw0312.htm, www.altcancer.net/ashwin/ashw0609.htm and www.altcancer.net/ashwin/ashw1108.htm

It is particularly relevant here because it contributes to a wide variety of degenerative disease conditions, including cancer.[5]

Decavitation – Once the "eschar" (see below) or scab, which contains dead cancer cells as a result of the application of Black Salve, falls off, a pitted area – what we call a "decavitation" – results. Read Chapter 2 for more details and pictorial examples.

Edema – is fluid buildup that accompanies the inflammatory response. Technically, it is caused by a buildup of fluid in the interstitium, beneath the skin, but it's relevance in our work is that it normally accompanies the escharotic response when Black Salve has "identified" and targeted malignant or diseased cells.

Enucleation – is a term that was more common in the 1800's than it is today. It pertains to the ejection of the "eschar" (see below) from the skin, which then results in a "decavitation" (see above). Speaking more broadly, it was a term used to describe the removal of a cancer tumor.

Eschar – is term that it in broadest sense, refers to a scab produced by a burn. That's the classical definition. We use the term to differentiate a scab produced by an infection or other etiology from that which is specifically produced by Black Salve in the removal of a malignant growth.

Escharotic – is a term which, as we use it, refers to a natural herbal compound used specifically to remove a diseased growth. The process which a properly made escharotic produces when removing a malignancy is described in Chapter 2.

H3O / Calcium Sulfate Hydronium Solution – is a specific solution which we use for a wide variety of medicinal purposes.[6]

Herxheimer's – or "Herxheimer response." Practitioners frequently truncate it further to just "Herx." We use this as shorthand for the "Jarisch-Herxheimer reaction."[7] The term is used in the orthodox medical community to describe the temporary debilitating symptoms that one can experience from pathogenic "die-off" as a result of the use of antibiotics: "fever, chills, hypotension, headache, tachycardia, hyperventilation, vasodilation with flushing, myalgia (muscle pain), exacerbation of skin lesions and anxiety."[8] We see it in our work when one is using Lugol's Iodine (frequently taken to get rid of candida),[9] colloidal silver, or other natural compounds that clear the body of one or more categories of pathogens. Herx has also been reported by those who take escharotics in small quantities internally, in which case, nausea, fatigue, and low-grade flu-like symptoms can be seen, and are usually the extent of it. I have experienced herx using these materials myself, as well as certain experimental, bioelectronics devices.

Isolation – We use this term to describe the process whereby the eschar separates itself from the surrounding healthy tissue in preparation for enucleation (ejection). This is part of the escharotic process and is described in Chapter 2.

Rubefaction – Simply put, this is reddening of the skin caused by any number of topicals that can make the skin red as a result of the inflammatory response. Its relevance in escharotic medicine is that it may accompany an escharotic response in addition to the edema. It, too, is discussed in Chapter 2.

Trauma – Traumas can be physical – minor or major, or they can refer to a severely distressing psychological events. In

[5] See also: www.healthline.com/health/chronic-inflammation

[6] See: www.altcancer.net/h3o.htm

[7] See: en.wikipedia.org/wiki/Jarisch%E2%80%93Herxheimer_reaction

[8] See: en.wikipedia.org/wiki/Jarisch%E2%80%93Herxheimer_reaction#Signs_and_symptoms

[9] See: www.altcancer.net/lugols.htm

this volume, the term is used in conjunction with psychological events that can act as carcinogenic agents, or as contributors to degenerative disease. This phenomenon is covered more fully in Chapter 8.

Zinc chloride – This is a widely used zinc compound.[10] It is, in our opinion, the best escharotic mineral compound for effective use in an escharotic, although antimony trichloride is sometimes used, a practice going back centuries, as well.[11] Zinc chloride has been the subject of disinformation, as well, which is why I address this in the Appendices D and E.

[10] See: pubchem.ncbi.nlm.nih.gov/compound/ZINC-chloride#section=Chemical-and-Physical-Properties

[11] See: www.victorianweb.org/science/health/escarotic.html

Book I:

Black Salve
Topical Use

Chapter 1:

On Issues of Testing

Personally, I have never had any of the skin cancers that I have removed with Cansema® tested prior to use. I knew the symptoms well. A small mole, changing in color, growing in size, often accompanied by a slight itch. If you have these symptoms, there's an excellent chance you have skin cancer.[1] In 30 years I have removed about twelve growths from my body in total.

The other reason I didn't go to a dermatologist for testing is that Cansema® is discriminatory in its action. It reacts to cancer, keratosis and a handful of other aberrant growths.[2] It does not react to healthy tissue when used as directed.[3] In fact, for every call we get where people do not follow our instructions when using Black Salve and they get a unexpected pain response, we get a complaint call from a customer that they applied Black Salve, and "nothing happened." At this point, we usually have to explain that this is a "good thing." No response means that there are no diseased cells that require treatment.[4]

Nonetheless, although this has been what I have done personally, I don't recommend it professionally, provided that a reliable, non-invasive method of testing is utilized. Although I have never recommended a biopsy myself – and for good reason,[5] I do think there are now excellent non-invasive testing procedures that those who want a relatively accurate cancer test should avail

[1] These are not the only telltale signs. The Skin Cancer Foundation provides this useful guide: www.skincancer.org/skin-cancer-information/melanoma/melanoma-warning-signs-and-images/do-you-know-your-abcdes

[2] See: www.altcancer.net/cansema_other.htm

[3] See: www.altcancer.net/faqcan.htm, Question 200A: "I've been told that escharotics like Cansema® Salve will cause a scab whether it's applied to skin cancer or just healthy skin. Is this true?" or see Appendix E.

[4] This is a slight oversimplification, because in certain cases, our doctors advice a second or third exploratory application just to "be sure" that no cancer is present, but in the majority of cases, you know if you have a skin cancer or not within 24 hours after that first application.

[5] I discuss the reasoning behind avoiding surgical intervention when treating cancer later in this chapter. Also see: www.altcancer.net/cutting.htm

themselves." Among the most popular non-invasive testing procedures internationally is the Navarro urine test, a test for HCG (Human Chorionic Gonadotropin). A little background: in a pregnancy test, you are actually testing for beta-HCG, which exists in the placenta. Created by Dr. Manuel Navarro, this test is based on the simple fact that if you are not a pregnant woman, you will not test for HCG. You will, however, test for HCG if you have a malignant growth.[6] A wonderful component of this approach is that you can do it at home and send it to the lab in the Philippines. In our experience, the test is quite accurate, and the cost is less than $60.

Another readily available test, albeit more expensive, is the AMAS test. The cost is about $250.[7] Amazingly, this test has been approved by the FDA and is covered by Medicare. The AMAS test covers early diagnosis in the majority of malignant growths.

Also worthy of consideration is the IvyGene test (formally the OncoBlot Test).[8] Unlike the Navarro test, this one requires the assistance of a practitioner however, it analyzes specific gene targets within your DNA. It has a sensitivity of 84% and a specificity of 90%. It has been confirmed as being valid in the testing of breast, colon, liver, and lung malignancies.[9]

Costs are relevant. The Navarro test is less than all of them and is much less than a biopsy – regardless of your insurance status.[10] The AMAS and IvyGene tests are more expensive, but are equally accurate.

There are less well-known up and coming tests that you might want to be aware of.

One is the multiphoton microscopy technique.[11] Another

[6] For much more information: www.navarromedicalclinic.com/preparation.php

[7] See: www.oncolabinc.com/; In the U.S., call (617) 536-0850).

[8] Originally, the test was available at: oncoblotlabs.com. Recently, the company and website has been changed to: www.ivygenelabs.com/ (IvyGene Biotechnology). Contact info: www.ivygenelabs.com/contact/ or call (844) 489-4363 (U.S. number).

[9] See: www.ivygenelabs.com/ivygene-technology/core-test/

[10] See: health.costhelper.com/biopsy.html

[11] See: www.nibib.nih.gov/news-events/newsroom/non-invasive-test-offers-quick-skin-cancer-diagnosis

that shows promise is **optical coherence tomography** (OCT),[12] although as of 2017 this was only being offered at Mount Sinai Hospital in New York City. Another is **reflectance confocal microscopy** (RCM).[13] Some interesting and novel applications of laser spectroscopy are occurring which are relatively non-invasive, as well.[14] Patients who are unfamiliar with these relatively new tests need not fret. You can ask your doctor about new non-invasive testing techniques with which he or she is currently working.

Apply a small amount of Cansema® – no more than 1/8" squared is normally sufficient – and within an hour . . . sometimes just minutes, the sensation will indicate if the underlying cells are malignant. If there is nothing more than mild irritation and little to no sensation, the tissue is almost always healthy. However, if there is a noticeably small burning sensation, the tissue is not healthy, and as it turns out, it usually turns out to be skin cancer or keratosis.

Using this technique, one will not know the exact type of diseased cells that one has. You're not going to get the same accurate input you can expect from undergoing a biopsy and having a pathologist look at the tissue under a microscope. On the other hand, you won't be opening yourself up to the metastatis that normally accompanies surgical intervention in dealing with cancer, either. However, either way, this is a very personal decision, and people should decide for themselves what they want to do, based on financial wherewithal, personal circumstances, and preferential choice.

The following section makes clear why I oppose surgical intervention in dealing with cancer – be it for testing or therapeutic purposes – except in rare cases, normally dealing with a large growth where "time is of the essence" to reduce its mass, and thus a decision to withhold surgery may threaten the life of the patient.

[12] See: www.curetoday.com/articles/noninvasive-imaging-device-brings-a-new-dimension-to-early-skin-cancer-detection

[13] Ibid.

[14] See: www.mdedge.com/edermatologynews/article/164852/nonmelanoma-skin-cancer/novel-noninvasive-skin-cancer-detection

"According to the elder Monro, out of sixty patients operated upon, there remained only four who, at the expiration of two years, had not suffered a relapse. The justly eminent Scarpa states that in the course of his long experience and extensive practice, only three cases had occurred in which the extirpation of true schirrus had not been followed by a reproduction of the disease. The result of M. Boyer's practice gives five cures out of a hundred individuals in whose cases he had employed the knife; in all the rest, the disease returned, and death followed. And I entertain no doubt, that were every surgeon conversant with cancerous complaints, and prone to recur to the knife, to publish the list of his successes and failures, the balance would be similarly unfavourable.

Many reasons can be assigned for the fatality attendant on this cruel, and all but hopeless operation. The well-known and distinguishing characteristic of the disease is to propagate itself by contamination of the adjoining parts, and yet to afford no signs by which this process of contamination has reached. Thus the whole diseased locality, as far as it can be recognized by the sign, may be removed; the wound healed; and the patient, to all appearance, in a fair way of recovery; still, the surrounding parts, which when laid open by the operation to inspection and to touch, had exhibited every ocular and palpable sign of healthy structure, may be infected with the virus, and assume, in their turn, all malignancy of the disease . . ."

Thomas Battye, M.D.[15]

"Much suffering has been man-made. The history of man is one long catalogue of enslavement and exploitation, usually told in the epics of conquerors or sung in the elegies of their victims. War is at the heart of this tale, war and the pillage, famine, and pestilence that came in its wake. But it was not until modern times that the unwanted physical, social, and psychological side-effects of so-called peaceful enterprises began to compete with war in destructive power."

Ivan Illich[16]

"Doctors have always tended by overestimate the effectiveness of their intervention and to underestimate the risks . . . Indeed, the history of treatment of illness . . . suggests that Francis Galton was generous in his conclusion that there is a considerable difference between a good doctor and a bad one, but hardly any difference between a good doctor and none at all."

Thomas McKeown, M.D.[17]

"'You surgeons may say what you like about the thoroughness with which you claim to excise with your knife a cancerous growth, and no doubt in many cases you are successful, especially when you deal with an early case of cancer, in that in a very few cases the disease after operation does not recur. On the other hand, the cases in which recurrence supervenes after operation are quite sufficiently numerous to give pause to any insistent claim as to the curability of cancer by what we know, and by what can be done at the present moment . . ."

F.W. Forbes Ross, M.D.[18]

"The main thing about the treatment of cancer is not how early it is treated, not how radically it is treated, but how wisely it is treated. There is plenty of time. A week or a month will probably make no difference in the outcome. Do not panic. Be sure that the diagnosis is definite. Recheck it if it is not. Diagnostic tests are not very satisfactory for cancers of the pancreas, liver, and upper part of the stomach. All of these cancers about which little can be done to effect a cure, regardless of how early they are diagnosed . . . Operations performed to make a diagnosis are sometimes necessary but are not likely to find cancers that can be cured . . .

Do not be afraid to ask your surgeon to tell you the truth. If you do not ask him, he may evade the issue. He may mention a tumor, an obstruction, a dozen other vague and meaningless words. But this problem is your problem. You have the right to know, to have the opinion of another doctor if you wish. It is your right to know where the trouble is, what it is, and what has to be done to get rid of it. This is a major issue in your life. You

[15] Thomas (M.D.) Battye, *Cancer Extirpated Without the Knife*, Kessinger Publishing (Kessinger.net), ISBN: 9781166435653. Originally published in 1837. p. 72-73.

[16] Ivan Illich, *Limits to Medicine, Medical Nemesis: The Expropriation of Health*, Marion Boyars Publishers, Ltd., 2001 (originally published in 1975), ISBN: 1842300075, p. 261.

[17] Thomas McKeown (M.D.), *The Role of Medicine: Dream, Mirage, or Nemesis?*, Princeton University Press, Princeton, NJ, 1979, ISBN: 069102362X, p. 177.

[18] Ross F.W. Forbes (M.D.), *Cancer: The Problem of Its Genesis and Treatment*, Methuen & Co. Ltd., London, England. 1912. ISBN: None. p. 1-2. (Told to the author by a "former Pathologist of a large general hospital in London").

should have as much information as possible before you decide. If the picture is not clear you should take time for thought. A few days of delay will do no harm.

There is another category of operations -- the totally unnecessary operations that are done in the absence of disease and not even with a legitimate excuse of preventing it. These operations are performed by surgeons who exploit the fear of cancer. . . . Each increase in the fear of cancer makes normal people more susceptible to the veiled implications of the unethical surgeon . . . The real disease is cancer phobia, deeply rooted in the minds of the people who accept unnecessary options. It is fear that causes people to demand treatments that are not of use."

George Crile, Jr., M.D.[19]

Sometime in 1975, I happened to read Ivan Illich's *Limits to Medicine / Medical Nemesis: The Expropriation of Health.* The book's preface contains the best summation of the author's main point: "The medical establishment has become a major threat to health . . . (and) the layman and not the physician has the potential perspective and effective power to stop the current iatrogenic epidemic."[20] I would argue that this statement is truer today than when it was written more than 40 years ago, and in few areas does it more clearly manifest itself in the ill-effects of unnecessary surgeries -- misrepresented to patients as to its true effects, driven more by financial motivation than by medical necessity.

The indictment against surgery, particularly as its relates to use in cancer diagnosis and treatment, is long standing and has its roots in published works going back almost 200 years -- hundreds of years after modern surgery, as we know it, was "invented by gunpowder; when bows and arrows were superseded by powder and shot in the fifteenth century, the human damage it

[19] George Crile Jr. (M.D.), *Cancer & Common Sense*, MacMillan Company, Canada, 1955. No ISBN. LOC #55-12187. p. 65-66.

[20] A later copy of this book is quoted here. *Limits to Medicine / Medical Nemesis: The Expropriation of Health*, Ivan Illich, Marion Boyars, New York. 2002. Preface, p. v. ISBN: 0-7145-2993-1.

wreaked caused major advances in surgical technique."[21]

It seems that surgery had its roots in war, and it has never strayed far from its initial mooring.

Among the earliest records I have found indicating that medical practitioners were well aware that surgical intervention in cancer treatment normally leads to disastrous results is Thomas Battye's *Cancer Extirpated Without the Knife*, published in 1837. Battye's states the observation of the time in clear and unmistakeable terms: "The immediate reproduction of the malady (cancer) in its original seat is a common consequence of operations by the knife, and arises from the general impossibility of removing the finer and deeper seated ramifications by this means: it is, in fact, the result of imperfect extirpation, there remaining a germ, as it were, from which the cancerous growth sprouts out afresh."[22]

As if Dr. Battye didn't make himself clear enough, he goes on to state: "It is not the eye alone which fails us in tracing the fine and manifold ramifications of its polypous growth; the instrument and the hand of the operator are equally baffled, for neither is sufficiently delicate to trace and eradicate these thread-like offshoots. Nay more, could these difficulties be surmounted by the surgeon, and his manual art add another triumph to the still increasing list of conquests over nature, there would yet remain an insuperable obstacle in the irritation of the adjoining parts, consequent on the employment of the knife. I entertain no doubt, indeed, that this is sometimes the only, as it is always a concomitant cause of the reappearance of cancerous disease after an operation. It is also observable in cases of failure, that the patient is reduced to an infinitely worse state than that in which he previously found himself. From the violent shock which nature

[21] Richard Gordon, *The Alarming History of Medicine*, St. Martin's Press, New York. 1993, "The Demon Barbers," p. 121, 125. ISBN: 0-312-10411-1.

[22] Thomas Battye, *Cancer Extirpated Without the Knife (1837)*, Kessinger Legacy Reprints, p. 19-20. ISBN: 9781166435653.

receives, particularly in the case of delicate females; and from the injury inflicted by the knife on the surrounding tissues, and the irritation of the parts that hence ensues, the morbid poison acquires new virulence; the fibrous particles of the cancerous formation, which are so often residuous, propagate themselves with inconceivable rapidity; the disease quickly extends to a distance it would have been long in reaching, if left undisturbed by the mischievous interferernce of the knife; and, reproduced under an aggravated form, it becomes more difficult to treat."[23]

What does Dr. Battye recommend in place of surgical intervention in the treatment of cancer? He is less clear on this point. "To come to my own practice. I have stated that I am not warranted in disclosing the ingredients composing the formula which I have found such powerful instruments for the cure of Cancer." But it doesn't matter. Upon careful study of the case studies with which Dr. Battye closes his book, one can clearly see that he is using a forerunner of Cansema®.[24] [25]

If Dr. Battye was not entirely forthcoming in revealing his secrets, J. Weldon Fell (M.D.) had no problem spilling the beans, but not before revealing that surgerical interference in cancer was known to be a dangerous pursuit going all the way back to Hippocrates: "Cancerous tumours may be removed by the knife, but in doing this the morbid growth alone is removed, and, as we shall find, the tendency for the reproduction of the disease either in the cicatrix or elsewhere is excited, and soon after most operations the sufferer is in worse position than before. At the present time few surgeons recommend ablation by the knife, although for years it seems to have been a disputed point whether operations were justifiable or no. Hippocrates taught 'that occult cancers should not be interfered with, because experience has shown that persons submitted to treatment had perished more rapidly than those who had not been thus meddled with.'"[26]

[23] Ibid., 77-79.
[24] Ibid. p. 79.
[25] www.altcancer.net/cancer.htm
[26] *Treatise on Cancer and its Treatment*, J. Weldon Fell, M.D., 1857, John Churchill, New Burlington Street, London. p. 44. I do not go into detail here on Fell's formula or practices, as this I cover this in detail in Chapter 2 of *Meditopia*. Incidentally, the quote attributed to

Fell then goes on to note nearly ubiquitous agreement among the ancients as to the ill-advised position that cancers should be removed surgically, finally quoting from Monro, that "finding that of nearly sixty persons who had submitted (to me) to the excision of cancer, four only remained free of relapse at the end of two years, and that, in those in whom the disease returned, it made more rapid progress than it commonly did in others, became a staunch opponent of surgical interference."[27]

A few years later, in 1866, John Pattison provided further corroborating evidence as to the effects of surgery in the treatment of cancer with his monograph, *Cancer: It's Nature, and Successful and Comparatively Painless Treatment*, which I cover in Chapter 2 of *Meditopia*.[28] This was followed in 1912 by a work by F.W. Forbes Ross, M.D., entitled *Cancer: The Problem of its Genesis and Treatment*, which opens with a blistering attack on surgical procedures as a method of treating cancer. Ross spent 20 years of practice as a "civil surgeon." He writes about his observations of the general practice, and then segues into his hypothesis -- namely, that "cancer is due to a want of balance in particular mineral salts in the body."[29] On the very heels of Dr. Ross's work was the publication of Dr. Robert Bell's, *Cancer: Its Cause & Treatment Without Operation*, which -- by its very unambiguous title -- tells the reader that the author's entire thrust is the circumvention of surgery as a means of treating cancer because of its dismal track record. What I found interesting in the case of Bell's book was his enthusiast acknowledgement of the support of "Medical Times, Lancet, British Medical Journal . . ." etc. This indicated to me that medical journals of that time, unlike today, were not so thoroughly corrupt[30] as to their

Hippocrates, the "Father of Medicine," comes from *The Aphorisms of Hippocrates* (from the Latin version of Verhoofd), #38 -- or from the previous iteration in Latin: "Quibus occulti cancri fiunt, eos noixcurare melius est. Curati enim cito pareunt non curati vero longius tempus perdurant."
[27] Fell is quoting from Mayo's *Outlines of Pathology*, p. 573.
[28] See: www.meditopia.org/chap2.htm or Appendix B.
[29] Ross F.W. Forbes, *Cancer: The Problem of its Genesis and Treatment*, Methuen & Co., Ltd, London, England, 1912. p. 8.
[30] See: www.altcancer.net/ashwin/ashw0615.htm

reporting of the medical record. Truth still had meaning.[31]

Another interesting work of the period is *Cancer and Its Non-Surgical Treatment* by L. Duncan Bulkley, M.D., which deals with surgery's failures tangentially in the book's closing chapter on statistical outcomes.[32] One can see with Bulkley's book, the first glimpse of medical tyranny where physicians felt they had to be delicate in addressing procedures that were highly profitable to the profession.

This is evident in the language of *Cancer & Common Sense*, written by George Crile, Jr., M.D. in 1955.[33] Unlike works of the 1800's and even early 1900's, one can sense extreme care in approaching the subject. Still, in a reading between the lines, the message is clear: be extremely cautious in making any decision to go under the knife in connection with cancer.

This page does not purport to give the reader anything close to a comprehensive bibliographical listing of the works by members of the medical community who have been critical of treating or diagnosing cancer using surgical intervention. Instead, it is intended to convey that the advice to AVOID surgery extends into antiquity, to the writings of Hippocrates and beyond.

Speaking more personally, since Cathryn and I began working in this area in 1990, we have received reports from untold hundreds, if not thousands of people, who deeply regreted electing for surgery in connection with their cancer. This is not to say that there have not been some successful outcomes. There have even been a few cases where we ourselves recommended surgery as a course of action. But, again, these have been rare.

Time and experience have taught us to view surgery as something that should be considered with the upmost gravity. It

[31] Robert Bell, M.D., *Cancer: Its Cause and Treatment Without Operation*, G. Bell & Sons, Ltd., 1913, p. vii-viii.
[32] L. Duncan Burkley, A.M., M.D., *Cancer and Its Non-Surgical Treatment*, William Wood and Company, New York, 1921.
[33] George Crile Jr., M.D., *Cancer & Common Sense*, The Viking Press, 1955. LOC number: 55-12187.

is the only sensible way to approach it.