
Prologue

Issy and the Spider Leg

“You requested that I look into Dr. Revici’s treatment of cancer. This I did, and find it far beyond my wildest expectations.... His results are amazing...”

LOUIS E. BURNS, M.D., 1955

“We can cure this disease if we can get a national effort behind it”

SAM DONALDSON, ABC NEWS, 1996, IN AN INTERVIEW
WITH LARRY KING ABOUT CANCER.

Two weeks before little Issy was taken to see Emanuel Revici, M.D., in Manhattan, her doctors at Children’s Hospital of Philadelphia (CHOP) had estimated she had two or three weeks left to live.

Five hundred thousand dollars of prior medical treatments had not cured her because a grapefruit-sized tumor pressed against the four-year-old’s large intestine and liver. Meanwhile, the malignant growth had sprouted a six-foot predatory spider leg that wrapped itself around her spine. In addition, one of her chemotherapy sessions at CHOP had injured her kidneys and bladder, according to her father, Vernon Morin.

The Morins were cautioned by Issy's doctors that their daughter would probably die a painful death, although they would prescribe some narcotics to try to reduce her pain. Vernon said the only "good" news they had to offer was that the end would come quickly.

Her parents would not give up, however. Two days after starting Dr. Revici's treatment, Issy's pain disappeared, so she no longer needed any pain killers. The first office visit cost less than \$200. The medicine was free.

Issy spent that summer playing and swimming in the river behind her parent's home. As her treatment continued, she gained weight, began to grow, returned to preschool, and started ballet classes. Her sweet and playful disposition returned as well.

After nine months of Revici's care, Issy's grapefruit-sized tumor was smaller than a golf ball. The dangerous spider leg was dead. Where tests had previously shown 98% cancer cells in her peripheral blood, now there were none.

Meanwhile—when no one else could help Issy Morin—the state of New York yanked Dr. Revici's medical license.

Nor was Issy's battle over. The long-term effects of her kidney damage caused her to go into shock. But the people who said Issy would only last a few weeks had not referred her to a kidney specialist. Issy could overcome the cancer, but like Revici, she was no match for the medical establishment. Five months after her first coma, Issy surrendered for the last time.

Was it just luck that caused Issy's tumor to shrink so much? Why did the invasive spider leg shrivel up and go away? Well, consider that the 100-year-old Dr. Revici has had six decades of success with cancer patients who have benefited from his discoveries. Those patients were just as lucky and just as spontaneously healed as little Issy, for Dr. Revici is the doctor who cures cancer.

More than thirty years ago, Dr. John Heller, who was then the medical director of Sloan-Kettering Memorial Cancer Center, privately said of Dr. Revici, "I've known him for ten years. I don't know how he does it, but patients walk in dead and walk out alive." This is the story of that man and his many lucky patients, and of a medical establish-

ment that has fought him every step of the way.

Who is Dr. Revici, what has he discovered, and why do his patients consider him to be a miracle worker? Furthermore, how did the forces of conventional medicine stop him from helping the vulnerable Issues of the world?

Perhaps more importantly, what do Revici's discoveries mean for the future of cancer treatment and other conditions, such as AIDS and drug addiction, and how can we personally benefit from his work? The answers to those questions—and more—start with an exploding ambulance.

Let a Smile Be Your Umbrella

*“I think it will be tragic if what he has discovered
isn’t institutionalized in some way.”*

BOB WILDEN, PATIENT

At first glance Bob Wilden’s story might not seem all that special. He didn’t have any pain, just a little bit of a lopsidedness in one of his cheeks. But even that wasn’t all that noticeable. He found out he had cancer in his jaw, so he explored his options. He chose to see Dr. Revici. He never had any chemotherapy or any other treatment, other than Revici’s. The treatment with Revici took a fair amount of time before he could be declared free of his cancer, but eventually he became healthy once again. So, what’s so special about Bob Wilden’s story?

He still has his face.

Dr. Edward R. Mopsik, an oral surgeon with a practice in

Washington D.C., examined Bob and realized that the surgery that was needed to remove his tumor would cause a great deal of destruction to Bob's jaw, teeth and chewing muscles. Even then he wasn't so sure the surgery would do much good because the tumor was deeply embedded.

Dr. Mopsik provided Bob with the option of going to Sloan-Kettering. During his medical training, Mopsik had been exposed to some of the surgical marvels that had been performed there over the years. In a telephone interview, Dr. Mopsik told me about one of the old photographs he was shown. The picture was of a man whose waist was resting on a small wooden square with wheels attached to it. The man's legs, groin and buttocks had been surgically removed. That the man could still be alive after a surgery of that nature was a testament to the knife skills of the Sloan-Kettering surgeons who performed it.

Although Mopsik wasn't so sure he would want to perform that kind of a surgery if given the option, he was confident that Sloan-Kettering had some outstanding surgical people. If there was to be any hope for Bob, Sloan-Kettering was probably the place he would find it.

Meanwhile, Bob knew a woman who had been to Revici and who had survived about ten years before dying from a cancer that normally should have killed her in ten minutes. During that period she was able to work full time. What impressed Bob is that the woman wasn't always faithful about taking her medicine, yet Revici seemed to be able to bring her back to health periodically anyway. He decided if he was going to be in Manhattan, he would visit both Sloan-Kettering and Dr. Revici.

At Sloan-Kettering the surgeon, accompanied by another physician, stood behind a lectern as he explained what he would have to do. Bob said the surgeon was, "ticking off what he needed to do very matter-of-factly with no emotion. It was probably something he had done before and didn't much enjoy doing. I sat and listened to the two surgeons describe how they would operate on me."

Bob said they were going to, "saw through my jaw and teeth like a can of sardines. Part of it [the tumor] was accessible but part wasn't. It butted up next to my sinus. It wasn't clear what type of auxiliary damage would be done." (According to Mopsik, it would have certainly required the removal of certain jaw muscles and salivary glands.)

Bob let the doctor know that he was also going to explore the possibility of Dr. Revici's treatment. Bob said the doctor told him, "We don't have any problem with alternative treatment, but in your case I certainly wouldn't advise it."

After seeing Revici, Bob called the surgeon to let him know he had decided not to have the surgery. "The doctor said he wasn't real keen about that." So he asked him, "What do you think is going to happen?"

According to Bob, the doctor said, "I'm afraid you're going to call me back in two or three years, and the tumor is going to be all involved up in your eye."

That was in March of 1987. Since then Dr. Mopsik has told Bob, "What has happened to you is pretty incredible." Bob didn't say so, but I would guess that when he heard Dr. Mopsik's comment, he grinned.

When I spoke with Dr. Mopsik, he told me that his partner's wife was very sick with cancer. Mopsik wanted to get information on the studies Dr. Revici had published in France before the war, because his partner was French and was preparing to go to Paris. It was apparent to me that Dr. Mopsik had seen with his own eyes the results of Revici's method, and he was looking for a way to introduce the idea to his partner in a credible way from one scientist to another.

As we spoke, I told Dr. Mopsik that Dr. Revici's method wasn't very well accepted in the United States, and I mentioned that the practice of medicine here was "rather hierarchical." He responded, "You're too kind. That's putting it mildly."

Joe Cassella: A One Per Center

*“Where are your chemotherapy survivors
if chemo is so great?”*

JOE CASSELLA, SEPTEMBER 1993

Joe is not a shy guy. He speaks his mind, but he doesn't need a lot of words to make his point. There was the time he stood up at a public hearing in 1993. But we're getting ahead of the story, because he wasn't supposed to live that long.

Around Thanksgiving of 1985 Joe found out that he had pancreatic cancer.

Pancreatic cancer is the same type of cancer that so quickly killed Michael Landon of *Little House on the Prairie*. Most people with this type of cancer don't last much longer than six months—which is one of the reasons why Dr. Seymour Brenner has selected it as one of the can-

cers to be treated in his study. The five-year survival rate for pancreatic cancer is one percent, according to the American Cancer Society.

An elevator installer, Joe weighed in at around 212 pounds until he became sick. Shortly thereafter his weight quickly dropped to around 170, he said.

Although he was scheduled for a complete course of chemotherapy, he took only one treatment. He had the chemo on a Friday, and by Sunday, "I was vomiting all day." It made his sugar level drop "way down." Joe already had mild diabetes. He figured that the chemo would put him into diabetic shock if he stuck with it, or just kill him outright. By February his doctor suggested he "go to Lourdes."

He started on Revici's lipid treatment in April of the same year and has been doing fine ever since, with his weight climbing back to about 195.

Joe is a loyal kind of guy, particularly to anyone who has saved his life. So, in September of 1993, when he heard there was going to be a Congressional hearing in Washington, D.C., and Revici's method was going to be one of the topics, he had to be present. He stood up and told his story. Then he sat down to hear what everyone else had to say.

As Joe tells it, "So, this lady doctor from NIH or somewhere gets up there and starts talking about chemotherapy like it was Holy Water or something. I was boiling. The place was full of people like me who'd gotten better seeing Revici and other alternative doctors. I couldn't take anymore, so I stood up and asked her, 'Where are your chemotherapy survivors if chemo is so great? They're not here because they're all dead.' They told me to sit down, that I'd already had my say."

Joe Cassella might be on to something. Nobody had to ask Joe to come to Washington, and no one paid his way. His involvement came as a natural response to his own healthy recovery after being told his best chance was a miracle at Lourdes.

If the medical world actually had an effective chemo treatment, radiation treatment or surgical technique, wouldn't people be talking about it? Wouldn't some of the beneficiaries of these methods have spontaneously come forward of their own accord by now? With the large number of people who have been treated with these techniques, wouldn't that army of supporters be quite large? After several decades

of research and application of these methods, however, the absence of a spontaneous “Joe Cassella-type army” might have as much of a lesson in it as a stack of peer-review journals.