

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. cover sheet	testimony of Michio Kushi to WHCCAMP (partial) (1 page)	03/27/2001	b(6)
001b. testimony	Michio Kushi (partial) (1 page)	03/27/2001	b(6)
001c. bio	Michio Kushi (partial) (1 page)	03/26/2001	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43231

FOLDER TITLE:

WHCCAM Commissioner Notebook, Day 2, Washington DC, March 26-27, 2001 [2]

2011-0568-S

kc807

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Research Papers: Radiation Sickness

- Akizuki, T., "How We Survived Nagasaki," *East West Journal*, 10-12, December 1980
- Hiraga, S., "How I Survived the Atomic Bomb," *The Macrobiotic*, November/December 1979
- Jack, A., "Soviets Embrace Macrobiotics," *One Peaceful World* 6: 1, Autumn/Winter 1990
- *Nikan Kogyo Shinbum*, "People Who Consume Miso Regularly Are More Resistant to Radiation,," July 25, 1990
- Skoryna, S. C., et al., "Studies on Inhibition of Intestinal Absorption of Radioactive Strontium," *Canadian Medical Association Journal* 91: 285-288, 1964
- Tanaka, Y., et al., "Studies on Inhibition of Intestinal Absorption of Radioactive Strontium," *Canadian Medical Association Journal* 99: 169-175, 1968
- *Yomiuri Shinbum*, "Miso Protects Against Radiation," July 16, 1990

Research Papers: Mental Illness

- Briscoe, D. and Mahoney-Briscoe, C., *A Personal Peace: Macrobiotic Reflections on Mental and Emotional Recovery* (Tokyo and New York: Japan Publications, 1989)
- Harnish, S., "On My Awakening to the Macrobiotic Way," in Esko, E. editor, *Doctors Look at Macrobiotics*: 151-168 (Tokyo and New York: Japan Publications, 1988)
- Lieff, J., et al., "Study Results of Dietary Change in Shattuck Hospital Geropsychiatric Wards, 5 North and 6 North," in Kushi, M., et al., *Crime and Diet* (Tokyo and New York: Japan Publications, 1987), 229-234
- Newbold, V., "Macrobiotics: An Approach to the Achievement of Health, Happiness, and Harmony," independent paper, 1987
- Schoenthaler, S. J., "The Effect of Sugar on the Treatment and Control of Anti-Social Behavior: A Double-Blind Study of an Incarcerated Juvenile Population (A Study of Macrobiotic Practice, in particular, Without the Use of Refined Sugar)," *The International Journal for Biosocial Research* 3(1): 1-9, 1982
- Seaker, M., "Fighting Crime with Diet: Report from a Portuguese Prison," *East West Journal*: 26-34, July 1982

Research Papers: Diabetes and Hypoglycemia

- Crapo, P. A., Reaven, G., Olefsky, J., "Postprandial Plasma-glucose and -insulin Responses to Different Complex Carbohydrates," *Diabetes*, Vol. 26, No. 12: 1178-1183, 1977
- Grady, D., "Diet-Diabetes Link Reported," *The New York Times* report of Diabetes study by Willett, W., et al.
- Jenkins, D. J., Wolever, T. M., Taylor, R. H., et al., "Glycemic Index of Foods: a Physiological Basis for Carbohydrate Exchange," *American Journal of Clinical Nutrition* 34: 362-366, 1981
- Kushi, M. and Kushi, A., *Macrobiotic Health Education Series: Diabetes and Hypoglycemia*, 39-45
- Kushi, M. and van Cauwenberghe, M., "Diabetes Mellitus" and "Hyperinsulinism," *Natural Healing Through Macrobiotics*: 129-133
- Mead, M., "In Search of the Sweet Life: A Dietary Approach to Diabetes Mellitus," Reed College Biology Thesis, in cooperation with the Oregon Health Sciences University, 1984
- Modern Nutrition, "Scientific Validation of Macrobiotics: Insulin and the Sugar Blues – The Great 20 Year Credibility Gap Cholesterol Update," 113
- O'Dea, K., Nestel, P. J., and Antonoff, L., "Physical Factors Influencing Postprandial Glucose and Insulin Responses to Starch," *American Journal of Clinical Nutrition* 33: 760-765, April 1980
- Ornish, D., "Are You An Apple or a Pear?," *Eat More, Weigh Less*
- Salmeron, J., Ascherio, A., Rimm, E. B., et al., "Dietary Fiber, Glycemic Load, and Risk of NIDDM in Men," *Diabetes Care* 20: 545-550, 1997
- Salmeron, J., Manson, J. E., Stampfer, M. J., Colditz, G. A., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of Non-Insulin-Dependent Diabetes Mellitus in Women," *The Journal of the American Medical Association* 277: 472-477, 1997
- Salmeron, J., Ascherio, A., Rimm, E. B., Colditz, G. A., Spiegelman, D., Jenkins, D. J., Stampfer, M. J., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of NIDDM in Men," *Diabetes Care*, Vol. 20, No. 4: 545-550, April 1997
- Salmeron, J., Manson, J. E., Stampfer, M. J., G, Colditz, G. A., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of Non-insulin-dependent Diabetes Mellitus in Women," *JAMA*, Vol. 277, No. 6: 472-477, Feb. 12, 1997

ALTERNATIVE MEDICINE

PAPERS BY DAVID EISENBERG AND OTHER RESEARCHERS

1. January 28, 1993 (First Alternative Medicine Survey)

Eisenberg, D. M, et al., "Unconventional Medicine in the United States," *The New England Journal of Medicine* Vol. 328: 245-252, Jan. 28, 1993

Prevalence and Frequency of Use among 1539 Adult Respondents in 1990:
Lifestyle diets (eg. Macrobiotics): % who used in past 12 months: 4%; % who saw a
provider: 13%; mean number of visits per user in past 12 months: 8 .

Extrapolation to the U.S. population suggests that in 1990 Americans made an
estimated 425 million visits to providers of unconventional therapy. This number exceeds
the number of visits to all U.S. primary care physicians (388 million). Expenditures
associated with use of unconventional therapy in 1990 amounted to approximately \$13.7
billion, three quarters of which (\$10.3 billion) was paid out of pocket. This figure is
comparable to the \$12.8 billion spent out of pocket annually for all hospitalizations in the
United States.

Conclusion: The frequency of use of unconventional therapy in the United States
is far higher than previously reported. Medical doctors should ask about their patients'
use of unconventional therapy whenever they obtain a medical history."

2. November 11, 1998 (Follow-up of 1993 Alternative Medicine Survey)

Eisenberg, D. M, et al., "Trends in Alternative Medicine Use in the United States, 1990-1997: Results of a Follow-up National Survey," *Journal of the American Medical Association* 1998 Nov. 11; 280 (18): 1569-75

Estimated total number of visits in 1997 to lifestyle diet practitioner 1,774,000.

Extrapolations to the US population suggest a 47.3% increase in total visits to
alternative medicine practitioners, from 427 million in 1990 to 629 million in 1997,
thereby exceeding total visits to all US primary care physicians. An estimated 15 million
adults in 1997 took prescription medications concurrently with herbal remedies and/or
high-dose vitamins (18.4% of all prescription users). Estimated expenditures for
alternative medicine professional services increased 45.2% between 1990 and 1997 and
were conservatively estimated at \$21.2 billion in 1997, with at least \$12.2 billion paid
out-of-pocket. This exceeds the 1997 out-of-pocket expenditures for all US
hospitalizations. Total 1997 out-of-pocket expenditures relating to alternative therapies
were conservatively estimated at \$27.0 billion, which is comparable with the projected
1997 out-of-pocket expenditures for all US physician services.

Conclusion: Alternative medicine use and expenditures increased substantially
between 1990 and 1997, attributable primarily to an increase in the proportion of the
population seeking alternative therapies, rather than increased visits per patient."

3. September 2, 1998

Wetzel, M. S.; Eisenberg, D. M., Kaptchuk, T. J., "Courses Involving Complementary and Alternative Medicine at US Medical Schools," *Journal of the American Medical Association* Vol. 280, pp. 784-787, Sep. 2, 1998

- Conclusions. – There is tremendous heterogeneity and diversity in content, format, and requirements among courses in complementary and alternative medicine at US medical schools....
- As the discussion of incorporating complementary and alternative medicine topics appropriately into the medical curriculum evolves and broadens among medical faculties and professional organizations, we offer several suggestions based on information gathered in our survey and our experience with 5 years of offering an elective course in complementary and alternative medicine....
Include an experiential component. Experiencing acupuncture or therapeutic massage or tasting a macrobiotic meal adds a dimension to the learning experience that a lecture or simple demonstration cannot. The deeper understanding that results should provide a better basis for responsibly advising patients.

AMERICAN HEART ASSOC. COMMENTS ON MACROBIOTICS

AHA Internet Site: <http://www.americanheart.org/Scientific/statements/1997069704.html>

A Statement for Healthcare Professionals From the Nutrition Committee

“There is now overwhelming evidence that dietary factors influence risk of coronary heart disease (CHD) both favorably and unfavorably. The three most atherogenic dietary risk factors are saturated fat, cholesterol, and obesity. The Step I and Step II diets are recommended to address these problems and are aimed at reducing intake of total fat, saturated fat, and cholesterol. On average, blood cholesterol levels can be reduced an estimated 5% to 15% through the StepI-StepII diet approach, with some hyperlipidemic patients experiencing even greater reductions. Increased carbohydrate intake, especially complex carbohydrates, is also recommended to replace the majority of calories lost through reduced fat intake. Choosing fiber-rich carbohydrate sources may foster additional cholesterol lowering and other nutritional benefits beyond those derived from fat modification alone. Inconsistent findings from studies on fiber and lipids have recently contributed to some confusion regarding fiber’s potential benefits....

Several longitudinal observational studies have reported significant inverse associations between total fiber intake and both cardiovascular and all causes of mortality...Inverse associations between fiber and blood pressure have also been reported...Similarly, high-fiber vegetarian diets have also been associated with reduced risk of obesity. It has been hypothesized that high-fiber foods may favorably impact satiety and slow gastric emptying, thereby sustaining a feeling of fullness that prohibits overeating. Intake of high-fiber foods may also improve glycemic control in diabetic individuals and reduce risk of insulin resistance.

As a preventive strategy, it has been recommended that children older than two years should gradually adopt the Step I diet, reducing total and saturated fat intake to 30% and 10% of total calories, respectively. Children should also derive the majority of calories from complex carbohydrates...

References include:

- Sacks, FM, Castelli, WP, Donner, A, Kass, EH. “Plasma lipids and lipoproteins in vegetarians and controls. *N. Engl. J. Med.* 1975; 292: 1148-1151
- Kushi, LH, Lew, RA, Stare, FJ, Ellison, CR, el Lozy, M., Bourke, G., Daly, L., Graham, I., Hickey, N., Mulcahy, R., “Diet and 20-year mortality from coronary heart disease: the Ireland-Boston Diet-Heart Study. *N. Engl. J. Med.* 1985; 312: 811-818.

CANCER

THE DIETARY CAUSES OF CANCER

Summary of Combined Testimony from House of Representatives Government Reform
Committee, June 10, 1999

& Asian Therapies for Cancer Conference, March 1-2, 2001

By Michio Kushi

If this food intake is exercised properly, in harmony with the changing environment – including its quality, volume, and cooking – then human life is in accordance with the environment, and it not only maintains its health, vitality, and happiness; but also a peaceful mind, and higher spirit.

The cause of cancer is not excluded from this universal rule. As all other physical, mental, and spiritual human affairs, human sickness and health fundamentally depend on our daily dietary practice.

During the 20th Century, the human diet has been drastically changed: there has been higher consumption of animal protein and fat, refined sugar, mass-produced artificialized food; together with unnaturally chemicalized agriculture. These changes have produced the complex and diversified phenomena of human sickness in modern, civilized society. Sickness includes physical, mental, spiritual, and social sickness. Among them, cancer is one of the most representative of chronic conditions.

When we continuously consume food beyond our daily capacity to eliminate it in the form of physical and mental activities, the excessive dietary components accumulate, and eventually produce excessive, abnormal increase and division of the cells. This is what we call cancer.

The dietary causes of major cancers are the following, which are, of course, only briefly summarized here:

1. **Colon Cancer** – Over-consumption of meat and other heavy animal protein and fat
2. **Stomach Cancer** – Consumption of excessive animal protein, oily/greasy food, refined sugar, and spices
3. **Esophagus Cancer** – Over-consumption of dairy fat, with refined sugar and spices
4. **Prostate Cancer** – Excessive consumption of meat, eggs, and poultry, as well as cheese and other animal fat, with hard-baked flour products

5. **Pancreatic Cancer** – Over-consumption of poultry and eggs, shellfish, cheese, and hard-baked flour products
6. **Lung Cancer** – Over-consumption of animal protein and fat, including all sorts of meat, poultry, and eggs; as well as over-consumption of dairy fat, together with refined sugar, hot spices, and hard-baked flour
7. **Skin Cancer** – Excessive consumption of oily/greasy food, including dairy fat, refined sugar and sweets, and spices
8. **Malignant Melanoma** – Over-consumption of poultry, eggs, cheese, and other fat, together with refined sugar products
9. **Brain Cancer** – Either over-consumption of eggs, heavy meat, and other animal protein and fat; or, in other cases, over-consumption of dairy products and fat, and also excess of vegetable oil, such as in fried potatoes
10. **Thyroid Cancer** – Over-consumption of poultry, eggs, dairy fat such as in cheese, and hard-baked flour products, along with refined sugar products and hot spices; fried food
11. **Liver Cancer** – Over-consumption of animal protein and fat, including meat, poultry, eggs, and fish & seafood; and dairy food high in fat. Excessive refined sugar and baked flour products, with greasy/oily cooking
12. **Bone Cancer** – Excessive consumption of salty animal food; poultry, eggs, hard-baked flour, and especially deep-fried foods; too many minerals
13. **Lymphoma** – Excessive dairy food and fat, with refined sugar products and refined flour products, for some cases. Excessive meat and other animal protein and fat, including poultry and eggs, combined with dairy fat and refined sugar products, for other cases
14. **Leukemia** – Over-consumption of refined sugar products, such as sugar, cakes, chocolate, and fruits and fruit juices; combined with oily/greasy foods

For the case of Women's Cancers:

1. **Breast Cancer** – Over-consumption of dairy fat, refined sugar and other simple carbohydrates, and refined flour products, along with oily/greasy foods. Excess of fruits will accelerate breast cancer, once it is caused by the previous foods
2. **Uterine Cancer** – Heavy animal fat and dairy products, including cheese; over-consumption of vegetable oils, refined sugar products, and baked flour products
3. **Ovarian Cancer** – Over-consumption of poultry, eggs, shellfish, and other high-fat animal food, and baked flour products
4. **Cervical Cancer** – similar to prostate cancer in men - Over-consumption of baked flour and salty foods; and oily/greasy fried foods, including heavy animal and vegetable-quality foods

Over-consumption of stimulants and aromatic substances, such as hot spices, alcoholic beverages, and caffeine, accelerate the spread of a cancer condition.

Of course, lifestyle factors, such as exposure to high electromagnetic fields or radiation or smoking may accelerate the development of cancer, as does consumption of unnatural chemically-treated food and water. Non-organic chemically-cultivated agriculture, irradiation, microwave cooking, and other such methods of unnatural food production and artificial processing, along with daily unnatural lifestyle, are seriously questionable as well.

The **Standard Macrobiotic Diet** can prevent these cancers naturally, if it is properly prepared. But it cannot only prevent, but it can also relieve these conditions. It may take 2 months to 2 years, depending upon how deeply undesirable foods have accumulated in the body. For some cases, it is helpful to supply for a few weeks to a few months some **Home Remedies**, prepared from grains, beans, vegetables, and sea vegetables, which are serving to neutralize and eliminate undesirable accumulations.

There are cases which are not effective by Macrobiotic practice, which are assumed (1) Inaccurate Practice; (2) Lack of Proper Information; (3) Lack of Family Support; (4) Confusing Practices of Various Approaches Combined with Macrobiotic Practice; and (5) Loss of Recovering Ability, as Seen in the Terminal Cases.

AMERICAN CANCER SOCIETY

1. Prevention & Early Detection

a. ACS Internet Site: <http://www2.cancer.org/prevention/index.cfm?prevention=1>

“The Importance of Nutrition in Cancer Prevention”

This is an overview of nutritional recommendations, and supports USDA Food Guide Pyramid:

“The American Cancer Society publishes nutrition guidelines to advise the public about dietary practices that reduce cancer risk. These guidelines are developed by expert advisory committees and are based on existing scientific evidence that relates diet and nutrition to cancer risk in human population studies as well as in laboratory experiments.

This evidence suggests that about one-third of the 500,000 cancer deaths that occur in the United States each year is due to dietary factors. Another third is due to cigarette smoking. Therefore, for the large majority of Americans who do not smoke cigarettes, dietary choices and physical activity become the most important modifiable determinants of cancer risk. The evidence also indicates that although genetics is a factor in the development of cancer, cancer cannot be explained by heredity alone. Behavioral factors such as cigarette smoking, dietary choices, and physical activity modify the risk of cancer at all stages of development. The introduction of healthful diet and exercise practices at any time from childhood to old age can promote health and reduce cancer risk....

Many dietary factors can affect cancer risk: types of foods, food preparation methods, portion sizes, food variety, and overall caloric balance. Cancer risk can be reduced by an overall dietary pattern that includes a high proportion of plant foods (fruits, vegetables, grains, and beans), limited amounts of meat, dairy, and other high-fat foods, and a balance of caloric intake and physical activity.

Many Americans do not follow such healthful practices. Indeed, trends indicate an increase in caloric intake, greater use of high-fat convenience foods, and a decline in physical activity among Americans. We believe that such unhealthful trends are due in part to shifts toward consumption of food outside the home, to more sedentary lifestyle patterns, and to the advertising and promotion of high-calorie foods. The [American Cancer Society Advisory Committee on Diet, Nutrition, and Cancer Prevention] is especially concerned about the effects of such trends on the long-term health of children, who are establishing lifetime patterns of food intake and physical activity.

...The committee's recommendations are consistent in principle with the 1992 US Department of Agriculture (USDA) Food Guide Pyramid, the 1995 Dietary Guidelines for Americans, and dietary recommendations of other agencies for general health promotion and for the prevention of coronary heart disease, diabetes, and other diet-related chronic conditions. Although the committee recognizes that no diet can

guarantee full protection against any disease, we believe that our recommendations offer the best nutrition information currently available to help Americans reduce their risk of cancer.

ACS Guidelines on Diet, Nutrition, and Cancer Prevention (excerpts)

1. Choose most of the foods you eat from plant sources.

- Eat five or more servings of fruits and vegetables each day.
 - Include fruits or vegetables in every meal.
 - Choose fruits and vegetables for snacks.
- Eat other foods from plant sources, such as breads, cereals, grain products, rice, pasta, or beans several times each day.
 - Include grain products in every meal.
 - Choose whole grains in preference to processed (refined) grains.
 - Choose beans as an alternative to meat.
 - Grains such as wheat, rice, oats, barley, and the foods made from them constitute the base of healthful diets as illustrated by the USDA Food Guide Pyramid. Healthful diets contain 6 to 11 standard servings of foods from this group every day.
 - Grains are an important source of many vitamins and minerals such as folate, calcium, and selenium, all of which have been associated with a lower risk of colon cancer.
 - Whole grains are higher in fiber and certain vitamins and minerals than refined flour products.

2. Limit your intake of high-fat foods, particularly from animal sources.

- Choose foods low in fat.
 - Replace fat-rich foods with fruits, vegetables, grains, and beans
 - Eat smaller portions of high-fat foods.
 - Choose baked and broiled foods instead of fried foods.
 - Select non-fat and low-fat milk and dairy products
 - When you eat packaged, snack, convenience, and restaurant foods, choose those low in fat.
- Limit consumption of meats, especially high-fat meats.
 - When you eat meat, select lean cuts.
 - Eat smaller portions of meat.
 - Choose beans, seafood, and poultry as an alternative to beef, pork, and lamb.
 - Select baked and broiled meats, seafood, and poultry, rather than fried.
 - High-fat diets have been associated with an increase in the risk of cancers of the colon and rectum, prostate, and endometrium. The association between high-fat diets and breast cancer is much weaker.

- Consumption of meat – specially red meats (beef, pork, lamb) has been linked to cancers at several sites, most notable colon and prostate.
- The evidence indicates that saturated fat may be particularly important in increasing risk for cancer as well as for heart disease.
- Emphasize beans, grains, and vegetables in meals to help shift dietary patterns to include more foods from plant rather than animal sources.

3. Be physically active: achieve and maintain a health weight.

- Be at least moderately active for 30 minutes or more on most days of the week.
- Stay within your health weight range.
 - An imbalance of caloric intake and output can lead to overweight, obesity, and increased risk for cancers at several sites: colon and rectum, prostate, endometrium, breast (among postmenopausal women), and kidney.

4. Limit consumption of alcoholic beverages, if you drink at all.

- Alcohol consumption increases the risk of cancers of the mouth, esophagus, pharynx, larynx, and liver in men and women, and of breast cancer in women.
- Cancer risk increases with the amount of alcohol consumed...Studies show that the risk of breast cancer increases with an intake beginning at just a few drinks per week.

Revised 05/11/99

b. ACS Internet Site:

http://www2.cancer.org/prevention/more_prevention.cfm

“Prevention and Early Detection”

“Many cancers that are related to a person’s diet and level of physical activity can ... be prevented. Scientific evidence suggests that up to one-third of the 564,800 cancer deaths expected to occur in the US this year are related to poor nutrition or insufficient physical activity.”

c. ACS Internet Site:

<http://www2.cancer.org/prevention/index.cfm?preventionúctors>

“Diet and Activity Factors That Affect Risks for the Most Common Cancers”

Breast Cancer

Breast cancer is the leading site for cancer cases among American women and is second only to lung cancer in cancer deaths...Many studies suggest that consuming alcoholic beverages may increase the risk of breast cancers, even when consumed in moderation. Some studies suggest that diets high in fruits and vegetables decrease the risk for breast cancer, although this evidence is much weaker than that for other cancer sites...

Colorectal Cancer

Colorectal cancers are the second leading cause of cancer death among Americans. Diets high in foods from plant sources (vegetables, fruits, whole grains, beans) have been associated with a decreased risk, whereas diets high in fat and red meat have been associated with an increased risk of colorectal cancer. Obesity and physical inactivity also appear to increase risk. Currently, the best approach to reducing the risk of colorectal cancer is to consume fewer high-fat foods. Limit intake of red meats, eat more vegetables, fruits, and whole grains, be physically active, and avoid obesity.

Endometrial Cancer

Studies of endometrial cancer consistently find that being overweight increases risk. The association may be due to the increase in estrogen levels that occurs among postmenopausal women who are overweight. To reduce the risk of endometrial cancer, maintain a healthy weight through regular physical activity and healthy food choices.

Lung Cancer

Lung cancer is the leading cause of cancer death among Americans. More than 80% of lung cancer cases occur as a result of tobacco smoking. Many studies have demonstrated that the risk of lung cancer among smokers and non-smokers is lower among people who consume recommended amounts of fruits and vegetables. To reduce the risk of lung cancer, do not smoke tobacco, and eat at least five servings of vegetables and fruits every day.

Oral and Esophageal Cancers

Tobacco – including cigarettes, chewing tobacco, and snuff – and alcohol, singly and together, increase the risk for cancers of the mouth and esophagus. Eating recommended amounts of fruits and vegetables decreases the risk.

Prostate Cancer

Prostate cancer is the leading cancer among Americans men. Scientists know that prostate cancer is related to male hormones, but are uncertain as to the exact mechanism involved. Intakes of animal fat, red meats, and dairy products have been found to be associated with an increase in the risk of prostate cancer, suggesting a role of saturated fat. To reduce the risk of prostate cancer, limit intake of foods from animal sources, especially saturated fats and red meat.

Stomach Cancer

The incidence of stomach cancer is decreasing worldwide, especially in the United States. Year-round consumption of fresh foods, refrigeration, and other improvements in food preservation methods have helped reduce risk. Infection with the bacterial species

Helicobacter pylori may increase risk. To reduce the risk of stomach cancer, eat at least five servings of fruits and vegetables each day.

Revised 05/11/99

b. ACS Internet Site:

<http://www2.cancer.org/prevention/index.cfm?prevention=appendix>

Appendix: "Members of the American Cancer Society 1996 Advisory Committee on Diet, Nutrition, and Cancer Prevention:

...

Lawrence Kushi, ScD, Associate Professor, Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis, MN"

c. Internet Site:

<http://www2cancer.org/prevention/index.cfm?prevention=references>

"References" (examples):

15. Willett, WC. Micronutrients and cancer risk. *AM J. Clin. Nutr* 1994; 59 (suppl 5): 1162S-1165S
18. Ames BN, Gold LS, Willett WC. The causes and prevention of cancer. *Proc Natl Acad Sci USA* 1995;92:5258-5265
19. Potter JD. Nutrition and colorectal cancer. *Cancer Causes Control* 1996;7:157-177
31. Hunter DJ, Willett WC. Nutrition and breast cancer. *Cancer Causes Control* 1996;7:56-68
34. Kushi LH, Lenart EB, Willett WC. Health implications of Mediterranean diets in light of contemporary knowledge. 2. Meat, wine, fats, and oils. *Am. J Clinical Nutr* 1995;61(suppl 6):1416S-1427S
70. Willett WC. Specific fatty acids and risks of breast and prostate cancer: dietary intake. *Am J Clin Nutr* 1997 Dec; 66(6 Suppl):1557S-1563S

2. ACS Comment on Macrobiotics

Internet Site: http://www.cancer.org/alt_therapy/overviews/uprpopu.htm

"Alternative Cancer Therapies Popular Today," from *Cancer (medical journal)*, March 15, 1996 / Volume 77/ Number 6 by Barrie R. Cassileth, Ph.D. (Dept. of Medicine, University of North Carolina) and Christopher C. Chapman, B.A., Duke University)

"Today's most popular anticancer diet is probably macrobiotics. As with many

alternatives, its appeal is enhanced by association with an ancient, foreign culture, in this case Japan. The popularity of macrobiotics can be traced to the efforts of Michio Kushi, a tireless proponent. Initially nutritionally deficient, the diet was enhanced and now derives 50-60% of its calories from whole grains; 25-30% from vegetables; and the remainder from beans, seaweed, and soups. (Reference: Kushi, M.: The macrobiotic approach to cancer. Wayne, NJ: Avery Publishing Group, 1982.) The diet avoids meat and certain vegetables, and promotes soybean consumption. The NIH Office of Alternative Medicine recently funded a pilot study of the cancer-preventive effects of the macrobiotic diet. The principal investigator is Lawrence Kushi, ScD, a researcher on the faculty of the University of Minnesota School of Public Health and the son of Michio Kushi."

3. ACS Comment on Macrobiotics

Recommendation: University of Texas Website

Internet Site: http://www.cancer.org/alt_therapy/resources.htm

"How Can I Learn More About Alternative and Complementary Methods?
Cancer Specific Websites"

University of Texas Center for Alternative Medicine Research in Cancer

(Please see below for an excellent summary of medical research about macrobiotics.)

UNIVERSITY OF TEXAS WEBSITE ON MACROBIOTICS AND CANCER

UNIVERSITY OF TEXAS~HOUSTON HEALTH SCIENCE CENTER

Internet Site: <http://www.sph.uth.tcm.edu/utcam/>

The Center for Alternative Medicine Research (UT-CAM) is dedicated to investigating the effectiveness of alternative/complementary therapies used for cancer prevention and control. It works in collaboration with M.C. Anderson Cancer Center. It was one of 11 centers established by the NIH National Center for Complementary and Alternative Medicine (old Office of Alternative Medicine) to evaluate alternative therapies.

- It is the only one focussed solely on cancer, and is co-funded by the National Cancer Institute.
- It also establishes a national network of alternative medicine practitioners, conventional practitioners, and researchers
- It supports critical evaluation skills among alternative medicine practitioners and researchers.

Macrobiotics, among other cancer therapies reviewed as a “Special Regimen/Integrated System” on 7/21/98. A summary follows. The entire 17 page Review will sent at the end of this transmission.

U. of Texas Overview

Definition of “macrobios.” Yin & yang. George Ohsawa & Michio Kushi. Yin & yang spectrum of foods. Ohsawa’s 10-stage diet vs. Standard Macrobiotic Diet: **THIS RESTRICTIVE DIET IS NO LONGER ADVOCATED BY MACROBIOTIC COUNSELORS (!)**

Books by Michio Kushi. Sattilaro’s *Recalled by Life*. B12 and Vitamin D deficiencies. 1984 Subcommittee on Health and Long Term Care of the Select Committee on Aging, House of Representatives: “MB diet appears to be adequate mix of foods.”

Feasibility of Reimbursement (insurance): None

Prevalence of Use:

- Cassileth reported that 63% OF CANCER PATIENTS WHO RECEIVED SOME FORM OF DIETARY THERAPY IN THE COMMUNITY RECEIVED OR WERE EXPOSED TO THE MACROBIOTIC DIET. (Cassileth BR, Lusk EF, Strouse TB, Bodenheimer BJ. Contemporary unorthodox treatments in cancer medicine: A study of patients, treatments, and practitioners. *Annals of Internal Medicine*. 1984;101:105-112)
- Kushi estimates that the standard macrobiotic diet has been practiced daily by hundreds of thousands of people worldwide.

- The Office of Technology Assessment (OTA) found it to be “among the most popular unconventional approaches used by cancer patients (OTA. Macrobiotic Diets: Common Knowledge Press; 1990)

Estimated Cost/Expenditure/Reimbursement: comparable to that of a standard American diet, when all factors are considered.

U. of Texas Science

Articles citing the macrobiotic diet as a treatment for cancer. “Based on our review of the literature and other sources, 106 references were identified, of which 51 (48%) were applicable to cancer. Of these, 41 (80%) were retrieved and we classified the references in the following types of information:

Retrospective Cohort Studies:	2
Best Case Series:	2
Case Reports:	2

U. of Texas Summary of Research

1. Carter JP, Saxe GP, Newbold V., Peres CE, Campeau RJ, Bernal-Green L. Hypothesis: Dietary management may improve survival from nutritionally linked cancers based on analysis of representative cases. *Journal of the American College of Nutrition.* 1993;12:209-26

STUDY # 1: 23 respondents of 101 patients with pancreatic cancer who practiced a macrobiotic diet for at least 3 months.

- Mean survival was 17 months compared to 6 months for control group of patients.
- Macrobiotic patients had a 52% one year survival compared to 9.7% for control group.

STUDY #2: 18 Tulane Hospital patients with stage D2 prostate cancer.

- Mean survival was 177 months for macrobiotic, 91 months for controls. (Risk RR=1.6 for controls, survival curve differences were not significant)

CASE REPORT: 182 patients who sought MB counseling and responded to a subsequent nationwide mailed questionnaire. 10 cases are presented for patients with cancer of the pancreas, prostate, and uterus.

2. Review of the book *Cancer Free: 30 who triumphed over cancer naturally*, Japan Publications Inc. 1995 by Fawcett A. and Smith C.

Best case series of 28 patients selected because they had positive results using the macrobiotic diet.

3. Newbold, V. Remission of advanced malignant disease: A review of cases with a possible dietary factor. (as contained in the book *Cancer Free*, 372-5

Best case series of 6 patients with advanced or inoperable cancer who had recovered on a macrobiotic diet. Documented by a doctor whose spouse had inoperable cancer that improved following the adoption of a macrobiotic diet.

Proposed Mechanism of Action

Quotations from *The Cancer Prevention Diet: Michio Kushi's Blueprint for the Relief and Prevention of Disease*.

Toxicity

“The American Cancer Society has stated that the macrobiotic diet provides inadequate nutrition for cancer patients, is unsafe and can cause malnutrition and death. The articles cited by one of these warnings concerned a case of scurvy which occurred while practicing the older, more restricted form of macrobiotics.”

U. of Texas Annotated Bibliographies

Summary of 28 Cancer Patients Recovering with Macrobiotics from cancer of the prostate (3), melanoma (6), uterus (3), breast (5), stomach, leukemia, pancreas (2), colon (2), brain – astrocytoma, urethra, lung, brain, thyroid, leukemia – chronic myelocytic, bile duct, Hodgkin's disease, ovary

Summary of Vivien Newbold's 6 cases:

- Advanced or otherwise untreatable cancers who recovered using macrobiotics: pancreas metastasized to liver; malignant melanoma; malignant astrocytoma; endometrial stromal sarcoma; adenocarcinoma of the colon; abdominal leiomyosarcoma; Review of CT scans and other medical tests revealed no evidence of tumors after adherence to the macrobiotic diet. All of the patients (except one whose cancer came back after she discontinued macrobiotics) were reported to be working full time, leading very active lives, and feeling in excellent health. These cases were all reviewed independently and the diagnoses confirmed by the pathology and radiology departments of Holy Redeemer Hospital in Meadowbrook, Pennsylvania.
- Incurable colon cancer with no conventional treatment (Dr. Newbold's husband): “Eight months after being described as hopeless, he was feeling ‘healthier than he ever felt in his life...a follow-up CT scan revealed that about 70 percent of the cancer was gone.’...

U. of Texas Reference List

Includes:

- Kushi, M. *The Macrobiotic Approach to Cancer: Towards Preventing and Controlling Cancer with Diet and Lifestyle*. Garden City Park, NY: Avery Publishing Group, Inc; 1991
- Kushi, L. Personal communication
- Sattilaro A. *Recalled by Life*. 1982
- Kushi, M. *The Cancer Prevention Diet: Michio Kushi's Blueprint for the Relief and Prevention of Disease*. New York: St. Martin's Press

NIH GRANT STUDY OF THE MACROBIOTIC APPROACH TO CANCER

OVERVIEW

NATIONAL INSTITUTES OF HEALTH –

- OFFICE OF ALTERNATIVE MEDICINE (old name)
- NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (new name)

1. Internet Site: <http://www.nccam.nih.gov/nccam/research/grants/rfb/grant-1/html>

From chart of Office of Alternative Medicine-sponsored research from fiscal year (FY) 1993 – fiscal year (FY) 1997 Grant Award & Research Data
(This is our NIH Cancer Best Case Series, still to be completed)

Grant Number:	R21RR09472
Institution/Project Title:	University of Minnesota Twin Cities Macrobiotic Approach to Cancer
City, State, P.I.	Minneapolis, MN; Kushi, Principal Investigator
NIH Institute	NCRR
Amount (FY 1993):	\$29,964

3. Internet Site:

<http://www.nccam.nih.gov/nccam/fcp/classify/index.html>

For Consumers and Practitioners: Classification of CAM (Complementary and Alternative Medicine) Practice

IV. Biologically-Based Therapies

Special Diet Therapies: This subcategory includes dietary approaches and special diets that are applied as alternative therapies for risk factors or chronic disease in general:

Vegetarian, Fasting, High Fiber, MACROBIOTIC, Mediterranean, Paleolithic, Asian, Natural Hygiene, Pritikin, Ornish, McDougall, Gerson, Kelly-Gonzales, Wigmore, Livingston-Wheeler, Atkins, Diamond

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. cover sheet	testimony of Michio Kushi to WHCCAMP (partial) (1 page)	03/27/2001	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43231

FOLDER TITLE:

WHCCAM Commissioner Notebook, Day 2, Washington DC, March 26-27, 2001 [2]

2011-0568-S

kc807

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**White House Commission on
Complementary And Alternative Medicine Policy
Public Hearing on CAM in Self-Care and Wellness**

Hyatt Regency Washington Hotel on Capitol Hill
400 New Jersey Avenue, N.W.
Washington, D.C. 20001
March 27, 2001

Nutrition, CAM, and Wellness from a CAM Perspective

Panel #2 - Integrative Approaches to Wellness: Nutrition
10:20 - 11:10 a.m. Tuesday

***Testimony of Michio Kushi
With Addendum***

(b)(6)

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. testimony	Michio Kushi (partial) (1 page)	03/27/2001	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

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[0016]

Nutrition, CAM, and Wellness from a CAM Perspective
Panel #2 - Integrative Approaches to Wellness: Nutrition

White House Commission on
Complementary And Alternative Medicine Policy
Public Hearing on CAM in Self-Care and Wellness

Hyatt Regency Washington Hotel on Capitol Hill
400 New Jersey Avenue, N.W.

Washington, D.C. 20001

10:20 - 11:10 a.m. Tuesday, March 27, 2001

Testimony of Michio Kushi

(b)(6)

Dear Honorable Chairman and White House Commission Members,

The Era of Humanity is now beginning. Alternative and Complementary Medicine is one evidence of the processing of this transition from the Modern Age to the New Era of Humanity.

While we are appreciating the development of conventional medical technologies both in diagnosis and treatment, we also know that modern conventional medicine has been largely symptomatic and divisional approaches.

We are also appreciating all various Alternative and Complementary approaches to healthcare, including exercise, breathing, meditation, vibrational and electromagnetic treatments, herbal medicine, supplements, acupuncture, moxabustion, shiatsu massage, polarity, traditional folk medicine, psychological and spiritual approaches, and various diets.

Diets alone vary from juicing, raw food eating, high protein, vegetarian, high and low fiber, low sodium, and many others; and conventional nutritional theories, with their concept of calories. Some of these approaches, however, while we are appreciating their temporary effectiveness for certain symptoms, still maintain a fragmental view of human life.

The Macrobiotic way of life and its recommended dietary practice are based upon human traditional eating, with natural organic foods and proper cooking, in harmony with the environment, which has been practiced for many centuries in different climactic and cultural adaptations. (A Pyramid form of the Standard Macrobiotic Diet in a temperate climate is herewith attached.) Through this practice in America, Europe, Japan, some Asian countries, and South America, uncountable numbers of people have regained their health, even from terminal sicknesses, and have restored their loving family life and peaceful relations with people and society.

The approach of Macrobiotics is to solve and correct the cause of physical and mental disorders in daily diet and lifestyle. As examples, dietary causes of some disorders are briefly summarized here:

1. CANCER

Because cancer has diversified symptoms, its dietary causes are also diversified. For example:

Prostate Cancer – is caused by over-consumption of heavy animal protein and fat; together with oily/greasy and hard-baked food.

Breast Cancer- is caused by over-consumption of dairy fat and simple carbohydrates, such as sugar, chocolate and honey; together with oily/greasy food

Other cancer symptoms are summarized in the attached papers of causes, case histories, and medical research papers related to the macrobiotic diet (which were presented to the House of Representatives Government Reform Committee in June 1999; and the Asian Therapies Conference in March 2001); and in the book *The Cancer-Prevention Diet*.

2. HEART DISEASE

Though there are varieties of symptoms, the major causes are over-consumption of animal protein and fat, as well as hot spices, simple carbohydrates, and oily/greasy food, as detailed more in the book *Diet For a Strong Heart*. The Macrobiotic approach can secure Blood Pressure reduced by 10% from the national average, and cholesterol less than 150 (average for Macrobiotic persons is 126). These were studied already in 1976 by Harvard University Channing Laboratory and the Framingham Heart Study Center. A summary of medical research papers is attached.

3. ALLERGIES

The cause is generally over-consumption of dairy food, stimulants, and simple carbohydrates; as well as oily/greasy food, in various degrees.

4. ARTHRITIS

Several kinds of arthritis can be classified, such as osteo and rheumatoid; but overall, the causes are over-consumption of animal protein and fat, especially poultry, eggs, seafood, and dairy food, together with nightshade vegetables, fruits and fruit juices, simple carbohydrates, and stimulants.

5. DIABETES AND HYPOGLYCEMIA

For both, the underlying cause lies in a pancreatic hormone secretion disorder, which is caused by excessive eating of animal protein and fat, especially poultry, eggs, and cheese. Contributing are heavy baked flour consumption; and simple carbohydrates, stimulants, and oily/greasy food. Please see attached summary of medical research papers.

6. AIDS & VIRUS DISEASE

Decline of natural immunity is caused by over-consumption of sugar, chocolate, and other simple carbohydrates, and refined flour; together with dairy food; tropical fruit and fruit juices; and stimulants.

7. EMOTIONAL DISORDERS

Are caused by irregular eating. Some are more over-consumption of animal protein and fat, such as inwardly depressive paranoia symptoms. While over-consumption of sugar & simple carbohydrates, stimulants and spices, and soft drinks are causing more hyper-activity, excitement, irritability, and schizophrenia.

8. MENTAL DISORDERS

Violence and children's psychological problems, such as Attention Deficit Disorder (ADD) are also caused by their dietary habits, which lack whole grain and vegetables as a major portion of their eating; and by excessive intake of animal protein and fat; sugar, oily food, spices, and stimulants. Please see attached summary of medical research papers, including a reference to the Tidewater Detention Center report.

9. BODY-MIND-SPIRIT RELATION

Mind, Spirit, and Body should not be considered separate. Natural energy is received from the Universe, the Earth, and environment, forming our image, mental and spiritual nature, as well as chakras and

meridians. In addition, food also releases energy and vibration, affecting mind and spirit.

Practically all physical, mental and spiritual disorders are caused by our food, our lifestyle, and our environment. Therefore, correction to proper diet, lifestyle, and environment should be the center of any health approach, regardless of CAM or conventional medical approach. Please see the attached diagram, where Diet is at the center of all health and wellness approaches.

We recommend the following as the policy of the United States for Alternative and Complementary Medicine, as well as for Wellness:

1. Allot and distribute available funds for **Research and Education** on the effectiveness of Alternative and Complementary solutions, for both prevention and recovery, with diet and lifestyle as the base. We also recommend a pilot plan for clinical trials in some hospitals and healthcare centers.
2. Establish **Community and School Educational Programs** to recover healthy lifestyles and proper home-cooking, which is whole grains- and vegetable-based: including adult education, and public schools in their home economics or health education programs.
3. Hold **Industrial Conferences** to guide food producers, distributors and servers, including agricultural and marine products.
4. Help facilitate the use of proper diet and wellness plan in **Public Dining Facilities and in Government Programs** such as meals-on-wheels for seniors and in our prisons.
5. Encourage **Hospitals, Clinics, Healthcare Facilities and Medical Schools** to add dietary and wellness studies, counselling, cooking classes, and serving facilities with healthful menus.
6. Apply adequate **Insurance Policies** to support Alternative and Complementary guidance, healthcare and dietary counselling, and learning.
7. Encourage the avoidance of daily consumption of food and water which are overly **Artificialized, Chemicalized, Irradiated**; encourage the proper

evaluation of Genetic Modification; and encourage more respect for natural, organic, and traditional quality of food and drink.

8. Promote improvements to secure a more **Clean, Natural Environment** of our air, water, and soil; and encourage avoidance of technology which is environmentally harmful.

We would be happy to cooperate with such governmental efforts by participating in research and education, and by dispatching well-experienced macrobiotic educators, counselors, and cooking instructors to any facilities.

These policies would inevitably result in a great turning in the healthcare systems. We need vision, courage, and tireless efforts. On the process of turning, we may face opposition, hesitation, doubt, and misunderstanding. However, to overcome our health crisis, we need to urgently proceed in all domains related to human life. Upon the achievement of this revolutionary turning, America will become a symbol of health, happiness, and well-being for the future of entire planetary mankind.

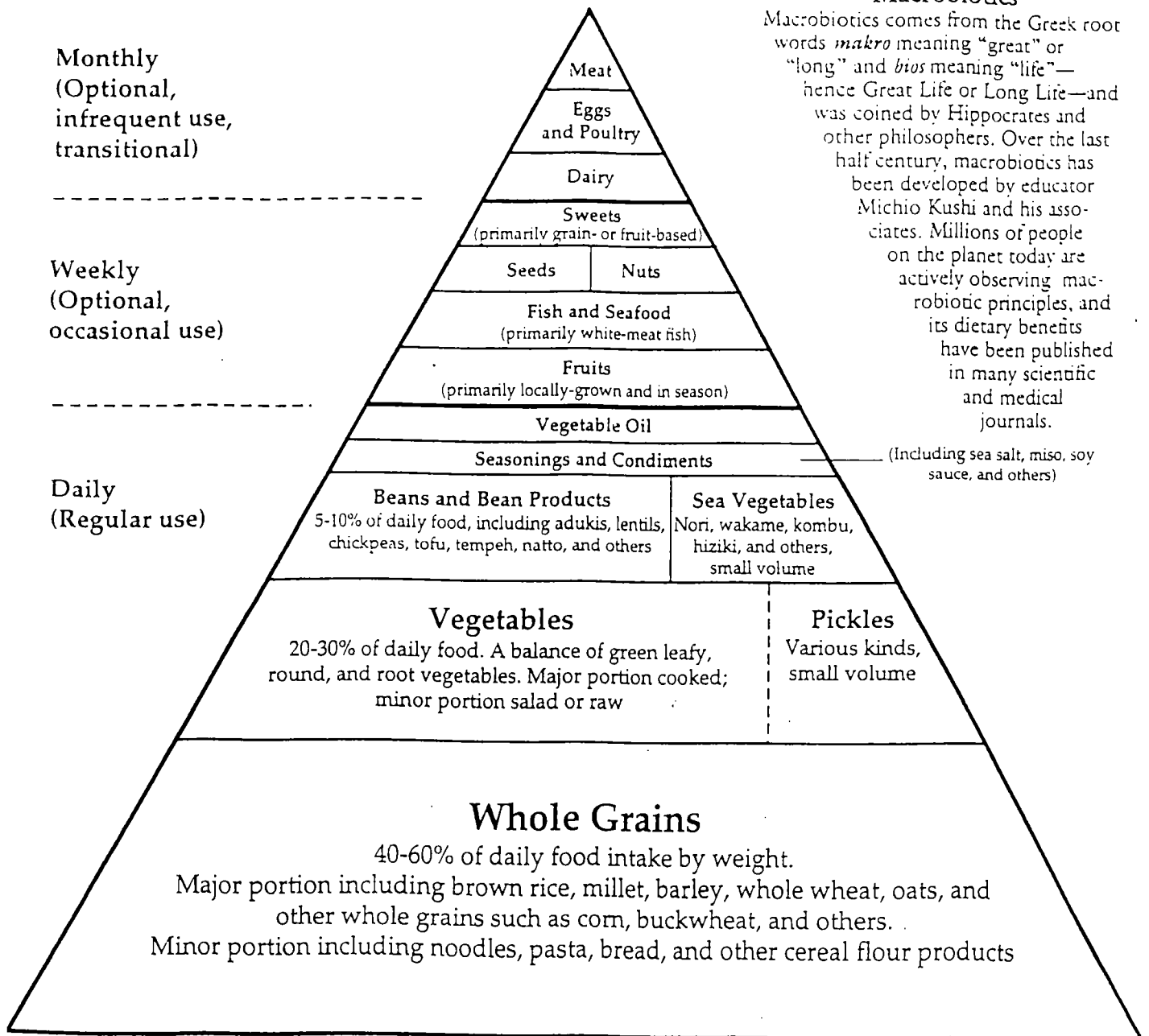
Thank you very much for this opportunity for presenting my humble statement.

Macrobiotic Dietary Guidelines for a Temperate Climate

Macrobiotics

Macrobiotics comes from the Greek root words *makro* meaning "great" or "long" and *bios* meaning "life"—hence Great Life or Long Life—and was coined by Hippocrates and other philosophers. Over the last half century, macrobiotics has been developed by educator Michio Kushi and his associates. Millions of people on the planet today are actively observing macrobiotic principles, and its dietary benefits have been published in many scientific and medical journals.

(Including sea salt, miso, soy sauce, and others)



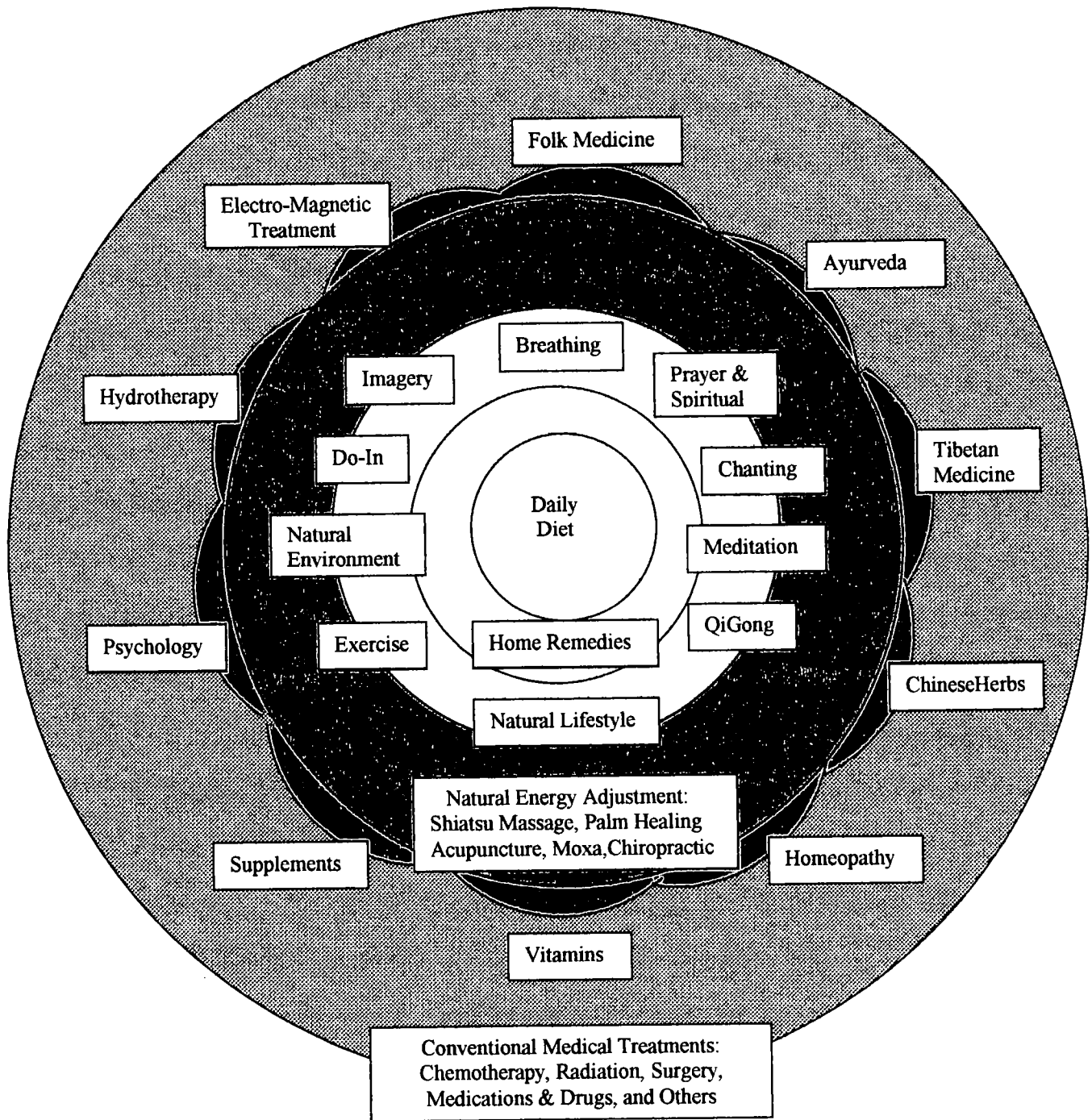
Soup: Grains, vegetables, beans, and sea vegetables may be consumed in the form of soup, 1-2 times daily or several times a week, in addition to the usual styles of preparing these foods

Water: non-stimulant beverages and natural, clean water, including spring, well, or filtered water for drinking and cooking

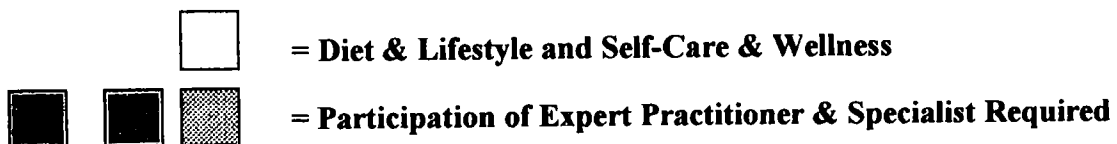
Quality: Food to be natural quality (non-genetically engineered), organically grown as much as possible, traditionally or naturally processed, and prepared using gas, wood fire, or other natural fuel

Note: These are standard averages that may be adjusted for climate and environment, cultural or ethnic heritage, gender, age, activity level, individual condition of health and personal needs, and other considerations

Trial Draft of Overview of Health Approaches



Macrobiotic Overview for Health Approaches, with Macrobiotically-Oriented Diet as the Center of CAM and Conventional Treatments





THE KUSHI INSTITUTE

If after reading these guidelines you are interested in further information, programs and lectures please complete the following coupon and return to:

Kushi Institute
Box 7
Becket, MA 01223
(413) 623-5741

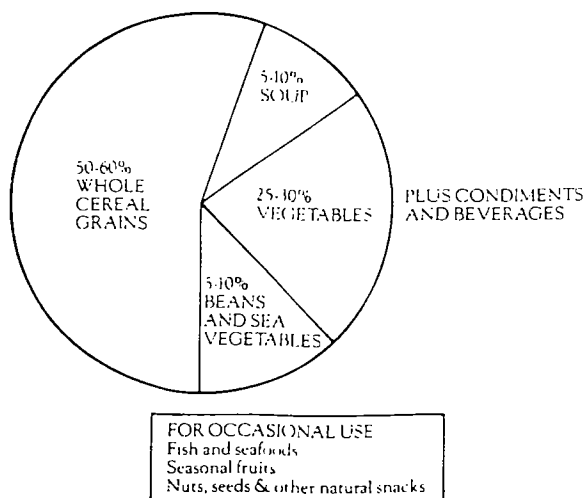
Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

Daily Dietary Recommendations



1. WHOLE CEREAL GRAINS. At least 50% by volume of every meal is recommended to include cooked, organically grown, whole cereal grains prepared in a variety of ways. Whole cereal grains include brown rice, barley, millet, oats, corn, rye, wheat, and buckwheat. Please note that a small portion of this amount may consist of noodles or pasta, unyeasted whole grain breads, and other partially processed whole cereal grains.

2. SOUPS. Approximately 5-10% of your daily food intake may include soup made with vegetables, seaweed (wakame or kombu), grains or beans. Seasonings are usually miso or tamari soy sauce. The flavor should not be too salty.

3. VEGETABLES. About 20-30% of daily intake may include local and organically grown vegetables. Preferably, the majority are cooked in various styles (e.g. sauteed with a small amount of sesame or corn oil, steamed, boiled and sometimes prepared using tamari soy sauce or light sea salt as a seasoning). A small portion may be eaten as raw salad. Pickled vegetables without spice may also be used daily in small volume.

Vegetables for daily use include green cabbage, kale, broccoli, cauliflower, collards, pumpkin, watercress, Chinese cabbage, bok choy, dandelion, mustard greens, daikon greens, scallion, onions, daikon, turnips, acorn squash, butternut squash, butternut squash, burdock, carrots, and other seasonally available varieties.

Avoid potatoes (including sweet potatoes and yams), tomatoes, eggplant, peppers, asparagus, spinach, beets, zucchini, and avocado from regular use. Mayonnaise and other oily dressings should be avoided.

4. BEANS AND SEA VEGETABLES. Approximately 5-10% of our daily diet includes cooked beans and sea vegetables. The most suitable beans for regular use are azuki beans, chickpeas, and lentils. Other beans may be used on occasion. Bean products such as tofu, tempeh, and natto can also be used. Sea vegetables such as nori, wakame, kombu, hiziki, arame, dulse, agar-agar, and Irish moss may be prepared in a variety of ways. They can be cooked with beans or vegetables, used in soups, or served separately as side dishes, flavored with a moderate amount of tamari soy sauce, sea salt, brown rice vinegar, umeboshi plum, umeboshi vinegar, and others.

5. OCCASIONAL FOODS. If needed or desired, 1-3 times a week, approximately 5-10% of that day's consumption of food can include fresh white-meat fish such as flounder, sole, cod, carp, halibut or trout.

Fruit or fruit desserts, including fresh, dried, and cooked fruits, may also be served two or three times a week. Local and organically grown fruits are preferred. If you live in a temperate climate, avoid tropical and semi-tropical fruit and eat, instead, temperate climate fruits such as apples, pears, plums, peaches, apricots, berries, and melons. Frequent use of fruit juice is not advisable. However, occasional consumption in warmer weather may be appropriate depending on your health.

Lightly roasted nuts and seeds such as pumpkin, sesame, and sunflower seeds, peanuts, walnuts, and pecans may be enjoyed as a snack.

Rice syrup, barley malt, amasake, and mirin may be used as a sweetener; brown rice vinegar or umeboshi vinegar may be used occasionally for a sour taste.

6. BEVERAGES. Recommended daily beverages include roasted bancha twig tea, stem tea, roasted brown rice tea, roasted barley tea, dandelion tea, and cereal grain coffee. Any traditional tea that does not have an aromatic fragrance or a stimulating effect can be used. You may also drink a moderate amount of water (preferably spring or well water of good quality) but not iced.

7. FOODS TO ELIMINATE FOR BETTER HEALTH. Meat, animal fat, eggs, poultry, dairy products (including butter, yogurt, ice cream, milk, and cheese), refined sugars, chocolate, molasses, honey, other simple sugars and foods treated with them, and vanilla.

Tropical or semi-tropical fruits and fruit juices, soda, artificial drinks and beverages, coffee, colored tea, and all aromatic stimulating teas such as mint or peppermint tea.

All artificially colored, preserved, sprayed, or chemically treated foods. All refined and polished grains, flours, and their derivatives. Mass-produced industrialized food including all canned, frozen, and irradiated foods.

Hot spices, any aromatic stimulating food or food accessory, artificial vinegar, and strong alcoholic beverages.

8. ADDITIONAL SUGGESTIONS. Cooking oil should be vegetable quality only. To improve your health, it is preferable to use only unrefined sesame or corn oil in moderate amounts.

- Salt should be naturally processed sea salt. Traditional, non-chemicalized shoyu or tamari soy sauce and miso may also be used as seasonings.
- Recommendable condiments include:
 - Gomashio (12-18 parts roasted sesame seeds to 1 part roasted sea salt)
 - Seaweed powder (kelp, kombu, wakame, and other seaweeds)
 - Sesame seaweed powder
 - Umeboshi plums
 - Tekka
 - Tamari soy sauce or shoyu (moderate use, use only in cooking for mild flavoring).
 - Pickles (made using bran, miso, tamari soy sauce, salt), sauerkraut.
- You may have meals regularly, 2-3 times per day, as much as you want, provided the proportion is correct and chewing is thorough. Avoid eating for approximately 3 hours before sleeping.

THE IMPORTANCE OF COOKING. Proper cooking is very important for health. Everyone should learn to cook either by attending classes or under the guidance of an experienced macrobiotic cook. The recipes included in macrobiotic cookbooks may also be used in planning your meals.

SPECIAL ADVICE.

- The guidelines presented above are general suggestions. These suggestions may require modification depending on your special condition. Of course, any serious condition should be closely monitored by the appropriate medical, nutritional, and health professional.
- Along with beginning to change your diet, we invite you to attend any of our regular study programs or seminars and to meet personally with a qualified macrobiotic counselor as well as attending cooking classes.



Way of Life Suggestions

- Live each day happily without being preoccupied with your health; try to keep mentally and physically active.
- View everything and everyone you meet with gratitude, particularly offering thanks before and after every meal.
- Please chew your food very well, at least 30 times per mouthful, or until it becomes liquid.
- It is best to retire before midnight and get up early every morning.
- It is best to avoid wearing synthetic or woolen clothing directly on the skin. As much as possible, wear cotton, especially for undergarments. Avoid excessive metallic accessories on the fingers, wrists, or neck. Keep such ornaments simple and graceful.
- If your strength permits, go outdoors in simple clothing. Walk on the grass, beach, or soil up to one half hour every day. Keep your home in good order, from the kitchen, bathroom, bedroom, and living rooms, to every corner of the house.
- Initiate and maintain an active correspondence, extending your best wishes to parents, children, brothers and sisters, teachers, and friends.
- Avoid taking long hot baths or showers unless you have been consuming too much salt or animal food.
- To increase circulation, scrub your entire body with a hot, damp towel every morning or every night. If that is not possible, at least scrub your hands, feet, fingers and toes.
- Avoid chemically-perfumed cosmetics. For care of the teeth, brush with natural preparations or sea salt.
- If your condition permits, exercise regularly as part of daily life, including activities like walking, scrubbing floors, cleaning windows, washing clothes and working in the garden. You may also participate in exercise programs such as yoga, martial arts, dance or sports.
- Avoid using electric cooking devices (ovens and ranges) or microwave ovens. Convert to gas or wood stove cooking at the earliest opportunity.
- It is best to minimize the frequent use of color television and computer display units.
- Include some large green plants in your house to freshen and enrich the oxygen content of the air of your home.
- Sing a happy song every day.

Recommended Reading

- The Book of Macrobiotics: The Universal Way of Health, Happiness, and Peace*, Michio Kushi with Alex Jack. Japan Publications, Tokyo, revised edition, 1986.
- Macrobiotic Diet*, Michio and Aveline Kushi, edited by Alex Jack. Japan Publications, Tokyo, 1985.
- Aveline Kushi's Complete Guide to Macrobiotic Cooking for Health, Harmony, and Peace*, Aveline Kushi with Alex Jack. Warner Books, New York, 1985.
- Changing Seasons Cookbook*, Aveline Kushi and Wendy Esko. Avery Publishing Group, Wayne, N.J., 1985.
- The Cancer-Prevention Diet*, Michio Kushi with Alex Jack. St. Martin's Press, New York, 1983.
- Diet For a Strong Heart*, Michio Kushi with Alex Jack. St. Martin's Press, New York, 1985.
- Cancer and Heart Disease*, Michio Kushi. Japan Publications, Tokyo, 1982.
- Recalled by Life*, Anthony Sattilaro with Tom Monte, Avon Books, New York, N.Y., 1982.
- Macrobiotic Miracle*, Virginia Brown with Susan Stayman, Japan Publications, Tokyo, 1984.
- Diabetes and Hypoglycemia*, Michio Kushi, edited by John Mann. Japan Publications, Tokyo, 1985.
- Allergies*, Michio Kushi, edited by Mark Mead. Japan Publications, Tokyo, 1985.
- Macrobiotic Home Remedies*, Michio Kushi, edited by Marc Van Cauwenberghe, M.D. Japan Publications, Tokyo, 1985.
- Macrobiotic Pregnancy and Care of the Newborn*, Michio and Aveline Kushi, edited by Edward and Wendy Esko. Japan Publications, Tokyo, 1984.
- The Book Of Do-In: Exercises For Physical And Spiritual Development*, Michio Kushi. Japan Publications, Tokyo, 1979.
- How To See Your Health: The Book of Diagnosis*, Michio Kushi. Japan Publications, New York, 1980.
- The Macrobiotic Way*, Michio Kushi, edited by Steven Blauer. Avery Publishing Group, Wayne, N.J., 1985.

These guidelines are intended to supplement your consultation with a medical or nutritional professional or personal guidance received from a qualified macrobiotic teacher.

This pamphlet presents a brief outline of the macrobiotic Way of Life and Eating.

We hope it provides the information necessary to encourage your study and practice of macrobiotics through books, classes, and first-hand experience.

We wish to express our gratitude and support to the following organizations for their dietary recommendations as expressed in their publications:

U.S. DIETARY GOALS, published in 1977 by the U.S. Senate Select Committee on Nutrition and Human Needs.
HEALTHY PEOPLE: HEALTH PROMOTION AND DISEASE PREVENTION, published in 1979 by the U.S. Surgeon General.
DIET, NUTRITION AND CANCER, published in 1982 by the National Academy of Sciences.

and to the reports and statements made by the:

American Heart Association
American Diabetes Association
American Society for Clinical Nutrition
American Cancer Society

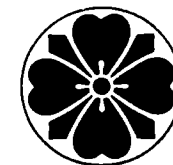
For information on Macrobiotic educational programs and to arrange a meeting with a qualified Macrobiotic counselor, call or write:

**Kushi Institute
Box 7
Becket, MA 01223
(413) 623-5741**

MACROBIOTICS

Standard Dietary and Way of Life Suggestions

*For persons living
in a temperate climate.*



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A NON-PROFIT ORGANIZATION

NUTRITION, CAM, AND WELLNESS FROM A CAM PERSPECTIVE

Addendum to Testimony of M. Kushi

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Research Materials on Dietary Practice for Health Prevention and Improvement

Educational Purpose

**Michio Kushi & Associates
Kushi Foundation, Inc.**

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Research Papers: Alternative Medicine and Diet in General

- Brown, P. T. and Bergan, J. G., "The Dietary Status of 'New Vegetarians,'" *Journal of the American Dietetic Association* Vol. 67, 455-459, November 1975
- Blanc, B. H. and Hertel, H. U., "Influence on Man: Comparative Study About Food Prepared Conventionally and in the Microwave Oven," *Raum & Zeit* 3(2): 1992
- Cassileth, B. R., et al., "Contemporary Unorthodox Treatments in Cancer Medicine: A Study of Patients, Treatments, and Practitioners," *Annals of Internal Medicine* 101: 105-112, 1984
- Clinical Oncology Group, "New Zealand Cancer Patients and Alternative Medicine," *New Zealand Medical Journal*, 100, 110-113, 1987
- Cohen, C. J., et al., "Prevalence of Non-Conventional Medical Treatments in HIV-Infected Patients: Implications for Primary Care," *Clinical Research*, Vol. 38, No. 2, 692A, 1990
- Cottrell, M. C., Open Letter in support of the macrobiotic diet for the prevention and management of heart disease, diabetes, obesity, renal failure, gastrointestinal disease, allergies, arthritis, AIDS, chronic depression, anxiety syndromes. March 14, 1988
- Cowley, G., "Cancer & Diet," *Newsweek*: 60-66, Nov. 30, 1998
- Eisenberg, D. M., et al., "Unconventional Medicine in the United States," *The New England Journal of Medicine* Vol. 328: 245-252, Jan. 28, 1993
- Hinds, Alison, "A Short Study of the Macrobiotic Diet," (London: Queen Elizabeth College, University of London, 1985)
- Hufeland, D. C. W., "Die Kunst das menschliche Leben zu verlangern," reported in *Preventive Medicine* 3, 421-427, 1974
- National Academy of Sciences, *Diet, Nutrition, and Cancer*. Washington, D. C., National Academy Press, 1982
- National Academy of Sciences, *Diet and Health: Implications for Reducing Chronic Disease Risk*. Washington, D. C., National Academy Press, 1989
- *The New York Times*, "Chemists Learn Why Vegetables Are Good For You," April 13, 1993
- Oldways Preservation & Exchange Trust, "Traditional Healthy Asian Diet Pyramid," 1995
- Oldways Preservation & Exchange Trust, World Health Organization (WHO) European Regional Office, and WHO/FAO Collaborating Center in Nutritional Epidemiology at Harvard School of Public Health, "The Traditional Healthy Mediterranean Diet Pyramid," 1994
- Rogers, S. A., "Improvement in Chemical Sensitivity with the Macrobiotic Diet," *Journal of Applied Nutrition* 48: 85-92, 1996
- *Science News* 139: 357, 1991, "A Soy Sauce Surprise"
- Select Committee on Nutrition and Human Needs, U.S. Senate, *Dietary Goals for the United States*, 1977
- U.S. Department of Agriculture/U.S. Department of Health and Human Services, *The Food Guide Pyramid*, Hyattsville, MD: Human Information Service, 1992 (Publication HG252) and Washington, D. C., U.S. Government Printing Office, 1992
- U.S. Surgeon General, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, 1979
- Slavin, J., et al., "Whole Grain Consumption and Chronic Disease: Protective Mechanisms," *Nutrition and Cancer* 27 (1): 14-21, 1997

- Wein, B., "The World's Healthiest Diet," *Self*: 173-201, Mar. 1995
- Wentzel, M. S., Eisenberg, D. M., and Kaptchuk, T. J., "Courses Involving Complementary and Alternative Medicine at US Medical Schools," *The Journal of the American Medical Association* Vol. 280: 784-787, September 2, 1998
- Willett, W. C., "Diet and Health: What Should We Eat?" *Science* 264: 532-537, 1994
- Willett, W. C., "The Dietary Pyramid: Does the Foundation Need Repair?", *American Journal of Clinical Nutrition* 68: 218-219, 1998

Research Papers: Heart Disease and Blood Pressure

- Anderson, J., "Hypercholesterolemic Effects of Oat-Bran or Bean Intake on Hypercholesterolemic Men," *American Journal of Clinical Nutrition* 40: 1146-1155, 1984
- Bergan, J. G. and Brown, P. T., "Nutritional Status of 'New' Vegetarians," *Journal of the American Dietetic Association* Vol. 76: 151-155, February 1980
- Castelli, W. P., "Summary of Lessons from the Framingham Heart Study," Framingham, MA, September 1983
- Jacobs, D. R., Meyer, K. A., Kushi, L. H., Folsom, A. R., "Whole-Grain Intake May Reduce the Risk of Ischemic Heart Disease Death in Post-Menopausal Women: the Iowa Women's Health Study," *American Journal of Clinical Nutrition* 68: 248-257, 1998
- Jeppesen, J., Schaaf, P., Jones, G., Zhou, M-Y., Chen, Y-DI., Reaven, G. M., "Effects of Low-Fat, High-Carbohydrate Diets on Risk Factors for Ischemic Heart Disease in Postmenopausal Women," *American Journal of Clinical Nutrition* 65: 1027-1033, 1997
- Knuiman, J. T. and West, C. E., "The Concentration of Cholesterol in Serum and in Various Serum Lipoproteins in Macrobiotic, Vegetarian and Non-Vegetarian Men and Boys (A Study with Macrobiotic People)," *Atherosclerosis* 43: 71-82, 1982
- Kushi, L. H., et al., "The Association of Dietary Fat with Serum Cholesterol in Vegetarians: The Effect of Dietary Assessment on the Correlation Coefficient," *American Journal of Epidemiology* Vol. 128, No. 5, 1054-1064, 1988
- Kushi, L. H., Samonds, K. W., Lacey, J. M., Brown, P. T., Bergan, J. G., and Sacks, F. M., "The Association of Dietary Fat with Serum Cholesterol in Vegetarians: The Effect of Dietary Assessment on the Correlation Coefficient,"
- Liu, S., Stampfer, M. J., Manson, J. E., et al., "A Prospective Study of Glycemic Load and Risk of Myocardial Infarction in Women," *FASEB J* 12: A260 (abstract), 1998
- Morris, J. N., Marr, J. W., and Clayton, D. G., "Diet and Heart: A Postscript," *British Medical Journal* 2: 1307-1314, 1977
- Orringer, C. E., Letter to Helen E. Sheehan supporting macrobiotic dietary intervention to lower cholesterol levels as a means of preventing the occurrence and recurrence of heart disease, March 15, 1988
- Rimm, E. B., Ascherio, A., Giovannucci, E., Spiegelman, D., Stampfer, M. J., Willett, W. C., "Vegetable, Fruit, and Cereal Fiber Intake and Risk of Coronary Heart Disease Among Men," *The Journal of the American Medical Association* 275: 447-451, 1996
- Sacks, F. M., et al., "Lack of an Effect of Dairy Protein (Casein) and Soy Protein on Plasma Cholesterol of Strict Vegetarians. An Experiment and a Critical Review," *Journal of Lipid Research*, Vol. 24: 1012-1020, 1983
- Sacks, F. M., et al., "Plasma Lipoprotein Levels in Vegetarians: The Effect of Ingestion of Fats from Dairy Products," *The Journal of the American Medical Association* 253 (10): 1337-1341, September 13, 1985
- Sacks, F. M., Castelli, W. P., Donner, A., and Kass, E. H., "Plasma Lipids and Lipoproteins in Vegetarians and Controls (The Framingham Heart Study, with Macrobiotic People)," *The New England Journal of Medicine* 292: 1148-1151, 1975
- Sacks, F. M., Donner, A., Castelli, W. P., Gronemeyer, J., Pletka, P., Margolius, H. S., Landsberg,

- L., Kass, E. H., "Effect of Ingestion of Meat on Plasma Cholesterol of Vegetarians (A Study with Macrobiotic People)," *The Journal of the American Medical Association* Vol. 245, No. : 640-644, August 7, 1981
- Sacks, F. M., Ornish, D., Rosner, B., McLanahan, S., Castelli, W. P., and Kass, E. H., "Plasma Lipoprotein Levels in Vegetarians: The Effect of Ingestion of Fats From Dairy Products (A Study with Macrobiotic People)," *The Journal of the American Medical Association* Vol. 254, No. 10: 1337-1341, September 13, 1985
 - Sacks, F. M., Rosner, B., and Kass, E. H., "Blood Pressure in Vegetarians (A Study with Macrobiotic People)," *American Journal of Epidemiology* Vol. 100, No. 5: 390-398, 1974
 - Sacks, F. M., Wood, P. G., Kass, E. H., "Stability of Blood Pressure in Vegetarians Receiving Dietary Protein Supplements," *Hypertension* 6: 199-201, 1984
 - Slattery, M. L., et al., "Meat Consumption and its Associations with Other Diet and Health Factors in Young Adults: the CARDIA Study," *American Journal of Clinical Nutrition* 54: 930-935, 1991
 - U.S. Surgeon General, "Healthy People," *U.S. Surgeon General's Report*, 1979
 - Vermuyten, R., *Macro Muse*: 39, Fall/Metal 1984
 - World of Science, "Macrobiotic Blood – Good Blood & Research on the Blood of Macrobiotic People in Connection with the Cardiovascular Problem," Ghent, Fall 1983

Research Papers: Cancer

- Adlercreutz, H., et al., "Determination of Urinary Lignans and Phytoestrogen Metabolites, Potential Antiestrogens and Anticarcinogens, in Urine of Women on Various Habitual Diets," *Journal of Steroid Biochemistry* 25, (5B), 791-797, 1986
- Adlercreutz, H. et al., "Effect of Dietary Components, Including Lignans and Phytoestrogens, on Enterohepatic Circulation and Liver Metabolism of Estrogens and on Sex Hormone Binding Globulin (SHBG)," *Journal of Steroid Biochemistry* Vol. 27, No. 4-6, 1135-1144, 1987
- Adlercreutz, H. and Mazur, W., "Phyto-oestrogens and Western Diseases," *Annals of Medicine* 29 (2): 95-120, 1997
- American Cancer Society, "Alternative Cancer Therapies Popular Today" in *Alternative and Complementary Therapies: Hope. Progress. Answers, Cancer Vol. 77 Number 6: 1*, March 15, 1996
- American Cancer Society Internet Site, "Complementary and Alternative Therapies, 1997 and 1998
- Axelsson, M., et al., "Soya – A Dietary Source of the Non-Steroidal Oestrogen Equol in Man and Animals," *Journal of Endocrinology* 102, 49-56, 1984
- Baggott, J. E., et al., "Effect of Miso (Japanese Soybean Paste) and NaCl on DMBA-Induced Rat Mammary Tumors," *Nutrition and Cancer* 14, No. 2, 103-109, 1990
- Block, G., et al., "Fruits, Vegetables, and Cancer Prevention: A Review of the Epidemiological Evidence," *Nutrition and Cancer* 18: 1-29, 1992
- Buckman, D. K., Chapkin, R. S., and Erickson, K. L., "Modulation of Mouse Mammary Tumor Growth and Linoleate Enhanced Metastasis by Oleate," *Journal of Nutrition* 120: 148-157, 1990
- Campbell, T. C., Junshi, C., Junyao, L., and Peto, R., *Diet, Lifestyle, and Mortality in China: A Study of the Characteristics of Sixty-Five Chinese Counties*, Oxford University Press and Cornell University Press, 1990
- Carter, J. P., et al., "Hypothesis: Dietary Management May Improve Survival from Nutritionally Linked Cancers Based on Analysis of Representative Cases," *Journal of the American College of Nutrition* 12: 209-226, 1993
- Chihara, G., et al., "Fractionation and Purification of the Polysaccharides with Marked Antitumor Activity, Especially Lentinan, from *Lentinus edodes* (Berk.) Sing. (an Edible Mushroom)," *Cancer Research* 30: 2776-2781, 1970
- Early Breast Cancer Trialists' Collaborative Group, "Effects of Adjuvant Tamoxifen and of Cytotoxic Therapy on Mortality in Early Breast Cancer," *The New England Journal of Medicine* Vol. 319, No. 26, 1681-1692, December 29, 1988
- Englyst, H. N., et al., "Nonstarch Polysaccharide Concentrations in Four Scandinavian Populations," *Nutrition and Cancer* 4: 50-60, 1982
- Goldin, B. R., et al., "Effect of Diet on Excretion of Estrogens in Pre- and Postmenopausal Incidence of Breast Cancer in Vegetarian Women," *Cancer Research* 41: 3771-3773, September 1981
- Goldin, B. R., et al., "Estrogen Excretion Patterns and Plasma Levels in Vegetarian Omnivorous Women," *The New England Journal of Medicine*, Vol. 307, No. 25, 1542-1547, December 16, 1982
- Henderson, M. M., et al., "Feasibility of a Randomized Trial of Low-Fat Diet for the Prevention of Breast Cancer: Dietary Compliance in the Women's Health Trial Vanguard Study," *Preventive Medicine* 19: 115-133, 1990
- Hirayama, T., "Epidemiology of Stomach Cancer," in Murakami, T. ed., *Early Gastric Cancer*.

Gann Monograph on Cancer Research 11: 3-19, 1971, Tokyo: University of Tokyo Press

- Hirayama, T., "Relationship of Soybean Paste [Miso] Soup Intake to Gastric Cancer Risk (A Study with Food that is Used Daily or Frequently in the Standard Macrobiotic Diet)," *The Journal of Nutrition and Cancer Vol. 3, No. 4*, 223-233, 1982
- Howe, G. R., et al., "Dietary Factors and Risk of Breast Cancer: Combined Analysis of 12 Case-Control Studies," *Journal of the National Cancer Institute, Vol. 82, No. 7*, 561-569, April 4, 1990
- Hubbard, N. E. and Erikson, K. L., "Enhancement of Metastasis from a Transplantable Mouse Mammary Tumor by Dietary Linoleic Acid," *Cancer Research 47*, 6171-6175, December 1, 1987
- Hubbard, N. E. and Erikson, K. L., "Effect of Dietary Linoleic Acid Level on Lodgement, Proliferation, and Survival of Mammary Tumor Metastases," *Cancer Letters, 44*, 117-125, 1989
- Katz, E. B. and Boylan, E. S., "Stimulatory Effect of High Polyunsaturated Fat Diet on Lung Metastasis from the 13762 Mammary Adenocarcinoma in Female Retired Breeder Rats," *Journal of the National Cancer Institute, Vol. 79, No. 2*, 351-358, August 1987
- Katz, E. B. and Boylan, E. S., "Effects of Reciprocal Changes of Diets Differing in Fat Content on Pulmonary Metastasis from the 13762 Rat Mammary Tumor," *Cancer Research 49* 2477-2484, May 1, 1989
- Koo, L. C., "Dietary Habits and Lung Cancer Risk Among Chinese Females in Hong Kong Who Never Smoked," *Nutrition and Cancer 11*, 155-172, 1988
- Kurzer, M. S. and Xu, X., "Dietary Phytoestrogens," *Annual Review of Nutrition 17*:353-381, 1997
- Kushi, L. H., "A Study of the Macrobiotic Approach to Cancer," grant application to the Office of Alternative Medicine, National Institutes of Health, 1993
- Kushi, L. H., et al., "Dietary Fat and Postmenopausal Breast Cancer," *Journal of the National Cancer Institute 84*: 1092-1099, 1992
- Meson, M. and Barnes, S., "The Role of Soy Products in Reducing Risk of Cancer," *Journal of the National Cancer Institute Vol. 83, No. 8*, 541-546, April 17, 1991
- Newbold, M.B., "Remission from Advanced Malignant Disease: Six Cases with a Possible Dietary Factor," independent research paper with Holy Redeemer Hospital, reported in Office of Technology Assessment (OTA), Unconventional Cancer Treatments (Washington, D.C.: Government Printing Office, 1990)
- Northrup, C. Letter to Helen E. Sheehan in support macrobiotic diet for cancer, March 9, 1988
- Prentice, R. L., et al., "Aspects of the Rationale for the Women's Health Trial," *Journal of the National Cancer Institute, Vol. 80, No. 11*, 802-814, August 3, 1988
- Rose, D. P., et al., "International Comparisons of Mortality Rates for Cancer of the Breast, Ovary, Prostate, and Colon, and Per Capita Food Consumption," *Cancer 58*: 2363-2371, 1986
- Rose, D. P. and Connolly, J. M., "Effects of Fatty Acids and Inhibitors of Eicosanoid Synthesis on the Growth of a Human Breast Cancer Cell Line in Culture," *Cancer Research 50*, 7139-7144, November 15, 1990
- Rose, D. P., Connolly, J. M., and Meschter, C. L., "Effects of Dietary Fat on Human Breast Cancer Growth and Lung Metastasis in Nude Mice," *Journal of the National Cancer Institute 83*: 1491-1495, 1991
- Sellers, T. A., et al., "Effect of Family History, Body-Fat Distribution, and Reproductive Factors on the Risk of Postmenopausal Breast Cancer," *The New England Journal of Medicine 326*: 1323-1329, 1992
- Steinmetz, K. A. and Potter, J. D., "Vegetables, Fruit, and Cancer. II. Mechanisms. *Cancer Causes Control 2*: 427-442, 1991

- Tanaka, Y. et al., "Studies on Inhibition of Intestinal Absorption of Radioactive Strontium: VII. Relationship of Biological Activity to Chemical Composition of Alginates Obtained from North American Seaweeds," *Canadian Medical Association Journal* 99: 169-175, 1968
- Tang, B. Y. and Adams, N. R., "Effect of Equol on Oestrogen Receptors and on Synthesis of DNA and Protein in the Immature Rat Uterus," *Journal of Endocrinology* 85, 291-297, 1980
- Teas, J., et al., "Dietary Seaweed (*Laminaria*) and Mammary Carcinogenesis in Rats," *Cancer Research* 44: 543-546 and 2758-2761, July 1984
- Trock, B., Lanza, E., and Greenwald, P., "Dietary Fiber, Vegetables, and Colon Cancer: Critical Review and Meta-analyses of the Epidemiologic Evidence," *Journal of the National Cancer Institute* Vol. 82, No. 8, 650-661, April 18, 1990
- Van Rensburg, S. J., "Epidemiologic and Dietary Evidence for a Specific Nutritional Predisposition to Esophageal Cancer," *Journal of the National Cancer Institute* 67: 243-251, 1981
- Willett, W. C., et al., "Relation of Meat, Fat, and Fiber Intake to the Risk of Colon Cancer in a Prospective Study Among Women," *The New England Journal of Medicine*, Vol. 323, No. 24, 1664-1672, December 13, 1990
- Wynder, E. L., Hebert, J. R., and Kabat, G. C., "Association of Dietary Fat and Lung Cancer," *Journal of the National Cancer Institute* 79, No. 4, 631-637, October 1987
- Wynder, E. L., et al., "A Comparison of Survival Rates Between American and Japanese Patients with Breast Cancer," *Surgery, Gynecology & Obstetrics*, August 1963
- Yamamoto, I., et al., "Antitumor Effect of Seaweeds," *Japanese Journal of Experimental Medicine* 44: 543-546, 1974
- Yamamoto, I., Maruyama, H., and Moriguchi, M., "The Effect of Dietary Seaweeds on 7,12-Dimethyl-Benz [a] Anthracene-Induced Mammary Tumorigenesis in Rats," *Cancer Letters*, 35, 109-118, 1987
- Yamamoto, I., Nagumo, T., Yagi, K., Tominaga, H., and Aoki, M., "Antitumor Effect of Seaweeds: I. Antitumor Effect of Extracts from Sargassum and Laminaria," *Japanese Journal of Experimental Medicine* 44 (6): 543-546, 1974

Research Papers: AIDS

- Cottrell, M. C., Letter to the American Cancer Society, March 14, 1988
- Kotzsch, R. E., Ph.D., "AIDS: Putting an Alternative to the Test: Early Results Indicate That Macrobiotics Offers Hope for People with AIDS," *East West Journal*: 66-69, September 1986
- Kushi, M. and Cottrell, M. C., *AIDS, Macrobiotics, and Natural Immunity* (Tokyo and New York: Japan Publications, 1988)
- Levy, E. M., et al., "Patients with Kaposi's Sarcoma Who Opt for No Treatment," [letter]
- Levy, E. M. and Beldekas, J. C., Boston University School of Medicine letter to Michio Kushi, January 15, 1986
- Levy, E. M., Beldekas, J. C., Black, P. H., Kushi, L. H., "Patients with Kaposi's Sarcoma Who Opt for Alternative Therapy (A Study of Men with Kaposi's Sarcoma who have been Practicing Macrobiotics)," paper presented at the International AIDS Conference, Paris, France, June 1986
- Monte, T., *The Way of Hope* (New York: Warner Books, 1990)

Research Papers: Radiation Sickness

- Akizuki, T., "How We Survived Nagasaki," *East West Journal*, 10-12, December 1980
- Hiraga, S., "How I Survived the Atomic Bomb," *The Macrobiotic*, November/December 1979
- Jack, A., "Soviets Embrace Macrobiotics," *One Peaceful World* 6: 1, Autumn/Winter 1990
- *Nikan Kogyo Shinbum*, "People Who Consume Miso Regularly Are More Resistant to Radiation," July 25, 1990
- Skoryna, S. C., et al., "Studies on Inhibition of Intestinal Absorption of Radioactive Strontium," *Canadian Medical Association Journal* 91: 285-288, 1964
- Tanaka, Y., et al., "Studies on Inhibition of Intestinal Absorption of Radioactive Strontium," *Canadian Medical Association Journal* 99: 169-175, 1968
- *Yomiuri Shinbum*, "Miso Protects Against Radiation," July 16, 1990

Research Papers: Mental Illness

- Briscoe, D. and Mahoney-Briscoe, C., *A Personal Peace: Macrobiotic Reflections on Mental and Emotional Recovery* (Tokyo and New York: Japan Publications, 1989)
- Harnish, S., "On My Awakening to the Macrobiotic Way," in Esko, E. editor, *Doctors Look at Macrobiotics*: 151-168 (Tokyo and New York: Japan Publications, 1988)
- Lieff, J., et al., "Study Results of Dietary Change in Shattuck Hospital Geropsychiatric Wards, 5 North and 6 North," in Kushi, M., et al., *Crime and Diet* (Tokyo and New York: Japan Publications, 1987), 229-234
- Newbold, V., "Macrobiotics: An Approach to the Achievement of Health, Happiness, and Harmony," independent paper, 1987
- Schoenthaler, S. J., "The Effect of Sugar on the Treatment and Control of Anti-Social Behavior: A Double-Blind Study of an Incarcerated Juvenile Population (A Study of Macrobiotic Practice, in particular, Without the Use of Refined Sugar)," *The International Journal for Biosocial Research* 3(1): 1-9, 1982
- Seaker, M., "Fighting Crime with Diet: Report from a Portuguese Prison," *East West Journal*: 26-34, July 1982

Research Papers: Diabetes and Hypoglycemia

- Crapo, P. A., Reaven, G., Olefsky, J., "Postprandial Plasma-glucose and -insulin Responses to Different Complex Carbohydrates," *Diabetes*, Vol. 26, No. 12: 1178-1183, 1977
- Grady, D., "Diet-Diabetes Link Reported," *The New York Times* report of Diabetes study by Willett, W., et al.
- Jenkins, D. J., Wolever, T. M., Taylor, R. H., et al., "Glycemic Index of Foods: a Physiological Basis for Carbohydrate Exchange," *American Journal of Clinical Nutrition* 34: 362-366, 1981
- Kushi, M. and Kushi, A., *Macrobiotic Health Education Series: Diabetes and Hypoglycemia*, 39-45
- Kushi, M. and van Cauwenberghe, M., "Diabetes Mellitus" and "Hyperinsulinism," *Natural Healing Through Macrobiotics*: 129-133
- Mead, M., "In Search of the Sweet Life: A Dietary Approach to Diabetes Mellitus," Reed College Biology Thesis, in cooperation with the Oregon Health Sciences University, 1984
- Modern Nutrition, "Scientific Validation of Macrobiotics: Insulin and the Sugar Blues – The Great 20 Year Credibility Gap Cholesterol Update," 113
- O'Dea, K., Nestel, P. J., and Antonoff, L., "Physical Factors Influencing Postprandial Glucose and Insulin Responses to Starch," *American Journal of Clinical Nutrition* 33: 760-765, April 1980
- Ornish, D., "Are You An Apple or a Pear?," *Eat More, Weigh Less*
- Salmeron, J., Ascherio, A., Rimm, E. B., et al., "Dietary Fiber, Glycemic Load, and Risk of NIDDM in Men," *Diabetes Care* 20: 545-550, 1997
- Salmeron, J., Manson, J. E., Stampfer, M. J., Colditz, G. A., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of Non-Insulin-Dependent Diabetes Mellitus in Women," *The Journal of the American Medical Association* 277: 472-477, 1997
- Salmeron, J., Ascherio, A., Rimm, E. B., Colditz, G. A., Spiegelman, D., Jenkins, D. J., Stampfer, M. J., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of NIDDM in Men," *Diabetes Care*, Vol. 20, No. 4: 545-550, April 1997
- Salmeron, J., Manson, J. E., Stampfer, M. J., G, Colditz, G. A., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of Non-insulin-dependent Diabetes Mellitus in Women," *JAMA*, Vol. 277, No. 6: 472-477, Feb. 12, 1997

ALTERNATIVE MEDICINE

PAPERS BY DAVID EISENBERG AND OTHER RESEARCHERS

1. January 28, 1993 (First Alternative Medicine Survey)

Eisenberg, D. M., et al., "Unconventional Medicine in the United States," *The New England Journal of Medicine* Vol. 328: 245-252, Jan. 28, 1993

Prevalence and Frequency of Use among 1539 Adult Respondents in 1990:
Lifestyle diets (eg. Macrobiotics): % who used in past 12 months: 4%; % who saw a
provider: 13%; mean number of visits per user in past 12 months: 8 .

Extrapolation to the U.S. population suggests that in 1990 Americans made an
estimated 425 million visits to providers of unconventional therapy. This number
exceeds the number of visits to all U.S. primary care physicians (388 million).
Expenditures associated with use of unconventional therapy in 1990 amounted to
approximately \$13.7 billion, three quarters of which (\$10.3 billion) was paid out of
pocket. This figure is comparable to the \$12.8 billion spent out of pocket annually for
all hospitalizations in the United States.

Conclusion: The frequency of use of unconventional therapy in the United
States is far higher than previously reported. Medical doctors should ask about their
patients' use of unconventional therapy whenever they obtain a medical history."

2. November 11, 1998 (Follow-up of 1993 Alternative Medicine Survey)

Eisenberg, D. M., et al., "Trends in Alternative Medicine Use in the United States, 1990-1997: Results of a Follow-up National Survey, " *Journal of the American Medical Association* 1998 Nov. 11; 280 (18): 1569-75

Estimated total number of visits in 1997 to lifestyle diet practitioner 1,774,000.

Extrapolations to the US population suggest a 47.3% increase in total visits to
alternative medicine practitioners, from 427 million in 1990 to 629 million in 1997,
thereby exceeding total visits to all US primary care physicians. An estimated 15
million adults in 1997 took prescription medications concurrently with herbal remedies
and/or high-dose vitamins (18.4% of all prescription users). Estimated expenditures for
alternative medicine professional services increased 45.2% between 1990 and 1997 and
were conservatively estimated at \$21.2 billion in 1997, with at least \$12.2 billion paid
out-of-pocket. This exceeds the 1997 out-of-pocket expenditures for all US
hospitalizations. Total 1997 out-of-pocket expenditures relating to alternative therapies
were conservatively estimated at \$27.0 billion, which is comparable with the projected
1997 out-of-pocket expenditures for all US physician services.

Conclusion: Alternative medicine use and expenditures increased substantially
between 1990 and 1997, attributable primarily to an increase in the proportion of the
population seeking alternative therapies, rather than increased visits per patient."

3. September 2, 1998

Wetzel, M. S.; Eisenberg, D. M., Kaptchuk, T. J., "Courses Involving Complementary and Alternative Medicine at US Medical Schools," *Journal of the American Medical Association* Vol. 280, pp. 784-787, Sep. 2, 1998

- Conclusions. – There is tremendous heterogeneity and diversity in content, format, and requirements among courses in complementary and alternative medicine at US medical schools....
- As the discussion of incorporating complementary and alternative medicine topics appropriately into the medical curriculum evolves and broadens among medical faculties and professional organizations, we offer several suggestions based on information gathered in our survey and our experience with 5 years of offering an elective course in complementary and alternative medicine....
Include an experiential component. Experiencing acupuncture or therapeutic massage or tasting a macrobiotic meal adds a dimension to the learning experience that a lecture or simple demonstration cannot. The deeper understanding that results should provide a better basis for responsibly advising patients.

AMERICAN HEART ASSOC. COMMENTS ON MACROBIOTICS

AHA Internet Site: <http://www.americanheart.org/Scientific/statements/1997069704.html>

A Statement for Healthcare Professionals From the Nutrition Committee

“There is now overwhelming evidence that dietary factors influence risk of coronary heart disease (CHD) both favorably and unfavorably. The three most atherogenic dietary risk factors are saturated fat, cholesterol, and obesity. The Step I and Step II diets are recommended to address these problems and are aimed at reducing intake of total fat, saturated fat, and cholesterol. On average, blood cholesterol levels can be reduced an estimated 5% to 15% through the StepI-StepII diet approach, with some hyperlipidemic patients experiencing even greater reductions. Increased carbohydrate intake, especially complex carbohydrates, is also recommended to replace the majority of calories lost through reduced fat intake. Choosing fiber-rich carbohydrate sources may foster additional cholesterol lowering and other nutritional benefits beyond those derived from fat modification alone. Inconsistent findings from studies on fiber and lipids have recently contributed to some confusion regarding fiber’s potential benefits.... Several longitudinal observational studies have reported significant inverse associations between total fiber intake and both cardiovascular and all causes of mortality...Inverse associations between fiber and blood pressure have also been reported...Similarly, high-fiber vegetarian diets have also been associated with reduced risk of obesity. It has been hypothesized that high-fiber foods may favorably impact satiety and slow gastric emptying, thereby sustaining a feeling of fullness that prohibits overeating. Intake of high-fiber foods may also improve glycemic control in diabetic individuals and reduce risk of insulin resistance.

As a preventive strategy, it has been recommended that children older than two years should gradually adopt the Step I diet, reducing total and saturated fat intake to 30% and 10% of total calories, respectively. Children should also derive the majority of calories from complex carbohydrates...

References include:

- Sacks, FM, Castelli, WP, Donner, A, Kass, EH. “Plasma lipids and lipoproteins in vegetarians and controls. *N. Engl. J. Med.* 1975; 292: 1148-1151
- Kushi, LH, Lew, RA, Stare, FJ, Ellison, CR, el Lozy, M., Bourke, G., Daly, L., Graham, I., Hickey, N., Mulcahy, R., “Diet and 20-year mortality from coronary heart disease: the Ireland-Boston Diet-Heart Study. *N. Engl. J. Med.* 1985; 312: 811-818.

CANCER

THE DIETARY CAUSES OF CANCER

Summary of Combined Testimony from House of Representatives Government Reform
Committee, June 10, 1999

& Asian Therapies for Cancer Conference, March 1-2, 2001

By Michio Kushi

If this food intake is exercised properly, in harmony with the changing environment – including its quality, volume, and cooking – then human life is in accordance with the environment, and it not only maintains its health, vitality, and happiness; but also a peaceful mind, and higher spirit.

The cause of cancer is not excluded from this universal rule. As all other physical, mental, and spiritual human affairs, human sickness and health fundamentally depend on our daily dietary practice.

During the 20th Century, the human diet has been drastically changed: there has been higher consumption of animal protein and fat, refined sugar, mass-produced artificialized food; together with unnaturally chemicalized agriculture. These changes have produced the complex and diversified phenomena of human sickness in modern, civilized society. Sickness includes physical, mental, spiritual, and social sickness. Among them, cancer is one of the most representative of chronic conditions.

When we continuously consume food beyond our daily capacity to eliminate it in the form of physical and mental activities, the excessive dietary components accumulate, and eventually produce excessive, abnormal increase and division of the cells. This is what we call cancer.

The dietary causes of major cancers are the following, which are, of course, only briefly summarized here:

1. **Colon Cancer** – Over-consumption of meat and other heavy animal protein and fat
2. **Stomach Cancer** – Consumption of excessive animal protein, oily/greasy food, refined sugar, and spices
3. **Esophagus Cancer** – Over-consumption of dairy fat, with refined sugar and spices
4. **Prostate Cancer** – Excessive consumption of meat, eggs, and poultry, as well as cheese and other animal fat, with hard-baked flour products

5. **Pancreatic Cancer** – Over-consumption of poultry and eggs, shellfish, cheese, and hard-baked flour products
6. **Lung Cancer** – Over-consumption of animal protein and fat, including all sorts of meat, poultry, and eggs; as well as over-consumption of dairy fat, together with refined sugar, hot spices, and hard-baked flour
7. **Skin Cancer** – Excessive consumption of oily/greasy food, including dairy fat, refined sugar and sweets, and spices
8. **Malignant Melanoma** – Over-consumption of poultry, eggs, cheese, and other fat, together with refined sugar products
9. **Brain Cancer** – Either over-consumption of eggs, heavy meat, and other animal protein and fat; or, in other cases, over-consumption of dairy products and fat, and also excess of vegetable oil, such as in fried potatoes
10. **Thyroid Cancer** – Over-consumption of poultry, eggs, dairy fat such as in cheese, and hard-baked flour products, along with refined sugar products and hot spices; fried food
11. **Liver Cancer** – Over-consumption of animal protein and fat, including meat, poultry, eggs, and fish & seafood; and dairy food high in fat. Excessive refined sugar and baked flour products, with greasy/oily cooking
12. **Bone Cancer** – Excessive consumption of salty animal food; poultry, eggs, hard-baked flour, and especially deep-fried foods; too many minerals
13. **Lymphoma** – Excessive dairy food and fat, with refined sugar products and refined flour products, for some cases. Excessive meat and other animal protein and fat, including poultry and eggs, combined with dairy fat and refined sugar products, for other cases
14. **Leukemia** – Over-consumption of refined sugar products, such as sugar, cakes, chocolate, and fruits and fruit juices; combined with oily/greasy foods

For the case of Women's Cancers:

1. **Breast Cancer** – Over-consumption of dairy fat, refined sugar and other simple carbohydrates, and refined flour products, along with oily/greasy foods. Excess of fruits will accelerate breast cancer, once it is caused by the previous foods
2. **Uterine Cancer** – Heavy animal fat and dairy products, including cheese; over-consumption of vegetable oils, refined sugar products, and baked flour products
3. **Ovarian Cancer** – Over-consumption of poultry, eggs, shellfish, and other high-fat animal food, and baked flour products
4. **Cervical Cancer** – similar to prostate cancer in men - Over-consumption of baked flour and salty foods; and oily/greasy fried foods, including heavy animal and vegetable-quality foods

Over-consumption of stimulants and aromatic substances, such as hot spices, alcoholic beverages, and caffeine, accelerate the spread of a cancer condition.

Of course, lifestyle factors, such as exposure to high electromagnetic fields or radiation or smoking may accelerate the development of cancer, as does consumption of unnatural chemically-treated food and water. Non-organic chemically-cultivated agriculture, irradiation, microwave cooking, and other such methods of unnatural food production and artificial processing, along with daily unnatural lifestyle, are seriously questionable as well.

The **Standard Macrobiotic Diet** can prevent these cancers naturally, if it is properly prepared. But it cannot only prevent, but it can also relieve these conditions. It may take 2 months to 2 years, depending upon how deeply undesirable foods have accumulated in the body. For some cases, it is helpful to supply for a few weeks to a few months some **Home Remedies**, prepared from grains, beans, vegetables, and sea vegetables, which are serving to neutralize and eliminate undesirable accumulations.

There are cases which are not effective by Macrobiotic practice, which are assumed (1) Inaccurate Practice; (2) Lack of Proper Information; (3) Lack of Family Support; (4) Confusing Practices of Various Approaches Combined with Macrobiotic Practice; and (5) Loss of Recovering Ability, as Seen in the Terminal Cases.

AMERICAN CANCER SOCIETY

1. Prevention & Early Detection

a. ACS Internet Site: <http://www2.cancer.org/prevention/index.cfm?prevention=1>

“The Importance of Nutrition in Cancer Prevention”

This is an overview of nutritional recommendations, and supports USDA Food Guide Pyramid:

“The American Cancer Society publishes nutrition guidelines to advise the public about dietary practices that reduce cancer risk. These guidelines are developed by expert advisory committees and are based on existing scientific evidence that relates diet and nutrition to cancer risk in human population studies as well as in laboratory experiments.

This evidence suggests that about one-third of the 500,000 cancer deaths that occur in the United States each year is due to dietary factors. Another third is due to cigarette smoking. Therefore, for the large majority of Americans who do not smoke cigarettes, dietary choices and physical activity become the most important modifiable determinants of cancer risk. The evidence also indicates that although genetics is a factor in the development of cancer, cancer cannot be explained by heredity alone. Behavioral factors such as cigarette smoking, dietary choices, and physical activity modify the risk of cancer at all stages of development. The introduction of healthful diet and exercise practices at any time from childhood to old age can promote health and reduce cancer risk....

Many dietary factors can affect cancer risk: types of foods, food preparation methods, portion sizes, food variety, and overall caloric balance. Cancer risk can be reduced by an overall dietary pattern that includes a high proportion of plant foods (fruits, vegetables, grains, and beans), limited amounts of meat, dairy, and other high-fat foods, and a balance of caloric intake and physical activity.

Many Americans do not follow such healthful practices. Indeed, trends indicate an increase in caloric intake, greater use of high-fat convenience foods, and a decline in physical activity among Americans. We believe that such unhealthful trends are due in part to shifts toward consumption of food outside the home, to more sedentary lifestyle patterns, and to the advertising and promotion of high-calorie foods. The [American Cancer Society Advisory Committee on Diet, Nutrition, and Cancer Prevention] is especially concerned about the effects of such trends on the long-term health of children, who are establishing lifetime patterns of food intake and physical activity.

...The committee's recommendations are consistent in principle with the 1992 US Department of Agriculture (USDA) Food Guide Pyramid, the 1995 Dietary Guidelines for Americans, and dietary recommendations of other agencies for general health promotion and for the prevention of coronary heart disease, diabetes, and other

diet-related chronic conditions. Although the committee recognizes that no diet can guarantee full protection against any disease, we believe that our recommendations offer the best nutrition information currently available to help Americans reduce their risk of cancer.

ACS Guidelines on Diet, Nutrition, and Cancer Prevention (excerpts)

1. Choose most of the foods you eat from plant sources.

- Eat five or more servings of fruits and vegetables each day.
 - Include fruits or vegetables in every meal.
 - Choose fruits and vegetables for snacks.
- Eat other foods from plant sources, such as breads, cereals, grain products, rice, pasta, or beans several times each day.
 - Include grain products in every meal.
 - Choose whole grains in preference to processed (refined) grains.
 - Choose beans as an alternative to meat.
 - Grains such as wheat, rice, oats, barley, and the foods made for from them constitute the base of healthful diets as illustrated by the USDA Food Guide Pyramid. Healthful diets contain 6 to 11 standard servings of foods from this group every day.
 - Grains are an important source of many vitamins and minerals such as folate, calcium, and selenium, all of which have been associated with a lower risk of colon cancer.
 - Whole grains are higher in fiber and certain vitamins and minerals than refined flour products.

2. Limit your intake of high-fat foods, particularly from animal sources.

- Choose foods low in fat.
 - Replace fat-rich foods with fruits, vegetables, grains, and beans
 - Eat smaller portions of high-fat foods.
 - Choose baked and broiled foods instead of fried foods.
 - Select non-fat and low-fat milk and dairy products
 - When you eat packaged, snack, convenience, and restaurant foods, choose those low in fat.
- Limit consumption of meats, especially high-fat meats.
 - When you eat meat, select lean cuts.
 - Eat smaller portions of meat.
 - Choose beans, seafood, and poultry as an alternative to beef, pork, and lamb.
 - Select baked and broiled meats, seafood, and poultry, rather than fried.
 - High-fat diets have been associated with an increase in the risk of cancers of the colon and rectum, prostate, and endometrium. The association

between high-fat diets and breast cancer is much weaker.

- Consumption of meat – specially red meats (beef, pork, lamb) has been linked to cancers at several sites, most notable colon and prostate.
- The evidence indicates that saturated fat may be particularly important in increasing risk for cancer as well as for heart disease.
- Emphasize beans, grains, and vegetables in meals to help shift dietary patterns to include more foods from plant rather than animal sources.

3. Be physically active: achieve and maintain a health weight.

- Be at least moderately active for 30 minutes or more on most days of the week.
- Stay within your health weight range.
 - An imbalance of caloric intake and output can lead to overweight, obesity, and increased risk for cancers at several sites: colon and rectum, prostate, endometrium, breast (among postmenopausal women), and kidney.

4. Limit consumption of alcoholic beverages, if you drink at all.

- Alcohol consumption increases the risk of cancers of the mouth, esophagus, pharynx, larynx, and liver in men and women, and of breast cancer in women.
- Cancer risk increases with the amount of alcohol consumed...Studies show that the risk of breast cancer increases with an intake beginning at just a few drinks per week.

Revised 05/11/99

b. ACS Internet Site:

http://www2.cancer.org/prevention/more_prevention.cfm

“Prevention and Early Detection”

“Many cancers that are related to a person’s diet and level of physical activity can ... be prevented. Scientific evidence suggests that up to one-third of the 564,800 cancer deaths expected to occur in the US this year are related to poor nutrition or insufficient physical activity.”

c. ACS Internet Site:

<http://www2.cancer.org/prevention/index.cfm?preventionúctors>

“Diet and Activity Factors That Affect Risks for the Most Common Cancers”

Breast Cancer

Breast cancer is the leading site for cancer cases among American women and is second only to lung cancer in cancer deaths...Many studies suggest that consuming alcoholic beverages may increase the risk of breast cancers, even when consumed in moderation. Some studies suggest that diets high in fruits and vegetables decrease the risk for breast cancer, although this evidence is much weaker than that for other cancer sites...

Colorectal Cancer

Colorectal cancers are the second leading cause of cancer death among Americans. Diets high in foods from plant sources (vegetables, fruits, whole grains, beans) have been associated with a decreased risk, whereas diets high in fat and red meat have been associated with an increased risk of colorectal cancer. Obesity and physical inactivity also appear to increase risk. Currently, the best approach to reducing the risk of colorectal cancer is to consume fewer high-fat foods. Limit intake of red meats, eat more vegetables, fruits, and whole grains, be physically active, and avoid obesity.

Endometrial Cancer

Studies of endometrial cancer consistently find that being overweight increases risk. The association may be due to the increase in estrogen levels that occurs among postmenopausal women who are overweight. To reduce the risk of endometrial cancer, maintain a healthy weight through regular physical activity and healthy food choices.

Lung Cancer

Lung cancer is the leading cause of cancer death among Americans. More than 80% of lung cancer cases occur as a result of tobacco smoking. Many studies have demonstrated that the risk of lung cancer among smokers and non-smokers is lower among people who consume recommended amounts of fruits and vegetables. To reduce the risk of lung cancer, do not smoke tobacco, and eat at least five servings of vegetables and fruits every day.

Oral and Esophageal Cancers

Tobacco – including cigarettes, chewing tobacco, and snuff – and alcohol, singly and together, increase the risk for cancers of the mouth and esophagus. Eating recommended amounts of fruits and vegetables decreases the risk.

Prostate Cancer

Prostate cancer is the leading cancer among American men. Scientists know that prostate cancer is related to male hormones, but are uncertain as to the exact mechanism involved. Intakes of animal fat, red meats, and dairy products have been found to be associated with an increase in the risk of prostate cancer, suggesting a role of saturated fat. To reduce the risk of prostate cancer, limit intake of foods from animal sources, especially saturated fats and red meat.

Stomach Cancer

The incidence of stomach cancer is decreasing worldwide, especially in the United States. Year-round consumption of fresh foods, refrigeration, and other improvements

in food preservation methods have helped reduce risk. Infection with the bacterial species *Helicobacter pylori* may increase risk. To reduce the risk of stomach cancer, eat at least five servings of fruits and vegetables each day.

Revised 05/11/99

b. ACS Internet Site:

<http://www2.cancer.org/prevention/index.cfm?prevention=appendix>

Appendix: "Members of the American Cancer Society 1996 Advisory Committee on Diet, Nutrition, and Cancer Prevention:

...
Lawrence Kushi, ScD, Associate Professor, Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis, MN"

c. Internet Site:

<http://www2cancer.org/prevention/index.cfm?prevention=references>

"References" (examples):

15. Willett, WC. Micronutrients and cancer risk. *AM J. Clin. Nutr* 1994; 59 (suppl 5): 1162S-1165S
18. Ames BN, Gold LS, Willett WC. The causes and prevention of cancer. *Proc Natl Acad Sci USA* 1995;92:5258-5265
19. Potter JD. Nutrition and colorectal cancer. *Cancer Causes Control* 1996;7:157-177
31. Hunter DJ, Willett WC. Nutrition and breast cancer. *Cancer Causes Control* 1996;7:56-68
34. Kushi LH, Lenart EB, Willett WC. Health implications of Mediterranean diets in light of contemporary knowledge. 2. Meat, wine, fats, and oils. *Am. J Clinical Nutr* 1995;61(suppl 6):1416S-1427S
70. Willett WC. Specific fatty acids and risks of breast and prostate cancer: dietary intake. *Am J Clin Nutr* 1997 Dec; 66(6 Suppl):1557S-1563S

2. ACS Comment on Macrobiotics

Internet Site: http://www.cancer.org/alt_therapy/overviews/uprpopu.htm

"Alternative Cancer Therapies Popular Today," from *Cancer (medical journal)*, March 15, 1996 / Volume 77/ Number 6 by Barrie R. Cassileth, Ph.D. (Dept. of Medicine, University of North Carolina) and Christopher C. Chapman, B.A., Duke University)

“Today’s most popular anticancer diet is probably macrobiotics. As with many alternatives, its appeal is enhanced by association with an ancient, foreign culture, in this case Japan. The popularity of macrobiotics can be traced to the efforts of Michio Kushi, a tireless proponent. Initially nutritionally deficient, the diet was enhanced and now derives 50-60% of its calories from whole grains; 25-30% from vegetables; and the remainder from beans, seaweed, and soups. (Reference: Kushi, M.: The macrobiotic approach to cancer. Wayne, NJ: Avery Publishing Group, 1982.) The diet avoids meat and certain vegetables, and promotes soybean consumption. The NIH Office of Alternative Medicine recently funded a pilot study of the cancer-preventive effects of the macrobiotic diet. The principal investigator is Lawrence Kushi, ScD, a researcher on the faculty of the University of Minnesota School of Public Health and the son of Michio Kushi.”

3. ACS Comment on Macrobiotics

Recommendation: University of Texas Website

Internet Site: http://www.cancer.org/alt_therapy/resources.htm

“How Can I Learn More About Alternative and Complementary Methods?
Cancer Specific Websites”

University of Texas Center for Alternative Medicine Research in Cancer

(Please see below for an excellent summary of medical research about macrobiotics.)

UNIVERSITY OF TEXAS WEBSITE ON MACROBIOTICS AND CANCER

UNIVERSITY OF TEXAS-HOUSTON HEALTH SCIENCE CENTER

Internet Site: <http://www.sph.uth.tcm.edu/utcam/>

The Center for Alternative Medicine Research (UT-CAM) is dedicated to investigating the effectiveness of alternative/complementary therapies used for cancer prevention and control. It works in collaboration with M.C. Anderson Cancer Center. It was one of 11 centers established by the NIH National Center for Complementary and Alternative Medicine (old Office of Alternative Medicine) to evaluate alternative therapies.

- It is the only one focussed solely on cancer, and is co-funded by the National Cancer Institute.
- It also establishes a national network of alternative medicine practitioners, conventional practitioners, and researchers
- It supports critical evaluation skills among alternative medicine practitioners and researchers.

Macrobiotics, among other cancer therapies reviewed as a "Special Regimen/Integrated System" on 7/21/98. A summary follows. The entire 17 page Review will sent at the end of this transmission.

U. of Texas Overview

Definition of "macrobios." Yin & yang. George Ohsawa & Michio Kushi. Yin & yang spectrum of foods. Ohsawa's 10-stage diet vs. Standard Macrobiotic Diet: THIS RESTRICTIVE DIET IS NO LONGER ADVOCATED BY MACROBIOTIC COUNSELORS (!)

Books by Michio Kushi. Sattilaro's *Recalled by Life*. B12 and Vitamin D deficiencies. 1984 Subcommittee on Health and Long Term Care of the Select Committee on Aging, House of Representatives: "MB diet appears to be adequate mix of foods."

Feasibility of Reimbursement (insurance): None

Prevalence of Use:

- Cassileth reported that 63% OF CANCER PATIENTS WHO RECEIVED SOME FORM OF DIETARY THERAPY IN THE COMMUNITY RECEIVED OR WERE EXPOSED TO THE MACROBIOTIC DIET. (Cassileth BR, Lusk EF, Strouse TB, Bodenheimer BJ. Contemporary unorthodox treatments in cancer medicine: A study of patients, treatments, and practitioners. *Annals of Internal Medicine*. 1984;101:105-112)
- Kushi estimates that the standard macrobiotic diet has been practiced daily by hundreds of thousands of people worldwide.

- The Office of Technology Assessment (OTA) found it to be “among the most popular unconventional approaches used by cancer patients (OTA. Macrobiotic Diets: Common Knowledge Press; 1990)

Estimated Cost/Expenditure/Reimbursement: comparable to that of a standard American diet, when all factors are considered.

U. of Texas Science

Articles citing the macrobiotic diet as a treatment for cancer. “Based on our review of the literature and other sources, 106 references were identified, of which 51 (48%) were applicable to cancer. Of these, 41 (80%) were retrieved and we classified the references in the following types of information:

Retrospective Cohort Studies:	2
Best Case Series:	2
Case Reports:	2

U. of Texas Summary of Research

1. Carter JP, Saxe GP, Newbold V., Peres CE, Campeau RJ, Bernal-Green L.
Hypothesis: Dietary management may improve survival from nutritionally linked cancers based on analysis of representative cases. *Journal of the American College of Nutrition*. 1993;12:209-26

STUDY # 1: 23 respondents of 101 patients with pancreatic cancer who practiced a macrobiotic diet for at least 3 months.

- Mean survival was 17 months compared to 6 months for control group of patients.
- Macrobiotic patients had a 52% one year survival compared to 9.7% for control group.

STUDY #2: 18 Tulane Hospital patients with stage D2 prostate cancer.

- Mean survival was 177 months for macrobiotic, 91 months for controls. (Risk RR=1.6 for controls, survival curve differences were not significant)

CASE REPORT: 182 patients who sought MB counseling and responded to a subsequent nationwide mailed questionnaire. 10 cases are presented for patients with cancer of the pancreas, prostate, and uterus.

2. Review of the book *Cancer Free: 30 who triumphed over cancer naturally*, Japan Publications Inc. 1995 by Fawcett A. and Smith C.

Best case series of 28 patients selected because they had positive results using the macrobiotic diet.

3. Newbold, V. Remission of advanced malignant disease: A review of cases with a

possible dietary factor. (as contained in the book *Cancer Free*, 372-5)

Best case series of 6 patients with advanced or inoperable cancer who had recovered on a macrobiotic diet. Documented by a doctor whose spouse had inoperable cancer that improved following the adoption of a macrobiotic diet.

Proposed Mechanism of Action

Quotations from *The Cancer Prevention Diet: Michio Kushi's Blueprint for the Relief and Prevention of Disease*.

Toxicity

“The American Cancer Society has stated that the macrobiotic diet provides inadequate nutrition for cancer patients, is unsafe and can cause malnutrition and death. The articles cited by one of these warnings concerned a case of scurvy which occurred while practicing the older, more restricted form of macrobiotics.”

U. of Texas Annotated Bibliographies

Summary of 28 Cancer Patients Recovering with Macrobiotics from cancer of the prostate (3), melanoma (6), uterus (3), breast (5), stomach, leukemia, pancreas (2), colon (2), brain – astrocytoma, urethra, lung, brain, thyroid, leukemia – chronic myelocytic, bile duct, Hodgkin's disease, ovary

Summary of Vivien Newbold's 6 cases:

- Advanced or otherwise untreatable cancers who recovered using macrobiotics: pancreas metastasized to liver; malignant melanoma; malignant astrocytoma; endometrial stromal sarcoma; adenocarcinoma of the colon; abdominal leiomyosarcoma; Review of CT scans and other medical tests revealed no evidence of tumors after adherence to the macrobiotic diet. All of the patients (except one whose cancer came back after she discontinued macrobiotics) were reported to be working full time, leading very active lives, and feeling in excellent health. These cases were all reviewed independently and the diagnoses confirmed by the pathology and radiology departments of Holy Redeemer Hospital in Meadowbrook, Pennsylvania.
- Incurable colon cancer with no conventional treatment (Dr. Newbold's husband): “Eight months after being described as hopeless, he was feeling ‘healthier than he ever felt in his life... a follow-up CT scan revealed that about 70 percent of the cancer was gone.’ ...

U. of Texas Reference List

Includes:

- Kushi, M. *The Macrobiotic Approach to Cancer: Towards Preventing and Controlling Cancer with Diet and Lifestyle.* Garden City Park, NY: Avery Publishing Group, Inc; 1991
- Kushi, L. Personal communication
- Sattilaro A. *Recalled by Life.* 1982
- Kushi, M. *The Cancer Prevention Diet: Michio Kushi's Blueprint for the Relief and Prevention of Disease.* New York: St. Martin's Press

NIH GRANT STUDY OF THE MACROBIOTIC APPROACH TO CANCER

OVERVIEW

NATIONAL INSTITUTES OF HEALTH –

- OFFICE OF ALTERNATIVE MEDICINE (old name)
- NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (new name)

1. Internet Site: <http://www.nccam.nih.gov/nccam/research/grants/rfb/grant-1/html>

From chart of Office of Alternative Medicine-sponsored research from fiscal year (FY) 1993 – fiscal year (FY) 1997 Grant Award & Research Data

(This is our NIH Cancer Best Case Series, still to be completed)

Grant Number:	R21RR09472
Institution/Project Title:	University of Minnesota Twin Cities Macrobiotic Approach to Cancer
City, State, P.I.	Minneapolis, MN; Kushi, Principal Investigator
NIH Institute	NCCR
Amount (FY 1993):	\$29,964

3. Internet Site:

<http://www.nccam.nih.gov/nccam/fcp/classify/index.html>

For Consumers and Practitioners: Classification of CAM (Complementary and Alternative Medicine) Practice

IV. Biologically-Based Therapies

Special Diet Therapies: This subcategory includes dietary approaches and special diets that are applied as alternative therapies for risk factors or chronic disease in general:

Vegetarian, Fasting, High Fiber, MACROBIOTIC, Mediterranean, Paleolithic, Asian, Natural Hygiene, Pritikin, Ornish, McDougall, Gerson, Kelly-Gonzales, Wigmore, Livingston-Wheeler, Atkins, Diamond

A STUDY OF THE MACROBIOTIC APPROACH TO CANCER

BEST CASE SERIES SUMMARY OF FILES

**Compiled February 1996
Updated March 2001**

CONFIDENTIAL

National Institutes Of Health

Office Of Alternative Medicine (Old)
National Center For Complementary
And Alternative Medicine (New)

FY 1993 - NCRR

Grant Number: R21RR09472
Principal Investigator: Lawrence H. Kushi, Sc.D.
Institutions: University of Minnesota, Twin Cities
& Kushi Institute, Becket, MA

The October 1995 Summary of Jane Teas, Ph.D. was amended by Chris Akbar in February 1996 with the addition of a chronological summary of each patient's records, an index of cases, and an index of cancers; and amended again in March 2001 with the addition of 3 patients.

Currently there are the 78 files with responses to both the Initial questionnaire and consent form mailing and the second mailing consisting of the:

- Medical and Macrobiotic History questionnaire
- Functional Assessment questionnaire
- Medical Records Acquisition forms

There are 37 additional files with Initial questionnaire responses which did not appear to meet the study criteria and were not sent the Second mailing.

Of the 78 files, 65 contain Medical Records from at least one source. Receipt of some records is still pending.

INDEX OF CASES

1. #4	V. C.	Lymphocytic Lymphoma mets to Colon
2. #5	M. K.	Lymphocytic Lymphoma mets to Bone Marrow
3. #8	T. M.	Malignant Melanoma mets to Lymph Nodes
4. #9	M. H.	Astrocytoma
5. #10	S. W.	Breast Carcinoma in-situ (lobular)
6. #13	B. K.	Prostate cancer mets to lymph glands
7. #15	C. A.	Inflammatory Carcinoma of Left Breast
8. #16	S. A.	Prostate Cancer and Kidney Tumor
9. #17	W. B.	Adenocarcinoma of Prostate, mets to Lymph Nodes
10. #19	B. J.	Breast Cancer
11. #20	B. L.	Malignant Melanoma
12. #26	N. A.	Pancreatic Cancer mets to Lymph Nodes & Liver
13. #28	C. S.	Chronic Lymphocytic Leukemia
14. #29	M. M.	Malignant Melanoma mets to Lymph & Small Intestines
15. #31	C. D.	Cancer on Ascending Colon, possible mets to Liver
16. #32	M. S.	Anaplastic Astrocytoma
17. #34	B. K.	Adenoma of Left Breast, mets to Lymph & Bones
18. #38	E. N.	Endometrial Stromal Sarcoma mets to Bones & Lungs
19. #42	J. T.	Melanoma with mets to Lymph Nodes
20. #43	W. O.	Adenocarcinoma of Sigmoid Colon mets to Lymph
21. #47	E. H.	Adenocarcinoma of Prostate, mets to Bones
22. #48	P. C.	Endometrial Hyperplasia & Breast Carcinoma in situ
23. #50	D. B.	Acute Myelogenous Leukemia, in Spinal fluid
24. #52	E. B.	Hodgkin's Lymphoma in neck, lung, bone, stomach, groin
25. #57	J. C.	Astrocytoma Glioma
26. #60	P. F.	Ovarian Adenocarcinoma mets to Peritoneum
27. #65	E. L.	Medullary Carcinoma of Left Breast
28. #67	D. M.	Adenocarcinoma of Prostate, possible mets to Ribs
29. #73	T. L.	Malignant Melanoma mets to Groin
30. #75	K. D.	Adenocarcinoma of Small Intestine mets to Lymph
31. #77	J. G.	Adenocarcinoma of Prostate
32. #78	W. K.	Adenocarcinoma of Rectum mets to Liver
33. #109	L. P.	Chronic Lymphocytic Leukemia, B cell
34. #114	M. B.	2 Masses in Liver
35. #116	F. L.	Lymphoma mets to Bones
36. #118	S. B.	Chronic Lymphatic Leukemia/Prostate Adenocarcinoma
37. #122	R. B.	Retroperitoneal Sarcoma of Kidney mets to Lymph
38. #123	B. A.	Adenocarcinoma of Prostate
39. #124	M. R.	Adenocarcinoma of Prostate mets to Colon & Rectum

40.#125	S. S.	Prostate Cancer
41.#129	P. S.	Multiple Myeloma mets to Liver
42.#131	K. R.	Non-Hodgkin's Lymphoma, mets throughout Lymph
43.#132	J. L.	Malignant Melanoma mets to Lymph Nodes
44.#133	C. C.	Tubo-Ovarian Complex
45.#138	J. S.	Plasmacytomas of Sinus, Ethmoids, Nasopharynx
46.#139	M. A.	Breast Cancer
47.#142	M. S.	Breast Lump
48.#143	R. S.	Non-Secreting Islet Cell Cancer of Pancreas
49.#144	S. M.	Ovarian Cancer & Endometrial Cancer synchronously
50.#147	D. L.	Adenocarcinoma of Prostate, mets to Lymph Nodes
51.#148	J. R.	Breast Adenocarcinoma mets to Lymph, Lung, Bone?
52.#152	M. C.	Chronic Lymphocytic Leukemia
53.#154	A. G.	Prostate Cancer mets to Bones
54.#155	N. S.	Prostate Adenocarcinoma mets to Soft tissue & Bones
55.#158	J. D.	Prostate Adenocarcinoma with Perineural invasion
56.#159	J. M.	Non-Hodgkin's Lymphoma
57.#161	C. M.	Parotid Gland Tumor mets to Lungs
58.#163	S. S.	Prostate Adenocarcinoma
59.#173	B. R.	Pancreatic Adenocarcinoma mets to Lymph Nodes
60.#174	C. S.	Colon cancer recurred in stomach, abdomen, jejunum
61.#176	M. S.	Chronic Myelocytic Leukemia
62.#181	A. K.	Mixed-Cell Lymphoma
63.#191	T. H.	Carcinoma of Prostate
64.#197	R. R.	Squamous Cell Carcinoma of Prostate
65.#214	D. S.	Malignant Melanoma mets to Lymph Node
66.#215	C. K.	Astrocytoma
67.#221	G. G.	Lump on Breast
68.#223	T. F.	Prostate cancer
69.#225	G. A.	BHP
70.#227	G. M.	Astrocytoma
71.#228	H. M.	Breast Infiltrating Ductal Carcinoma mets to Hip
72.#229	A. C.	Prostate Cancer mets to Bone-C7
73.#230	M. S.	Adenocarcinoma of Left Breast
74.#231	J. M.	Metastatic Malignancy; Undifferentiated Sarcoma
75.#233	A. L.	Amelanotic Malignant Melanoma of Left Conjunctiva
76.#234	J. V.	Adenocarcinoma of Lungs mets Liver/Pancreas/Bones/ Lymph/Retroperitoneum
77.#235	M. G.	Colon Cancer mets Lung
78.#236	J. M.	Non-Hodgkins Lymphoma mets Bone Marrow

INDEX OF CANCERS

Total # Cases: 78 Total# Primary Cancers: 80

ASTROCYTOMA #Cases: 5 %Cases: 7% %Cancers: 7%

#9 M. H.
#32 M. S.
#57 J. C.
#215 C. K.
#227 G. M.

BREAST #Cases: 12 %Cases: 15% %Cancers: 16%

#10 S. W.
#15 C. A.
#19 B. J.
#32 B. K.
#48 P. C.
#65 E. L.
#139 M. A.
#142 M. S.
#148 J. R.
#221 G. G.
#228 H. M.
#230 M. S.

COLON-RECTUM #Cases: 5 %Cases: 6% %Cancers: 6%

#31 C. D.
#43 W. O.
#78 W. K.
#174 C. S.
#235 M.G.

ENDOMETRIUM #Cases: 3 %Cases: 4% %Cancers: 4%

#38 E. N.
#48 P. C.
#144 S. M.

KIDNEY #Cases: 2 %Cases: 3% %Cancers: 3%

#16 S. A.
#122 R. B.

LEUKEMIA

#Cases: 6 %Cases: 8% %Cancers: 8%

#28 C. S.
#50 D. B.
#109 L. P.
#118 S. B.
#152 M. C.
#176 M. S.**LIVER**

#Cases: 1 %Cases: 1% %Cancers: 1%

#114 M. B.

LUNG

#Cases: 1 %Cases: 1% %Cancers: 1%

#234 J. V.

LYMPHOMA

#Cases: 8 %Cases: 10% %Cancers: 10%

#4 V. C.
#5 M. K.
#52 E. B.
#116 F. L.
#131 K. R.
#159 J. M.
#181 A. K.
#236 J. M.**MALIGNANT MELANOMA**

#Cases: 8 %Cases: 11% %Cancers: 11%

#8 T. M.
#20 B. L.
#29 M. M.
#42 J. T.
#73 T. L.
#132 J. L.
#214 D. S.
#233 A. L.**MULTIPLE MYELOMA**

#Cases: 1 %Cases: 1% %Cancers: 1%

#129 P. S.

NOSE PLASMACYTOMA

#Cases: 1 %Cases: 1% %Cancers: 1%

#138 J. S.

OVARY

#Cases: 3 %Cases: 4% %Cancers: 4%

#60 P. F.

#133 C. C.
#144 S. M.

PANCREAS

#Cases: 3 %Cases: 4% %Cancers: 4%

#143 R. S.
#173 B. R.
#26 N. A.

PAROTID GLAND

#Cases: 1 %Cases: 1% %Cancers: 1%

#161 C. M.

PROSTATE

#Cases: 20 %Cases: 28% %Cancers: 26%

#13 B. K.
#15 S. A.
#17 W. B.
#47 E. H.
#67 D. M.
#77 J. G.
#118 S. B.
#123 B. A.
#124 M. R.
#125 S. S.
#147 D. L.
#154 A. G.
#155 N. S.
#158 J. D.
#163 S. S.
#191 T. H.
#197 R. R.
#223 T. F.
#225 G. A.
#229 A. C.

SARCOMA

#Cases: 1 %Cases: 1% %Cancers: 1%

#231 J. M.

SMALL INTESTINE

#Cases: 1 %Cases: 1% %Cancers: 1%

#75 K. D.

SUMMARY OF SIX BEST CASES

#15 C. A. is a female born 09/27/52

- 07/23/85 **Surgical Biopsy – Yale-New Haven Hospital, Pathology Slide S85-9878 - Inflammatory Carcinoma of the Left Breast:** ~6 x 6 cm mobile, firm, dense mass with peau d'orange thickening of the skin from 3 to 6 o'clock, with erythema, swelling, tenderness, estrogen receptors 2 and 0, respectively; progesterone receptor 6
 - Breast biopsy : extensive intraductal and infiltrating duct carcinoma, with severe chronic inflammation; extensive lymphatic invasion present
 - Breast Skin biopsy: multifocal lymphatic permeation by carcinoma and perivascular chronic inflammation
- 07/25/85-10/22/85 **Aggressive Chemotherapy (Cytosan, Adriamycin, and 5-FU) – Yale New Haven Hospital:** reduction of inflammatory component, and tenseness went down a bit, but thickening under skin and edema remained
- 10/09/85 WBC count reduced from 114,000 to 16,000 before and after CAF
- 12/05/85-1/13/86 **Radiation therapy – Hunter Radiation Laboratory, Yale-New Haven Hospital -** twice daily for 6.5 weeks: 5100 rads to left breast and regional nodal areas, then 1500 rads through stepwise reduced fields: virtually no response
- 01/16/86 Following radiation therapy, brisk erythema outlining the i.m. field, very slight firmness remained in lower portion of left breast
- 10/18/85 **Bone Scan – Yale-New Haven Hospital #64036 -** single focus of isotope uptake in right anterior second rib, common secondary to trauma
- 01/28/86 **Macrobiotics** began with healing diet ~100% (M.Kushi/J. Kozinski, Counsellors; two Kushi Institute Way of Life Seminars): Home Remedies included Pearl Barley & Cabbage Plaster on remaining tumor in breast, Grated Daikon & Carrot dish to reduce weight from 170 to 125 lbs, Sweet Vegetable Drink for chronic hypoglycemia, and Ume-Sho-Kuzu for chronic constipation
- 03/18/86 **Mammogram – Gannet Health Center, Cornell University -** found less skin thickening in inferior outer portion of left breast, and no dominant mass or suspicious cluster of microcalcification;
- 03/28/86 **Natural Discharge -** remaining inflammation and skin thickening seemed to disappear after 2 months of diet following acute discharge of diarrhea, according to patient account
- 07/31/87- 08/04/87 Followed by physical examination and blood test: right breast fibrocystic with very fine granular consistency; left breast cystic, with cysts 1.5-2 cm in size; none of cysts appears to be unusual enough for doctor to want to biopsy; CEA 0.7
- Currently: Healthy with very active life as macrobiotic guide and researcher.

Medical Records: Yes

#26 N. Arnold is a male born 10/02/29

- 03/82 **CT Scan & Ultrasound - Baptist Hospital** - of gallbladder: gallstones
 - 07/28/82 **Surgery – Providence Hospital** – gallbladder surgery, and diagnosed with **Adenocarcinoma of the head of the Pancreas, with metastases to Lymph nodes and Liver** (3 cancerous lesions); only gallbladder surgically removed
 - 08/05/82 **Macrobiotic Diet** at home with cook Becky Koboda
 - 08/09/82 **CT Scan – Baptist Hospital** – pancreas and liver affected
 - 08/15/82 **Macrobiotic Consultation** with Michio Kushi in Boston – “You can recover.”
 - 08/17-19/82 **Chemotherapy Treatment #1 (3 drug) – Washington** – (wife & cook) – 5 treatments lead to severe nausea, weight loss, fatigue, muscle wasting
 - 08/25/82 **Chemotherapy Treatment #2 (5-FU only) – Baptist Hospital**
 - 08/27-29/82 **Macrobiotic Consultation** in Boston with Michio Kushi
 - 09/02/82 **Mental Imagery** began with Dr. Rothstein
 - 09/15/82 **Chemotherapy Treatment #3 (2 drug) – Baptist Hospital**
 - 09/20/82 **Hypnotherapy** began with Bob Sauer
 - 09/22-25/82 **Mouse Monoclonal Antibody Treatment – Fox Chase Cancer Center, American Oncological Hospital, Dr. Sears**
 - 10/06/82 **Stress Test & Left Ventricular Function Test – Providence Hosp** – okay
 - 10/07/82 **Chemotherapy Treatment #4 (3 drug) – Baptist Hospital**
 - 10/14/82 **Chemotherapy Treatment #5 (5-FU only) – Baptist Hospital**
 - 11/01/82 **CT Scan & Ultrasound – Baptist Hospital** – No change
 - 11/07-13/82 **Simonton (Imagery) Seminar** in Dallas with wife & cook
 - 11/15/82 **Ultrasound – Baptist Hospital** – No change
 - 11/19-20/82 **Macrobiotic Consultation** with Michio Kushi in Boston, wife & cook
 - 01/04/83 **Ultrasound (3 machines) – Baptist Hospital – Improvement in tumor size noted**
 - 02/11/83 **Ultrasound – Baptist Hospital – Improvement in tumor size noted**
 - 06/23/83 **Blood Test – Dr. Fudenberg in Charleston** – okay
 - Began to feel stronger, more vital, mental clarity improved, energy increased
 - 06/24/83 **CT Scan & Ultrasound – Baptist Hospital - “mildly qualified” ALL CLEAR!**
 - 11/22/83 **Ultrasound of Liver, Pancreas & Kidney – Baptist Hospital – all okay!**
 - 12/21/83 **CT Scan – Providence Hospital on new machine by Dr. Thomas – liver, pancreas & kidney: ALL CLEAR!**
 - Followed by blood, US, liver tests: all negative
 - 01/ /90 climbed Mt. Kilimanjaro, 19,600 ft
 - Currently: Good health, very active Philanthropist, with travel, tennis, scuba diving
- Medical Records:** Complete **Case History Summary:** *Cancer-Free*

#29 M. M. is a female born 05/03/46

- 08/25/83 **Right Back Skin Punch Biopsy – Roger Williams General Hospital – Pathology S-83-7401:** diagnosed with **Malignant Melanoma, invasive Clark's Level III, superficial spreading, with congenital mole measured depth of 2.20 mm on right scapula; very mild lymphocytic infiltrate is present beneath tumor**
- 09/13/83 surgery to remove mole; not wide margins
- 10/06/83 **Skin Biopsy – Massachusetts General Hospital – Pathology S83-4472:** **Malignant Melanoma, superficial spreading type, invasive to level III**
- 10/21/83 re-excision for wider margins
- 11/28/83 Excisional biopsy, junctional nevus on abdomen
- 06/06/84 **Punch right lower nape of neck/upper shoulder – Roger Williams General Hospital – Pathology S-84-5018:** **Malignant melanoma, metastatic**
- 06/15/84 **Harvard Medical School – Pathology S84-5018 A&B:** **Metastatic malignant melanoma to lymph nodes**
- 07/17/85 Removal by punch biopsy of halo nevi on left antecubital fossa and left shoulder
- 03/21/86 **Explorative Laparotomy and Resection – Massachusetts General Hospital – Pathology S86-F6806:** **Metastases to Small Bowel; removed 20" jejunum and 5 tumors; metastatic malignant tumor consistent with malignant melanoma in two segments (out of three) of smooth bowel; the examined resection margins of two segments of small bowel are free of tumor; 2 of 15 lymph nodes contained metastatic tumor; the tumor in one lymph node is necrotic. There was considerable lymphadenopathy throughout the small bowel mesentery but insignificant paraortic lymphadenopathy. Most of lymphadenopathy was left behind**
- Declined adjuvant chemotherapy after consultations at Massachusetts General Hospital, Dana-Farber Cancer Institute, and Yale University
- 05/01/86 **Macrobiotic Consultation** (M. VanCauwenberghe/L. Stanchich, Counsellors); diet began ~100%, and with Herbal remedies and Vitamin supplements (which were started years after beginning Macrobiotics)
- 02/02/88 **According to physician, "Had remarkable post-op course without recurrence despite no adjuvant chem. She has been on a rigid macrobiotic diet and attributes this to her success. She has gained weight and thrived in past 2 years. . . She became pregnant. Pregnancy was felt to pose definite risk of melanoma recurrence and therapeutic abortion was indicated." Patient subsequently had a healthy baby.**
- Followed by MRI and blood tests.
- Currently: Very active life as investment broker and mother. Appears symptom-free.

Medical Records: Yes

Case History: Autobiography *When Hope Never Dies*

#38 E. N. is a female born 08/10/39

- 04/16/80 **D&C Biopsy – Saint Barnabas Medical Center – Pathology S80-05235 / EM80-220 - Anaplastic, highly malignant Endometrial Stromal Sarcoma**
04/21/80-08/04/82? **Chemotherapy – Saint Barnabas Medical Center - with Cytosan priming and Megace**
- 05/07/80-06/04/80 **External Radiation Therapy – Saint Barnabas Medical Center – 18 MEV linac treated with 10 MEV Xrays, total dose of 4000 rads/20 fract/4 weeks**
- 06/24/80 **Internal Radiation Implant – Saint Barnabas Medical Center – Fletcher-Suit tandem insertion with 15,15,15 and 10 mg of radium equivalent Cs 137 was placed for 72 hours delivering a supplemental rectal dose of 1560 rads.**
- 08/05/80 **Bilateral Salpingo-Oophorectomy – Saint Barnabas Medical Center**
- 07/21/82 **Skeletal Radiographic Study – East Essex General Hospital - partial compression fracture of L2 vertebral body**
- 07/28/82 **Skeletal Scintigraphy – St. Barnabas Medical Center – A small focus of increased activity at the T9 vertebral level on the right side; there is apparent metastatic disease involving the body of the ninth dorsal vertebra; appears to be a slight compression deformity of the superior plate of T9**
- 10/06-11/15/82 **External Radiation therapy – Saint Barnabas Medical Center - to spine began: Cobalt 60 split tumor dose to spine of 4000 rads in 10 fractions,41 days. Marked pain relief was achieved with increased leg strength and mobility.**
- 10/15/82-02/16/83 **Chemotherapy – Saint Barnabas Medical Center – Bone metastases have caused patient a fair amount of pain. In addition, is able to ambulate with severe difficulty only. Previously, treated with Adriamycin and 5-FU. Since there has been failure, she is now admitted for chemotherapy with Adriamycin & CCNU; 240 mg daily of Megace; (spine cancer progressing still, and in both lungs)**
- 01/18/83 **Thoracic Spine Scintigraphy – St. Barnabas Medical Center – Ill definition of pedicles of T9 especially on the left side; minimal displacement of the paraspinal pleural reflection; complete collapse of the body of L2; Also persistent visualization of bilateral pulmonary nodules consistent with metastasis**
- 02/16/83 (approx.) **Macrobiotics began ~100% (S.Yamamoto/M.Snyder, Counsellors) with Hip Bath & Ginger Compress & Shiatsu Massage**
- 02/19/85 **Chest and Lumbosacral Spine Radiographs – Med/Mark Radiology Center – No acute cardiopulmonary abnormalities are seen; no metastatic nodules are seen; there is a partial compression deformity of the body of T9; there is a scoliosis in the lumbar spine, convex to the right side secondary to the marked compressed fracture of the body of L2. No additional lytic or blastic lesions are seen. Tiny residual nodular density in anterior chest could represent a small focus of scarring from a larger nodule which had been present.(All tumors gone!)**
- **Currently: Very active macrobiotic teacher & counsellor, with 7 grandchildren.**
Medical Records: Yes Case History: Autobiography *Recovery from Cancer*

#234 J. V., R.N. is a female born 03/02/50; mother died of lung cancer at similar age

- 04/10/95 **Chest X-ray No. 48385 Record No. 01695429 - Bedford-C.T. Center** revealed 2.1x3.3cm mass in inferior aspect of left hilum (Lung) and 5mm x 8mm subpulmonary nodule in right upper lobe of Lung, other nodules and pleural effusion;
- 04/13/95 **Flexible Bronchoscopy with Biopsies on Slides S-95-739 A to G, Cytology C95-383 to 388.** Poorly differentiated malignant epithelial cells, most consistent with anaplastic carcinoma
- 05/05/95 Cancer staged as Lymph Node N3, and Stage Grouping IIIB Any T N3 M0
- 04/11/95 **CT scan of the left retroperitoneum: 12.5 x 7 x 9.4cm cystic mass.**
- 04/19/95 **Laparoscopic-assisted surgery** to remove the retroperitoneal mass; pathology consistent with **poorly-differentiated adenocarcinoma.** More than likely, lung primary lesion; **Pathology Slide S-95-773 AF1&AF2.**
- 05/15/95 Consultation indicated **left apex pulmonary metastases growing rapidly,** now 8 x 7 cm compared to 2.5 x 3 cm in 3/95. **“Unfortunately, we are dealing with an incurable situation.**
- 05/16-17/95 **Chemotherapy** started once a month; Taxol 240 mg in 24 hrs; Carboplatin 450 mg in ½ hour after Taxol
- 05/20/95 Shortness of breath and pressure on left side: Plan to do thoracentesis of 1 liter; if fluid recurs, to place a chest tube. **“This should be good for palliative care. Unfortunately, her prognosis is not good.”**
- 05/23/95 **CT Scan of the abdomen and pelvis, x-ray No. 48385, 8 x 10 mm low density focus the right lobe of the liver; and a 3.3 x 4.9 cm left retroperitoneal mass arising from distal body/proximal tail of the pancreas**
- 05/25/95 **“Liver functions elevated across the board”:** SGOT 66 [15-37], SGPT 172 [30-65], ALK PHOS 236 [50-136] as of 05/21/95
- 06/08/95 **Macrobiotic Therapy** began; weight gain 72 lbs to 104 lbs on 2/24/01, Francois Roland, Carrie Wolf, Michio Kushi: Counsellors. Prayer/Med., Visualization
- 08/14/95 **Chest x-ray No. 48385: Bony lesions involving the left 5th and 7th ribs and right 10th rib, with a pathologic fracture through the left 7th rib**
- 08/14/95 **Ultrasound of the Abdomen x-ray No. 48385:** There is a hyperechoic solid nodule within right lobe of the liver measuring 1.7 x 1.8 x 1.7 cm
- 04/11/96 **CT Scan of the Abdomen and Pelvis x-ray No. 01695429: Small low density focus on the liver of 5-23-95 is not identified...no enlarged retroperitoneal nodes. Pulmonary & parenchymal mass in left lung of 11-7-95 is no longer seen.**
- 04/11/96 **Chest x-ray No. 01695429: Previously noted destructive lesion involving the left 5th, 7th and 10th ribs with fracture of the left 7th rib are not appreciated**
- 04/09/98 **Liver Functions: SGOT 30 [1-38], SGPT 24 [1-49], ALK PHOS 82 [36-141]**
- Patient feels Macrobiotics is responsible for remission; retired from Obstetrics Nursing.
- Currently: Normal activity as a homemaker and macrobiotic cook for the elderly

Medical Records: Yes

Case History: *One Peaceful World* newsletter

#236 J. M. is a female born 05/13/41

- 02/20/91 **CT Scan of Abdomen Order #334420 Norwood Hospital:** Extensive retroperitoneal lymphadenopathy that appears to extend into mesentery and also is retrocrural...appear most consistent with a primary lymphatic malignancy.
- 02/26/91 **CT Scan of Abdomen, Rad #030263, Southwood Community Hospital:** Retrocrural and retroperitoneal lymphadenopathy - into the root of mesentery; in area of renal veins is large amorphous soft tissue mass consistent with lymphadenopathy
- 03/01/91 **Pathologic Diagnosis for S91-03898 (previous surgicals S91-05134 and S89-01223), Brigham and Women's Hospital; and sub-labeled S91-20300, Southwood Hospital:** Left supraclavicular lymph node (from Southwood Community Hospital, Norfolk, MA) features most consistent with **Non-Hodgkin's Lymphoma**,
- 03/01/91 **Hematopathology Report:** Findings compatible with a B cell lymphoma
- 03/21/91 Dana-Farber New Patient Clinic Evaluation: **probably stage III nodular poorly differentiated lymphoma**
- 03/25/91 **Bilateral Bone Marrow Biopsies S91-05134 (previous surgicals S91-03898 and S89-01223), Brigham and Women's Hospital:** from bilateral posterior iliac crest biopsy and aspirates, consistent with minimal marrow involvement
- 04/01/91 **Dana-Farber staged disease as poorly differentiated nodular lymphoma Stage IV-A** with symptoms of pain; pulse **chlorambucil 16 mg/m²** by mouth
- 10/30/91 **Abdominopelvic CT Exam # 18337, Tape #4326 Dana-Farber:** regression
- 10/30/91 Dana-Farber follow-up after 8 cycles of chlorambucil: responded well both clinically and radiographically; still a few very small, scattered nodes. Stopping chemo.
- 01/ /92 **Macrobiotics began – Marc van Cauwenberghe/Evelyn Harboun** with ginger compress, hip bath, shiatsu massage
- 01/27/92 **CT Scan #19050 Abdominopelvic:** CT showed continued minimal retroperitoneal adenopathy with no interval change since last exam.
- 04/29/92 Dana-Farber follow-up. Low-grade lymphoma appears to be silent at this point. "I told her and her husband **that her lymphoma appears to be in remission at this point, although it is likely in the future that it will return.**"
- 05/19/95 Bubinak follow-up: Intermittent night sweats, weight gain 5 lbs, multiple small cervical lymph nodes previously noted. However, palpable lymph nodes in both axillae, the largest being a little over 1 cm; also some shotty nodes in both groins.
- 05/22/95 Alkaline Phosphatase 124 [21-88]; BUN 21 [7-18]; UA 2.4 [2.6-6.0]
- 05/12/97 Bubinak follow-up: continues eating a nutritious diet; no evidence of malignant lymphoma. Blood tests have never reflected recurrences.
- 09/ /98 **CT Scan & X-ray: Remission**
- Patient feels Macrobiotics is responsible for complete and continuing remission. Currently: Normal activity as macrobiotic counselling coordinator at Kushi Institute,
Medical Records: Yes

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. bio	Michio Kushi (partial) (1 page)	03/26/2001	b(6)

COLLECTION:

Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43231

FOLDER TITLE:

WHCCAM Commissioner Notebook, Day 2, Washington DC, March 26-27, 2001 [2]

2011-0568-S

kc807

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Biography Synopsis

MICHIO KUSHI

(b)(6)

Michio Kushi was born in Wakayama-ken, Japan on May 17, 1926, and graduated from Tokyo University Graduate Course, Faculty of Law. He came to the United States in 1949 as a student to pursue World Federation, and studied in Columbia University. While he studied about World Peace, he became aware that the most fundamental way for human destiny to be healthy, peaceful and spiritual is dependent upon their biological, psychological, and social nature: caused by the environment, daily food, and lifestyle.

- (1) Thus in 1960 and thereafter, with his wife Aveline Kushi, he has dedicated his life to pioneer the Natural, Organic Food Movement. Through their education, many natural foods and natural lifestyles have spread. Brown rice and other organic whole grains, unrefined noodles and pasta, mochi; soy products such as tofu, soymilk, natto, miso & soy sauce; sea vegetables; and sea salt are some examples of products that have been spread by their many students.
- (2) Furthermore, during the same period (1960-1970), they introduced and taught Oriental Medicine, Acupuncture, Moxibustion, Do-In, Polarity, Palm Healing, Meditation, and the way of Spiritual Development. And Futon-making, Tea Ceremony, Aikido, Noh Drama, Flower Arrangement have been first introduced by them to Eastern part of U.S.
- (3) From 1970 to the present, thousands of students of their teaching have been encouraged to develop the natural organic food movement, Macrobiotic Art of Cooking, and many fields of natural approaches to health. Through their counselling, seminars, lectures, and several dozens of books and booklets, many people have gained their wellbeing, in America, Europe, Japan, Asia, South America, and Australia.
 - International Network – over 30 countries; called One Peaceful World Network
 - Publications – Books, booklets, journals, videos, translated published & in 13 languages
 - International lectures and seminars are yearly covering 4 to 5 countries
 - Kushi Institute, Leland Road, P.O. Box 7, Becket, MA 01223, www.kushiinstitute.org
TEL: 1-800-97-KUSHI is a basic educational center, receiving every year a few thousand participants in educational programs; its educational network is international.
 - Based upon his Macrobiotic approach, research studies have been made by Harvard University Channing Laboratories & the Framingham Heart Study Center (Heart and Blood); Boston University (AIDS); Tulane University and the University of Minnesota and others (Cancer); etc.
- (4) Recognition & Awards (examples)
 - In 1994 United Nations Society of Writers: Award for Excellence
 - In 1999 American Museum of National History, Smithsonian Institution: Kushi Family Collection
 - In 1999 U.S. House of Representatives: Resolution of Recognition.

March 26, 2001

Prayer-based healing has a very long history and pre-dates the current interest in CAM. It has been accommodated for decades in the U.S. on what might be called a “spiritual track” within healthcare.

Not every remedial method needs to be incorporated into the medical model. The system of self-care established by Alcoholics Anonymous is a good illustration of an approach that does not incorporate well into the medical model. Christian Science is another.

Christian Science is a system of prayer-based healing that’s explained in a reference book by Mary Baker Eddy, titled, *Science and Health with Key to the Scriptures*. This system of self-care has been successfully practiced for over 130 years, providing both preventive and therapeutic benefits.

The Christian Science system of healing also includes a provision for assistance, if needed. For example, Christian Science practitioners, nurses and religious non-medical nursing facilities are available for individuals using this method of treatment.

Also, Christian Science healing is accommodated in law, health and disability insurance programs, and health insurance plans that cover state and federal employees. In addition, Part A of Medicare provides coverage for nursing care given at religious non-medical healthcare institutions, including Christian Science nursing facilities.

The Christian Science system is a modern-day illustration of free market choice and government accommodation for prayer-based healing, without medical supervision, regulation, or control.

We ask, therefore, that the Commission acknowledge a spiritual track in support of patient self-care and personal wellness.