Panoply: A Comprehensive Black Salve FAQ

(worked on Dec. 20-28, 2018)

These “Frequently Asked Questions” have been refined over the years – going back to when we first discussed these issues on Altcancer.com in 1995. All questions and answers have been updated to the end of 2018, to make them current.

Once again, the word Cansema – our registered trademark name – is used in discussing Black Salve only as a point of differentiation between the Salve that we know, and other Salves that may or may not have the same ingredients or behave in the same way.

Questions:

1. **How does Cansema Black Topical Salve remove skin cancers?**
2. **What are the current ingredients in each of the different variations of Cansema -- and what is their functional difference?**
3. **You use the term "escharotic" liberally throughout your Cansema pages. What exactly does escharotic mean?**
4. **I've been told that escharotics like Cansema Salve will cause a scab whether it's applied to skin cancer or just healthy skin. Is this true?**
5. **Will it remove everyday non-cancerous warts and moles?**
6. **Is Cansema, in any of its forms, approved as a cancer therapy by the U.S. Food & Drug Administration? If not, why not?**
   If something works as well as you indicate, wouldn't a major drug company jump at the opportunity to get it approved, and then manufacture and sell it?
7. **What studies have been done to prove that Cansema Salve is a proven skin cancer treatment system?**
8. **Who invented the Cansema line and what are their credentials?**
9. **How many years have you been selling Cansema?**
   And under what other names have you been selling it?

10. What are the side effects of any of the Cansema products?
11. Can I take Cansema along with any prescriptions, or even other medicinal herbs?
12. Why do you tell users to take Cansema Capsules or Tonic III on a full stomach?
13. Can I still use Black Salve, Cansema (in any of its forms), or escharotics, in general, if I'm using my own local physician to treat my condition?
14. My physician told me that bloodroot is dangerous, and some of your products contain this herb. Is it dangerous?
15. Is it painful to use Cansema Black Topical Salve on a larger cancer?
16. Will the internal Cansema products create eschars that impede circulation?
17. I'm not sure if I have cancer. If I apply Cansema Salve to normal tissue, what will happen?
18. Because of Cansema's ability to discriminate between malignant and normal cells, why can't it just be used to diagnose my own cancer(s)?
19. Does Cansema work with melanoma?
20. Does Cansema work on "actinic keratosis"?
21. To what areas of the body should I never apply Cansema ?
What cautions do you offer on larger tumors?
And why do you tell women not to use the product on breast cancer without the assistance of an experienced health care practitioner?
22. What is your success rate with internal cancers?
23. Does the user ever experience pain when using internal Cansema formulas?
24. How is your product different from the topical salve they use at the "Hoxsey clinic" in Mexico?
25. What pain killers should I use in connection with the Cansema Black Topical Salve?
26. What is your success rate with skin cancers?
27. Does anyone ever take you up on your money-back guarantee?
28. I have Cansema I bought a couple of years ago and I want to use it again. Is my Cansema Salve still good? What is its shelf-life?
29. Can I have my eschar biopsied after it comes out to "see what it was"?

30. **What is the best way to take out a larger skin cancer growth with Cansema pain management issues and the User Instructions aside?**
31. **Can I get the 'applied area' wet while bathing?**
32. **I applied Cansema to one place on my body and then an eschar appeared in a different place. How is that possible?**
33. **Cancer runs in my family, so I am concerned about preventing cancer before it occurs or is diagnosable. Can I use Cansema products as a general preventive -- and if so, how do I use them?**
34. **How do you know when to add a second, or even a third, Cansema application to a target area?**
35. **Can I use Cansema products if I'm pregnant?**
36. **Does Cansema Salve leave scar tissue?**
    What do you recommend to minimize scarring?

And now . . . our most frequently asked Black Salve questions:

1. **How does Cansema Black Topical Salve remove skin cancers?**

Expressed in its simplest terms, Cansema affects the cell membrane of cancer cells in such a way that the body's immune system (in both human and veterinary cases) recognizes the cancer as invasive. When cancer cells are so identified, the immune system initiates a process to kill the "invading cells." Cansema does not have this effect on normal cells.

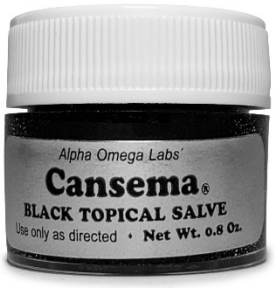
This explains why the "application area" is so immunologically active -- with an inflammation response, slight edema, rubefaction (reddening of the skin surface), and a warming of the area. An laboratory analysis of an ejected eschar will show that in addition to dead cancer cells and dried serous fluid, there is the detritus of dead immune cells as well (i.e. granulocytes, neurophils, etc.)

This also explains why the internal protocols for Cansema do not work as well on patients who have highly compromised immune systems -- most notably those who have been through extensive chemotherapy and radiation, which are both incriminate killers of cells.

This explanation is simply the gross observation. It is what the pathologist will report back upon examining a carefully preserved and fresh eschar. On the level of the chemistry, our understanding is less certain. We do know that when certain caustic minerals, such as zinc chloride or antimony trichloride, are properly prepared and mixed with certain herbal combinations with a high concentration of hydroquinones, the escharotic process previously described in this book is initiated when the underlying tissue is diseased. This phenomenon includes, but is not limited to, the death of cancer cells, while at the same time, normal, healthy cells become only mildly irritated. That is to say, the escharotic process is not initiated when the underlying tissue is healthy. Again, there may be irritation, some rubefaction, even a small amount of edema, but even these go away after a couple of days.
In addition to the pictures provided in this monograph, readers are encouraged to review the testimonials and pictorials that we have posted online. (Fx: See: http://www.altcancer.net/cansema.htm#testimonials)

2. **What are the current ingredients in each of the different variations of Cansema -- and what is their functional difference?**

The "Original" Cansema Formula – *(Cansema Black Topical Salve)*



The original Cansema formula – (ingredients, percentages, and manufacturing methods) – has evolved over time, largely due to improvements in performance and as a result of our efforts to minimize pain management issues. The current ingredients of the original formula are, listed in order by weight: zinc chloride ($ZnCl_2$), chapparal (Larrea divaracata or tridentata [contains active principle: NDGA (nordihydrogauaretic acid, 17% by weight)]), graviola leaf extract (distilled water, Annona muricata), Anvirzel [oleander leaf extract (distilled water, Nerium oleander)] [Fx: See: https://www.ncbi.nlm.nih.gov/pubmed/11001386] bloodroot (sanguinaria root powder: Sanguinaria canadensis), and glycerine (used as a humectant, to keep the product moist).

Functionally, all Cansema products perform similarly with slight variations that are enumerated below.

Cansema Salve – Deep Tissue

The ingredient declaration for Cansema Salve – Deep Tissue is: zinc chloride (ZnCl2), chapparal (Larrea divaracata or tridentata [contains active principle: NDGA (nordihydrogauaretic acid, 17% by weight)]), glycerine (used as a humectant, to keep the product moist), DMSO (Dimethyl sulfoxide), graviola leaf extract (distilled water, Annona muricata), Anvirzel [oleander leaf extract (distilled water, Nerium oleander)], [Fx: See: https://www.ncbi.nlm.nih.gov/pubmed/11001386], and Lugol's iodine (distilled water, potassium iodide, iodine crystal), and bloodroot (sanguinaria root powder: Sanguinaria canadensis).

The functional difference between "Deep Tissue" and the Original Formula is the addition of the DMSO (15%) which acts to provide greater transdermal penetration. This formula is used when cells of the targeted cancer are not on the skin surface or in the epidermal layers -- they reside deeper. Users should note that the pain response on a deeper cancer growth can be significantly higher with this formula. Therefore, users should pay particularly close attention to the earlier chapter on pain management when using this formula.

Cansema Salve with Iodine

The ingredient declaration for Cansema Salve with Iodine is slightly different: zinc chloride (ZnCl2), chapparal (Larrea divaracata or tridentata [contains active principle: NDGA (nordihydrogauaretic acid, 17% by weight)]), glycerine (used as a humectant, to keep the product moist), graviola leaf extract (distilled water, Annona muricata), Anvirzel [oleander leaf extract (distilled water, Nerium oleander)], [Fx: See: https://www.ncbi.nlm.nih.gov/pubmed/11001386 ; Also see: https://www.ncbi.nlm.nih.gov/pubmed/25125887 (note that Nerium indicum is virtually indisguishable from Nerium oleander);], and Lugol's iodine

(distilled water, potassium iodide, iodine crystal), and bloodroot (sanguinaria root powder: Sanguinaria canadensis).

Functionally, this variation would provide a slightly higher anti-microbial action than the Original, with the presence of the Lugol's iodine, and may be recommended when the targeted cancer is in an ambient environment that may subject it to a higher number of microbial pathogens.

Cansema Salve for Cats, Dogs & Horses

The ingredient declaration for Cansema Salve for Cats, Dogs & Horses is:
zinc chloride (ZnCl2), chapparal (Larrea divaracata or tridentata [contains active principle: NDGA (nordihydrogauaretic acid, 17% by weight]), glycerine (used as a humectant, to keep the product moist), DMSO (15% / dimethyl sulfoxide), graviola leaf extract (distilled water, Annona muricata), Anvirzel [oleander leaf extract (distilled water, Nerium oleander)], [Fx: See: https://www.ncbi.nlm.nih.gov/pubmed/11001386], emu oil, and bloodroot (sanguinaria root powder: Sanguinaria canadensis).

Functionally, this product is similar to Cansema Salve -- Deep Tissue, but is further enhanced for veterinary use with the addition of emu oil.

Cansema with Aloe Vera Gel

The ingredient declaration for Cansema with Aloe Vera Gel is:
Wild-crafted aloe vera (gel), calcium carbonate, zinc chloride (ZnCl2), chapparal (Larrea divaracata or tridentata [contains active principle: NDGA (nordihydrogauaretic acid, 17% by weight)]), glycerine (used as a humectant, to keep the product moist), graviola leaf extract (distilled water, Annona muricata), Anvirzel [oleander leaf extract (distilled water, Nerium oleander)], [Fx: See: https://www.ncbi.nlm.nih.gov/pubmed/11001386], bloodroot (sanguinaria root powder: Sanguinaria canadensis), and methylcellulose.

Functionally, this product is designed for those who want a less aggressive escharotic -- trading reduced pain response for additional applications spread out

over a longer treatment period. We discuss this approach in the previous chapter on pain management.

Cansema with Nuwais

The ingredient declaration for Cansema with Nuwais is :

Zinc chloride, chapparal (Larrea divaracata or tridentata [contains active principle: NDGA (nordihydrogauaretic acid, 17% by weight)]), glycerine, and nuwais extract (nuwais, distilled water).

Functionally, this product is designed for treating oral cancers.

It is worth noting that several web sites have taken the liberty of posting unusual, even bizarre, guesses at what is in our formula (why would they do that when we post it on our site?). One site (zetatalk.com) even states that it contains white flour, [Fx: See: http://www.zetatalk.com/health/theax020.htm], which isn't remotely true. If you want to know what exists in any of our products, ask us. We'll tell you.

3. You use the term "escharotic" liberally throughout your Cansema pages. What exactly does escharotic mean?

"Escharotic" is a classical medical term used in dermatology that was coined long before we came into existence. The term "escharotic" [Fx: See: https://medical-dictionary.thefreedictionary.com/escharotic] literally means "capable of producing an eschar," or a caustic agent. It comes from the Greek, "escharotikos," meaning corrosive.

Given my long association with escharotic materials, I hate the word, really – primarily because it's misleading and it lends itself to a common misperception that plays into orthodoxy's characterization of escharotics as indiscriminate in

“burning skin.” In fact, “escharotic” is a term frequently applied to any compound which contains one or more caustic agents that are capable of causing a chemical burn. This obscures the fact that well-designed escharotics are discriminate in their action. As stated previously, a common complaint we get from people who use Cansema and experience “no reaction” after 24 hours is that “it doesn’t work.”

That’s the whole point. If you apply Cansema to healthy tissue, it’s not supposed to “work”!

In common usage, "escharotic" and "eschar" are actually derogatory terms. Many allopathic doctors in some countries, most notably the U.S. and nations of the British Commonwealth have no problems alarming users of Cansema and similar products, telling them things like, “"Oh my God! You're using an escharotic? Don't you know that all you're doing is burning your skin!?"

This begs the question, “Then why use the term at all?” The answer is that it has been in common use for so long that we felt obligated to use the term as a matter of properly identifying the material with which we work. We attempt to be as technically accurate in our work as possible. Three of our product lines contain, in relatively small amounts, the mild caustic “zinc chloride” ($ZnCl_2$): Cansema Salve, Cansema Tonic, and to an even lesser extent, Bloodroot Paste. So technically, this makes them “escharotics.” We use these terms begrudgingly to be technically and historically accurate.

But very few caustic agents share our products’ discriminating property.
A caustic agent capable of burning skin will usually do so wherever you apply it.
The clarification between our "escharotics" and traditional, undifferentiated caustic agents, capable of causing burns wherever they're applied, is an important one.

4. **I've been told that escharotics like Cansema Salve will cause a scab whether it's applied to skin cancer or just healthy skin. Is this true?**

We covered this in the previous question, but it's such a common misperception that it's worth examining from a different angle.

The short answer is, "No." In fact, it's provably false.

Of course, we can't speak for every escharotic preparation ever made, but when properly made no escharotic is indiscriminate in its actions. When a Cansema user who is unsure of him or herself first starts using the product, we sometimes ask them to apply the product on their forearm for a few hours and see what happens. Just in case you don't have the product handy and you don't want to kill a few hours to find out, we'll just go ahead and tell you -- nothing. [Fx: The only way that a person can apply Cansema or any other well-made escharotic and get a reaction, regardless of where it is applied on body, is if there is a serious systemic issue. As an example, if a person has widespread, metastasized cancer in the body, that would be a case where you could get a reaction, regardless of location. Blood cancers, such as leukemia or lymphoma, would be another such example. In such an instance, the use of Cansema – which is used to remove cancers which are "in situ," is clearly contraindicated. We have other solutions for addressing systemic cancers.]

Some time ago, we had a customer send a link to a page at cancersalves.com [Fx : See: http://www.cancersalves.com/answers.html], a site created by an author named, Ingrid Naiman. Although Ms. Naiman is familiar with the subject of cancer salves in general, and we've even read her book, she is light years behind us in understanding escharotics. To-wit, we reprint the following false comments from the Q & A section of her website, concerning a primary caustic ingredient in most escharotic preparations, zinc chloride ($ZnCl_2$): [Fx: We also cover the "zinc chloride" issue in Appendix D of this book].

> *"I do not think zinc chloride has much capacity to discriminate healthy from malignant tissues. Depending on scar tissue and pigmentation and some other variables, it might be more readily absorbed by certain tumors, but the healthy tissue is definitely not impervious to this product.*
>
> *"Zinc chloride is made by pouring hydrochloric acid over zinc. It is*

extremely caustic and will not merely damage skin but result in possibly extreme pain and scarring. However, it can be washed off with water when accidental contact is made outside the intended treatment area. Just keep in mind that it is caustic and needs to be used sanely and carefully."

The simple fact is, Ms. Naiman, doesn't know what she's talking about. Yes, zinc chloride is a caustic compound, and if you create an ointment or salve with a high enough molar concentration, yes it can burn the skin – depending on the person. (This is how the word itself originally came to be: "escharotic" is Greek for "burning.") But the fact is that **ALL PROPERLY MANUFACTURED ESCHAROTICS DISCRIMINATE BETWEEN CANCEROUS AND HEALTHY TISSUE.** (We'll get to minor exceptions below.) To dramatically illustrate our point, the pictures at right show one of our production people working with raw zinc chloride (99.5% USP) right out of the container.

Yes, that's means 100% strength. We would never, ever recommend that anyone else do this, by the way. But if zinc chloride were as severely caustic as Ms. Naiman suggests, our worker would not be able to work in it for hours at a time before washing it off.

There are exceptions, of course, the most notable being a high yeast count in the blood. You can apply Cansema to almost anywhere on the body and if a high yeast blood count exists, you will see the emergence of what we call "pinprick eschars" -- little pusculars, normally white or yellowish, that come up. With discontinued use, these pimples go away without fully escharizing.

Another point worth mentioning, since it's mentioned at the above site, is one of scar tissue. Normally, Cansema Salve leaves little or no scar tissue. You can see this from our many pictorial testimonials. But there are exceptions. Some people have more significant scar tissue that takes the form of hyperpigmentation or slight discoloration. But only in a small minority of cases is this more noticeable than if the subject had gone ahead with a surgical procedure to remove their cancer.

5. **Why do some doctors warn their products about "Hoxsey-type" products, saying that "all they do is burn the skin"?**

Either ignorance, greed – or both.

This is not to say we don't think licensed physicians are an important part of the process. We end up telling many of our prospective customers that if they want to know with certainty what they have, stop guessing and go to a doctor and get a qualified diagnosis before trying to fix what they don't understand. In a perfect world, doctors would have enough knowledge about escharotic preparations that they wouldn't dole out this kind of misinformation. In time, this will be the case.

For now it's not.

Like most misinformation, this one has a grain of truth. Cansema contains zinc chloride, a mildly caustic compound, as already discussed, and in a high enough concentration, it can chemically burn the skin – just like aspirin, taken in sufficiently quantity -- or any non-steroidal, anti-inflammatory drug, by way of example, will burn holes in your G.I. tract. In actual practice, Cansema is very discriminatory in its action. You can apply it to healthy tissue with great regularity and in vain, never get a scab.

6. **Will it remove everyday non-cancerous warts and moles?**

It can in some cases, but not with great consistency. Besides, that application is really "overkill," and we do not recommend it for that use. Whereas **Cansema Salve** is designed for one to three applications, on average, a topical used to treat warts and moles will normally require a longer period of use for maximum effectiveness.

The best approach to removing non-cancerous warts and moles is to take the **Cansema Bloodroot** capsules over a 30 day period, plus our **Bloodroot Paste For Warts & Moles**. [Fx: See: http://www.altcancer.net/capsules.htm -- and: http://www.altcancer.net/bpaste.htm]

Both on our own bodies and in reports from our customers, we have noticed that many growths, both warts and moles, diminish in about a month with the taking of the internal version, along with the Bloodroot Paste.

7. **Is Cansema, in any of its forms, approved as a cancer therapy by the U.S. Food & Drug Administration? If not, why not?**

   If something works as well as you indicate, wouldn't a major drug company jump at the opportunity to get it approved, and then manufacture and sell it?

To address the first question: Neither Cansema, nor any other escharotic product made over the last 150 years, has ever been approved by a "food and drug" agency anywhere in the Western World. Such an approval has not happened, nor will it ever happen. Fast forward 10,000 years, and if the current monetary and political systems were still in place as they are now, and 10 billion people cured one or more of their cancers with Cansema, or an escharotic like it, still we would not have one single approval by a “drug agency” anywhere on earth.

Guaranteed.

The bulk of my last two books are dedicated to getting the public to understand why natural products that cure serious degenerative diseases have been, are, and always will be, looked down upon by those in authority. [Fx: **The Joys of Psychopathocracy** and **Living on the Precipice**, with emphasis on the former.]

You might read the first article I wrote on suppression [Fx: See: http://www.altcancer.net/lysis.htm], or Altcancer’s “intro page” [Fx: See: http://www.altcancer.net/intro.htm]

What Cansema has going against it is it's cheap, fast, safe, effective, and

no one in the pharmaceutical industry can corner the market. No one molecular structure ("empirical formula") is the proprietary basis for why these compounds work, hence no exclusivity for anyone.

Fortunately, you do not have to be victimized by institutionalized politics, greed, stupidity, and a worthless imprimatur that has no bearing on your ability to get the product that does the job right, the first time, every time, or your money back. From us . . . or whoever proceeds us. If the major drug agencies of the world could figure out how to work with a drug company to corner the market on oxygen, you and your descendants would be charged for the right to breath in perpetuity. Do you think this an exaggeration? Considering the deplorable state of the world's municipal water supplies, they have, for those who are health conscious, done this already with potable water.

An institution – any institution – that declares that you must pay in order to have access to healthy, potable water is one very small step away from declaring you must pay in order to have the right to breath healthy air. Oxygen "bars" have already been leading us in that direction for some time. [Fx: For example, see : https://www.dailymail.co.uk/health/article-37935/Would-pay-oxygen.html]

As to the second part of this question, yes, many people are told by their ill-informed physician, "If this stuff really worked, the drug companies would have snapped it up a long time ago."

The flaw here is that people are accustomed to thinking that the ability of a company to make money is tied to its ability to find or develop products that really work. After all, isn't that the way things work in a capitalistic society? Aren't the best products the ones that deliver on their promises - more so than the competition - and aren't fortunes made by those who "invent the better mousetrap"?

Yes, that's how it *usually* works. It is certainly the way it *ought* to work. But the pecularities of modern food and drug law, based as they are on 19th century "atomist" theories on pharmacology, [Fx: See: http://www.altcancer.net/faq495a.htm], have totally turned the free market on

its head - and this is something most people either don't know, or don't take the time to figure out. [Fx: Again, a sizeable portion of The Joys of Psychopathocracy is spent helping the reader break through the cognitive dissonance].

The simple fact is, escharotic preparations are not sufficiently proprietary for anyone to get a useful patent on them. No drug company on earth is interested in a compound if they can't get an enforceable patent on it. And why? Because no drug company on earth ---- no, make that no intelligent human being on earth -- would ever invest the **$2.6 billion** plus it takes to get "drug approval" in the U.S. and other major Western countries without the reasonable assurance a patent provides **THAT THEIR INVESTMENT WOULD BE PROTECTED FROM THE ENCROACHMENT OF COMPETITORS**! [Fx: See: https://www.policymed.com/2014/12/a-tough-road-cost-to-develop-one-new-drug-is-26-billion-approval-rate-for-drugs-entering-clinical-de.html]

The fact is, medicine today -- whether you live in Perth, Edinburgh, Nassau, or Los Angeles, is far more about the dynamics of making money, than it is about doing what is best for the patient. Only when you can clearly view this industry from the inside does the intensity of this concept become so solidified and crystal clear that you would no more question it than you would question the observable boiling point of water.

Like the Mother Goose story about the Emperor who wore no clothes, the masses of those living in Western society live behind the veneer. Only when one stands back and innocently looks at the structure of modern health care for what it is -- only when one takes the time to follow the money trail, can you understand why the very best products on the market have no chance of becoming mainstream if the most powerful interests in health care cannot figure out a way of cornering the market.

It can be a "cornering" of short duration (a patent in the U.S., for instance, lasts 20 years), but it must be a turf that can be legally protected, with artificially high margins, for a pre-calculated period of high, sustained profitability.

8. **What studies have been done to prove that Cansema Salve is a proven skin cancer treatment system?**

In the orthodox community this question refers to a "longitudinal, peer-reviewed, double-blind study with carefully monitored control groups, using strict statistics measures..." bla, bla, bla, bla.

How many have we done? Not a damn one. And we proudly never intend to, just like the U.S. FDA never intended to fulfill the U.S. Federal court's order to investigate the effectiveness of Harry Hoxsey's topical escharotic formula in the '50's, after hundreds of proven cancer cures managed to stop the government's case against him dead in its tracks. [Fx: See : http://www.altcancer.net/vidgal.htm#hoxsey. If you haven't seen **Hoxsey: How Healing Becomes a Crime**, I recommend you use this link and watch it. It costs you nothing but an hour and 24 minutes of your time. It may be noted, however, that this author's mentor, the late Dr. Russell Jordan, a former professor at medicine at the University of Michigan, and my mentor in the art of escharotic medicine, conducted a study in Mexico using an early embodiment of Cansema in the 1980's. Having been the founder of not one, but two, pharmaceutical companies, thus highly respected in his profession, he choose not to attempt publication of his findings. His investigations were conducted more as a matter of personal and professional edification. The results of Dr. Jordan's study, however, were quite unequivocal: this forerunner of Cansema was highly effective in removing basal and squamous cell carcinomas, melanomas, and other malignancies on or near the skin surface.

We believe in the time-honored tradition of empiricism. It is the fundamental principle underlying the development of homeopathic, naturopathic, and herbalist formulas, even entire volumes of formularies (pharmacopoeia), not to mention the healing techniques of dozens of other modalities.

A formula is proven to be effective and safe, in our minds, when it has been tested upon thousands of individuals over a period in excess of one century (that's 100 years) and has been found to repeatedly, thousands of times over, cure legions of patients with little or no side effects.

Such is the history of escharotics, the illustrious herbal tradition from whose roots Cansema has sprung. It has been the foundation of all the traditional, herbal-based products you see on our sites. Again, we address the long history of effective escharotic use in Appendix A and B of this book.

9. Who invented the Cansema line and what are their credentials?

Early escharotic formulas were patented (there are six in the U.S. Patent Office) by individuals who are now deceased. [Fx: This is discussed in Appendix A of the current volume, "A Tear of the Matrix."] The current Cansema formula was created and subsequently refined over time by this author (Greg Caton). The history of this healing modality, and the abundant proof of its vigorous suppression over the last several hundred years is explained in Appendix A and B.

10. How many years have you been selling Cansema?
And under what other names have you been selling it?

We've been selling Cansema since 1989 when we started Alpha Omega's predecessor company, Applied Botanical Research, albeit using different trade names. In that time we sold thousands of Cansema in various forms. In 1990, I co-founded a direct sales company, called Lifeline Sciences, Inc. An early version of Cansema, which we simply called "Formula G," was sold for the better part of one year. Later still (around 1992), I created a company with Mr. Richard Ross (now deceased) of Watersmeet, Michigan, called Lenex Laboratories. Under contract, we created an escharotic formula called HerbVeil 8 and internal versions called Lenex I and Lenex iI. Neither of these companies are still in business.

Our Cansema is sometimes confused with a product sold out of Fort Collins, Colorado, called **Compound X**. That product, similar to our own and priced significantly higher in the U.S., was created by my first mentor of escharotic materials, the late Dr. Russell Jordan, who used to run a business called MedConEx. We know the exact formula of that product, but have no connection with the people who now make and sell it.

11. What are the side effects of any of the Cansema products?

First, the topical: if instructions are followed, there are none that we know of. In theory, one could get secondary infection by not maintaining proper hygiene at the site of an eschar, particularly during the decavitation stage.

But in all these years we have never received even one confirmed report of infection. (We always advise the liberal use of hydrogen peroxide [food grade, 6% or under] whenever there is doubt as to the possible exposure of an eschared area to pathogenic microbes.)

There are greater risks associated with our internal formulas. Mostly nausea. And we clearly state these in our online advisories. First of all, our Cansema Bloodroot Capsules [Fx: See: http://www.altcancer.net/capsules.htm] contain bloodroot (L. Sanguinaria canadensis), which must be taken with food to blunt its emetic action. (In sufficient quantities, bloodroot will make you nauseated, and at higher doses, it can even make you vomit. One of bloodroot's 60 alkaloids is sanguarene, and although it is cancer-killing in lower doses, at high doses (in the 3 gram range), it is lethal. So, yes, in this case, we're back to enunciating Paracelsus' famous dictum: "Remember that ever medicine is a poison and every poison is a medicine. It all depends on the dosage.")

This is why, with its "let's go shoot mice with elephant guns" mentality, the U.S. FDA banned bloodroot for internal use and you can't purchase it in health food stores. Nonetheless, we keep bloodroot in our arsenal of carcinolytic herbs because it contributes to the overall effectiveness of our formulas, where utilized.

This all leads to a larger point that should be made with respect to taking medicinal herbs: nausea isn't just a contraindication; it is your body's way of telling you that you're overdoing it. If you get nauseated taking not just our herbal products, but anyone's, you should immediately back off. If you take our minimum recommended dosage levels and you are one of those rare individuals who continues to have problems, please write to us at support@herbhealers.com with all the particulars.

12. Can I take Cansema along with any prescriptions, or even other medicinal herbs?

We know of no prescription medication which will create contraindications when taken with any of our Cansema products; however, we must advise you not to take our products with any other herbal formula that contains bloodroot, chaparral (any of the species of the genus, "larrea"), or caustic zinc chloride. If you do, you could experience contraindications noted above, or worse . . .

13. Why do you tell users to take Cansema Capsules or Tonic III on a full stomach?

Because if you don't, you are likely to experience the emetic effects of the bloodroot and get nauseated, as previously stated.

14. Can I still use Black Salve, Cansema (in any of its forms), or escharotics, in general, if I'm using my own local physician to treat my condition?

Of course. Ideally, we would prefer if you used Cansema in conjunction WITH your physician's aid, but given conditions we've already discussed, this is not always possible. Our advise is that the best course of action you can take as a consumer is to find a doctor you trust. Get his diagnosis.

Go for a second opinion if you have any lingering doubts. Then, as an informed consumer, make your therapeutic and support product choices based on what you think is good for you -- not what are solely in the best interests of your doctor the local pharmacist, Big Pharma . . . and government entities which feed like vultures on the “sickness and treatment culture” which they nurture and cultivate with Luciferian abandon. Do your research and don’t trust others to do it for you.

No one will make your own health condition as high a priority as you will. Always value the input of a good health care practitioner, but ultimately the final choice must always be yours. Don’t allow yourself to be coaxed, cajoled,

threatened, or muscled into making health care decisions that are not in your best interest.

Neither one of my parents followed this advice and they both died excruciating deaths at the hands of their money-hungry physicians, following therapeutic courses of action that any person well-educated in health care matters would have shunned.

15. My physician told me that bloodroot is dangerous, and some of your products contain this herb. Is it dangerous?

We covered this previously, but this approaches the issue from a different angle.

Your doctor's right. Bloodroot is dangerous -- but only if taken in high doses. Take enough aspirin and you can cause internal bleeding. In fact, 20,000 seniors in the U.S. alone die from this problem every year. Does this mean you should never take NSAID's (nonsteroidal anti-inflammatory drugs), or their natural equivalent (by way of example, white willow bark)? Of course not; that's silly.

Serious drugs, whether artificial or plant-based, require some attention to proper dosage.

16. Is it painful to use Cansema Black Topical Salve on a larger cancer?

It can be, yes. To avoid this, we advise that users follow the instructions and pain management techniques previously discussed.

I remember one lady we worked with in 1994. She had a large breast tumor and didn't bother to read our User Instructions before using the product. She literally covered the area over the tumor with a copious amount of Cansema and within an hour I get a phone call where she's practically in tears. "Do you realize that on a pain scale of 1 to 10, this stuff is an 18?!?!" I instructed her to immediately remove all the Salve and between ice packs, NSAIDs, and a couple other procedures that I now can't remember after 25 years, the pain quickly subsided and then I handheld her through the process until she was cancer free, which ended up taking a couple of months.

There are many factors that influence the possibility of experiencing pain with Cansema.

Size of the tumor is an influencing factor: if the size exceeds one centimeter (a little under 0.4 inches), you will probably want to keep ibuprofen, or a similar analgesic on hand. Again, study our pain management material.

If you DO experience some pain in taking Cansema, expect the discomfort to last no more than two to three days. Remember, part of what escharotics do is initiate the body's own surgical procedures in dealing with an invasion, a foreign body (in this case a dying neoplasm). Prepare yourself for this possibility.

17. Will the internal Cansema products create eschars that impede circulation?

We know of no such occurrence, although we know of no reason why it wouldn't be theoretically possible. In our early days we were more concerned that Cansema Tonic, which in all its iterations is faster acting than the capsules, would kill tumors that replaced organ linings and quickly create fisculas, but that never happened, either. Apparently, the body's mechanisms for removing necrotic tissue and replacing it with healthy tissue during the healing stage works to prevent either impeded circulation or life-threatening fisculae.

18. I'm not sure if I have cancer. If I apply Cansema Salve to normal tissue, what will happen?

In such a case, Cansema becomes what herbalists call a "rubefaction," making the skin red, irritated, and maybe even edematous (fluid buildup). It goes away after a day or two. There are cases, however, where small, white "pinprick" scabs have formed, where no cancer was identifiable. We've discussed this previously.

It's not very common, but it can occur, and it is usually the result of a excessive fungal or yeast condition in the body, sometimes "candida albicans," but not always. The "pinpricks" go away after a day or two, normally without even forming eschars.

19. Because of Cansema's ability to discriminate between malignant and normal cells, why can't it just be used to diagnose my own cancer(s)?

It can be. The impediments to the general acceptance to this approach are political and economic and have nothing to do with the practice of "good medicine." In the U.S. and most Western countries, as a matter of course, we

simply tell people to get a qualified diagnosis from their physician, but in the third world countries in which we operate, where entirely different economic dynamics exist, our advice is not the same. We know physicians of every stripe in the third world who trust in Cansema's ability to discriminate and use it as a diagnostic tool – simply to inform the practitioner if they are dealing with malignancy.

This is not to say that advanced diagnostic tools do not offer potential added value. If you use Cansema to kill the cancer without first having a physician examine you, there is the risk that you limit your doctor's ability to uncover a deeper pathological condition. (Example: is your skin cancer "primary," or localized to just that area; or is it "secondary," the result of metastasis from another area? This is important to know.)

If you eliminate the cancer, but are no wiser as to a possible cause, you risk making your condition even worse at a later stage. So as to not appear hypocritical, we must admit that we ourselves have gotten rid of skin cancers and even treated internal viral conditions with Cansema products without first seeing a physician. Nonetheless, it's generally not the optimal course.

20. Does Cansema work with melanoma?

Yes. Cansema reacts in the same way with cancerous cells, regardless of type.

We have a variety of good melanoma pictorials on our site [Fx: See: http://www.altcancer.net/cansema.htm#testimonials . Speaking more personally, among my most memorable melanoma cases are those of Mr. R.L. Banks – see: http://www.altcancer.net/rlbanks.htm; Ian Roe's mother – see: http://www.altcancer.net/cantes20.htm#080299; Sheila King's father – see: http://www.altcancer.net/cantes20.htm#11598; Dr. Thomas – see: http://www.altcancer.net/cantes20.htm#11598; Alicia Pons-Palacio (Guayaquil), see: http://www.altcancer.net/cantest.htm#071608; "Alfredo in Miami," see: http://www.altcancer.net/cantest12.htm#071313; Allan Watts, see: http://www.altcancer.net/cantest14.htm#092114; Case #021116, see: http://www.altcancer.net/cantest16.htm#021116; among many others.]

and have helped even advanced patients of melanoma experience a full recovery, through a combination of Cansema Black Topical Salve, Botanical Support products, [Fx: See: http://www.altcancer.net/botsupp.htm], Cansema Tonic, [Fx: See: http://www.altcancer.net/ct3_new.htm] and one or more other carcinolytic products, based on the underlying circumstances of the case. Many of these products are sold together in cancer-type-specific "bundles." [Fx: For: https://www.herbhealers.com/specials-and-bundles (in the U.S. and Canada) and https://www.alphaomegalabs.com/specials-and-bundles (all other countries)].

21. Does Cansema work on "actinic keratosis"?

Our initial results back in the 1990's were nonconclusive. But with time we have perfected the protocol to the point where we now feel that Cansema Black Salve will work on a majority of cases. This is a statement based on observation, not extensive clinical study. Historically, the focus of Black Salve use has been on skin cancers, not keratosis. I myself was diagnosed with actinic keratosis by a dermatologist in October, 2018, and took the time while writing this book to clear myself of it. A detailed pictorial of the process and my personal experience in using Cansema to clear out keratosis is included in this book.

There are a number of keratosis cases in the testimonial section.

22. To what areas of the body should I never apply Cansema ?
What cautions do you offer on larger tumors?
And why do you tell women not to use the product on breast cancer without the assistance of an experienced health care practitioner?

If you are self-administering the product, avoid applications to mucous membrane or any area where there is an existing, unhealed burn (sun, chemical, fire, or otherwise), first degree or higher. We have some people who have used Cansema products rectally and orally, for cancers in both areas, but these were performed in conjunction with practitioners who could supply, among other things, the necessary analgesics (pain-killers) as required.

If you want to read an extensive case study on the use of Cansema with cancers of the mouth, look into the Kent Estes case. [Fx: See: http://www.altcancer.net/estes.htm]

With respect to larger tumors -- growths larger than a centimeter in diameter, once again, we caution users that they will have to attend to pain management issues. [Fx: See "Pain Management" chapter].

This need varies considerably from user to user, with many variables providing inputs to the user response. Nonetheless, the larger the tumor, all other things being equal, the larger the pain response and the more that pain management has to be addressed.

With breast cancers, you have a particularly sensitive part of the body. We see this same sensitivity in the ears - only to a lesser extent. By the time that a breast cancer is no longer asymptomatic and is large enough to be diagnosed, it is already of sufficient size, as a general rule, to pose pain management issues shortly after Cansema is applied. Cansema is effective in this area, but usually strong "narcotics-class" analgesics are needed to lessen pain through the process. If you had two growths of exact equal size – one a skin cancer (regardless of type) and the other, let us say, a ductal cell carcinoma. Which one of these two would pose the greater potential pain management challenge? The answer is: the breast cancer.

This is yet another area which was not originally foreseen when we started marketing Cansema and its predecessors back in 1989. Our intent was to provide an effective remedy for skin cancer, not breast cancer. When users started experimenting and reported to us that Cansema worked with breast cancers, we found that a large percentage also reported a painful response. Since about 1993, we have been warning users to observe this caution when contemplating a breast cancer application. You will note we do not make a claim or a specific recommendation for specific Cansema use with breast cancer on our information site. [Fx : http://www.altcancer.com. Note that there is one page that discusses

elements of a breast cancer protocol, but this does not constitute a specific recommendation. See: http://www.altcancer.net/breast_protocol.htm]

23. What is your success rate with internal cancers?

Users report back better than 80% -- which is certainly lower than the 99% success rate in treating skin cancers, but still respectable.

One distributor we had in the 1990's in the U.S., Rev. John Swyer, reported about 91%, but statements to this effect have always made us nervous, simply because we would never want to be accused of suggesting, let alone promising, more than we can deliver.

One element that is a big determining factor in the outcome of internal cancers is the psychological factor. We frequently say, "The fight against cancer begins in the mind." We have had cases that were so advanced, with the customer or their loved one coming to us with the "patient" in a state of cachexia. When you get case like that, it is difficult for us to sell any product at all without experiencing "guilt complex." After all, what chance of survival does a cancer patient have who's already suffering from advanced wasting? Is it morally right to sell someone a product that addresses a cancer condition if you yourself harbor doubts about the prognosis? Isn't this what we accuse conventional physicians of doing?

Nonetheless, the "patient" seems oddly determined. He or she knows it is not their time. It is something they feel. It is reminiscent of Dr. Victor Frankl's observation of fellow prisoners in Auschwitz, those who made it out alive. It wasn't that they were superior in health or genetic disposition. Those who survived were those who had a knowingness, a grounded faith, that they were NOT going to die in a concentration camp. [Fx: Frankl, Victor, Man's Search for Meaning: An Introduction to Logotherapy, Pocket Books, New York, 1971. ISBN: 0671781383.] They are saved by their faith. Their state of mind.

So what happens? The patient works with us for several months, defeats their cancer – often ending their sojourn by going back to their original doctor, who insisted on chemotherapy and/or radiation therapy, and bragging about their outcome.

At the other end of the spectrum, we have worked with individuals who had what we regarded as a relatively "easy-to-beat" cancer. Throughout their ordeal they are continually questioning what they are doing. They have nagging doubts about what ***WE*** are doing. They are haunted by badgering lectures from loved ones about how foolish they are for not strictly following the advice of their primary physician. They are indecisive in the face of the oncologists' siren song of, "Come to us. Believe in us. We can cure your cancer if you will only accept the logic that you are 'chemotherapy' or 'radiation therapy' deficient." [Fx: See: http://www.altcancer.net/ashwin/ashw0615.htm. Read Points #2 and #3.]

Yeah, right. Sure you are.

What happens to these people? Most of them die. They might be at Stage I when they come to us, but they die. Put them in the 10 to 20% of those we encounter who just don't make it. They may be coming to us with a cancer no larger than the projectile from a BB gun, but they die anyway. Like Dr. Frankl's fellow prisoners who died in Auschwitz, convinced that they were going to die, succumbing to what they believed was the inevitable, these people don't make it.

So, yes, we are proud that our success rate has been consistently high over the years. And, at the same time, we mourn for those we cannot save – a great many of which were burdened with a state of mind that did not lend itself to a successful outcome.

In addressing our success rate in dealing with internal cancers, we should also point out other important factors: those who have already been through chemotherapy, radiation, or invasive surgical procedures, have a lower chance of a successful outcome, depending on the extent of conventional intervention. The reason is simple: both the escharotics and other botanical materials we work

with play off of the body's immune system. If you come to us already immunosuppressed, we begin our work at a decided disadvantage.

Lastly, there is unquestionably a "point of no return" in working with those with advanced internal cancers. Escharotics and other natural healing compounds need time to work. Nothing works overnight. So if we are working with someone with advanced cachexia who is already experiencing organ failure, there is nothing we can do. If our office gets information to this effect, we do not mince words, and we do not recommend the sale of any products. In our view, to do so really ***IS*** immoral and unethical. We are behaving no better than the oncologists, thus giving us no right to criticize them. If we have to, we will tell the loved one acting on this patient's behalf, that they should either look into hospice care or consider other "end of life" options. At this stage, this is the only proper thing to do.

24. Does the user ever experience pain when using internal Cansema formulas?

Very rarely. With Cansema Tonic, users normally report a "tingling" feeling, or sometimes a "pulling" sensation in the area where cancer has been diagnosed, assuming the tumor or neoplasm is localized. For all intents and purposes, only when dealing with Cansema Salve do we have to attend to pain issues, and this is primarily if the skin cancer is larger in size, as discussed earlier.

Again, with Cansema Bloodroot capsules, nausea can result if the product is not taken with a meal and/or one exceeds their tolerance dosage. Additionally, nausea can result with some other adjunctive products – Ajo Te comes to mind. But nothing else.

25. How is your product different from the topical salve they use at the "Hoxsey clinic" in Mexico?

Although both are "escharotics," the composition is different. (For instance, we do not currently use potassium iodide in any of the Cansema formula - though it is one of the two ingredients in Lugol's Iodine, a traditional anti-microbial and

iodine supplemental product [Fx: See: http://www.altcancer.net/lugols.htm] that we use extensively in our work. Moreover, the Hoxsey formula uses at least two herbs that our findings show to be inert as to cancer-fighting effectiveness.)

Nonetheless, the success rate of the Hoxsey formula is very impressive, approaching that of our own. Assuming that both approaches were on an even toe, then cost would be the remaining issue. Our product costs $5 plus shipping. Going to Tijuana costs more than $50, even if you live in Los Angeles, and this doesn't include the steep cost of treatment, which can run (last time we checked) well over $3,500. Hoxsey's people would counter that at their facility you get an attending physician, which, of course, has value - (and their dietary consultation). However, we provide free consultations to physicians at Alpha Omega Labs, albeit via phone, email, and Skype.

Additionally, whether you use Cansema after getting the diagnosis of a competent practitioner or you are simply "testing" an area, do you really need a doctor to apply an ointment? Especially when we provide such exacting detail as to the expected outcome while using the product? This is a question best left to the patient.

26. What pain killers should I use in connection with the Cansema Black Topical Salve?

Since 1989 I've applied Cansema dozens of times and I've never used any pain killers. Instead, I've used a handful of pain management techniques, all of which were detailed in a previous chapter. That said, many people who are treating larger growths find it necessary. Moreover, to be frank, none of the cancer growths or other diseased tissue that I've removed from my body over the years was particularly large.

Of those who use Cansema and opt for pain killers, most rely on NSAID's (nonsteroidal anti-inflammatory drugs), such as iboprofen. On larger cancers, we really prefer working with our customers in conjunction with his or her physician, so that if more potent analgesics are needed, they will be readily available.

You should know that if your cancer growth exceeds one centimeter in diameter – or the location of the growth is in a particularly sensitive area, such as the breasts or ears, you should look into working with a

physician, if at all possible, who can provide the necessary pain killers, should you need them. This advice does not mean that you shouldn't attend to our non-drug related pain management techniques, first. You should.

27. What is your success rate with skin cancers?

Better than 99%, pure and simple.

The few cases that report no success almost always turn out to be instances of misdiagnosis, which is surprisingly common. We know this because we follow up quickly on any one who says they "know" they have skin cancer and "Cansema isn't working." It is in our own best interest to know how it is possible that "(it's) not working."

We don't provide a money-back guarantee just because we're generous.

We offer it, largely, because our success rate is so high that we can afford to.

28. Does anyone ever take you up on your money-back guarantee?

Oh, sure. There are cases where Cansema Salve has not worked on actinic keratosis in a timely manner – (although it worked fine on mine). We've had cases of cancer so advanced (unbeknown to us) that the "patient" died before the products even arrived, days later. (One of our greatest heartaches is that people often consider alternative therapies when they or their loved one is on the verge of death, usually as a result of the effects from chemotherapy or radiation treatment.)

We've had vet cases where the customer didn't think the product was working as it should. In all these instances, customers asked for a refund and we complied.

Other cases that come to mind include a woman who was told by her conventional doctor about purchasing Cansema and the doctor replied that if she didn't return the product immediately he would not treat her.

So, yes, we get returns.
But they are a very small percentage of our total sales.

29. I have Cansema I bought a couple of years ago and I want to use it again. Is my Cansema Salve still good? What is its shelf-life?

Yes, your Cansema Salve is still good. It has a long shelf-life - and, in fact, we ourselves have used Cansema Salve that is about ten years old and it was still effective. The reason for the long shelf-life is simple: the active components are quite molecularly stable and non-reactive.

One important point, however, is that despite the addition of a humectant, glycerin (a wetting agent), to the Salve - it may still dry out over time - even though you may have kept the lid on the jar fairly tight. This can be quickly remedied by adding a few drops of water and carefully stirring the contents thoroughly inside the plastic jar in which your Cansema is shipped. We provide this advice in the User Instructions (provided in a previous chapter), but it bears repeating.

30. Can I have my eschar biopsied after it comes out to "see what it was"?

In one word, no.
We understand that people routinely use Cansema to remove cancers without getting a diagnosis first. (In all the cancers I have removed since 1989, I personally have never gone in for a biopsy or other form of diagnosis first, because I trusted in Cansema to tell me if the underlying tissue was healthy or not.)

It then follows that some customers will wonder, after an eschar falls out, if they can have it analyzed to see "if it was really cancer." I understand the sentiment, but it is akin to taking a McDonald's hamburger to a chemist and asking, "Can you tell me what kind of cow this came from?" In order to have an accurate biopsy done, you need a live tissue sample. By the time your eschar falls out, all that is detectable is a mass of dead cellular matter. Analysis would show that it contains serous fluid, certain immunological components, and dead cancer cells – but don't expect to find out what type.

If, for whatever reason, you want a good diagnosis, get it before you apply Cansema and not after.

31. What is the best way to take out a larger skin cancer growth with Cansema pain management issues and the User Instructions aside?

Our advice is to start at the edge and make sure you do not apply more than a square centimeter. As usual, apply so that the coating is somewhat thick and definitely opague. A warning in advance: if you do not have good analgesics on you, this thing could hurt. As previously stated, what Cansema does, in a matter of speaking, is initiate a process where the body is conducting its own surgery. Make no mistake about it: Cansema is taking that thing out of there. But pain management can be a real consideration when you have larger growths, so – yes – we advice that you read the chapter on pain management that's contained in this book.

So, again, one very small application – wait. See how you feel. When the discomfort subsides in a day or so, apply again. Repeat In this way you are extending over time and in small incremental amounts, any pulling or stinging sensations, so that the entire process is readily manageable.

32. Can I get the 'applied area' wet while bathing?

You should keep the area as dry as possible from the escharization through the heal-over phase, [Fx: Please review the chapter discussing "the stages of the escharotic process" if this confuses you]. Since bathing is necessity, we ask that users try to keep the area as dry as is 'practicable' through the process.

What is preferred is to "sponge bath" the area and don't be too abrasive with it -- given the sensitivity of the area.

33. I applied Cansema to one place on my body and then an eschar appeared in a different place. How is that possible?

I remember in the early 1990's when we first became aware of this phenomenon. A customer applied Cansema on his shoulder for a skin cancer and shortly thereafter he had an eschar appear on his forearm.

Through the years we have experimented to make Cansema respond more systemically to take advantage of this observation.

One practitioner here in Guayaquil used our formulary advice to create a Cansema version that he applies to the hip, which he then covers with a transparent bandage. (He chose this location because it is not near mucous membrane or other more sensitive areas on the skin surface. He also chose it for esthetic reasons: it is one of the areas one is least likely to show publicly).

He has reached the point as a practitioner where he can tell from the size and type of the eschar the severity of the internal cancer, its type, its probable location, and how best to treat this internal cancer type.

This takes the application of Cansema to a new level. It adds a new dimension to Cansema as a healing art -- one for which we plan to create educational materials for physicians as this new cancer treatment discipline blossoms under the scrutiny of unbiased empirical observation.

34. Cancer runs in my family, so I am concerned about preventing cancer before it occurs or is diagnosable. Can I use Cansema products as a general preventive -- and if so, how do I use them?

Cansema products are not paliative in nature, let alone preventive. They are aggressive cancer fighters, the latest generation in a family of preparations with a very long history of usage, effectiveness, and suppression by orthodoxy. Therefore, they should not be thought of as general preventives. They are too aggressive.

No, Cansema product should be thought of -- or used -- in the manner of . . . let us say, daily multivitamin and mineral formulas. And no Cansema or similar escharotic product should be taken on a regular basis for an indefinite period of time. Cansema products should be "used briefly -- get the job done -- discontinue use." In advanced internal cases, the use of Cansema can last for months, but even then, usage does not go on indefinitely.

In the alternative, some of our practitioners have recommended using either one of the Cansema Salves (internally) or Tonic III for several days -- every quarter or even every year. If there are usually warm sensations that this usage induces, then a report back to the practitioner will bring out further investigation to see what underlying problem may be detectable. But other than these short duration usages by customers without cancer, long term use in the absence of any cancer is discouraged.

Prevention should be addressed through improvement of lifestyle and diet -- and avoiding the forms of maladaptation (as was taught by French biologist, Rene Dubos) that promote cancer in the first place. [See: Dubos, Rene, Man Adapting, Yale University Press, New Haven, 1965 (ninth printing, 1979). ISBN: 0300004370.]

We have provided plentiful amount of prevention information in our Health Zone, which I posted in 2001. [Fx: See: http://www.altcancer.net/health_zone.htm]

35. How do you know when to add a second, or even a third, Cansema application to a target area?

As general rule, small skin cancers should require only one application. Larger, deeper growths will require multiple applications. One or more of the following signs will manifest if you need additional application: continued presence of a mole-like discoloration, the sensation of a slight itch or the presence of an unidentifiable mass (example: red, raised bump), however small, in or around the target area well after the "heal over" process of the prior Cansema application is already complete, or the obvious: a culture or biopsy taken by a qualified practitioner (and this can be years) after Cansema has been applied that indicates the presence of cancer cells.

As we indicate in the Cansema User Instructions, many users don't take a chance. They simply apply Cansema after removing a cancer to insure that they "have it all." Since Cansema does not react to healthy tissue, this not only indicates an absence of cancer activity in the area, but also removes cancer cells from this skin tissue if there is any cancer.

36. Can I use Cansema products if I'm pregnant?

Cansema Salve contains a small amount of bloodroot (L. sanguinaria canadensis), which contains certain abortifacient alkaloids (i.e. potential chemical-inducers of pregnancy termination). It can be taken topically without any problem, but none of the various "internal" uses for Cansema Salve should be employed for the duration of pregnancy, nor should any of the internal versions be taken internally.

37. Does Cansema Salve leave scar tissue?
What do you recommend to minimize scarring?

As with so many aspects of Cansema use, each case is different. Many people use the product and experience little or no scar tissue. Meditopia opens with Chapter 1 and the story of my own use of a predecessor to Cansema in 1989. [Fx: That chapter is contained in this book as Appendix A.]

That first use produced mild scarring that went away completely within a year -- but, once again, each case is different. It has been our experience that when Cansema does leaving some scarring -- in better than 95% of all cases -- it is less than you will see using surgical removal.

There are a variety of healing agents that can be used to minimize scarring. These include the use of Calendula Cream or Sangre de Drago [Fx: See: http://www.altcancer.net/aftcare.htm]. These two products use different mechanisms of action to both speed up the healing process and minimize scarring.

If you do not have either of these two products, or cannot get them from us for whatever reason, another effective approach is the use of colostrum mixed with Neosporin (triple antibiotic ointment).

Lastly . . . to minimize scarring to begin with, please follow the User Instructions as presented in this book.