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Patients as well as their friends and family are encouraged to avail themselves of the information found on the Internet and to share their discoveries with their primary care providers. If there are questions about the suitability of a product or strategy, please have your practitioner contact the author.

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*Introduction
to
cancersalves.com*



About this e~Book

Cancersalves.com is organized into sections — like chapters of a book — with separate pages on different topics. Over a period of several years, the site grew from 13 small pages to nearly 500 pages. The Introduction, this e-book, is comprised of the original site, first uploaded to the web in the summer of 1997, along with the addition of a few additional comments and images. In it, you will be introduced to the fascinating background of an ancient and often effective treatment for cancer.

Each section has a table of contents with a brief description of the topics included in the section. The material is logically organized, but it does not have an index like a book. Instead, the table of contents is a preview of what was originally posted on each separate web page; and the index is replaced by a very powerful search feature typical of pdf publications.



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Jane Heimlich assured me that reputable doctors have had excellent results with black and yellow salves. She encouraged me to present the full history of this treatment so that the world would understand them properly.

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[Bloodroot: *Sanguinaria canadensis*](#)

Bloodroot was prized for its root sap, an interesting exudate that remarkably resembles blood. The roots, usually used fresh, are made into washes, poultices, snuffs, dental powders, and escharotic pastes.

Pastes and Salves

Zinc chloride is a highly antiseptic caustic that is somewhat more readily absorbed by malignant tissue than by normal tissue, though it is often reactive with healthy as well as morbid tissue.

Types of Cancer that Respond to Salve Use

Traditionally, escharotics were used to treat all cancers of the skin as well as tumors that had ulcerated. They were also considered the treatment of choice for breast cancers, even sometimes for very large tumors that occupy nearly the entire breast.

Cure Rate with Cancer Salves

Contemporary estimates of the cure rate for escharotics are heavily biased by the inclusion of basal cell carcinomas where success is 99%. Historically, claims were for 75-80% long-term survival and the predominant type of malignancy treated was breast cancer.

Safety of Cancer Salves

The MD with whom I first discussed the safety of escharotic treatments assured me that escharotic use has never resulted in any deaths and that it involves virtually no risks. While I believe he might have been a bit overconfident, the risks are significantly less than with most other cancer treatments.

Comparisons with Surgery

Though escharotic treatments are most often compared to surgery, a few people see them as embracing some of the characteristics of irradiation and chemotherapy.

Pros and Cons of Salve Use

In the right hands, escharotics constitute an important option for cancer patients. They cause no loss of body parts or function, but the products sold today are aggressive.

The Treatments

Bloodroot escharotics are aggressive; they destroy cancer and probably some other conditions as well. Goldenseal salves are different. They seem to permit some cells to return to normal.

Supervision and Direction using Salves

It is impossible for me to say that people absolutely require supervision when using the treatment. However, I will say that most people would be better off with the help of knowledgeable health care practitioners.



BLOODROOT BUDDING

A Letter to Patients

Life is so full of pressures these days that most of us go from project to project, ticking off boxes on our "to do" lists. Routine medical exams are often one of the items on these lists; and, in the horrible instance of a cancer diagnosis, one's life is immediately turned upside down. There is a "war on cancer," and it is not being won. However, since cancer is the enemy in this war, oncologists will often as not schedule irrevocable procedures on short notice — giving patients little or no time to process their bad news and recover from shock.

Many decisions are made by cancer specialists before patients have had time to understand the ramifications of the advised procedures or to investigate alternative treatments. The material on this site is offered to those who want to take a little more time checking out their options.

Blessings and good health!

Ingrid Naiman

BLOODROOT IN THE RAIN



Why I Started this Site



When I first started this site in the summer of 1997, I was actively engaged in a major rewrite of my book *Cancer Salves: A Botanical Approach to Treatment*. I did a Web search to see what others were saying and was surprised to find quite a number of references to escharotic treatments, some more responsible than others. However, there appeared to be a need for a voice of reason — especially since others were quoting me, often out of context and in such a way as to mislead patients as to the truth about this most interesting and, unfortunately also, often challenging method of cancer treatment.

Alternative cancer treatments are being discussed on many Web sites, including, at that time, one of the most heavily trafficked of all: Dr. Andrew Weil's.

There is, however, a huge difference between reading about a treatment and having clinical experience with it. So far as this particular treatment method goes, except for Mohs microsurgery, expert advice on escharotic use has been lacking in the U.S. since 1963 when Harry Hoxsey's chief nurse moved to Tijuana to open the Bio-Medical Center, more popularly known as the "Hoxsey Clinic." In 1999, Mildred Nelson, a chain smoker, died. She was 79.

Herbal pastes or salves, [escharotic treatments](#), are a reasonable alternative to conventional cancer treatments, but this particular treatment has tended to belong both to the professional medical tradition as well as the frontiersman's lay repertoire of remedies. Both, of course, are indebted to indigenous medicine men and their knowledge of North American herbs. There are countless variations in formulae and methodologies, far too intricate to discuss on the Internet. However, many of your questions are addressed on this site. The rest is in my book.

Assuming, you have found this e-book early in your quest for alternatives, I would like to assure you that botanical treatments can destroy malignancies, even tumors that are deep beneath the skin, but they are not for the faint of heart nor the inexperienced individual.

One must know exactly what one is doing and how to do it. It is not enough to know that bloodroot might, for instance, possess some sort of anti-cancer properties. One must

know when and where to obtain it, what part of the plant to use, how to process the plant material, how to combine bloodroot with other herbs, and then how to use the paste. In fact, the recommended preparations most likely to contribute to a successful outcome are in my book, not online, the reason being that careful study, assembly of the needed products and dressings as well as pain relievers and anti-scarring ointments are such that anyone seriously contemplating this treatment ought to take the time to read my book very carefully before starting.

BLOODROOT



My First Exposure to the Salves

I first heard about cancer salves in 1990. A medical herbalist of Cherokee descent had been working in an herb store where a customer, who happened to be a shaman, described the treatment he was using for an undiagnosed nasal polyp.



Later that same year, Jane Heimlich came out with her book *What Your Doctor Won't Tell You*. She referenced the late Dr. H. Ray Evers who, for many years, ran a clinic in Mexico in which the "black and yellow salves" were sometimes used in cancer treatments. The book also provided a source for obtaining the salves. I followed the leads and embarked upon a fascinating investigation, one that has lasted quite a number of years and that has taken my mind to ancient India, to the work of St. Hildegard of Bingen, and through the Inquisition and the exodus from Europe to the New World.

The exchange of knowledge between many eras and cultures has convinced me that passion for information is one of the most remarkable human attributes.

Science and Empiricism

What has perhaps stood out the most is that science is not necessarily traveling in a straight line towards understanding either health or disease — and there is a huge difference between building health and treating disease. Moreover, issues such as infection and the need for sterile conditions were understood, for instance, by the Iroquois long before Dr. Ignaz Semmelweis (1818-1865) urged resistant doctors to wash their hands before touching patients.

The journey has been so revelatory and interesting that it has completely changed my world view and sense of history. Medicine has fashions that come and go. There have always been surgeons and herbalists and debates over the merits of one modality versus the other. There has also been suppression of truth, book burning, persecution of unpopular ideas, hunger for monopolies in medicine — and reprehensible greed — as well as a gap between academic theories and clinical observations.

The issue of whether or not a treatment works is not hypothetical; it is empirical. Someone who has not seen herbs destroy a malignancy may not believe it possible. However, ignorance is not a justification for a closed mind, merely a fault that blinds for as long or as short a period as the deficit in understanding persists.

My Ignorance

On my birthday in 1991, I had the great good fortune of dining with Jane Heimlich. She assured me that reputable doctors have had excellent results with black and yellow salves, and she encouraged me to present the full history of this treatment so that the world would understand it properly. I respected her wisdom and rich life experience and resolved to heed her advice, never suspecting for a moment how my own perspective would be irrevocably altered. I was so grateful to Jane for what I eventually came to learn that I invited her to write the foreword to my book.



I interviewed dozens of producers of "black salves", "Indian mud", and "compound X" preparations and spoke to at least a hundred patients who have used different variations of lay procedures for administering the treatment. I also spoke with Dr. Stephen Snow, the successor to Dr. Frederic Mohs, the main medical professional in recent times who took escharotic cancer treatment seriously. Dr. Mohs conducted research on thousands of patients while working for the University of Wisconsin.

My own "claim to fame" is merely that I have been tireless in putting together a story that definitely needs telling. Throughout my investigations, I have been as entranced by the history as by the mechanism whereby herbs can resolve malignancies. My mind has always been curious, but it has been truly eye opening to have read manuscripts written in the Dark Ages. . . or really any time before the ignominious advent of modern medicine.

I knew it would be important to determine the clinical basis of the enormous success reported by these many practitioners, but I had not suspected it would be an honor to read the writings and absorb the wisdom of so many dedicated healers of earlier times. Truth is obviously immortal as is the knowledge of how to heal.

This said, I am happy to say that at this juncture, I believe I have figured out how those doctors and lay healers actually used the salves, i.e., both the formulae and methodologies employed throughout history. . . as well as why they work.

The complete story of botanical cancer treatments is presented in the book, not on this web site or in this document.

What are Cancer Salves?

The pastes are officially regarded as archaic, not as ineffective, not as belonging to the domain of quacks, not as useless, merely "not modern."

Chemical and Herbal Salves and Pastes

There are two basic types of cancer salves or pastes, those in which the action depends on toxic minerals or acids and those that are herbal. Arsenic paste was mentioned in the great Hindu epic, the Ramayana, 2500 years ago, and was probably used until about the 1930s, even in mainstream cancer hospitals in the U.S.

Despite centuries of controversy surrounding such pastes, my investigations suggest that the treatments, when skillfully employed, were highly successful.

Arsenic trisulfide is a component of Hoxsey's yellow powder; and both he and Frederic Mohs combined bloodroot with antimony in their primary escharotics. In other words, even if there are arguments against the use of such minerals, forms of arsenic as well as stibnite are found in many of the most highly studied pastes, pastes that are used both in the Hoxsey treatment and Mohs microsurgery methods as well as by some Ayurvedic practitioners who claim that the arsenic can be rendered nontoxic.

Archaic Treatment

Were it not for their continued use, these mineral pastes as well as nitric acid and similar chemical preparations would be noted simply for the sake of connecting the dots. However, much as modern science has attempted to relegate such treatments to the list of quaint but no longer relevant historic treatments, the pastes are not obsolete. They are in use at such prestigious places as Harvard Medical School and other institutions where Mohs microsurgery is considered the treatment of choice for basal cell carcinomas. Nevertheless, the pastes are officially regarded as archaic, not as ineffective, not as belonging to the domain of quacks, not as useless, merely "not modern." In other words, conventionally trained doctors can dismiss cancer pastes because they practice modern medicine, not archaic methods only covered in their medical history curriculum.

Herbal Salves and Suppression of Information



Herbal preparations also have ancient roots. The famous twelfth century German mystic, Hildegard of Bingen, used a salve made of crushed violets, billy goat tallow, and olive oil. Relying on her clairvoyance, she said that the "vermes" (usually translated viruses) died when they licked her salve.

The Inquisition, 1231-1834, played an enormous role in Western history. It nearly eradicated the practice of midwifery as well as most botanical methods of treating illness. We learned in school that people came to the New World in search of religious freedom, and though we heard a little about witches, most of us were not told that witches were usually women with a gift for healing that competed with male dominated Medieval medicine.

Through the propaganda machine of the Middle Ages, salves and ointments came to be associated with quackery, a word whose etymology referred to boastful claims rather than fraud. Quacksalver were salves, probably containing mercury, that were widely sold in Western Europe by people whose claims originated outside the walls of academia. The original word, like so many others in our language, only referred to a product, not an ethical judgment much less pseudoscience. The aspersions cast on the products arose as a result of the enterprise of opponents of an entirely different medical tradition.

Then came the Age of Exploration and colonization of the Americas and with this the reliance on herbs from the New World that were not only the means for survival but also important export commodities. Knowledge of botanical medicine was nearly extinct in Europe so the use of the new American herbs, such as *Phytolacca americana*, was learned from Native American medicine men who gave to the white race the keys to survival in a foreign land. More importantly, the transfer of wisdom in this manner was not unique; it had been ongoing for centuries if not since the beginning of Time.



Herbal Ingredients in Native American Cancer Salves

The variety of botanical ingredients used in external cancer treatments reflects distinct tribal traditions as well as the wide geographic distribution of the tribes and the flora of their territories. What the various plant preparations have in common is that they all rely on herbal alkaloids that react with malignant tissues in such a way as to destroy the neoplasms through chemical reactions and/or heat. Though bloodroot is by far the most common ingredient of the pastes (or salves), variations include everything from the humble red onion to ecologically fragile goldenseal.

Native American medicine men were not only conversant with the usages of plants indigenous to their region but also with the etiology of cancer. Moreover, unlike physicians in Europe of early centuries, they were also familiar with the need for detoxification and asepsis. The history of botanical cancer treatments along with the formulas and methodology are thoroughly presented in my book.



GOLDENSEAL

History of the Salves in North America

Early settlers in the New World found themselves in a land quite different from the Europe of their day. They depended, to some extent, on imports from the Old World: but when supplies were cut off due to war or other factors, they relied on Native Americans for their daily as well as medical needs. Increasingly, there emerged a small number of genuinely investigative botanists and physicians who diligently studied American flora and the medicinal uses of plants.

Many of these doctors lived for years among the Native American tribes. Of these, Constantine Rafinesque (1784-1841) was the most interesting to me; but there were dozens of practical and observant ethnobotanists, and they left a rich legacy of writings.

Rafinesque coined the word "eclectic" to refer to those physicians who adopted in practice whatever was found to be beneficial to their patients. The Eclectic Medical Institute was formed in the 1830s as an alternative to the conventional medicine of the time. By the 1850s, several American doctors, especially from the New York Academy of Medicine, had begun using herbal salves. One man in particular, Dr. J. Weldon Fell, attained considerable peer recognition for his formula and method. Fell seemed to be the first to combine zinc chloride, a familiar caustic used in Europe, with the botanical cancer preparations of the Native Americans of the Lake Superior region. His paste was peer-reviewed in England. It is variations of this bloodroot paste that are most commonly used today. Eclectic medicine is also still practiced, but mainly by medical herbalists rather than physicians.



Secrecy Surrounding Cancer Cures

Nowhere has secrecy been more disheartening than where cancer treatment is concerned. The suffering endured by patients in the hope of cure is truly horrific, this whether in the Seventeenth century or a modern hospital in a major city today. Any treatment that is less mutilating, less painful, and more promising needs to be seriously examined for its relevancy, regardless of whether or not it is ancient or indigenous.

Though this truth is sometimes recognized, it is sometimes seen more clearly by naturalists who are trying to preserve rain forests and their precious plants from extinction than by medical scientists who, often as not, perform the procedures taught to them without sufficient regard either for suffering or outcome.

Greed and Secrecy

Unfortunately, I found that those with successful botanical treatments have, for reasons of greed or fear, often failed to share their knowledge with humanity. Going back nearly 250 years, I discovered that one of London's most successful cancer doctors refused to divulge his formula. Fortunately, the Eclectics were different, and their work was peer reviewed and published.

As in the past, most cancer salve recipes produced today are also secret. Though I personally have published all the formulae I could find, about a hundred of them, the people who make the salves or pastes rarely divulge their ingredients much less the proportions or methods of preparations. I have interviewed dozens of such people, but in only a few instances have I been able to confirm the formulae for the products. The usual story is that an individual, on his deathbed, entrusted the cancer cure secret to a single descendent who was sworn to secrecy.

I am quite convinced that the power of these deathbed commitments is an important factor in the secrecy, but I suspect that many of the formulae are quite similar, that they were common drug store items until roughly the turn of the century, and that they are not nearly as mysterious as their trustees believe them to be. Nevertheless, the refusal to talk did retard study of the products and the methods associated with the products.

Types of Escharotics

Allopathic and natural medicine represent two distinct medical traditions, each with a long history. Both schools of medicine agree that it is necessary to destroy or remove malignancies. So, allopathic medicine has relied on surgery and/or toxic minerals such as arsenic and antimony or caustic chemicals such as zinc chloride or nitric acid, this for at least the last 2500 years. Running parallel to the allopathic school, there has always been a tradition of natural medicine, one that relied less on surgery and chemicals and more on plants. Even Hippocrates suggested to his students that if they were more interested in surgery than diet and herbs that they should follow the army because that is where they could practice surgery.

During much of history, the schism between the two schools of medicine was deep and acrimonious, not really much different than what we see today since proponents of each modality exhibit the kind of ignorance that fuels efforts to discredit whatever is not understood. The difference is that allopathy currently holds more power and so has the ability to persecute the proponents of natural healing, though even this is not new. In France, 700 years ago, curing using natural methods, even prayer, was deemed criminal unless one possessed the proper credentials and followed the rules of the profession, this in Christian countries that should have celebrated all such wondrous healing.

Merging of Traditions

Ironically, where escharotics are concerned, the two systems of medicine joined forces about 150 years ago when Eclectic physicians began combining zinc chloride, first with bloodroot and later with goldenseal. Even stranger to the history of medicine, this merger occurred both within the ranks of professional physicians as well as lay practitioners. This fact is made no more clear than with the two main twentieth century exponents of escharotic use.

The highly controversial Harry Hoxsey and entirely respectable Frederic Mohs, M.D., seem to have had nearly identical formulae. Hoxsey was wholly lacking in proper credentials, but he inherited a "deathbed" formula and eventually came to operate the largest chain of cancer hospitals of his time. He was possessed of an intimidating tenacity that alienated him from virtually the entire officialdom of his time, but he was praised by patients who claimed to owe



their cures to him.

While doing research with the University of Wisconsin, Dr. Mohs developed what he called a fixative paste that, like many physicians of the 19th century, he used in conjunction with a minor amount of surgery. The Mohs method is now standard for basal cell carcinomas where it enjoys a 99% success rate. Hoxsey's work was moved across the border where it is still widely regarded as the most successful cancer treatment in history.

Salves and Pastes

Whether we are looking at lay persons who provide salves to customers as a matter of cultural or religious tradition or at the Mohs fixative paste, most of the preparations that are today available are a mixture of herbs and zinc chloride. Very few are purely botanical; and those that are tend to be salves rather than pastes. Pastes are water-based products that are quite thick and usually also a bit sticky. They tend to dry out and cake up when in contact with body heat.

Salves have some sort of oil to aid penetration. Though it is not necessarily a matter of water versus oil, the salves that are to be found "on the street" are usually less aggressive and slower acting than the pastes.

There are a lot of escharotic products being produced today by Native Americans, descendants of early settlers, cowboys, lay practitioners whose religions permit the use of natural medicines but not pharmaceutical medicine, herbalists, and even veterinarians and medical doctors. Except for the Hildegard of Bingen violet crème and Christopher ointments, nearly all the widely available external preparations are pastes, and nearly all contain zinc chloride.

Bloodroot

Sanguinaria canadensis



PHOTOGRAPH OF BLOODROOT

Many people who visit cancersalves.com do so because of Dr. Andrew Weil's mention of bloodroot as a treatment for cancer. I have thousands of letters from people inquiring about bloodroot, and I hope that most people will be spurred to read my book before using bloodroot for self-treatment.

This plant is indigenous to the Eastern region of the United States and Canada. It was used by Native Americans for treatment of cancer as well as moles and warts.

Bloodroot as Native American Medicine

The medicinal uses of bloodroot were learned from Native Americans living in the region of Lake Superior . . . as well as the Cherokee further to the south although the Cherokee tended on the whole to prefer goldenseal. Both plants were called puccoon, red puccoon and yellow puccoon. Both are strong herbs with significant alkaloids that have been shown to be extremely effective in treating a wide range of conditions.

Bloodroot was prized for its root sap, an interesting exudate that remarkably resembles blood. The roots, usually used fresh, are made into washes, poultices, snuffs, dental powders, and escharotic salves, called red salve by Hoxsey, fixative paste by Dr. Frederic Mohs, black salve by some lay practitioners and Compound X or Indian Mud by others.

Bloodroot as Sacred Medicine

I love bloodroot. After Kurt Lerner took the photographs, the root, which was grown in my garden in Santa Fe, New Mexico, was made into a poultice. I have the greatest reverence for this plant, but it is not like any other herb I know. I am deliberately saying this in an intimate way.



Bloodroot is a shy woodland plant. It grows in the shade, away from the noise and traffic of civilization. It likes moisture and seclusion. It flowers briefly and then even its leaves yellow and disappear. It is not like some members of the plant kingdom that are more overt, showy, and grabby for attention.



If you break the root, a sap pours forth that looks like blood. It even coagulates like blood. I channeled something on this and was given a wealth of information, mainly suggesting that people who are ready for an initiation of the spirit in which they surrender themselves to the purposes of their own souls and to God can be saved by this plant. Others should seek cures for their conditions in other ways.

Bloodroot from a Clinical Perspective

That's the metaphysical side. There is also a clinical side. Bloodroot is a systemic treatment. In all my years with herbs, I have never seen any herb absorbed as fast into the blood stream as bloodroot. Some people become nauseous within minutes after rubbing just a little tincture of bloodroot on the arches of their feet.

Bloodroot has been researched and determined to be a potent anticancer agent. Besides the laboratory tests, tens of thousands of people have been treated by lay practitioners as well as medical doctors for at least the last 150 years. Of these, roughly 80% experienced remission of malignancy and longer life expectancies than people with similar conditions who chose different treatments.

Still, it is always a matter of individual choice, and for the 20% whose conditions were not ameliorated by bloodroot, it has to be said that the treatment is challenging, and these people have every right to ask whether their efforts were warranted. Moreover, before trying, it is impossible to predict who will respond in the desired way and who is better advised to turn to another treatment for relief.

Bloodroot Scientifically

Bloodroot has significant anti-infective properties, so much so that it has been used in gangrenous situations in lieu of amputation. It has also traditionally been used on warts, fungoid tumors, nasal polyps, and periodontal infections, gingivitis, and plaque. With cancer, it has been shown to be most effective with carcinomas and sarcomas.

Not enough is known about cancer. Even when a quite significant mass is analyzed, rarely is more than 20% of the mass determined to be cancerous, and in some cases, only a few atypical cells are found. The rest of the tumor may consist of infectious material, parasites, metabolic residuals, and other matter that is seldom described by pathologists. We have no way of knowing how bloodroot affects the terrain in which the malignancies are harbored.

My guess, and it is only a guess, is that many types of morbid conditions are highly reactive to bloodroot, this whether bloodroot is used internally or externally. My suspicion is that infection is just as reactive to bloodroot as cancer is. When bloodroot is applied externally to a morbid area, the treatment site often becomes almost immediately inflamed and immunologically active. When taken internally, many people begin to experience eruptions on the skin within hours or days, suggesting that bloodroot is a powerful mobilizer of diseased matter.

Bloodroot Treatment

When there is no real definition of the treatment site, i.e., when no one really knows how extensive the malignancy or infection is, it is virtually impossible to anticipate the size or nature of the reaction to bloodroot. When bloodroot is mixed with zinc chloride — as it usually is — reactions can be violent and unpredictable. Elsewhere, I speculate about how and why this happens. I suspect it is because the morbidity is extensive, i.e., not as localized as the tumorous mass itself.

Where there is infection, toxicity, acidity, and various other conditions in the vicinity of the tumor, responses to bloodroot applications can take place in minutes and affect much more tissue than the actual site where the paste is applied. Then, depending on the product used and the skill of the person using the product, inflammation, pain, and ultimately scarring can be more than some people expect. It is for such reasons that I feel that most people should be treated by experts, people with experience in this particular treatment modality.

Other Concerns

Since reactions to bloodroot can be painful and highly inflammatory, those opting for this treatment need to be well-informed, prepared, resolute, and decisive. To me, it has never seemed like an option to start this treatment and quit though I know people who have started and then turned to surgery as well as those who interrupted the treatment for some weeks or months and later resumed it. The fact that they lived suggests that the treatment is not as dangerous as it looks, but it is also not for the faint of heart. I personally believe that those using bloodroot preparations are well-advised to destroy the entire tumor as quickly as possible since I feel that inflammation and irritation of the tumor can conceivably aggravate tumor growth.

Over the years, quite a number of people have asked me to help them after starting with a product without adequate prior preparation. Once in a while, someone was so persuasive that I tried to troubleshoot the issues that arose. However, what I want to say unequivocally is that this is a classic situation of, "if I were you, I wouldn't start here." By the time people learn this, it is too late to start differently.

Janis (not her real name) was one of the people who contacted me after misusing a popular escharotic. You can read her letter on the bulletin board page. Her issue was scarring. I believe that the amount of post-escharotic scarring is directly related to infection and toxicity, some of which is probably systemic. After several months on various anti-scarring products, Janis made only nominal improvement.

Another person who asked quite a few questions but was determined to follow the instructions that came with the product rather than listening to the herbal suggestions offered by me. Being an MD, she was no doubt trained to read product inserts, but she ended up having surgery. I recounted her story also. Though I only saw her once, more than four months after she started the escharotic treatment, I followed her progress via email.

Two others who also discovered my work after applying a bloodroot paste also resorted to surgery. I want to report these incidents because the reality is that most people who use the products are doing so not only for the first time in their lives but also at the most critical time in their lives. It stands to reason that those who prepared carefully have generally had better success. Setting forth some objective standards by which to assess progress is also sensible. I always suggest careful photographic documentation because side by side images are quite objective.

In Sum

Whether further perseverance or greater skill in the use of the products would have served any of those whose efforts failed is really not for me to say. I respect the possibilities of this treatment and would, in fact, choose it for myself if I were the one with cancer, but the difference between my making such a decision and someone else making it is the depth of my understanding of the method and its potential versus that of a lay person buying a product from a web site that provides little or no information or guidance on the correct use of its products.

Ironically, the one concern that doctors express, risk of infection, is the smallest worry of those experienced with this product. The treatment sites are sometimes infected prior to use of the escharotic. We know this because of the discoloration, odor, ulceration, exudations, and so forth that are often visible. However, I know of no situations in which someone became infected because of the use of escharotics. An immunologist explained this to me:

“The inflammation that follows use of bloodroot is an immunological response that protects the open area from infection.”

Now that the book is out, I no longer troubleshoot complications that occur as a result of misadventures with escharotics . . . except to the extent that, for a while, I sometimes posted comments on the bulletin board on this site. I have gone on record with adequate warnings, explained my personal preferences in my book, provided instructions and formulae in the book, and urged people to think through what they are doing before taking steps that might be regretted. I believe in the treatment, but not probably for the same reasons as patients. I do not have a need to believe in it because my life depends on the choices I make. I have a need to be true to myself, my philosophy of healing, and my faith in the goodness of Nature.

This said, I cannot even begin to emphasize the importance of the supportive measures. For me, external use of bloodroot pastes is a last resort, not the first line of assault in cancer treatment. Were I in the position of needing to treat a lump in my body, I would use the internal tonics for some months and then perhaps a goldenseal salve on the lump. I feel I know enough to make such a decision for myself; and many who have read my book also feel well enough informed to understand the ramifications of their choices. It is definitely possible to use bloodroot or some other escharotic or enucleating product successfully, but my sense is that those who succeeded without proper understanding and preparation were lucky because the process usually requires more skill than is present when first starting on this hugely interesting and often dramatic treatment.

Pastes and Salves

The escharotic pastes used for external cancer treatment are usually called black salves or escharotics. However, there are many products with names like Compound X and Indian Mud. Almost invariably, these products contain zinc chloride, an antiseptic caustic that is somewhat more readily absorbed by malignant tissue than by normal tissue. To the best of my knowledge, none of the oil-based salves contain zinc chloride whereas nearly all the water-based pastes do. It is probable that a paste without zinc chloride would have a very short shelf life so that the addition of zinc chloride to an otherwise purely botanical formula is necessary in order to preserve the paste as well as to increase the activity of the pastes.



Bloodroot

By far the most popular herb in the pastes is bloodroot, a North American herb growing mainly in the East from the Carolinas and north into Canada. Its botanical name is *Sanguinaria canadensis*. Researchers have isolated the alkaloidal principle, sanguinarine, as the anti-cancer constituent. This alkaloid is also found in the far more abundant greater celandine, *Chelidonium majus*, an herb common along roadsides in Europe and elsewhere. It is used in combination with a chemotherapeutic agent in Ukrain, a popular alternative treatment offered in many foreign clinics and few domestic ones.

There are many other herbs besides bloodroot used in escharotics. After many years of using bloodroot, Dr. John Pattison (1866) began using goldenseal, another alkaloidal herb and one that was very popular among the Cherokee peoples. Also, some herbalists in the last century used a tar-like paste made from red clover blossoms. Hildegard of Bingen's recipe called for crushed violets; Dr. John Christopher, a noted naturopath, used cayenne. Some Indians used roasted red onions; the Japanese used taro. Nature is very generous and has apparently provided us with many alternatives so that people in all parts of the world can enjoy health and longevity.

I personally prefer goldenseal and would not advise anyone to use bloodroot unless (1) time is of the essence, (2) the tumor is suspected to have a viral component, and (3) there is someone experienced available to supervise the treatment. Bloodroot is unpredictable. Moreover, it is absorbed into the bloodstream very quickly so that once it brings about a reaction, one cannot really change one's mind about going through with the process. The treatment therefore usually becomes systemic as well as dramatic. Goldenseal treatment takes much longer but the herb's actions are more predictable, and, I think, more precise.

Hoxsey and Mohs

Some escharotics have a high percentage of mineral based constituents, zinc chloride, chromium chloride, arsenic trisulphide, etc. These tend to be very aggressive and usually less capable of discriminating healthy from malignant tissue. Historically, certain experts, such as Dr. Eli G. Jones (1911), used such escharotics on large tumors and combinations of these with botanical ingredients where the tumors were smaller, closer to the surface of the skin, or exposed.

Mohs and Hoxsey both used a combination of antimony (stibnite), zinc chloride, and bloodroot, thus combining the allopathic and holistic traditions of countless centuries.

The Mohs Method is now standard for many kinds of skin cancer, but Mohs himself successfully used his paste in association with minor surgery on many other kinds of cancer as well.

Neither Hoxsey or Mohs appeared to be aware that their formulae had been widely used by both professional and lay practitioners for countless centuries. Hoxsey believed that his formula was a prized family possession, i.e., that it was entirely proprietary. Mohs claims to have developed his fixative paste after experimenting with over a thousand substances.

Despite their differences in education and professional experience, I did not find the apparent ignorance of either Hoxsey or Mohs credible. My sources indicate that every corner drug store carried escharotics until radioactive isotopes and chemotherapy became the new fashions of medicine, and the more traditional (and less expensive) cancer treatments went underground.

Types of Cancer that Respond to Escharotic Treatments

Traditionally, escharotics were used to treat all cancers of the skin as well as tumors that had ulcerated. They were also considered the treatment of choice for breast cancers, even sometimes for very large tumors that occupy nearly the entire breast.

In actual fact, the salves have been used for virtually every type of cancer, including lung and liver cancer, brain and bone tumors, cancers of the pancreas and reproductive system, and the once very common lip, ear, and nose tumors. I have even heard of escharotics being used on lymphomas. Moreover, since many of the pastes can also be taken internally, producers seem to believe that all cancers respond to the pastes.

I am not in any position to confirm or refute such claims. I am, however, aware of exaggerated marketing ploys, unsubstantiated statements, and what might best be called "panacea consciousness." It also goes without saying that, as with most cancer treatments, results are generally better when the cancer is treated earlier. Persons with advanced cases should not therefore expect the same high levels of success as achieved by those with basal cell carcinomas of the skin that are caught early and treated appropriately.

Internal Use

Many producers advise consumers that their pastes can or should be used internally as well as externally. Personally, I doubt that this advice is safe since most escharotics contain zinc chloride, an extremely potent chemical that, in my opinion, should not be taken internally. I believe that internal use of such products needs to be tempered by a huge amount of common sense. I also think that there are better ways to consume herbs than in escharotic paste form — even if many of the herbs used in the external products have valuable internal uses as well.

Over the years that I have been fascinated by these products, I have also had occasion to test some of them. There is considerable variation in product quality, product labeling, and product information, not to mention post-sales support. I think it is important that the herbs used in the pastes or salves are of excellent quality and that the literature accompanying the products is factual and thorough. There should also be someone available to whom patients can turn for supervision and support when needed.

I personally believe that enormous skill is required when using this method. I also know that the more aggressive products, besides being painful to use, can have unwanted side effects. Some of the hazards have been reported to me and posted on this site.

Some conditions are relatively easier to treat, and it is reasonable to assume that a well-informed and well-motivated lay person could accomplish the complete and safe removal of a tumor; however, to achieve this, it is really important to have a manual!



[Click here to order the book!](#)

Cure Rates

It's very difficult to determine the exact cure rate for botanical salve use. In skillful hands, such as those trained in the Mohs Method, basal cell carcinoma has a 99% success rate. In lay hands, it is simply impossible to know what sort of outcome to expect.

Escharotics are used to destroy and/or remove tumors. The treatment needs to be considered first in terms of how successfully a malignancy is destroyed and then on the basis of survival. Where destruction and removal are concerned, escharotics need to be compared to other methods of treatment having similar aims, such as radiation and surgery. The primary concern is the same with all strategies that might be considered: all methods are more likely to be successful in the long run if the entire malignancy is destroyed; but due to the microscopic nature of individual cancer cells, this is not easy to determine at the time of the treatment. It is rather something that is often deduced years later.

Even in proper hospital settings, the absence of any further signs of a growth is usually regarded as a sign not merely of success but also of cure, whereas in reality, all that is certain is that there are no visible (or otherwise detectable) signs of remaining malignancy. In serious academic and professional circles (including insurance actuarial departments and most research facilities), the word "cure" is not generally used. In fact, many would deny that cancer is curable. Therefore, assessments are based on survival. We are all familiar with the five-year statistics, but different measuring sticks are used for more aggressive cancers than for less aggressive ones. There is no question but that some cancers are harder to "cure" than others so the generalized statistics are sometimes meaningless in personal situations.

By this, it should be understood that while Mohs and those who use his methods today (which includes doctors at Harvard Medical School and other such prestigious institutions) may have a 99% success rate with basal cell carcinomas using a combination of escharotics and minor surgery, no one claims a similar success rate with melanomas.

Historic Claims

It is within this context that we have to evaluate the historic claim that escharotic treatments were approximately 75-80% successful.

In the material that I researched, outcome research was less formalized than it is today; but there were, in fact, a few long-term survival studies dating back more than 150 years. This said, it also appeared that diagnostic criteria have not been constant, not even in the last 20-30 years, much less the last centuries. The figures are, nevertheless, interesting because, in the past, most patients were probably diagnosed at relatively advanced stages of the illness, often after the tumor had ulcerated. This makes the figures quite impressive, even if some conditions treated with the method were not perhaps what we today call cancer.

Also, while the more modern figures may include a fair number of basal cell carcinomas, suggesting that success with other types of cancer is less effective, the historic figures were overwhelming weighted towards breast cancer with very little mention of skin cancers.

Additional Factors to Consider

The other side of cure rate issue is that while contemporary figures rely almost exclusively on the success of one particular modality, as with the Mohs microsurgery method, many of the more eminent practitioners in the past were eclectic. Their philosophy of cancer embraced theories of the blood and diet that involved adjunctive treatments that perhaps enhanced the success of the escharotic treatments.

So while Dr. Frederic Mohs and Harry Hoxsey used a similar paste, their methodologies and protocols differed quite significantly. Hoxsey placed a great deal of emphasis on the internal tonic, something ignored by surgeons both historically and today. Thus, if someone like Hoxsey could obtain 80% success over the long-term with cancers that were on the whole quite advanced, the number is hugely significant since we know that Mohs was not achieving that rate on all cancers, merely an extremely high rate with relatively easy to treat skin cancers.

COMMENTS:

There is no real consensus on the nature of cancer nor its proper treatment. Opinions over the centuries that I studied varied according to the "expert" and his experience. Many using topical botanical treatments combined them with internal tonics, elixirs that addressed eliminatory as well as other irregularities of the body. Some doctors denied the importance of these measures and others prescribed homeopathic remedies and rigorous diets to be followed for the rest of the patient's life — all in addition to the herbs and escharotic treatments. Some, such as Hildegard, had antimetastasis remedies as well as prescriptions for removal of the obstacles to cure, chief of which was, in her view, the absence of faith.

Please visit the page on blood purification that shows pictures of pictures of the blood of a patient using Seneca Elixir, an historic recreation of the Compound Syrup Scrophularia of Dr. Eli G. Jones, an eclectic physician specializing in cancer treatment at the end of the 19th and early 20th centuries.

The different methodologies of all the prominent practitioners using escharotic and enucleating pastes are fully discussed in the book. Only a synopsis is to be found on cancersalves.com.



DR. ELI G. JONES

Safety of the Method

My first question when hearing about this method concerned its safety. The MD with whom I discussed this matter assured me that escharotic use has never resulted in any deaths and that it involves virtually no risks. Lay practitioners made the same statements, and the historic sources I reviewed offered the same assurances as to safety. In short, the method is regarded as safe. For me, this much concurrence on such an important matter was powerful since we know that there are risks inherent in all the conventional treatments.

With surgery, there is risk of missing some of the tumor, of disseminating the malignancy, and of blood loss — not to mention mutilation, loss of body parts and function, difficult recovery, and sometimes slow healing. Salve use is bloodless and somewhat more specific in that there is less loss of healthy tissue. I am quick to point out that while some products are more selective in action than others, many are, in fact, indiscriminately destructive.

With irradiation, there is burning and usually permanent loss of elasticity of the tissue in the treatment area. Worst of all, there is the danger that the radioactivity will cause a secondary cancer unrelated to the primary malignancy. With chemotherapy, the side effects so exceed any possible benefit that, except for a rare instance here and there, the arguments in favor of this treatment are feeble at best.

With botanical salves, there are few dangers comparable to those of conventional treatments. There is no blood loss, no loss of body parts, no severing of nerves, and no toxicity. However, with most of the products, there is a heat reaction and increased circulation to the treatment site. Irritation of the tumor by such products can aggravate the tendency of the malignancy to grow.

In the opinion of at least one expert from the 19th century, unskillful use of the bloodroot salves may promote metastasis, the spreading of the cancer via the lymphatic system or bloodstream to remote parts of the body. These are malignancies that are of the same type as the primary cancer but that occur in different tissues than the primary cancer. For example, breast cancer may metastasize to the liver, but it is a cell from the breast, deformed breast tissue, that seeds itself in the liver where it grows as it did in the breast.

To minimize these risks, I developed a "quieter" treatment, one that does not cause inflammation. To produce the required reaction, I rely on the ability of the salve to penetrate. This is a gradual and almost painless process. It requires perseverance but no heroics. It is suitable for those whose tumors are not growing fast as well as for those people who do not tolerate pain well. It also requires great dedication to the process and daily attention.

Stimulation of the Tumor

There is another theory to consider, that of diathesis. This view is based on an assumption about a biological tendency towards cancer that, if uncorrected, allows the cancer to continue growing. According to this theory, growth of any remaining cancerous cells will be accelerated if a part of the lesion is removed and another left in place.

This idea is similar to that understood by gardeners. If one prunes a tree, growth of the remaining tree is stimulated. To the best of my knowledge, these concepts are unproved. They do, however, appear to merit investigation.

Though the danger of metastasis is the only known risk factor attending escharotic use, it is such a significant issue that it cannot be taken lightly. It is precisely because of this risk that I personally hesitate to give this treatment my own 100% endorsement. There are other arguments that more or less neutralize the caution I feel is appropriate. Mainly, these involve claims that either the detoxifying or immune enhancing properties of the herbs are so great as to mitigate against the formation of a distant lesion.

In my opinion, these premises are interesting but lacking proof. Metastasis is a virtually invisible process. A lesion may be undetected for years. When it is finally noted, its history can merely be deduced on the basis of reasonable assumptions, none of which can really be proven.

The risk of metastasis is inherent in the nature of cancer itself. To the extent that there is blood circulation to the tumor, a malignant cell that has broken off may be carried to another part of the body at any time, this regardless of the treatments undertaken. Thus, the fact that one has successfully removed a tumor in no way precludes the possibility that before the removal, some cells had already migrated from the primary site. At this time, there is no scientific way to determine whether or not a patient is suffering from metastasis — at least until the tiny cell has replicated and the mass has grown significantly.

A few doctors have expressed concern that escharotic treatments leave patients at risk for infection. The two cases of infection that have been reported to me involved failure to keep the treatment site sufficiently clean. Depending on the stage of the process, the treatment site may require thorough cleansing every two to 24 hours. Failure to maintain proper hygiene is, of course, a risk; but it is a manageable risk if appropriate measures are taken. Lastly, one or two patients have reported some blood loss. Though one patient referred to the blood loss as a hemorrhage, it was not, in fact, described as such to me at the time it occurred. At that time, she telephoned (late at night from out of state) and described the loss of a few teaspoons of blood. I contacted an MD who is familiar with this treatment and asked for advice. The MD said, the blood loss did not sound serious but the patient should go to ER if the bleeding continued. The patient did not go to ER, but she later maintained that she had hemorrhaged. This would appear to have been a serious exaggeration.

I believe the treatment is about as safe as any, but the fact that I believe this does mean it is appropriate for everyone. It is simply not dangerous unless people misuse the treatment and in so doing waste precious time that could have been spent more wisely.



Eschar formed and beginning to separate.



Site after the detachment of the eschar.

Comparisons with Conventional Cancer Treatments

Though escharotic treatments are most often compared to surgery, a few people see them as embracing some of the characteristics of irradiation and chemotherapy. While it is true that certain of the escharotics can be quite "surgically" precise, this matter depends a great deal on the particular product and the patient's response to that product.

A patient using the black and yellow salves on an angiocentric T-cell lymphoma that was wrapped around an artery showed me the fully exposed artery (on the cheek) after the eschar detached. The area was clean, and it healed up almost invisibly after some time.

What is important about this account is that such types of cancer are normally deemed inoperable because of the difficulty of scraping the cancer off the artery without nicking the artery and causing bleeding. Since the cancer is itself apt to strangle the artery at some point, patients with such conditions are caught in a most unfortunate place. The salves, whatever their disadvantages, are thus important alternatives for people with inoperable conditions.

A patient with an inoperable brain tumor applied the salve to her neck and created a drainage area for the brain tumor. She regained function in less than two days. This same patient ran a quite high systemic fever, indicating that a considerable amount of the salve had been absorbed into her system. For such reasons, some people, including Dr. Mohs whose book was entitled *Chemosurgery*, have viewed the salve as having a combination of surgical and chemical actions.

A few of the salve producers hold somewhat similar views because they feel that the botanical properties of the herbs are absorbed and circulated throughout the body. Most of them seem to view this action almost mystically: they believe the active constituents of the herbs act as miniature detectives that seek and destroy the cancer wherever it may be.

Though some of these notions may be at least partially accurate, the reliability of anti-tumoral actions may be exaggerated. If the people making such claims were required to be as factual as demanded by science, we would not have to attend funerals; and there are, of course, people who used the salves without this level of success. However, even when patients did not make a full recovery, their quality of life was often remarkably improved. This alone is a reason for considering the adjunctive tonics, if not also the escharotic treatments as treatment for cancer.

Dr. Stephen Snow took over the practice of Dr. Mohs when Dr. Mohs retired. He felt that the heat produced by the escharotics might be compared to irradiation. He said that no one knows how high the temperature reaches when using the fixative paste. Heat, of course, burns; and it is quite well known that cancer cells are less heat tolerant than healthy tissue. This is the basis for various fever and hyperthermia treatments as well as comparisons with radiation therapies.

All in all, the salves are, at minimum, "interesting." At best, they are an entirely reasonable option, one well worth considering by people whose conditions are inoperable. They are also worth a shot for those whose prognoses are unfavorable; by those with an aversion to conventional treatments; and by those for whom conventional methods have repeatedly failed, often to the extent that more and more drastic procedures are advised.

Personally, I also believe that the escharotics, aggressive as they are, are also valid approaches for persons whose conditions have been diagnosed early, who probably have time to try alternatives to see whether more radical treatments can be avoided.

When I discovered a lump on my rib, I applied a cayenne salve. I did not have the lump biopsied as it was clear that regardless of what it was, it had to go. The salve was intensely painful, enough to disturb my sleep; but in two days, the whole area was resolved. There is no way of knowing what the lump was. It was green on top, an ominous sight; but after the green part fell off, a waxy material discharged. The lump was probably a sebaceous cyst, and this particular salve works well on such lumps.

All this proved is that if the shoe were on the other foot, I would indeed walk my talk and treat myself using the methods described in my various writings. However, I am very keen to add that I did not procrastinate. I acted swiftly while the lump was quite small, and perhaps even more importantly, I consulted a talented channel in an effort to understand what my life issues are and what I was missing or failing to note — for I am deeply convinced that we all need this body-mind connection in order to heal properly.

It is important for everyone to determine the causes of illness, manage stressful issues that interfere with well being, and to reduce or eliminate everything that detracts from wholeness. In other words, I would advise people to seek a deeper level of healing than is normally offered in hospitals for this would appear to offer more assurance of cure than any single modality considered in isolation from other factors that are also important to health.

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Pros and cons of escharotic and enucleating methods of treatment are thoroughly discussed in my book.

Pros and Cons of Treatment

The main advantages and disadvantages of escharotic use, in my opinion, relate more to the skill and determination of the user and/or his or her practitioner than the treatment itself. Though there are inferior products on the market, the problem of poor information and completely inadequate instructions is far greater than whatever the limitations of the product or method might be.

In the right hands, escharotics constitute an important option for cancer patients. They cause no loss of body parts or function, but many of the products sold today are unnecessarily aggressive.



SOME OF THE DISADVANTAGES ARE:

First, most of the products are painful. The pain can be mild to so severe that patients abort the treatment mid-stream. Since this poses risk, pain management has to be considered *before* use of the salve. There are ways to control the pain, but they need to be understood and factored into the treatment before applying the salve or paste. Since most pain medications are prescription items, patients need to consider the value of working with a holistic physician.

Second, most of the pastes leave scars. Minimizing scarring is highly desirable and covered quite well in my book along with the other issues I consider to be relevant to genuine cancer cure.

Third, experts rarely relied on escharotic use alone to cure cancer. In fact, throughout history, many have said that those who did depend exclusively on the salves were quacks. Proper diet, good immunity, adequate detoxification, and emotional poise are all probably as essential to cure as removing the tumor.

Over the years, I have developed products and methods that I find preferable to many of the methods used by others. The techniques are gentler but slower than either Mohs microsurgery or the other escharotics available. I feel my strategies are generally safer so long as the tumors are not growing fast. These products are explained in my book and those who are motivated can make their own salves and/or pastes.

Predisposition to Cancer

Experience has taught me that there is value in determining the symbolism of the growth and of the body part in which the growth occurred. Often, one can eliminate the predisposition to cancer by addressing the deeper issues underlying patterns that sometimes result in the development of cancer.

Though in some cases, irritants may be environmental, such as exposure to mold, electromagnetic force fields, radiation, or chemicals, in other instances, life style, stress, and psychospiritual patterns are at the root of the disease. The section called [checklist](#) is devoted to adjunctive measures that can support a fuller approach to clearing the risks of ill health.



GOLDENSEAL HARVEST

The Treatments

As those who read my book know, I favor the methods used by Dr. John Pattison — because they are gentler and have nuances that appeal to an herbalist. This said, I have no evidence that his success was any higher than that of his peers who used aggressive escharotics and more decisive strategies. Pattison used goldenseal rather than bloodroot. I love bloodroot and have some growing in my garden, but bloodroot is not for uninitiated. It is a highly unpredictable herb, very potent, interesting, dramatic, and precious, but not controllable.

Bloodroot escharotics are aggressive; they destroy cancer and probably some other conditions as well, especially microbial infections. Goldenseal salves are different. They seem to provide the constituents needed that allow some cells to return to normal. They promote a separation of the tumor from the supporting tissue, i.e., they are "enucleating" rather than escharotic. They also work more slowly and therefore may not be suitable when time is a critical factor in determining which methods are most likely to be successful.

There are many salve products and they are not all equal. I have deliberately not included instructions for either salve preparation or use on this site — because people really do need to read the book before commencing use of such products. This treatment is far too complex to be undertaken lightly, and cancer is too serious for errors.

If after reading my book, someone wants to use one of the methods described in the book, he or she can make the product needed (using one of the formulas in the book) or buy a ready-made product and proceed, but the book should be carefully studied before commencing.



[Click here to order the book!](#)

Black and Yellow Salves

The black and yellow salves were my first exposure to escharotics. Initially, the method that was explained to me was to use the black salve for one day and the yellow for six. The black salve is usually made with bloodroot and zinc chloride and is necrotizing, meaning it causes inflammation, blistering, and formation of an eschar that is something like a scab. It will detach on its own when finished with its work. This can take a few days with small masses that are hardly much more than skin deep or many weeks if the tumor is large and deep. As noted, the process can be painful. It is more or less reasonable to assume that the malignancy is destroyed by the heat reaction.

This method involves repetition, i.e., on day eight, the black salve is reapplied. Fearing pain and not wanting the pain to interfere with work, holidays, hair dresser's appointments, etc. , many people put off the second application for a day, two days, three days, or a week. This is not advisable. More importantly, this particular method was not very well supported in the professional literature from the 19th century.

In any event, the yellow salve is a drawing salve and is painless. Many people do not truly understand the purposes of each method so it is tempting to opt for preparations that are painless. However, the blistering of the skin is necessary so if the softer approaches do not actually produce the desired results, the bolder methods may be considered, but these really have to be done correctly.

It helps, sometimes, if family, friends, or a practitioner oversee the treatment because their determination may overcome whatever hesitation the patient may have. It is simply important to remember that only the patient actually knows how painful the treatment is. Some have compared the pain to a toothache (really bad toothache) or childbirth.

Because the black salve stimulates circulation and sometimes, depending on the ingredients in the formula, causes scar tissue to form, once started, treatment should be continued. The scar tissue can actually be avoided but very few commercial products are formulated in a manner that reduces the scarring. There are medical as well as aesthetic reasons for wanting to avoid scars so this issue also needs to be considered.

Hardly a day goes by that people do not write asking for referrals to practitioners familiar with the use of these products. In the past, I tried to oblige as many people as possible, but the referral network is unfortunately not as extensive as it might be so many people are forced to be more or less self-reliant.

Boluses

The words of caution and precautions are not nearly as important where the boluses are concerned. They do not contain aggressive ingredients, and they pose no real risks beyond false complacency. No matter what treatment is selected, assessments of the effectiveness and thoroughness of the treatment have to be made at critical intervals so as not to waste time that is best used to overcome the disease.

Diet and Herbs

Like many before me, I believe the herbal adjunctive treatments to be more important than the salves because they address constitutional imbalances and weaknesses that are factors in health. However, they cannot be expected to be completely effective if patients persist in unhealthy eating habits or dysfunctional emotional patterns. Therefore, I have come to see diet as more important than herbs and inner poise and balance as more important than the physical protocols.

Why? We eat three times a day; and what we eat is needed by the body to repair worn out tissues. If we lack the nutrients needed to build healthy new cells, it does not matter what else we do since the foundation for true health will be lacking.

There are many cancer diets — and it is inconceivable that they are all sound or that any of them work for everyone. I believe diets need to be tailored to the constitutional type and unique imbalances of the patient. In other words, though macrobiotic or Gerson diets may be improvements over many standard diets, they may not be equally beneficial for all individuals. Then, with the diets based on blood types, there will always be conflicts between the views held by the various exponents of the diets in question. My own dietary concepts are based heavily on Ayurvedic medicine and the strength or weakness of each system of the body. I believe that the body breaks down where it is weakest and that we must determine what the weaknesses are before devising strategies for overcoming illness. This said, I want to go on record saying that I have seen better results with juice fasts than with other diets.

Since these subjects are huge, they belong to another opus, but I would feel remiss if I failed to underscore the need for proper nutrition and herbal support — along with psychospiritual therapy — in addition to the salve treatment.

Expert Supervision

Escharotics are a unique treatment with a fascinating history of simultaneous use by both lay and professional practitioners. After many years of investigation of this treatment, it is impossible for me to say that people absolutely require supervision when using escharotics; however, I will say that almost everyone would be better off with the help of knowledgeable health care practitioners.

My experience with escharotic treatments is that the primary challenge is not the ability to act independently: it is inexperience. There are stages of the process that require expert evaluation. Additionally, almost everyone will require pain management and therefore a prescription from a doctor. Unfortunately, hardly a day goes by in which I do not hear from someone who started on the escharotics unprepared. The fact that the treatment is herbal does not mean it is simple or painless. Therefore, it is preferable to ask questions before starting rather than when panicked.

So while I am a great supporter of both health freedom and self-reliance, I simply have to go on record saying that there are merits and follies to being one's own healer. Moreover, Time can be a relentless and cold arbiter of Fate. It is not easy to backpedal so whereas inexperience and pain can undermine the outcome of an otherwise promising treatment, not having everything necessary for the treatment before starting can be a lot more dangerous than one imagines. Needing something in a rush is more than an expense or nuisance because the chaos that attends such crises can sometimes sabotage the treatment.

Trust me. I am on your team. I want what is best for you. I honor your desire to heal yourself as well as your desire to be in control, but do not embark on this treatment without adequate preparation and support!

Realism

Finally, I would like to wrap up this section of presentation by introducing a note of realism. Many people are excited when they hear that cancer can be treated with herbs. However, as noted, the success rate is 80%, not 100%. If the method does not appear to be working, it

could be wise to consider other options. Preserving body parts, avoiding toxicity, and keeping costs within reason can be powerful motivations for self-treatment, but the reality is that no treatment works for everyone.

People need therefore to assess when this treatment is working and when it is not. Most patients will need outside help to make such judgments; but since they are essentially bucking the system, it would be wise to figure out where to find help before starting.

Some people are in denial and perhaps not ready to heal. They sabotage treatment by procrastinating, by failure to keep the process moving at a safe pace, by neglect of diet and hygiene, etc. There is much that can go wrong in a process that is unfamiliar and complex. So, take my advice: if you go with this treatment, do so with the help of someone who has been through the entire process many times before, preferably someone with pictures to prove that he or she knows what he is doing.

For those who need or want supervision, the place with the most experience is the Bio-Medical Center in Tijuana, usually called the Hoxsey Clinic.

The Bio-Medical Center in Tijuana
Phone 011-52-66-849011
Photograph taken in 1963

