## Great Revolutionary Leaders of Alternative Medicine: A Fascinating Journey Back in Time

RICHARD C. NIEMTZOW, M.D., Ph.D., M.P.H.



From left to right clockwise: Virginia Livingston-Wheeler, M.D., whose theories inform tomorrow's medicine; Royal Raymond Rife, shown with his groundbreaking microscope, may have found cures for cancers somewhere on Chatsworth Boulevard; The Hospital Santo Thomas, Mexico, and the Livingston Foundation Medical Center, San Diego, today. All pictures by Richard C. Niemtzow, M.D., Ph.D., M.P.H., except for Mr. Rife (printed with permission from Lynes 2001, page 164) and Dr. Livingston-Wheeler (printed with permission from the Livingston Foundation Medical Center).

It all began when a friend of mine took his wife to an alternative medicine clinic in Mexico because she had ovarian cancer and a dismal prognosis. The truth was difficult to accept. After a few weeks of treatment, her ovarian tumor markers regressed and her quality of life improved. What was happening at this clinic? I decided a visit was in order.

On a very hot day in July 2002, I went to the

clinic director's office in San Diego, where a shuttle bus takes patients to the clinic in Mexico and brings them back. While waiting for the shuttle, I struck up a conversation with a woman who had just returned from the Mexican clinic. She was from Australia and told me: "I have breast cancer and my doctors said that I might not survive the trip coming to the States. I was so weak. There was nothing to

lose. Now I have strength and a wonderful appetite. The bumps around my breast are practically gone."

When I arrived at the clinic, I met Kurt Donsbach, D.C., N.D., Ph.D. I became quickly overwhelmed, even overjoyed, as I talked to him and his patients at the Hospital Santa Monica in Rosarito Beach, Mexico. The hospital was founded by him in 1983 based on a very eclectic approach to the treatment of chronic degenerative disease.\* Today, most of the diseases treated at Hospital Santa Monica are considered to be incurable by the orthodox medical profession. There were no secrets here. Dr. Donsbach answered all of my questions.

As I talked with his patients, I heard, over and over, the word "incurable." A woman came for a consultation minus her wheelchair. "I can walk now and, by the end of the week, I will run. I was condemned to the chair until I came here!" she declared. I spoke to an elderly American patient who had a diagnosis of primary liver cancer. He was supposed to die in a few months and that was more than 10 years ago. I had a conversation with another patient who had stomach cancer, diagnosed 8 years ago in the United States. He looked healthy. He, too, came to the clinic regularly for follow-up.

Dr. Donsbach told me that his experience with cancer involved the use of combining many alternative therapies. "I use the best alternative medicine I can find throughout the world," he said. Indeed, Dr. Donsbach, also has clinics in China and Poland. We discussed the controversy that surrounds him and I decided that I must return and spend several more weeks here. I understood why patients come here. I would too.

A few weeks later, I got a call from a physician who graduated from Harvard Medical School, Boston, MA. He told me that he treated patients who had cancer and that the majority of them got better. Then he asked me: "What will become of my medical license if I publish this in your journal? Are you prepared to publish such material?"

I was given a telephone number and was put into contact with a gentleman who is part of a

clandestine network that treats patients that conventional medicine has failed. This network uses equipment similar to what Royal Raymond Rife developed—but this equipment is a modern solid-state electronic version. This anonymous gentleman was not a physician; however, still, he treated these patients with this device. "Some of them get better," he said. "There is nothing else left for them."

Virginia C. Livingston-Wheeler, M.D., published her first book, *Cancer: A New Breakthrough* in 1972. (Livingston-Wheeler, 1972). There is an interesting link here. She knew both Royal Raymond Rife and Dr. Donsbach. I drove over to her clinic, which was not too far from where I lived, at the time, in San Diego, CA. I was awestricken. This was the Livingston-Wheeler Medical Clinic! I am sure that few San Diegans are aware of its presence and history. The parking lot was full of patients and one after another entered through its doors. It was like a beehive. I hesitated and did not go in.

In her time, Dr. Livingston-Wheeler was already controversial and was labeled as a physician of alternative or holistic medicine. Remember, in the late 1800s and early 1900s, the only way a woman physician could practice medicine was to dress like a man and hide her femininity. Women in the medical profession have made great strides since those days. Yes, my colleagues, we have had a lot of difficulties to overcome, haven't we?

Back in Dr. Livingston-Wheeler's era, just being a female physician was still somewhat controversial. Dr. Livingston-Wheeler was not just a leader but a revolutionary leader. Her past theories are tomorrow's medicine. She called for cancer immunization soon after the birth of every child and the serum can be made from a urine sample (Lynes, 2001). Dr. Livingston-Wheeler believed that the signs of a cancer epidemic would be noticed everywhere if anyone bothered to look (Lynes, 2001). She also declared that cancer could be permanently wiped out in a decade (Lynes, 2001). The most controversial part of her theory and research was that the potential for cancer in chickens and eggs was 100% and she warned her readers not to eat chickens or eggs (Lynes, 2001).

Dr. Livingston-Wheeler often visited Mr.

<sup>\*</sup>For more information about Dr. Donsbach and his clinic, visit www.donsbach.com

Rife's laboratory (discussed below) in 1959–1960. She arranged for the Institute of Cancer Research in Philadelphia, PA, to provide his research mice (Lynes, 2001). Sometime in the 1960s, Dr. Livingston-Wheeler began taking her own cancer vaccine continuously in 1962 after suffering from a major cardiovascular problem that was attributed to *Progenitor cryptocides* micobacteria attacking her heart muscle. She recovered slowly from the disease but remained on the vaccine for the rest of her life. From 1968 to 1983, more than 10,000 patients with cancer were treated at her clinic, where she reported a success rate of 80%! (Lynes, 2001).

Royal Raymond Rife, was a man whose microscope, frequency instrument, and support of pleomorphism are still controversial today. With hopes of seeing where Mr. Rife's house once stood, I drove over to the location but could find nothing but a sign, that read, "Chatsworth Blvd." I drove back and forth on Chatsworth Boulevard. There was no longer a 2500 Chatsworth Boulevard. There was nothing to indicate that, possibly, at this address, a "cure for cancer" was found by a man who began researching cancer in 1920 and, by 1932, had isolated the cancer "virus." In 1934, he opened a clinic that successfully cured 16 of 16 cases within 3 months. He developed an optical microscope that had a magnifying resolution that still surpasses any built today except for the electron microscope. He did not use fixed specimens. All of his observations were based on living specimens. He was able to isolate what he considered to be the cancer virus, which he injected into hundreds of laboratory mice that subsequently developed cancer. He found that the "cancer virus" could be destroyed by the use of electromagnetic radiation and proceeded to design an apparatus that did so (Lynes, 2001).

Mr. Rife's discoveries, in my opinion, were buried by others' professional jealousy, greed, and ignorance. He was too far ahead of his time. Because many scientists did not understand what he developed, they did their best to ignore it.

Mr. Rife's microscope provided the information for discovering and possibly curing cancer. Barry Lyons, author of *The Cancer Cure That* 

Worked, said that a statement made in the mid-1970s by John Hubbard, M.D., a pathologist and an associate professor of pathology at the State University of New York, Buffalo, provides the answer concerning the validity of this controversial microscope. Mr. Lyons also wrote:

[T]he photographs that were published [in the 1944 Smithsonian Report] . . . are indisputably beyond the capability of any resolution that was available at that time, and they have been confirmed by electron microscope since then . . . you see the spacing between these lines here . . . the distances . . . the instrument that produced this was able to produce a resolution which we were not able to obtain except with an electron microscope many years later. . . .

[T]his has resolution down in the neighborhood of about 20 angstroms, at least, and nobody had ever been able to do that. . . . All you have to do is a little arithmetic, the object size, the size of the specimen times the magnification, is equal to the image size. So, if we have the image size we can do the arithmetic and we can go back and figure out what the object size was.... We know what the diameter of tetanus spores are, from both light microscopes (the conventional light microscope) and from the electron microscope. By going back and checking the arithmetic from that source, we can confirm that this is the correct dimension. . . . We can compare this distance and we get a ratio, which is exactly comparable to what we know from modern electron microscopy.‡

Is Rife's cancer cure as fascinating? Many researchers think so and believe that his technique did work. How many of us have used a

<sup>&</sup>lt;sup>†</sup>Personal communication from Arthur D. Alexander, vice president, chief operating officer, and scientific advisor, Livingston Foundation and Medical Center. Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC).

<sup>&</sup>lt;sup>‡</sup>Personal communication from a document called "A Very Nasty, Scientific, Factual Scandal with Immense Political Implications," written by Mr. Lyons.

high-powered optical microscope with live specimens to research cancer?

We ought to admire the discoveries made by observation and realize that observation has made progress not by chance but because its own inquiries have been conducted correctly.

There are still many other great revolutionary leaders of alternative medicine. Some critics may say that these leaders practice "fuzzy medicine." Think what you must. For me, another trip to visit Hospital Santa Monica and the Livingston-Wheel0er Medical Clinic is warranted.

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Address reprint requests to: Richard C. Niemtzow, M.D., Ph.D., M.P.H. 9800 Cherry Hill Road College Park, MD 20740

E-mail: N5ev@aol.com

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