Exposing the Medical Corruption Plaguing Healthcare

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We're Leading A Movement



To

Sickcare

- Reactive
- Diagnosed Illness,
 Injury. or Disease
- Only Occurs Post-Diagnosis











Wellness: proactively creating true health and preventing disease









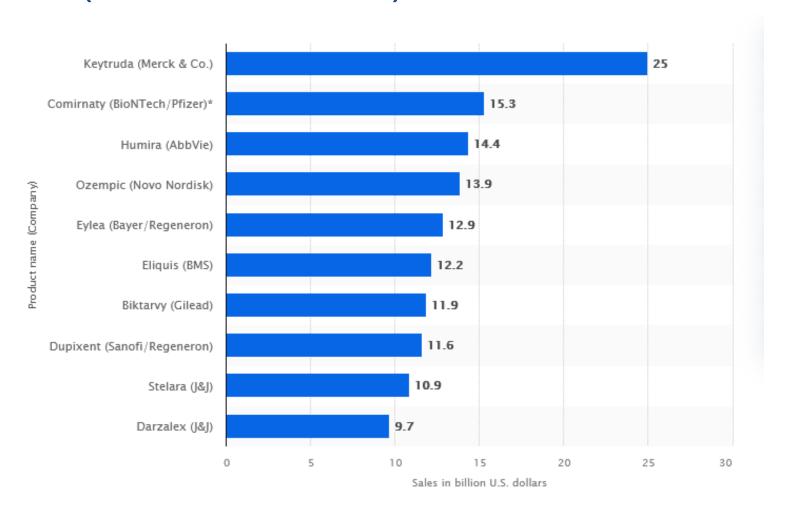
Paul Marik MD, FCCM,FCCP

Conflicts of Interest





Leading pharmaceutical products by sales worldwide in 2023 (in billion U.S. dollars)



They have ALL Lied to Us.

- Federal Government
- National Institute of Health (NIH)
- Center for Disease Control and Prevention (CDC)
- Federal Drug Administration (FDA)
- World Health Organization (WHO)
- State Medical Boards and FSMB
- ...Etc, etc

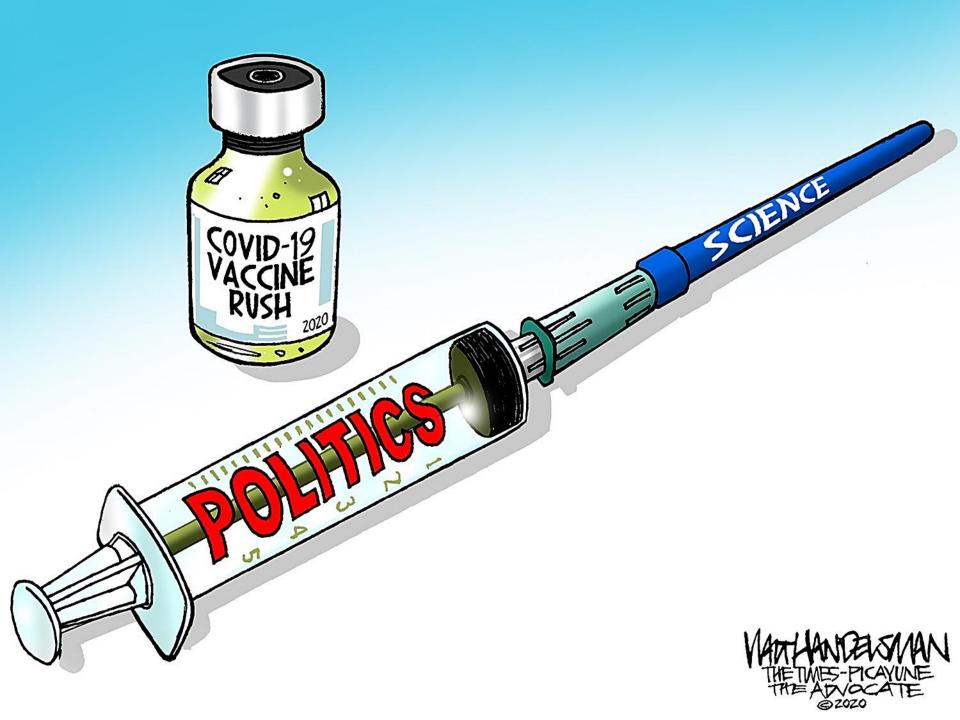


What are the Lies? Everything they told Us!

- SARS-CoV-2 originated from a natural source (bats and intermediate host)
- Masks limit spread of infection
- Social distancing limits spread of infection
- Lockdowns limit spread of infection
- There was no early treatment for COVID-19
- Remdesivir was safe and effective for the treatment of hospitalized patients with COVID-19

And the biggest lie of all

• The COVID-19 "shots" are safe and effective



Nothing says "Trust the Science" like asking for the data to be hidden for 75 years



SAFE AND EFFECTIVE













5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

	Characteristics	Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years):	≤ 17	175ª
0.01 -107 years	18-30	4953
Mean = 50.9 years	31-50	13886
n = 34952	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400



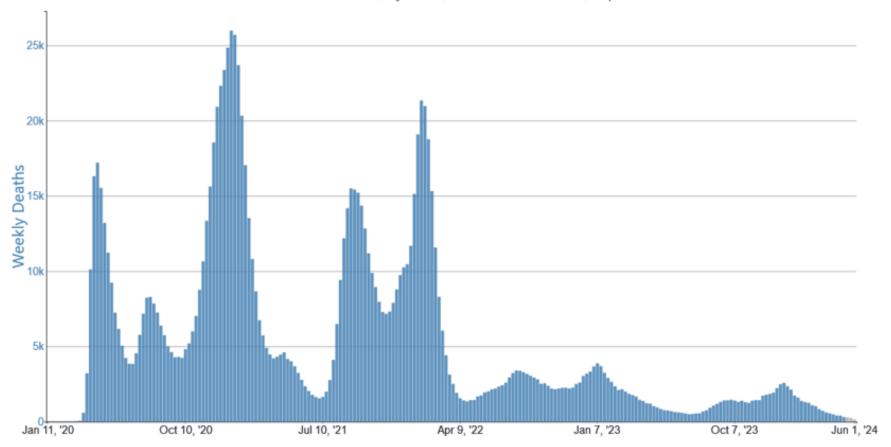
5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome; 2-Hydroxyglutaric aciduria; 5'nucleotidase increased; Acoustic neuritis; Acquired C1 inhibitor deficiency; Acquired epidermolysis bullosa; Acquired epileptic aphasia; Acute cutaneous lupus erythematosus; Acute disseminated encephalomyelitis; Acute encephalitis with refractory, repetitive partial seizures; Acute febrile neutrophilic dermatosis; Acute flaccid myelitis; Acute haemorrhagic leukoencephalitis; Acute haemorrhagic oedema of infancy, Acute kidney injury, Acute macular outer retinopathy, Acute motor axonal neuropathy; Acute motor-sensory axonal neuropathy; Acute myocardial infarction; Acute respiratory distress syndrome; Acute respiratory failure; Addison's disease; Administration site thrombosis; Administration site vasculitis; Adrenal thrombosis; Adverse event following immunisation; Ageusia; Agranulocytosis; Air embolism; Alanine aminotransferase abnormal; Alanine aminotransferase increased; Alcoholic seizure: Allergic bronchopulmonary mycosis: Allergic oedema: Alloimmune hepatitis; Alopecia areata; Alpers disease; Alveolar proteinosis; Ammonia abnormal; Ammonia increased; Amniotic cavity infection; Amygdalohippocampectomy; Amyloid arthropathy; Amyloidosis; Amyloidosis senile; Anaphylactic reaction; Anaphylactic shock: Anaphylactic transfusion reaction: Anaphylactoid reaction: Anaphylactoid shock; Anaphylactoid syndrome of pregnancy; Angioedema; Angiopathic neuropathy; Ankylosing spondylitis; Anosmia; Antiacetylcholine receptor antibody positive: Anti-actin antibody positive: Anti-aquaporin-4 antibody positive; Anti-basal ganglia antibody positive; Anti-cyclic citrullinated peptide antibody positive; Anti-epithelial antibody positive; Anti-erythrocyte antibody positive; Anti-exosome complex antibody positive; Anti-GAD antibody negative; Anti-GAD antibody positive; Anti-ganglioside antibody positive; Antigliadin antibody positive; Anti-glomerular basement membrane antibody positive; Anti-glomerular basement membrane disease; Anti-glycyl-tRNA synthetase antibody positive; Anti-HLA antibody test positive; Anti-IA2 antibody positive; Anti-insulin antibody increased; Anti-insulin antibody positive; Anti-insulin receptor antibody increased; Antiinsulin receptor antibody positive; Anti-interferon antibody negative; Anti-interferon antibody positive; Anti-islet cell antibody positive; Antimitochondrial antibody positive; Anti-muscle specific kinase antibody positive; Anti-myelin-associated glycoprotein antibodies positive; Anti-myelin-associated glycoprotein associated polyneuropathy; Antimyocardial antibody positive; Anti-neuronal antibody positive; Antineutrophil cytoplasmic antibody increased; Antineutrophil cytoplasmic antibody positive; Anti-neutrophil cytoplasmic antibody positive vasculitis; Anti-NMDA antibody positive; Antinuclear antibody increased; Antinuclear antibody positive; Antiphospholipid antibodies positive; Antiphospholipid syndrome; Anti-platelet antibody positive; Anti-prothrombin antibody positive; Antiribosomal P antibody positive; Anti-RNA polymerase III antibody positive; Anti-saccharomyces cerevisiae antibody test positive; Anti-sperm antibody positive; Anti-SRP antibody positive; Antisynthetase syndrome; Anti-thyroid antibody positive; Anti-transglutaminase antibody increased; Anti-VGCC antibody positive; Anti-VGKC antibody positive; Anti-vimentin antibody positive; Antiviral prophylaxis; Antiviral treatment; Anti-zinc transporter 8 antibody positive; Aortic embolus; Aortic thrombosis; Aortitis; Aplasia pure red cell; Aplastic anaemia; Application site thrombosis; Application site vasculitis; Arrhythmia; Arterial bypass occlusion; Arterial bypass thrombosis; Arterial thrombosis; Arteriovenous fistula thrombosis; Arteriovenous graft site stenosis; Arteriovenous graft thrombosis; Arteritis; Arteritis

Eight more Pages

Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC



Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC: 2024, June 13. https://covid.cdc.gov/covid-data-tracker

- < 60 years IFR was 0.03%
- > 60 years IFR was 0.07%
- 0-19 years IFR was 0.0003%

Excess mortality across countries in the Western World since the COVID-19 pandemic: 'Our World in Data' estimates of January 2020 to December 2022

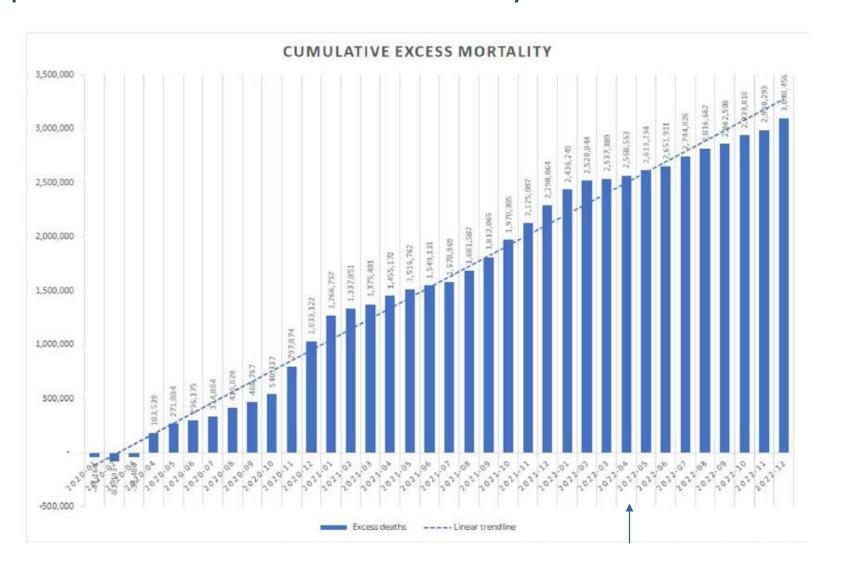
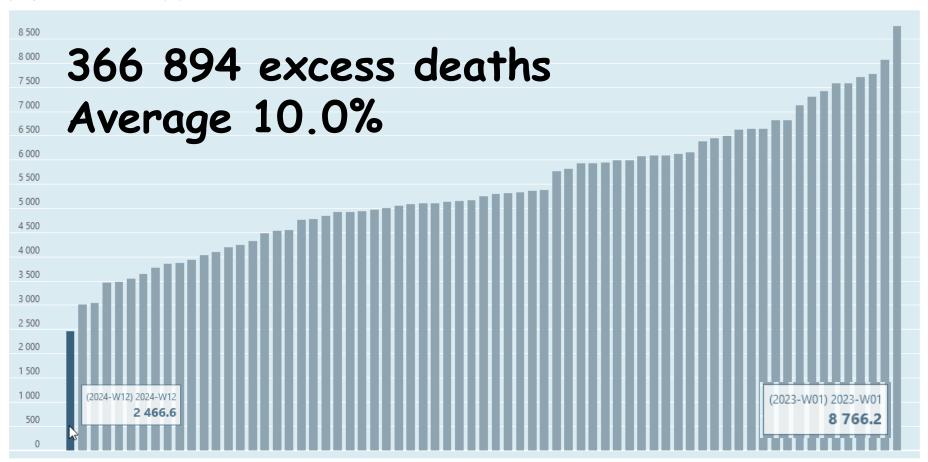


Figure 1 Excess mortality and cumulative excess mortality in the Western World (n=47 countries).

OECD Data Explorer

Office Economic Cooperation and Development: Excess death Jan 2023 to Week 12 2024

(DSD_HEALTH_MORTALITY@DF_MORTALITY_EXCESS) Excess mortality by week (REF_AREA) Reference area: (USA) United States (FREQ) Frequency of observation: (W) Weekly (MEASURE) Measure: (EM) Excess mortality (UNIT) Combined unit of measure: (DT) Deaths



Excess Deaths Australia: Our World Data

Excess mortality: Deaths from all causes compared to average over previous years



Percentage difference between the reported weekly or monthly deaths in 2020–2024 and the average deaths in the same period in 2015–2019.



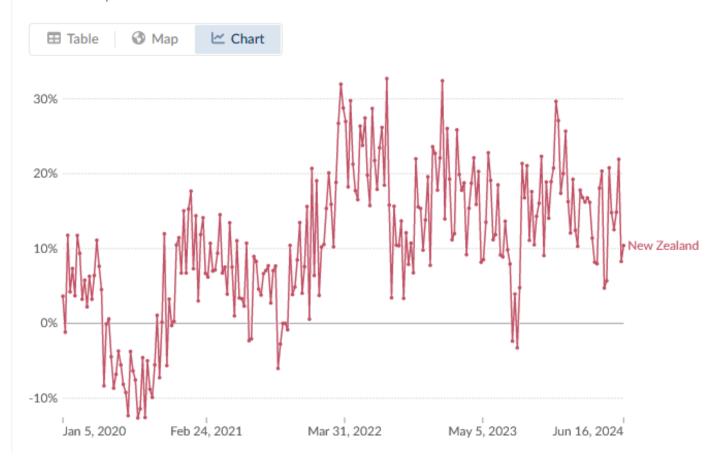


Excess Deaths New Zealand: Our World Data

Excess mortality: Deaths from all causes compared to average over previous years



Percentage difference between the reported weekly or monthly deaths in 2020–2024 and the average deaths in the same period in 2015–2019.



20 Most Vaccinated Countries

			BASE	ELINE (Average)			Excess			
# iso_co	de location	people_vaccinated_per_hundre	From	То	Туре	2020	2021	2022	Improved w/ vaccine?	No excess w/ vaccine
1 ARE	United Arab Emirates	106	2018	2019	cmr	14.9%	31.1%		FALSE	FALSE
2 QAT	Qatar	106	2017	2019	cmr	14.3%	23.9%	20.0%	FALSE	FALSE
3 PRT	Portugal	95.3	2017	2019	asmr	7.2%	4.4%	2.3%	TRUE	FALSE
4 HKG	Hong Kong	92.4	2017	2019	cmr	5.8%	7.2%	29.3%	FALSE	FALSE
5 CHL	Chile	92.3	2017	2019	asmr	10.2%	17.5%	13.8%	FALSE	FALSE
6 SGP	Singapore	91.6	2017	2019	cmr	2.3%	11.9%	22.9%	FALSE	FALSE
7 ARG	Argentina	91.2	2017	2019	cmr	9.4%	25.7%		FALSE	FALSE
8 CAN	Canada	90.4	2017	2019	asmr	3.2%	2.3%	7.3%	FALSE	FALSE
9 CRI	Costa Rica	89.6	2017	2019	cmr	8.5%	27.7%	17.9%	FALSE	FALSE
10 URY	Uruguay	88	2017	2019	cmr	-4.2%	20.8%	15.3%	FALSE	FALSE
11 ESP	Spain	87	2017	2019	asmr	14.5%	3.6%	6.1%	TRUE	FALSE
12 MUS	Mauritius	86.5	2017	2019	cmr	3.2%	23.7%	20.5%	FALSE	FALSE
13 KOR	South Korea	86.4	2017	2019	asmr	-4.4%	-4.8%	6.7%	FALSE	FALSE
14 ITA	Italy	86.3	2017	2019	asmr	11.6%	5.2%	4.8%	TRUE	FALSE
15 AUS	Australia	84.9	2017	2019	asmr	-5.6%	-3.6%	3.7%	FALSE	FALSE
16 JPN	Japan	84.5	2017	2019	cmr	2.3%	7.8%	17.9%	FALSE	FALSE
17 BHR	Bahrain	84.3	2017	2019	asmr	11.3%	23.1%		FALSE	FALSE
18 NZL	New Zealand	83	2017	2019	asmr	-7.90%	-4.60%	2.3%	FALSE	FALSE
19 MYS	Malaysia	82.9	2017	2019	cmr	-5.2%	26.3%	11.2%	FALSE	FALSE
20 IRL	Ireland	81.8	2017	2019	cmr	-0.6%	5.8%	8.1%	FALSE	FALSE

How many countries achieved normal mortality levels with vaccination?

Improvement	0
Deterioration	20

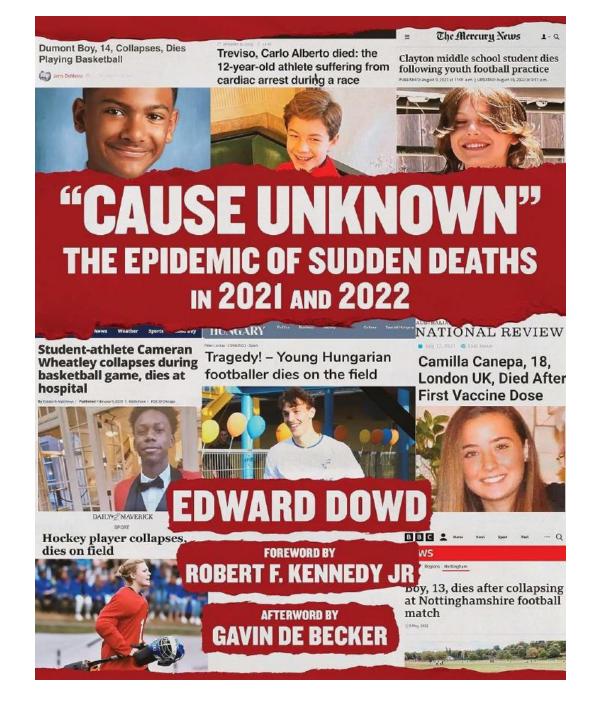




By Natasha Donn - 19th January 2024

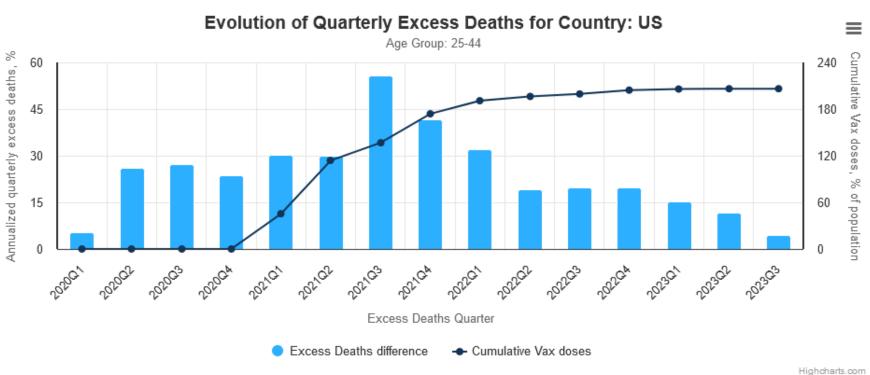


Published on 23/09/2021 - 09:35

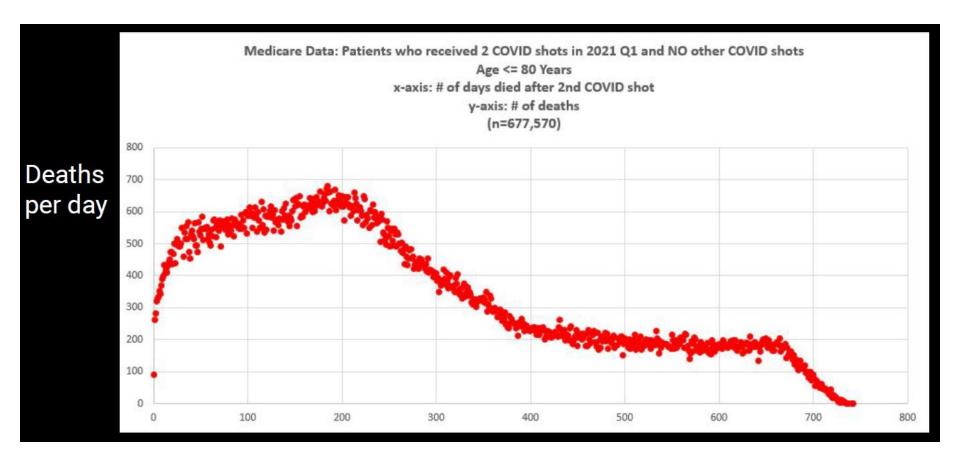


Quarterly Excess Death Rate Analysis

Quarterly excess mortality, from 2020 to 2023.



From Life Insurance data



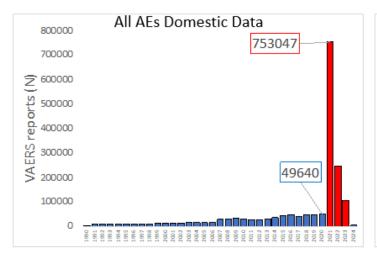
Standardized Death in New Zealand

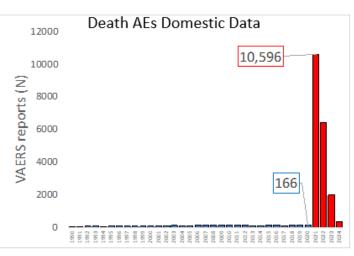
dose start	2		AAD LC L.	
dose end	4		MR vs week from shot given	
age start	0		1,600	
age end	150		4.400	
date start	1/1/2021		1,400	
date end	12/1/2023		1,200	-
week start	0		1,000	
week end	200		1,000	
			800	-
date = observa	ation date		600	
week = weeks	since most recent	shot given		
MR = mortality	y rate in deaths pe	100K person years	400	_
			200	
If the number	is in red, it means	you can		
modify it to af	fect what is shown	in the	0	
tables and the	chart below.		0 10 20 30 40 50 60 70	80



Vaccine Adverse Events Reporting System (VAERS) as of May 2024



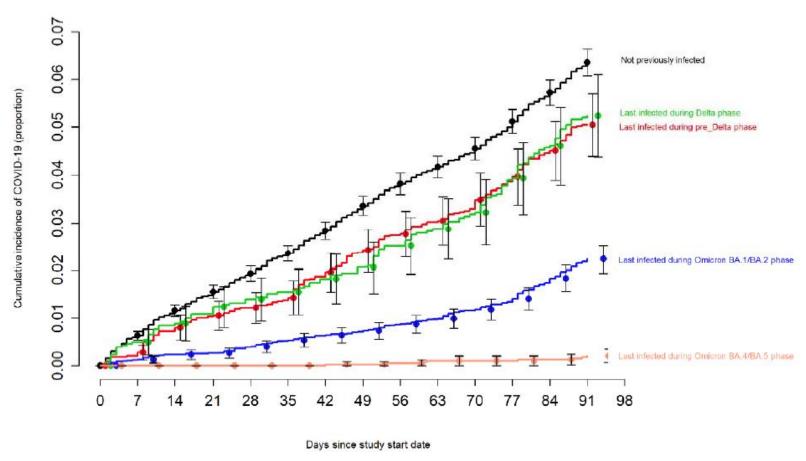




Jessica Rose, PhD

Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine

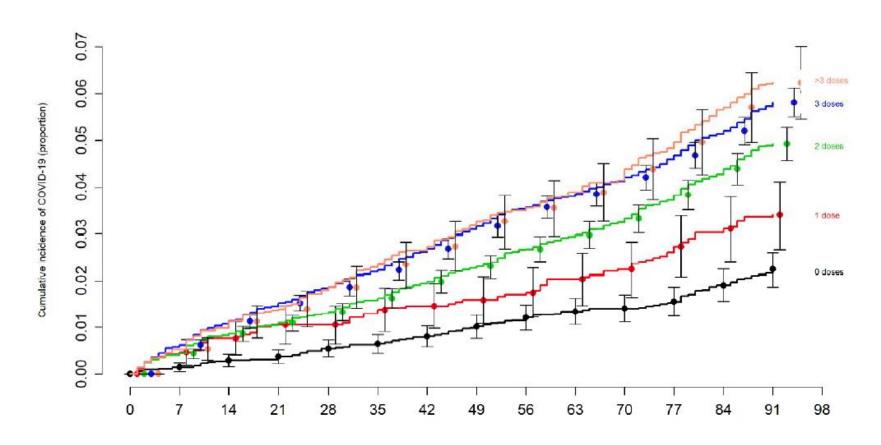
Effect of Natural Immunity





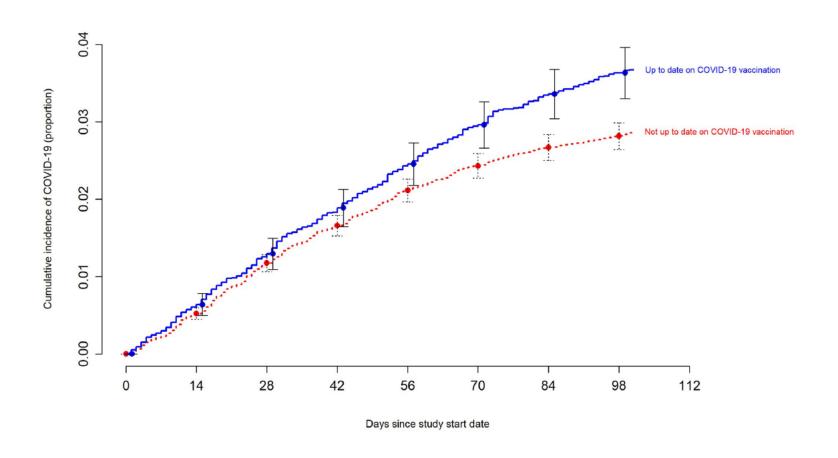
Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine

Effect of Previous Vaccination





Risk of Coronavirus Disease 2019 (COVID-19) among those up-to-date and not up-to-date on COVID-19 vaccination by US CDC criteria



-ve Efficacy of the "Vaccines": NHS Data

COVID-19 vaccine surveillance report - week 36

Table 4. COVID-19 cases by vaccination status between week 32 and week 35 2021

Cases reported by week of specimen date between week 32 and week 35 2021	Total	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date	Rates among persons vaccinated with 2 doses (per 100,000)	Rates among persons not vaccinated (per 100,000)
Under 18	167,832	15,901	141,676	8,132	1,366	757	476.0	1,192.9
18-29	176,392	19,529	53,187	4,598	66,545	32,533	711.1	1,520.8
30-39	113,373	12,452	33,986	1,497	22,434	43,004	782.2	1.143.9
40-49	97,881	8,930	15,106	496	6,000	67,349	1,116.2	880.4
50-59	84,488	6,868	7,552	168	2,248	67,652	962.0	729.7
60-69	45,252	3,657	2,650	54	772	38,119	672.3	487.5
70-79	25,499	2,034	910	12	273	22,270	480.5	367.5
80+	12,011	1,124	545	9	246	10,087	391.1	427.4

^{*}individuals whose NHS numbers were unavailable to link to the NIMS

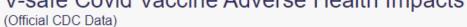
ONS stopped publishing data in 2023

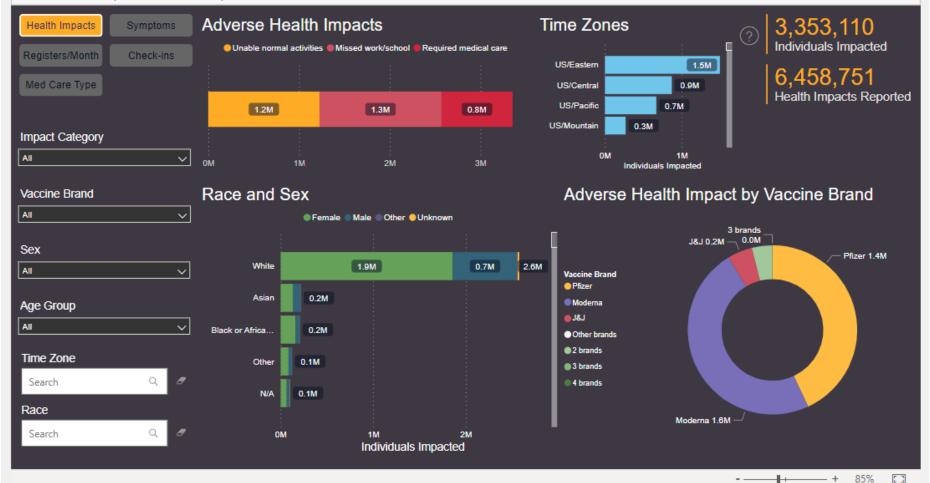




V-safe Covid Vaccine Adverse Health Impacts

10,108,273 Total Individual Users



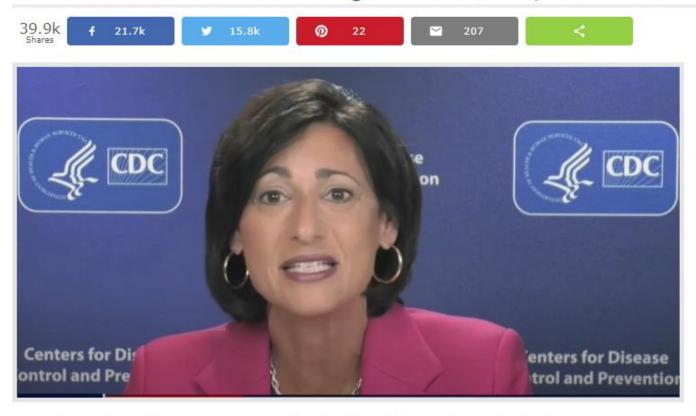


Percent of v-safe users 3 years and older reporting seeking medical care after first dose of Pfizer covid vaccine in succeeding time intervals:

Time Interval	Percentage Reported Seeking Medical Care
Days 1 to 7	.32%
Days 8 to 14	.67%
Days 15 to 21	1.06%
Days 22 to 28	2.88%
Days 29 to 35	4.96%
Days 36 to 42	6.93%



Court Orders CDC to Release Data Showing 18 Million Vaccine Injuries in America



More than 18 million people were injured so badly by their first COVID shot from Pfizer or Moderna that they had to go to the hospital. That's according to the CDC's own internal data, which a court just ordered the federal agency to release to a watchdog group.

Instead of alerting the public to the incredible dangers of these shots and completely shutting down Joe Biden's mass vaccination mandates, the CDC covered up the info until it was forced to release. Everyone in a position of authority at the CDC should be fired for this. What good is a "public health" agency if it fails to alert the public that 8% of vaccine recipients are being hospitalized?



Top 10 Symptoms

Top 10 most common	
[Fatigue]	82.0%
[Exercise Intolerance]	76.3%
[Brain Fog]	71.5%
[Heart Palpitations]	64.8%
[Muscle Weakness]	63.2%
[Tingling (numbness) in Extremities]	63.0%
[Dizziness]	60.0%
[Muscle Aches]	59.4%
[Sleep Disturbances]	58.4%
[Joint Pain (Arthritic)]	57.6%

[Fatigue] - 82.0% [Exercise Intolerance] - 76.3% [Brain Fog] - 71.5% [Heart Palpitations] - 64.8% [Muscle Weakness] - 63.2% [Tingling (numbness) in Extremities] - 63.0% [Dizziness] - 60.0% [Muscle Aches] - 59.4% [Sleep Disturbances] - 58.4% [Joint Pain (Arthritic)] - 57.6% [Anxiety / Adrenaline Surges] - 56.9% [High Heart Rate] - 55.5% [Insomnia] - 55.5% [Shortness of Breath] - 55.4% [Nerve Pain] - 52.0% [New Persistent Headaches] - 50.5% [Feeling off balanced, or motion at rest] - 48.7% [Muscle Twitching] - 48.5% [Heaviness in Legs] - 47.6% [Memory Loss] - 45.6% [Tinnitus] - 45.2% [Severe Anxiety] - 44.2% [Visual Disturbances] - 41.6% [Abdominal/Stomach Pain] - 40.0% [Sound Sensitivity] - 39.0% [Nausea] - 37.9% [Frequent Urination] - 37.0% [Chills] - 36.3% [Muscle Loss] - 35.9% [Burning Sensation on Skin] - 35.6% [Light Sensitivity] - 35.0% [Heartburn, Indigestion] - 34.9%



Quality of Life



Bedbound 9%



Unable to Exercise **54%**



Unable to Work 30%



DOI: 10.7759/cureus.50703

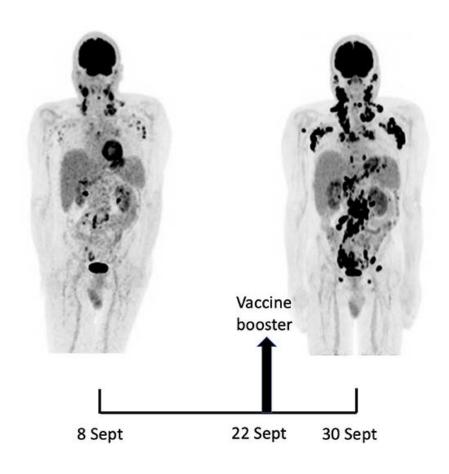
SARS-CoV-2 Vaccination and the Multi-Hit Hypothesis of Oncogenesis

Raquel Valdes Angues 1, Yolanda Perea Bustos 2

 Neurology, Oregon Health and Science University School of Medicine, Portland, USA 2. Education, Generalitat de Catalunya, Barcelona, ESP



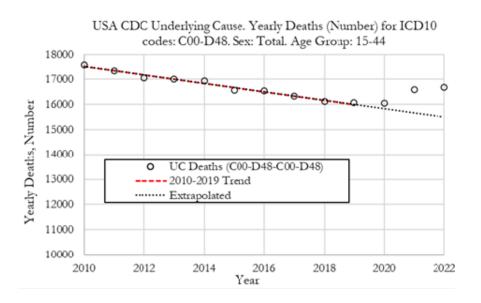
Rapid Progression of Angioimmunoblastic T Cell Lymphoma Following BNT162b2 mRNA Vaccine Booster Shot: A Case Report

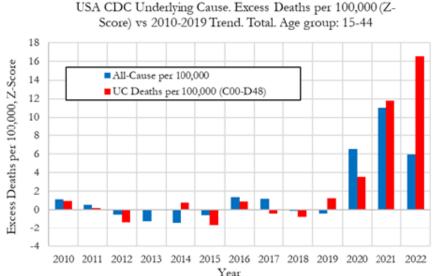




US - Death Trends for Neoplasms ICD codes: C00-D48, Ages 15-44

C. Alegria 1,* and D. Wiseman 2 and Y. Nunes 1,3

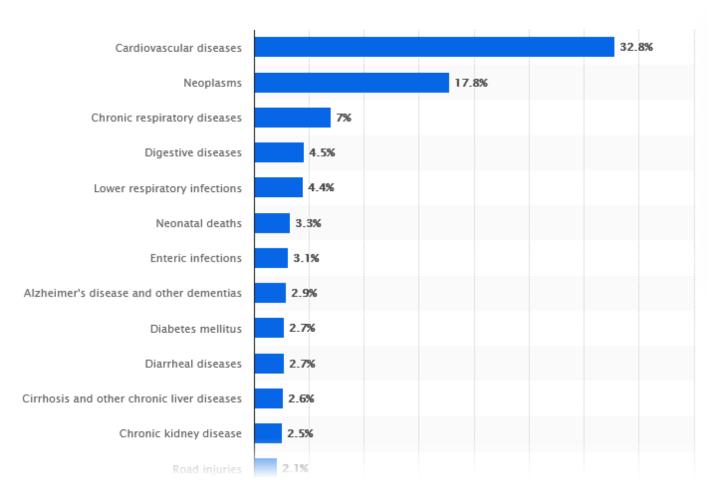




ResearchGate

https://www.researchgate.net/publication/378869803

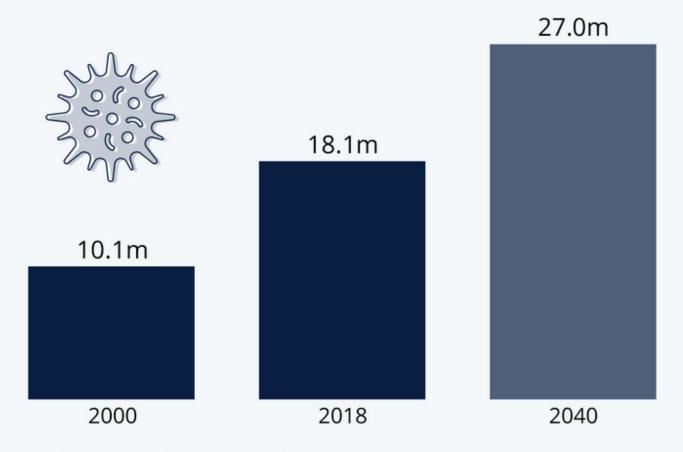
Distribution of causes of death worldwide in 2019





Global Cancer Burden Continues to Rise

Estimated number of new cancer cases globally per year



Source: International Agency for Research on Cancer



Public Law 92-218 92nd Congress, S. 1828 December 23, 1971

An Act

To amend the Public Health Service Act so as to strengthen the National Cancer Institute and the National Institutes of Health in order more effectively to carry out the national effort against cancer.

Be it enacted by the Senate and House of Representatives of the The National United States of America in Congress assembled,

Cancer Act of 1971.

SHORT TITLE

Section 1. This Act may be cited as "The National Cancer Act of 1971".

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. (a) The Congress finds and declares—

(1) that the incidence of cancer is increasing and cancer is the disease which is the major health concern of Americans today;

(2) that new scientific leads, if comprehensively and energeti- 85 STAT. 778 cally exploited, may significantly advance the time when more 85 STAT. 779

President Nixon declares War on Cancer

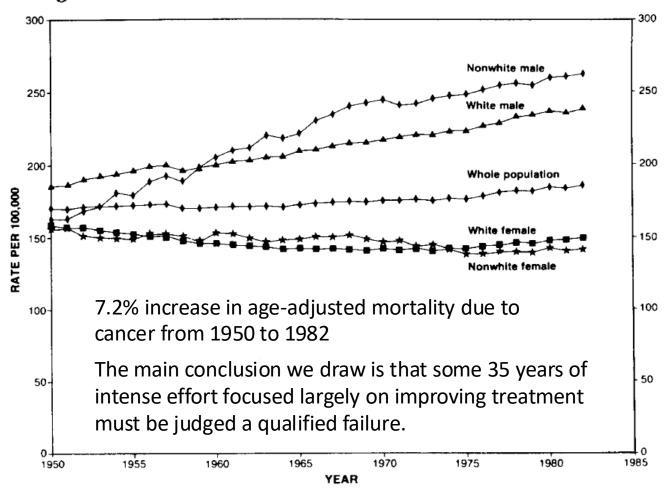
Launching a \$1.6 Billion Crusade



SPECIAL REPORT

PROGRESS AGAINST CANCER?

JOHN C. BAILAR III AND ELAINE M. SMITH



SPECIAL REPORT

CANCER UNDEFEATED

JOHN C. BAILAR III, M.D., PH.D., AND HEATHER L. GORNIK, M.H.S.

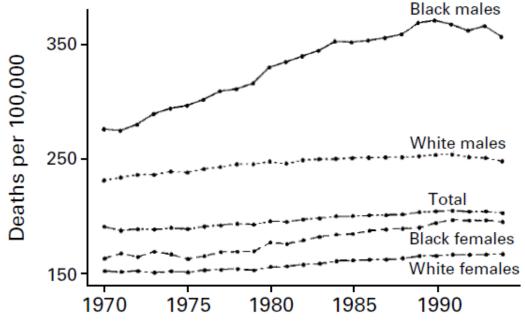
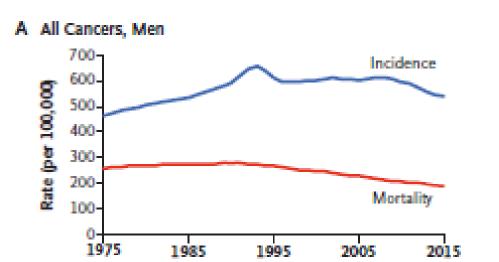


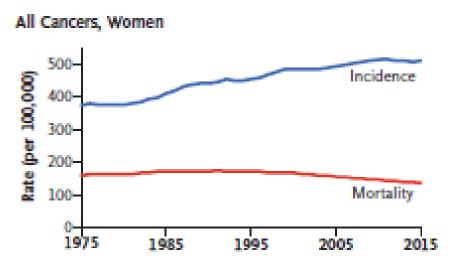
Figure 1. Mortality from All Malignant Neoplasms, 1970 through 1994, in the Total U.S. Population and According to

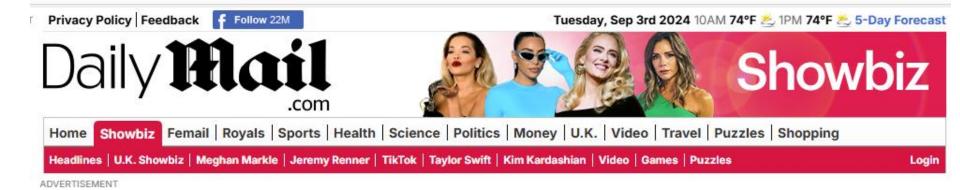
Race and Sex. The rates have been age-adjusted to the U.S. resident population of 1990.

Age-adjusted mortality due to cancer in 1994 was 6.0 percent higher than the rate in 1970

Epidemiologic Signatures in Cancer







Elle Macpherson, 60, reveals secret breast cancer battle and why she refused chemotherapy despite being advised by 32 doctors



Cancer is a Preventable Disease

40-60 % of cancers are preventable.

- Tackle insulin resistance (40% of all cancers)
- Quit smoking
- Limit alcohol
- Get enough Vitamin D
- Avoid processed foods
- Avoid sugary drinks and pure fruit juice
- Get enough exercise (aerobic and resistance training)
- Stress reduction
- 8 hours quality sleep



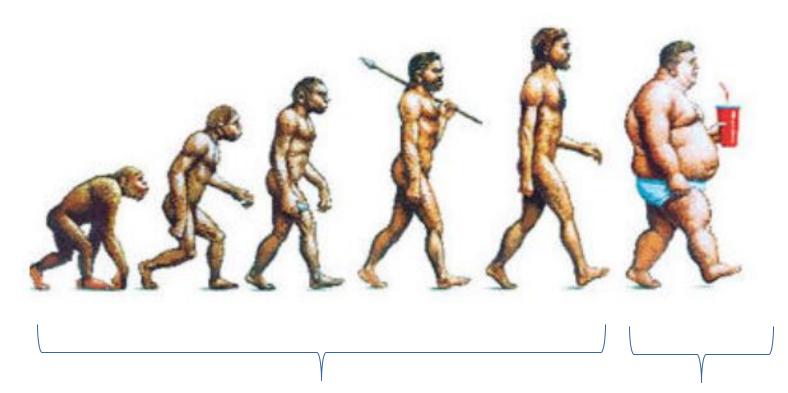


Moving from this to this





Human evolution provides the best epidemiological studies on nutrition



Hunters and gatherers

Processed food consumers











In the early 2000s,



OF ALL MIDDLE SCHOOLS AND HIGH SCHOOLS



sold soft drinks in vending machines.



PROCESSED FOOD ADDICTION

Foundations, Assessment, and Recovery





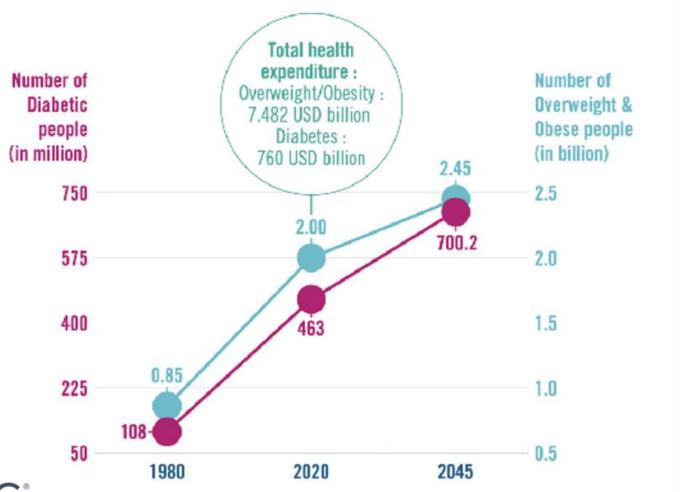
Edited by

Joan Ifland Marianne T. Marcus Harry G. Preuss

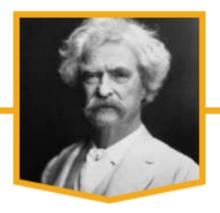




WORLDWIDE INCIDENCE OF DIABETES AND OBESITY







66

"A little starvation can really do more for the average sick man than can the best medicines and the best doctors."

Mark Twain 1835-1910



BENEFITS OF INTERMITTENT FASTING

Autophagy

Burn Fat & Lose Weight

Research shows that weekly fasting can trigger weight loss up to 8 percent and waist shrinkage of up to 7%, meaning that fasting is especially useful for losing belly fat.

Balances Insulin Levels

Increases HGH

(HGH) is a hormone made in the pituitary gland that leads to low levels of body fat and lean muscle mass. Initial research shows that fasting on a regular basis can boost the amounts your body makes, leading to improvements in your physique.

Reduces Inflammation

Chronic inflammation is a trigger for dozens of lifestyle diseases like strokes and heart problems, but intermittent fasting seems to keep inflammation in check by triggering your cells to break it down before it begins to build up.

Balances Blood Sugar

Enhances The Immune System

Reduces Risk of Chronic Disease

Scientific evidence shows that cutting your daily caloric intake by a third can extend your lifespan by over a decade, and intermittent fasting is an easy way to start cutting calories.



INTERMITTENT FASTING FACTS





BENEFITS OF FASTING:

- · Triggers removal of damaged cells
- · Triggers removal of damaged mitochondria
- Anti-oxidant
- Anti-inflammation
- · Improves brain health



TALK TO A SPECIALIST IF:

- You are preanant
- You are under 18
- You are diabetic
- Tou take medication
- You have an eating disorder
- You are underweight



5:2 FASTING

- Calorie based
- · Eat normally 5 days
- Fast 2 days
- On fasting days
 - 500 kcal for women
 600 kcal for men



- Time based
- 8 hour eating period
- 16 hour fasting period



TWO WAYS TO FAST:

- 5:2 (caloric fasting)
- 16:8 (timed fasting)



FASTING TIPS:



- Adopt fasting as a healthy lifestyle choice
- Stay hydrated
- Limit refined sugars
- Eat protein rich foods
- Eat quality foods

FLCCC

- Start small and build into it to maintain success
- Maintain balance in daily

ADOPTING 16:8 INTERMITTENT FASTING

Begin slowly: start with an 11-hour eating window 5 days a week and reduce monthly to an 8-hour eating window 7 days a week



Make changes one month at a time to increase success and allow your body to adapt to the fasting schedule

A later eating window allows for less disruption in family dinner time

Make quality food choices when planning meals

Always consult a trusted healthcare provider or nutrition specialist before adopting diet changes



FLCCC

ADOPTING 5:2 INTERMITTENT FASTING

Begin slowly: Restrict caloric intake by reducing 1 day a week with maximum intake of 1000 kcal on that day

Make changes one month at a time, adding one additional fasting day with the same calorie restriction, then reducing caloric intake on fasting days

By the fourth month you will have reached the maximum fasting caloric intake on the fasting days

Make quality food choices when planning meals

Always consult a trusted healthcare provider or nutrition specialist before adopting diet changes

	5:2 – calorie restricted
Month 1	1 day/week: Restrict eating to 1000 calories
Month 2	2 days/week: Restrict eating to 1000 calories
Menth 3	2 days/week. Restrict eating to 750 calories
Mosth 6 prevent	2 days/week: Restrict enting to 500 calories





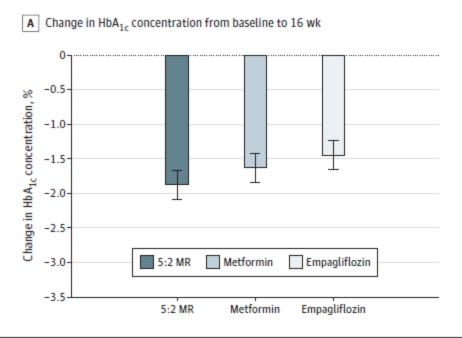




Original Investigation | Diabetes and Endocrinology

A 5:2 Intermittent Fasting Meal Replacement Diet and Glycemic Control for Adults With Diabetes

The EARLY Randomized Clinical Trial



Conclusions

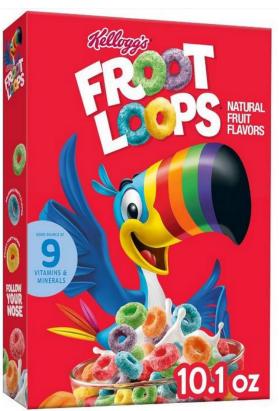
This randomized clinical study found that, for patients with newly diagnosed type 2 diabetes, a 16-week intervention with 5:2 MR could improve glycemic control and weight loss while also improving blood pressure, triglyceride levels, and HDL-C levels. Therefore, 5:2 MR may serve as an initial lifestyle intervention for patients with type 2 diabetes, providing an alternative to the use of metformin and empagliflozin medications.

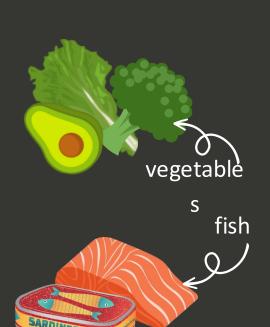
HOW TO TREAT METAOLIC SYNDROME

- Intermittent fasting/time restricted eating
- Low carbohydrate (ketogenic) diet
- Berberine (1000-1500 mg/day)
- Metformin (500 -1000 mg twice daily)
- Magnesium (100-400 mg daily)
- Melatonin (2 -10 mg slow/extended release nightly)
- Resveratrol (400-500 mg daily)
- Cinnamon (1-2g/day)
- Omega-3 fatty acids (1-4 g/daily)
- Probiotics with Bifidobacterium
- Reduce stress
- Exercise

Real Food vs "Processed Food"









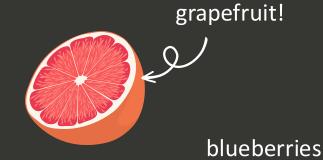


breast





mea



nut











what not to eat













Sunlight: An unrecognized Nutrient



Sunlight does not cause Melanoma

OPEN & ACCESS Freely available online



Sunny Holidays before and after Melanoma Diagnosis Are Respectively Associated with Lower Breslow Thickness and Lower Relapse Rates in Italy

Sara Gandini¹*, Esther De Vries², Giulio Tosti³, Edoardo Botteri¹, Giuseppe Spadola³, Patrick Maisonneuve¹, Chiara Martinoli⁴, Arjen Joosse², Pier Francesco Ferrucci⁴, Federica Baldini³, Emilia Cocorocchio⁴, Elisabetta Pennacchioli³, Francesco Cataldo³, Barbara Bazolli¹, Alessandra Clerici¹, Massimo Barberis⁵, Veronique Bataille⁶⁰, Alessandro Testori³⁰

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SUNSCREEN USE AND MALIGNANT MELANOMA

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