

Skin Cancer Report

Skin Cancer and Black Salve

This report was actually put together so that it could be printed out and shared with friends and family members who may not have access to the internet. Much of the information in this report regarding the usage of black salve can be found on <https://blacksalveinfo.com>. As with any ailment, it is important to seek out the advice and treatment of a qualified physician.

This report is purely for educational purposes. Information found in this report is not intended to diagnose, treat, cure, or prevent any disease. Many of the comments found on this site have not been evaluated by the FDA, FTC, AMA or any other US government regulatory agency.

Cancer

"Cancer is the second leading cause of death in the United States. Half of all men and one-third of all women in the US will develop cancer during their lifetimes. Today, millions of people are living with cancer or have had cancer. The risk of developing most types of cancer can be reduced by changes in a person's lifestyle, for example, by quitting smoking and eating a better diet. The sooner a cancer is found and treatment begins, the better are the chances for living for many years." -American Cancer Society

Although the American Cancer Society and many other orthodox medically endorsed organizations state that prevention of cancer is dependent on diet and lifestyle choices, they do nothing to help people take the next step toward such practices! Instead, We The People, are generally left with the following failed methods.

Chemotherapy

In the Physicians' Desk Reference, available in any library or doctor's office, the top 10 chemotherapy drugs used in the USA all have cancer as a listed side effect. In fact, depending on how you interpret the statistics, more cancer patients die from the chemotherapy than of the cancer. The medical statisticians count these deaths as a success for chemotherapy because the patient did not die of cancer. A select few know that chemotherapy drugs are not FDA approved.

They are legally administered under the "Rule of Probable Cause", which states that experimental drugs may be used if the side effect of the drug is no worse than the end effect of the disease. In fact, every chemotherapy bottle is stamped "For Experimental Use Only" and the patient must sign a release before the doctor will prescribe or administer it.

John Cairns, professor of microbiology at Harvard University, published a devastating 1985 critique in Scientific American. "Aside from certain rare cancers, it is not possible to detect

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any sudden changes in the death rates for any of the major cancers that could be credited to chemotherapy. Whether any of the common cancers can be cured by chemotherapy has yet to be established." In fact, chemotherapy is curative in very few cancers -- testicular, Hodgkin's, choriocarcinoma, childhood leukemia. In most common solid tumors -- lung, colon, breast, etc. - **chemotherapy is NOT curative.**

In an article entitled "Chemotherapy: Snake-Oil Remedy?" that appeared in the Los Angeles Times of 1/9/87, Dr. Martin F. Shapiro explained that while "some oncologists inform their patients of the lack of evidence that treatments work...others may well be misled by scientific papers that express unwarranted optimism about chemotherapy. Still others respond to an economic incentive. Physicians can earn much more money running active chemotherapy practices than they can providing solace and relief to dying patients and their families." Dr. Shapiro is hardly alone. Alan C. Nixon, PhD, Past President of the American Chemical Society wrote that "As a chemist trained to interpret data, it is incomprehensible to me that physicians can ignore the clear evidence that chemotherapy does much, much more harm than good."

In 1986, McGill Cancer Center scientists sent a questionnaire to 118 doctors who treated non small-cell lung cancer. More than 3/4 of them recruited patients and carried out trials of toxic drugs for lung cancer. They were asked to imagine that they themselves had cancer, and were asked which of six current trials they themselves would choose. 64 of the 79 respondents would not consent to be in a trial containing cisplatin, a common chemotherapy drug. Fifty eight found all the trials unacceptable. Their reason? The ineffectiveness of chemotherapy and its unacceptable degree of toxicity.

Does the Sun Cause Skin Cancer?

Contrary to popular belief, exposing skin to the sun may **stop** certain cancers from growing, including skin cancer.

While previous studies have implied this protection comes from skin cells (damaged by the sun) committing suicide, cutting the risk of cancer, two studies propose the reduced cancer risk stems from an increased production of vitamin D made by sun-exposed skin.

The two studies found:

- Sunshine helped beat the deadly skin cancer malignant melanoma: Melanoma patients with increased levels of sun exposure were less likely to die than other melanoma patients; also patients who already had melanoma and a lot of sun exposure were prone to a less aggressive tumor type.
- The sun helped with non-Hodgkin lymphoma: The risks of developing cancer was reduced by 30 percent to 40 percent when exposed to UV rays from the sun and sun

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lamps; findings were based on interviews with more than 3,000 lymphoma patients and 3,000 healthy members of the public.

Source: BBC News February 1, 2005

This is in no way saying that OVER EXPOSURE to the sun won't damage cells and lead to skin cancer! There have been numerous studies which show that a person's likelihood of developing skin cancer increases at a proportional rate with the number of sunburns a person has in their lifetime. **If you are going to be in the sun for more than 20-30 minutes you will need to use a sunscreen.** But, are sunscreens safe and effective?

Sunscreens

Chemical Sunscreens Include:

Benzophenones (dixoybenzone, oxybenzone)

PABA and PABA esters (ethyl dihydroxy propyl PAB, glyceryl PABA, p-aminobenzoic acid, padimate-O or octyl dimethyl PABA)

Cinnamates (cinoxate, ethylhexyl p-methoxycinnamate, octocrylene, octyl methoxycinnamate)

Salicylates (ethylhexyl salicylate, homosalate, octyl salicylate)

Digalloyl trioleate

Menthyl anthranilate

Avobenzone [butyl-methoxydibenzoylmethane; Parsol 1789] - This is the only chemical sunscreen currently allowed by the European Community. However, its safety is still questionable since it easily penetrates the skin and is a strong free radical generator.

These chemicals are ALL toxic in even small doses to the body!

Do Chemical Sunscreens Increase Cancer?

Worldwide, the greatest rise in melanoma has been experienced in countries where chemical sunscreens have been heavily promoted. The rise in melanoma has been exceptionally high in Queensland, Australia where the medical establishment has vigorously promoted the use of sunscreens. Queensland now has more incidences of melanoma per capita than any other place on Earth. (Garland, Cedric F., et al. Could sunscreens increase melanoma risk? American Journal of Public Health, Vol. 82, No. 4, April 1992, pp. 614-15).

Dr. Gordon Ainsleigh in California believes that the use of sunscreens causes more cancer deaths than it prevents. He estimates that the 17% increase in breast cancer observed between 1981 and 1992 may be the result of the pervasive use of sunscreens over the past decade (Ainsleigh, H. Gordon. Beneficial effects of sun exposure on cancer mortality. Preventive Medicine, Vol. 22, February 1993, pp. 132-40). Recent studies have also shown a higher rate of melanoma among men who regularly use sunscreens and a higher rate of basal cell carcinoma among women using sunscreens (Garland, Cedric F. et al. Effect of

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sunscreens on UV radiation-induced enhancement of melanoma growth in mice. Journal of the National Cancer Institute, Vol. 86, No. 10, May 18, 1994, pp. 798-801 :Larsen, H.R. "Sunscreens: do they cause skin cancer." International Journal of Alternative & Complementary Medicine, 1994; 12(12): 17-19; Farmer K.C. & Naylor, M.F. "Sun exposure, sunscreens, and skin cancer prevention: a year-round concern." Ann Pharmacother, 1996; 30(6):662-73)

Drs. Cedric and Frank Garland of the University of California have pointed out that while sunscreens do protect against sunburn, there is no scientific proof that they protect against melanoma or basal cell carcinoma in humans (Garland, C.F., et al. "Could sunscreens increase melanoma risk?" American Journal of Public Health, 1992; 82(4): 614-615.) The Garlands believe that the increased use of chemical sunscreens is the primary cause of the skin cancer epidemic.

Alternative to Chemical Sunscreens

What to look for in a SAFE sunscreen:

- Totally natural ingredients, 100% Natural, mostly Organic
- SPF 15 to SPF 30 (from zinc oxide and/or titanium dioxide)
- Safe to apply to a Baby's skin under 6 months of age
- Protects against UV A, B & C rays
- Antioxidant & anti-aging oils to prevent weathering of skin
- Absolutely No Animal Testing
- No PABA, OMC's, benzophenones etc
- No mineral oils
- No fragrance
- No parabens
- No eye sting
- Non whitening
- Non allergenic

You will see a number of brands call themselves "natural" and they will contain things like Parsol (Avobenzone), parabens etc -These are NOT natural, they are just cashing in on the "term". Unfortunately the FDA has a pretty broad acceptance for the term "natural" and a number of companies use this to their advantage.

To check the toxicity rating for a sunscreen, visit the following link and type "sunscreen" in the search box: <http://www.ewg.org/skindeep>

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Getting started with Black Salve

Once you have been diagnosed by a qualified health care practitioner and you have weighed out the pros and cons of natural and orthodox treatment, you will need to know the following!

How To Use Black Salve:

****Please Note**** much of the info below was received from Alpha Omega Labs, a company that sold black salve under the commercial name "Black salve" which was very successful in treating skin cancers before the FDA shut them down. There are a select few quality black salves that are still on the market today, like those found at: <https://www.bestonearthproducts.com>. As Alpha Omega Labs stated, the products found at risingsunhealth.com and bloodrootproducts.com are NOT quality salves and are a waste of money, like many others being marketed as true black salves.

As with any ailment, it is important to seek out the advice and treatment of a qualified physician. This site is purely for educational purposes. Information found in this site is not intended to diagnose, treat, cure, or prevent any disease. Many of the comments found on this site have not been evaluated by the FDA, FTC, AMA or any other US government regulatory agency. Please read ALL of the following information for better understanding of the process!

The medical definition of "cure" is the non-reoccurrence of pathology within five years after treatment. By the very definition used by orthodox medicine, black salves is empirically a proven cure for skin cancer for the majority of those who use the product according to our instructions.

1. PREPARATION

First, as stated earlier, the user may want to have a biopsy or other diagnostic procedure performed to ascertain whether or not there is, in fact, skin cancer. Many people, on the observation that they have a "mole" or similar skin marking that is growing and getting darker, have elected to use black salves anyway. After all, black salve is selective in its action and will only "go after" neoplastic (cancerous) tissue. Healthy tissue will only redden and become mildly irritated when black salves is applied. This decision is entirely at the discretion of the user; there is no danger, toxic or otherwise, of applying black salves to healthy tissue, although doing so is simply a waste of the product.

In addition, if you are targeting more than one growth, do one at a time.

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2. APPLICATION

Black salve comes in a 1/2 oz. container. The product has the consistency of a thick, moist paste. It can easily be self-applied with the fingers and should be spread over the lesion or cancerous tissue in a thin covering, almost lightly "caked." Wash hands thoroughly before and after applying Black salve.

The applied area will start to tingle shortly afterwards -- anywhere between 5 minutes to 6 hours after the initial application. (In fact, if you feel "nothing" after three to six hours, it is most likely that nothing more will happen: Black salve has failed to come into direct contact with the cancer or there is no cancer present. After 24 hours, you will want to remove the Black salve and reapply, repeating this process until the Black salve can reach and "grab" the underlying aberrant growth. Once you feel the black salve has reached its intended target, do NOT reapply more salve, just let it go through the rest of the process.)

In some cases, there is a burning sensation with larger lesions, so it is important to have ibuprofen, or other non-prescription pain killer, available during the process.

Note: the moment the eschar falls out, usually within 6-10 days (but can take up to a month in some cases) of the initial application, the pain will immediately stop! Areas larger than a square centimeter (or bigger than a U.S. "dime") may require even stronger analgesics, which, being prescription, will require the services of a cooperative physician.

Otherwise, observing good "pain management" may require that the cancer be "taken out in stages." This involves applying a small amount to the edge of the growth, waiting for the sensations to die down as the eschar process begins, and then repeating this process on an adjacent area of skin until the entire area has been covered. Observe this same procedure if you are targeting more than one growth.

Do one at a time. In this fashion, any discomfort is minimized because the entire process, which can at that point last several days, has been spread out over time. This bears repeating: never apply Black salve to a large area, unless you are under a physician's care and advice. It is also a good idea to place a bandage over the area, particularly if the forming eschar is on a place on the body that might be subject to being bumped or bruised in the course of daily activity. Another thing to consider is that Black salve can stain clothing, so for practical, aesthetic, and cleanliness issues, covering the site is a good idea.

" . . . I applied Black salve and no eschar appeared! . . . What do I do now?"

Black salve has to come into contact with the target cancer area in order to work. It has transdermal properties (i.e. skin penetrating ability) However, a couple of simple tricks can also speed up the process and/or reduce the number of applications required to

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"reach" a skin cancer that is well below the epidermis. Most people don't need these techniques if the skin cancer is close to the skin surface. We recommend that these "tricks of the trade" only be used if an initial application does not produce results - which turns out to be a minority of cases.

"Deep Loufah Wash" - Many people use a loufah sponge to rigorously wash and prepare the skin before applying Black salve Salve. This serves to remove some of the dead cells in the top layer of the epidermis (the stratum corneum), so that Black salve has less tissue through which to travel to get to the underlying cancer.

"Needle Points" - This technique is more effective, but more invasive. It involves taking a sterilized needle and carefully making holes in the skin - about a sixteenth to eighth inch deep, very much as an acupuncturist would - except that the needle is removed as soon as the holes usually spaced about a quarter-inch apart. Following the creation of the "skin holes," Black Salve is then (re)applied. We recommend that this technique be used by practitioners and not end users. We also advise that practitioners prep the area by rubbing peroxide (3-6%) into the freshly "pricked" skin before Black salve is (re)applied.

3. MANAGING THE ESCHAR

After 24 hours remove the bandage. Using hydrogen peroxide (H₂O₂ - 3%, available in most drug stores) and a Q-Tip, very lightly go over the lesion, removing any excess Black salve and other organic debris (i.e. pus, serous fluid, etc.) If a full pus formation is not evident or is incomplete, repeat step 2 and leave the new application on for an additional 24 hours before proceeding.

Normally one application is sufficient for small tumors (the size of a pencil eraser), but no more than three applications are required for larger tumors. There are instances, however, when repeated applications of Black salve are required because of "accessibility" problems - although this can be limited using the techniques cited in the preceding section. In order to initiate the escharization process, however, and begin killing the cancer, it is vital that Black salve be able to penetrate and reach the subject site. This can take multiple (three or more) applications, though one to two applications is more common.

After the eschar has formed, keep it well protected. You can add Vitamin E, but know that this is better to use once you reach the decavitation stage. Normally the bandage can be left on for a period of 10 days: however, in advanced cases there is considerable "drainage," that is, a steady emission of pus. In the sense that Black salve kills the cancer cells and takes certain leukocytes (defending white blood corpuscles) with it in the process of eliminating the neoplasm, it is a supportive agent: that is, drainage should not

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be viewed as abnormal. The range of possible response is very little pus and only one bandage ever required, to a regular change of bandages required in the case of advanced melanomas. Your case will be somewhere in-between.

4. REMOVING THE ESCHAR

The eschar itself represents the death of the neoplasm, and this occurs shortly after application. Everything that follows is the body's own reparative responses. From here on out, the body knows exactly what to do and wastes no time doing it. However, to us the days and weeks that follow may seem lengthy.

The next stage is the removal of the eschar, or scab. This usually happens within 10 days after initial application, unless the case is advanced and/or cancer(s) cover a large area of the body. As with any scab, let it fall out when it is ready. Do not pull it out prematurely, if you remove the eschar premature, you further risk developing scar tissue.

5. DECAVITATION & "HEALING OVER"

After the eschar comes out, the pit or "decaavitation" can look raw and unsightly. Nonetheless, if kept covered and the everyday principles of good hygiene are followed, there will be no threat of secondary infection. If you work in an area that is less than clean, however, you might want to have hydrogen peroxide (available in any good drug store) handy and apply it liberally to the site once a day to kill any invasive germs.

Over a period of a few months, or in some cases two years, the entire area will be healed with only some "de-pigmentation" or scar tissue. The result is rarely more unsightly or unaesthetic than if surgery had been chosen instead. Only in rare conditions does the cancer "come back" to the area applied, unless there is underlying metastasis. To be sure that the area is clear of cancer, many users elect to initiate a second, or even third, application after they get to the "heal over" stage. We take a dim view to doing this indiscriminately because the risk of scarring is increased with each new re-application.

However, with particularly aggressive forms of cancer, such as melanoma, a user may want to weigh the potential advantages of re-application, particularly if the initial cancer is located somewhere on the body that is not usually aesthetically sensitive or viewed in public (i.e. on the back, upper leg, etc.). None of this should be taken as a substitute for using some of the better cancer marker tests that are now available from qualified, licensed physicians. In other words, if you don't need more than one application, why do it.

In other words, once Black salve has finished its work, there are normally no residual cells from the original neoplasm. This rule finds more exceptions the larger the original cancer

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growth is, the deeper it is beneath the skin, the more instances of skin cancer the subject has experienced, and/or the more extensive a person's history of skin cancer is or has been. Remember, you may need to repeat this process if the skin cancer is sufficiently extensive such that residual cancer cells have been left behind after you finish your first "cycle." (Although, this same admonition would exist if you had your skin cancer surgically removed.) To be on the side of caution, have your health care practitioner check the site to see if there is any remaining cancer. There are excellent antigen marker tests that your physician can utilize to determine if you have a "clean bill of health."

The following text will help direct you to information and resources along your journey.

Places to start:

DIRECTIONS for Black Salve use: <https://blacksalveinfo.com/instrbs.htm>

Internal black salve: [shttps://blacksalveinfo.com/internalbs.htm](https://blacksalveinfo.com/internalbs.htm)

Body wash for suspect spots: <https://blacksalveinfo.com/detect.htm>

Below are links to videos of the process. Be aware that all cases are different and outcomes will vary.

http://www.youtube.com/watch?v=L5K_PhdkEpE

<http://www.youtube.com/watch?v=n9zvl3ouw-U>

For information on black salve product use for pets, contact:

<https://groups.yahoo.com/neo/groups/TheBlackSalveNeoplaseneCancerForum/info>

Below is an internal protocol that many immunosuppressed people have used to strengthen their immune systems while fighting serious illness. Make sure you click all the links and do your homework.

PROTOCOL:

A successful health care practitioner has stated there are three main products you can take to enhance the immune system to fight. First, [Black Salve Bloodroot capsules](#) 6-9 a day with meals. These contain the same immune stimulating herbs as black salve. They should be taken one per meal for the first few days then gradually work up to the desired and tolerated amount in cycles of four day increments.

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EllagiCaps formula, a powerful anti-oxidant compound that has [shown in clinical studies to be highly effective in various disorders.](#)

Lastly, apricot seeds/kernels, which I have personally seen work what some doctors consider "miracles."

It is important to **get all processed foods out of the diet and consume only high PH foods.**

[Take a look at this chart](#)

Also, this is an excellent way to [boost your alkalinity daily.](#)

More info on the seeds and dosages at www.apricotsfromgod.info and you can [purchase them here.http://www.apricotpower.com](http://www.apricotpower.com) The first two formulas can be found at <https://BestOnEarthProducts.com>

Also, Lymph Detox homeopathic spray will get the lymphatic system moving properly, in order to take away the debris after the immune system has done its work (this is very important, as the immune system will stop working if the lymphatics are backed up).
<https://bestonearthproducts.com/proddetail.php?prod=1040>

****Especially for liver and pancreatic cancers, but helps with all cancers**** You need to [read about Dr Kelly's work with pancreatic enzymes,](#) here is a copy of his book online.

You can use the product [Zypan,](#) from Standard Process. You can call them directly at 800-558-8740 and ask them for a doctor in your area (USA only) who carries their products.

EVERY PERSON DIFFERS IN THEIR RESPONSE, IT IS IMPORTANT TO FIND A LOCAL QUALIFIED HEALTH CARE PRACTITIONER TO MONITOR AND GIVE INDIVIDUAL RECOMMENDATIONS AS NEEDED!

THIS IS IN NO WAY TO BE TAKEN AS MEDICAL ADVISE, IT IS FOR EDUCATIONAL PURPOSES ONLY.

Please share this information with your friends and family so they are better equipped to make an educated decision if they ever have to face the diagnosis of skin cancer! For more information visit <https://BlackSalveInfo.com>

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