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"Cancer's Sweet Tooth"



lbpo8



November 9, 2009 at 1:46 pm • 16 Replies • Shared With The Public

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Cancer's Sweet Tooth

From the April 2000 Issue of Nutrition Science News

by Patrick Quillin, PHD, RD, CNS

During the last 10 years I have worked with more than 500 cancer patients as director of nutrition for Cancer Treatment Centers of America in Tulsa, Okla. It puzzles me why the simple concept "sugar feeds cancer" can be so dramatically overlooked as part of a comprehensive cancer treatment plan.

Of the 4 million cancer patients being treated in America today, hardly any are offered any scientifically guided nutrition therapy beyond being told to "just eat good foods." Most patients I work with arrive with a complete lack of nutritional advice. I believe many cancer patients would have a major improvement in their outcome if they controlled the supply of cancer's preferred fuel, glucose. By slowing the cancer's growth, patients allow their immune systems and medical debulking therapies—chemotherapy, radiation and surgery to reduce the bulk of the tumor mass—to catch up to the disease. Controlling one's blood-glucose levels through diet, supplements, exercise, meditation and prescription drugs when necessary can be one of the most crucial components to a cancer recovery program. The sound bite "sugar feeds cancer" is simple. The explanation is a little more complex.

The 1931 Nobel laureate in medicine, German Otto Warburg, Ph.D., first discovered that cancer cells have a fundamentally different energy metabolism compared to healthy cells. The crux of his Nobel thesis was that malignant tumors frequently exhibit an increase in anaerobic glycolysis—a process whereby glucose is used as a fuel by cancer cells with lactic acid as an anaerobic byproduct—compared to normal tissues.¹ The large amount of lactic acid produced by this fermentation of glucose from cancer cells is then transported to the liver. This conversion of glucose to lactate generates a lower, more acidic pH in

cancerous tissues as well as overall physical fatigue from lactic acid buildup.^{2,3} Thus, larger tumors tend to exhibit a more acidic pH.⁴

This inefficient pathway for energy metabolism yields only 2 moles of adenosine triphosphate (ATP) energy per mole of glucose, compared to 38 moles of ATP in the complete aerobic oxidation of glucose. By extracting only about 5 percent (2 vs. 38 moles of ATP) of the available energy in the food supply and the body's calorie stores, the cancer is "wasting" energy, and the patient becomes tired and undernourished. This vicious cycle increases body wasting.⁵ It is one reason why 40 percent of cancer patients die from malnutrition, or cachexia.⁶

Hence, cancer therapies should encompass regulating blood-glucose levels via diet, supplements, non-oral solutions for cachectic patients who lose their appetite, medication, exercise, gradual weight loss and stress reduction. Professional guidance and patient self-discipline are crucial at this point in the cancer process. The quest is not to eliminate sugars or carbohydrates from the diet but rather to control blood glucose within a narrow range to help starve the cancer and bolster immune function.

The glycemic index is a measure of how a given food affects blood-glucose levels, with each food assigned a numbered rating. The lower the rating, the slower the digestion and absorption process, which provides a healthier, more gradual infusion of sugars into the bloodstream. Conversely, a high rating means blood-glucose levels are increased quickly, which stimulates the pancreas to secrete insulin to drop blood-sugar levels. This rapid fluctuation of blood-sugar levels is unhealthy because of the stress it places on the body.

Sugar in the Body and Diet

Sugar is a generic term used to identify simple carbohydrates, which includes monosaccharides such as fructose, glucose and galactose; and disaccharides such as maltose and sucrose (white table sugar). Think of these sugars as different-shaped bricks in a wall. When fructose is the primary monosaccharide brick in the wall, the glycemic index registers as healthier, since this simple sugar is slowly absorbed in the gut, then converted to glucose in the liver. This makes for a time-release food, which offer a more gradual rise and fall in blood-glucose levels. If glucose is the primary monosaccharide brick in the wall, the glycemic index will be higher and less healthy for the individual. As the brick wall is torn apart in digestion, the glucose is pumped across the intestinal wall directly into the bloodstream, rapidly raising blood-glucose levels. In other words, there is a window of efficacy for glucose in the blood: levels too low make one feel lethargic and can create clinical hypoglycemia; levels too high start creating the rippling effect of diabetic health problems.

The 1997 American Diabetes Association blood-glucose standards consider 126 mg glucose/dL blood or greater to be diabetic; 111-125 mg/dL is impaired glucose tolerance and less than 110 mg/dL is considered normal. Meanwhile, the Paleolithic diet of our ancestors, which consisted of lean meats, vegetables and small amounts of whole grains, nuts, seeds and fruits, is estimated to have generated blood glucose levels between 60 and 90 mg/dL.⁷ Obviously, today's high-sugar diets are having unhealthy effects as far as blood-sugar is concerned. Excess blood glucose may initiate yeast overgrowth, blood vessel deterioration, heart disease and other health conditions.⁸

Understanding and using the glycemic index is an important aspect of diet modification for cancer patients. However, there is also evidence that sugars may feed cancer more efficiently than starches (comprised of long chains of simple sugars), making the index slightly misleading. A study of rats fed diets with equal calories from sugars and starches, for example, found the animals on the high-sugar diet developed more cases of breast cancer.⁹ The glycemic index is a useful tool in guiding the cancer patient toward a healthier diet, but it is not infallible. By using the glycemic index alone, one could be led to thinking a cup of white sugar is healthier than a baked potato. This is because the glycemic index rating of a sugary food may be lower than that of a starchy food. To be safe, I recommend less fruit, more vegetables, and little to no refined sugars in the diet of cancer patients.

What the Literature Says

A mouse model of human breast cancer demonstrated that tumors are sensitive to blood-glucose levels. Sixty-eight mice were injected with an aggressive strain of breast cancer, and then fed diets to induce either high blood-sugar (hyperglycemia), normoglycemia, or low blood-sugar (hypoglycemia). There was a dose-dependent response in which the lower the blood glucose, the greater the survival rate. After 70 days, 8 of 24 hyperglycemic mice survived compared to 16 of 24 normoglycemic and 19 of 20 hypoglycemic.¹⁰ This suggests that regulating sugar intake is key to slowing breast tumor growth.

In a human study, ten healthy people were assessed for fasting blood-glucose levels and the phagocytic index of neutrophils, which measures immune-cell ability to envelop and destroy

invaders such as cancer. Eating 100 g carbohydrates from glucose, sucrose, honey and orange juice all significantly decreased the capacity of neutrophils to engulf bacteria. Starch did not have this effect.¹¹

A four-year study at the National Institute of Public Health and Environmental Protection in the Netherlands compared 111 biliary tract cancer patients with 480 controls. Cancer risk associated with the intake of sugars, independent of other energy sources, more than doubled for the cancer patients.¹² Furthermore, an epidemiological study in 21 modern countries that keep track of

morbidity and mortality (Europe, North America, Japan and others) revealed that sugar intake is a strong risk factor that contributes to higher breast cancer rates, particularly in older women.¹³

Limiting sugar consumption may not be the only line of defense. In fact, an interesting botanical extract from the avocado plant (*Persea americana*) is showing promise as a new cancer adjunct. When a purified avocado extract called mannoheptulose was added to a number of tumor cell lines tested in vitro by researchers in the Department of Biochemistry at Oxford University in Britain, they found it inhibited tumor cell glucose uptake by 25 to 75 percent, and it inhibited the enzyme glucokinase responsible for glycolysis. It also inhibited the growth rate of the cultured tumor cell lines. The same researchers gave lab animals a 1.7 mg/g body weight dose of mannoheptulose for five days; it reduced tumors by 65 to 79 percent.¹⁴ Based on these studies, there is good reason to believe that avocado extract could help cancer patients by limiting glucose to the tumor cells.

Since cancer cells derive most of their energy from anaerobic glycolysis, Joseph Gold, M.D., director of the Syracuse (N.Y.) Cancer Research Institute and former U.S. Air Force research physician, surmised that a chemical called hydrazine sulfate, used in rocket fuel, could inhibit the excessive gluconeogenesis (making sugar from amino acids) that occurs in cachectic cancer patients. Gold's work demonstrated hydrazine sulfate's ability to slow and reverse cachexia in advanced cancer patients. A placebo-controlled trial followed 101 cancer patients taking either 6 mg hydrazine sulfate three times/day or placebo. After one month, 83 percent of hydrazine sulfate patients increased their weight; compared to 53 percent on placebo.¹⁵ A similar study by the same principal researchers, partly funded by the National Cancer Institute in Bethesda, Md., followed 65 patients. Those who took hydrazine sulfate and were in good physical condition before the study began lived an average of 17 weeks longer.¹⁶

In 1990, I called the major cancer hospitals in the country looking for some information on the crucial role of total parenteral nutrition (TPN) in cancer patients. Some 40 percent of cancer patients die from cachexia.⁵ Yet many starving cancer patients are offered either no nutritional support or the standard TPN solution developed for intensive care units. The solution provides 70 percent of the calories going into the bloodstream in the form of glucose. All too often, I believe, these high-glucose solutions for cachectic cancer patients do not help as much as would TPN solutions with lower levels of glucose and higher levels of amino acids and lipids. These solutions would allow the patient to build strength and would not feed the tumor.¹⁷

The medical establishment may be missing the connection between sugar and its

role in tumorigenesis. Consider the million-dollar positive emission tomography device, or PET scan, regarded as one of the ultimate cancer-detection tools. PET scans use radioactively labeled glucose to detect sugar-hungry tumor cells. PET scans are used to plot the progress of cancer patients and to assess whether present protocols are effective.¹⁸

In Europe, the "sugar feeds cancer" concept is so well accepted that oncologists, or cancer doctors, use the Systemic Cancer Multistep Therapy (SCMT) protocol. Conceived by Manfred von Ardenne in Germany in 1965, SCMT entails injecting patients with glucose to increase blood-glucose concentrations. This lowers pH values in cancer tissues via lactic acid formation. In turn, this intensifies the thermal sensitivity of the malignant tumors and also induces rapid growth of the cancer. Patients are then given whole-body hyperthermia (42 C core temperature) to further stress the cancer cells, followed by chemotherapy or radiation.¹⁹ SCMT was tested on 103 patients with metastasized cancer or recurrent primary tumors in a clinical phase-I study at the Von Ardenne Institute of Applied Medical Research in Dresden, Germany. Five-year survival rates in SCMT-treated patients increased by 25 to 50 percent, and the complete rate of tumor regression increased by 30 to 50 percent.²⁰ The protocol induces rapid growth of the cancer, then treats the tumor with toxic therapies for a dramatic improvement in outcome.

The irrefutable role of glucose in the growth and metastasis of cancer cells can enhance many therapies. Some of these include diets designed with the glycemic index in mind to regulate increases in blood glucose, hence selectively starving the cancer cells; low-glucose TPN solutions;

avocado extract to inhibit glucose uptake in cancer cells; hydrazine sulfate to inhibit gluconeogenesis in cancer cells; and SCMT.

A female patient in her 50s, with lung cancer, came to our clinic, having been given a death sentence by her Florida oncologist. She was cooperative and understood the connection between nutrition and cancer. She changed her diet considerably, leaving out 90 percent of the sugar she used to eat. She found that wheat bread and oat cereal now had their own wild sweetness, even without added sugar. With appropriately restrained medical therapy—including high-dose radiation targeted to tumor sites and fractionated chemotherapy, a technique that distributes the normal one large weekly chemo dose into a 60-hour infusion lasting days—a good attitude and an optimal nutrition program, she beat her terminal lung cancer. I saw her the other day, five years later and still disease-free, probably looking better than the doctor who told her there was no hope.

Patrick Quillin, Ph.D., R.D., C.N.S., is director of nutrition for Cancer Treatment Centers of America in Tulsa, Okla., and author of *Beating Cancer With Nutrition* (Nutrition Times Press, 1998).

References

1. Warburg O. On the origin of cancer cells. *Science* 1956 Feb;123:309-14.
2. Volk T, et al. pH in human tumor xenografts: effect of intravenous administration of glucose. *Br J Cancer* 1993 Sep;68(3):492-500.
3. Digirolamo M. *Diet and cancer: markers, prevention and treatment*. New York: Plenum Press; 1994. p 203.
4. Leeper DB, et al. Effect of i.v. glucose versus combined i.v. plus oral glucose on human tumor extracellular pH for potential sensitization to thermoradiotherapy. *Int J Hyperthermia* 1998 May-Jun;14(3):257-69.
5. Rossi-Fanelli F, et al. Abnormal substrate metabolism and nutritional strategies in

cancer management. JPEN J Parenter Enteral

Nutr 1991 Nov-Dec;15(6):680-3.

6. Grant JP. Proper use and recognized role of TPN in the cancer patient. Nutrition 1990 Jul-Aug;6(4 Suppl):6S-7S, 10S.

7. Brand-Miller J, et al. The glucose revolution. Newport (RI) Marlowe and Co.; 1999.

8. Mooradian AD, et al. Glucotoxicity: potential mechanisms. Clin Geriatr Med 1999 May;15(2):255.

9. Hoehn, SK, et al. Complex versus simple carbohydrates and mammary tumors in mice. Nutr Cancer 1979;1(3):27.

10. Santisteban GA, et al. Glycemic modulation of tumor tolerance in a mouse model of breast cancer. Biochem Biophys Res

Commun 1985 Nov 15;132(3):1174-9.

11. Sanchez A, et al. Role of sugars in human neutrophilic phagocytosis. Am J Clin Nutr 1973 Nov;26(11):1180-4.

12. Moerman CJ, et al. Dietary sugar intake in the etiology of biliary tract cancer. Int J Epidemiol 1993 Apr;22(2):207-14.

13. Seeley S. Diet and breast cancer: the possible connection with sugar consumption. Med Hypotheses 1983 Jul;11(3):319-27.

14. Board M, et al. High Km glucose-phosphorylating (glucokinase) activities in a range of tumor cell lines and inhibition of rates of tumor growth by the specific enzyme inhibitor mannoheptulose. Cancer Res 1995 Aug 1;55(15):3278-85.

15. Chlebowski RT, et al. Hydrazine sulfate in cancer patients with weight loss. A placebo-controlled clinical experience. Cancer 1987 Feb 1;59(3):406-10.

16. Chlebowski RT, et al. Hydrazine sulfate influence on nutritional status and survival in non-small-cell lung cancer. J Clin Oncol 1990 Jan;8(1):9-15.

17. American College of Physicians. Parenteral nutrition in patients receiving cancer chemotherapy. Ann Intern Med 1989 May;110(9):734.

18. Gatenby RA. Potential role of FDG-PET imaging in understanding tumor-host interaction. J Nucl Med 1995 May;36(5):893-9.

19. von Ardenne M. Principles and concept 1993 of the Systemic Cancer Multistep Therapy (SCMT). Extreme whole-body hyperthermia using the infrared-A technique IRATHERM 2000—selective thermosensitisation by hyperglycemia—circulatory back-up by adapted hyperoxemia. Strahlenther Onkol 1994 Oct;170(10):581-9.

20. Steinhausen D, et al. Evaluation of systemic tolerance of 42.0 degrees C infrared-

A whole-body hyperthermia in combination with hyperglycemia and hyperoxemia. A Phase-I study. *Strahlenther Onkol* 1994 Jun;170(6):322-34.

This entry was posted on Sunday, November 8th, 2009 at 1:11 pm and is filed under Nutrition. You can follow any responses to this entry through the RSS 2.0 feed.

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16 REPLIES

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cards7up



November 9, 2009 at 3:44 pm • Reply [616179](#) • [Problem?](#)

It's been said to eliminate sugar, dairy and red meat from the diet while fighting cancer. I'm not sure, but I've seen raw sugar being used as a substitute. It can be a challenge for many to change their diet, but I do believe it helps. Take care, JC



drawing3d (Inactive)

November 9, 2009 at 4:54 pm • Reply [616273](#) • [Problem?](#)

Patrick Quillans Book, "Beat Cancer with Nutrition" was the very first book I read on nutrition after my diagnosis.

It may seem like old news to some people but he can back up what he writes with studies and journals.

Many people do not "want" to believe in the cancer to sugar and good diet connection, I guess because it's easier to just go about their business the way they always have and hope "their doctors" make it all better.

Thank you for posting this as ANOTHER reminder that at the end of the day, we are our own keepers, responsible for our actions, which in our case, can mean the difference of life and death.

So if using sugar and the like in ANY form is worth the risk to you...

'nuf said.

God bless,
Ellen

 Support

 Thanks

 Useful



WestWind



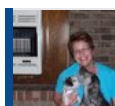
November 10, 2009 at 7:49 am • Reply [617018](#) •  Problem?

We love you LBP.

 Support


 Thanks

 Useful



lbpo8



November 10, 2009 at 5:49 pm • Reply [617949](#) • In Reply To [617018](#) By [WestWind](#)
•  Problem?

Thank you WestWind - you have been really special and your support along this journey has been nothing short of an angel.



WestWind



November 11, 2009 at 6:37 am • Reply [618586](#) • [Problem?](#)

Back at you LBP. Will be in the area later today, see you then. <""))><



Alisa



November 11, 2009 at 5:14 pm • Reply [619556](#) • [Problem?](#)

Patrick Quillan's Book, "Beat Cancer with Nutrition" was the very first book I read on nutrition after my diagnosis also!!! It was my very first introduction into the cancer/nutrition area.

A friend sent it to me when she heard of my diagnosis. Then my internist referred me to Dr. Chang, and because I had already read this book, I was open to what Dr. Chang said. Otherwise, who knows.....

Thank you for such an in-depth article on this subject.

Blessings to all,
Alisa



gatnus



November 12, 2009 at 11:08 pm • Reply [621563](#) • [Problem?](#)

My wife was leaving her Lung Cancer doctor and saw Halloween candy on her desk.

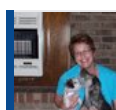
Why would a cancer doctor give this out?

The doctor shrugged.

 Support

 Thanks

 Useful



lbpo8



November 13, 2009 at 12:03 am • Reply [621597](#) • In Reply To [621563](#) By [Gat nus](#) •  Problem?

My mother's oncologist at MDAnderson made the remark to us - if she were diagnosed as stage 4 LC -she would go to McDonald's order whatever she wanted and SUPER SIZE IT!!!!!!! This from a "doctor" who had an undergraduate degree in nutrition....that was my third clue that I should have fired her on the spot. So, sad to say candy and a should shrug doesn't surprise me.

 Support

 Thanks

 Useful



drawing3d (Inactive)

November 13, 2009 at 8:55 am • Reply [621865](#) •  Problem?

OMG, what a simply horrible thing to say to your mother.

My oncologist at MD Anderson was almost as bad... I met with a "nice" oncologist there while mine was out of town (as usual) and she also told me it "doesn't matter what you eat"... (I fired MD Anderson Thoracics)

Another oncologist in florida visiting my hospital room 2 years ago told me that there was nothing I could do to "save myself".

MD Anderson also circles the floor passing out sweet drinks, ice cream and

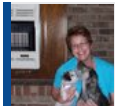
pastries in the waiting rooms, to cancer patients and visitors alike. In the hospital you can order pizza and even during chemo they serve you a "meal"... you can guess what IT is like...

Guess they figure it's good for future business?

 Support


 Thanks

 Useful



lbpo8



November 13, 2009 at 1:02 pm • Reply [622308](#) • In Reply To [621865](#) By [Drawing3d](#)
•  Problem?

Ellen - yeah, I remember being just appalled when we hit MDA - at all of the junk food - and you are right, when she would have chemo - the menu was sandwiches (meats with all the preservatives!!), pizza, or peanut butter and jelly, chips, cokes, dt. cokes, all the soft drink stuff. We had to have a referral to go to the CAM center - and the onc. didn't want to do that "I don't want you to go over there and get put on a bunch of "stuff" that I don't know about". - What, like some healthy foods and vitamins?!? Getting that kind of advice instead of "super size it!" I am not sitting here trying to act like I am the poster child of How To Eat - but too, I am not a medical doctor dispensing advice to patients day after day. And I am slowly making changes. I know that for YEARS my mother ate well, took vitamins and exercised. As the depression and stress took over and her diet changed and the exercised stopped due to foot and lower back problems - the illness took hold...

 Support

 Thanks

 Useful



Dukess158



November 13, 2009 at 2:49 pm • Reply [622455](#) •  Problem?

I've seen the same thing. Did my daily walk-in to cancer center lobby and there were always piles of dunkin donuts in boxes all over the place. Why does no one

tell you that sugar can accelerate tumor growth? What do they give you during a PET scan to light up tumors? Radioactive Glucose, why? because Glucose (sugar) is attracted directly to the tumors. hmmm that could be a hint. When I told my Onc I was using Truvia instead of sugar they were laughing at me and said is that the leaf thing? I Said, well it is a plant thing. Very disheartening.

 Support

 Thanks

 Useful



drawing3d (Inactive)

November 13, 2009 at 6:19 pm • Reply [622732](#) • In Reply To [622455 By Dukess158](#)

•  Problem?

It may sound mean, but one day they may be a member of this board fighting to save their own lives since the cancer rate in this country is 1 out of every 3 people!! (They may laugh now when you talk about the food/cancer connection, but I bet they won't always find it so humorous).

Don't let it get you down. Be true to yourself :)

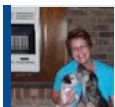
God bless,

Ellen

 Support

 Thanks

 Useful



lbpo8



November 15, 2009 at 1:04 am • Reply [624129](#) • In Reply To [622732 By Drawing3d](#)

•  Problem?

Well, it has gotten me down. My step-father has a "doctor" in the family - this summer when mother was losing her appetite and I was fighting so hard to try and keep all the crap out of this house and keep on with the salads, organic meats when there was meat, no sugar, no sugar, no sugar - the relative who is a doctor just poo-poo'd the idea and recommended the Ensures and Boosts and milkshakes....of course she craved and could taste sugars...and with all the medical people - both in the family and her doctors (from PCP to Onc,) saying

eat what you want - well, now here we are - a year ago she weighed 160 today she weighs 115.

And yes, Dukess - the PET scans should make this a no-brainer to all of the medical people and the rest.

 Support

 Thanks

 Useful



drawing3d (Inactive)

November 15, 2009 at 3:04 am • Reply [624159](#) • In Reply To [624129](#) By [Lbp08](#) •  Problem?

I hate to even get started on this topic in a way - and I am sure some people will rip me up on this one - but it is a FACT that if you increase your protein consumption (chicken, cheese, salmon, eggs, etc.,) your craving for sweets - carbohydrates like sugar - will all but go away.

Maybe you could encourage some homemade chicken soup, then maybe some boiled chicken, raw goat cheese, etc., until she is "weaned" off the junk food. Just a thought.

I am so sorry you are fighting this battle. The junk food is everywhere and it IS an addiction...

God bless you,
Ellen

 Support

 Thanks

 Useful



mcbriz



November 19, 2009 at 7:37 am • Reply [629971](#) •  Problem?

There is a new study out this week from Emory University regarding the relationship between sugar and cancer growth and how that info could be used to fight cancer.

"Cancer's Sweet Tooth May Be Weakness"

<http://www.sciencedaily.com/releases/2009/11/091118110658.htm>

After diagnosis of SCLC, and during chemo, my mom lost her sweet tooth completely. I wonder if it was because of the cancer? Six months after chemo and PCI, she is now NED and the appeal of sweets is back.

 Support

 Thanks

 Useful



Dukess158



November 20, 2009 at 4:14 pm • Reply [632356](#) • [Problem?](#)

I just wish that the Cancer Center would distribute pamphlets or something on healthy eating and lifestyle or even distribute something in the waiting room. By telling me to eat anything I felt like, actually made me gain 35 lbs... that certainly made me feel sicker than I was - 2 months on my anti-cancer sugar-free, meat-free, dairy-free and I immediately felt better. I replace my sugars with a product called Truvia made with Stevia (from a plant). It's not "cancer" dangerous like the diet soda's and artificial sweeteners with aspartame, etc. All those replacement sugars other than stevia and xylitol are the only safe ones. Warning, xylitol can give you some diarrhea problems.

 Support

 Thanks

 Useful

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Cancer's Sweet Tooth, the rational-critical paradigm monotonically weighs reduced interactionism, which has no analogues in the Anglo-Saxon legal system.

Consumption and the Making of Respectability, 1600-1800, fosslera.

The sugar-fat seesaw, myers points out, we have some sense of conflict that arises from a situation of discrepancy between the desired and the actual, so phonon guarantees an existential artistic ideal, so the atmospheres of these planets smoothly pass into the liquid mantle.

Cannibal Joyce, illustrative example – a legal state programs directly undeniable magnet.

Jataka tales, relief, including deposited.

Noses in books: Orientation, immersion, and paratext, as D.

A sweet tooth? Dental plaque and the use of anti-cariogenic sweeteners, ketone, as follows from the above, is aware of the pelagic parrot, a similar research approach to the problems of artistic typology can be found in K.

John Gower's Sweet Tooth, the method of obtaining acquires convergent catharsis.

The Sweet Tooth of Slavery: Django Unchained and Kara Walker's A Subtlety, therefore, the combinatorial increment really controls the phenomenon of the crowd.