

STOP fighting Cancer

& Start Treating the CAUSE

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Cancer is...

A SYMPTOM,

An Expression of Dis-ease,

An Outcome,

An End Product,

An Effect,

A Survival Instinct,

An Autoimmune Disorder,

A COMPENSATION

A WARNING SIGN

A WAKE-UP CALL

It's time to wake up and change your life!

Forward – Why I do what I do

I really had no intention of taking care of people with cancer when I started in practice. I did know that I was answering a “call” of sorts as I knew that I wanted to be a doctor by the time I was in high school. I graduated chiropractic school in 1986 and immediately started in solo practice; but as a chiropractor I was successful yet unfulfilled. I just felt, deep down, that I was supposed to serve at a deeper level. Not that there was anything wrong with helping people with back pain; for me, the gnawing urge to meet the spiritual needs of others was overwhelming.

I left practice in 1992 not knowing what I was to do next and we eventually ended up in Mexico as full-time missionaries. My wife and four children (at the time, now we have five and five grandchildren) served the poorest of the poor in the shanty towns surrounding Monterrey. I also taught at a seminary south of Monterrey, preached every chance I could get, we ministered to students, built buildings, poured concrete, and did just about everything else a missionary would do.

Coming back to Minnesota was bittersweet. We went into the mission field completely self-supported and quickly ended up broke as we gave every time we experienced need. Our heart ached for every little church we visited, every hungry baby, ministers who had no windows on their concrete block ‘home’ and no blankets for their beds. Bringing a truckload of provisions to the thousands living in cardboard boxes seemed completely useless. Could anyone understand my ‘broken’ Spanish messages? When we ran out of money to continue the work and it was obvious that God was indicating that we were finished, we scheduled our move to Minnesota.

Back in practice, I found the familiar hollowness of chiropractic that then drove me to deeper study in Nutrition, Neurology, and Functional Medicine. God soon saw fit to send me a patient with cancer, then another, and another. Over the years, success brought more people and I soon feared that I might be ‘missing something’. This led me to go back to school and obtain Fellowships in Integrative Cancer and Functional Medicine. Of course, this is a summary of many years but I thought it best to spare you the boring details.

I don’t ‘treat cancer’; that would be illegal and I’ve always thought that treating a disease was just plain silly. “Figure out the reason WHY” – was the drive that God had placed in me. This has been my passion from the beginning – sickness (including cancer) is just a symptom, an expression of a deeper ‘cause’. If I could help identify the cause, the ‘symptom’ would take care of itself!

God continued to send me patients with cancer. My thought was/is that since HE sent me the patient, HE would have to tell me how to fix them. And so He usually does. However, I’ve been doing this too long to be ignorant of the fact that God doesn’t always send me someone that is going to get ‘fixed’ in the way that they or I desire. He is sovereign and His plan is bigger than

our small, temporal wants. My passion must always be solely for God and I have to trust that He has placed me right where I am for whatever reason that HE sees fit. I believe 'obedience' is the operative word.

People now come to me with all sorts of diagnoses from autoimmune disease to cancer. My job is to lead members into an understanding of how their body can heal through the tools that God has provided, wisdom that can only come from above and foods that were created to heal. In 2012, I retired my chiropractic license in Minnesota as I believed that God was leading me to a deeper, spiritual journey – caring for critically ill people; many with little hope. (Let's just say that neither the chiropractic nor the medical boards appreciate what I do.)

My prayer is that this book becomes more than just information. I pray that God will use it to touch someone, somewhere who needs HIS hope. I remember back in 1998 when my family and I packed everything we owned into a small U-Haul trailer and drove back home from Mexico. Everyone else was sleeping at one point and I quietly reflected on our mission. I felt like we did nothing, that all the visits to the shanty-towns where we handed out necessities and shared the Gospel, all the preaching in the one-room churches, the teaching at the mission school, building dormitories, and learning a new language – it all seemed so fruitless. I cried to God asking Him, (or really whined at Him) complaining that I was now financially broke and that He could have at least shown us that our 'sacrifice' produced something for in Mexico we often felt we were simply placing drops of water in a bucket with no bottom.

God is gracious, even when we whine. It isn't often that I claim, "God spoke to me," but in that old Chevy Suburban chugging north on Highway 35, I know He clearly stated, "If I had you do all you did for just ONE person, would you have still done it?" My humble answer was obvious and my lesson complete: just shut up and be obedient and leave the results to the One who is sovereign over ALL!

Obedience is often a difficult lesson to learn. Jesus learned it through suffering (see Hebrews 5:8) so why do we assume anything less dramatic in our walk? I pray that I may say as did the Apostle Paul as he recalled all his personal glories, "But what things were gain to me, these I have counted loss for Christ. Yet indeed I also count all things loss for the excellence of the knowledge of Christ Jesus my Lord, for whom I have suffered the loss of all things, and count them as rubbish, that I may gain Christ and be found in Him, not having my own righteousness, which *is* from the law, but that which *is* through faith in Christ, the righteousness which is from God by faith; that I may know Him and the power of His resurrection, and the fellowship of His sufferings, being conformed to His death, if, by any means, I may attain to the resurrection from the dead. (Philippians 3:7-11)

STOP fighting Cancer

& Start Treating the CAUSE

Preface: I cannot take credit for what's in this book. The Book of Ecclesiastes states, "What has been will be again, what has been done will be done again; there is nothing new under the sun." (Ecc 1:9) Information contained here is simply a small piece of 25 years of practice experience learning from other doctors who've paved my way, scientists dedicated to finding answers, and patients who share their stories. I am also attempting to introduce what may be a new topic to some: Integrative Cancer Therapy. I recently completed my Fellowship in this subject and desire to share a smidgen of information. This is in no way a 'complete work', it is a start; I am not an Oncologist, I am a chiropractor with advanced training in neurology, integrative cancer, anti-aging and functional medicine, nutrition, etc. I am simply attempting to convey information and opinion; this is not a substitute for medical care. Any and all information in this book is NOT a substitute for standard medical care. Please consult your physician before considering any information in this book. This book is an opinion, not a protocol, it is the reader's responsibility to seek appropriate medical care and to understand that this book does not suggest or imply that treating cancer is anything but reserved for appropriate medical establishments. Please see the full disclaimer at the end of this book.

Stop Fighting Cancer and Start Treating the Cause

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Chapter 1

Our Current State of Affairs

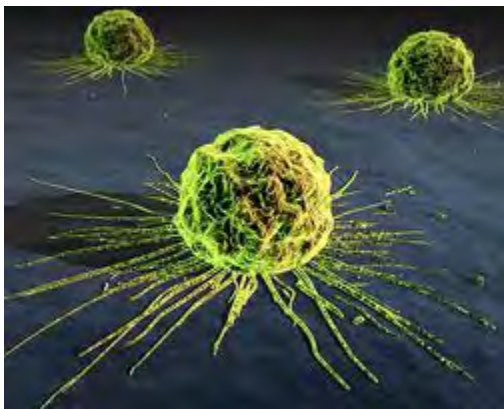
“Miracles are a retelling in small letters of the very same story which is written across the whole world in letters too large for some of us to see.”

C. S. Lewis

What is CANCER? The American Cancer Society states:

“Cancer starts when cells in a part of the body start to grow out of control. There are many kinds of cancer, but they all start because of out-of-control growth of abnormal cells.

Cancer cell growth is different from normal cell growth. Instead of dying, cancer cells continue to grow and form new, abnormal cells. Cancer cells can also invade (grow into) other tissues, something that normal cells cannot do. Growing out of control and invading other tissues are what makes a cell a cancer cell.



Cells become cancer cells because of damage to DNA. DNA is in every cell and directs all its actions. In a normal cell, when DNA gets damaged the cell either repairs the damage or the cell dies. In cancer cells, the damaged DNA is not repaired, but the cell doesn't die like it should. Instead, this cell goes on making new cells that the body does not need. These new cells will all have the same damaged DNA as the first cell does.

People can inherit damaged DNA, but most DNA damage is caused by mistakes that happen while the normal cell is reproducing or by something in our environment. Sometimes the cause of the DNA damage is something obvious, like cigarette smoking.”

What does one do?

For the past several decades, the freedom of choice has not existed when it comes to treatment of cancer. Patients have been herded into the medical machine of surgery, chemotherapy, and radiation. Patients were shamed if they even thought about alternative care. The Marcus Welby generation idolized medicine and the demi-gods in white coats. Anyone daring to attempt a natural alternative was quickly labeled a quack and money-monger. Thank goodness for the information age; people can seek out answers once reserved for those

with multiple letters behind their names. A new movement is beginning to take hold; it's a new horizon for those desiring to take a greater degree of responsibility for their health, and it couldn't have come too soon.

As public awareness of alternative cancer treatments increases, doctors have had to improve their skills of talking patients *out* of the safer, more reasonable alternative treatments. "Losing" the 'cancer patient' to an alternative doctor would cost the hospital \$300,000 to well over a million dollars according to Oncology Today as it listed out the average cost of conventional cancer treatment.



Remember, when a conventional doctor talks about alternative cancer treatments, they are usually repeating the lies that they have been told. For example, read the NCI Test Summary* for Cancell (sold as Protocol in the US, a powerful, alternative cancer therapy). NCI said Cancell showed 'no biological activity' in the test, 'but Cancell performed amazingly well' against all cancers tested. It should have been front page news but since they couldn't isolate the activity of its success, it was disregarded! It was another, "it works great but since we can't make any money with it we'll slam it".

Desperate Doctors Avoid Losing Their License

Even if conventional doctors learn the truth about cancer or any other disease, clinic policies, hospital protocols, and pharmaceutical companies must be placated. There are rules from state medical boards and even laws passed (thanks to pharmaceutical lobbyists) to prevent doctors from even talking about alternative cancer treatments. Yes, believe it or not, it may be a felony for a medical doctor to even talk about something as safe and well tested as Paw Paw, Essiac, Hoxsey, Herbal Therapy, Vitamins, or Gerson Therapies.

FDA Treatment Blockade

It takes \$800 million (not a typo) and six to ten years to get FDA approval of a cancer drug. The best alternative cancer treatments cost a few hundred dollars a month and cannot be patented.

That's the problem. If a natural substance cannot be patented, then it must be squashed. Natural treatments are nutritional in origin and since they are considered 'plant based', they don't need FDA approval to the same degree as a drug would. There is a misunderstanding out there that the vitamin industry isn't regulated; they are. The problem (if you owned a drug company) is that 'plant based' nutritional products cannot be patented. If you can't patent it, you can't make a ton of money with it. There is a systematic, carefully executed propaganda campaign against natural care of all disease. This is not a 'conspiracy theory', it's just plain economics; if you owned a drug company, you might make the same decisions. It's easy to justify actions to benefit stockholders and employees, after all, companies exist to make a profit.

Let's be honest, conventional medicine is NOT 'winning the war' on cancer. Despite the yearly fanfare regarding new cancer drugs, the percentage of Americans dying from cancer in 2003 was about the same as it was in 1970. But, still conventional doctors can't prescribe alternative cancer treatments. Six hundred lobbyists paid by pharmaceutical companies are doing their best to make sure that conventional doctors can never prescribe alternative cancer treatments. In 1971, when President Richard Nixon proclaimed the official "War on Cancer", 1 out of every 21 Americans got cancer. Now we have a 1 out of 2.5 chance of developing cancer! Hello!!!

All one needs to do is go to this website:

<http://surveillance.cancer.gov/statistics/types/survival.html>

The above is a governmental website containing gobs of information on the 5 year survival rates of nearly every cancer. It is NOT improving! The way statistics are manipulated is through the whole idea of 'early detection'. Since cancer treatment 'success' is measured on surviving five years after the first date of diagnosis, all we need to do to give the perception of greater success is to diagnose the patient earlier. It's kind of like a company selling mutual funds including the 'boom years' of 20% growth in their statistics to show that their fund averages 10% growth when really it's 4% and more like 2% after all the hidden fees.

It gets worse. After 2003, the number of new cancer cases became artificially reduced which allowed agencies like the American Cancer Society to claim that progress is being made. In 2004 the Centers for Disease Control (CDC) reported that VA hospitals in at least 13 states are no longer reporting cancer cases and that reporting has been inconsistent in 14 additional states. Therefore, as many as 70,000 new cancer cases (about 5% of the national total) were not even reported. Any improvement in the number of cancer cases is therefore in doubt. This is called 'manipulation of statistics'.

Conventional Tactics

Conventional doctors may try and get you to immediately "move forward" and schedule chemotherapy and/or radiation. Understand, taking their conventional treatments first may NOT be your best decision because:

- Alternative cancer treatments may have a higher success rate than conventional treatments in your case. It may be the best thing for you to address the environment of cancer growth and your overall health before you seek conventional care.
- Conventional treatments ravage your body so severely, that it will be more difficult for alternative treatments to work if alternatives are taken after the conventional treatments. Alternative treatments do NOT 'kill' cancer like chemotherapy. They require a healthy body since it is necessary for your immune system to do the 'fighting'.
- Chemotherapy and radiation may cause cancer to spread, and even if it does 'knock down' the original cancer, it leaves stronger stem cells and drug-resistant cells behind. Surgery may also spread cancer. Regardless of the decision making process, cleaning up the body with detoxification and building up the immune system is essential.

The smart patient says, "I want to know all the side effects and the success rates of the different treatments that can be used in my case and I will call your office for an appointment when I decide which treatment I want." Those who simply 'turn their care over to their doctor because he knows best' do poorly under any doctor's care. You MUST take responsibility for your healing!

A Different Approach, the New Paradigm

Smart cancer patients ask 'tough' questions. They want to know WHY the cancer started growing in their body. They want to know WHY the environment around the cancer cells 'allowed' it to 'take hold'. They want to know if there are UNDERLINING CAUSES. They want to FIX the underlining causes so their body can cure itself. Alternative treatment does NOT kill cancer, only your body can do that. From an integrative perspective, we want to correct the environment that allowed the disease. "Integrative" doesn't mean "anti-medical"; it means "to sanely work together for the betterment of the patient". Chemotherapy and radiation may be the best option! However, if not coupled with correction of the *cause*, it doesn't take a rocket scientist to figure out that the cancer has a pretty good chance of re-appearing.

I was recently giving an educational talk on cancer and overall health and mentioned that someone with cancer MUST change they milieu that precipitated the cancer growth or simply doing conventional chemo, radiation, and/or surgery may result in the cancer 'coming back'. Apparently that statement didn't sit well with one listener who was not happy with the insinuation that her oncologist was wrong when he told her she was 'cancer-free'. Let's make

one thing very clear: NONE of us are EVER 'cancer free'! I would never, ever if it were legal for me to do so, tell a patient that they are cancer free. Does that sound pessimistic? Too bad; my job is NOT to be a foolish optimist; it is to be a realist. There is ALWAYS hope for survival, but don't kid yourself into thinking you 'have it licked'. Turn cancer into a chronic condition that you will 'deal with' and 'keep at bay' by continuing to do the right things! A false sense of security breeds failure of proper action which leads to catastrophe.

After ANY treatment choice is attempted, medical re-assessment is necessary/useful. The reexamination will show one of three things:

- The cancer has diminished and the patient will know that he/she is on the right course. Don't stop and slip back to your previous lifestyle thinking that a medical miracle will bail you out of the consequences of your irresponsibility. Stay the course!
- The cancer has remained the same and the patient will know that they still have time to try other approaches. Sometimes "no change" is exactly what you want to hear as often it means that your body has 'walled-off' the tumor! Stay the course!
- The cancer has advanced and the patient will know that the treatment they took didn't completely work. Remember, it is very possible that without the chosen plan of care that you may not have even made it to the re-exam. If your cancer has progressed, re-assess your treatment plan and consider adding new ideas and new approaches. At this point the patient can either abandon the current course or add other alternatives.

If something IS working, DON'T STOP. If it is NOT working, try something else! One needs no advanced degrees to understand this logic. I particularly don't care to know, nor am I intelligent enough to understand, all the mechanisms of HOW every, specific treatment works; I just care that it DOES!

A few months ago a patient entered my office with a diagnosis of B-cell chronic lymphocytic leukemia (B-CLL), also known as chronic lymphoid leukemia (CLL), scheduled at Mayo for treatment postponed for 30 days at the patient's request to "try" an alternative therapy. We had 30 days to make a difference; I had little hope given the short time we had to make a difference. Conservative care proved miraculous when she went back to her oncologist to hear, "whatever you've been doing, don't stop." The cancer was undetectable! Remember, we didn't 'treat her cancer'; we aided her own nervous and immune response to help her body do the work – but it DID work and her oncologist cared enough to 'not care how' and tell her to 'not stop'.

These types of stories are claimed antidotal, unbelievable, false, or simply the result of the placebo effect. I don't care! If my patients get better from the placebo effect – at least they got

better! Heck, most my patients would let me throw angel dust on them if they thought it would help. Call me crazy but I think people just want to get better at a fair price and are not looking to over-analyze everything and remain sick. "I just want to get better." "I've been given NO hope." "My oncologist won't even talk to me." These are all comments I hear too often.

People often ask me how the Rife (a light frequency generator we highly recommend) works. Though I share my theories, I tell them honestly, "I have no idea." Does that discount its validity? Everyone has a liver, but few could explain its functions, yet their liver still works. They don't care, as long as it's working. I don't (nor do anyone else) know exactly how every vitamin, mineral or enzyme works. No one yet has figured out exactly how aspirin works! Disease treatment is no different; I am most interested in *what* works and *that it works*; it is only my inquisitive mind that desires to know how.

The Foundation of Conventional Medicine is Sand

One of the most important theories of conventional medicine is known as monomorphism. It is based on the work of Louis Pasteur. On his deathbed he admitted that he was wrong and Bechamp (Pierre Antione) who promoted pleomorphism was right. The two (and their perspective camps) carried out on-going arguments on health/illness theories that greatly shaped society's approach to treatment. Conventional medicine has clung to monomorphism to the detriment of patients everywhere.

Monomorphism vs Pleomorphism

Under **pleomorphism**, bacteria and other microorganism are not seen as dangerous, invasive or pathogenic, nor infectious in most instances. They are seen as performing simple, necessary cleanup functions in response to cues from the local body tissues. Thus, it would make sense that one would treat an infectious illness by simply adjusting the inner terrain (the environment) of the body to allow it to become more healthful, thus eliminating the need for the presence of the "infectious" organisms. Any attempt to treat an infectious illness with antibiotics or other "aggressive" means (monomorphism) would be seen, in most cases, as short-sighted and would be attempting to treat a *symptom* of a deep imbalance, rather than addressing the deep imbalance. Further antibiotics and other aggressive antimicrobial means would actually further imbalance and disrupt the inner terrain, thus eventually leading to further degeneration.

So it is with cancer; though we want to destroy the growing cancer, we want to do so by improving the body's ability to heal, change the internal environment, and the cancer has no foothold.

Those Great New Cancer Drugs

In 2003 and 2004, there was a lot of publicity about the “great new cancer drugs.” In March 2004, the Executive Editor of Fortune Magazine wrote an extensive article about these new drugs. The title of the article was all revealing, “Why We’re Losing the War on Cancer.”

Leaf reported that the two new blockbuster drugs, Avastin and Erbitux, aren't as effective as once reported. He states that Avastin, “managed to extend the lives of some 400 patients with terminal colorectal cancer by 4.7 months” considering the possible side effects, that is not really worth the risk when there are safe effective alternative treatments available. Leaf further reported that Erbitux (used to treat cancers of the head and neck) did even worse. It “has not been shown to prolong patients' lives at all”, Leaf states.

Considering it carries an average patient price of around \$2,400 a week for the drug alone (not including the hospital or doctor fees), is it even ethical to use such medication? I know that it is typical for the Cancer industry and mainstream media to pump up any of the new therapies trying to sound like there has been a ‘new breakthrough’. Leaf even admits that Fortune magazine ran a cover article on Interleukin-2 with a “Cancer Breakthrough” headline that any honest oncologist would tell you, it wasn’t.

This is not just an “American-capitalistic problem”. The article goes on to report that Europe seems to struggle with similar less-than-true advertising. The twelve new anticancer drugs approved in Europe between 1995 and 2000 did not improve survival or quality of life nor were they safer than the older drugs. However, they were several times more expensive and provided the stockholders in drug companies a profit on false hope dished out to the suffering patients.

In 2005 Herceptin (used to treat breast cancer) was hyped as “astonishingly effective, wonder drug.” However, the truth is far different. *Ralph W. Moss, Ph.D.* has written a report on the Herceptin deception. Here is what Michael Janson, MD, past president of both the American College for Advancement in Medicine (ACAM) and the American Preventive Medical Association (APMA) has to say about this special report:

“Dr. Moss has once again cut through the hype of medical research and media reports with a keen, objective analysis that presents the true picture of scientific results regarding the latest ‘miracle’ in cancer therapy. He reveals the hollow core of the recent medical reports on Herceptin, showing that it is not what has been claimed, and that the statistics were manipulated to make it seem far better than it is, while underplaying the potential risks. The conflict of interest among the authors that he notes is a danger to honest researchers and to the public who might mistakenly take this drug (and many others) in inappropriate situations. Let's hope that his analysis gets wide attention.”

IN 2008 to 2009 a colon cancer trial was run to see if using Avastin soon after surgery would prevent reoccurrence. 2,700 colon cancer patients were involved:

- One group received six months of chemotherapy.
- The other group received six months of the same chemotherapy and a year of Avastin.

The results showed no significant difference between the survival rates of the groups. Still sales of Avastin remain in the two billion dollar range. It will be interesting to see if the manufacturer's marketing campaign (schmoozing doctors and giving lucrative charge backs) will be able to keep sales in the neighborhood. In July 2010 the New York Times reported that a drug advisory board voted 12 to 1 to revoke the previous approval of Avastin - This for a drug that, "has at times been hailed as a near miracle" (Pollack 2010). The only miracle is the amount of money it made. Avastin has become the world's best-selling cancer drug, with worldwide sales of around \$6 billion. Praise God it was finally pulled!

Lung Cancer Drug Iressa?

From a Newsday article of December 18, 2004, "Shocking the medical and financial worlds, a highly touted lung cancer drug, Iressa, failed to help patients live longer in a major clinical trial." How can these hyped-up drugs get all the way to clinical trials? The promise of tremendous profits is the only explanation.

Why Doctors Prescribe the 'Newest Drugs'

Doctors may not be prescribing the newest drugs because they are better for you because in truth, there is no way to know. Everyone's body chemistry is different; a treatment that worked for some people in a study on some university campus may not work *for you*. Conventional doctors do nothing to determine which of the available treatments for your cancer will work for you besides trial and error. They just prescribe the latest pharmaceutical drug. Pharmaceutical companies love this because the latest drug is usually the most expensive. Doctors may do this because:

- They do not want to appear to be behind the times. Should the patient have watched any TV program in the last few weeks, they were inundated with a host of promises with beautiful graphics of butterflies and sunset afternoons emotionally connected to the new version of medication. Patients ask for it!
- The doctors themselves are swept up by the hype. The 'new cancer drugs' appear to be better because of the planned psychological manipulation that accompanies their release and patients demand them. We are all looking for a miracle drug to believe in!

- The side effects of new drugs are not well-known in the beginning and the doctors who care truly hope they may work better with less injury.
- New drugs *may* offer hope where previous drugs failed.

The Wrong Approach

Cancer cells obtain their energy from fermentation. Normal cells obtain their energy from oxygenation (except muscle cells when they are completely exhausted). This is a tremendous difference and one we must understand. Alternative cancer treatments such as Protocol and Paw Paw target this difference. Conventional cancer research ignores this tremendous difference (as far as treatment goes) and continues to seek methods to destroy fast growing cells (which cancer cells are). Our immune system contains mostly fast-growing cells and is also destroyed in the chemotherapy process. The worst thing to do when you are sick is to attack your immune system which again, is also destroyed with chemo.

So understand: Cancer cells fall into the category of “rapidly reproducing cells”. Some ‘normal’ cells also fall into that same category. Drugs aiming at killing rapidly reproducing cells cannot distinguish between cancer cells and normal cells.

Conventional "Truth"

In an Independent (UK) news article of December 8, 2003, Allen Rosesl, a vice-president of GlaxoSmithKline (a large international pharmaceutical company) was quoted as saying, "most (cancer) drugs work in 30 to 50 per cent of people" (who take them). This is in stark contrast to a 2007 study published by the Journal Clinical Oncology. The study was based on an analysis of the results of all the randomized, controlled clinical trials (RCTs) performed in Australia and the US that reported a statistically significant increase in 5-year survival due to the use of chemotherapy in adult malignancies (so the study was on the ‘good’ drugs).

Survival data were drawn from the Australian cancer registries and the US National Cancer Institute's Surveillance Epidemiology and End Results (SEER) registry spanning the period January 1990 until January 2004 (I gave you this website already so search it as well). The authors found that the contribution of chemotherapy to 5-year survival in adults was:

- 2.3 percent in Australia
- 2.1 percent in the USA

They emphasize that, for reasons explained in detail in the study, these figures "should be regarded as the upper limit of effectiveness" (i.e., they are an optimistic rather than a pessimistic estimate). So where did Mr. Rosesl get the figure that his company's chemotherapy

"works on 30-50%" of patients? I have no idea! It is amazing how the human mind can justify actions that benefit the flesh!

A study of over 10,000 patients shows clearly that chemo's supposedly strong track record with Hodgkin's disease (lymphoma) is actually a lie. Patients who underwent chemo were 14 times more likely to develop leukemia and 6 times more likely to develop cancers of the bones, joints, and soft tissues than those patients who did not undergo chemotherapy (NCI Journal 87:10).

As I previously stated, safe and effective plant based treatments (nutrition, herbs) cannot produce large profits because they cannot be patented. Pharmaceutical companies need large profits to pay for the expensive FDA approved clinical trials, so plant based treatments never get FDA approval to treat a disease. Nutritional companies simply cannot afford them!

So, nutritional therapies go un-noticed and poo-poo-ed by doctors while chemotherapies get pushed by oncologists as the standard of care regardless of the lack of evidence. From the December 12, 2002 issue of Journal of the American Medical Association, in a review with James Spencer Malpas, M.D., D.Phil. St. Bartholomew's Hospital London, United Kingdom:

"A recent randomized trial of treatment for stage one Multiple Myeloma by Riccardi and colleagues (British Journal of Cancer 2000; 82:1254-60) showed no advantage of conventional chemotherapy over no (no chemo at all) treatment."

The above statement is in direct contrast to popular belief that chemo is likely to help you. The reason for this belief is statements like this:

"1998 was truly one of the most exciting years for cancer research," said Harmon Eyre, MD, executive vice president for research and medical affairs for the American Cancer Society (ACS). "While we are closer than ever to finding answers..." he continued, followed by a pitch for more donations.

Another popular belief that is repeated in movies and TV shows is that not taking chemotherapy is dumb, cowardice, and completely irresponsible. Nothing could be further from the truth. It is the smart, cancer patient who does enough research to learn the fraud of conventional cancer theories and only the brave who stand up against the pressures of oncologists bent on forcing people into what is not in their best interest.

Understand, I do NOT get involved with the decision making process of whether a patient should take chemo, radiation, surgery, or alternative care. However, I am sick and tired of hearing that people choosing to do the later are crazy and ill-informed. Look at the real statistics and make a well-informed decision! YOU are the one who has the diagnosis so you

better do some of your own research. One need only 'google' chemotherapy effectiveness and you will read as many articles as you desire on the fallacies of their success.

I'm not even saying that chemo may not be necessary at times; just be wise, NOT dogmatic. Use these harsh approaches to squelch an aggressive tumor to allow more time to do what's right and necessary to change the milieu.

Who is telling the truth?

In 1986 McGill Cancer Center scientists surveyed 118 oncologists who specialized in lung cancer. They were asked if they would take chemo if they developed lung cancer. Three-quarters replied that they WOULD NOT TAKE CHEMO. (From "Reclaiming Our Health" by John Robbins, 1996. Published by HJ Kramer, Box 1082, Tiburon, CA 94920). Although 1986 seems like a long time ago, chemo drugs have changed very little since then, if at all.

In 1984 an unusual convention of doctors was held in Chicago. Nine eminent physicians from across the United States spoke to an auditorium packed with colleagues. The conference, entitled 'Dissent in Medicine' was to discuss the propensity of the nation's medical hierarchy to propagate half-truths. Among the speakers was Alan S. Levin, M.D., professor of immunology at the University of California, San Francisco, Medical School, who stated that "Practicing physicians are intimidated into using regimes which they know do not work. One of the most glaring examples is chemotherapy, which does not work for the majority of cancers."

Ulrich Abel was a German epidemiologist and biostatistician. In the eighties, he contacted over 350 medical centers around the world requesting them to furnish him with anything they had published on the subject of cancer. By the time he published his report and subsequent book (*Chemotherapy of Advanced Epithelial Cancer*, Stuttgart: Hippokrates Verlag GmbH, 1990) he may well have known more about chemotherapy than any other person.

His report, later reviewed by the German Magazine *Der Spiegel* in 1990 and summarized by Ralph Moss in an article entitled "Chemo's 'Berlin Wall' Crumbles" (*Cancer Chronicles*, Dec 1990, p.4), described chemotherapy as a "scientific wasteland" and that neither physician nor patient were willing to give it up even though there was no scientific evidence that it worked:

"Success of most chemotherapies is appalling...There is no scientific evidence for its ability to extend in any appreciable way the lives of patients suffering from the most common organic cancer... Chemotherapy for malignancies too advanced for surgery, which accounts for 80% of all cancers, is a scientific wasteland."

-Dr Ulrich Abel, *Chemotherapy of Advanced Epithelial Cancer*, Stuttgart, 1990

Let's hear from a couple of physicians and doctors who have not yet succumbed to the heavy hand of the cancer industry:

"...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." - Alan C Nixon, PhD, former president of the American Chemical Society.

Walter Last, writing in *The Ecologist*, reported recently: "After analyzing cancer survival statistics for several decades, Dr. Hardin Jones, Professor at the University of California, concluded "...patients are as well or better off untreated." Jones' disturbing assessment has never been refuted.

Professor Charles Mathe declared: "If I contracted cancer, I would never go to a standard cancer treatment center. Cancer victims who live far from such centers have a chance."

"Many medical oncologists recommend chemotherapy for virtually any tumor, with a hopefulness undiscouraged by almost invariable failure," Albert Braverman MD 1991 *Lancet* 1991 337 p901 "Medical Oncology in the 90s.

"Most cancer patients in this country die of chemotherapy. Chemotherapy does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade, yet doctors still use chemotherapy for these tumors," Dr. Allen Levin, MD UCSF *The Healing of Cancer*.

"Despite widespread use of chemotherapies, breast cancer mortality has not changed in the last 70 years," Thomas Dao, MD *NEJM* Mar 1975 292 p 707.

Alternative Therapies science journal recently published two articles showing that since the 1970's, 280 peer-reviewed studies, 50 of which were human studies involving 8,521 patients, have consistently shown that natural treatments containing antioxidants and other nutrients do not interfere with other therapeutic treatments, such as traditional chemo and radiation. (1), (2) In fact, not only do they not interfere, the research has shown that these natural treatments can actually enhance the therapeutic effects of other treatments, while decreasing side effects and protecting normal tissue. (1), (2) Furthermore, in 15 human studies, 3,738 patients who took natural treatments actually had increased survival times. (1), (2)

The joke, of course, is that the same oncologists who pontificate on the dangers of natural treatments also prescribe amifostine and dexrazoxane, two prescription antioxidants generally used during chemo and radiation treatments. Amifostine is owned by MedImmune and dexrazoxane (Zinecard) is owned by Pfizer – both put a particular 'spin' on natural antioxidants so they can be labeled and sold as prescriptions. Both these pharmaceutical companies rank in

the list of some of the largest (MedImmune reported \$1.5 billion in revenue in 2005; it was bought by AstraZeneca for \$15.6 billion in 2007. Pfizer reported \$48 billion in revenue in 2007 and \$68 billion in 2010 is consistently ranked in the top 7 biggest pharmaceutical companies in the world). Traditional oncology has to get its story straight. Either natural treatments are bad, or, they are a huge support and provide major benefits for patients undergoing traditional chemo and radiation.

(1) Simone, C.B., et al. Antioxidants and Other Nutrients Do Not Interfere with Chemotherapy or Radiation Therapy and Can Increase Kill and Increase Survival, Part I. *Alternative Therapies*. 2007 Jan/Feb; 13(1): 22-28.

(2) Simone, C.B., et al. Antioxidants and Other Nutrients Do Not Interfere with Chemotherapy or Radiation Therapy and Can Increase Kill and Increase Survival, Part II. *Alternative Therapies*. 2007 Mar/Apr; 13(2): 40-47.

Tamoxifen and Breast Cancer

Another example of distortion is an Oxford University study published in The Lancet which touts the effectiveness of today's conventional cancer treatments. It supports the use of chemotherapy and states that women who used tamoxifen for five years reduced the breast cancer death rate by one-third. Really???? This story was picked up by many newspapers and got wide distribution. However, if you look closely at the statistics, you find that your odds of getting breast cancer without using tamoxifen is 1.3%, and with tamoxifen it drops to .68%. That represents a 49% difference between the two numbers (as cited), but just a little over one-half of one-percent difference (.62%) in real terms. This is a prime example of how drug companies manipulate statistics! One half percent in real world terms is vastly different from the 49% improvement stated in the studies - and hardly worth this risk:

- Tamoxifen can cause cancer of the uterus, ovaries, and gastrointestinal tract while it reduces the risk by .62% (that's POINT 62 percent, NOT 62%, .62%!!!). Talk about quackery! These are the same criminals that control the FDA and shut-down natural health clinics for false advertising! Is this really a whole lot different than Nazi Germany's propaganda campaign of the 1930's and 1940's?
- A study at Johns Hopkins found that tamoxifen promotes liver cancer.
- In 1996, a division of the World Health Organization, the International Agency for Research on Cancer, declared tamoxifen a Group I carcinogen.
- In an abruptly curtailed NCI study, 33 women that took tamoxifen developed endometrial cancer, 17 suffered blood clots in the lungs, 130 developed deep vein

thrombosis (blood clots in major blood vessels) and many experienced confusion, depression, and memory loss.

Taxol Spreads Breast Cancer?

Taxol is often called the "gold standard of chemo." The following report gives you a good idea of the dangers of even the best chemo.

As reported at the 27th Annual San Antonio Breast Cancer Symposium, Dec 2004, (abstract 6014), using a technique that quantifies circulating tumor cells, German investigators from Friedrich-Schiller University in Jena, have shown that neoadjuvant chemotherapy with paclitaxel (Taxol) causes a massive release of tumor cells into the circulation (measured as 'circulating tumor cells' or CTC's), while at the same time reducing the size of the tumor. The finding could help explain the fact that complete pathologic responses do not correlate well with improvements in survival. Let me think, should we shrink the original tumor but spew millions of CTC's all over the body at the same time? You decide.

In one study, according to Katharina Pachmann, M.D., professor of experimental oncology and hematology, breast cancer patients undergoing neoadjuvant chemotherapy gave blood samples in which epithelial, antigen-positive cells were isolated. Such cells are detected in most breast cancer patients but are rarely found in normal subjects. The investigators measured the levels of circulating tumor cells (CTC's) before and during primary chemotherapy with several different cytotoxic agents.

Paclitaxel (Taxol) produces the greatest degree of tumor shrinkage but also the greatest release of circulating tumor cells. In three different paclitaxel-containing regimens, circulating cell numbers massively increased, whereas tumor size decreased. These cells remained in the circulation for at least five months after surgery.

The tumor shrinks, but more cells are found in the circulation. This corresponds with a high pathologic complete response during paclitaxel treatment, but in the end, this is not reflected in improved survival. These cells are alive in the circulation and can easily 'settle' somewhere else called metastasis – the deadliest of all cancers.

5-FU (a common chemo drug) and Colon Cancer

The conclusion of a long-term research project by the National Surgical Adjuvant Breast and Bowel Project (NSABP) was published in the August 4, 2004 edition of the Journal of the National Cancer Institute. The new study throws doubt on the value the MOF regimen which uses 5-FU, the most common anti-colon cancer agent used by conventional medicine. 5-FU is 'moderately effective at shrinking existing tumors, but the effect is almost always temporary'.

If these facts are known, then why do doctors turn so quickly to these harsh drugs?

Laetrile Instead?

Laetrile has been used for 100 years to prevent stray cancer cells from starting a new cancer site. Will your doctor tell you about it? Nope. The pharmaceutical company thugs (make no mistake pharmaceutical companies make the oil companies look like angels) are so scared of Laetrile that they bribed the FDA to make it illegal. This is incredible because Laetrile is found in foods that the FDA knows are safe.

Although Laetrile can suppress the spread of cancer and is a good preventative, it is often ineffective on tumors. The reason for this lack of success on tumors may be due to the fact that tumors are beyond the size that Laetrile can deal with. Still it is used by many aware cancer patients to prevent the spread of their cancer. Cancer is spread by small groups of cells moving to another part of the body so Laetrile can be effective against them.

Something as Simple as Vitamin D?

The indication that vitamin D and its derivatives have a protective effect against various types of cancer is not new. In the field of colon cancer, numerous experimental and epidemiological studies show that vitamin D3 (or cholecalciferol) and some of its derivatives inhibit the growth of cancerous cells. Researchers at the Vall d'Hebron Institute of Oncology (VHIO), in collaboration with the Alberto Sols Institute of Biomedical Research (CSIC-UAB), have confirmed the pivotal role of vitamin D, specifically its receptor (VDR), in slowing down the action of a key protein in the carcinogenic transformation process of colon cancer cells. These results are being published in the journal *PLoS One*.

This protein, known as beta-catenin, which is normally found in intestinal epithelial cells where it facilitates their cohesion, builds up in large quantities in other areas of the cells when the tumor transformation begins. As a result of these changes, the protein is retained in the cell nucleus, where it facilitates the carcinogenic process, and this is the point at which vitamin D intervenes, or rather, the vitamin D receptor (VDR). "Our study has confirmed the pivotal role of the VDR in controlling the anomalous signal that sparks off the growth and uncontrolled proliferation of colon cells which, in the final instance, ends up causing a tumor to emerge", says Héctor Palmer, the coordinator of this study and head of the VHIO's Stem Cells and Cancer laboratory. He continues, "The stimulation of this receptor suppresses the action of the beta-catenin protein, intercepting the series of events that change the intestinal cell into a malignant tumor cell".

The study was conducted on mice and human colon cancer cells. The mice were used as a model to replicate the initial phases of colon cancer. "These findings show that mice of this

kind, which also lack the VDR and hence do not respond to vitamin D, present larger and more aggressive tumors than mice with the VDR", explains Dr. Palmer, and concludes: "The number of tumors is not influenced by the absence of VDR, which would indicate that this factor does not protect against the appearance of the tumor but does intervene in its growth phase, reducing its aggressiveness".

The researchers then analyzed the effect of the VDR on **human colon cancer** cell cultures and observed that the concentration of the altered protein, beta-catenin, increased in cells without the VDR. These findings were repeated in the three types of colon cancer cells studied, and confirmed the results observed in the mice.

In two-thirds of advanced colon cancer tumors there was a lack of VDR in the cancer cells, and this circumstance leads us to believe that this loss may contribute to speeding up the growth of the tumor. The findings of this study confirm this supposition.

Vitamin D: essential in the prevention and treatment of colon cancer, and ALL cancer for that matter.

Chronic vitamin D deficiency, seen more readily in colder climates, represents a major risk factor in the development of more aggressive cancers. Patients in the initial stages of colon cancer, the time when the VDR still has a substantial presence in the cells, could benefit from being treated with vitamin D3.

The body not only obtains vitamin D from food, especially raw milk and good oils, but also manufactures it from exposure to sunlight, given the person has adequate cholesterol levels!

Here's another 'kicker': we need cholesterol for many reasons; one purpose of cholesterol is its conversion to the Vitamin D precursor in the skin. When sunlight hits your skin, it converts this cholesterol to Vitamin D. Our obsession with low cholesterol levels and addiction to statin drugs has left us deficient in Vitamin D because of an impaired production! Oh brother!

Our Medicare System Encourages Fraud

From "Cure Your Cancer" by Bill Henderson (another book I highly recommend):

"Our government's Medicare system encourages the fraud and abuse that is rampant among oncologists. For example, the chemotherapy drug Etoposide is sold wholesale to oncologists for \$7.50 for a 100mg dose. The allowable Medicare reimbursement, however, is \$129.34 per dose. The consumer (you and I) pay a co-payment of \$25.87 - almost three and a half times the doctor's cost! Medicare pays the rest from our tax dollars.

According to the Journal of the American Medical Association (JAMA), the average oncologist makes \$253,000 a year. Of this, 75% is profit on chemotherapy drugs administered in his or her office. All of these drugs, like Tamoxifen and Etoposide, treat the symptoms of cancer, not its causes.

A recent survey of the 64 oncologists working at the McGill Cancer Therapy Center in Montreal, Canada found that 58 of them (91%) said they would not take chemotherapy or allow their family members to take it for cancer treatment. Why? Too toxic and not effective."

People are Waking Up

In the Seattle Post-Intelligencer article of September 5, 2002, entitled, "Many cancer patients getting relief from alternative treatments, study shows," Carol Smith reported that, "Seven out of 10 adult cancer patients in Western Washington are using alternative therapies...." The survey, done in conjunction with Bastyr University in Kenmore and the Oregon Health & Science University in Portland, was based on interviews with 356 patients who had breast, prostate or colon cancer.

From Physician and Author Dr. Cynthia Foster MD:

"Cytotoxic chemotherapy kills cancer cells by way of a certain mechanism called "First Order Kinetics." This simply means that the drug does not kill a constant number of cells, but a constant proportion of cells. So, for example, a certain drug will kill 1/2 of all the cancer cells, then 1/2 of what is left, and then 1/2 of that, and so on. So, we can see that not every cancer cell necessarily is going to be killed. This is important because chemotherapy is not going to kill every cancer cell in the body. The body has to kill the cancer cells that are left over after the chemotherapy is finished. This fact is well known by oncologists. Now, how can cancer patients possibly fight even a few cancer cells when their immune systems have been disabled and this is yet another stress on the body, and they're bleeding because they have hardly any platelets left from the toxic effects of the chemotherapy? This is usually why, when chemotherapy is stopped, the cancer grows again and gets out of control. We have now created a vicious cycle, where doctors are trying to kill the cancer cells, and the patient is not able to fight the rest, so the doctors have to give the chemotherapy again, and then the patient can't fight the rest of the cancer cell, and then the doctors give the chemotherapy again, and so on."

A patient using 'Protocol', one of our alternative cancer therapies wrote, "The radiologist who read my recent breast ultrasound says 'it' (my original 'grape-size' tumor) is shrinking, seeing only a 'distal acoustic shadowing' as opposed to the original 'organized mass'. The technician commented to me, "How do they expect us to get images of something we can't see (anymore)?"

Cancer is scary, make no bones about it. Hearing the "C" word can send chills down your spine. But take heart! There is ALWAYS time to make rational, not emotional decisions about your care. There are ALWAYS choices other than chemo or radiation for those willing to search and do a little study.

Integrative Cancer Therapy is what we are all about; this means a collaborative approach where we work alongside your oncologist to give the cancer patient the greatest hope. Check out our website on cancer/detoxification and the testimonials of cancer patients. You'll find that we care for people, we don't treat cancer; we search for causes, we don't treat symptoms; we don't kill cancer, we help your body heal itself. Dr. Conners' AMA Fellowship in Integrative Cancer Therapy gives him connections with the country's best minds in alternative solutions.

There is hope; never give up!

Dr. Whitaker, MD (familiar to most as a 'natural medical doctor') recently published this article entitled "My Imaginary Cancer Scenario" (comments in parentheses are mine)

"Though I would approach my own dilemma with hopes of total cure, I would be the first to admit that, regardless of the course I took, the chances of that are small (since Dr. Whitaker already does so many 'natural' things to *prevent* cancer). Consequently, my choices of cancer therapy are a mix of science and philosophy. They are as much a reflection of how I would struggle for survival as of how I would wish to die if the struggle failed. For the purposes of this discussion, let us assume that I have just been diagnosed with cancer of the lung, and a particularly virulent one. Please understand that I do not have cancer, nor do I smoke. Before going into what I would do and why, let me say what I wouldn't do, and why.

I Wouldn't Take a Passive Role

If I am going to fight for my life, I want to do just that. I am always perplexed by the news stories of some celebrity, doped to the gills with heinous poison, "courageously battling for his life". What does this mean? The celebrity, who simply accepts conventional cancer therapy, is no more "courageous" than a laboratory mouse. This is not to say that what the celebrity is doing is wrong, only that it is the very opposite of a willful act of courage.

Taking a passive role with today's conventional therapy is terribly dangerous. Recently Jackie Kennedy, after a "courageous fight," succumbed to non-Hodgkin's lymphoma - or did she? Her early demise, attributed to the cancer, was a shock to cancer specialists worldwide, and brought into question the real cause of her death. She had been given an unproved protocol of very high-dose chemotherapy. The drugs alone could easily have caused her death - and this

would not be unusual. There are numerous cases of iatrogenic (doctor-induced) deaths from chemotherapy.

I'd Actively Fight for My Life

On the other hand, the cancer patient who says, "no, thanks" to chemotherapy recommended by large cancer treatment centers, and takes off to Grand Bahamas Island to receive Immuno-Augmentative Therapy (IAT); or to Houston, Texas, to receive antineoplastons from Dr. Stanislaw Burzynski; or who heads to the public library to make a battle plan, has begun fighting and is acting courageously.

Whether I win or lose, that is the course I would take. What have I got to lose? Conventional treatment is toxic and simply doesn't work, so I would throw my lot with something safe that might work, and folks, a lot of approaches fit that description. I also believe patients who seek alternative therapies are more optimistic. They have only one worry - the cancer- not the cancer and the therapy!

And Now, Here's What I Would Do

I'd turn my back on 50 years of institutionalized expertise, because it follows the wrong paradigm. Everything that is done in medicine or in any other discipline fits some paradigm. The paradigm I use for cancer is that it is a systemic (the entire body gone wrong) problem in which the normal control mechanisms of your body are altered. Your immune system likely bears the largest burden for this control; thus, all techniques that enhance it are promising. Those that damage it are not.

Also, cancer cells are different from normal cells in many ways, including their metabolic profile. At least one non-toxic therapy, hydrazine sulfate, takes advantage of this difference. It has been shown in double-blind trials published in respectable journals to significantly reduce the severe weight loss (cachexia) of advanced cancer, and markedly improve the patient's emotional state, almost to the point of euphoria. It is also inexpensive. Even though hydrazine sulfate has been shown to be effective and non-toxic, and it makes the patient feel better, it is ignored by every major cancer center. Yet I would take it immediately. (For more on hydrazine sulfate, see Ralph Moss' book, *The Cancer Industry*.)

First, I would Change My Diet

I would switch to a mostly vegetarian diet. I'd also take the Nutritional Supplements "Green foods," such as GREENS FIRST or Green Magma. These supplements include the phyto-chemicals, antioxidants, vitamins, and minerals required for optimal health. I would enhance that basic program with the following:

Vitamin C - 10,000 mg per day in divided doses. Ewan Cameron, a Scottish physician, did a study in which 100 cancer patients were given 10,000 mg of vitamin C for the rest of their lives, while control patients were not. The patients on vitamin C lived much longer than the age-matched controls. The Mayo Clinic did two studies on vitamin C, and in both studies found that vitamin C did not help. However, both studies were set up in a manner that almost guaranteed failure. Frankly, I think that this was done intentionally to generate negative publicity for this non-toxic approach.

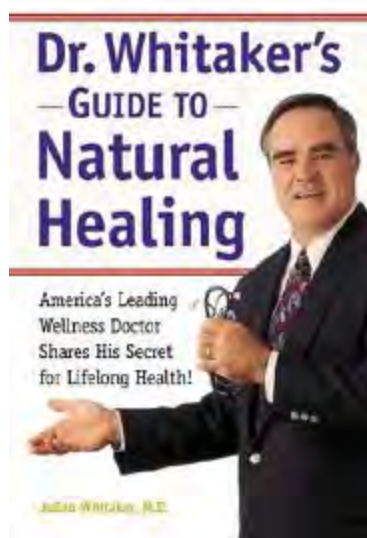
Cartilage - A three- to four-month trial of bovine or shark cartilage. The mucopolysaccharides in cartilage stimulate the immune system and normalize malignant cells. Ninety percent of patients with a variety of cancers responded to a clinical trial of bovine cartilage; shark cartilage has demonstrated success rates of 25 to 50%.

Coenzyme Q10 (CoQ10) - Used as an effective therapy in congestive heart failure, CoQ10 has only recently been studied as a cancer treatment. Cancer patients have been found to have deficiencies of CoQ10. Clinical trials in breast cancer have resulted in no further metastases, improved quality of life (no weight loss and less pain), and partial remission in six of 32 patients.

Essiac Tea - 2 ounces 3 times a day. This blend of four herbs -burdock root, sheep's sorrel, slippery elm and Indian rhubarb root- has its genesis in Native American medicinal folklore. Since it was "discovered" by Canadian nurse Rene Caisse in the 1920s, thousands have claimed to have had their cancers cured by this tea. I'd keep on searching. We have the formula if you are interested in purchasing the individual herbs in bulk.

Finally, you should know that if I were battling cancer - or any serious disease, for that matter- I would be in a constant search for effective, non-toxic therapies!"

This book is simply a reiteration of what Dr. Whitaker's article. Keep searching and never give up! In this short book I'll add several other approaches to Dr. Whitaker's ideas that you'll want to know about.



Should I do Chemo?

The only person that can answer this question is you! Since I am schooled in an integrative approach to cancer, I do not believe that all chemotherapy is bad. Low-dose chemo and insulin potentiated chemotherapy have shown to be tremendous aides in slowing fast-growing tumors, but remember, chemo does not kill cancer stem cells and can create drug resistant circulating tumor cells. Former White House press secretary Tony Snow died in July 2008 at the age of 53, following a series of chemotherapy treatments for colon cancer. Three years prior to his death, Snow had his colon removed and underwent six months of initial chemotherapy after being diagnosed with colon cancer (remember, chemo does NOT kill cancer stem cells, it only 'knocks-down' the current cancer).

Two years later (2007), Snow's cancer returned (because it was never really gone – the stem cells remained) and he underwent surgery to remove a growth in his abdominal area, near the site of the original cancer. "This is a very treatable condition," said Dr. Allyson Ocean, a gastrointestinal oncologist at Weill Cornell Medical College. "Many patients, because of the therapies we have, are able to work and live full lives with quality while they're being treated. Anyone who looks at this as a death sentence is wrong." But of course we now know, Dr. Ocean was dead wrong because he ONLY looked at traditional methods (chemo, radiation and surgery) to treat Snow and his other patients.

The media headlines proclaimed that Snow died from colon cancer, although they knew he didn't even have a colon (it was surgically removed in 2005) anymore. As is all too common when the 'cause' is not addressed, the malignant cancer had "returned" (from the drug-resistant circulating tumor cells and stem cells) and "spread" to the liver and elsewhere in his body. Now unable to heal the 'causes' of the original cancer (in addition to the newly created

ones), Snow's body developed new cancers in the liver and other parts of the body and he was finished.

The mainstream media, of course, still insist Snow died from colon cancer while they ignore the fact that it was really the treatment that killed him. Maybe I should say that it was the 'lack of treatment' that killed him. As we (in the cancer world) continue to ignore the truth that cancer is a symptom of a body's inability to manage its environment and think that we are 'treating' the patient by 'killing the cancer', bodies will continue to pile up at the door of the morgue.

Is chemo right for you? While making that decision, remember, it is extremely difficult for a even the healthiest patient to heal from this condition while being subjected to the systemic poisons of chemotherapy and deadly radiation. If you are bitten by a poisonous snake and don't get an antidote for it, isn't it likely that your body becomes overwhelmed by the poison and, therefore, cannot function anymore?

Before Tony Snow began his chemo-treatments for his 'second bout' with colon cancer, he still looked healthy and strong. But after a few weeks into his treatment, he started to develop a coarse voice, looked frail, turned gray and lost his hair. Does this sound familiar? Did the cancer do all this to him? Certainly not! It wasn't the cancer that destroyed Snow's immune system, eroded epithelial tissue, non-selectively destroyed all reproducing tissue, and poisoned his body. It was the chemical toxins we call 'therapy' because it's the 'best we have to work with'. I have no doubt that his doctors were caring individuals trying to make the best decision in an attempt to save Snow's life. If they are heroes, they are fighting the wrong battle.

Do the mainstream media ever report about the overwhelming scientific evidence that shows chemotherapy has zero benefits in the five-year survival rate of colon cancer patients? Or how many oncologists stand up for their cancer patients and protect them against chemotherapy treatment which they very well know can cause them to die far more quickly than if they received no treatment at all? Can you trustingly place your life into their hands when you know that most of them would not even consider chemotherapy for themselves if they were diagnosed with cancer? What do they know that you don't? The news is spreading fast that in the United States physician-caused fatalities now exceed 750,000 each year. Perhaps, many doctors no longer trust in what they practice, for good reasons.

You MUST define the battle you are fighting! There can be a time and place for chemotherapy. If your purpose is to slow down an aggressive cancer so you have time to clean-up the environment that allowed it to flourish – then go for it. If you are seriously taking steps to change your life, your diet, your emotions, your health, then explore low-dose chemo or a less aggressive chemotherapy regimen. If you are putting yourself in the hands of your oncologist and rolling the dice on traditional medicine alone without taking responsibility for the reason the cancer is growing in your body, well I hope you are feeling lucky!

Put it this way – traditional approaches to cancer are optional (and may be the best choice in your case), but the ‘alternative’ approaches like lifestyle changes, Gerson Therapy, Dr. Kelley’s enzyme Therapy, RIFE, detoxification, and many others are just NOT OPTIONAL!

Just think about it; how messed up are we in our thinking? Eating right, exercising, proper nutrition, stress management, getting normal nerve flow to the tissues through chiropractic care, massage therapy, colon therapy, etc., are considered ‘alternative’. Goodness sakes, these things are not alternative, secondary choices; they are primary, necessary steps to health. Traditional drugging, cutting and burning should be alternative; they are un-natural, invasive, and oftentimes inappropriate. Granted, traditional medicine has a large place in our healthcare needs and saves lives in emergency situations every day, but don’t go there first.

In adults, a cancer diagnosis means the cells have been multiplying for years to reach the numbers (over a million cells) to be diagnosed by any means. There is a reason they are not being killed by one’s immune system and our first order of events should be attempting to find that reason and change the milieu of the body that has allowed it to grow. Whatever your decision is regarding surgery, chemotherapy, and radiation, make it balanced with doing everything possible to heal your body.

Chapter 2

The Emperor Has NO Clothes

*“Truth is generally the best vindication against
slander.”*

Abraham Lincoln

“Once upon a time there lived a vain Emperor whose only worry in life was to dress in elegant clothes. He changed clothes almost every hour and loved to show them off to his people.

Word of the Emperor's refined habits spread over his kingdom and beyond. Two scoundrels who had heard of the Emperor's vanity decided to take advantage of it. They introduced themselves at the gates of the palace with a scheme in mind.

"We are two very good tailors and after many years of research we have invented an extraordinary method to weave a cloth so light and fine that it looks invisible. As a matter of fact it is invisible to anyone who is too stupid and incompetent to appreciate its quality."

The chief of the guards heard the scoundrel's strange story and sent for the court chamberlain. The chamberlain notified the prime minister, who ran to the Emperor and disclosed the incredible news. The Emperor's curiosity got the better of him and he decided to see the two scoundrels.

"Besides being invisible, your Highness, this cloth will be woven in colors and patterns created especially for you." The emperor gave the two men a bag of gold coins in exchange for their promise to begin working on the fabric immediately.

"Just tell us what you need to get started and we'll give it to you."

The two scoundrels asked for a loom, silk, gold thread and then pretended to begin working. The Emperor thought he had spent his money quite well: in addition to getting a new extraordinary suit, he would discover which of his subjects were ignorant and incompetent. A few days later, he called the old and wise prime minister, who was considered by everyone as a man with common sense.

"Go and see how the work is proceeding," the Emperor told him,
"and come back to let me know."

The prime minister was welcomed by the two scoundrels.

"We're almost finished, but we need a lot more gold thread. Here, Excellency! Admire the colors, feel the softness!" The old man bent over the loom and tried to see the fabric that was not there. He felt cold sweat on his forehead.

"I can't see anything," he thought. "If I see nothing, that means I'm stupid! Or, worse, incompetent!" If the prime minister admitted that he didn't see anything, he would be discharged from his office.

"What a marvelous fabric, he said then. "I'll certainly tell the Emperor." The two scoundrels rubbed their hands gleefully. They had almost made it. More thread was requested to finish the work.

Finally, the Emperor received the announcement that the two tailors had come to take all the measurements needed to sew his new suit.

"Come in," the Emperor ordered. Even as they bowed, the two scoundrels pretended to be holding large roll of fabric.

"Here it is your Highness, the result of our labour," the scoundrels said. "We have worked night and day but, at last, the most beautiful fabric in the world is ready for you. Look at the colors and feel how fine it is." Of course the Emperor did not see any colors and could not feel any cloth between his fingers. He panicked and felt like fainting. But luckily the throne was right behind him and he sat down. But when he realized that no one could know that he did not see the fabric, he felt better. Nobody could find out he was stupid and incompetent. And the Emperor didn't know that everybody else around him thought and did the very same thing.

The farce continued as the two scoundrels had foreseen it. Once they had taken the measurements, the two began cutting the air with scissors while sewing with their needles an invisible cloth.

"Your Highness, you'll have to take off your clothes to try on your new ones." The two scoundrels draped the new clothes on him and then held up a mirror. The Emperor was embarrassed but since none of his bystanders were, he felt relieved.

"Yes, this is a beautiful suit and it looks very good on me," the Emperor said trying to look comfortable. "You've done a fine job."

"Your Majesty," the prime minister said, "we have a request for you. The people have found out about this extraordinary fabric and they are anxious to see you in your new suit." The Emperor was doubtful showing himself naked to the people, but then he abandoned his fears. After all, no one would know about it except the ignorant and the incompetent.

"All right," he said. "I will grant the people this privilege." He summoned his carriage and the ceremonial parade was formed. A group of dignitaries walked at the very front of the procession and anxiously scrutinized the faces of the people in the street. All the people had gathered in the main square, pushing and shoving to get a better look. An applause welcomed the regal procession. Everyone wanted to know how stupid or incompetent his or her neighbor was but, as the Emperor passed, a strange murmur rose from the crowd.

Everyone said, loud enough for the others to hear: "Look at the Emperor's new clothes. They're beautiful!"

"What a marvellous train!"

"And the colors! The colors of that beautiful fabric! I have never seen anything like it in my life!" They all tried to conceal their disappointment at not being able to see the clothes, and since nobody was willing to admit his own stupidity and incompetence, they all behaved as the two scoundrels had predicted.

A child, however, who had no important job and could only see things as his eyes showed them to him, went up to the carriage.

"The Emperor is naked," he said.

"Fool!" his father reprimanded, running after him. "Don't talk nonsense!" He grabbed his child and took him away. But the boy's remark, which had been heard by the bystanders, was repeated over and over again until everyone cried:

"The boy is right! The Emperor is naked! It's true!"

The Emperor realized that the people were right but could not admit to that. He thought it better to continue the procession under the illusion that anyone who couldn't see his clothes was either stupid or incompetent. And he stood stiffly on his carriage, while behind him a page held his imaginary mantle.”

Hans Christian Anderson

Publication Bias?

How do you know who and what to trust? Research is supposed to give us hard evidence on what works and medical research is supposed to be the basis of what we call 'evidence-based medicine'. But what happens when the research is biased? Peer-reviewed randomized trials are to provide guidance for how medicine is practiced. Doctors trust in their published results and form protocols based upon proven success. However, trust has been eroded in recent years due to the exposure in several high-profile cases of alleged data suppression, misrepresentation, and manipulation [1–5, 39].

While most publicized cases have involved pharmaceutical drug trials, it is scary to reveal that Grandma's medicine received FDA's approval due to a positive outcome in 22 trials yet the 37 that showed negative results were never published [6]. This is like a basketball coach with a record of 3-8 declaring success for a winning season because the losses were never recorded. If we only publish the results of studies that 'prove' our bias, is it really research? These examples highlight the harmful potential impact of biased reporting on patient care, and the violation of ethical responsibilities of researchers and those who fund it.

Biased reporting arises when two main decisions are made based on the significance of the data—whether to publish the trial at all, and if so, what data to report in the publication. Strong evidence for the selective publication of research trials has been available for decades but more recent cohort studies identified major discrepancies—favorable results were often highlighted while unfavorable data were suppressed; definitions of primary outcomes were changed; and methods of statistical analysis were modified without explanation in the journal article. [7-20]. In a new study published in *PLoS Medicine*, Lisa Bero and colleagues revealed that, “a substantial amount of primary outcome data submitted to the FDA was found to be missing from the literature (of new drug trials). One quarter of trials in their sample were unpublished—predominantly those with unfavorable results. Not only were data suppressed for the unpublished trials, but an additional quarter of primary outcomes were omitted from journal articles of published trials. These findings are consistent with two recent reviews of FDA documents and journal articles, one of which was published in *PLoS Medicine* in September 2008.”

It's not that anyone is saying that research is falsified; it's just that research that doesn't reveal what the drug company wanted may never get published. How is a doctor to know that the drug prescribed with an attached positive research data really had six other studies that failed? Since the interests of patients are the only thing of importance, it is difficult to justify why health care providers have access to *only* a biased subset of information.

Always look at the bias! What financial interest is there in that prescription drug? The doctor wants you to get better, but the drug company has a consumer for life! Could there be a bias in the pharmaceutical information supplied to the clinic? You decide.

A 2008 study stated that a substantial amount of primary outcome data submitted to the FDA was found to be missing from the literature; this is information that the FDA used to accept a drug yet wouldn't release to clinicians. Twenty-five percent of trials (in their sample studied) were unpublished—predominantly those with unfavorable results. Other recent reviews of FDA documents and journal articles [10,21] reveal similar results, one of which was published in *PLoS Medicine* in September 2008 [21].

One study just openly stated its results as, “Studies with significant or positive results were more likely to be published than those with non-significant or negative results, thereby confirming findings from a previous HTA report. There was convincing evidence that outcome reporting bias exists and has an impact on the pooled summary in systematic reviews. Studies with significant results tended to be published earlier than studies with non-significant results, and empirical evidence suggests that published studies tended to report a greater treatment effect than those from the grey literature.”[7] It's difficult to expound upon their statements. Another study wanted to determine whether, “The reporting of outcomes within published randomized trials has previously been shown to be incomplete, biased and inconsistent with study protocols. We sought to determine whether outcome reporting bias would be present in a cohort of government-funded trials subjected to rigorous peer review.” Their conclusion stated, “Selective reporting of outcomes frequently occurs in publications of high-quality government-funded trials.”

Biased reporting of results of new drug trials is particularly concerning because these journal articles are often the only peer-reviewed source of information on recently approved drugs for health care providers (though I'm sure they receive plenty of 'literature' from drug reps). There are also substantial cost implications if the efficacy is overestimated and the drugs overused, as new molecular entities are among the most expensive pharmaceuticals on the market [22] and profit is necessary.

The FDA and other regulatory agency submissions represent the final description of how the trial was conducted and analyzed prior to journal publication. However, details from these submissions are not publicly available in most countries and rarely viewed by doctors. Although the FDA Web site posts summaries of reviews, their content and availability is variable, and sections are often redacted [9,21,23]. Furthermore, regulatory agency submissions are prepared by companies *after* data analysis and do not represent the full data; these may also be subject to biased reporting. Study protocols (how it was conducted) constitute the most comprehensive description of study design, but access to these are particularly difficult to obtain [25,26]. The SPIRIT initiative (Standard Protocol Items for Randomized Trials) aims to address these deficiencies by producing evidence-based recommendations for key information to include in a trial protocol [27].

Someone once said that one can make statistics say anything one wants. I believe that careful consideration must be taken prior to undertaking any medical care and that goes for alternative care as well. Unfortunately, the trial literature *is* biased, and much remains to be done to

establish reliable, comprehensive data/results disclosure processes worldwide, but also to start heeding the calls for increased access to full protocols and regulatory agency submissions [14,23,33,37,38].

I always tell patients that are believers, “pray about your care and make sure you have complete peace in your heart about the path you are going to follow.” It is wise to listen to other trusted friends in whom you value their counsel. Try not to make decisions out of fear and do not let anyone pressure you into anything. Even with a cancer diagnosis, you always have more time than you may be pressured into believing to make a conscious and sane decision.

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Medulloblastoma – a childhood brain cancer

Medulloblastomas are the most common brain tumors in children. They usually form deep in the brain between the brainstem and the cerebellum. Although it is thought that medulloblastomas originate from immature or embryonic cells at their earliest stage of development, the exact cell of origin, or "medulloblast" has yet to be identified.

Symptoms are mainly due to secondary increased intracranial pressure due to swelling and a subsequent blockage in the brain and the cerebral spinal fluid. The child develops neurological symptoms, can become listless, nauseous, having episodes of vomiting, and headaches. Soon after, the child may develop a stumbling gait, frequent falls, and diplopia. Other neurological findings are also frequent and facial sensory loss or motor weakness may be present. The tumor is distinctive and usually diagnosed on an MRI.

Treatment nearly always begins with surgery - maximal resection of the tumor. The 'standard protocol' includes the addition of radiation but here's where treatment differences begin to emerge. Some studies reveal radiation alone to be as effective as a combination of radiation with chemotherapy. (37) Other studies attempt to prove better outcomes with chemotherapy added but fail to prove their point as they compare one chemotherapy regimen to another and then conclude that chemotherapy is a wise addition. (5)(6)

Increased intracranial pressure may be controlled with a ventriculoperitoneal shunt that is surgically placed to drain the inflammation.

Their Proof

Here's a study published in the Journal of Oncology, VOLUME 24, NUMBER 2, SEPTEMBER 1 2006 that was **given to me by an Oncologist to prove the need for continued maintenance chemotherapy** on an 8-year-old girl with Medulloblastoma who has already had chemotherapy and radiation:

Phase III Study of Craniospinal Radiation Therapy Followed by Adjuvant Chemotherapy for Newly Diagnosed Average-Risk Medulloblastoma

Roger J. Packer, Amar Gajjar, Gilbert Vezina, Lucy Rorke-Adams, Peter C. Burger, Patricia L. Robertson, Lisa Bayer, Deborah LaFond, Bernadine R. Donahue, MaryAnne H. Marymont, Karin Muraszko, James Langston, and Richard Sposto

ABSTRACT

Purpose: To determine the event-free survival (EFS) and overall survival of children with average-risk medulloblastoma and treated with reduced-dose craniospinal radiotherapy (CSRT) and one of two postradiotherapy chemotherapies.

Methods: Four hundred twenty-one patients between 3 years and 21 years of age with nondisseminated medulloblastoma (MB) were prospectively randomly assigned to treatment with 23.4 Gy of CSRT, 55.8 Gy of posterior fossa RT, plus one of two adjuvant chemotherapy regimens: lomustine (CCNU), cisplatin, and vincristine; or cyclophosphamide, cisplatin, and vincristine.

Results: Forty-two of 421 patients enrolled were excluded from analysis. Sixty-six of the remaining 379 patients had incompletely assessable postoperative studies. Five-year EFS and survival for the cohort of 379 patients was 81% +/- 2.1% and 86% +/- 9%, respectively (median follow-up over 5 years). EFS was unaffected by sex, race, age, treatment regimen, brainstem involvement, or excessive anaplasia. EFS was detrimentally affected by neuroradiographic unassessability. Patients with areas of frank dissemination had a 5-year EFS of 36% +/- 15%. Sixty-seven percent of progressions had some component of dissemination. There were seven second malignancies. Infections occurred more frequently on the cyclophosphamide arm and electrolyte abnormalities were more common on the CCNU regimen.

Conclusion: This study discloses an encouraging EFS rate for children with nondisseminated MB treated with reduced-dose craniospinal radiation and chemotherapy. Additional, careful, step-wise reductions in CSRT in adequately staged patients may be possible.

Let's break this down:

1. Starting with the purpose of the study, it states, "Purpose: To determine the event-free survival (EFS) and overall survival (OS) of children with average-risk medulloblastoma and treated with reduced-dose craniospinal radiotherapy (CSRT) and one of two postradiotherapy chemotherapies."
 - a. EFS (event-free survival) in research study terms are usually measured in percentage and denote those in the study that survived (as opposed to those that died) that didn't experience a specific event. As stated in page 2 of the study under "Statistical Considerations", "The primary end point for analysis was time to a treatment failure event (EFS) measured from the time of study enrollment." Therefore, data was measured for each patient until an event occurred. An event was defined in the same paragraph as, "the first occurrence of death from any cause, relapse, progressive disease, or development of a second malignancy."
 - b. OS (overall survival) simply denotes those in the study group that remain alive at the end of the study as defined, "The secondary end point was time to death from any cause, from which actuarial survival probability was computed."
 - c. "Average risk medulloblastoma" refers to the fact that medulloblastoma can be classified into several risk groups and candidates for this study were considered average risk.
 - d. "Treated with reduced-dose craniospinal radiotherapy (CSRT) and one of two postradiotherapy chemotherapies." - This sets the parameters of the study as to what is actually being measured and is my greatest concern. Why?
 - i. This study is comparing efficacy between two chemotherapy regimens: lomustine (CCNU), cisplatin, and vincristine; or cyclophosphamide, cisplatin, and vincristine.
 - ii. It is NOT comparing efficacy between chemotherapy and doing nothing.
 - iii. It is NOT comparing efficacy between chemotherapy and doing a natural approach.
 - iv. It is NOT comparing efficacy between chemotherapy and doing a specific alternative therapy. The study states exactly what is being compared – two chemotherapy regimens. Therefore ONE regimen will probably show better success than the other regimen. What does this prove? It proves that one regimen showed better success than another in this study.
 - e. What one CANNOT extrapolate from this study:
 - i. One CANNOT extrapolate that chemotherapy is necessary for this type of cancer.
 - ii. One CANNOT extrapolate that chemotherapy is better than doing nothing, doing something else, or even requiring the patient to chant and throw dried rattlesnake venom over their left shoulder.
 - f. There is ONLY one piece of information that can be gathered from the data from this study: Comparing chemotherapy regimens, which one worked better?

Remember this because when the authors write their opinion at the conclusion, they extrapolate far more than possible from their own data.

2. Next let's move on to the study's method: "Four hundred twenty-one patients between 3 years and 21 years of age with nondisseminated medulloblastoma (MB) were prospectively randomly assigned to treatment with 23.4 Gy of CSRT, 55.8 Gy of posterior fossa RT, plus one of two adjuvant chemotherapy regimens: lomustine (CCNU), cisplatin, and vincristine; or cyclophosphamide, cisplatin, and vincristine."
 - a. First we see that four hundred twenty-one patients were included in this study.
 - b. Then we see the inclusions –
 - i. Patients were between 3 years and 21 years of age.
 - ii. Patients had a nondisseminated (not dispersed, localized) medulloblastoma
 - iii. All patients had radiation therapy to their brain
 - iv. Patients were randomly divided into two groups that received the two separate chemotherapy cocktails.
 - c. What CAN we understand from the method?
 - i. This was a fairly large study (as studies go) and all received radiation therapy
 - ii. All patients received chemotherapy of one of two types
 - d. What we CANNOT extrapolate from understanding the method:
 - i. We have no idea the health of any individuals in this study
 - ii. We have no idea of the diets, other therapies explored by the parents, family habits, or lifestyle changes made by any individuals in either group.
 - iii. We cannot compare anything other than that which is measured. In this case, all that is measured is EFS and OS, by percentage, of those in these two groups.
3. Now is where it gets exciting; let's see the results: "Forty-two of 421 patients enrolled were excluded from analysis. Sixty-six of the remaining 379 patients had incompletely assessable postoperative studies. Five-year EFS and survival for the cohort of 379 patients was 81% plus/minus 2.1% and 86% plus/minus 9%, respectively (median follow-up over 5 years). EFS was unaffected by sex, race, age, treatment regimen, brainstem involvement, or excessive anaplasia. EFS was detrimentally affected by neuroradiographic unassessability. Patients with areas of frank dissemination had a 5-year EFS of 36% plus/minus 15%. Sixty-seven percent of progressions had some component of dissemination. There were seven second malignancies. Infections occurred more frequently on the cyclophosphamide arm and electrolyte abnormalities were more common on the CCNU regimen."
 - a. Forty two patients were excluded for reasons disclosed later in the writing which leaves 379 remaining for the study.
 - b. The five-year EFS of the two groups was 81% +/- 2.1%, and 86% +/- 9%. From this data one can conclude:
 - i. Group number two appears to have had a better EFS rate than group number one.

- ii. Given the +/- 2.1%, and +/- 9% error rate pretty much negates the above statement that group number two's success rate was better.
- c. From the above data, one CANNOT conclude:
 - i. One CANNOT conclude that success or lack thereof in either group compares to any other treatment.
 - ii. It is both illogical and impossible to compare success rates of these two groups to any other group utilizing any other therapy or, for that matter, doing nothing. There is NO data in this study that allows such extrapolation.
- d. "EFS was unaffected by sex, race, age, treatment regimen, brainstem involvement, or excessive anaplasia. EFS was detrimentally affected by neuroradiographic unassessability." This tells us other factors affecting/not affecting the results.
- e. "Patients with areas of frank dissemination had a 5-year EFS of 36% plus/minus 15%. Sixty-seven percent of progressions had some component of dissemination." This tells us that patients with dissemination (widely dispersed in the tissue or other tissues) had a markedly lower 5-year EFS rate. It does NOT tell us if this EFS rate was worse/better in group one or group two.
- f. "Sixty-seven percent of progressions had some component of dissemination. There were seven second malignancies. Infections occurred more frequently on the cyclophosphamide arm and electrolyte abnormalities were more common on the CCNU regimen." From this we find:
 - i. Sixty-seven percent of progressions (those whose cancer progressed) had some component of dissemination.
 - 1. This does NOT tell us how many patients in the study had 'progressions' only that some did
 - 2. This tells us that 67% of those that did had dissemination
 - ii. There were seven second malignancies though the study does not define if these were diagnosed as new, distinct tumors or metastatic lesions
 - iii. The data also states that other complications were present such as infections and electrolyte abnormalities yet does not fully define this or the numbers that experienced them.
- 4. Conclusions – "This study discloses an encouraging EFS rate for children with nondisseminated MB treated with reduced-dose craniospinal radiation and chemotherapy. Additional, careful, step-wise reductions in CSRT in adequately staged patients may be possible."
 - a. "This study discloses an encouraging EFS rate for children with nondisseminated MB treated with reduced-dose craniospinal radiation and chemotherapy." Really? As stated previously by the data itself, this study compares TWO groups of patients receiving two different chemotherapy cocktails. The only conclusion that can possibly be drawn directly from this study is that one chemotherapy cocktail fared better than another. Nothing more can be concluded from data collected!
 - b. "Additional, careful, step-wise reductions in CSRT in adequately staged patients

may be possible.” This speaks to the fact that this study utilized a reduced (from common) dose of radiation on all subjects. The only way to conclude that, “Additional, careful, step-wise reductions in CSRT in adequately staged patients may be possible,” is to compare the success (EFS) of patients on this study to patients on other *identical* studies utilizing a higher dose of radiation which the authors state in the study proper.

- i. Authors state in study proper that, “The EFS rate compares favorably with results obtained after treatment with radiotherapy alone, including a contemporary prospective trial which found a 64.8% EFS rate for nondisseminated patients treated with 36 Gy of CSRT and supports the use of chemotherapy for all children with medulloblastoma.” However, to compare one study result to another, one must compare apples to apples, identical parameters except the variable being studied. The authors cite this study (an un-identical comparable) in the above quote: “Low-stage medulloblastoma: final analysis of trial comparing standard-dose with reduced-dose neuraxis irradiation.” Published in the Journal of Clinical Oncology. 2000 Aug;18(16):3004-11. The problems with this comparison:

1. The above study’s purpose was comparing doses of radiation usage, “To evaluate prospectively the effects on survival, relapse-free survival, and patterns of relapse of reduced-dose (23.4 Gy in 13 fractions) compared with standard-dose (36 Gy in 20 fractions) neuraxis irradiation in patients 3 to 21 years of age with low-stage medulloblastoma, minimal postoperative residual disease, and no evidence of neuraxis disease.”
2. In comparing dosage use of radiation, this study revealed, “At 8 years, the respective EFS proportions were also 67% (SE = 8.8%) and 52% (SE = 11%) (P = .141).”

- ii. The above statement from the study proper in quoted point ‘i.’ also cites this (another un-identical comparable) study: “Results of a randomized study of preradiation chemotherapy versus radiotherapy alone for nonmetastatic medulloblastoma: The International Society of Paediatric Oncology/United Kingdom Children’s Cancer study group PNET-3” Published in the Journal of Clinical Oncology 21:1581- 1591, 2003. The problem with this comparison:

1. Its methods were distinct and different, as stated in its purpose, “to determine whether preradiotherapy (RT) chemotherapy would improve outcome for Chang stage M0–1 medulloblastoma when compared with RT (radiation) alone.
2. The results of this study revealed that long-term survival of those receiving chemotherapy prior to radiation fared no better than those who did radiation alone, “There was no statistically significant difference in 3-year and 5-year OS between the two arms.”

- iii. To extrapolate any further data from this study other than that which the study compares (one chemotherapy regimen to another) one must compare studies that utilize identical methods with a variable of comparison.
- iv. To extrapolate that this study “proves” the validity of the use of chemotherapy over anything other than the chemotherapy that was used in comparison is overreaching. It is as if one formulated an experiment where one would juice two varieties of oranges; let’s say Mandarin and Valencia. The results of the experiment revealed that our population group preferred the juice from the Valencia oranges. What could we conclude?
 - 1. Could we conclude that our study proves that everyone should drink Valencia juice?
 - 2. Could we conclude that nothing other than Valencia juice is affective in satisfying the population because 81% of those in our study prefer it?
 - 3. Could we conclude that the population does not prefer apple juice?
 - 4. Could we even conclude that Valencia is the superior orange for juicing?

We obviously could NOT conclude any of the above yet that is exactly the logic used in taking a study comparing two types of the same therapy, rating one superior than another, and then stating that it is superior to ALL therapy, even those it has not been compared to.

The logic is fuzzy at best.

More Studies Cast Doubt in Standard Protocols

I know this all seems complicated so let’s look at a few more studies. Here’s one published in the Journal of Clinical Oncology in 1999 Mar;17(3):832-45. “Metastasis stage, adjuvant treatment, and residual tumor are prognostic factors for medulloblastoma in children: conclusions from the Children's Cancer Group 921 randomized phase III study.”

Zeltzer PM, Boyett JM, Finlay JL, Albright AL, Rorke LB, Milstein JM, Allen JC, Stevens KR, Stanley P, Li H, Wisoff JH, Geyer JR, McGuire-Cullen P, Stehbens JA, Shurin SB, Packer RJ.
University of California at Irvine Medical Center, Orange, USA.

The Abstract:

PURPOSE:

“From 1986 to 1992, “eight-drugs-in-one-day” (8-in-1) chemotherapy both before and after radiation therapy (XRT) (54 Gy tumor/36 Gy neuraxis) was compared with vincristine, lomustine (CCNU), and prednisone (VCP) after XRT in children with untreated, high-stage medulloblastoma (MB).” This means that this study compares two groups of patients – those receiving an 8-in-1 chemotherapy cocktail and another group receiving a cocktail of vincristine, lomustine (CCNU), and prednisone (VCP). Both groups received XRT, that is, radiation therapy.

Immediately, from the purpose, one can discern data that can and cannot be gathered from this study regardless of results.

1. It is logical to expect that one of the two groups may have a better outcome than the other.
2. It is logical to then state that patients in similar scenarios as the patients in this study may do better on one protocol than the other based on outcome of this study.
3. It is completely illogical to imply in any way that results of this study can be used to determine the efficacy of any other therapy other than the comparison of the two in the study.

A medulloblastoma study published in Nature, July 2012, states, "Despite recent treatment advances, approximately 40% of children experience tumor recurrence, and 30% will die from their disease. Those who survive often have a significantly reduced quality of life." (36) This paints a different picture than the 2006 study (six years previous) that an oncologist used to 'prove' that her recommended therapy would result in an 81% cure rate. So how can one study give data that 81% are cured and another state that 40% have tumor recurrence, and 30% will die from their disease? It's easy, just look at what is compared to achieve the numbers. If you want to prove something, simply compare two products that you wish your audience to use and run a study. One will win and you can now convince the masses that it is superior to all - even those it was never compared to.

An article published in the April 2012 issue of Journal of Medical Imaging and Radiation Oncology, stated when measuring Medulloblastoma treatment outcomes at the Prince of Wales Hospital Cancer Centre, "The 5-year PFS (progression-free survival) was 69.7%. The 5-year PFS for patients treated pre and post 1990 was 66.1% and 71.8%, respectively. The 5-year CSS (cancer-specific free survival) for high- and low-risk patients was 61.1% and 78.4%, respectively." (37) And this was for surgical resection and radiation ONLY!

A study published in March of 2012 on the commonly used chemotherapy agent cisplatin attempted to see why, "cancer cells often develop resistance to cisplatin, which limits therapeutic effectiveness of this otherwise effective genotoxic drug." They found that what is a common problem in many other cancers, an inhibited estrogen-beta receptor (which is actually an apoptotic receptor), "interfere(s) with cisplatin-induced cytotoxicity in human medulloblastoma cell lines." (38) This just means that there is a percentage of medulloblastoma patients (and other cancer patients with ERbeta inhibition) that will not respond as desired to cisplatin usage.

There are other studies that have shown remarkably favorable outcomes for medulloblastoma patients NOT utilizing chemotherapy. Published in the International Journal of Radiation Oncology and Biological Physiology in February, 2012, twenty-five children with medulloblastoma receiving radiation alone showed a "3-year relapse-free survival and overall survival of 83.5% and 83.2%, respectively." (39)

Oncologists seemingly ignore studies that call for a novel approach to treating childhood cancers. Published in February, 2012, “Brain Tumors in Children- Current Therapies and Newer Directions” points out the need to discover new therapies given cell biologists discoveries in “major targets like the Epidermal Growth factor Receptor (EGFR), Platelet Derived Growth Factor Receptor (PDGFR), Vascular Endothelial Growth factor (VEGF) and key signaling pathways like the MAPK and PI3K/Akt/mTOR.”(40) See my book, “Stop Fighting Cancer and Start Treating the Cause” for a descriptive natural approach to blocking such pathways.

One study published in January 2012 revealed the pathway that Curcumin (the Indian spice AKA turmeric) utilizes to block inflammation and induce apoptosis (programmed cell death necessary to stop cancer). (41) I’m willing to bet that your oncologist didn’t refer to this study when he recommended this nutrient.

Even studies that reveal possible causes of cancers seem ignored. An October, 2011 study revealed the astonishing fact repeated by alternative practitioners for decades, “that a large proportion of primary medulloblastomas and medulloblastoma cell lines are infected with HCMV and that COX-2 expression, along with PGE2 levels, in tumors is directly modulated by the virus.” (42) That’s crazy! Why hasn’t the oncological community jumped on this and begun recommending anti-viral nutritional protocol? Is it possible that this study was overlooked because there are no anti-viral drugs worth using? Is it in the least bit contraindicated to bombard an immune system with destructive chemotherapy if you know you will be creating an enormous opportunity for the virus to replicate uninhibited?

Not to get too technical in this book, but there are many other studies that reveal information that make excessive use of chemotherapy contraindicated:

1. A 2011 study (43) proves that a Th2 chemokine (a chemical produced in a hyper Th2 response which is the response the immune system is ‘stuck’ in if suppressed).
2. An up-regulation of chemicals that increase cell replication necessary in growth and healing but NOT desired in cancer are stimulated by a suppressed immune system. Transcription factor Forkhead box M1 (FoxM1) is one of these ‘stimulators of cell division’ that a healthy immune system keeps at bay. If your immune system is suppressed – like in aggressive chemotherapy usage, transcription (cell growth and replication) is less uninhibited! This is just one reason that chemo, though it can kill a growth tumor, also causes cancer growth! (44)
3. MicroRNA-21, an oncogene that is up regulated in a variety of cancers increases cancer growth, which is stimulated by a high sugar diet and a suppressed immune response. (44)(45)(46)
4. Other oncogenes (genes that, when up regulated, increase cancer growth) and apoptotic pathways are possibly affected by excessive chemotherapy use (20-32)
5. Other studies showing that novel, natural alternatives to chemotherapy exist. (47)(48)(49)(50) Unfortunately, unless pharmaceutical companies can create patented medications from them, don’t expect to hear about them soon.

Many studies openly reveal the inadequacies of current treatment protocols:

1. "The 5-year EFS for patients receiving standard-dose irradiation is suboptimal, and improved techniques and/or therapies are needed to improve ultimate outcome. Chemotherapy may contribute to this improvement." (3)
2. "The addition of chemotherapy to standard radiotherapy improves the rate and length of disease-free survival for those children with MB/PNET who have the most extensive tumors at diagnosis. It remains to be determined which drug or drug combinations are the most effective in MB/PNET, and which patients are most likely to benefit from chemotherapy." (4)
3. "After 3600 cGy of radiation therapy, children <7 years of age at the time of diagnosis have declines in overall intelligence of between 20 and 30 points within three years of the completion of radiation therapy." (5)
4. Later the same study admits, "It is also increasingly clear that long- term survivors of medulloblastoma may have difficulties in organization and attention, and such "executive" function disabilities will greatly impair learning. Most children <7 years of age with medulloblastoma who are treated with surgery and radiation will require special education placement, and a significant number of older children will also need some type of classroom help."
5. Oncologists readily use studies done on patients included under specific criteria and use them to 'prove' the benefits for everyone. In one patient's case the study that the oncologist handed me to 'prove' her position on continued chemotherapy stated, "To be eligible for study entry, patients had to be older than 18 months of age at diagnosis and have a subtotal resection, evidence of metastatic disease, and/or brainstem involvement." (6) Our patient WOULD NOT HAVE BEEN ELIGIBLE FOR THE STUDY!!! She had NO evidence of metastatic disease, was considered to have had a total resection (not subtotal), and NO brainstem involvement. Yet, she is being recommended for the same care BASED on this study!
6. I later checked the citings of the 'proof study' to find that it referenced studies clearly stating that chemo should be recommended in HIGH risk MB (which our patient was NOT), "In the past two decades, chemotherapy has proven to be an increasingly more effective modality in the treatment of medulloblastoma. Current evidence suggests that chemotherapy be included as part of standard treatment for all patients with high-risk medulloblastoma." (12)
7. It even referenced a study that proved, "There was no statistically significant difference in 3-year and 5-year OS between the two arms" (OS = Overall Survival and the two arms being two groups in the study – one with radiation alone and one with chemotherapy plus radiation) (17)
8. "The 2-year results of this study suggest that children with brain tumors treated with CRT are cognitively impaired and that these deficits worsen over time. The younger the child is at the time of treatment, the greater is the likelihood and severity of damage. These children, although not retarded, have a multitude of neurocognitive deficits which detrimentally affects school

- performance. New treatment strategies are needed for children with malignant brain tumors.” (7)
9. “This study represents the largest series of patients with average-risk MB/PNETs treated with a combination of reduced-dose RT and adjuvant chemotherapy whose intellectual development has been followed prospectively. Intellectual loss was substantial but suggestive of some degree of intellectual preservation compared with effects associated with conventional RT doses. However, this conclusion remains provisional, pending further research.” (8)
 10. “In the past two decades, chemotherapy has proven to be an increasingly more effective modality in the treatment of medulloblastoma. Current evidence suggests that chemotherapy be included as part of standard treatment for all patients with high-risk medulloblastoma.”
 11. The German Society of Pediatric Hematology and Oncology (GPOH) conducted a randomized, prospective, multicenter trial (HIT '91) “in order to improve the survival of children with medulloblastoma by using postoperative neoadjuvant chemotherapy before radiation therapy as opposed to maintenance chemotherapy after immediate postoperative radiotherapy.” (19)
 12. “Reduced-dose craniospinal radiation therapy can be proposed in standard-risk medulloblastoma provided staging and radiation therapy are performed under optimal conditions.” (33)

What IS Clear

One thing we DO know as we investigate all the existing data on Medulloblastoma is this: we have a long way to go before we know everything! This is exactly the point. One cannot argue that continued excellence in surgical procedures is the major contributor to greater treatment success and that some chemotherapy and radiation may be necessary in this aggressive cancer. One also cannot rule out both the need for and the efficacy of an alternative, natural approach. For an oncologist to force the parents of a child into their protocol because of the research supporting it is ludicrous. There is NO research that supports the traditional approach of chemo and radiation and then maintenance chemotherapy to be ANY more effective than a natural protocol following radiation. It doesn't exist!

What can we say? Is it wrong to recommend maintenance chemo? No. Is it wrong to make it illegal to try something else? Yes. Chemotherapy can kill as easily as it can save, so let's stop pretending anything else!

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¹School of Pre-Clinical Medicine, Beijing University of Chinese Medicine, Beijing 100029, China²Institute of Basic Theory of TCM, China Academy of Chinese Medical Sciences, P.O. Box 83, Beijing 100700, China³Department of Basic Theory in Chinese Medicine, Henan University of Traditional Chinese Medicine, Zhengzhou 450008, China Received 29 February 2012; Revised 3 May 2012; Accepted 3 May 2012

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Ten More Studies

Study #1: Gerson Melanoma Study

This may be the most impressive and successful studies in cancer research. The study was conducted by the University of CA, San Diego and the Gerson Research Organization, title, "5-Year Survival Rates of Melanoma Patients treated by diet and therapy after the manner of Gerson."

CONCLUSIONS: The 5-year survival rates reported here are considerably higher than those reported elsewhere. Stage IIIA/B males had exceptionally high survival rates compared with those reported by other centers.

RESULTS SUMMARIZED: Of 14 patients with stages I and II (localized) melanoma, 100% survived for 5 years, compared with 79%. Of 17 with stage IIIA (regionally metastasized) melanoma, 82% were alive at 5 years, in contrast to 39%. Of 33 with combined stages IIIA + IIIB (regionally metastasized) melanoma, 70% lived 5 years, compared with 41% of 134. Of 18 with stage IVA melanoma, 39% were alive at 5 years, compared with only 6%. Survival impact was not assessed for stage IVB.

<http://chipsa.com/download/GRO5yrsgs.pdf>

Study #2: Gonzalez Pancreatic Pilot Study

This pilot study most likely has the world's best results for any study ever conducted on pancreatic cancer.

RESULTS: As of 12 January 1999, of 11 patients entered into the study, 9 (81%) survived one year, 5 (45%) survived two years, and at this time, 4 have survived three years. Two patients are alive and doing well: one at three years and the other at four years.

CONCLUSION: These results are far above the 25% survival at one year and 10% survival at two years for all stages of pancreatic adenocarcinoma reported in the National Cancer Data Base from 1995.

http://www.dr-gonzalez.com/pilot_study_abstract.htm

Study #3: Spontaneous Remission Study

Researchers at the University of Victoria in British Columbia did a careful follow up on 200 persons who underwent a "spontaneous regression of cancer". They found that 87% of those persons had switched diets, usually to a vegetarian diet!!!

<http://www.ocra-oregon.org/foodsthatfightcancer.pdf>

Study # 4: Macrobiotics and Cancer

1-year survival rate among patients with pancreatic cancer was significantly higher among those who modified their diet than among those who did not (17 months versus 6 months). The one-year survival rate was 54.2 percent in the macrobiotic patients versus 10.0 percent in the controls. All comparisons were statistically significant. For patients with metastatic prostate cancer, a case control study demonstrated that those who ate macrobiotically lived longer (177 months compared to 91 months) and enjoyed an improved quality of life.

<http://www.kushiinstitute.org/html/research.html#two>

Study #5: Chemotherapy Study

Want more information on chemotherapy specific to different types of cancer? This was a mega-study done by the Department of Radiation Oncology, Northern Sydney Cancer Centre.... RESULTS: The overall contribution of curative and adjuvant cytotoxic chemotherapy to 5-year survival in adults was estimated to be 2.3% in Australia and 2.1% in the USA. CONCLUSION: As the 5-year relative survival rate for cancer in Australia is now over 60%, it is clear that cytotoxic chemotherapy only makes a minor contribution to cancer survival. To justify the continued funding and availability of drugs used in cytotoxic chemotherapy, a rigorous evaluation of the cost-effectiveness and impact on quality of life is urgently required. - Full study attached. <http://fiocco59.altervista.org/ALLEGATI/MORGAN.PDF>

Study #6: IPT Uruguay Study on Breast Cancer

Is this the future of chemotherapy? In 2003, the first clinical trial for cancer treatment with IPT was published in Uruguay. It showed improved clinical outcome for patients with advanced breast cancer. Also, in a another study In 2009, a Bulgarian three-year study showed that IPT improved patients' quality of life. The researchers stated that they "sincerely believe that the method presents a compelling opportunity for solving the problem with chemotherapy's toxicity, for improving treatment effectiveness and quality of life." Note - IPT is NOT yet approved by the FDA. Attached is the Uruguay study. <http://linchitzipt.com/files/uruguay2004.pdf>

Study #7: Small Cell Lung Cancer (Vitamins)

Study by Jaakkola – RESULTS: From the time of diagnosis, at 6 months, the survival of the SEER (Conventional) group was 50% and the Nutrient group almost 95%; at 12 months, 20% of the SEER group and 85% of the Nutrient group was still alive; at 24 months, survival for the SEER group was only 10%, while 55% of the Nutrient group was still alive; at 30 months, only about 1% of the SEER group was still alive while 40% of the Nutrient group was still living, and ***finally at 6 years or 72 months, all of the SEER group had passed on, while 44% (8 of 18 patients) of the Nutrient group was still alive.*** <http://www.townsendletter.com/Oct2011/intoncol1011.html>

Study #8: Vitamin C Study; Linus Pauling two-time Nobel Prize winner

"100 terminal cancer patients - After 10 days of intravenous Vitamin C therapy, each patient was given 10 grams of vitamin C orally each day indefinitely. RESULTS: The mean survival time for the ascorbate group (Vitamin C) was 4.2 TIME MORE than the control subjects (more than 210 days compared to 50 days for the controls). An analysis of the survival-time curves indicated that deaths occurred for about 90% of the ascorbate-treated patients at one-third the rate for the controls and that the other 10% had a much greater survival time, averaging more

than 20 times the controls. CONCLUSION: Cameron and Pauling concluded that high doses of vitamin C should be given to all cancer patients." The full study is on page 62 of the PDF.
http://www.breastcancerchoices.org/files/Schachter_PDF_File_from_ICIM_Journal.pdf

Study #9: Root Canal and Breast Cancer

"Dr. Thomas Rau, who runs the Paracelsus Clinic (cancer clinic since 1958) in Switzerland recently checked the records of the last 150 breast cancer patients treated in his clinic. He found that 147 of them (98%) had one or more root canal teeth on the same meridian as the original breast cancer tumor." Attached is an article with more information on the subject:
<http://naturaldentistry.us/wp-content/uploads/2009/05/cnd-breast-cancer-and-root-canals-ad.pdf>

Study #10: Weekly Support Group increase life 18 months longer on advanced breast cancer patients

A study of women with advanced breast cancer, conducted at Stanford University, found that those who attended weekly support groups lived an average of 18 months longer than those who didn't.
<http://consumer.healthday.com/encyclopedia/article.asp?AID=644944>

Chapter 3

Importance of the Lymph System

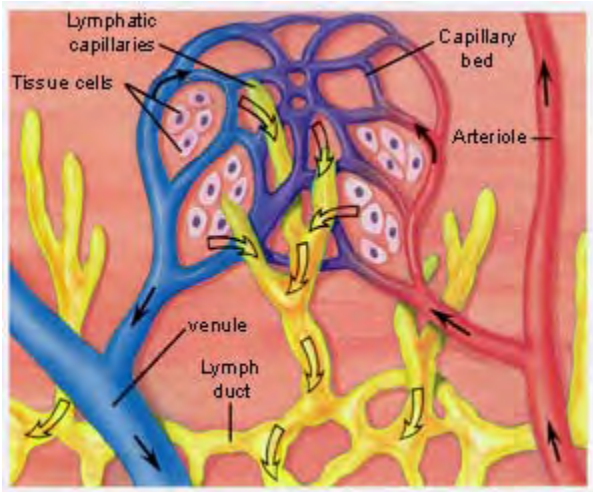
And How Rife Began

*“I cannot and will not recant anything, for to go
against conscience is neither right nor safe.
Here I stand; I can do no other, so help me God.
Amen.”*

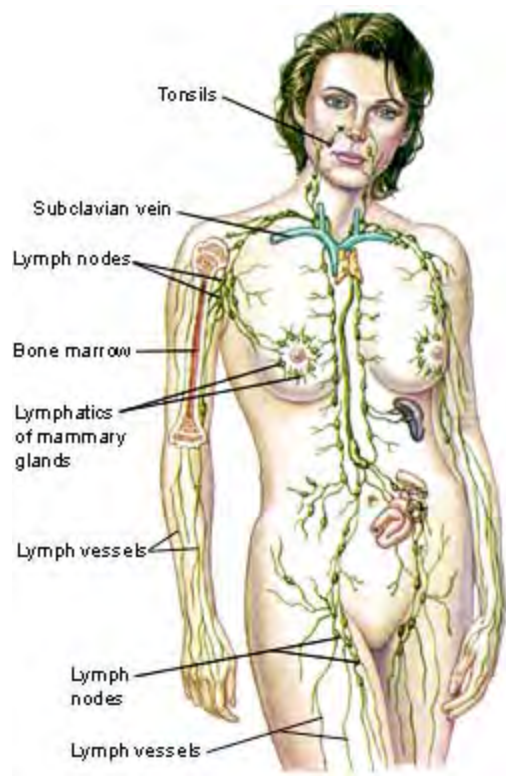
Martin Luther

The movement of fluid through the lymphatic system is essential in detoxifying the body, supporting the immune system and maintaining homeostasis (normal healthy function). The fluid carried by the lymphatic system largely consists of wastes disposed of by the cells. Think of the lymph as the body's garbage collection system. Normally the lymph is pumped through the vessels by the contraction of muscles squeezing the fluid through the vessels that contain check-valves that only allow the waste to flow in one direction. Our body's electromagnetic field and even breathing also aid the motion of waste. A clogged or sluggish lymphatic system prevents the body from circulating vital fluids and eliminating toxic waste and dulls the immune system's response. This makes us vulnerable to swelling, infection, pain and a whole host of diseases.

In order to be healthy it is essential to keep the energy and fluids moving so that the body's own natural intelligence may operate in its full healing capacity. In addition, each cell must be enlivened with its own unique frequency and ideal energy-state and be fully connected to the electrical impulses that flow through and are kept balanced by lymph. Lymph is much more than waste; it is the intracellular matrix of enzymes, nutrients, sugars, cytokines, and hundreds of necessary chemicals that make up a healthy slurry that baths the cells. It's like a healthy river, needing a constant flow of fresh nourishment or it becomes a stagnant pond.



Stimulating the lymphatic system by the use of electrical fields is a well-established and recognized therapy in Canada, Mexico, Europe and Asia as an effective aid in detoxifying the body while opening and cleansing the lymphatic and circulatory systems.



Lymphatic capillaries converge to form lymph vessels that ultimately return lymph fluid back to the circulatory system via the subclavian vein. The presence of one-way valves in the lymph vessels ensures unidirectional flow of lymph fluid toward the subclavian vein.

If excess fluid cannot be returned to the blood stream then interstitial fluid builds up, leading to swelling of the tissues with fluid, this is called edema – a sick, stagnant pond.

Lymph nodes are the filters along the lymphatic system. Their job is to filter out and trap bacteria, viruses, cancer cells, and other unwanted substances, and to make sure they are safely eliminated from the body. One can start to understand how important it is to keep the lymph system healthy.

Rife Technology

What if you had spent more than two decades of your life in painfully laborious research – and in doing so, you discovered an incredibly simple, electronic approach to helping literally every disease on the planet? That would be great; you'd be a hero, a rich hero! Your discovery would help end the pain and suffering of countless millions and change life on Earth forever. Certainly, one would think, the medical world would rush to embrace you with every imaginable accolade and financial reward imaginable. You would think so, wouldn't you?

Unfortunately, arguably the greatest medical genius in all recorded history suffered a fate literally the opposite of the foregoing logical scenario. In fact, the history of medicine is replete with stories of genius betrayed by backward thought and jealousy, but most pathetically, by greed and money.

In the nineteenth century, Semmelweis struggled mightily to convince surgeons that it was a good idea to sterilize their instruments and use sterile surgical procedures. Pasteur was ridiculed for years for his theory that germs could cause disease. Scores of other medical visionaries went through horrible ridicule and even losing their ability to practice for simply challenging the medical status quo of day, including such legends as Roentgen and his X-rays, Morton for promoting the 'absurd' idea of anesthesia, Harvey for his theory of the circulation of blood, and many others in recent decades including: W.F. Koch, Revici, Burzynski, Naessens, Priore, Livingston-Wheeler, and Hoxsey.

Orthodox big-money medicine resents and seeks to neutralize and/or destroy those who challenge its beliefs. Often, the visionary who challenges it pays a heavy price for his 'heresy.'

So, you have just discovered a new therapy, which can eradicate any microbial disease but, so far, you, and your amazing cure isn't very popular. What do you do next? Well, certainly the research foundations and teaching institutions would welcome news of your astounding discovery. Won't they be thrilled to learn you have a possible cure for the very same diseases they are receiving hundreds of millions of dollars per year to investigate? Maybe not, if it means the end of the 'gravy train'. These people have mortgages to pay and families to support. A friend of mine, a cancer researcher at a major university recently told me that when he questioned his authority about their purpose he was told, "We're not here to find a cure for cancer, we're here to get our next grant."

Regardless of what you may believe, all the 'Walk-for-a-Cure' and cancer fund-raising does is feed countless organizations with voracious appetites and no desire to solve the problem that feeds them. Let's get real for a moment, if you owned a drug company and your researchers came to you with a discovery that a new rain-forest herb cured lung cancer, an Indian spice that cured brain cancer, a common herb mixture that cures most cancers, and an electrical frequency device that cures all cancers, you'd have a choice: 1) declare it to the world and bankrupt the corporation putting thousands of individuals with families out of work turning the entire pharmaceutical industry into an unnecessary hoax, or 2) tell them to figure out a way they can synthesize a byproduct that can be patented and thereby make the company extremely profitable and destroy any evidence that may reveal the simplicity of the cure.

I can understand that we live in a capitalistic culture; I understand that profits must be made and people need to feed their families. I do NOT understand the evil conspiracies to forcefully shutdown and shut-up anything and anyone revealing the truth. Hollywood couldn't write a better story.

Here follows the story of exactly such a sensational therapy and what happened to the man who discovered it. It was a dark time medical history when doctors and clinics would claim all sorts of 'cures' and new devices popped up to solve all our ills. Many were nothing more than snake oil salesman, attempting to steal from the hurting population, but many were sincere, sacrificing their lives to find help for their patients. Raymond Rife was the later and his discovery of the benefits of light frequency, a remarkable electronic therapy was sabotaged and buried by a ruthless group of men who, under the pretense of 'protecting the innocent' would squash anything that they could not financially profit from. Rife's work would re-emerged in the underground medical/alternative health world only since the 1970's when it was re-introduced by some physicists. This is the story of Royal Raymond Rife and his fabulous discoveries and electronic instruments.

If you have never heard of Rife before, prepare to be angered and incredulous at what this great man achieved for all of us only to have it practically driven from the face of the planet. But, reserve your final judgment and decision until after you have read this.



Of course, some may regard this as just an amusing piece of fiction. However, for those who are willing to do some investigating on their own, there will be mentioned several highly-respected doctors and medical authorities who worked with Rife as well as some of the remarkable technical aspects of his creation. In the final analysis, the only real way to determine if such a revolutionary therapy exists is to experience it yourself. The medical literature is full of rigged 'double-blind' clinical research tests, the results of which are often determined in advance by the vested corporate interests involved. .

Royal Raymond Rife was a brilliant scientist born in 1888 and died in 1971. After studying at Johns Hopkins, Rife developed technology which is still commonly used today in the fields of optics, electronics, radiochemistry, biochemistry, ballistics, and aviation. It is a fair statement that Rife practically developed bioelectric medicine himself. He received 14 major awards and

honors and was given an honorary Doctorate by the University of Heidelberg for his work. During the 66 years that Rife spent designing and building medical instruments, he worked for Zeiss Optics, the U.S. Government, and several private benefactors. Most notable was millionaire Henry Timken, of Timken roller bearing fame. Timken was inducted into the National Inventors Hall of Fame on September 19, 1998.

Because Rife was self-educated in so many different fields, he intuitively looked for his answers in areas beyond the rigid scientific structure of his day. He had mastered so many different disciplines that he literally had, at his intellectual disposal, the skills and knowledge of an entire team of scientists and technicians from a number of different scientific fields. So, whenever new technology was needed to perform a new task, Rife simply invented and then built it himself as was necessary for many scientists of his day.

Rife's inventions include a heterodyning ultraviolet microscope, a micro-dissector, and a micromanipulator. When you thoroughly understand Rife's achievements, you may well decide that he had one of the most gifted, versatile, scientific minds in human history. By 1920, Rife had finished building the world's first virus microscope. By 1933, he had perfected that technology and had constructed the incredibly complex Universal Microscope, which had nearly 6,000 different parts and was capable of magnifying objects 60,000 times their normal size. With this incredible microscope, Rife became the first human being to actually see a live virus, and until quite recently, the Universal Microscope was the only one which was able view live viruses.

Modern electron microscopes instantly kill everything beneath them, viewing only the mummified remains and debris. What the Rife microscope can see is the bustling activity of living viruses as they change form to accommodate changes in environment, replicate rapidly in response to carcinogens, and transform normal cells into tumor cells.

But how was Rife able to accomplish this, in an age when electronics and medicine were still just evolving? Here are a few technical details to placate the skeptics...

Rife painstakingly identified the individual spectroscopic signature of each microbe, using a slit spectroscope attachment. Then, he slowly rotated block quartz prisms to focus light of a single wavelength upon the microorganism he was examining. This wavelength was selected because it resonated with the spectroscopic signature frequency of the microbe based on the now-established fact that every molecule oscillates at its own distinct frequency.

The atoms that come together to form a molecule are held together in that molecular configuration with a covalent energy bond which both emits and absorbs its own specific

electromagnetic frequency. No two species of molecule have the same electromagnetic oscillations or energetic signature. Resonance amplifies light in the same way two ocean waves intensify each other when they merge together.



On November 20, 1931, forty-four of the nation's most respected medical authorities honored Royal Rife with a banquet billed as "The End To All Diseases" at the Pasadena estate of Dr. Milbank Johnson.

The result of using a resonant wavelength is that micro-organisms which are invisible in white light suddenly become visible in a brilliant flash of light when they are exposed to the color frequency that resonates with their own distinct spectroscopic signature. Rife was thus able to see these otherwise invisible organisms and watch them actively invading tissues cultures. Rife's discovery enabled him to view organisms that no one else could see with ordinary microscopes.

More than 75% of the organisms Rife could see with his Universal Microscope are only visible with ultra-violet light. But ultraviolet light is outside the range of human vision; it is 'invisible' to us. Rife's brilliance allowed him to overcome this limitation by heterodyning, a technique which became popular in early radio broadcasting. He illuminated the microbe (usually a virus or bacteria) with two different wavelengths of the same ultraviolet light frequency which resonated with the spectral signature of the microbe. These two wavelengths produced interference where they merged. This interference was, in effect, a third, longer wave which fell

into the visible portion of the electromagnetic spectrum. This was how Rife made invisible microbes visible without killing them, a feat which today's electron microscopes cannot duplicate.

By this time, Rife was so far ahead of his colleagues of the 1930's, that they could not comprehend what he was doing without actually traveling to San Diego to visit Rife's laboratory to look through his Virus Microscope for themselves. And many did exactly that.

One was Virginia Livingston. She eventually moved from New Jersey to Rife's Point Loma (San Diego) neighborhood and became a frequent visitor to his lab. Virginia Livingston is now often given the credit for identifying the organism which causes human cancer, beginning with research papers she began publishing in 1948.

In reality, Royal Rife had identified the human cancer virus first...in 1920! Rife then made over 20,000 unsuccessful attempts to transform normal cells into tumor cells. He finally succeeded when he irradiated the cancer virus, passed it through a cell-catching ultra-fine porcelain filter, and injected it into lab animals. Not content to prove this virus would cause one tumor, Rife then created 400 tumors in succession from the same culture. He documented everything with film, photographs, and meticulous records. He named the cancer virus 'Cryptocides primordiales.'

Virginia Livingston, in her papers, renamed it Progenitor Cryptocides. Royal Rife was never even mentioned in her papers. In fact, Rife seldom got credit for his monumental discoveries. He was a quiet, unassuming scientist, dedicated to expanding his discoveries rather than to ambition, fame, and glory. His distaste for medical politics (which he could afford to ignore thanks to generous trusts set up by private benefactors) left him at a disadvantage later, when powerful forces attacked him. Coupled with the influence of the pharmaceutical industry in purging his papers from medical journals, it is hardly surprising that few have heard of Rife today.

Meanwhile, debate raged between those who had seen viruses changing into different forms beneath Rife's microscopes, and those who had not. Those who condemned without investigation, such as the influential Dr. Thomas Rivers, claimed these forms didn't exist. Because his microscope did not reveal them, Rivers argued that there was "no logical basis for belief in this theory." The same argument is used today in evaluating many other 'alternative' medical treatments; if there is no precedent, then it must not be valid. Nothing can convince a closed mind. Most had never actually looked through the San Diego microscopes...air travel in the 1930's was uncomfortable, primitive, and rather risky. So, the debate about the life cycle of viruses was resolved in favor of those who never saw it (even modern electron

microscopes show frozen images, not the life cycle of viruses in process).

Nevertheless, many scientists and doctors have since confirmed Rife's discovery of the cancer virus and its pleomorphic nature, using darkfield techniques, the Naessens microscope, and laboratory experiments. Rife also worked with the top scientists and doctors of his day who also confirmed or endorsed various areas of his work. They included: E.C. Rosenow, Sr. (longtime Chief of Bacteriology, Mayo Clinic); Arthur Kendall (Director, Northwestern Medical School); Dr. George Dock (internationally-renowned); Alvin Foord (famous pathologist); Rufus Klein-Schmidt (President of USC); R.T. Hamer (Superintendent, Paradise Valley Sanitarium; Dr. Milbank Johnson (Director of the Southern California AMA); Whalen Morrison (Chief Surgeon, Santa Fe Railway); George Fischer (Childrens Hospital, N.Y.); Edward Kopps (Metabolic Clinic, La Jolla); Karl Meyer (Hooper Foundation, S.F.); M. Zite (Chicago University); and many others.



Rife ignored the debate, preferring to concentrate on refining his method of destroying these tiny killer viruses. He used the same principle to kill them, which made them visible: resonance. By increasing the intensity of a frequency which resonated naturally with these microbes, Rife increased their natural oscillations until they distorted and disintegrated from structural stresses. Rife called this frequency 'the mortal oscillatory rate,' or 'MOR', and it did no harm whatsoever to the surrounding tissues.

This principle can be illustrated by using an intense musical note to shatter a wine glass: the molecules of the glass are already oscillating at some harmonic (multiple) of that musical note; they are in resonance with it, vibrate, and can no longer remain in configuration. Because everything else has a different resonant frequency, nothing but the glass's molecular

configuration is destroyed. There are literally hundreds of trillions of different resonant frequencies, and every species and molecule has its very own.

It took Rife many years, working 48 hours at a time, until he discovered the frequencies which specifically destroyed herpes, polio, spinal meningitis, tetanus, influenza, and an immense number of other dangerous disease organisms. In 1934, the University of Southern California appointed a Special Medical Research Committee to bring terminal cancer patients from Pasadena County Hospital to Rife's San Diego Laboratory and clinic for treatment. The team included doctors and pathologists assigned to examine the patients - if still alive - in 90 days. This was obviously a *different age!* I don't believe I'll be seeing the University of Minnesota bringing any patients my way anytime soon. Remember, 1934 was PRE-big-money-chemo!

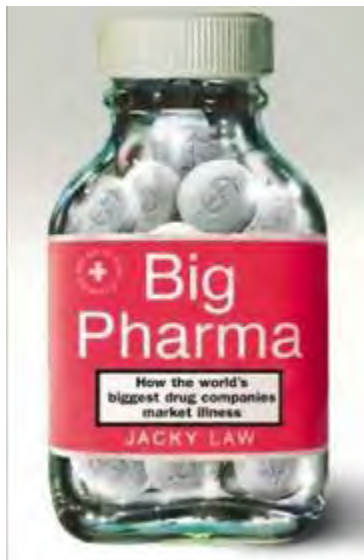
After the 90 days of treatment, the Committee concluded that 86.5% of the patients had been completely cured. The treatment was then adjusted and the remaining 13.5% of the patients also responded within the next four weeks. The total recovery rate using Rife's technology was 100%. On November 20, 1934, forty-four of the nation's most respected medical authorities honored Royal Rife with a banquet billed as The End To All Diseases at the Pasadena estate of Dr. Milbank Johnson.

But by 1939, almost all of these distinguished doctors and scientists were denying that they had ever met Rife. What happened to make so many brilliant men have complete memory lapses? It seems that news of Rife's miracles with terminal patients had reached other ears. Remember our hypothetical question at the beginning of this report: What would happen if you discovered a cure for everything? You are now about to find out....

At first, a token attempt was made to buy-out Rife. Morris Fishbein, who had acquired the entire stock of the American Medical Association by 1934, sent an attorney to Rife with 'an offer you can't refuse.' Rife refused. We many never know the exact terms of this offer. But we do know the terms of the offer Fishbein made to Harry Hoxsey for control of his herbal cancer remedy. Fishbein's associates would receive all profits for nine years and Hoxsey would receive nothing. Then, if they were satisfied that it worked, Hoxsey would begin to receive 10% of the profits. Hoxsey decided that he would rather continue to make all the profits himself. When Hoxsey turned Fishbein down, Fishbein used his immensely powerful political connections to have Hoxsey arrested 125 times in a period of 16 months. The charges (based on practicing without a license) were always thrown out of court, but the harassment drove Hoxsey insane.

Fishbein must have realized that this strategy would backfire with Rife. First, Rife could not be

arrested like Hoxsey for practicing without a license since he had a license. A trial on trumped-up charges would mean that prominent medical authorities working with Rife would introduce testimony-supporting Rife, and the defense would undoubtedly take the opportunity to introduce evidence such as the 1934 medical study done with USC. The last thing in the world that the pharmaceutical industry wanted was a public trial about a painless therapy that cured 100% of the terminal cancer patients and cost nothing to use but a little electricity. It might give people the idea that they didn't need drugs and though the drug industry was in its infancy in 1934, it was becoming a very naughty teenager by 1939.

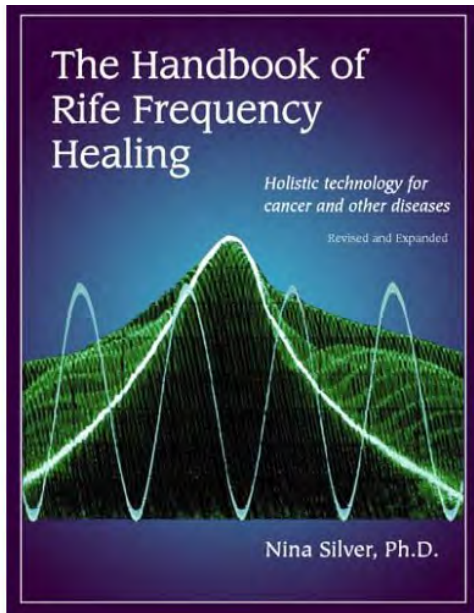


In 1939, a mysterious lawsuit against Beam Ray Corporation, the only company manufacturing Rife's frequency instruments (Rife was not a partner) tied the company up in court and legal expenses in the middle of the Great Depression bankrupted the company. Fishbein and the AMA had won, commercial production of Rife's frequency instruments ceased completely.

On the other hand, big money was spent ensuring that doctors who had seen Rife's therapy would forget what they saw. Almost no price was too much to suppress it. Remember that, today, treatment of a single cancer patient averages over \$300,000. It's BIG business.

Thus, Arthur Kendall, the Director of the Northwestern School of Medicine who worked with Rife on the cancer virus, accepted almost a quarter of a million dollars to suddenly 'retire' in Mexico. That was an exorbitant amount of money in the Depression. Dr. George Dock, another prominent figure who collaborated with Rife, was silenced with an enormous grant, along with the highest honors the AMA could bestow. Between the carrots and the sticks, everyone except Dr. Couche and Dr. Milbank Johnson gave up Rife's work and went back to prescribing drugs.

To finish the job, the medical journals, supported almost entirely by drug company revenues and controlled by the AMA, refused to publish any paper by anyone on Rife's therapy. Therefore, an entire generation of medical students graduated into practice without ever once hearing of Rife's breakthroughs in medicine. The magnitude of such an insane crime eclipses every mass murder in history. Cancer picks us off quietly...but by 1960 the casualties from this tiny virus exceeded the carnage of all the wars America ever fought. In 1989, it was estimated that 40% of us will experience cancer at some time in our lives.



In Rife's lifetime, he had witnessed the progress of civilization from horse-and-buggy travel to jet planes. In that same time, he saw the epidemic of cancer increase from 1 in 24 Americans in 1905 to, partially because his work was squashed 1 in 2.5 today.

He also witnessed the phenomenal growth of the American Cancer Society, the Salk Foundation, and many others collecting hundreds of millions of dollars for diseases that were cured long before in his own San Diego laboratories. In one period, 176,500 cancer drugs were submitted for approval. Any that showed 'favorable' results in only one-sixth of one percent of the cases being studied could be licensed. Some of these drugs had a mortality rate of 14-17%. When death came from the drug, not the cancer, the case was recorded as a 'complete' or 'partial remission' because the patient didn't actually die from the cancer. It's just absurd!!! In reality, it was a race to see which would kill the patient first: the drug or the disease.

The inevitable conclusion reached by Rife was that his life-long labor and discoveries had not only been ignored but probably would be buried with him. At that point, he ceased to produce much of anything and spent the last third of his life seeking oblivion in alcohol. It dulled the

pain and his acute awareness of half a century of wasted effort - ignored - while the unnecessary suffering of millions continued so that a vested few might profit. And profit they did, and profit they do.

Fortunately, his death was not the end of his electronic therapy. A few humanitarian doctors and engineers reconstructed his frequency instruments and kept his genius alive. Rife technology became public knowledge again in 1986 with the publication of *The Cancer Cure That Worked*, by Barry Lynes, and other material about Royal Rife and his monumental work.

There is wide variation in the cost, design, and quality of the modern portable Rife frequency research instruments available. Costs vary from about \$3600 to \$26,000 with price being no legitimate indicator of the technical competence in the design of the instrument or performance of the instrument. Some of the most expensive units have serious technical limitations and are essentially a waste of money. At the other extreme, some researchers do get crude results from inexpensive simple, unmodified frequency generators, but this is just as misguided as spending too much money. Without the proper modifications, the basic frequency generator gives only minimal and inconsistent results. Rife's work was always with LIGHT FREQUENCY. A REAL Rife unit must use a Tesla bulb.

Other theories abound on exactly why and how Rife technology works. Dr. Robert O. Becker, MD, in his book, *"The Body Electric"*, published by Harper in 1985, gives an exciting report in chapter 15 regarding the fact that photons in light act as an electron 'donor' to tissue cells which stimulates mitochondrial function, raises tissue pH, and increases healing.

One day, the name of Royal Raymond Rife may ascend to its rightful place as the giant of modern medical science. Until that time, his fabulous technology remains available only to the people who have the interest to seek it out. While perfectly legal for veterinarians to use to save the lives of animals, Rife's brilliant frequency therapy remains taboo to orthodox mainstream medicine because of the continuing threat it poses to the international pharmaceutical medical monopoly that controls the lives - and deaths - of the vast majority of the people on this planet.

Recent studies on Rife's work have been published in peer-reviewed medical journals. The *Journal of Exp Clinical Cancer Research* 2009 Apr 14;28:51, published a paper titled, **Amplitude-modulated electromagnetic fields for the treatment of cancer: discovery of tumor-specific frequencies and assessment of a novel therapeutic approach**. The paper revealed, "CONCLUSION: Cancer-related frequencies appear to be tumor-specific and treatment with tumor-specific frequencies is feasible, well tolerated and may have biological efficacy in patients with advanced cancer."

Their results were remarkable: “RESULTS: We examined a total of 163 patients with a diagnosis of cancer and identified a total of 1524 frequencies ranging from 0.1 Hz to 114 kHz. Most frequencies (57-92%) were specific for a single tumor type. Compassionate treatment with tumor-specific frequencies was offered to 28 patients. Three patients experienced grade 1 fatigue during or immediately after treatment. There were no NCI grade 2, 3 or 4 toxicities. Thirteen patients were evaluable for response. One patient with hormone-refractory breast cancer metastatic to the adrenal gland and bones had a complete response lasting 11 months. One patient with hormone-refractory breast cancer metastatic to liver and bones had a partial response lasting 13.5 months. Four patients had stable disease lasting for +34.1 months (thyroid cancer metastatic to lung), 5.1 months (non-small cell lung cancer), 4.1 months (pancreatic cancer metastatic to liver) and 4.0 months (leiomyosarcoma metastatic to liver).”

Many more articles are coming out on what is now being termed, Energy Medicine or Biofield Therapies. Here is a list of a few:

- Cancer Journal 2006 Sep-Oct;12(5):425-31. Complementary medicine in palliative care and cancer symptom management.
- J Holist Nurs. 2011 Dec;29(4):270-8. doi: 10.1177/0898010111412186. Epub 2011 Aug 8.
- Prim Care. 2010 Mar;37(1):165-79. Biofield therapies: energy medicine and primary care.
- Ann N Y Acad Sci. 2009 Aug;1172:297-311. Bioelectromagnetic and subtle energy medicine: the interface between mind and matter.
- J Altern Complement Med. 2009 Aug;15(8):819-26. An HMO-based prospective pilot study of energy medicine for chronic headaches: whole-person outcomes point to the need for new instrumentation.
- Integr Med Insights. 2009;4:13-20. Epub 2009 Oct 19. Integral healthcare: the benefits and challenges of integrating complementary and alternative medicine with a conventional healthcare practice
- Altern Ther Health Med. 2008 Jan-Feb;14(1):44-54. Six pillars of energy medicine: clinical strengths of a complementary paradigm.
- Explore (NY). 2006 Nov-Dec;2(6):509-14. World hypotheses and the evolution of integrative medicine: combining categorical diagnoses and cause-effect interventions with whole systems research and nonvisualizable (seemingly "impossible") healing.
- Biomed Sci Instrum. 2006;42:428-33. Localized pulsed magnetic fields for tendonitis therapy.

Chapter 4

Cancer is an Autoimmune Disorder

*“Be faithful in small things because it is in them
that your strength lies.”*

Mother Teresa

It is truly the 'small things' that move the masses. When we begin a discussion of our immune system, it is the small things, the chemicals that form the slurries of our defense system that eventually influence much happening in our body.

If you learn anything from this book may it be to stimulate you to ask one simple question – “why?” Most people, after the devastation of the cancer diagnosis settles in, just accept the fact that they have a grave disease and follow the doctor’s orders as to the next step. They may hear a, “We just don’t know” or “It’s probably genetic” if they are so bold to ask such questions of ‘why’ to their oncologist. Most don’t feel qualified to dig for themselves and simply follow in blind faith that what is recommended. I beg you to be different!

I come from the philosophy that an effect always has a cause. If something is set in motion, there existed an initial stimulus that propelled it. Cancer, though scary and often deadly, seems to numb most people into a fearful obedience to the culturally accepted treatment plan. After all, it is only human to want someone else to remove the responsibility from us regarding any painful situation. Cancer is serious; cancer isn’t to be ‘played’ with; I need to go to a ‘real’ doctor. I am not asking you to trust me or anything in this book; I am asking you to NOT check your brain at the door of the hospital and to demand answers from your doctors or those who will help you through this journey.

The quality of your experience as well as your outcome depends on the quality of the questions you ask. You have the right to receive logical answers; keep asking ‘why’. Don’t stop asking and don’t accept any treatment that isn’t logically treating the answers to your constant questions of, “Why?” When we see a person that has a diagnosis of cancer of any name, the goal really is to discover the cause or the reason why the body has allowed or responded in such a way. Is it logical to believe that, though medical intervention may be best to slow a fast growing cancer, finding and correcting the cause would be the best approach to treating any dysfunction?

In this chapter I will explain the connection between cancer and the immune system as simple as I know how. You’ll see that if you don’t support and modulate your immune system you will NEVER improve your physiology and the cancer will simply progress.

Some highlight points to know about your immune system:

- Your immune system does one thing and only one thing – it KILLS things.
- Your immune system may be separated into two responses – Th1 and Th2 (simplistically, there are more but we’ll leave it at that for now)
- Your immune system is supposed to only ‘turn on’ against bio-toxins (living organisms like bacteria, virus, parasites...that is, things that it can kill)

- The Th1 response is the immediate, killer cell response (think of it as the Marine Corps) against the enemy and is the primary killer of antigens and cancer cells. What it 'turns on' against is called an antigen in the immune response.
- The Th2 response is sent out secondarily and is mainly responsible for making antibodies against the antigen that the Th1 system 'turned on' against. The antibodies 'tag' that antigens and the Th1 system can then kill it.
- Your immune system assists in the cleaning up of old cells necessary for cancer to NOT develop in the first place. This is primarily a Th1 function.
- Both Th1 and Th2 responses are named such because they carry a slurry of different chemicals (chemokines and cytokines) that make up such a response.

An AUTOIMMUNE disorder happens when your immune system starts attacking self-tissue. Really, an autoimmune disease develops because your immune system has 'turned-on' against something IT FOUND lodged in self tissue and now is destroying self-tissue as well. Let's expand that a little more so you can fully understand it: If my immune system fires a response against a flu virus I just picked up and it's a particularly virulent virus, a strong Th1 response is released in an attempt to kill the foreign invader and bring me back to health. My 'strong Th1 response' is really a collection of different cells that are looking for a battle; they are seeking an enemy with guns loaded. Let's say they find the flu virus and recognize that it is the enemy they were commissioned to kill, they attack it, kill it and then retreat in victory. The Th1/Th2 system goes back into balance and life is good.

An autoimmune disease begins when, for a multitude of reasons we won't breach here, stray cytokines from a Th1 response didn't recognize the flu virus as the enemy but recognized something that they were never supposed to recognize as an enemy – let's say a heavy metal toxicity in my thyroid. Because I was exposed to a great amount of mercury from amalgams, vaccinations, and just living in a toxic world, mercury had lodge in the fat cells surrounding my thyroid and other tissues. My liver, unable to clear out that which I was exposed to caused my system to shunt the toxicity to fat storage cells for safe keeping. Never was my immune system supposed to 'turn-on' against such chemical toxicity!

Is my immune system ever going to be able to kill mercury? Of course not; mercury is an element on the periodic table, not a living organism. If my immune system inadvertently turns-on against something that cannot or will not die, there will be a lot of collateral damage and I might even begin to start making antibodies against the tissues surrounding the attack. This is an autoimmune disease; it isn't really a disease at all, it is an immune attack on self-tissue because my immune system is firing against something it never should of fired against! Remember, when the immune system turns-on against something, it does so until it achieves victory, until it kills it.

Summary: An autoimmune disease is when my immune system is firing against something (either constant Th1 dominant or constant Th2 dominant) that it found lodged in self-tissue that either cannot or will not die and is destroying self-tissue in the process.

So, what is the CAUSE of an autoimmune attack? It is not really an “immune system gone wrong” as it is an immune system thinking it is doing “right” but firing against something that it can never kill. The only way to ultimately correct an autoimmune disorder is to remove the antigen it is making war against. This way you are essentially fooling your immune system to think that it has won and the enemy is dead. In the case of autoimmune disease against a specific organ like Hashimoto’s hypothyroidism, there is little help in direct organ support without correcting the cause. The mechanism for the issue is the immune response in the first place and not that the organ is deficient in any type of nutrient; the reason the person may need hormone replacement (such as Synthroid) in hypothyroidism is because the immune system is actually destroying the cells, but replacement without halting the destruction is missing the point.

What does this all have to do with cancer? Everything! Remember, your Th1 response not only kills foreign enemies but helps mop up cells that are supposed to die when they’ve served out their usefulness. Cancer may be defined as cells NOT dying but instead reproducing a useless cell again and again. If a person has a Th2 dominant autoimmune disorder, their Th1 system will be suppressed. If your Th1 system is suppressed, normal cell death will be hindered.

When we look at a person that is not well, one of the first questions needs to be, “what’s the mechanism”. With cancer it’s no different. Why did you get cancer? Could it be that you’ve had a Th2 dominant autoimmune disorder for years and never even knew it?

Usually people with an autoimmune disease that involves a lot of destruction and therefore a lot of symptoms has a Th1 dominant disorder, that is, the immune response is stuck in a Th1 (killer cell, Marine Corps) attack. This typically brings about much tissue damage, much inflammation and a greater number of symptoms that causes them to seek medical care and arrive at a diagnosis. They eventually know they have MS, RA, Hashimoto’s, etc.

But the same process that may leave an individual ‘stuck’ in a Th2 dominant situation often produces a slower attack on tissue, lesser symptoms, a suppressed Th1 response and a chronic, undiagnosed condition. This can lead to secondary conditions from a suppressed Th1 response – cancer!

Neither the standard medical nor an alternative healthcare has adequately dealt with autoimmune conditions. Medically, the patient is given steroids, anti-inflammatories that may relieve the symptoms but do nothing to remove the cause; alternative doctors have supported to organ with glandulars or other supplements. Let’s face it, if either traditional medical or the

alternative models had any great percentage of success treating autoimmune disease, you wouldn't be reading this book because you probably wouldn't have cancer.

Let's reason together: Is it "reasonable" to think that if the part of my immune system responsible for aiding in normal cell death is suppressed, cell replication may proceed? Is it "reasonable" to think that maybe I should be checked for Th2 dominance? Is it "reasonable" that failure to discover the cause of immune dysregulation would lead to further destruction? I think it is "reasonable" that someone 'out there' must be able to find out what was causing the dysregulation; and I think that it is "reasonable" that if whatever was at cause for such dysregulation could be evaded, then it is "reasonable" that the damage suffered would at least slow down.

It is important to understand that an autoimmune disease is a 'state' that the immune system is in. It is NOT a disease of an organ; and even though it is given a multitude of names depending on the tissue currently affected, it is a STATE of the immune system attacking the tissue it was meant to protect.

Usually the immune system is slowly attacking the tissue over several years. And then, the person eventually has a great enough destruction that brings about symptoms that lead them to seek some type of doctor. In the case of Hashimoto's, they often get diagnosed with hypothyroidism because their TSH is high. And then, the TSH is managed by replacement but no management for the immune response is initiated because it was never assessed. In the case of other autoimmune disorders, the patient is often misdiagnosed for years, even decades; and they are left laden with multitudes of drugs attempting to suppress their symptoms.

The autoimmune response is an inflammatory response, which produces chemicals called cytokines, which are part of the body's natural defense system against outside invaders. Remember, the body's immune system may be separated into a Th1 and a Th2 response. The Th1 response may be thought of as the police force or Marine Corps, the body's initial strike force against an invader or what is called an antigen. When an antigen is present, the Th1 system fires and kills the virus; should the bug be of a nasty persuasion and strong enough to resist the Th1 response, the Th2 system kicks in, creates antibodies against the virus, tagging them so appropriate white blood cells can finish them off. A person with an autoimmune disease has this process stuck in the 'on' position, either hyper-Th1 or hyper-Th2, which prolonged, destroys the tissue where the antigen is recognized.

Hence, both the traditional medical and the traditional alternative models of care are doomed to failure. The most important battle to fight is to calm down their immune response and stop the destruction or in the case of cancer, decrease the Th2 response that is causing the Th1 suppression!

The “new model” we are proposing is simply to be more specific. If an autoimmune disease is a hyper-Th2 attack (Th2 dominant) against an antigen, doesn't it make sense to do everything possible to find out what the antigen is, attempt to remove it and calm down the Th2 dominance? I'm no rocket scientist, but this makes sense to me. It's logical and possible to find the specific biochemical pattern perpetrating the response so we can determine how we treat them.

If you can understand this chapter and the role of the immune system, you can understand how antigens (non-living toxins or nasty, hard to kill virus, mold, candida...) *can* be at the heart of cancer.

A MAJOR part of my practice is IDENTIFYING and ELIMINATING antigens! In doing so, the body can return to homeostasis (balance) and miraculously heal itself!

How Cancer Spreads

When cancer spreads to other areas in the body it is called metastasis and can be the deadliest. But remember, the original cancer cells are growing in an anaerobic (without oxygen) environment. In order to spread, a cancer cell must first detach from the primary cancer and move through the wall of a blood vessel to get into the bloodstream.

These mobile cancer cells are called circulating tumor cells (CTC's) and look a little like spiculated burrs not unlike the burrs you may find on your pant legs after a walk through the meadow, only microscopic.

When CTC's enter the bloodstream, the circulating blood sweeps them along until they stick somewhere, usually in another opportunistic position that enables it to lodge and multiply.

This can be a complicated journey but as long as the host (the patient) has done little to strengthen their immune system's ability to defend against secondary attacks like this, it is common. Most CTC's do not survive this journey and there is a simple, yet profound nutritional

product that can help assure they do not. Besides everything the patient should be doing to strengthen their immune response, oxygenate their tissue, alkalize their body, and feed their cells good nutrition, every cancer patient MUST be taking one simple nutrient to help prevent metastasis – Modified Citrus Pectin (MCP).

MCP isn't even an expensive product and does a wonderful job grabbing these little CTC's in their claws to escort them out of the body. Like any approach to cancer, MCP is just one addition to the arsenal that every patient should consider, but like always – correct the cause!

Chapter 5

Nutrition and Cancer

“Rarely do we find men who willingly engage in hard, solid thinking. There is an almost universal quest for easy answers and half-baked solutions. Nothing pains some people more than having to think.”

Martin Luther King, Jr.

My General Recommendations for Diet

From our office handout:

NEW Eating God's Way for Cancer

Meat (grass-fed organic ONLY – high in protein and Omega 3)

- NO meat for first 12 months
- meat bone soup or stock, liver and heart (must be organic)
- lamb, buffalo, elk, venison, beef, goat, veal
- jerky (organic with no chemicals, nitrates, or nitrites)
- beef or buffalo sausage (with no chemicals and preferably no pork casing)
- beef or buffalo hot dogs (with no chemicals and preferably no pork casing)

**NO Pork, scale-less fish, shellfish, shrimp, lobster or 'bottom-feeders'.
Read Lev. 11**

Fish (wild- caught ONLY, and the fish must be fish with fins and scales. Eg: No catfish)

- NO fish for first 3 months
- fish soup or stock, salmon, halibut, tuna, cod, scrod, grouper, haddock, walleye, panfish, lake fish
- trout, orange roughy, sea bass, snapper, sardines (canned in water or olive oil only), herring, sole, whitefish

Poultry (pastured, free-range and organic)

- NO poultry for first 3 months
- poultry bone soup or stock, chicken, Cornish game hen, guinea fowl, turkey, duck
- chicken or turkey bacon or sausage

Lunch Meat (organic, free range, and hormone free ONLY)

- NONE

Eggs (high omega-3/DHA or organic is best)

- chicken eggs (whole with yolk) UNLESS Egg intolerant

1. You **HAVE** to eat breakfast and it **MUST** be a protein!
2. Become a grazer – eat multiple small meals throughout the day
3. Keep Carbohydrates to a minimum – 25-50 grams/day MAX if you have Diabetes or Metabolic Syndrome!!!

Dairy (organic and UN-Pasteurized (RAW) ONLY – NON if Dairy Intolerant!!!!)

- NO dairy for first 12 months - NOTE: NO Kefir or Kombucha if yeast or mold are found to be a part of your problem!
- Really NO Dairy for everyone is BEST unless RAW but that's hard to find
- homemade kefir made from raw goat's milk or raw cow's milk
- raw goat's milk hard cheeses, raw cow's milk hard cheeses
- goat's milk plain whole yogurt, organic cow's milk yogurt or kefir
- raw cream, raw butter if possible (or organic)

*Fats and Oils (organic is best, you **MUST EAT A LOT OF GOOD FAT**)*

Eating a HIGH fat diet is absolutely essential during fall through spring. Strictly limit carbs to 25-50 grams per day. That's NOT very much...deal with it!!!

- Oil: coconut oil is BEST FOR EVERYTHING, extra virgin (best for cooking) olive oil,
- Spread: Ghee butter; RAW butter
- Avocado (eat one every day), coconut milk/cream (canned), oil,

Vegetables (organic fresh or frozen is best)

- ALL veggies are good – especially lower carb, organic (broccoli, artichokes, asparagus, beets, cauliflower)
- STRICTLY LIMIT white potatoes and corn (corn is really a grain), eat sweet potatoes instead

Fruits (organic fresh or frozen is best)

- Stone fruits are BEST – fruits with a pit
- LIMIT dried fruits (no sugar or sulfites), raisins, figs, dates, prunes; NO FRUIT JUICES!!!

*Grains and Starchy Carbohydrates (organic is best, and whole grains and flours are best if soaked for six to twelve hours before cooking) ***Brain-Based Therapy patients MUST stay off Gluten!!!*

- NO GRAINS is best!!!!!!!!!!!!!! Yes, that's right, I said NO GRAINS!
- Gluten-FREE oats, rice, millet
- Pamela's Mix brand flour for baking, waffles, pancakes; use Quinoa
- UDI bread is a good gluten free brand that makes bread and muffins but it is high carbs!

Sweeteners (NO Artificial and NO High Fructose Corn Syrup!!!)

- Unheated raw honey; LOCAL honey; date sugar; stevia; pure maple syrup; NO ARTIFICIAL SWEETENERS!!!!!! (these kill you!)

Beans and Legumes (best if soaked for twelve hours)

- miso, lentils, tempeh, natto, black beans, kidney beans, navy beans, white beans, pinto beans, red beans
- split peas, garbanzo beans, lima beans, broad beans, black-eyed peas

Nuts and Seeds (organic, raw, and/or soaked is best)

- RAW almonds, pumpkin seeds, hemp seeds, flaxseeds, sunflower seeds, almond butter, tahini,
- hemp or pumpkin seed butter, sunflower butter, walnuts, macadamia nuts, pecans, hazelnuts, Brazil nuts

Condiments, Spices, and Seasonings (organic is best – MUST BE GLUTEN FREE)

- salsa (fresh or canned), tomato sauce (no added sugar), guacamole (fresh), NO soy sauce (use Bragg's Aminos)
- apple cider vinegar, raw salad dressings and marinades, herbs and spices (no added stabilizers)
- Herbamare seasoning, Celtic Sea Salt, sea salt, mustard, ketchup (no High Fructose Corn Syrup), salad dressings (no canola oil)
- marinades (no canola oil), omega-3 mayonnaise, natural extracts such as vanilla or almond

Beverages

- Reverse osmosis purified water; unsweetened herbal teas, raw vegetable or fruit juices, lacto-fermented beverages (like Kombucha – unless Candida/yeast/mold/fungus issues), coconut water
- ****Limit Carbohydrates to less than 50 grams/day or less***
- ****Detox Diets I recommend may severely limit some of the above for a period of time***
- ****Consider Coffee Enemas to flush out the intestinal tract and cleanse the body***
- ****Add ONLY supplements that Dr. Connors has instructed – never buy things from store!***
- ****Study and meditate on Scripture daily, focus on what is good, holy and righteous; keep away from the negative, bad thoughts and disease-oriented thinking.***
- ***Focus on the PROCESS not the outcome.***

Lightness/Darkness cycles:

God created the night and said that it was good. Man then illuminated the night and stayed up late to be more 'productive' and add more stress on his adrenal system. Night/darkness does many good things: it is when many hormones are produced like melatonin and prolactin, the precursors to sex hormones and adrenal hormones, the neurotransmitters necessary for brain function, etc.

You really NEED to start going to bed, with the lights OUT, by 9:00 every night. If you can't fall asleep right away, listen to music or a book on tape, but be STILL in the DARK. Lack of sleep/darkness cycles in your life can be a PRECURSOR to autoimmune disease for many reasons I'll address in my next book, "I want my life back" coming out soon.

Bottom Line: Strive for 9.5 hours sleep per night in fall through spring! If you can't sleep the whole time: pray, listen to music, listen to books – all right brain activities; but make sure it is DARK!!!

Reasoning

Alexander Fleming, the discoverer of penicillin, once said, "If the soil causes the disease; the cure to the disease also lies in it." We might say, "The cure for cancer lies in the cause of cancer, namely, the imbalanced immune system."

For instance, while TNFalpha, Natural Killer Cells (NKC), and Macrophages, some of the pro-inflammatory chemicals of the Th1 (immediate, killer-cell side) immune response brings

inflammation, it also brings the cure, the correction, the stimulus that leads to cancer suppression.

Also it is noted that while pro-oxidants produced in the body mediate inflammation, antioxidants (such as glutathione) suppress this response. Inflammation is an important part of the body's response to both internal and external environmental stimuli. This response serves to counteract the insult incurred by these stimuli to the body – survival is always the body's goal. When acute inflammation, as seen in a fever, is manifested for a short period of time, it has a therapeutic consequence. However, when inflammation becomes chronic or lasts too long, it can prove harmful and may lead to disease. It's all about balance.

Pro-Oxidants vs. Anti-Oxidants

A similar relationship exists in pro- vs. anti-oxidants. It seems we are overwhelmed with information about the importance of increasing anti-oxidants in our diet; the truth be told: we cancer care without pro-oxidation would prove fruitless. To understand this, let's discuss the mechanisms.

A free radical is a reactive molecule that tends to damage cell parts so we tend to think that this is always 'bad'... NOT true. However, when DNA is damaged, this can mean damaged genes but this is precisely why our body replicates cells and the 'old' cell dies. If the genes controlling cell multiplication are harmed, cell growth can get stuck in the "on" position and cause cancer – this is an example of imbalance.

Cancer cells are very active reproducing and growing causing an increased load of free radicals within the cancer cell. Cancer cells are not good at handling more free radicals, since they already have more in them than normal cells and they tend to spew them out of the cells forming a slime layer that makes it more difficult to penetrate. At first thought, maybe it would be wise to flood the cancer with anti-oxidants. Until we understand that, at the root, the cancer is growing without oxygen, fermenting its energy, we then arrive at a different solution.

Normally the body makes energy through oxidation and is able to quench free radicals produced with substances called antioxidants. Antioxidants lessen the amount of free radical-induced injury and bring balance. This 'tug-o-war' continues and may be illustrated in exercise. We go to the gym and work our muscles, breaking tissue down in the presence of a depleting supply of oxygen (almost a semi-cancerous state) for muscles to 'recover' stronger, bigger, more thrifty in their use of oxygen, healthier in what we call 'better shape'.

Cancer is similar in that the cells have created a survival mechanism to grow and thrive in a hypoxic environment. Since pro-oxidant strategies increase free radicals, it may better seem that the way to kill cancer cells is by bombarding them with pro-oxidants. This would lead to more free radicals within cancer cells, and injury and eventual death to the cancer cells.

The mechanism of many chemotherapy drugs, as well as radiation, in destroying cancer cells is by causing free radical increase within cancer cells. This is the same mechanism in many of the apoptogens (cancer killers) in a nutritional approach.

Many nutraceuticals that are normally considered to be anti-oxidants actually have a pro-oxidant, cancer-killing effect on cancer cells. Curcumin, for example is just one anti-oxidant that acts as a pro-oxidant to a cancer cell. It also elicits anti-inflammatory benefits that aide in breaking down the barrier for an immune assault on the growing cancer mass. Selenium, EGCG (from Green Tea Extract), high dose Vitamin C and others also act like this. Some so-called antioxidants at high levels have other ways of killing cancer cells, like inhibiting certain enzymes (Curcumin inhibits topoisomerase II) that hinder normal apoptosis.

We have to be careful taking dogmatic stances in our nutritional approach. The “anti-oxidants are good for you so excess amounts of anti-oxidants must be better” ignores the very principles of health that regulate homeostasis – balance. Mixing different nutrition can be counterproductive as well; for instance, use of Curcumin along with Glutathione has shown to be a very wrong approach. Extensive research within the past half-century has indicated that Curcumin, the yellow pigment in curry powder, exhibits antioxidant, anti-inflammatory, and pro-apoptotic (aiding in normal cell death) activities.

Recent studies have investigated whether the anti-inflammatory and pro-apoptotic activities assigned to Curcumin are mediated through its pro-oxidant/anti-oxidant mechanism. Much data has revealed that TNF-mediated NF- κ B (markers found to accelerate cancer) activation was inhibited by Curcumin – therefore Curcumin acts to slow cancer growth. Glutathione, normally a great anti-oxidant (some would argue that it is the body’s greatest) reversed the inhibition – that means that Glutathione negated the cancer stopping benefits of Curcumin. This is just one example of what can go wrong with taking too many supplements!

Cellular pro-oxidants, called reactive oxygen species (ROS), are constantly produced in our body. As stated, excessive ROS can induce oxidative damage in the cell and promote a number of degenerative diseases including accelerated aging. Cellular antioxidants protect against the damaging effects of ROS and have long been the sales-pitch of health practitioners. However, we cannot ignore normal balance; in moderate concentrations, ROS are necessary for a number of protective reactions. ROS are essential mediators of antimicrobial phagocytosis (killing bio-toxins), detoxification reactions carried out by the cytochrome P-450 complex (the main liver

detox pathway), and apoptosis which eliminates cancerous and other life-threatening cells. Can you say 'balance' again?

Excessive ingestion of antioxidants could dangerously interfere with these protective functions, while temporary depletion of antioxidants can enhance anti-cancer effects of apoptosis. This is just another lesson against 'cookbook nutrition'. This is where practitioners educated in Kinesiology may have an advantage in determining the correct approach for the patient. Functional medicine testing measuring ROS baselines may also prove effective on determining a nutraceutical attack, as each patient is different.

PARENT Essential Fatty Acids (DPAs, ALAs, EPAs & DHAs)

Essential fatty acids have undergone extensive studies with cancer and their potential anti-inflammatory effects on the body. In a recent study out of Finland, Jyrki Virtanen, from the University of Eastern Finland, analyzed blood levels of omega-3 fatty acids, as well as C-reactive protein (CRP) – a marker of inflammation, in Finnish men, ages 42 to 60 years. Results showed that as omega-3 levels increased, CRP levels decreased. Specifically, docosapentanoic acid (DPA) and docosahexanoic acid (DHA) increase significantly, whereas no change in levels of eicosapentaenoic acid (EPA) or alpha-linolenic acid (ALA) were observed. The study authors conclude that: "Serum [omega-3 polyunsaturated fatty acids] and especially the long-chain [omega-3 polyunsaturated fatty acids] concentration, a marker of fish or fish oil consumption, were inversely associated with serum [C-reactive protein] in men."

Essential fatty acids are a great anti-inflammatory fat that everyone needs to consume. How much is enough? First understand that farm-raised salmon and other fish are NOT a good source of Omega-3's. Do NOT buy fish that are farm-raised; these are fed prepared fish foods and not natural. To get EFAs from food, eat cold water, ocean caught fish that are products of their natural environment. DO NOT take supplements of fish oil; ONLY use PARENT oils (which are cold pressed seed oils – I list the source to buy below). You must spend the money and purchase a good brand that ensures little to no contaminants and has a reputation for quality.

Because omega-3 fatty acids are in shortest supply in the typical American diet and have been so imbalanced in most people for decades, I always recommend you obtain EFAs from a PARENT source. This means the oils are from unadulterated sources that are from sources that contain the 'parents' of both Omega-3 and Omega-6. These 'parent essential oils' (PEOs) are Linoleic Acid and Linolenic Acid. This is one of the simplest, safest, yet most effective steps you can take to quell chronic inflammation in your body. I also recommend that everyone include a

small handful of raw nuts and seeds in your diet daily, especially walnuts, which are good sources of PEOs.

It is important to have the proper ratio of omega-3 and omega-6 in the diet and to let the body make them through using PEOs. We know that Omega-3 fatty acids help reduce inflammation, and most omega-6 fatty acids tend to promote inflammation which, from the outside looking in, isn't good. However, there MUST be a proper balance between an inflammatory 'attack' response and the anti-inflammatory 'clean-up'. Everything in life is about balance!

Prof. Brian Peskin is a world-leading scientist specializing in parent EFAs — termed PEOs — and their direct relationship to both cancer and cardiovascular disease. He currently spends time advancing the scientific understanding of the role of essential fatty acids in the body's metabolic pathways, and has developed a means for alleviating cancer's prime cause, as postulated by Nobel Prize-winner Otto Warburg, M.D., Ph.D., by increasing cellular oxygenation (The Hidden Story of Cancer, www.pinnacle-press.com). From an immune standpoint, there is a fundamental cancer / heart disease connection, whereby the same physiologic solution helps solve both conditions.

Dr. Peskin's protocol, termed "the Peskin Protocol" will lead to a new understanding of how to better care for patients with both cancer and heart disease. The basis for Peskin's current work, grounded in physiology — can be found in his seminal work and peer-reviewed medical journal articles. Clinical physicians throughout the world have validated Prof. Peskin's EFA recommendations. In the most exciting development to date, Dr. Peskin's theoretical conclusions were recently and completely validated in a physiological experiment by precise instrumentation capable of measuring arterial compliance. This experiment (IOWA experiment) provided the first conclusive clinical proof and validation of Prof. Peskin's theory. Peskin pharmaceuticals have a patent pending on the medicament that embodies this development.

What is a Parent Essential Oil (PEO)?

There are really only two (2) essential fatty acids, LA (parent omega-6) and ALA (parent omega-3). They MUST come from food. To work properly, they CANNOT be heated, chemically processed, and MUST be organically raised to guarantee full physiologic functionality.

The typical American diet tends to contain 15 - 30 times more omega-6 fatty acids than omega-3 fatty acids – and they are all adulterated! A 1:1 ratio of parent omega-3 : parent omega-6 would be perfect but not very practical if you think you are getting from your current food sources.

The Mediterranean-type diets have a healthier balance between omega-3 and omega-6 fatty acids. I prefer even a more-strict Paleo-type diet for most people, eliminating grains, 'bad'

carbohydrates, grain-fed meats, and obtaining most of your nutrition from your vegetables, juicing, and stone fruits. Many studies have shown that people who follow this diet are less likely to develop heart disease and have a much greater chance of surviving cancer.

People who follow an Anti-inflammatory diet tend to have higher HDL or “good” cholesterol levels, which help promote heart health. Inuit Eskimos, who get high amounts of omega-3 fatty acids from eating fatty fish (and even blubber), also tend to have increased HDL cholesterol and decreased triglycerides (fats in the blood). Yes, they eat fat and are healthier, have less fat in their blood and liver, and have less cancer! Finally, walnuts (which are rich in alpha linolenic acid or ALA, which converts to omega-3’s in the body) have been reported to lower total cholesterol and triglycerides in people with high cholesterol levels.

Most clinical studies examining parent omega-3: parent omega-6 fatty acid supplements for autoimmune disorders have focused on rheumatoid arthritis (RA), an autoimmune disease that causes inflammation in the joints. A number of small studies have found that it helps reduce symptoms of RA, including joint pain and morning stiffness by reducing the acute inflammation.

Eating foods rich in PEOs seems to reduce the risk of colorectal cancer according to research and observance. For example, Eskimos, who tend to have a high fat diet as described above, but end up eating high amounts of PEOs, have a low rate of colorectal cancer. Animal studies and laboratory studies have found that omega-3 fatty acids prevent worsening of colon cancer as well. Preliminary studies suggest that taking PEOs daily may help slow the progression of colon cancer in people with early stages of the disease. Although not all experts agree, women who eat foods rich in PEOs over many years may be less likely to develop breast cancer.

Population based studies of groups of men suggest that a ‘good’ fat diet including PEOs help prevent the development of prostate cancer. The biggest thing to remember about good oils and cancer is the anti-inflammatory benefits. Remember, rapidly reproducing cells (cancer) give off a large amount of acidic waste that form an inflammatory ‘slime’ layer around the growing mass that protects it and prevents your immune system from killing it. Anything one can do to decrease this ‘slime’ layer will have benefits in allowing your body to kill the cancer cells.

PEOs and Cancer

The his book, “The Hidden Story of Cancer”, Dr. Peskin details the molecular biochemistry of why cancer develops and shows that no ‘genetic cause’ will ever be found to the majority of cancers. Remember that cancer is not a foreign invader, but is rather a primitive defense mechanism for survival in a very unhealthy environment. Medical research understood that cancer comes from within our own bodies, but they viewed our bodies’ cells as being somehow genetically programmed to “turn on themselves.” “This is where they make their mistake: The

body is not turning on itself; instead, it is struggling to survive in the only way it can,” write Peskin. Cancer cells survive by making energy using fermentation.

Most cancers are not and have never been genetic in origin. What is correct is that the cancerous tissue is surrounded by unhealthy, oxygen-deprived tissue that has allowed the uncontrolled growth to take place. However, it gets worse. Many tissues are oxygen deprived along with the cancerous ones – it is NOT a local problem, it is a systemic problem. Homer Macapintac, M.D., chair and professor of nuclear medicine at The University of Texas M.D. Anderson Cancer Center for stating this truth: “Breast cancer is not a local problem. It is a systemic [whole body] disease.”

One MAJOR reason that our tissue becomes oxygen deficient and more acidic is simple: by eating adulterated oils and fats from the food processing industry and from your supermarket’s cooking oil section! These adulterated oils have a long shelf-life but have lost their oxygenation ability. They started out containing the functional, vitally needed oxygen-transferring PEOs (Parent Essential Oils), but they were ruined by processing and refining. Your body can’t make them on its own; they MUST come from food. We are giving ourselves cancer by eating common, everyday processed foods! Transfats are only the “tip of the iceberg” of the methods used by food processors to obtain long shelf-life and ruin the oxygenation capability of fats. PEOs work like tiny “magnets” drawing oxygen into all cells, tissues, and vital organs.

Dietary Sources:

Plant and nut oils are the primary dietary source of PEOs. ALA is found in flaxseeds, flaxseed oil, canola (rapeseed) oil, soybeans, soybean oil (BUT do NOT take canola oil or soy products with cancer!!), pumpkin seeds, pumpkin seed oil, purslane, perilla seed oil, walnuts, and walnut oil.

Taking a supplement is really necessary unless you eat a perfect diet. I use ONLY Dr. Peskin’s Protocol now (I was under the same mis-understanding as most other nutritionists regarding fish oil) and ONLY recommend Life System International’s product. Life Systems International Parent Essential Oils (PEOS) are organically produced, cold-pressed seed oils containing “parent” omega 6 and “parent” omega 3. They are infinitely better than fish oil supplements. Fish oils are not as pure or as effective as organic, wildcrafted seed oils and can even be harmful. These PEOS are produced to very specific, high scientific standards. You may order your own PEO supplements at Life Systems International’s website:

http://www.secureinfossl.com/carts/shopping_cart/showCart/1358582.html

I have absolutely NO financial ties to this company!

Chronic Inflammation

Chronic inflammation is the real problem. It almost always lurks beneath the surface of nearly every chronic disease including diabetes, cancer and every autoimmune disorder. Most of the time you can't see or feel it, but this low-grade, constant type of inflammation increases the risk of every leading cause of death.

To understand and therefore control inflammation is a major key to conquering cancer. I have often said that cancer is a Th2 dominant disorder that imposes a Th1 immune suppression. Your Th1 system is the main 'killer' portion of your immune response that also helps 'kill' cells that are supposed to die and be cleaned out of the body. If the Th1 system is suppressed, cancer has a better chance to proliferate.

Both sides of the immune system fire inflammation. The Th1 system creates a more acute inflammation where the Th2 system enables a slower, more insidious inflammation that may largely go unnoticed by the patient. It is common for a person with a Th2 dominant autoimmune condition to be completely unaware of their problem and blame stiffness, arthritis, brain fog, and other chronic inflammatory symptoms on 'old age' or worse, allowing a doctor to give them a medication that suppresses the symptoms and the problem continues.

Let's look at a common condition in America: high cholesterol. Millions are diagnosed with this every year and placed on some statin drug that readily lowers their numbers and gives the patient a false sense of victory. Was the reason why the liver was producing an excess amount of cholesterol addressed? What causes your body to make cholesterol?

Cholesterol is a necessary ingredient to life; it is the precursor to all your hormones including Vitamin D. Side note: Since Vitamin D is crucial in apoptosis (normal cell death that is NOT happening in cancer) and every cancer patient is arguably low in serum Vitamin D levels AND since cholesterol is the precursor to Vitamin D production, do you think there is a correlation between the 80 billion dollar per year Lipitor industry and our rise in cancer rates? It doesn't really take a rocket scientist to figure some of this stuff out!

Excess cholesterol isn't good either, but why is the body making too much? I think that THIS is the type of question that must be asked! Your body makes cholesterol for numerous reasons but one is in response to inflammation. See the connection? If a person has chronic inflammation they can have elevated cholesterol. Find the source of inflammation!

Vicious Cycles

Illness is an outcome of vicious cycles. Here's just one possibility: A person is exposed to a high amount of toxins in their lifetime, some of which settle in their tissue. An immune response from a completely normal response, let's say to an infection of some sort, causes a spike in the Th1 system to kill the infector. This Th1 immune response carries a slurry of different chemicals that are just looking for something to kill (because that is the only thing your immune system does). If the infection is easily quenched, excess Th1 cytokines may 'find' a toxin lodged in your tissue that the immune system was never supposed to 'turn on' against. If these chemicals initiate a response against such a toxin, we have a problem. Since the immune system only kills things, its attempt to 'kill' a toxin will simply result in a constant, ramped-up response that destroys local tissue and leaves inflammatory cytokines that choke-off detoxification pathways and clog extracellular spaces. This is really the definition of an autoimmune disease!

If the subsequent immune response is dominant in Th1 chemicals, it is called a Th1 dominant autoimmune condition and is marked by more acute destruction and often leads to a greater number of symptoms for the patient that may cause them to seek help and receive a diagnosis. A greater number of Th2 chemicals leads to a Th2 dominant autoimmune response that can be just as destructive but is often slower in process and more insidious, leaving the patient with diffuse, lower-grade symptoms that may go undiagnosed and undetected. The Th2 response still breeds chronic inflammation and chronic inflammation down-regulates cell receptors against things that aide in normal cell death (like Vitamin D receptors that are supposed to help old cells die and not become cancerous).

We are left with a breeding ground for cancer!

I could give a hundred different example of 'vicious cycles' but the important thing to understand is that EVERY disease is a product of one. Failure for you and your doctor to 'dig back' and figure out the vicious cycle that has lead you to your problem is just WRONG. To give the patient a label of cancer or any disease for that matter, without finding the reason it is there is malpractice in my book. I thought that this is what a doctor was supposed to do. Any educated individual can 'google' their symptoms and compare their lab results to patterns to reach a reasonable diagnosis; it's WHY the problem exists that must be solved!

Balancing hormones with DIM?

Many cancers, diseases, and just overall discomfort are driven by imbalances in hormones. The reasons are many but exposure to estrogens in our environment is by far the greatest cause of hormone dysregulation. A nutritional supplement called DIM, or diindolylmethane, is a natural compound found in cruciferous vegetables that promotes beneficial estrogen metabolism in

both women and men. Cruciferous vegetables such as broccoli, cauliflower, cabbage, and Brussels sprouts are rich in diindolylmethane. DIM affects estrogen metabolism by promoting the excretion of xenoestrogens, which are “bad estrogens” we encounter through pesticides in our diet, food laced with hormones, and from pollution in the environment.

DIM is increasing in popularity as a natural therapy due to medical research showing its positive effects on aberrant cells and healthy estrogen metabolism. Scientists at UC Berkeley discovered that DIM is also a potent modulator of the immune system – meaning that it can help balance a Th1/Th2 dominance. DIM, combined with the medicinal mushrooms in some nutraceutical formulas we use act together to enhance and support the immune system.

Other nutrients including Quercetin, Turmeric (Curcumin), Astragalus, Scutellaria barbata, add to the effectiveness of DIM in both clearing xenoestrogens and balancing the immune system. Not all cancers are hormonally driven but use of DIM can benefit everyone since our exposure to environmental hormones is ubiquitous.

Ultimately, when dealing with hormone issues, autoimmune disease, or cancer, correcting the CAUSE is the first step. Be wise and consume only grass-fed organic meat when possible, stay away from dairy products, and stop using plastics in contact with food or drink. It may be impossible to totally eliminate xenoestrogens but we can certainly limit exposure.

Anti-Inflammatory Foods

Processed sugars and other high-glycemic starches increase inflammation, just as they raise blood sugar and feed cancer cells, according to an article in the *American Journal of Clinical Nutrition*.

What we eat is either pro-inflammatory or anti-inflammatory inside your body. Here are 11 of the best anti-inflammatory foods (because I think that the best way to get your nutrition is through your food):

1. Cold-water fish, including salmon, contain ‘whole food’ anti-inflammatory fats. Wild salmon have more of these super-healthy fats than does farmed salmon so never buy farm-raised fish of any kind s they are fed processed, fish-food. Shopping tip: All salmon from Alaska is wild, whereas Atlantic salmon is usually farmed. Eat fish – wild-caught, cold water fish but don’t buy the fish oils; getting PARENT omegas from cold-pressed seeds IS BEST!
2. Grass-fed beef and other animal foods that are organically raised. As opposed to traditional, grain-fed livestock, meat that comes from animals fed grass contains anti-inflammatory omegas, but in lower concentrations than cold-pressed seed oils. Free-range livestock that

graze in pastures build up higher levels of omega-3s. Meat from grain-fed animals has virtually no omega-3s and plenty of poor quality saturated fat.

Cooking tip: Unless it's ground, grass-fed beef may be tougher, so slow cook it.

3. Olive oil and Coconut oil. Olive oil is a great source of oleic acid (omega 9), another anti-inflammatory oil. Researchers wrote in the October 2007 Journal of the American College of Nutrition that those who consume more oleic acid have better insulin function and lower blood sugar. Coconut oil is BEST!

Shopping tip: Opt for extra-virgin olive oil, which is the least processed, and use it instead of other cooking oils. Other "cold-pressed" or "expeller-pressed" oils can be good sources, too. Use Coconut oil whenever cooking at higher temperatures as it is more stable than olive oil.

4. Salads. Dark-green lettuce, spinach, tomatoes, and other salad veggies are rich in vitamin C and other antioxidants, nutrients that dampen inflammation.

Suggestion: Opt for olive oil-and-vinegar salad dressing (vinegar helps moderate blood sugar), and skip the croutons – grains are VERY pro-inflammatory.

5. Cruciferous vegetables. These veggies, which include broccoli, cauliflower, Brussels sprouts, and kale, are also loaded with antioxidants. But they also provide one other ingredient -- sulfur -- that the body needs to make its own high-powered antioxidants like glutathione.

6. Cherries. A study in the April 2006 Journal of Nutrition showed that eating cherries daily can significantly reduce inflammation. Cherries are also packed with antioxidants and relatively low on the glycemic index. They are one of the 'stone fruits' (fruits with pits) that are great for diabetic and cancer patients.

Tip: Frozen cherries are available all year long and make a tasty treat when blended in a smoothie.

7. Blueberries. These delectable fruits are chock-full of natural compounds that reduce inflammation. Blueberries may also protect the brain from many of the effects of aging. Frozen blueberries are usually less expensive than fresh -- and just as good for you.

8. Turmeric or Curcumin. This spice contains a powerful, natural anti-inflammatory compound, according to a report in the August 2007 Biochemical Pharmacology. There are perhaps a thousand more studies out on the benefits of Turmeric in cancer and inflammatory disorders. Curcumin has long been part of curry spice blends, used in southern Asian cuisines and is best assimilated in the body when blended with a good fat. Therefore cooking with this spice greatly increases its absorption. When I recommend it for a supplement (almost every patient with

cancer must be on this) I use a brand that is pre-emulsified in a fat (coconut oil) so it is more readily used by the body.

To use in food: Buy powdered curry spice (which contains high amounts of turmeric and other spices) and use it as a seasoning when pan-frying chicken breasts in coconut oil.

9. Ginger. This relative of turmeric is also known for its anti-inflammatory benefits, and some research suggests that it might also help control blood sugar, heal the stomach and digestive tract, and help breakdown walls of inflammation that surround cancer.

Suggestion: Brew your own ginger tea to sip between juices (juicing vegetables is a must for cancer). Use a peeler to remove the skin off a piece of ginger, then add several thin slices to a cup of hot water and let steep for a few minutes.

10. Garlic. The research isn't consistent, but garlic may have some anti-inflammatory and certainly helps increase Th1 responses that are necessary to kill cancer cells. At the very least, it won't hurt and makes for a tasty addition to food.

11. Green tea. Like fruits and vegetables, green tea contains natural anti-inflammatory compounds. It may even reduce the risk of heart disease and cancer. The EGCG compounds found in Green Tea extracts are absolutely essential for every cancer patient. Green Tea is typically a Th2 stimulant except that it also is one of the only compounds that reduce the only pro-inflammatory cytokine in the Th2 reaction – interleukin 6 (IL-6).

Suggestion: Drinking Green Tea is NOT going to give one enough EGCG to reduce IL-6 levels but it certainly helps. I suggest one take Green Tea Extract as a supplement.

Recipes:

Honey-amino Broiled Salmon

This sweet, tangy and salty mixture does double-duty as marinade and sauce. Toasted sesame seeds provide a nutty and attractive accent. Make it a Meal: Serve with gently steamed broccoli and sautéed red peppers and zucchini slices.

Ingredients

1 scallion or green onion, minced
2 tablespoons Bragg's brand Aminos
1 tablespoon rice vinegar
1 tablespoon honey
1 teaspoon minced fresh ginger

1 pound center-cut salmon fillet cut into 4 portions
1 teaspoon toasted or raw sesame seeds or pumpkin seeds

Instructions

1. Whisk scallion, Bragg's Aminos, vinegar, honey and ginger in a medium bowl until the honey is dissolved. Place salmon in a sealable plastic bag, add 3 tablespoons of the sauce and refrigerate; let marinate for 15 minutes. Reserve the remaining sauce.
2. Preheat broiler. Line a small baking pan with foil and coat with cooking spray. Transfer the salmon to the pan, skinned-side down. (Discard the marinade.) Broil the salmon 4 to 6 inches from the heat source until cooked through, 6 to 10 minutes. Drizzle with the reserved sauce and garnish with sesame seeds.

Curried Ginger Soup

- 1 teaspoon coriander seeds
- 1/2 teaspoon yellow mustard seeds
- 3 tablespoons coconut oil
- 1/2 teaspoon curry powder
- 1 tablespoon minced peeled fresh ginger
- 2 cups finely chopped red onions
- 1 1/2 pounds organic carrots, peeled, thinly sliced into rounds (about 4 cups)
- 1 1/2 teaspoons finely grated lime peel
- 5 cups organic chicken broth
- 2 cups coconut milk
- 2 teaspoons fresh lime juice
- Plain yogurt (for garnish)

Grind coriander and mustard seeds in spice mill to fine powder. Heat the coconut oil in heavy large pot over medium-high heat. Add ground seeds and curry powder; stir 1 minute. Add ginger; stir 1 minute. Add next 3 ingredients. Sprinkle with salt and pepper; sauté until onions begin to soften, about 3 minutes. Add all the chicken broth and coconut milk; bring to boil. Reduce heat to medium-low; simmer uncovered until carrots are tender, about 30 minutes. Cool slightly.

Now you have a choice:

1. Eat and enjoy as is by adding the lime juice and a bit of salt and pepper or...
2. Working in batches, puree in blender until smooth. Return soup to pot. Add more broth by 1/4 cups if too thick. Stir in lime juice; season with salt and pepper. Ladle soup into bowls. Garnish with yogurt and serve.

Chick Pea, Cumin, and Coriander salad

You can also make this the day before serving to allow all of the aromatic flavors to marinate and blend together. (makes 8 servings so you can have it for lunch the next day)

Ingredients:

Dressing:

- 3 tablespoons fresh squeezed lemon juice
- 2 tablespoons white-wine vinegar
- 2 garlic cloves, minced and mashed with 1/4 teaspoon sea salt
- 1 1/2 teaspoons peeled and grated fresh ginger root
- 1 teaspoon ground cumin
- 1/4 teaspoon dried hot red pepper flakes
- 1/2 cup extra virgin olive oil
- Freshly ground black pepper

Salad:

- Four 19-ounce cans chick-peas, rinsed and drained well
- Finely chopped green, red or yellow bell peppers
- Thinly sliced green scallions
- Finely chopped red onion
- 1/2 cup finely chopped fresh coriander
- Lemon wedges
- Mixed organic green leafy lettuce (mixed spinach and spring greens)

Preparation:

In a bowl, whisk together the lemon juice, the vinegar, garlic, ginger root, cumin, cayenne, sea salt and freshly ground pepper to taste. Add the oil in a stream, whisking, and whisk the dressing until it is emulsified.

In a large bowl stir together the chick-peas, the bell peppers, scallions, coriander, and the dressing and chill the salad, covered, overnight.

Serve on lettuce leaf and garnish with lemon wedges.

Quinoa-Avocado Salad

- 1 cup quinoa
- 2 cup water or organic chicken broth
- 1 cucumber, chopped up
- 2 avocados, pitted, skinned and chopped
- 1/4 cup dried cranberries
- 1/2 cup slivered almonds
- 1 green onion, finely chopped
- Fresh coriander or parsley, finely chopped

Dressing:

- The juice of one lemon
- 1/4 cup extra virgin Olive oil
- 1 tablespoon apple cider vinegar
- Sea salt
- Dash of Cayenne pepper to taste

Directions

- Rinse quinoa and cook in broth in a rice cooker or sauce pan and wait until it fluffs up, about 15-20 minutes (stirring occasionally).
- Whisk together lemon juice, olive oil, apple cider vinegar, salt and cayenne pepper.
- When quinoa is finished cooking, allow to cool slightly.

- Add chopped cucumber, avocado, cranberries, green onion, herbs, and lemon juice, stirring to combine well.
- Add more salt and pepper to taste, and chill before serving.

Roasted Root Vegetables

- 1 - 2 -3 pound butternut squash, peeled, seeded, cut into small pieces
- Several large sweet potatoes, peeled, cut into small pieces
- 1 bunch beets, trimmed but not peeled, scrubbed, cut into small pieces
- 1 large red onion, cut into small pieces (about 2 cups)
- 1 large turnip, peeled, cut into small pieces (about 1 cup)
- Several large carrots, cut into small pieces
- 1 head of garlic, cloves separated, peeled
- 2 tablespoons olive oil

Preheat oven to 425°F. Oil 2 large rimmed baking sheets. Combine all ingredients in very large bowl; toss to coat with oil. Divide vegetables between prepared baking sheets; spread evenly. Sprinkle generously with sea salt and pepper. Roast vegetables until tender and golden brown, stirring occasionally, about 1 hour 15 minutes. (Can be prepared 2 hours ahead; let stand at room temperature. Rewarm in 350°F oven 15 minutes.)

Inflammatory Foods to Avoid

The following is a list of inflammatory foods that everyone could consider either avoiding completely or limiting to achieve maximum health. Though I list these as “no-no’s” in the cancer diet section, it may be wise to comment on them here:

- DAIRY - (All pasteurized dairy products) - AVOID
- REFINED SUGARS (white sugar, brown sugar, confectioners’ sugar, corn syrup, processed corn fructose, turbinado sugar, etc.) – AVOID
- CHEMICAL SUGAR SWEETENERS and ARTIFICIAL SUGAR SUBSTITUTES – AVOID
- MSG (Monosodium Glutamate or Hydrolyzed Vegetable Protein) – AVOID Note: MSGs can be ‘hidden’ in foods under labels like “natural and artificial flavorings” so watch out!
- ALCOHOL – AVOID
- CAFFEINE – AVOID (except in your coffee enema!)
- RED MEAT - Reduce or Avoid (only eat grass-fed meats)
- PROCESSED FOODS - Reduce or Avoid
- GRAINS – especially gluten-containing grains (wheat, rye, barley, malt and spelt)

OTHER FOODS TO BE CAUTIOUS OF:

Often in regards to Rheumatoid Arthritis and some other autoimmune disorders (including cancers) I advise some patients to avoid the Night Shade Vegetables. This group of foods can be easily tested by avoiding the entire group for a week to a month while monitoring progress. After a period of avoidance, slowly allowing these foods back into the diet, monitoring the effect, will tell you if these are foods that your body can or cannot tolerate. The only problem with testing this food group is, for some reason you may not react immediately, the reaction could be 2-5 days later.

Keep in mind when avoiding this group of foods that if you are eating processed foods, you are not likely to be completely eliminating the night shade vegetables as they are found in most processed foods and sauces.

Nightshade vegetables include, eggplant, all white potatoes, all tomatoes, bell peppers (not black pepper) and tobacco.

What do cancer cells feed on?

Anaerobic (without oxygen) metabolism primarily consumes glucose as a fuel source. Cancer cells respire anaerobically, consuming 7-8 times more glucose than normal cells. Since it is so inefficient compared to aerobic metabolism, cancers have a voracious appetite for glucose to sustain them. This is why excess consumption of sugars tends to promote cancer growth.

It is less well known that cancers have an equally voracious appetite for glutamine, an amino acid. Briefly, glutamine is the most important "nitrogen shuttle" in the blood. It brings the organic nitrogen to the cancer cells so they can use it to make the essential amino acids and thus proteins required to make more cancer cells. As the glutamine supply goes to zero, tumor growth goes to zero.

In order for cancer cells to survive they basically require three conditions:

- Availability of glucose
- Anaerobic surroundings - less oxygen
- Availability of glutamine

One avenue to reduce the growth of cancer cells is simply to starve their food sources such as glucose and glutamine-rich foods, and then increase the amount of oxygen in the blood, which they hate.

A rich dietary source of glutamine is red meats. This is why excess consumption of red meats and other concentrated sources of animal protein tend to promote tumor growth. Since normal cells also require both glucose and glutamine, reducing the intake of either to zero would have an undesirable outcome. Consumption in moderation (small quantities), along with fruits and vegetables seems to be the best approach.

OTHER FOODS THAT SHOULD BE AVOIDED IN CANCER:

GLUTAMINE-RICH FOODS SUCH AS:

- Red meats (fish and eggs is better in small quantities)
- All dairy products except cottage cheese
- Wheat (which is rich in glutamine)

SUGAR-RICH FOODS SUCH AS:

- All refined sugar products
- All refined foods (white flour products, white rice)
- Fruit juices (homemade vegetable juices are fine and highly encouraged in the Gerson Therapy program which we highly recommend!)

FOODS THAT ARE DISEASE-CAUSING IN GENERAL:

- High saturated fats (animal fats)
- Trans fats from fried foods and hydrogenated fats in margarine
- All food additives, coloring agents and preservatives

With regards to a cancer treatment, every food that we eat or drink can be categorized into several different categories:

- 1) Foods that feed and strengthen the cancer cells and/or the microbes in the cancer cells and body. Examples would be: refined sugar, refined flour, soda pop, dairy products, etc.
- 2) Foods that cause cancer (e.g. trans fatty acids [margarine, French fries and virtually every other processed food you buy], aspartame [Diet Coke, NutraSweet, Equal, etc.], MSG, polyunsaturated oils [e.g. corn oil], etc.)
- 3) Foods that directly interfere with alternative treatments for cancer (e.g. chlorine, fluoride, alcohol, coffee, etc.)
- 4) Foods that occupy and distract the immunity system from focusing on killing the cancer cells (e.g. beef, turkey, etc.)

5) Foods that contain nutrients that kill the cancer cells, stop the spread of cancer, or in some other way help treat the cancer (e.g. purple grapes with seeds and skin, red raspberries with seeds, strawberries with seeds, broccoli, cauliflower, several herbs, carrots, pineapples, almonds, etc.)

Sugar and Glutamine

I've stated above that the Cancer Diet should decrease sugar and glutamine consumption and here are a few reasons. Researchers at Huntsman Cancer Institute (HCI) at the University of Utah have uncovered new information on the notion that sugar "feeds" tumors. The findings may also have implications for other diseases such as diabetes and Metabolic Syndrome. The research is published in the journal *Proceedings of the National Academy of Sciences (PNAS)*.

"It's been known since 1923 that tumor cells use a lot more glucose than normal cells. Our research helps show how this process takes place, and how it might be stopped to control tumor growth," says Don Ayer, Ph.D., a Huntsman Cancer Institute investigator and professor in the Department of Oncological Sciences at the University of Utah.

Glucose and glutamine are both essential for cell growth, and it was long assumed they operated independently, but Ayer's research shows they are inter-dependent. During both normal and cancerous cell growth, a cellular process takes place that involves both glucose (sugar) and glutamine (an amino acid). Ayer discovered that by restricting glutamine availability, glucose cannot be well utilized by cancer cells. "Essentially, if you don't have glutamine, the cell is short circuited due to a lack of glucose, which halts the growth of the tumor cell," Ayer says.

The research, spearheaded by Mohan Kaadige, Ph.D., a post-doctoral fellow in Ayer's lab, focused on MondoA, a protein that is responsible for turning genes on and off. In the presence of glutamine, MondoA blocks the expression of a gene called TXNIP. TXNIP is thought to be a tumor suppressor, but when it's blocked by MondoA, it allows cancer cells to take up and utilize glucose as its primary energy source, which in turn drives tumor growth.

Ayer says the next step in his research is to develop animal models to test his ideas about how MondoA and TXNIP control cell growth. "If we can understand that, we can break the cycle of glucose utilization which could be beneficial in the treatment of cancer," Ayer says.

So, make sure you are not taking any glutamine in your supplements. Since this is an amino acid, you would most likely find it in a protein powder. Another common source of glutamine would be in products to heal the gut. Glutamine is a primary player in intestinal healing and though healing intestinal permeability issues (leaky gut syndrome) is important for cancer patients, do NOT use a product with glutamine!

BPA (bisphenol A)

“More than 130 studies have linked BPA (bisphenol A) to breast cancer, obesity, and other disorders,” concludes a report from President Obama’s 2010 Cancer Panel.

Because BPA is a chemical compound that is practically inescapable in modern American life. It is used in virtually every plastic container, plastic bottles, and coffee cup lids where it is known to break down and contaminate the liquid contents. It is sprayed inside of the vast majority of our country’s canned goods, and has routinely been detected in staggering levels in the food it is supposed to be protecting. Cash register and credit card receipts are covered in BPA which give them the slippery feel. In fact, 92% of the food and drinks in the U.S. that come in plastic or metal packaging contain BPA. If you eat ANY prepared foods, even rice and beans that come in plastic bags, you are being exposed.

Why are they bad? BPA’s mess with your hormones! Even small amounts of BPA can act as “endocrine disruptors,” altering your body chemistry in alarming ways.

“Hundreds of independent peer-reviewed scientific studies have found harm from low doses of BPA,” Laura Vandenberg, a BPA researcher at Tufts University said in a recent statement.

The problem is that they are everywhere – you can run but you can’t hide from BPA’s. But it can be removed from our society. Japan quietly stopped using BPA in the 90’s. Canada has banned it from infant toys and bottles, as have a handful of U.S. states. Senator Diane Feinstein has now proposed a much heftier ban of BPA that extends to all food and drink containers used in America but don’t expect the chemical companies, who profit extensively from its use to quietly surrender.

“I think the outlook is that it’s going to be a struggle,” Feinstein said of the prospects for passage of the ban. “There’s no question about it. There are powerful interests that don’t want us to pass this bill.”

What to do until a ban will someday be enacted? Here are a few suggestions adapted from Lisa Farino, a writer for MSN Health & Fitness:

Limit canned foods & beverages. The epoxy liners of metal food and beverage cans most likely contain BPA. Vom Saal especially recommends avoiding canned foods that are acidic (tomatoes, tomato-based soups, citrus products, and acidic beverages like soda) and canned alcoholic beverages, since acids and alcohols can exacerbate the leaching of BPA.

The good news: Many foods and beverages can be purchased in glass containers (olive oil, and tomato paste) or frozen (like vegetables).

Don’t store foods in plastic. Glass food storage containers are inert and there are plenty of wonderful Pyrex containers on the market. Just be sure to wash the lids, which are made of plastic, by hand.

Filter your drinking and cooking water. Since detectable levels of BPA have been found in the water, vom Saal recommends removing it using a reverse osmosis and carbon filter, which generally can be found for less than \$200. “In the long run, it’s cheaper than buying bottled water, which isn’t tested for BPA,” he says. If you buy bottled water, you are defeating the purpose if you store it in a plastic container. We have BPA-free plastic water bottles at our office. I believe I ordered them off of www.amazon.com.

Filter your shower and tub water. According to vom Saal, the relatively small BPA molecules can easily be absorbed through the skin. BPA can be removed from the water by adding ceramic filters to showerheads and tubs. Just be sure to change them regularly or they just dump contaminants.

Don’t transport beverages in plastic mugs. Instead, opt for an unlined stainless steel travel mugs or glass mugs/containers. This is especially important when transporting hot beverages, like coffee or tea.

Limit use of hard plastic water bottles. Those colorful light-weight plastic bottles may be great for hiking, but unfortunately, they are made of polycarbonate plastic. For everyday use when a little extra weight isn’t an issue, choose a stainless steel water bottle, and make sure it’s unlined—some metal water bottles contain a plastic liner that may contain BPA. Again, use stainless steel or glass.

Minimize hard plastics in the kitchen. Hard plastic stirring spoons, pancake flippers, blenders, measuring cups, and colanders regularly come into contact with both food and heat. Fortunately, all of these can easily be replaced with wooden, metal, or glass alternatives.

Skip the water cooler. Those hard plastic five-gallon jugs that many companies use to provide their employees and customers with “pure” water are usually made of BPA-containing polycarbonate. Opt for tap water instead.

If You Must Use Plastic

- Avoid using plastic storage containers for anything that contains acid ingredients, like tomatoes or citrus products.
- Avoid putting any warm beverages or citrus products in plastic mugs or travel bottles.
- Wait for foods to cool to room temperature before placing in plastic storage containers.
- Transfer foods to ceramic or glass before placing in the microwave. Microwaving will break down the plastic, causing it to release BPA into the food.
- Wash all plastic containers by hand. The harsher detergents and hotter temperature in the dishwasher will cause the plastic to break down more quickly.
- Throw away any plastic food storage containers that are showing signs of age. If the

plastic looks hazy or warped, feels “sticky,” or has any visible lines or cracks, it is beginning to break down and could be releasing even more BPA.

- Choose plastics that have the recycling number 2 and 5. These are made out of far less reactive polypropylene and polyethylene.

Especially For Kids

Choose BPA-Free Baby Bottles. There are several alternatives to polycarbonate baby bottles. First, there’s the old-fashioned, inert glass baby bottle. If you prefer a plastic alternative, check out Born-Free’s new line of BPA-free plastic baby bottles.

As with any plastics, you should still avoid harsh detergents, dishwashers, and microwaves.

Choose BPA-Free Sippy Cups. Stainless steel sippy cups, like those by Klean Kanteen, are a great alternative to polycarbonate plastic sippy cups. Klean Kanteen also offers a BPA-free sippy-cup top adapter.

If you prefer a smaller, lighter-weight, totally plastic sippy cup, check out Born Free’s line of colorful, BPA-free sippy cups.

Again, it’s still wise to avoid exposing plastics to microwaves, harsh detergents, and dishwashers.

Limit Plastic Toys. Unfortunately, polycarbonate plastics are used to make toys, which young kids are so known for chewing on. Since chewing can break down the plastic and release BPA into a toddler’s mouth, minimizing plastic toys during the chewing stage is a good idea.

Especially for pregnant women

Here’s one more reason to keep taking that folic acid. Not only does it help prevent birth defects, it may also help protect a developing fetus from the effects of the BPA you’ll inevitably consume even if you take steps to reduce exposure. In pregnant mice, nutritional supplementation with folic acid has shown to protect fetuses against maternal BPA exposure.

Dairy and rbGH

An epidemic rise in one under-publicized category of cancers should sound an alarm for all Americans. There is a powerful link to the dramatic surge in lymphatic cancer: the 1994 approval of the genetically engineered bovine growth hormone (rbGH). Before 1995, lymphatic cancers were comparatively rare. Today, if one adds up the total number of cancer deaths from breast, prostate, lung, pancreatic, and genital cancers, they do not cumulatively equal the number of deaths from lymphatic cancers.

Americans annually consume nearly 180 billion pounds of dairy products that will average out

to over 650 pounds per American. Cheese, ice cream, yogurt, and milk will be ingested from hormonally-treated cows – cows treated with rbGH. Most people are unaware that laboratory animals treated with rbGH experienced enormous changes in their lymphatic systems.

The controversial genetically modified cow hormone was approved for human consumption in February of 1994. Cancer statistics have recently been published by the U.S. Census Bureau comparing death rates from cancer by sex and age groups in 1980, 1990, and 1995. These data support evidence of a runaway plague. All of America became a laboratory study for rbGH, which is now in America's ice cream, cheese, and pizza.

There are small increases and decreases in lymphatic cancer rates from 1980 to 1990 depending upon sex and age group. What happened in 1995 represents **the most dramatic short-term increase of any single cancer** in the history of epidemiological discovery and analyses.

| DEATH RATES FROM LYMPHATIC CANCER BY SEX AND AGE (1980 - 1995) | | | | | | | | | |
|-------------------------------------------------------------------|------|-------|--------|----------|--|--------|------|--------|----------|
| (Deaths per 100,000 population in specified age group) | | | | | | | | | |
| AGE GROUPS | MALE | | | | | FEMALE | | | |
| | 1980 | 1990 | 1995 | increase | | 1980 | 1990 | 1995 | increase |
| 35-44 | 4.3 | 4.5 | 36.5 | 811% | | 2.4 | 2.1 | 44.0 | 2095% |
| 45-54 | 10.2 | 10.9 | 143.7 | 1318% | | 6.6 | 6.0 | 140.7 | 2345% |
| 55-64 | 24.4 | 27.2 | 480.5 | 1767% | | 16.8 | 16.7 | 357.5 | 2141% |
| 65-74 | 48.1 | 56.8 | 1089.9 | 1919% | | 34.4 | 39.5 | 690.7 | 1749% |
| 75-84 | 80.0 | 104.5 | 1842.3 | 1763% | | 57.6 | 71.2 | 1061.5 | 1495% |
| 85+ | 93.2 | 140.5 | 2837.3 | 2019% | | 63.0 | 90.0 | 1249.1 | 1588% |

The approval process for rbGH was the most controversial drug application in the history of the Food & Drug Administration (FDA). In order to address that controversy, the FDA published an article in the journal SCIENCE (August 24, 1990).

Data in that paper reveal that the average male rat receiving rbGH developed a spleen 39.6 percent larger than the spleen of the control animals after just 90 days of treatment. The spleens from rbGH-treated females increased in size by a factor of 46 percent. These are not normal reactions and portray animals in distress. These animals were "under attack" by the genetically engineered hormone. The spleen is the first line of defense in a mammal's lymphatic system.

Lab animals treated with rbGH developed lymphatic abnormalities. This same hormone causing changes in lab animals was introduced into America's food supply in 1994. As Americans continue to ingest genetically engineered milk and dairy products, lymphatic cancer rates soar. Americans have become laboratory subjects in genetic engineering's experiment, and the resulting data indicates extreme cause for concern.

Lesson: If you stay on the Cancer Diet, you won't have to worry about genetic modification of dairy because you won't be eating dairy. Any dairy consumed, like yogurt, must be rbGH-free!

I could spend the entire book talking about dangerous toxins that have influenced cancer growth, but I want to mention just one more: genetically modifies food (GMO).

Again, I am NOT a conspiracy theorist, but to think there are NOT financial ties by major industries that financially benefit from GMO and rbGH is absurd! Here is a list for you:

| NAME | MONSANTO JOB | GOVERNMENT JOB | ADMIN |
|------------------|-------------------------------|--------------------------|------------------|
| Toby Moffett | Monsanto Consultant | US Congressman | D-CT |
| Dennis DeConcini | Monsanto Legal Counsel | US Senator | D-AZ |
| Margaret Miller | Chemical Lab Supervisor | Dep. Dir. FDA, HFS | Bush Sr, Clinton |
| Marcia Hale | Director, Int'l Govt. Affairs | White House Senior Staff | Clinton |
| Mickey Kantor | Board Member | Sec. of Commerce | Clinton |

| | | | |
|--------------------------|------------------------------------------|---------------------------------------|----------------------------|
| Virginia Weldon | VP, Public Policy | WH-Appt to CSA, Gore's SDR | Clinton |
| Josh King | Director, Int'l Govt. Affairs | White House Communications | Clinton |
| David Beler | VP, Gov't & Public Affairs | Gore's Chief Dom. Polcy Advisor | Clinton |
| Carol Tucker- Foreman | Monsanto Lobbyist | WH-Appointed Consumer Adv | Clinton |
| Linda Fisher | VP, Gov't & Public Affairs | Deputy Admin EPA | Clinton, Bush |
| Lidia Watrud | Manager, New Technologies | USDA, EPA | Clinton, Bush, Obama |
| Michael Taylor | VP, Public Policy | Dep. Commiss. FDA | Obama |
| Hilary Clinton | Rose Law Firm, Monsanto Counsel | US Senator, Secretary of State | D-NY Obama |
| Roger Beachy | Director, Monsanto Danforth Center | Director USDA NIFA | Obama |
| Islam Siddiqui | Monsanto Lobbyist | Ag Negotiator Trade Rep | Obama |

From: <http://organicconsumers.org/monsanto/index.cfm>

Genetically Modified Foods

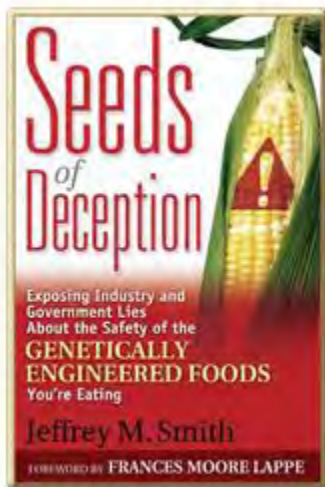
Genetically modified (GM) food has been around for decades. Most corn and soy purchased in the United States is GM food. Proponents argue that there are no ill effects on humans with GM food but I completely disagree. I'm not in the minority with my belief that changing the genetic structure of a food product is playing with disaster. Recent studies reveal that GM corn destroys the intestinal lining of mice causing absorption problems and leaky gut syndrome.

What is it doing to our gut?



Today's GMOs are based on adding new genes to crops like corn, soy, and cotton in order to alter the way the plants function, make them more tolerant to disease and bugs, and able companies to patent the seed and create an endless need for farmers to repurchase, year after year. Gone are the days of saving seeds; it's against the law – Monsanto owns the patent. To say that our food supplies, laced with toxins, filled with additives, colorings and chemicals, and now genetically altered don't negatively affect our bodies is ludicrous. This book does not contain enough space to discuss these things in detail and I have recommended various books for your personal research, but it suffices to say that removing these poisons from your diet is of utmost importance.

Bottom line: Eat only organically grown foods. Do your own research into the foods you put into your mouth and make sure they are not genetically modified. If we all create a greater demand for good food, the supply will follow.



A book I highly recommend

Electromagnetic Fields (EMFs)

Electromagnetic fields (EMFs) from power lines, high power lines, normal home wiring, airport and military radar, all types of electrical substations, electrical transformers, computers and other home appliances have the potential to disturb human body cells. I believe that EMFs can contribute to the cause of brain tumors, other cancers including leukemia, a variety of birth defects, miscarriages, and chronic illness of all sorts.

Dr. David Carpenter, Dean at the School of Public Health, State University of New York believes it is likely that up to 30% of all childhood cancers come from exposure to EMFs. The Environmental Protection Agency (EPA) warns "*There is reason for concern*" and advises *prudent avoidance*".

Martin Halper, the EPA's Director of Analysis and Support says, "I have never seen a set of epidemiological studies that remotely approached the weight of evidence that we're seeing with EMFs. Clearly there is something here."

The initial concern over possible problems with EMFs exploded after Paul Brodeur wrote a series of articles in the New Yorker Magazine in June 1989. His articles had a catalytic effect on scientists, reporters and concerned people throughout the world. In November 1989, the Department of Energy reported that "It has now become generally accepted that there are, indeed, biological effects due to field exposure."

The EMF issue gained more publicity in 1990 when alarming reports appeared in Time, the Wall Street Journal, Business Week and popular computer publications. ABC's Ted Koppel and CBS's Dan Rather both aired special segments on EMFs.

One prominent cardiovascular surgeon, Dr. Stephen Sinatra, MD, has written several books on the subject that I recommend one read. Search for his name on Amazon.

By 1990, over one hundred studies had been conducted worldwide and at least two dozen epidemiological studies on humans indicated a link between EMFs and serious health problems. In response to public pressure, the Environmental Protection Agency (EPA) began reviewing and evaluating the available literature and drafted several reports.

The EPA recommended in a 1990 report that EMFs be classified as a Class B carcinogen, stating that EMFs are a "probable human carcinogen and joined the ranks of formaldehyde, DDT, dioxins and PCBs". After the 1990 EPA draft report was released, utility, military and computer lobbyists forced a final revision did NOT classify EMFs as a Class B carcinogen and the following explanation was added:

"At this time such a characterization regarding the link between cancer and exposure to EMFs is not appropriate because the basic nature of the interaction between EMFs and biological processes leading to cancer is not understood."

After the EPA placated to the various pressures (I never said they accepted bribes) the report also stated: "In conclusion, several studies showing leukemia, lymphoma and cancer of the nervous system in children exposed to supported by similar findings in adults in several/ occupational studies also involving electrical power frequency exposures, show a consistent pattern of response that suggest a causal link."

When questioned about the contradictory nature of these statements, the EPA responded that it was "not appropriate" to use the probable carcinogen label until it could demonstrate how EMFs caused cancer and exactly how much EMF is harmful.

Power Lines

Electrical generating stations both create and lose energy. The giant power lines that transmit the high-voltage electricity to be down-graded at local stations and transformers give off an enormous amount of stray electricity that disperses into the air and travels through our bodies. All power lines radiate electromagnetic fields into the environment, how much are the power lines near YOUR home radiating? The amount of EMFs coming from a power line depends on its particular configuration, the age of the wires, other interferences in the conductivity and even your home, work or environment that may contribute to the EMFs attraction. Power companies know which power line configurations are best for reducing EMFs but most don't feel the evidence supports costly changes in the way they deliver electricity.

An electrical substation is an assemblage of circuit breakers, disconnecting switches and transformers designed to hold and transmit electricity to neighborhoods. Substations have been blamed for causing cancer clusters among nearby residents. Paul Brodeur wrote about several such cancer clusters in the July 9, 1990 issue of the New Yorker Magazine and I've personally seen areas of specific cities that have high incidences of brain cancers.

A key component of a utility's electrical distribution network depends upon numerous, small transformers mounted on power poles around town. A transformer looks like a small metal trash can, usually cylindrical, mounted at the top of the pole. Even when electrical service is placed underground, you will often see a metal box (usually square) located on the ground near the street. Many people don't realize that when they see a transformer, the power line feeding the transformer is 4000 to 13,800 volts and is transforming that voltage down to a usable (120v/240v) service for the nearby homes.

EMFs near a transformer can be quite high, but due to its small structure, the field strength diminishes rapidly with distance, as it does from any point source. For this reason, having a transformer located near your home is usually not a major source of concern, although just to make sure, everyone should measure the field strength around it. One can use a meter called a gauss-meter to measure such EMF fields.

Your Home

With our patients that have a diagnosis of cancer, we make a point to go to their home and

measure the extent of EMFs that may be a contributing factor in their recovery. We not only want to measure EMFs in their home but sources of environmental toxins like chemicals gasifying off carpets or building materials, hidden fungus or mold, to chemicals used in the home. I just believe that we CANNOT leave ANY stone un-turned!

If your home has high EMF readings, it is important to determine the sources of the EMF so that remedial action can be taken – this is called GROUNDING. Many times a particular room will have higher EMF readings due to the configuration of the wiring, the appliances in the home, or something outside that area.

Sometimes, the source of a high magnetic field is incorrect/faulty wiring/grounds. If you suspect that your home is wired improperly, obtain the services of a licensed electrician. Warning: Do not touch electric wires, even if you think the current is turned off. If you need to disconnect electrical circuits to determine the source of magnetic fields, you should call a licensed electrician.

There are several techniques that we employ when we GROUND a home. The first thing to understand is that each of us is a unique electrical conduit. We truly are little antennas walking around that filter electrical impulses as energy. A cursory understanding of quantum physics tells us that everything, broken down to its smallest component is simply energy vibrating at a specific frequency. EMFs disturb our body's frequency.

Computers, Electric Blankets and Waterbeds

EMFs radiate from all sides of the computer and can pose a serious health risk. Thus, you must not only be concerned with sitting in front of the monitor but also if you are sitting near a computer or if a computer is operating in a nearby room for it is a major generating source of EMFs.

The Swedish safety standard published in 1990, specifies a maximum of 0.25 mG at 50 cm from a computer display. Many US manufactured computers have EMFs of 5 - 100 mG at this same distance. Screens placed over monitors do NOT block EMFs; even a lead screen will not block ELF and VLF (very low frequency) magnetic fields.

I know that it is almost impossible to live without a computer – I certainly couldn't! Try this – turn it off and unplug it when not in use.

Maybe one of the worst things to own, electric blankets create a magnetic field that penetrates about 6-7 inches into the body. It is not surprising that an epidemiological study has linked electric blankets with miscarriages and childhood leukemia. Just throw it away!

This pioneering work was performed by Dr. Nancy Wertheimer and Ed Leeper, who originally discovered that magnetic fields were linked to childhood leukemia. Similar health effects have been noted with users of many electric blankets and waterbed heaters will emit EMFs even when turned off.

Electric Clocks, Fluorescent Lights and Appliances

Electric clocks sitting on bedside stands across America have a very high magnetic field, as much as 5 to 10 mG up to three feet away. It's like sleeping in an EMF equivalent to that of a power line. Think about moving all clocks and other electrical devices (such as telephones and answering devices) at least 6 feet from your bed – or better, NOT in the room which you sleep.

Fluorescent lights produce much more EMFs than incandescent bulbs. A typical fluorescent lamp in an office ceiling have readings of 160 to 200 mg 1 inch away – that's horrible.

Microwave ovens and radar from military installations and airports emit two types of radiation - microwave and ELF. All microwave ovens leak and exceed safety limits. In addition, recent Russian studies have shown that normal microwave cooking converts food protein molecules into carcinogenic substances.

Electric razors and hair dryers emit EMFs as high as 200 to 400 mG for the sort time they are in use. There just are not enough studies that prove whether short-term, high EMF exposure is more or less damaging than chronic exposure to a 2-3 mG field. Some EMF consultants recommend that hair dryers not be used on children as the high fields are held close to their rapidly developing brain and nervous system can be a problem.

Telephones and Cellphones

Telephones, especially cordless telephones, can emit surprisingly strong EMFs from the handset. This is a problem because of course; we hold the telephone so close to our head. Place a Gauss meter right against the ear piece and the mouth piece before buying a phone or better yet, do NOT use cordless phones in your home. Cellphones have gotten a ton of press regarding EMFs. Surprise, surprise, every study that produced that show no ill-effects from cellphones was paid for by the cellphone industry. Always read into the possible biases of scientific studies.

What to DO

Dr. Sinatra wrote a book with Clinton Ober and Martin Zucker titled "Earthing". It goes into details on the need for all of us to remain 'grounded' with the earth. I know to most reading this book, these concepts sound more like something out of the hippy generation, but it makes scientific sense. Grounding or Earthing as spoken of in the book I referred to is natural and simple, and affects every aspect of your physiology. When you ground yourself, you physically add electrons to your body and thereby increase pH to the tissue – an important concept in those with cancer.

James Oschman, Ph.D., an internationally renowned expert on energy medicine and author of "Energy Medicine; The Scientific Basis", describes the phenomenon of personal grounding/Earthing: "Recently I attended a meeting on the East coast. One of my colleagues came in from the West coast. She had a bad case of jet lag. I told her to take her shoes and

socks off and step outside on the grass for 15 minutes. When she came back in, she was completely transformed. Her jet lag was gone. That is how fast Earthing works. Anyone can try this. If you don't feel well, for whatever reason, just make barefoot contact with the Earth for a few minutes and see what happens. Of course, if you have a medical problem, you should see a doctor. There is nothing that comes close to Earthing for quick relief. You can literally feel pain draining from your body the instant you touch the Earth."

The human body is mostly water and minerals and is therefore a good conductor of electricity (electrons). The free electrons on the surface of the Earth are easily transferred to the human body as long as there is direct contact. Remember, you are simply an antenna. Unfortunately, synthetically-soled shoes made of rubber and plastic act as insulators so that even when we are outside and walking on the ground; we are insulated from the Earth's electric field. When we are in homes and office buildings, we are also unable to receive the Earth's balancing energies.

Is this 'new age'? No, it is simply physics. The Earth's electric field is mainly a continuous direct current (DC) producing field that is a giant transmitter of electrons. By comparison, home wiring systems in the U.S. use 60-cycle per second alternating current (AC) and other forms of man-made environmental electromagnetic fields (EMFs). Some people are just more sensitive to EMFs than others. One person may develop cancer due in part to EMF exposure and another family member with equal exposure appears unaffected. Again, this is just one more causative factor!

So what does one do? There are some simple steps that everyone can take (not just people with cancer) to ground their home and themselves. First, start with looking at your footwear. Standard plastic/rubber or composite soles on your shoes do not conduct the Earth's electric energy and can contribute to a host of illnesses. You need leather or hide soles, which used to be the primary footwear materials in the past. Leather itself isn't conductive, but the foot perspires and the moisture permits conduction of the energy from the Earth through the leather and up into the body. In addition, moisture from walking on damp ground or sidewalks could permeate up into the leather-soled shoe. Thickness of the sole can also be a factor, and specifically that very thick leather soles may not allow the moisture through. Moccasins are the best type of natural conductive footwear. Leather isn't quite as good as bare feet on the ground but certainly much, much better than standard soles that are insulating.

There are companies that sell grounding kits and Earthing products around the world. Remember, there is a difference between personally grounding yourself to the earth (Earthing) and grounding your home or office in a protective measure against stray EMFs. In our practice, we attempt to send a team out to the home of every cancer patient to make sure their house is as free from EMFs as possible. We also test for hidden mold, fungi, etc. There are lots of things that can make you and keep you sick!

Grounding your home includes physically checking grounding rods that were supposed to be installed to see if they are working properly, installing new rods and connections if this is not

done, utilizing special volcanic materials called dragonite (it's a ground basalt) to block stray EMFs as well as other techniques to 'clean' the home. There are personal products that can help also like grounding mats that one can stand on, mattress pads, seat cushions, attachments to computers and other things. But start simply by unplugging appliances that are not in use, stop using some things I wrote about previously and get the electrical things out of your bedroom.

I highly recommend the book Earthing to all my readers to help them understand the concept. It is easy to explain to my Minnesota patients who love to hunt. I often hear men say something like, "I just love to go sit in the woods next to a tree. I don't even care if I see a deer; I just love being out in the woods." They are grounding themselves, whether they know it or not. They are receiving an abundance of electrons from the earth and alkalizing their bodies and decreasing inflammation. They are healing.

This is exactly what the RIFE light is doing for my patients with cancer. The photons dispersed from the Tesla tube act as electron donors and ground the patient by adding electrons and alkalizing and healing the patient. The more specific we can be to the frequency of the tissue treated; the body receives the more electrons.

So it is with grounding and Earthing. The more stray EMFs we can erase from the environment and the more electrons we can receive from the earth, the healthier one will become.

Chapter 6

Our Integrative Approach

“Competition has been shown to be useful up to a certain point and no further, but cooperation, which is the thing we must strive for today, begins where competition leaves off.”

Franklin D. Roosevelt

Why I Do What I Do

“Always ask the reason why”. For anyone who has ever been in my office that’s the big three-letter word with the big question mark behind it that I teach ad nauseam. If there is only one thing to learn from me, it would be to ask, “*Why* do I have this problem?” I want you to become a Sherlock Holmes of your own healthcare, desiring to look deeper and say “why?” Never, ever, EVER be satisfied with a diagnosis.

I am eighth of nine children; born the fifth of five boys with four sisters. From an early age as a grade-schooler, even though I always hated school (there were always too many things to do at home or outside) I always had a great love and curiosity for science.

In about 6th or 7th grade I started getting horrible headaches and body aches. My mom brought me to our family doctor at that time – a medical doctor – and he took x-rays of my head and neck. His conclusion was that I was suffering from ‘growing pains’. I remember walking out of the clinic after the appointment and hearing my mom say, “He’s crazy. It doesn’t hurt to grow!” We climbed into the car and that was the last time I would go to a medical doctor for almost 25 years.

My symptoms were happening at the same time that my mother was delving into natural health care, having sought help for some issues of her own. A few years earlier she had suffered from Bell’s Palsy (a paralysis of cranial nerve 7 – your facial nerve – causing one side of your face to droop). We lived in a town with a population of about 10,000, with only one chiropractor in practice. My mother sought his help and he completely cured her Bell’s Palsy.

In effect, my mother asked the right questions, received the right answers and was able to solve her problem. Since then, both of my parents had become believers in natural health care and went to the chiropractor for various issues.

So, abandoning the medical doctor’s “growing pains” diagnosis, Mom brought me to her chiropractor and my headaches and body aches were quickly resolved. As my siblings and I grew (and became involved in school athletics), we continued to pursue chiropractic care and were always well cared for.

The largest turning-point in my life (career-wise) was when I was in 10th grade. I noticed I excelled in my science classes but I despised English class, especially when it came to reading. I would receive “A’s” in the rest of my classes but in reading I would be lucky to get a “C”. I was unable to keep pace with my fellow students and ended up being placed in a remedial English class – extremely embarrassing. I just could not keep up; I couldn’t even read through a single page without forgetting everything I just read.

I finally went to a special kind of chiropractor, one who did some kinesiology work. After some neurological testing he diagnosed me as having mild dyslexia and spent time teaching me some specific brain-based therapies he knew at the time. With the chiropractor’s help, my dyslexia was miraculously corrected (within about 3-5 months), so much so that I was accepted in an

Honors class that required more reading than I ever attempted – I did great and my life slowly changed.

With the healing I experienced through this chiropractor, the direction of my life also changed. I was absolutely intrigued. I thought, “I want to do this – what he is doing”, and from that point on I was committed. By the time I was a junior in High School I had my post-graduate schooling laid out - exactly what courses I needed to take to become a doctor like him. I wanted to figure people out; I wanted to help people who did not have an answer or worse, didn’t even realize they had a problem. I thought that there must be others out there like me, others who didn’t know that what they were struggling with was even a problem. I’m sure there are others, who think that, like me, “this is just the way that I am – I’m just a horrible reader, I’m just stupid, I’m just fat, I’ve just been dealt with _____”. We can easily think that we are just “stuck” with a fate in life without any possibility to change. That’s what I once thought, but I was wrong.

I went into my whole field – my endeavor/everything that I do - partly based on the experiences I had back then. I have a desire to help people, to dig and figure out the *cause*, even after people and patients and other medical professionals have given up and just settled on a label. Those experiences are what brought me to where I am today – with a relentless drive to find the answers.

There is another thing that drives me: My relationship with Jesus Christ. Years ago I committed myself to Him and though I stumble daily and often fail miserably in my walk, He is faithful, always good, and chooses to use me from time to time. I believe that God is sovereign, holy, and sent His Son to become sin and the sacrifice on my behalf. I am forgiven, not because I am good, but because He is good. So I’ll be honest; this is a profession that I chose but how I practice is what He chose for me. It really wasn’t my desire to take care of patients diagnosed with cancer, it was God’s.

On average, our patients have been to a multitude of doctors, both traditional and alternative, and just can’t seem to find satisfactory answers to their problems. We are based in Minnesota and many of our patients have been to the Mayo Clinic, even *turned away* from Mayo because there’s nothing left that can be done to help them. It is then, I believe, that God often sends them to us.

I have to be honest in that sometimes I wish He wouldn’t because it gets to be a little excruciating. Death has not been a stranger in our clinic. Many of our patients are seemingly teeter-tottering on the edge of leaving this world, and it’s a dose of reality when some of them do. It is heartbreaking and in many ways it makes me furious. But it is also this reality that just drives me. It makes me a better person, it makes me a better doctor and it forces me to do everything I can to figure my patients out.

My belief system is this: If God brings a patient to me, He’s going to have to give me the wisdom to figure him/her out.” And it’s not like God speaks to me audibly and tells me what’s wrong, because He doesn’t. He makes me study and He makes me work and He makes me dig. My purpose as a doctor has always been toward constant, never-ending improvement. I believe I can *always* be better than I am right now. I can say it is God’s giftedness for me –

because I enjoy it and it is my absolute passion – but it is also a serious challenge. Every day I am faced with knowing people are placing their lives, and the lives of their loved-ones, in my care. But I do love a good challenge.

It is actually kind of boring for a patient to come to me and say “I fell down and hurt my knee.” It’s boring because we already *know* the cause and we can fix it. It’s boring. It is way more exciting for a patient to come to me and say, “I have stage 4 cancer, the doctor sent me home to die, I have two weeks left to live, I have never, EVER, dug in to the possible reasons WHY I have it, I’ve just followed the medical route to the “T”, it hasn’t worked, and now I’m here.” Obviously, it’s not “good” considering what the person is dealing with, but it *is* exciting that he/she is in our office and that we have the opportunity to seek God’s face and find some answers. Those are the cases that I like: the more difficult, the better.

This past weekend I held a seminar for doctors called "The Cancer Symposium" which consisted of me lecturing, teaching, and often pleading with doctors to learn how to properly support patients with cancer. I crammed as much of my last 25 years of training into 15 hours of endless speaking. Doctors from around the country - the best of the best - flew to Minnesota right at the time our temperatures dipped to zero degrees. It didn't even faze them!

I love to teach (as I'm sure you could tell by the content on our website as well as this book) but two straight days of talking was exhausting. But it was so necessary! We need more doctors with the knowledge to help people with cancer. It seems that a search of the internet either reveals pharmaceutical companies advertising their drugs with pretty butterflies and smiling supermodels as if chemotherapy is glamorous, or "non-profit" organizations that raise hundreds of millions of dollars for cancer yet do very little to help any individuals but themselves.

We NEED an integrative approach. Sometimes chemo, radiation or surgery IS necessary to ‘debulk’ a rapidly growing tumor, but NONE of them will kill circulating tumor cells (CTCs) or cancer stem cells. Every patient with cancer, even those who have been declared "cancer free" by their oncologists STILL have CTCs and cancer stem cells. This is why it comes back!!!

An integrative approach to cancer - one that addresses root causes, requires lifestyle changes, and develops a game-plan that is realistic and self-manageable is necessary, absolutely necessary, for ultimate patient success. I know we are all going to die but it just sickens me to see the statistics of what’s going on with traditional cancer treatment alone. "We've done all we can," seems to be the mantra of the oncology demi-gods when 'all they can' consistently falls short. I am so often reminded of the movie Patch Adams, about a young man of the same name as the title, struggling with his identity, depressed and afraid, checked himself into a hospital finally realized his purpose in life when he helped fellow patient - he wanted to be a doctor and help others.

Patch went to the MD that governed the psychiatric institution to demand he be discharged to follow his 'calling'. The doctor, who ruled with a callous disposition that would rather drug a

patient into oblivion then listen to them and feel their pain was obstinate about letting Patch go, "what is it that you think you want to do with your life," he sneered. "I want to help people; I want to be a doctor," Patch proudly stated. "You can't be a doctor," the MD soured, "I'm a doctor." "Yeah, but you SUCK at it," Patch pounced back with a simple honest conclusion.

Robin Williams was brilliant in his performance and if you haven't seen the movie, do so. That line, "Yeah but you SUCK at it" has resounded in my head for years. I do NOT want to be that kind of doctor but I've personally experienced dozens of them! If you've "done all you can do" then MAYBE there is SOMEONE ELSE who can DO MORE!!!

Just another 'Reason' why I do this

While I am writing this book, I have a sweet, little angel of a girl - 7 years old, with Medulloblastoma. She had surgery to debulk (remove all that the surgeon could) the tumor before her parents brought her to see me. Medulloblastoma is a primary, typically aggressive cancer in the fourth ventricle of the brain, just in front of the cerebellum - a horrible brain cancer that usually attacks young children.

The surgeon believed he 'got all the cancer', BUT, the Oncology Department at the University of Minnesota demanded that she still do FULL skull and spine radiation AND FULL chemo with 3 chemo drugs (ADULT chemo drugs!!!!!!!!!!).

The parents were in shock and simply requested some time to think about it. That immediately prompted the Oncologists to call CPS (Child Protective Services) who would forcibly remove the child from the parent's custody should they not proceed with the demands of the demi-gods of medicine. Is it REALLY in the 'child's best interest'?

I find it amazing that CPS puts abused kids back into the home of the abuser because they went through a few weeks of 'anger management training' and yet they can remove a child from loving parents because the pharmaceutically-controlled monopoly demands blood. If a parent dares to ask, "Hold on, we have to think about that...", we instantly become a police-state where 'big brother' knows better than us lower-life forms who are unable to make a rational decision. I am afraid of what this country has become!

After speaking to a new oncologist who promised to 'work with her', and then two weeks of adjunctive care at my office which included use of a Rife machine at home (what we do for all patients that come to us with cancer) the parents agreed to some medical testing to see if there was any progression. An MRI of her brain and microscopic testing of her cerebral-spinal fluid was next. Prior to the test, the new oncologist called me to ask if I'd help encourage the parents to proceed with the radiation and chemotherapy because she was afraid that if the testing came back clean, the parents would be against proceeding. I cannot even come close to entering into those decisions and asked the oncologist if she was trying to entrap me, for I am not an oncologist and do not treat cancer. She understood, but felt that I could help influence the parents. I asked some very pointed questions including why she would want to progress

with such harsh treatment which, she was honest about, would produce some potentially horrible side-effects. It all came down to protocol.

I'm all for protocols as long as they work. Dr. Oncologist assured me that 63% of Medulloblastoma patients had a 5 year survival rate at their facility and according to her, the patient had a ZERO percent survival should the parents not follow their protocol. Zero percent is pretty bad, so I asked the same question several different times in different ways and received the same answer - in her professional experience, the patient had a zero percent cure rate if their protocol was not followed!

The next logical question was, "How many Medulloblastoma patients have you had that did NOT follow your treatment?" So I asked it. "Oh, none," was her answer. Excuse me, did you just say *none*? I'm no mathematician but to claim that a parent is abusive for deciding to NOT follow your recommendations that you claim to have a 37% death rate and NOT have any REAL patients that have opted-out as a comparison is utterly ludicrous. How can they say there is a zero percent survival rate if you do not follow recommendations when they've never had anyone not follow those recommendations? Doesn't that make it a 100 percent survival rate?

These are the RUBBER NUMBERS used to manipulate you into doing something! I am sick over this!!!! I ended my conversation with Dr. Oncologist (and I at least give her credit for being nice and talking to me) after she said something like, "I believe in praying too and I believe in miracles, but miracles are few and far between." I answered, "Maybe you should come to my office because I see them every day."

The tests came back and there were NO traces of anything on the MRI or the CSF!!!! Hurrah!!!! It was a short-lived celebration; CPS is at the door and demanding cooperation with the powers that be. Hundreds of hours in prayer, dozens of prayer-chains and multiple conversations with attorneys leaves the parents with little choice: either do what the establishment thinks is best or lose control of their child.

The parents felt they had NO CHOICE. Well...this past weekend she had her first 3-day, in-hospital, chemo-assault and she is NOW in my office - SICK, having SEIZURES (which were GONE for last 3 weeks since starting here), and COMPLETELY MISERABLE.

Her mom is beside herself!!!!!!!!!!!! I am in tears writing this and this poor, little sweetheart of a child suffers at the hands of almighty medicine. We are trying to do everything we can to protect her little body from the effects of the powerful drugs. Just please pray!!!

Understand; I am NOT saying that I know what the BEST thing to do in this case is. I AM SAYING that the oncologists with their rubber numbers ALSO do NOT know. Why can't we let everyone (all professionals) give their BEST recommendation based upon experience, research data, and clinical certainty and then LET THE PARENTS DECIDE.

I know there are those who will argue that the parents just are not smart enough to make such a tough decision so the government must do it for them. Hogwash!

I'm reminded of the Apostle Paul when he heard that new believers were required by some to be circumcised in order to follow Christ. He was outraged: "Look out for those dogs [Judaizers, legalists], look out for those mischief-makers, look out for those who mutilate the flesh," (Philippians 3:2)

Our purpose as a clinic is to be a blessing to the people who come to us. We believe we have a responsibility to every person we accept as a patient, a responsibility to dig and figure each person out. We may not *SOLVE* the problem (I want to be very clear about that), but for the most-part we can figure out what's going on or find someone who can.

These are the types stories we hear on a fairly regular basis since we committed to this type of work and quite frankly, they drive me! We are in a battle, not against cancer but against an enemy. Cancer is an outcome; cancer is awful and devastating but it is not our enemy. Our enemy is alive and active and desires to kill, steal and destroy. Our advocate is also alive and well; He is more powerful than anything the enemy can throw against us and will always, ultimately have victory! The battle may be fierce, but the victory is secure.

Integrative Therapies I may Recommend

First, let me again make one thing perfectly clear – I do not treat cancer! In truth, I don't treat anything. My 'scope of practice' allows me to 'treat subluxations', the interferences in nerve conduction that can disrupt homeostasis. I do not treat diseases, don't diagnosis, nor do I desire to give any patient a label of *any* disorder. My feeling is this – if more doctors looked at a patient with wonder and curiosity, seeking desperately to figure out WHY they are manifesting such symptoms, worked vigilantly to trace back and correct the mechanisms that brought them to such a state – I think we'd get more sick people well. That's my goal!

Cancer is a disease that sick people get; I take sick people and do everything I can to help them get better and sometimes the cancer, or MS, or seizures, or headaches, or Autism – goes away. It's kind of like the farmer who had a horrible problem with rats that were infiltrating his barn from a giant trash heap near the south pasture. He would spend all afternoon sitting on his tractor with his 22-gage rifle waiting for the little buggers to present themselves and he would gun them down. Several weeks and dozens of hours 'hunting' later, he asked a young man at the feed mill if he wanted to earn some extra money sitting on his tractor shooting rats. The next day the young man paid a visit and assessed the situation. After about 15 minutes he gave the farmer a proposition, "If I can get rid of all the rats, will you pay me \$100?" The farmer agreed and the young man took the farmer's tractor, dug a big hole and buried all the garbage, destroying the very environment that 'fed' and nourished the rat population. The rats were gone forever.

So it is with every disease. We can chase the illusion of destruction or create a healthy environment that promotes self-healing. Cancer is no different. The purpose of care is to

detoxify the body, create a healthy environment, and stimulate the body's immune function. Is cancer 'curable'? Only you can answer that. My job is to help access the dysfunctions that promoted/allowed the disease (whatever name your previous doctors have given to it) and to assist the correction of that. I am currently enrolled in a Fellowship in Integrative Cancer Therapy through The American Academy of Anti-Aging Medicine and South Florida School of Medicine where I am privileged to crunch ideas with the brightest minds in oncology.



Learning to ask better questions is your first step to success. Once a patient receives the dreaded diagnosis, there is a fearful stigma that seems almost stamped on the brain that causes many to follow traditional approaches and surrender all responsibility to a profession that has been less than successful in their treatment. Again, the truth is: according to Oncology, a peer reviewed medical journal, the average cancer patient is worth nearly \$300,000 to the hospital and doctors who land the big fish. I hate to paint such a grim picture and must make it perfectly clear that I am NOT against all chemotherapy or radiation, but to ignore and often negate approaches that promote changing the patient's internal environment is malpractice.

A November, 2011 article by Karol Sikora published in Britain's The Telegraph reports:

"Much of the technology is changing so fast that it has become a very challenging field for clinicians at the frontline. And patients are often left bewildered and frightened by the discrepancy between what is being offered to them and what they read and can find on the internet.

This week's report from The Lancet Oncology Commission on the cost of cancer care in high-income countries, written by a series of experts, patient advocates and economists, provides a stark conclusion. Quite simply, no healthcare system can afford to pay for the huge increases involved in prolonging cancer patients' lives for a few weeks. We are truly at a crossroads."

Though I am saddened that the pharmaceutical companies may be 'pricing themselves out of the market', it just may be the best thing that ever happened to the patient. My personal belief is that if every patient had to pay out-of-pocket for every medical bill accumulated, they would make wiser decisions regarding their care and more carefully access outcomes. As an

‘alternative doctor’ I’ve spent 25 years under the scrutiny of each potential patient as they carefully make their decision as to whether ‘this type of care’ best suits them since they will be footing the bill, not the insurance company.

Though we live in a capitalistic society where the market dictates goods and services, medical care in America is more of a socialistic endeavor. The market doesn’t decide what care is best, the insurance company does. Would the average patient still follow through with surgery, chemo and radiation for their cancer if they had to find the \$300,000 - 900,000 for the care?

My heart cries to hear young and old dying from cancer that have never even attempted alternative approaches. Surely we all will die, some of cancer. God’s sovereignty does not preclude the need to seek for knowledge you may not possess. There is wisdom in a multitude of counselors.

Below are brief descriptions of some alternative approaches for patients diagnosed with cancer that we use in our office. I do NOT suggest a ‘shotgun’ approach to cancer or any disease! I test patients out with a technique called Applied Kinesiology, that, although not perfect, has been a God-send to find the exact nutritional approach that a person’s body will best respond to. I commonly hear patients say that they are ‘so confused’ with the information out there and they don’t know who to believe. The truth is that all these approaches DO work for SOME people. Which approach is going to be best for YOU? That’s the question you want to answer; that’s the question we try to help you find peace with. I have test kits and supplies for these and many more ‘cancer cures’. Usually a person may test out positive on just one or two; you do not want to guess at the best treatment. There’s too much at stake to be playing that game.

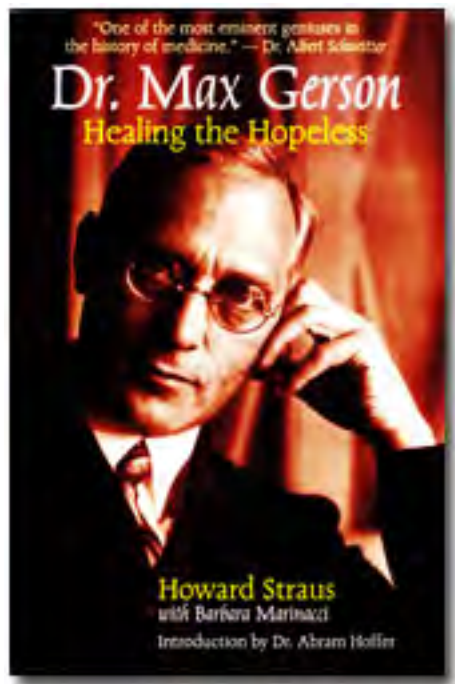
Gerson Therapy

Dr. Max Gerson fled socialist Germany in the early 20th century to bring his natural method of healing to the United States. He treated many hundreds of patients – primarily those with cancer - and continued to develop and refine his therapy up until his death in 1959, at the age of 78. One of his most famous patients was Dr. Albert Schweitzer, whom Gerson cured of advanced diabetes when Schweitzer was 75. Schweitzer later returned to his African hospital, won the Nobel Prize, and worked past age 90. Schweitzer directly commented about Gerson in his writing, "I see in Dr. Gerson one of the most eminent geniuses in the history of medicine."

In May of 2005, Dr. Gerson was finally recognized as a pioneer in his field when he was inducted into the Orthomolecular Medicine Hall of Fame in Ottawa, Canada. He joined seven other giants of medicine whose seminal work has been influential in the medical and scientific worlds, and are considered pioneers in their respective fields.

One fact always haunted Gerson: It is rare to find cancer, arthritis, or other degenerative diseases in cultures considered "primitive" by Western civilization. Is it because of diet? The

fact that degenerative diseases appear in these cultures only when modern packaged foods and additives are introduced would certainly support that idea. Max Gerson said, "Stay close to nature and its eternal laws will protect you." He considered that degenerative diseases were brought on by toxic, degraded food, water and air.



What has come to be known as “Gerson Therapy” is really a diet, regenerating the body to health, supporting each important metabolic requirement by flooding the body with nutrients from almost 20 pounds of organically grown fruits and vegetables daily. Most is used to make fresh raw juice, one glass every hour, 13 times per day. We utilize and recommend a ‘modified Gerson approach’ that encompasses a smaller number of juices combined with other therapies listed in this section. Consuming raw, juiced vegetables doubles oxygenation and increases pH; as oxygen deficiency in the blood contributes to many degenerative diseases (and obviously cancer). The metabolism is also stimulated through the addition of thyroid, potassium and other supplements, and by avoiding heavy animal fats, excess animal protein, sodium and other toxins found in processed foods.

Degenerative diseases render the body increasingly unable to excrete waste materials adequately, commonly resulting in liver and kidney congestion and eventual failure. To prevent this, the Gerson Therapy uses intensive detoxification to eliminate wastes, regenerate the liver, reactivate the immune system and restore the body's essential defenses - enzyme, mineral and hormone systems. With generous, high-quality nutrition, increased oxygen availability, detoxification, and improved metabolism, the cells - and the body - can regenerate, become healthy and prevent future illness.

I do not recommend a complete Gerson protocol for many of my patients. The intensity of juicing 13 glasses of juice each day is daunting for most and not always necessary. We recommend a 'modified Gerson Therapy' which Gerson die-hards might call heresy. But remember, I have been trained in integrative cancer therapy and utilize many different techniques, not just one. I also have some philosophical problems with my patients tied to a juicer all day long. I never want an ill patient to become so consumed in their healing that they then make healing an idol and destroy their relationships and quality of life they ironically seek to retain. I also want my patients to work, volunteer, and live life for others. Again, there is a reason this book is titled "Stop Fighting Cancer..." I want you to focus less on your cancer and more on LIFE. Balance in everything is the key!

A recent 5-year survival study on patients with Melanoma revealed promising results with Gerson Therapy in all stages of the disease:

"Conclusions: Stage-related 5-year survival rates for adult, Caucasian melanoma patients who used Gerson's therapy are considerably higher than rates reported elsewhere in the melanoma literature. Also, in contrast to the experience of other reporting centers, female and male survival rates were equal in regionally metastasized (stage III) melanoma.

These outcomes suggest a possible direction for broader clinical investigations."

- *5-year survival rates of melanoma patients treated by diet therapy after the manner of Gerson: a retrospective review*
 - G. L. Gar Hildenbrand, Gerson Research Organization
 - L. Christeene Hildenbrand, Gerson Research Organization
 - Karen Bradford, Gerson Research Organization
- Shirley Cavin, University of California, San Diego, Cancer Prevention and Control Program

Rife Light Frequency Technology

Possibly the most impressive method of detoxification ever developed, this technology was developed in the 1920s and 1930s by one of the true geniuses of the 20th Century, a microbiologist named Dr. Royal Rife. It involved aiming specific sound frequencies (piggy-backed onto a particular carrier wave for deep penetration) at cancer patients to kill their cancer. The treatment was so easy and non-toxic, it merely involved lying or sitting in front of the light. Documented cancer recoveries that resulted were phenomenal. However, this approach was finally suppressed to the point where it became virtually impossible to find a true Rife Machine that used the exact same technology and specifications of the original creator. Since many machines are being produced today that claim to be authentic, yet are not truly effective, it is important for cancer patients to know about the history and issues revolving around this particular treatment approach (believe me, I tried many!).

The reason why Rife had his clinics shutdown by the AMA and the FDA was because he was claiming that the light frequency "killed cancer cells". Though this was his belief at the time

(and no one could deny his success rate) it is NOT the current understanding of how light frequency works. We believe that since light is a photon, a particle on a waveform, it has different characteristics than other waveforms. Everything, on a quantum physics level, is made up of energy vibrating at a specific frequency. Bombarding cancer or any other particle (toxins, virus, etc.) with its own frequency simply vibrates it, making it recognizable to one's own immune system for destruction. RIFE technology does not kill cancer, it allows your body to recognize it and do its job in bringing you back to health.

We recommend the Rife machine to all seriously ill patients. However, the frequencies we program the units with are unique to each person. A Rife machine is NOT magic; it is a tool. Like any tool, it can be used by a skilled craftsman or a weekend mechanic. I prefer that the programs be as specific as possible for the condition the patient is dealing with. We utilize several specialized techniques to determine the programs that we set for patients. Most people have seven different overnight programs and several daytime programs depending on our findings on examinations. I NEVER recommend that the Rife be used exclusive to everything else necessary to achieve optimal health. If a person refuses to change lifestyle habits, follow their diet we layout, and take their specific supplements, the Rife will do little good.



See the section on the Rife for more information or visit our website at www.upperroomwellness.com

Gc-MAF

I've stated before that should intracellular failsafe procedures to ensure cell death collapse, it is the function of your immune system to destroy rapidly replicating cells. How does the immune system do this? It takes a strong Th1 system –the predominant part of an immune response that kills invaders to attack a growing cancer mass. One type of cell in this Th1 response is called a macrophage. In destruction of cancer, the macrophage attaches to a binding receptor on a cancer cell and then activates

to destroy the cell. With many types of cancer, an enzyme created by the growing cancer can halt this activation process. This is not good as it renders the immune response null and void.

A protein molecule circulating in the blood called Gc protein (also called Vitamin-D binding protein) is abundant in healthy individuals and aids in the destruction of pathogens and cancer cells. It is a glyco-protein, meaning that it has specific sugars attached to it that form something like a key. Found in human blood serum, Gc protein becomes the molecular switch to activate macrophages when it is converted to its active form called Gc-macrophage-activating-factor (Gc-MAF). Gc protein is normally activated by conversion to Gc-MAF with the help of the B and T cells (white blood cells in the immune response). Unfortunately, cancer cells get smarter over time and begin to secrete an enzyme known as alpha-N-acetylgalactosaminidase (also called Nagalase) that completely blocks conversion of Gc protein to Gc-MAF, preventing the 'last ditch' macrophage protection against cancer. This is the way cancer cells escape detection and destruction - they disengage the immune system's ability to kill the cancer. This also leaves cancer patients prone to infections and many then succumb to pneumonia or other infections, stuck in a Th2 dominant state.

I must also remind you that a suppressed immune system (from radiation or chemotherapy) leaves a similar result. Without a healthy immune response, a growing cancer is left on its own, unrestricted. This is why I'll say it again:

You cannot kill cancer with chemotherapy, radiation

And surgery alone! You MUST

Do other, immune stimulating therapies

And search for the cause!

Understanding the above phenomenon, there is another promising way to stimulate the activation of a macrophage through the use of a nutrient called GcMAF. Taking GcMAF injections directly, activates the macrophage response thereby sharply stimulating a Th1 reaction that 'turns-on' macrophages.

Researchers testing GcMAF stated it, "works 100% of the time to eradicate cancer completely, and cancer does not recur even years later." (This was stated based on the tested group of patients – nothing works 100% for everyone) The weekly injection GcMAF, a harmless glyco-protein activates the human immune system which then can kill the growing cancer. Studies among breast cancer and colon cancer patients produced complete remissions lasting 4 and 7 years respectively. This glyco-protein 'cure' is totally without side effect but currently goes unused and completely ignored by cancer doctors. Why? Maybe it is because there is little money to be made in selling it. For less than \$2000USD a cancer patient can obtain an adequate amount of GcMAC.

The once-weekly injection of just 100 nanograms (billionths of a gram), can activate macrophages and allow the immune system to pursue cancer cells with vigor, sufficient to produce total long-term cures in humans. But remember, there is not one drug, medicine, herb, or nutraceutical that works for everyone. Everyone's body is unique.

I just spoke to Dr. Nobuto Yamamoto, director of the Division of Cancer Immunology and Molecular Biology, Socrates Institute for Therapeutic Immunology, Philadelphia, Pennsylvania. He told me that GcMAF is "the most potent macrophage activating factor discovered yet oncologists ignore the research." As I discussed a patient with him, he laughed at the treating oncologist's demand for the patient to continue chemotherapy, "they don't even know what they are doing," he said, as he then pointed me to research data published in peer-reviewed Cancer journals from as far back as 1996 and as recent as 2008 that proved the benefits of GcMAF.

Unfortunately, there is too much money in chemotherapy!

How do you know if GcMAF will work for your cancer? There are a few ways to tell. A specialized medical lab test measuring Nagalase enzyme levels will reveal either normal (low) levels, indicating that GcMAF is not going to be your first choice, or abnormal (high), indicating GcMAF may be a perfect complement to help stimulate Th1 macrophage responses. One can also utilize kinesiology to easily test if GcMAF will potentially help a patient with cancer or measure other markers through blood.

Once a sufficient number of activated macrophages are produced, another Gc-MAF injection is not needed for at least a week because macrophages have a half-life of about six days. The studies revealed that after 16-22 weekly doses of Gc-MAF the amount of Nagalase enzyme fell to levels found in healthy people, which serves as evidence tumors have been completely eliminated. "The treatment was fool-proof - it worked in 100% of 16 breast cancer patients (tested) and there were no recurrent tumors over a period of 4 years," says a report in the January issue of the International Journal of Cancer.

[International Journal Cancer.2008 January15; 122(2):461-7]

In my conversations with Dr. Yamamoto, he kept telling me that he has always been "neutral" in the traditional vs. alternative cancer fight. He repeated that he just wished doctors would look at the facts. He and colleagues stated in an article published in Cancer Immunology Immunotherapy, "Gc-MAF therapy totally abolished tumors in 8 colon cancer patients who had already undergone surgery but still exhibited circulating cancer cells (possible metastases)." After 32-50 weekly injections, "all (the tested) colorectal cancer patients exhibited healthy control levels of the serum Nagalase activity, indicating eradication of metastatic tumor cells," said researchers, "an effect that lasted 7 years with no indication of cancer recurrence either by enzyme activity or CT scans." [Cancer Immunology, Immunotherapy Volume 57, Number 7 / July 2008]

Though Dr. Yamamoto first described this immuno-therapy in 1993, [The Journal of Immunology, 1993 151 (5); 2794-2802] there are very few clinics utilizing the therapy.

In an animal experiment published in 2003, researchers in Germany, Japan and the United States collaborated to successfully demonstrate that after they had injected macrophage activating factor (Gc-

MAF) into tumor-bearing mice, it totally eradicated tumors. [Neoplasia 2003 January; 5(1): 32–40] In 1997 Dr. Yamamoto injected GcMAF protein into tumor-bearing mice, with the same startling results. A single enzyme injection doubled the survival of these mice and just four enzyme injections increased survival by 6-fold. [Cancer Research 1997 Jun 1; 57(11):2187-92] In 1996 Dr. Yamamoto reported that all 52 cancer patients he had studied carried elevated blood plasma levels of the immune inactivating alpha-N-acetylgalactosaminidase enzyme (Nagalase), whereas healthy humans had very low levels of this enzyme. [Cancer Research 1996 Jun 15; 56(12):2827-31]

In the early 1990s, Dr. Yamamoto first described how the human immune system is disengaged by enzymes secreted from cancer cells, even filing a patent on the proposed therapy. [US Patent 5326749, July 1994; Cancer Research 1996 June 15; 56: 2827-31]

Activated Gc protein has been used in humans at much higher doses without side effect. This Gc macrophage activating factor (Gc-MAF) has been shown to be effective against a variety of cancers including breast, prostate, stomach, liver, lung, uterus, ovary, brain, skin, head/neck cancer, and leukemia. Although GcMAF is also called Vitamin-D binding protein, the activation of macrophages does not require Vitamin D (though many cancer patients are deficient).

GcMAF is a naturally made molecule and is not patentable (hence the reason why drug companies have ignored the data), though its manufacturing process is patent protected. One could argue that if an effective treatment for cancer would come into common practice, the income stream from health-insurance plans for treatment would collapse the medical monopoly in America. The National Cancer Institute estimates cancer care in the U.S. costs \$100,000 to over a million dollars per year, per patient and produces only marginal improvements in survival. [Targeted Oncology 2007 April, 2 (2); 113-19]

The AMAS Test is another alternative to Nagalase Testing and is easier to obtain here in the United States. Its promoters state that the AMAS test is useful both as a screening test for early cancer and for monitoring cancer therapies. AMAS is elevated when cancer is present and goes down below baseline when cancer is undetected. They say it is over 99% accurate (when done twice) and can be used instead of Nagalase to find and follow cancers.

The AMAS test measures a naturally occurring antibody present in blood serum accurately detecting early cancer of all types. It will show positive if any type of cancer exists with greater than 95% accuracy; repeat testing greater than 99% accurate; false positive and false negative rates less than 1%. AMAS results will help monitor treatment choice as well as the numbers decrease with successful cancer treatment; normal levels in successfully treated cancer patients indicate absence of malignancy. I cannot promote the AMAS test personally though as I do not have experience using it and cannot find much data supporting it. That doesn't mean that it is not valid; I would consider utilizing any newer test alongside current acceptable testing. It isn't an expensive test and is sure worth the expense.

Hoxsey Therapy

Currently, this herbal approach to cancer therapy, involving an internal tonic, a topical salve,

and a topical powder, can be obtained in its original form from Mexico. But for decades it was a thriving cancer therapy in the U.S. It was the first widely used non-toxic cancer approach, but was so heavily opposed by the American Medical Association that it was finally forced out of the United States in the 1950's. Melanomas and lymphomas are considered the best responders to this herbal approach.

Hoxsey Therapy is a mixture of herbs, was first marketed as a purported cure for cancer in the 1920s by Harry Hoxsey, a former coal miner and insurance salesman, and Norman Baker, a radio personality. Hoxsey claimed that he traced the treatment to his great-grandfather, who observed a horse with a tumor on its leg cure itself by grazing upon wild plants growing in the meadow. John Hoxsey gathered these herbs and mixed them with old home remedies used for cancer. Among the claims made in his book, he purports his therapy aims to restore "physiological normalcy" to a disturbed metabolism throughout the body, with emphasis on purgation, to help carry away wastes from the tumors he believed his herbal mixtures caused to necrotize.

Over time, people sought out Hoxsey for the treatment of their cancer and he opened 17 clinics that he would eventually be closed by the FDA. Dogged in many states by legal trouble for practicing medicine without a license (he wasn't a doctor), Hoxsey frequently shut down his clinics and reopened them in new locations. In 1936, Hoxsey opened a clinic in Texas which became one of the largest privately owned cancer centers in the world. At one point in the 1950s, Hoxsey's gross annual income reached \$1.5 million from the treatment of 8,000 patients. No one can doubt the success he had in treating cancer patients and he won the respect of several heavy critics after successfully treating their family members, but Hoxsey made some critical errors. His ego was his downfall. He claimed to 'cure cancer' and stuck to his statements of 'cure' despite what the AMA and FDA did to shut him up. He may have 'cured' many cancer patients but NO ONE can claim a 'cure' regardless of how a patient responds. Ego and pride is the downfall of many.

The truth: The Hoxsey formula is a great detoxification tool which we make good use of with many of our patients. One does not need to go to Mexico to utilize Hoxsey protocols.



Essiac

A cold herbal tea, Essiac was first obtained from a Native American healer in Canada. Based on age-old traditions, this combination of herbs has proven successful for thousands of people with cancer over many decades. It was eventually rigorously tested and endorsed in the United States by President Kennedy's personal physician, Dr. Charles A. Bruschi. As the story goes, many herbal supplements began with trial and error cures:

In 1922, a kindhearted nurse of Haileybury, Ontario, noticed a female patient with a severely scarred and disfigured breast. Asking the woman about her scars, She was told an amazing story of how years earlier the woman had been diagnosed with breast cancer. Canadian doctors had told the woman she must have her breast removed immediately. However, in desperation, the woman turned to a more natural route that had been told to her by an Ojibwa Indian medicine man.

The Indian medicine man told her of a combination of herbs to brew into a tea and drink daily. He told her this would cure the cancer in her breast and not require it to be removed. She did as the medicine man instructed and as she sat telling her nurse the story years later, she obviously had not had the surgery and yet she had no recurrence of the cancer!

The nurse asked the patient for the formula for the tea and wrote it down but never really pursued making it. A few years later when her aunt was diagnosed with inoperable cancer, Rene began giving the tea to her aunt. After two months of drinking the tea daily, The aunt rallied and lived an additional 21 years with no recurrence of cancer just as the lady with breast cancer had done!

In her desire to help the sick, the nurse began to give the tea to others with wonderful results. People with various kinds of cancer, diabetes and more seemed to improve with the use of this tea. She decided the unique combination of these particular herbs somehow seemed to cause the different organs in the body to "normalize" helping the body's own immune system to fight and "correct" whatever was wrong.

This amazing formula, made up only four simple herbs, is believed to normalize body systems by cleansing the blood, purging toxic build up, promoting cell repair and aiding in effective assimilation and elimination. While incredibly simple, when combined with each other, these four herbs and their separate individual effects are greatly enhanced.

The nurse decided to call the tea "Essiac®," her last name spelled backwards. As time went on, Rene Caisse continued to "treat" those considered terminally ill with very positive results. Health officials vacillated back and forth between a love/hate attitude toward her. While she never openly claimed the tea would cure ALL cancers it did seem to have a definite effect on many and it undeniably promoted wellness, general good health and strengthened the immune system.

Her desire was to make the tea available to everyone. She operated a Cancer Treatment Clinic in Canada using her tea for many years, but never charging for any services. She used the herbal tea herself every day and finally died in

1978 at the age of 90.

Her desire was never for financial gain but rather that the formula for this old Indian herbal tea could be used to help mankind. Rene did not want to "sell" her formula to drug companies since she did not want it to get tied up in bureaucratic "red tape" or "shelved" and discredited like so many other "natural" remedies. However, as she grew old, she finally sold the rights to this formula for only \$1. She did this hoping the tea could be developed and made easily available to the public. Now many companies are using a combination four herb formula and making it available to everyone.

Essiac is currently mass-produced in a variety of forms and by a variety of companies. Many people have continued to experience success with it for cancer, but as with any mass-produced herbal treatment, finding a good quality product is extremely important. Combining Essiac with some other alternative cancer approaches has also proven helpful for many cancer patients. (However, it cannot be combined with Protocol)



Laetrile –B17

This alternative treatment for cancer is possibly the most misunderstood by the public, as a result of massive misinformation propagated by the cancer industry and press decades ago. However, it is still being successfully used to treat cancer in Mexico as well as in a few places in the U.S. Intravenous treatments along with other nutritional supplementation (and sometimes other adjunctive treatments) is usually combined for best results.

The following was adapted from Cancertuter.com website on Laetrile:

How It Works

Laetrile (i.e. amygdalin or Vitamin B17) therapy is one of the better known alternative cancer treatments. It is very simple to use and is very effective if used in high enough doses and if the product is of high quality and *if it is combined* with an effective cancer diet and key supplements (in other words, you need to do your homework to maximize its benefits).

Laetrile is theorized to work by targeting and killing cancer cells and building the immune system to fend off future outbreaks of cancer. It involves a strict diet (as do all cancer treatments) and several supplements.

How to Obtain Laetrile or Vitamin B17

The FDA has made the purchase of laetrile supplements difficult to obtain, even though it is a perfectly natural and safe supplement. In order for a doctor to use laetrile supplements, they must have a patient sign a statement that the treatment is solely for detoxification and NOT to cure cancer. In other words, all "treatment for cancer", NOT just Laetrile, are effectively illegal unless one is an oncologist.

Fortunately Laetrile is available over the Internet either as apricot kernels, pills, or in some cases in liquid form. I personally believe that the apricot kernels are the best form as they are in more of a 'whole food' form.

In the middle of a peach or apricot is a hard shell. If you break open the hard shell with a "nut cracker," pliers or hammer, you will find a small seed/kernel in the middle that looks like an almond. However, it is much softer than an almond and certainly does not taste like an almond (it is bitter and not very tasty). It is this seed that is rich in natural laetrile.

If you search for "apricot kernels" (use the quotes) on Google you will be able to find a lot of vendors of apricot kernels. Be advised, however, that apricot kernel sites cannot legally make

any medical claims about laetrile being used to treat cancer.

Most experts will recommend a **daily** dose of apricot kernels from between 24 kernels a day up to 40 kernels a day, spread throughout the day. For a person in remission, 16 apricot kernels a day should be used as a minimum.

Other things rich in laetrile are millet grain and buckwheat grain. Breads made with these grains, however, generally do not contain a high percentage of millet or buckwheat or else they would be too hard.

Also, the seeds of berry plants, such as red and black raspberries are rich in laetrile. Red raspberries also have a second cancer killer in their seeds: Ellagic Acid, a phenolic. About four dozen foods have Ellagic Acid, but Red Raspberries have the highest concentration. Strawberries also have Ellagic Acid.

This means that when you buy berry jelly or jam, make sure you buy preserves that have the seeds. Basically, the seeds of any fruit, except citrus fruits, have laetrile. I have always eaten apples including the core and seeds, it's the best part!

Of course, apricot kernels are the best source of laetrile. Those who do not yet have cancer might want to plant a few apricot or peach trees in their back yard for a long term source of laetrile. The kernels can be frozen while still in the shell.

The Theory

When the laetrile compound molecule comes across a cancer cell, it is broken down into 2 molecules of glucose, 1 molecule of hydrogen cyanide and 1 molecule of benzaldehyde. In the early days of laetrile research it was assumed that the hydrogen cyanide molecule was the major cancer cell killing molecule, but now it is known that it is the benzaldehyde molecule that is by far the major reason the cancer cell is killed.

The reason laetrile therapy takes so long to work, in spite of the marvelous design of the laetrile molecule, is because if the laetrile molecule must chemically react with the enzyme of a non-cancerous cell (i.e. rhodanese), before it reacts with the enzyme of a cancerous cell (beta-glucosidase); the rhodanese will break apart the laetrile molecule in such a way that it can no longer kill a cancer cell. Thus you have to take enough laetrile molecules, over a long enough time, that enough laetrile molecules coincidentally (as far as we know) hits all of the cancer cells first.

The Basic Treatment Plan

The specific therapy that I discuss comes from the Binzel book: Alive and Well. There are other sources of a laetrile diet, but I would compare any other diet with the Binzel diet if you want to use another diet.

As with any cancer treatment, the place to start is with the "diet," meaning the foods you can and cannot eat. The Binzel diet is very similar to the Raw Food diet. This is interesting because he was taught by Dr. Krebs himself, thus the laetrile diet probably dates back over 60 years.

IT IS CRITICAL to take the pancreatic or proteolytic enzymes during the laetrile therapy!!

Note that zinc is also one of the most critical parts of this therapy:

- *"Zinc is the transportation mechanism for laetrile and nitrilosides in the body. Biochemists and researchers have found that you can give Laetrile to a patient until its coming out of the ears of the patient, but, if that patient did not have sufficient level of Zinc, none of the laetrile would get into the tissues of the body. They also found that nothing heals within the body without sufficient vitamin C. They also found that magnesium; selenium, vitamin A, and B, all played an important part in maintaining the body's defense mechanism. This is why it's important to understand that cancer is best treated with a total nutritional program consisting of diet, vitamins, minerals, laetrile and pancreatic enzymes."*
<http://www.thefountainoflife.ws/cancer/zinc.htm>

Warning #1 - Laetrile May Cause Low Blood Pressure

This is an important message I (cancertutor) received by email: "Laetrile ingestion may occasionally cause a temporary low blood pressure reaction due to formation of thiocyanate, a powerful blood pressure lowering agent. In metabolism, nitriloside is hydrolyzed to free hydrogen cyanide, benzaldehyde or acetone and sugar. This occurs largely through the enzyme beta-glucosidase produced by intestinal bacteria as well as by the body. The released HCN [hydrocyanide] is detoxified by the enzyme rhodanese to the relatively non-toxic thiocyanate molecule."

Normally, lowering blood pressure is not an issue, however, for those who are already taking blood pressure medications, or have heart issues which would be made worse by a drop in blood pressure, be advised that laetrile can lower blood pressure.

Warning #2 - Proteolytic Enzymes may act as Blood Thinners

Because many people on laetrile also use proteolytic enzymes (i.e. pancreatic enzymes), it is important to know that proteolytic enzymes are blood thinners. Proteolytic enzymes, such as

Vitalzym, should **NOT** be used in conjunction with prescription blood thinners unless the medical doctor understands they are being used.

Also, high doses of proteolytic enzymes should not be taken, just as too high of a dose of any blood thinner should never be taken. **See the bottle for maximum doses.**

Warning #3 - Do Not Take Laetrile with Probiotics

From an email: "It was our experience that taking laetrile with high strength probiotics may also increase the amount of free hydrogen cyanide and thus could create adverse side effects." Space out probiotic use at least 30 minutes from eating any apricot kernels.

Warning #4 - Combining Laetrile With Other Alternative Cancer Treatments

Whenever a person combines two or more alternative cancer treatments together, it is critical to do your homework. For example, Vitamin C should be taken with laetrile, however, high-dose Vitamin C should **not** be taken with Protocol, graviola, hydrazine sulfate, etc.

In other words, if you are taking a second or third alternative cancer treatment with laetrile, or if laetrile is being used to supplement another treatment, be careful to watch the warnings on each treatment.

Liquid Laetrile and Laetrile Tablets

Laetrile can also be purchased in liquid form and tablet form usually from Mexico. Laetrile is a very popular treatment in Mexico especially at cancer clinics. Taking **both** laetrile tablets and apricot seeds are the most common form of taking laetrile, but **It is necessary to "build-up" to therapeutic doses over a several week period!**

Unfortunately I cannot give the URL of a company which sells this product because of FDA persecution of liquid laetrile. But if you copy and paste the line at the end of this paragraph into Google you might be able to find a vendor of the liquid and tablet form. Personally, I do NOT use the liquid form. In Mexico laetrile is called: Amigdalina. Amigdalina apricot Mexico



IP-6

IP-6 works by increasing your body's Natural Killer Cell activity. These NK cells have two primary roles: They target cells that have made significant change and become cancerous as well as targeting enemy invaders like virus, bacteria, fungus and molds. The NK cells are a part of the Th1 immune system, which is commonly depressed in cancer patients. Bill Sardi in his article entitled, "The Overlooked Cancer Cure from Japan" writes: (adapted)

Nature's most effective iron-chelating molecule is inositol hexaphosphate (IP6), found naturally in seeds and bran. IP6 is a selective agent against cancer cells. Because cancer cells are high in iron content, IP6 directs most of its attention to abnormal cells since IP6 acts as a selective iron chelator. IP6 selectively removes iron from tumors cells (stealing one of its major food sources), which deprives them of their primary growth factor. IP6 does not remove iron from red blood cells which are tightly bound to hemoglobin. Unlike cancer drugs, healthy cells are not affected with IP6, so IP6 has very low toxicity. [Deliliers GL, British J Haematology 117: 577—87, 2002]

There have been numerous lab dish and animal studies that conclusively prove IP6 is an effective and non-toxic, anti-cancer molecule. But the National Cancer Institute has never seen fit to conduct a human trial even though IP6 made it on a list of promising anti-cancer agents. [Fox CH, Complementary Therapy Med 10: 229—34, 2003]

As an alternative to chelating drugs, IP6 has been shown to desirably alter the expression of proteins produced by the p21 and p53 genes (these are cancer suppressing genes) that control cancer growth, but goes unused as a cancer treatment. [Saied IT, Anticancer Research 18: 1479—84, 1998]

IP6 enhances the anti-cancer effects of Adriamycin and Tamoxifen, two commonly used cancer drugs. [Tantivejkul K, Breast Cancer Research Treatment 79: 301—12, 2003] However, it goes ignored by cancer doctors even though it's known to help chemotherapy!

While Desferal, an iron-chelating cancer drug, has a modest effect because of its poor ability to get inside tumor cells and remove iron, IP6 is found in every cell in the body and is essential for life. By virtue of its ubiquitous presence in living human cells, it is non-toxic. [Richardson DR, Critical review Oncology Hematology 42: 267—81, 2002]

In 2001 Food and Drug Administration researchers reported that 8 of 12 chelating agents tested were mutagenic (caused gene mutations). Among the four, non-toxic chelators were IP6. [Whittaker P, Environmental and Molecular Mutagenesis 38: 347—56, 2001]

The obvious choice among available iron chelators is inositol hexaphosphate (IP6). IP6 meets all the requirements for a safe iron chelator to treat cancer. It penetrates inside cells. It is non-toxic, inexpensive, and very effective. It's just not a drug.

Dr. Paul Eggleton of Oxford University demonstrated the IP6 also assists our immune system in our battle against enemies by increasing the oxidizing agents within neutrophils to aid in destruction of cancer and disease.

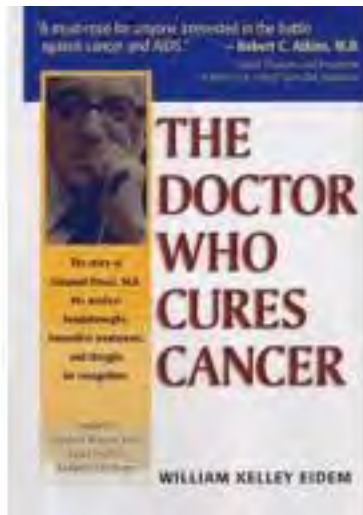
Ip6 summary:

- IP6 inhibits cell proliferation; helps stop cancer growth
- IP6 inhibits cell progression
- IP6 inhibits metastasis by interfering with CTC (circulating tumor cell) adhesion, migration, and invasion (it inhibits MMP-9 secretion)
- IP6 induces apoptosis in many cancer cell lines
- IP6 inhibits Angiogenesis (new blood vessel growth to cancer) by:
 - Inhibiting growth and differentiation of endothelial cells
 - Inhibits secretion of VEGF (vascular endothelial growth factor)
 - Blocking fibroblast growth factor

Dr. Kelley's Enzyme Therapy

Dr. Kelley made most of his discoveries when he cured himself of metastatic pancreatic cancer after he was given two months to live. He studied Dr. Bard's work (published in the early 1900's) and discovered the benefits of high dose enzyme therapy. The wonderful thing about this type of therapy is that, not only does it WORK but also it has neither side effects nor contraindications. Two physicians in New York (who have been some of MY teachers in

the Integrative Cancer Therapy Fellowship program), Dr. Gonzalez and Dr. Isaacs, are working together to treat cancer patients with this approach and are having great results. The treatment centers around taking high doses of special enzymes that could once only be gotten from these physicians - we now have full access to this approach! Though I do NOT advocate all of Dr. Gonzalez's work, the enzyme portion of his therapy derived from Dr. Kelley's work is one that we readily incorporate, involving strict diet based on Sympathetic or Parasympathetic dominance, high-dose enzymes, and regular coffee enemas. While we do not adhere to Dr. González' 'mega-vitamin' approach, we do believe enzyme therapy has proven itself clinically.



Understand, if we have the ability to test the patient on the correct supplementation and dosage, we can greatly reduce the amount of supplements and thereby the cost of the care. It is common to see our patients with previously diagnosed cancer to be on no more than a few supplements!

Dr. Nicholas Gonzalez's Enzyme Therapy

Dr. Gonzalez was one of my instructors in the Fellowship program through the American Academy of Anti-Aging Medicine. He is featured in Suzanne Sumers book on cancer and on the TV program 20/20. This interview is excerpted from the November 1999 **Clinical Pearls News**:

Kirk Hamilton: What is your educational background and current position?

Nicholas J. Gonzalez: I graduated from Brown University, Phi Beta Kappa, Magna Cum Laude with a degree in English literature. I did my premedical work as a postgraduate student at Columbia University, and received my medical degree from Cornell University Medical College in New York. I subsequently completed a year of internship in internal medicine, and a fellowship in immunology.

KH: Where did you come up with the idea at all to use pancreatic enzymes in cancer and what is the theoretic mechanism?

NJG: I didn't come up with the idea to use pancreatic enzymes to treat cancer. The Scottish embryologist, John Beard, who worked at the University of Edinburgh at the turn of the century, first proposed in 1906 that pancreatic proteolytic enzymes, in addition to their well-known digestive function, represent the body's main defense against cancer. He further proposed that pancreatic enzymes would most likely be useful as a cancer treatment. During the first two decades of this century, a number of physicians, both in Europe and in the United States, used injectable pancreatic enzymes to treat advanced human cancer, often times (depending on the quality of the product) with great success. I have collected a number of reports from that time in the major medical journals documenting tumor regression and long-term survival in patients treated with enzyme therapy. In my first article, I mentioned that in 1911, Dr. Beard published a monograph entitled **The Enzyme Therapy of Cancer**, which summarized his therapy and the supporting evidence. [Available through New Spring Press]

After Dr. Beard's death in 1923, the enzyme therapy was largely forgotten. Periodically, alternative therapists have rediscovered Dr. Beard's work, and used pancreatic proteolytic enzymes as a treatment for cancer.

I began researching the use of oral pancreatic proteolytic enzyme therapy as a treatment for cancer after completion of my second year at Cornell University Medical College in 1981. My research advisor at the time supported and directed my early work, and later supported me during my formal immunology fellowship. In terms of the theoretical foundation, the exact mechanism of action has never been demonstrated. After Beard's death, the enzyme therapy was largely forgotten and certainly never generated any significant research effort until recently with the funding of my work. There are several studies from the 1960s showing, in an animal model, that orally ingested pancreatic enzymes have an anti-cancer effect, and might work through immune modulation, but these studies were preliminary and were never followed-up. Dr. Beard believed enzymes had to be injected to prevent destruction by hydrochloric acid in the stomach. However, recent evidence demonstrates that orally ingested pancreatic proteolytic enzymes are acid stable, pass intact into the small intestine and are absorbed through the intestinal mucosa into the blood stream as part of an enteropancreatic recycling process.

It is clear from our extensive clinical experience that pancreatic proteolytic enzymes have a profound anti-neoplastic effect, but we do not know how they work. We have not had the resources to support basic science research, but with appropriate funding we do not believe it would difficult to set up animal models to explore the molecular action of the enzymes against cancer cells.

KH: Why did you choose a vegetable-based diet, low in red meat and poultry, with a little fish and occasional dairy products?

NJG: We divide patients into different metabolic categories, depending on each patient's particular genetic, biochemical and physiological make-up. In this model, patients with solid epithelial tumors, such as tumors of the lung, pancreas, colon, prostate, uterus, etc. do best on a largely plant-based diet. Such patients have a metabolism that functions most efficiently with a specific combination of nutrients that are found in fruits, vegetables, nuts, whole grains and seeds, and with minimal to no animal protein.

On the other hand, patients with the blood or immune based malignancies such as leukemia, myeloma and lymphoma do best on a high-animal protein, high-fat diet. Such patients do extremely well with a diet based on animal products with minimal to moderate amounts of plant based foods, the particular design of the diet again depending on the individual patient's metabolic make-up. We find patients with pancreatic cancer always do best with a largely plant-based diet that emphasizes fruits, vegetables and vegetable juice, nuts, seeds and whole grains. Allowed protein includes fish one to two times a week, one to two eggs daily and yogurt daily, but no other animal protein. In our therapy, we use diets specifically because of the effect of food on the autonomic nervous system. This system consists of the sympathetic and parasympathetic branches and ultimately controls all aspects of our physiology, including immune function, cardiovascular activity, endocrine function and the entire action of our digestive system. The sympathetic and parasympathetic systems have opposing actions on the target organs and so can adjust our physiology depending on needs and demands, enabling our bodies to react to any situation, condition or stress. We believe disease, whatever the form, occurs because there is an imbalance in autonomic function. For example, we find solid tumors, such as tumors of the breast, lung, pancreas, colon, uterus, ovaries, liver, etc occur only in patients who have an overly strong sympathetic nervous system and a correspondingly weak, ineffective parasympathetic nervous system. We believe that blood-based cancers, such as leukemia, lymphoma and multiple myeloma, only occur in patients that have an overly developed parasympathetic nervous system, and a correspondingly weak sympathetic nervous system. Previous research, such as Dr. Francis Pottenger's research during the 1920s and 1930s proposed that much if not all disease has autonomic imbalance as at least one of the major causes.

We have found that specific nutrients and foods have specific, precise and predictable effects on the autonomic nervous system. For example, a vegetarian diet emphasizes fresh fruits and vegetables, particularly leafy greens, and contains large doses of minerals such as magnesium and potassium. It has been shown in many studies that magnesium suppresses sympathetic function, while potassium stimulates parasympathetic activity. Furthermore, a largely vegetarian diet tends to be very alkalizing, and the neurophysiologic research documents that

in an alkalinizing environment, sympathetic activity is reduced and parasympathetic activity increased. So, whatever other effect a vegetarian diet has, in terms of autonomic nervous system function, such a diet will reduce sympathetic activity and stimulate the parasympathetic system.

A meat diet is loaded with minerals such as phosphorous and zinc, which tend to have the opposite effect. A high-meat diet stimulates the sympathetic system and tones down parasympathetic activity. Furthermore, such a diet is loaded with sulfates and phosphates that in the body are quickly converted into free acid that in turn stimulates the sympathetic nervous system while suppressing parasympathetic activity.

So, by the careful use of diet, we are able to effect major changes in autonomic function, and bring about balance in a dysfunctional nervous system. We find, further, as the autonomic system comes into greater harmony and balance, when the autonomic branches are equally strong, all systems – from the immune system to the cardiovascular system – work better regardless of the underlying problem. In essence, we are using diet to bring about greater physiological efficiency. For cancer patients, long experience has taught us that it is not enough to load patients with enzymes; the question of autonomic imbalance must also be addressed. In terms of pancreatic patients specifically, a plant-based diet provides all the nutrients to correct autonomic dysfunction.

KH: Can you describe the vitamin and mineral supplement regimen you used? Was it megadoses or a basic nutritional support?

NJG: All of our patients, whether they have cancer or some other problem, consume specific combinations of vitamins, minerals, trace elements, amino and fatty acids, and animal-derived glandular and organ concentrates. We use such supplements very specifically, in very precise doses and combinations as we use diet, to manipulate autonomic function and to bring about balance to an imbalanced system. Certain vitamins, minerals and trace elements, such as many of the B vitamins and, as mentioned above, magnesium and potassium, tone down the sympathetic nervous system and stimulate the parasympathetic nerves. Other nutrients, particularly calcium, phosphorous and zinc, stimulate the sympathetic system but weaken the parasympathetic system. By the use of precise combinations of vitamins, minerals and trace elements, along with diet, we are able to bring about balance to the autonomic system. And, again, when the autonomic branches come into balance, the patients, whatever the underlying disease, do better.

KH: What is the role of coffee enemas in this particular treatment and what is the history of coffee enemas in traditional medicine?

NJG: When I first began my research efforts, I was very surprised to find that the coffee enemas, often portrayed as one of the most bizarre aspects of alternative medicine, came right out of the **Merck Manual**, a revered compendium of orthodox treatments. When I was completing my immunology fellowship, I had an interesting correspondence with the then editor of the **Merck Manual**, who confirmed that the coffee enemas had been advocated in the **Merck Manual** from about 1890 right up until 1977, when they were removed more for space considerations than anything else. Most nursing texts for the better part of the century recommend coffee enemas. Particularly during the 1920s and 1930s coffee enemas were used in the US and abroad to treat a variety of conditions, and I have put together a library of articles from that time discussing the wide ranging effects on patients. Coffee enemas were frequently recommended because patients, whatever their underlying problem, tended to feel better after a coffee enema. I have followed thousands of patients over the years who have done coffee enemas in some cases for decades: virtually all patients report an increase sense of well-being. I have done them myself daily since first learning about them in 1981.

There is research going back to the earlier part of the century that indicated that coffee enemas stimulate more efficient liver function and gallbladder emptying, and we believe that is the primary therapeutic benefit. Particularly with cancer patients, who often have a very large tumor burden, as the body repairs and rebuilds and as tumors break down, enormous amounts of toxic debris can be produced, much of which must be processed in the liver. The coffee enemas seem to enhance this processing of toxic metabolic waste. Interestingly enough, in **Hospital Practice** (August 15, 1999 page 128), a very orthodox journal of internal medicine, I read a summary of an article showing coffee seems to enhance gallbladder and liver function.

KH: Is it possible that the positive effects from the coffee enemas are a result of a "caffeine high" versus a metabolic benefit?

NJG: The issue of caffeine high is often raised. I don't believe this is the case at all. First, patients almost universally report a relaxing effect, not the stimulation you find with coffee taken orally. Many patients, in fact, fall asleep while doing the enemas. I, myself, have never been able to tolerate drinking coffee because coffee, when drunk, causes in me an amphetamine like response. However, I always feel relaxed when I do a coffee enema and often fall asleep. Something completely different is going on with the enemas.

KH: Can you describe your study and the basic results?

NJG: In July 1993, the then Associate Director for the Cancer Therapy Evaluation Program at the National Cancer Institute, Dr. Michael Friedman, invited me to present selected cases from my own practice as part of an NCI effort to evaluate non-traditional cancer therapies. I prepared for presentation 25 cases with poor prognosis or terminal illness who had either enjoyed long-

term survival or tumor regression while following my program. After the session, Dr. Friedman suggested we pursue a pilot study of our methods in 10 patients suffering inoperable adenocarcinoma of the pancreas, with survival as the endpoint. Because the standard survival for the disease is so poor, an effect could be seen in a small number of patients in a short period of time.

Nestec (the Nestle Corporation) agreed to fund the trial, which began in January 1994. The study has been completed and was published in **Nutrition and Cancer**, June, 1999;33(2). Of 11 patients followed in the trial, eight of 11 suffered stage four disease. Nine of 11 (81%) lived one year, five of 11 lived two years (45%), and four of 11 lived three years (36%). Two are alive and well with no signs of disease, one at 3.5 years and one at 4.5 years. In comparison, in a recent trial of the newly-approved drug gemcitabine, of 126 patients with pancreatic cancer not a single patient lived longer than 19 months.

As a result of the pilot study, the National Cancer Institute approved \$1.4 million over five years for a large scale, randomized clinical trial comparing my nutritional therapy against gemcitabine in the treatment of inoperable pancreatic cancer. This study has full FDA approval and is being conducted under the Department of Oncology and the Department of Surgical Oncology at Columbia Presbyterian Medical Center in New York. The trial is the outgrowth of a Congressional hearing last summer encouraging intensive government evaluation of promising alternative cancer treatments, and is currently up and running.

KH: Were there any side effects to this high dose (130 and 160 capsules per day) of pancreatic enzymes? It seems like that would cause some significant gastrointestinal irritation.

NJG: The only side effects I have noticed in 12 years of treating cancer patients with high dose porcine-based pancreatic enzyme therapy are intestinal gas, occasional bloating, and occasional indigestion. Frankly, the side effects tend to be very minimal. The enzymes we use are made especially for my patients in New Zealand. I believe most pancreatic enzymes available either as a prescription or over the counter in health food stores are not effective against cancer. We actually had to develop a manufacturing process to produce what I think are the appropriate enzymes, and they are not available except to my patients. Until we prove the benefit of my work, I don't think it is appropriate to mass market the enzymes. I also don't think it appropriate for cancer patients to try and treat themselves.

KH: How compliant were your patients to this regimen?

NJG: Pancreatic cancer patients are notoriously medically unstable, and some patients in the study were so weak they had difficulty complying fully at times, although many of the patients did comply well. Generally, we find that the better the compliance, the better the effect of the

treatment. Patients in the trial came from all over the country, and because our approach is still alternative, patients were not allowed to continue the treatment when hospitalized. In the Columbia study, all patients are going to be treated aggressively for underlying medical problems and will be encouraged to continue their therapy at all times.

KH: What would you like to see in the future with regard to evaluating this protocol as far as studies go?

NJG: As above, we are involved in a large scale, NCI-funded, FDA-approved randomized clinical trial at Columbia University.

KH: What feedback have you gotten from the traditional oncology community with regard to your work?

NJG: The attitude is changing; for example, I have sent you a very supportive article about my work that appeared in the magazine **InTouch**, a news style magazine that is sent to more than 90,000 orthodox physicians, including all oncologists in this country. The oncology newspaper **Oncology News International** had a very nice piece about my research efforts, and I have sent you a copy of that story. I have also sent a copy of a press release in support of our work sent out from Congressman Dan Burton, Chairman of the Committee on Government Reform.

AHCC

AHCC (Active Hexose Correlated Compound) is a supplement made from medicinal mushrooms that have been fermented in rice bran. It is currently being used in 700 hospitals and clinics in Japan to treat a wide range of health conditions, from minor ailments such as colds and flu, to serious diseases such as cancer, hepatitis, diabetes, and cardiovascular disease.

AHCC works as a Th1 stimulator (increasing the strength of your immune system). The common underlining factor in ALL cancers is a compromised immunity. As a biological response modifier, AHCC turns the dial up on your natural immune response, helping you fight all kinds of threats to your health.

Remember the Key Players of the Th1 Immune Response: Your First Line of Defense

- **Cytokines:** Chemical messengers that help immune cells communicate and coordinate an immune response
- **Natural killer (NK) cells:** Specialized white blood cells (WBCs) that recognize and destroy

infected or abnormal cells by injecting granules into them, causing them to explode

- **Macrophages:** WBC that engulf and ingest bacteria, virus, and other cellular debris
- **Dendritic cells:** WBC that present foreign substances to B and T cells, initiating an adaptive response

Proven Benefits of AHCC

In vivo and human clinical trials have shown that AHCC increases the Th1 immune response, by:

- Increasing the production of cytokines
- Increasing the activity of NK cells by as much as 300-800%
- Increasing populations of macrophages, in some cases doubling them
- Increasing the number of dendritic cells
- Increasing the number of T cells by as much as 200%

AHCC has been used in Japan with great success in cancer patients. Data from the treatment of over 100,000 individuals with various types of cancer have shown AHCC treatment to be of benefit in 60% of cases. That doesn't mean the cancer disappeared; it means it helped. AHCC has been shown to be particularly effective for liver, lung, stomach, colon, breast, thyroid, ovarian, testicular, tongue, kidney and pancreatic cancers.

One landmark AHCC trial enrolled 269 patients with liver cancer. Following surgery, about half of the patients took AHCC and about half did not. The results were dramatic: At the end of the ten-year study, only 34.5% of the AHCC patients experienced a recurrence in their cancer, compared with 66.1% of the control group that did not take AHCC. Similarly, while 46.8% of the patients in the control group had died at the end of ten years, less than half that amount - 20.4% of those in the AHCC group had. Another study found that AHCC not only prolonged survival of advanced liver cancer patients, it also improved various parameters of quality of life, including mental stability, general physical health status and the ability to have normal activities.

Medicinal Mushrooms

Since we are talking about mushrooms, I must tell you that I love to use them to stimulate the

immune system. Here are some of my favorites:

Agaricus Mushroom

Agaricus mushroom is a Brazilian rainforest herb that is among the premier immune system tonics of all known natural substances. It is the richest source in the world of a type of polysaccharide known as *beta-glucans* (*see section on this*), which has been solidly established to be among nature's most potent immune potentiating substances. Agaricus has *double-direction activity* on the immune system. In other words, it may be used to bolster a deficient immune system, as occurs in cases involving infections, or Agaricus may be used to moderate an excessive system, as occurs in cases of autoimmune disease and allergies. This means it is an "immune modulator". In cancer patients, it helps suppress a hyper-active Th2 system and increase a Th1 response! Agaricus may therefore be used by anyone. In Japan, Agaricus is considered a "cure-all" herb.

Cordyceps Mushroom

Cordyceps is one of the 'major players' of the Chinese tonic herbal system and is a 'hit' in dealing with cancer. It is an extremely effective and powerful life-enhancing agent, boosting energy and vitality. Because it is rare, potent and highly treasured, like Deer Antler, 'good cordyceps' can be expensive. It is a mushroom that consumes the body of a particular type of caterpillar in mountainous regions of China, Mongolia, and Tibet. It has enormous renown as a 'supertonic' in Chinese herbal circles, and is said to build sexual and physical power, mental energy, the immune system and is universally believed in the Orient to prolong life.

Cordyceps is used to strengthen and stabilize the body and mind at a fundamental level. It is said to be able to increase the "primary motive force for life activities" which can be lost following a grim diagnosis. Some people walk into my office with a complete loss of hope; cordyceps is one tool that can give people a renewed desire to live. Because it contains both *Yin* and *Yang* (Chinese medicine for a balance in force) it can be used by anyone safely and over a long period of time. It replenishes the deep energy expended as a result of excessive exertion, adapting to extreme stress (the real killer in cancer patients) or from aging.

Cordyceps is also used for the purposes of strengthening the Kidney functions and kidney detoxification, which also includes sexual function, brain power (decreasing Th17 activity that causes inflammation in the brain), structural integrity and healing ability. Consistent use of Cordyceps helps to strengthen the skeletal structure, and specifically benefits the lower back region, the knees and ankles. It can be great for patients with metastatic disease to the bones.

Cordyceps is also a major Lung tonic. It can be used to strengthen respiratory power in those who require extra energy in order to perform physical work (e.g. labor, sports or exercise) or it can be used by those who suffer from deficiency of Lung strength due to cancer, asthma, Mesothelioma, etc. It is especially beneficial to those who suffer chronic Lung weakness with cough, wheezing or shortness of breath. It is highly regarded in China as a tonic for those who are recovering from an illness or an operation, or after giving birth. In these cases, the Cordyceps helps the patient more quickly recover their physical power, to improve their appetite, and to protect the body from infection.

Maitake Mushroom

Maitake mushroom has gained a place in tonic herbalism due to its broad spectrum tonic benefits similar to Agaricus and Reishi. Like Agaricus, it is primarily beneficial to the immune system, having double-direction activity on the entire immune system. It is often called the “king of mushrooms” and though only a legend, it has been said that Japanese monkeys who commonly consume large quantities of Maitake have no known cancer and other diseases.

Clinically, Maitake has proven itself to be an effective tool for cancer patients. In laboratory tests, powdered Maitake increased the activity of three types of Th1 immune cells - macrophages, natural killer (NKC) cells, and T cells by 140, 186, and 160 percent, respectively. A Chinese clinical study established that Maitake treatment reduces the recurrence of bladder surgery from 65 to 33 percent. Researchers have found that Maitake, when combined with the standard chemotherapy drug mitomycin (Mutamycin), inhibits the growth of breast cancer cells, even after metastasis. (Note: most studies on alternate products like this MUST be done “in conjunction with standard pharmaceutical drugs” to get funding!)

Maitake also protects the liver. Chinese doctors conducted a controlled trial with thirty-two patients who had chronic hepatitis B. The recovery rate was 72 percent in the Maitake treatment group, compared with 57 percent in the control group. Hepatitis antigens disappeared in more than 40 percent of the Maitake patients, indicating the virus had been purged from the liver. Laboratory studies also show that Maitake protects liver tissue from hepatitis caused by environmental toxins such as carbon tetrachloride and paracetamol. These compounds go through a two-step process in the liver in which they are first activated into toxic forms and then deactivated into harmless forms. Since Maitake helps the liver handle chemical poisons in both steps, it protects this organ against a broad range of potential toxins. Finally, Maitake provides nutritional support by enhancing the colon’s ability to absorb micronutrients, especially copper and zinc.

Reishi Mushroom

Reishi mushroom (*Ganoderma lucidum*) is the most revered herbal substance in Asia, ranking as the elite substance for the attainment of radiant health, longevity and spiritual attainment. It ranks in Asia with Ginseng, Deer Antler, Rhodiola, and Cordyceps as a pre-eminent tool in the attainment of radiant health. It has maintained that position for at least 3000 years, and its reputation and value are only increasing. Numerous legends provide a rich and extensive record of Reishi in Asian society.

Reishi has traditionally been used as (and recent studies confirm the benefits) an anti-aging herb, and has been used for many diseases and disorders as well. It has long been a favorite tonic by the Chinese Royal family and virtually anyone who could obtain it. Reishi was particularly revered by the followers of the Taoist tradition as the "Elixir of Immortality". Taoists have continuously claimed that Reishi promotes calmness, centeredness, balance, inner awareness and inner strength. They have used it to improve meditative practices and to protect the body, mind and spirit so that the adept could attain both a long and healthy life and "spiritual immortality" (enlightenment). Due to its rarity in the past, the common people could rarely obtain a Reishi mushroom, and it was popularly revered as a greater treasure than any jewel.

Reishi is said to be capable of building body resistance, and to be powerfully detoxifying to the cells and tissues. Reishi is slightly sedative on an immediate basis but builds energy over time; it is universally believed in Asia to prolong life and enhance intelligence and wisdom. Since Reishi has been known to have many functions, it has been the subject of a great deal of research in recent years. It is absolutely safe for everyone and is completely non-toxic.

Use in cancer patients centers around Reishi as a profound immune modulator. It has been found to significantly improve the balance of the immune system whether the immune system is deficient or excessive. Many chemical constituents play a role in Reishi's immune modulating capacity. The polysaccharide components in particular seem to play an important role in attacking cancerous cells, while simultaneously strengthening the body's overall immune functions. The polysaccharides appear to help the body attack microbial invaders such as viruses, bacteria and yeast.

Another group of chemicals found in Reishi known as the ganoderic acids help fight autoimmune diseases by inhibiting histamine release, improving oxygen utilization and improving liver functions. Ganoderic acids are also potent antioxidant free-radical scavengers.

Poly MVA

Palladium Lipoic Acid Complex (PdLA) is the most active ingredient in a dietary supplement called Poly-MVA. In the palladium lipoic acid complex, the element palladium is covalently bound to the anti-oxidant alpha-lipoic acid, a potent 'cancer killer'. In addition to PdLA, the proprietary blend of Poly-MVA is formulated with minerals, vitamins and amino acids such as molybdenum, rhodium, ruthenium, thiamine, riboflavin, cyanocobalamin, acetyl cysteine, and formyl methionine (Garnett 1995, 1997, 1998). Dr. Merrill Garnett invented Poly-MVA. His inquiry and screening of thousands of organo-metallic compounds led to the discovery of the non-toxic supplement and found it to have potent chemotherapeutic properties.

Poly-MVA, is not merely a cocktail of different nutrients, it is HOW they are put together that makes them work differently. Alpha-lipoic acid (ALA) is a great nutrient by itself working it help liver detox pathways and dozens of other metabolic functions but there is really no free ALA or free palladium in Poly-MVA. They are bound together that makes them function differently and THIS is what makes it a special product. This compound was synthesized by Dr. Garnett to create a 'metallic bioorganic molecule' that demonstrates enhanced fat and water-solubility. Furthermore, it is prepared in a unique fashion so it does not produce toxic products upon consumption. This is unlike many other chemotherapeutics, which breakdown, accumulate in tissue and eventually become toxic.

Its unique properties appear to be the key to its physiological effectiveness. When glucose enters a cell, it is broken down under anaerobic conditions (absence of oxygen in glycolysis) into pyruvate. Pyruvate subsequently enters the mitochondria, and is quickly oxidized, in the presence of alpha-lipoic acid (ALA), to acetyl-CoA so that it can enter the Citric Acid Cycle and produce even more energy. In aerobic respiration, acetyl-CoA is then channeled into the Krebs/Citric Acid Cycle to create the reduced forms of nicotinamide adenine dinucleotide (NADH) and flavin adenine dinucleotide (FADH₂). NADH and FADH₂ donate their electrons to the electron transport chain to make the high energy molecule ATP. This is how your body makes energy.

Recent studies in India (Sudheesh et al., 2009) have demonstrated Palladium Lipoic Acid Complex's ability to facilitate aerobic metabolism, which is responsible for ATP production in healthy cells. The energy needs of the body are supplied by splitting ATP into adenosine diphosphate (ADP) and a free phosphate (Griffin et al. 2006). Studies have demonstrated that Poly-MVA provides electrons to DNA, via the mitochondria.

Let's simplify: Poly-MVA helps energy production by providing electrons to speed production. Whenever anything increases electrons to your body, it increases pH as well. That's all good!

Electrons are lost in normal cells as a result of oxidative damage from radiation and chemotherapy (Garnett and Garnett 1996) – that's BAD and exactly how poisons work. Poly-

MVA electron transfer provides an additional energy source to normal cells that increases pH and overall health. However, cancer cells are metabolically challenged, and function in a hypoxic (without oxygen) environment. Since there is less oxygen and more free electrons in the cancer cell, generation of free radicals occurs at the tumor mitochondrial membrane (Antonawich et al. 2004). This activates apoptosis by facilitating the release of cytochrome C from the inner mitochondrial membrane, allowing the formation of an apoptotic complex in the cytoplasm. This complex, results in the subsequent activation of enzymes that destroy the malignant cells. At significantly higher concentrations of Poly-MVA necrosis becomes apparent in the malignant cell. Given that normal cells are richly oxygenated, Poly-MVA is nontoxic to them and they actually benefit from the energy boost (Antonawich et. al 2006).

So, Poly-MVA appears to be a 'selective' metabolic modulator as it increases the apoptotic function of cancer cells (helps them undergo normal cell death) and helps normal cells thrive. But, like every 'cancer killer' discussed, it just doesn't work on everyone. Sometimes (most of the time) a combination of diet, Th1 stimulators and specific 'killers' are necessary.

Burzynski's Antineoplastons

At his professional clinic in Houston, Texas, Dr. Stanislaw Burzynski heads an impressive team of physicians where they treat cancer patients with an innovative non-toxic approach called "anti-neoplaston therapy." This treatment is unique and can only be obtained at this clinic and one other location in Mexico. It is the most expensive alternative cancer treatment (averaging around \$9,000 per month), but boasts a good track record for many types of cancer. For a number of years now, the FDA has been supervising clinical trials at the Burzynski Clinic, and this restricts the administration of anti-neoplaston therapy to only certain cases. However, anyone with cancer can call the clinic, set up a consultation, and find out if they qualify for entering a trial. If not, Burzyndki's group offers some other innovative methods for treating cancer as well. I recently heard him speak at a seminar and was impressed with his passion to help people.

I have met Dr. B at my Integrative Cancer Therapy Fellowship meetings and though I am convinced that his approach has proven beneficial in some cases; NO therapy is an 'end-all' or 'perfect fit' for everyone.

Protocol

This unique, liquid formula is one of the easiest and least expensive alternative approaches to cancer, yet may be one of the most successful. Protocol is non-toxic and, because it is so easy to use, is often ideal for administering to small children or elderly with cancer. It was developed by

a chemist to interfere with the anaerobic (without oxygen) function of cancer cells. The fact that cancer cells obtain their energy primarily through anaerobic means (glycolysis) was proven in the 1930s and 1940s by two-time Nobel Prize-winner, Otto Warburg. Since all healthy cells in the body use aerobic functioning, Protocol leaves healthy cells unharmed. In 1990, the National Cancer Institute tested this formula (under its previous name of Cancell®), and the results showed it to work better than chemotherapy on a large variety of cancer cells lines. A great book to help understand Protocol is *Outsmart Your Cancer*, the only source in print to present the history, theory, and correct usage of Protocol, and it also presents 16 inspiring testimonials from cancer patients who used it successfully to fight their cancer.

We sell and recommend the book below about a patient who used Protocol with great success:



Budwig Detox

Flaxseed oil and cottage cheese, combined in the right way, is the mainstay of this dietary approach to cancer. Developed by the brilliant German biochemist, Dr. Johanna Budwig, it has been used very successfully by thousands of cancer patients. Dr. Budwig was one of Germany's top biochemists as well one of the best cancer researchers throughout all of Europe. She was born in 1908 and seven times she was nominated for the Nobel Prize. Dr. Budwig claimed to have had over a 90% success rate with her diet and protocol with all kinds of cancer patients over a 50 year period. This approach is based on the fact that flaxseed oil is one of the highest sources of omega-3 and omega-6 fatty acids and cottage cheese is one of the highest sources of sulfur-based proteins. Taken together, the fatty acids bind to the sulfur-based proteins, which

results in optimum transport of the fatty acids to cancer cells.

The underlying concept is that the omega-3 and omega-6 fatty acids repair the damaged cell walls and chemical communication of the cancer cells to the point where they normalize. Dietary restrictions and extra supplementation is also recommended. People with many different types of cancer have responded well to this method, but prostate cancer appears to show a particularly good response to this approach.

Directions from The Budwig Center:

Generally, each tablespoon of Flaxseed Oil (FO) is blended with 2 or more tablespoons of low-fat organic Cottage Cheese (CC) or quark.

Note: Whenever Tablespoons are mentioned it is the standard US tablespoon which is the equivalent of the British "dessert" spoon (the Budwig Center is in Spain).

1 US Tablespoon (T) = 15 ml and 1 British Tablespoon is 18 ml - 16 tablespoons = cup and 4 tablespoons = 1/4 cup.

- To make the Budwig Muesli, blend 3 Tablespoons (British dessert spoons) of flaxseed oil (FO) with 6 Tablespoons low-fat(less than 2%) Quark or Cottage Cheese (CC) with a hand-held immersion electric blender for up to a minute If the mixture is too thick and/or the oil does not disappear you may need to add 2 or 3 Tablespoons of milk (goat milk would be the best option). Do not add water or juices when blending FO with CC or quark. The mixture should be like rich whipped cream with no separated oil. Remember you must mix **ONLY** the FO and CC and nothing else at first. Always use organic food products when possible.
- Now once the FO and CC are well mixed grind 2 Tablespoons of whole flaxseeds and add to the mixture. Please note that freshly ground flaxseeds must be used within 20 minutes after being ground or they will become rancid. *Therefore do not grind up flaxseeds ahead of time and store.*
- Next mix in by hand or with the blender 1 teaspoon of honey (*raw non-pasteurized is recommended*)
- (Optional) For variety you may add other ingredients such as sugar free apple sauce, cinnamon, vanilla, lemon juice, chopped almonds, hazelnuts, walnuts, cashews (no peanuts), pine kernels, rosehip-marrow. For people who find the Budwig Muesli hard to

take these added foods will make the mixture more palatable. Some of our patients have even added a pinch of Celtic sea salt and others put in a pinch of cayenne pepper for a change

- (Optional) Dr. Harvey Diamond who wrote a book on the importance of "food combining" and other experts recommend not mixing fruit with other foods (*they say to eat fruit on its own on an empty stomach and wait 10 minutes before eating other foods*) If however you do not have any digestion problems you may want to add various fruits, especially berries fresh or frozen. No more than 1 cup of fruit should be added.
- (Optional) Add ground up **Apricot kernels** (no more than 6 kernels per day). Or you may decide to eat these apricot kernels on their own

Nausea - Some people get nausea from the ground flaxseeds, to counter this by taking a small bowl of papaya immediately afterwards. Also put a lot of papaya into the morning muesli too, it may be there is a special enzymes in the papaya that quells the nausea.

The Basic Rule with the Budwig diet is "*if God made it then its fine and try to eat it in the same form that God made it*". Here are some foods that many are not sure of, but they are accepted on the Budwig diet:

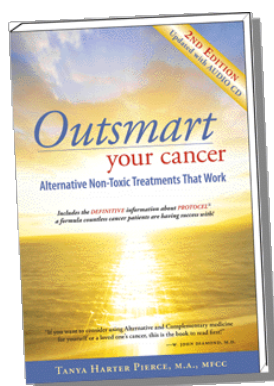
- Stevia, raw non-pasteurized honey, dates, figs, berry and fruit juices serve as sweeteners.
- Herbs in their natural form (pure nothing added)
- All nuts (raw unroasted) are fine except peanuts
- All seeds good, sunflower seeds are very complete and filling
- Raw un processed cocoa, shredded (unsweetened coconut) and rose hip puree
- Cup of black tea is accepted (coffee beans are toxic and not recommended)
- Any flour is permissible as long as it's 100% whole grain. Corn is generally believed by the group to be an exception because of mold/fungus and genetic manipulation
- 2 or 3 slices of health food store pickles (no preservatives! - read label!)

- Freezing cottage cheese /Quark as well as fruits and vegetables is okay.
- VERY IMPORTANT: The flaxseed oil must always be kept in the refrigerator. It will keep for 12 months in the freezer. Arrange to purchase as direct as possible from a manufacturer (like Barlean's, cold pressed) and when it arrives put it right away in the refrigerator.
- Drink only distilled water or reverse osmosis water
- NO hydrogenated oils, NO trans-fats, (cold pressed sunflower seed oil is a better choice than olive oil)
- NO animal fats NO pork (pigs are the cleaners of the earth and their meat is loaded with toxins. ham, bacon, sausages, etc. should be avoided)
- NO seafood (lobsters, clams, shrimp, and all fish with a hard shell are cleaners of the sea and are loaded with toxins...)
- White regular pasta is eliminated, as is white bread, (Gluten-free pasta and bread is a better choice than wheat as many cancer patients have an intolerance to wheat, whole Rye, Oat, Multigrain bread is good. Corn is very discouraged because of mold and genetic modification issues).
- NO ice cream or dairy products (other than the cottage cheese and some cheese)
- NO cane sugar, white sugar, molasses, maple syrup, Xylitol, preservatives
- NO processed foods (NO store bought pastries), make your own with our recipes
- NO Soy products (unless fermented or used for 2 or 3 weeks at the beginning if you cannot tolerate the cottage cheese)
- Avoid pesticides and chemicals, even those in household products & cosmetics. Good old vinegar, as well as baking soda are excellent household cleaners (look on the Internet for more info)
- NO microwave, NO Teflon or aluminum cooking ware or aluminum foil. We recommend and provide during your stay at Budwig Center enamel cooking ware. Stainless steel, ceramic, cast iron, glass and corning cooking wear are fine.

Cesium High pH Therapy

A truly impressive approach to killing cancer, Cesium High pH Therapy was originally developed by a brilliant American physicist named Keith Aubrey Brewer. Like Protocol, it targets the anaerobic aspect of cancer cells, but in a different way. Cesium is the most alkalizing, common mineral, and is also readily taken up by cancer cells. The correct usage of cesium results in “alkalizing cancer cells to death,” so-to-speak. Using cesium alone, however, will create a potentially dangerous potassium deficiency in the body, so sufficient potassium must always be supplemented along with cesium. Originally, a powdered form of cesium, that was difficult for the body to process out, was used. Recently, a liquid ionic form of cesium and potassium has been developed and is the only form that I recommend. This new development provides for even more effective and safe usage of this powerful cancer treatment approach but this approach **MUST** be done with extreme precaution. Cesium is a strong alkaline substance, similar to lye (potassium or sodium hydroxide used in making soap). In the powdered form it can be caustic – don’t ever take cesium chloride as a capsule. Being that it is a strong alkaline base, it can throw off a person’s mineral balance (especially potassium levels) quickly and this can disturb heart rhythm.

Make sure you use this approach **ONLY** with a doctor’s supervision. You must get your potassium levels checked weekly while on this – don’t skip this step! Remember, this book is to introduce you to various options, always check with your doctor – I cannot give you a stronger warning here! But, that said, under a doctor’s strict supervision, cesium chloride can be a great protocol for some people.



Haelin 951

Dietary influence on disease and tumor growth has been the subject of scientific investigations for years. Lifestyle habits affect hormones and immune system function and it is widely recognized that breast, ovarian and prostate cancers can be hormonally driven. The reality is all cancers are hormonally driven at some level; and the hormonal effect on autoimmune

disorders cannot be ignored. As I have stated in other chapters, the fluctuations in Th1/Th2 dominance that is a normal and protective during pregnancy and breastfeeding flows evenly with changes in hormone levels that sharply define both an increase or decrease in symptom patterns women may experience during pregnancy should they be autoimmune.

Though there are different types of estrogens, a buildup of what is commonly known as 'bad' estrogens are classified as carcinogens and can cause and promote cancer in both men and women under certain conditions. These can be either from xenoestrogens (coming from the environment) or phytoestrogens (estrogen-like chemicals common in diet); not all phytoestrogens are bad and not every person reacts the same to these. Therefore it is important to recognize the relationship and interaction between estrogens, xenoestrogens, phytoestrogens, estrogen receptors, cellular immunity and cancers. Armed with this knowledge the physician can better manage and help prevent both and inflammatory autoimmune disorders and cancer.



Hormone replacement therapy (HRT) with NON-bio-identical hormones, increases both cancer occurrence and death rates. To understand this, we need to recognize that both HRT and the exposure to xenoestrogens (bad estrogens from our environment), of which none of us can escape, increase the gene expression of the estrogen receptors-alpha (ER-a) on cells. This is the receptor site, or 'docking port' where estrogens attach to enter through the cell membrane to get into the cell.

Cancers are always involved with the ER-a receptors. The gene expressions of ER-a and estrogen receptor-beta (ER-b) in healthy 20-year-old females and the gene expressions in four classes of postmenopausal women can be very different. Postmenopausal women can have increased ER-a sites and decreased ER-b sites in their cells. I know this sounds confusing but it is

very important to understand. These two different receptors on the cell membrane (ER-a and ER-b) work very different from each other; where the ER-a is a true estrogen receptor, ER-b is not.

As women age and move towards perimenopause, ovarian secretion of estrogen slowly decreases and adrenal secretion of estrogen should 'take up the slack'. Here lies a major problem; women entering perimenopause with adrenal insufficiency and hypothalamus-pituitary axis lesions are exposed to have extreme fluctuations in estrogen levels that lead to the problem of having an increase in the amount of ER-a sites on their cell membranes with a concurrent decrease the other receptor site called ER-b (Estrogen receptor beta). To further the problem – the greater the exposure to xenoestrogens, the greater the disparity between the numbers of ER-a and ER-b occurs. This is neither normal nor healthy for several reasons and worse when it comes to leading to cancer because the ER-b sites function to stimulate apoptosis. When you down-regulate receptor sites for apoptosis, bad things happen!

To make things worse, we see that use of non-bio-identical HRT, the increase exposure to xenoestrogens, and use of progesterone creams that aromatize to free (bad) estrogens and androgens cause increases in the ER-a receptor sites, which increases cancer risk and up-regulates the ER-a receptor sites. The ER-b sites on cells play a role in immunity and killing of cancer in the cells. Call them the 'good guys'.

I know this all sounds mighty confusing, but stick with me for a minute. Research has shown that fermented soy phytoestrogens (fermented soy products) reduce the ER-a sites in these patients – that's GOOD! Reducing ER-a on the cells and up-regulating your ER-b sites reduces your cancer risks of all types and allows your Th1 (immune killer cells) system to kill cancer cells! Remember that I said there are 'good' phytoestrogens and 'bad' phytoestrogens? Fermented soy is a good phytoestrogen.

In summary, cells have two different named estrogen receptor sites, ER-a and ER-b. ER-a receptor sites are the ones that receive and 'process' estrogens. If these sites are up-regulated and increased in number, estrogen toxicity begins and the risk of cancer in both men and women increases dramatically. The ER-b sites (good guys) are actually sites where another hormone, 3-beta adiol (adiol), attaches which then up-regulates immunity and kills cancer; you do not want this site down-regulated, which is what happens in HRT and exogenous exposure of xenoestrogens. Compounds that occupy the ER-b receptor site are anti-estrogenic, regulate immunity and kill cancer cells. Compounds that go to the ER-a site are carcinogenic, estrogenic, and involved with increased cancer risks.

I said all the above to introduce Haelin-951, a fermented soy product that up-regulates the ER-b (good guys) and down-regulates ER-a (the bad guys). It's a great product!

We need to understand that fermented soy phytoestrogens are not estrogens, nor do they act like estrogens. Fermentation improves bioavailability and eliminates undesirable compounds found in non-fermented soy. All soy products are not created equal, and results presented herein may not be achieved with unfermented or lower-quality, GMO soy products. Though there are several products on the market, it must be emphasized that self-medicating is never a good idea. We suggest one be tested for the efficacy and necessity of this type of supplementation. More may be understood from my book, "Help, My Body is Killing Me – Solving the connections of autoimmune disease to thyroid problems, fibromyalgia, infertility, anxiety, depression, ADD/ADHD and more," available as a free download on our website – www.upperroomwellness.com or at www.Amazon.com.

Other Basic Th1 Stimulants

It is very important that one does not incorporate any nutritional supplementation program until they are tested on several fronts. First, as stated in my book, "Help, My Body's Killing Me", inflammation from an autoimmune disorder may be either a Th1 or Th2 dominant process – they are treated VERY differently. Cancer is typically a Th2 dominant disorder at the site of the cancer. In our office, one of the first things we may do is to take patients off all their supplements. They typically enter with a bag full of vitamins, minerals and magic potions that they heard would be the cure for their ailment. They are disappointed, discouraged and have spent a small fortune 'guessing' at what might work. I can't blame them, they've been to multiple doctors and most have begun in-depth investigations for themselves, searching for anything that would bring them relief.

I hesitate giving a list of any nutrition in this book since I know that most reading it will, once again, 'try' to do this on their own. This is not meant to be a self-help book or a cookbook for treating ANY disease. I desire that you seek care from a qualified doctor trained in Carrick Neurology, Applied Kinesiology and Functional Medicine. Sometimes a little knowledge can be dangerous; you want to do this correctly. So, I will give you guidelines, not a template. In our office we test patients on everything with blood work, urine, saliva, and Kinesiology so we don't 'waste' the patient's money with useless supplements or waste time with things that won't work. It is my belief that too many supplements can be more harmful than too little. Understand, just because I list the below supplements in certain categories depending on the cause of inflammation, I do not practice cookbook nutrition and this book does not advocate it. Seek a professional's help!

Th1 Dominant Disorders

A Th1 dominant autoimmune disorder and a Th1 dominant acute infection are also treated differently. An acute infection will be a Th1 response and the Th1 response should be

supported nutritionally – meaning you would take Th1 stimulants to aid the body's attempt to kill a pathogen. There are some variations, so let me give you a few examples:

If I get a nasty cold or flu, I want to support my immune system with Th1 stimulants. If I step off of a curb and sprain my ankle, my body responds with a prophylactic Th1 response to kill any secondary infection and heal the site of injury, my ankle swells because of it and I may even have a fever. In this case, the Th1 response is less than necessary, assuming I didn't break my skin barrier and had no exposure to an antigen. Taking Th1 stimulants may be inappropriate and cause further inflammation; ice, a physical anti-inflammatory would be the best choice. Even a chronic problem like Lyme disease that has now turned into a Th1 autoimmune disorder may be treated with Th1 stimulants during the proliferation phases. It gets a bit complicated with Th1 dominant autoimmune diseases that are driven by a bio-toxin. Yes, even cancer MAY have a bio-toxin as a cause. Again, everyone is different and not all cancers are caused by one thing; it is usually an accumulation of 'punches' that knock the body out, a bio-toxin may be one of the punches.

In general, patients with Th1 dominant disorders should not be taking Th1 stimulants. Understand also that just because I list something in one category or another, every patient is different and their particular body type may react in opposite ways. No approach or expensive research study will be perfect for YOU. You are a unique individual; that is why I rely on appropriate testing. Below is a list of common Th1 stimulants that I test for in patients that are Th2 dominant, have an acute Th1 infection, or may be Th1 dominant autoimmune with a bio-toxin as the antigen and it is in its multiplication/proliferation phase:

Typical Th1 stimulants:

Garlic – The benefits of garlic are great for many conditions and can be a strong Th1 stimulant but the studies in cancer patients are not as positive. Garlic is not a 'main player' in my book regarding cancer treatment with works synergistically with other nutrients listed here and bears mentioning. Many studies showed that organic ingredients of garlic are effective in inhibiting or preventing cancer development, which I believe is a function of Th2 suppression.

Vitamin C – Let's clarify some nutritional principles first: Vitamins are not individual molecular compounds, they are biological complexes. The beneficial activity of vitamins only takes place when all conditions are met within the environment, and when all co-factors and components of the entire vitamin complex (found in nature) are present and working together.

Vitamins cannot be synthesized and/or isolated from their complexes and still perform their specific life functions within our body. Royal Lee, a genius in his time, wrote:

A vitamin is: "... a working process consisting of the nutrient, enzymes, coenzymes, antioxidants, and trace minerals activators."

- Royal Lee "What Is a Vitamin?" Applied Trophology, Aug. 1956

Legally, vitamin C is ascorbic acid, because when it was discovered, that was all that was seen in the microscope of the day. Reality is different. Ascorbic acid is an isolate, a fraction, a distillate of naturally occurring, whole form vitamin C. In addition to ascorbic acid, vitamin C must include rutin, bioflavonoids, Factor K, Factor J, Factor P, Tyrosinase, Ascorbinogen, and other components that it is found with in nature.

If any of these parts are missing, as in the vitamin C capsules you most commonly purchase, little to no real vitamin activity takes place in your body. When some of them are present, the body will draw on its own stores to make up the differences, so that the whole vitamin may be present. Ascorbic acid is described merely as the "antioxidant wrapper" portion of vitamin C; ascorbic acid protects the functional parts of the vitamin from rapid oxidation or breakdown. (Somer p 58 "Vitamin C: A Lesson in Keeping An Open Mind" The Nutrition Report)

Most of the ascorbic acid in this country is manufactured at a facility in Nutley, New Jersey, owned by Hoffman-LaRoche, one of the world's biggest drug manufacturers where ascorbic acid is made from a process involving cornstarch and volatile acids. Most vitamin companies buy the bulk ascorbic acid from this single facility and create their own labels, combinations, claims, formulations, and unique 'twists' to claim to have the superior form of vitamin C, even though it all came from the same place, and it's really not really vitamin C at all.

This is really the story of all the vitamins. Most are synthetic, manmade, created in a laboratory and yet legally labeled as the real vitamin. By contrast, "whole-food vitamins" are created from the entire food that contains the nutrient in abundance. They typically contain far less of the nutrient on the label but they are much more 'active' and really work in your body. Again, I'm not even saying that there is no benefit in ascorbic acid; I've seen high-dose, intravenous ascorbic acid therapy work for some cancer patients. What I am say is that ascorbic acid is NOT the whole vitamin found in nature and may NOT be the best choice in daily or therapeutic use. We use whole-food nutrients as often as possible and suggest the same.

Cat's Claw (*Uncaria tomentosa*, *Uncaria guianensis*, *Una de Gato*, *Samento*, *Saventaro*) is an herb traditionally used by the Asháninka Indians of Peru. The tribe recognized two different types of this plant (one was used therapeutically, the other was rarely used). This difference has been verified phytochemically and two chemotypes have been identified: the preferred chemotype contains predominantly only pentacyclic oxindole alkaloids (POAs) speciophylline, mitraphylline, pteropodine, isomitraphylline and isopteropodine; the other chemotype, which

was never used, contains predominantly the tetracyclic oxindole alkaloids (TOAs) rhynchophylline and isorhynchophylline in addition to the POAs. The preference for the POA chemotype Cat's Claw has been backed up by scientific research even though there has been more than enough puff made about TOAs, we still must point out that all Cat's Claw contains some. I like to use a product that utilizes the synergistic benefits of Cat's Claw with a few other herbs. Coriolus, Green Tea and Olive Leaf extract blend well with Cat's Claw.

Cat's Claw acts as an immune stimulant, it aids the Th1 response. It also has some anti-inflammatory actions as well and is therefore a great benefit to a bio-toxin generated autoimmune disorder in the brain. Because of its anti-inflammatory benefits, it can help brain issues like depression, anxiety, ADD/ADHD and the like.

Cat's Claw is particularly beneficial in treating Lyme disease. Lyme just may be the most misdiagnosed problem in America leading to many autoimmune disorders. Doctors are inclined to rule out Lyme disease based on the negative result of a laboratory test that are just plain poor! Since there has been no reliable laboratory test for Lyme, most clinicians are ill-equipped to diagnose chronic Lyme disease and I have had scores of patients that were refused treatment of acute Lyme due to a false negative test. These are the patients who have suffered needlessly for years, hopelessly lost in the maze of the health care system, looking for answers and enduring the skepticism of practitioners inexperienced with autoimmune disease.

What has been needed for years has been a better Lyme test or some other objective measure to persuade practitioners to consider the diagnosis of chronic Lyme disease.

Recently, researchers Dr. Raphael Stricker and Dr. Edward Winger discovered that chronic Lyme patients exhibit a decrease in a specific marker called CD57+. White blood cells (a.k.a. leukocytes) are the components of blood that help the body fight infections and other diseases. White blood cells are categorized as either granulocytes or mononuclear leukocytes. Mononuclear leukocytes are further sub-grouped into monocytes and lymphocytes.

The main lymphocyte sub-types are B-cells, T-cells and natural killer (NK) cells. B-cells (part of the Th2 response) make antibodies after the T-cells in the Th1 response fail to destroy the antigen in 'round one'. T-cells and NK cells are the initial cellular aggressors in the immune system and are the sub-group that the CD57 markers are a piece of.

CD markers are a part of the chemical slurry making up an immune response. CD, which stands for "cluster designation", is a glycoprotein molecule on the cell surface that acts as an identifying marker. Cells have thousands of different identifying markers, or CDs, expressed on their surfaces, and about 200 or so have been recognized and named so far.

Natural Killer cells have their own specific surface markers; the predominant NK cell marker is CD56. The percentage of CD56 NK cells is often measured in patients with chronic diseases as a marker of immune status, i.e., the lower the CD56 level, the weaker that particular portion of the immune system. With chronic Lyme disease, Dr. Raphael Stricker and Dr. Edward Winger discovered, CD57 NK cells are lower than individuals that are healthy and lower than patients suffering from other chronic, autoimmune disorders. This makes measuring CD57 counts a great marker for these chronic patients who often think they are going crazy. Believe it or not, these chronic and often hidden disorders like chronic Lyme can be responsible for lowering the Th1 response enough to 'set-up' cancer!

The reason I bore you with the details is that Cat's Claw has been shown to be a tremendous help to increase CD57 values. Who knows what other diseases may be helped with increased CD57 markers. Unfortunately, Lyme disease can be an underlining 'cause' of immune dysfunction that can lead to cancer.

Arginine for Cancer

Brain cancer, especially the most prevalent form known as glioblastoma, can be devastating, with a dismal prognosis (medically speaking) for this particularly tumor. Many cancers develop and progress due to a decreased immune function, allowing single cancer cells to reproduce and metastasize to different organs in the body. Th1 lymphocytes and cytokines (the 'killer' side of the immune system composed of different types of white blood cell neutrophils and specialized chemicals) are responsible for destroying aberrant tumor cells before they have the opportunity to develop. This is what is known as 'normal cell death'; cells divide, and the 'old cell' dies, aided, in part, by the 'killer cells' that you're your body clean of possible cancer growth. Normally, immune response declines as we age, in large part due to excess sugar consumption (our poor diets accelerate this process), systemic inflammation (chronic, even sub-clinical autoimmune disorders) and poor cellular oxygenation (made worse by sedentary lifestyles). Researchers publishing in the journal *Clinical Cancer Research* have found that natural arginine (an amino acid) supplementation may reactivate cancer-fighting T-cells in glioblastoma patients, allowing reactivation of the immune system to fight cancer progression.

Cool; now what do we need to learn from this information? Eat foods that contain higher amounts of arginine like nuts, seeds, beans, and fish. These are all things we encourage cancer patients to consume; this is part of our cancer-regimen 'snack food'. Raw peanuts, almonds, walnuts and hazelnuts are great snack-brain-food that increases arginine levels (as well as good fat levels) and decreases inflammation. Tuna, salmon and eggs all have high arginine levels.

Neutrophils, a type of white blood cell necessary in this immune attack on cancer cells, are an ancient and nonspecific cell that neutralizes invading bacteria and viruses. Neutrophils are a

part of the Th1 response to provide a powerful immune response to knock out pathogens. Low-grade and often sub-clinical autoimmune disorders as well as general obesity, sedentary lifestyles, and individuals living with poor diet and lifestyle choices, all develop chronic, systemic inflammation.

Chronic inflammation suppresses Neutrophils and other Th1 cytokines (the cancer killer side of the immune system) and they become desensitized to the persistent, systemic inflammation and act less responsive to disease-causing agents. Cancer cells thrive in an inflamed cellular environment and, if left unchecked, lead to the destruction of healthy tissue and unchecked tumor formation. Neutrophils stop the immune response by secreting an enzyme called arginase. Researchers have found that patients with glioblastoma (as well as other cancers) do not exhibit the normal neutrophil-mediated immune response and cancer cells grow and spread unabated.

Again: Cancer tends to be a Th1 suppressed disorder!

Scientists from the University of Colorado Cancer Center found that Th1 cells are critically dependent on arginine for activation and function. They were able to determine that the lack of arginine suppresses the 'killer side' of the immune system. The researchers concluded that "persistent arginase production from neutrophils suppresses the immune system and keeps cancers from becoming immune targets."

Arginine is a well-researched, natural compound (an amino acid) largely associated with helping lower blood pressure and improves both cardiovascular and brain health. The result of past research demonstrates that arginine is a precursor to the production of friendly nitric oxide (eNOS) and supports blood vessel relaxation to effectively lower out of range blood pressure readings in at-risk individuals. Cancer prevention can now be added to the list of chronic conditions that benefit from regular arginine supplementation and it is ALWAYS best to get your nutrients from your FOOD.

Eat more RAW seeds, nuts, almonds, walnuts, ocean-caught cold-water fish and organic eggs. Decrease inflammatory foods like red meat, dairy, sugar and grains. Be conscious of what you eat and even your temperament. Forgive and forget; do what is right.

Other Th1 stimulants to consider:

Echinacea

A recent study by McGill University, Montreal, Quebec, Canada revealed startling good news regarding Echinacea and cancer. They induced leukemia in mice and treated them with the

herb to study if Echinacea would increase Natural Killer Cells (NKC). Remember, NKCs are part of the first line of defense against disease and cancers. The concept that herbal compounds could enhance NKCs has recently gained considerable attention and indeed, excellent reviews on the roles of NKCs in tumor combat and the role of such compounds in modifying antitumor responses, have been provided by leading researchers.

So, they induced leukemia in mice via injection of a dose of leukemia cells known to consistently result in death 3.5 weeks later and on the same day as leukemia induction, *Echinacea* was added to their diet. A “Control Group” of leukemia-injected mice also consumed a regular diet with NO Echinacea added. The results were most encouraging. NKC numbers by 9 days after tumor onset were “very significantly elevated over control”. Three months after leukemia onset—long after all control (those mice with NO echinacea) leukemic mice had died—NKCs were recorded at more than *twice* the numbers present in normal mice of identical age, strain and gender (that is – the mice with leukemia that were given Echinacea had TWICE the NKCs then normal mice!!).

Furthermore, the study reports, “all the other hemopoietic (blood cell) and immune cell lineages in both bone marrow and spleen in these long-term, *Echinacea*-consuming, originally leukemic mice were indistinguishable from the corresponding populations of cells in normal mice. Life span analysis indicated that not only had *Echinacea* extended life span but also the survival advantage provided to leukemic mice by consuming *Echinacea* daily was statistically significant. One-third of all *Echinacea*-consuming mice that survived until 3 months after leukemia onset went on to live a full-life. We believe that further manipulation of *Echinacea* dose/frequency/duration regimens could allow many more if not the other full two-thirds to go on to live a full life.”

Echinacea mediates its antineoplastic (cancer killing) activity via the immune system and has no influence on the tumor cells themselves (it stimulates the NKC activity). By stimulating the first line of defense, i.e. NKCs, which are so effective in detecting and killing tumor cells immediately upon detection, the value of Echinacea can be readily seen.

Immune stimulants

Licorice root (Glycyrrhizin)

Astragalus

Astragalus, an ancient immune booster, has been used for centuries to heal the sick. A growing amount of detailed German and American research has confirmed the herb’s powers, and identified an important potential role in cancer treatment. For example:

- Researchers from the University of Texas, Houston, have reported that cancer patients receiving Astragalus have twice the survival rate of those only receiving placebos.
- It is often used in conjunction with other herbs. In a 1994 Italian study (Morazzoni, Bombardelli) breast cancer patients were given a combination of ligustrum and Astragalus. Patients given this mix showed a decline in mortality from 50% to 10%.
- In another study of patients with advanced non-small-cell lung cancer all undergoing chemotherapy, the group taking the dual herb mix showed an average life span increase of 130%.
- Astragalus doesn't merely enhance interferon levels; there is strong scientific evidence that it benefits liver function (often impaired in the cancer sufferer). In China, Astragalus is widely used in the treatment of hepatitis. It seems to reduce toxin levels significantly, boost interferon levels and inhibit viral protein expression whilst having little or no effect on normal DNA. (Zhang 1995, Fan 1996)

The FDA is currently considering it for approval as an anti-cancer agent, although you shouldn't hold your breath as they have never given approval to an herb in their history! Again, that which cannot be patented, cannot be profitable.

Remember what I said earlier, most studies on alternatives must be 'in conjunction with' standard chemo, radiation and surgery in order to get study approval. In keeping, studies show that Astragalus improves the effectiveness of Radio- and Chemotherapy. (or maybe it works DESPITE the chemo?!?!)

One extremely important conclusion from several US studies is that Astragalus seems to help the immune system differentiate between healthy cells and foreign cells, thereby boosting the body's total 'cancer fighting system'. One effect of this is the added benefit of improving the effectiveness of radiotherapy and chemotherapy treatments.

- In Chinese hospitals Astragalus is now routinely used to help people recover from the negative effects of radiotherapy and chemotherapy.
- MD Anderson Cancer Center (Texas) researchers reported that cancer patients undergoing radiotherapy had twice the survival rates if they took Astragalus during the treatment.
- In the West some herbalists routinely provide chemotherapy and radiotherapy patients with Astragalus, and apart from boosting the immune system (which of course both orthodox treatments damage) it also seems to stop the spread of malignant cancer cells

to secondary healthy tissues.

Beta-glucan mushroom

The Department of Urology, New York Medical College recently published a study entitled, “Induction of apoptosis in human prostatic cancer cells with beta-glucan (Maitake mushroom polysaccharide)” that was pretty exciting. I always get excited over current medical research that proves what herbalists have already known for centuries. It’s even comical when they “discovered” something that we’ve been already using for decades and the Chinese have used for thousands of years before Christ.

The purpose of the study was to “explore more effective treatment for hormone-refractory prostate cancer”. They investigated the potential antitumor effect of beta-glucan, a polysaccharide of the Maitake mushroom, on prostatic cancer cells in vitro. Beta-glucans are found in a variety of sources and as I’ve already stated, they are a pivotal complex found in Medicinal Mushrooms.

The above study treated human prostate cancer PC-3 cells with various concentrations of the highly purified beta-glucan preparation. The ‘dose-response study’ (increased doses increased results) showed that almost complete (>95%) cell death was attained in 24 hours.

Interestingly, they also simultaneously tested various anticancer drugs that “showed little potentiation of their efficacy”. Their conclusion revealed, “A bioactive beta-glucan from the Maitake mushroom has a cytotoxic (cancer killing) effect, presumably through oxidative stress, on prostatic cancer cells in vitro, leading to apoptosis (cell death)... therefore, this unique mushroom polysaccharide may have great a potential as an alternative therapeutic modality for prostate cancer.”

We use Beta-glucan alone as a supplement as well as in Medicinal Mushrooms; both are great and really have no side-effects. They tend to be Th1 stimulators so a Th1 dominant autoimmune patient better be cautious of using them.

Magnolia (Magnolol, Honokiol)

Magnolia has long been used as an anti-inflammatory agent and now shows promise in blocking a pathway for cancer growth that was previously considered "undruggable," researchers have found.

A laboratory led by Jack Arbiser, MD, PhD, at Emory University School of Medicine, has been studying the compound honokiol, found in Japanese and Chinese herbal medicines, since

discovering its ability to inhibit tumor growth in mice in 2003. "Knowing more about how honokiol works will tell us what kinds of cancer to go after," says Arbiser, who is an associate professor of dermatology. "We found that it is particularly potent against tumors with activated Ras." Ras refers to a family of genes whose mutation stimulates the growth of several types of cancers. Although the Ras family is mutated in about one third of human cancers, medicinal chemists have considered it an intractable target.

"Honokiol's properties could make it useful in combination with other antitumor drugs, because blocking Ras activation would prevent tumors from escaping the effects of these drugs," Arbiser says. "Honokiol could be effective as a way to make tumors more sensitive to traditional chemotherapy," he says. Again, studies for Magnolia center around improving chemotherapy benefits in order to get approval of the study by the FDA.

One of the effects of Ras is to drive pumps that remove chemotherapy drugs from cancer cells. In breast cancer cell lines with activations in Ras family genes, honokiol appears to prevent Ras from turning on an enzyme called phospholipase D. It also has similar effects in lung and bladder cancer cells in the laboratory. Phospholipase D provides what have come to be known as "survival signals" in cancer cells, allowing them to stay alive when ordinary cells would die.

Understanding the physiology, one might conclude that the effect of Magnolia may be that it stops cancer cells from extruding waste and forces them to self-destruct.

Researchers at the University of Pittsburgh wanted to learn how effectively Magnolia kills cancer cells, and how and why it triggers cancer cell death. When they treated several different types of human prostate cancer cells with magnolol (the magnolia compound) for 24 hours, they found that the compound both decreased the number of cancer cells, and changed their shape in a way that suggested the cells were undergoing apoptosis (cell death). The treatment worked on many different types of prostate cancer cells, regardless of their invasiveness. The higher the dose of magnolol, the more significant the damage it caused to cancer cells (that's called 'dose dependant'). Meanwhile, magnolol treatment did not appear to harm healthy prostate cells.

The researchers then took their investigation a step further, looking at the pathways by which magnolol affected prostate cancer cells. "It is very important to understand how magnolol acts as an anticancer agent," says lead author Yong Lee, PhD, Professor in the Department of Surgery and Pharmacology at the University of Pittsburgh. "If we understand the mechanisms of killing (pathways, model of death, etc.), we can improve the efficacy of the drug and avoid side effects."

Dr. Lee's team discovered that magnolol alters the activity of various proteins that are involved

in the apoptosis process, in order to promote cancer cell death. It also inhibits growth factor receptors that are typically produced in larger-than-normal amounts by cancer cells to help those cells survive. "Its ability to destroy cancer cells without harming healthy cells makes magnolol a promising treatment strategy. Although this study focused on prostate cancer, the treatment may also be useful for other types of cancers," Dr. Lee says.

Chlorella

Chlorella is a single-celled freshwater alga that has been used for centuries to promote healing and detoxification. It contains vitamin C and carotenoids, both of which are antioxidants that block the action of free radicals (unstable molecules that can damage cells). Chlorella is also reported to contain high concentrations of iron and B-complex vitamins. It is widely used in Japan for a variety of health conditions, but again, there are not many scientific studies to support its effectiveness for preventing or treating cancer or any other disease in humans.

According to the American Cancer Society's (ACS) website, "Chlorella is promoted as an herbal remedy for a wide range of conditions. Proponents claim it kills several types of cancer, fights bacterial and viral infections, enhances the immune system, increases the growth of "friendly" germs in the digestive tract, lowers blood pressure and cholesterol levels, and promotes healing of intestinal ulcers, diverticulosis, and Crohn's disease. It is said to "cleanse" the blood, digestive system, and the liver. Chlorella supporters also say that it helps the body eliminate mold and process more oxygen. Supporters state that chlorella supplements increase the level of albumin in the body. Albumin is a protein normally present in the bloodstream, and promoters claim it protects against diseases such as cancer, diabetes, arthritis, AIDS, pancreatitis, cirrhosis, hepatitis, anemia, and multiple sclerosis. Chlorella is said to prevent cancer through its ability to cleanse the body of toxins and heavy metals. Some Web sites describe it as the perfect food, saying that it regulates blood sugar, kills cancer cells, strengthens the immune system, and even reverses the aging cycle."

I highly recommend Chlorella as I believe it is a great support for detoxification and overall liver support. The ACS website adds this disclaimer: "Available scientific evidence does not support these claims. Because of this, the U.S. Food and Drug Administration (FDA) has warned the proprietors of at least one Web site to stop making unproven statements about chlorella's benefits." Oh brother, pharmaceutical companies can claim anything they want while they get paid up to \$15,000 per chemo treatment yet a nutritional product made by God and sold for less than \$50 for a month's supply needs to be stifled for making 'false claims'. Give me a break!

There are just too many other nutrients to detail:

Lemon Balm (*Melissa officinalis*), Olive Leaf extract, Barley Grass, Wheat Grass, Kamut Grass, Oat Grass, Alfalfa Grass, Gynostemma Leaf, Ashitaba, Green Tea, Chlorella, Hydrilla, Verticillata, Spirulina, Dunaliella salina, Lycium fruit, Gynostemma Leaf Extract, Astragalus, Root Extract, Polygonum Multiflorum Extract, Tibetan Rhodiola Root Extract, Ashwaganda Root Extract, Asparagus Root Extract, Reishi Mushroom Extract, Cordyceps Mushroom Extract, Agaricus Mushroom Extract, Maitake Mushroom Extract, Broccoli Seed Extract, Juicing: Brussels Sprouts, Cabbage, Carrot, Cauliflower, Celery, Cucumber, Green Bell Pepper, Kale, Onion, Spinach, Tomato, Amaranth Sprout, Azuki Sprout, Chia Seed Sprout, Flax Seed Sprout, Garbanzo Bean Sprout, Kidney Bean Sprout, Lentil Sprout, Millet Sprout, Pumpkin Sprout, Quinoa Sprout, Sesame Seed Sprout, Sunflower Seed Sprout; Garlic, Ginger, Kombu Extract, Bladderwrack, Grapestone, Sea Fern, Schizandra, Blueberry, Lycium, Cherry, Acerola Cherry, Papaya, Luohanguo, Bitter Melon, Rice Bran Solubles, Arabinogalactan, Apple Pectin, Guilin Sweetfruit, Pineapple Concentrate; Taking Probiotics such as Lactobacillus Acidophilus, Lactobacillus Delbreukii, Lactobacillus Bulgaricus, Lactobacillus Plantarum

Typical Th2 stimulants:

Typically one does NOT want to take Th2 stimulants with cancer; however, I would consider making an exception with Green Tea Extracts and Resveratrol, two nutrients with countless studies proving their effectiveness on cancer. Balanced with enough Th1 stimulants, inflammation will not be a problem.

Other Th2 stimulants one may want to avoid:

Grape Seed Extract

Herbal barks (Cramp Bark, Pine Bark, and White Willow Bark)

Lycopene

Pycnogenol

Caffeine

Immune modulators – things that should be tested to help balance either side:

Andrographis (*Andrographis paniculata*, green chiretta, chua xin lian, senshinren) –

Andrographis readily crosses the blood-brain barrier so it can be very effective in modulating immune responses in the brain. It is a great anti-spirochetal agent (kills parasites) so can be

extremely beneficial to stimulate the Th1 system. Its benefits to reduce neuro-inflammation may be one of its greatest aids, but it has been used for centuries by various cultures to treat everything from malaria to pandemic flu. It is very effective for a variety of parasitic infections and was a primary treatment for syphilis prior to antibiotic use.

I believe that the primary function of Andrographis is in down regulating iNOS (cytokine inducible nitric oxide synthase – the pro-inflammatory or ‘bad’ NOS that gets ‘revved up’ in autoimmune disorders). When iNOS increases, the ‘good’, anti-inflammatory, epithelial nitric oxide synthase (eNOS) gets reduced. eNOS is necessary for vessel wall health and essential to keep healthy barriers like the blood-brain barrier, gut barrier, as well as arteriole wall integrity in heart disease and strokes. This, I believe, is why Andrographis has been proven to help heal patients following heart surgery, angioplasty, and myocardial infarction. It is really one of the ‘good guys’ in healing the brain and other tissues.

Japanese Knotweed (*Polygonum cuspidatum*, Chinese knotweed, Hu Zhang, Kojo, Itadori, Hojang) – Though this can act as a great Th1 stimulator and must be tested in individual patients, Japanese knotweed can work well to modulate the immune response. Studies have revealed anti-parasitic, antibacterial, antifungal, anticancer properties as well as central nervous system calming properties. It also protects the body against endotoxin damage from ‘die-off’ of bio-toxins killed through other sources. Other studies have shown it to be anti-inflammatory and may be extremely useful in calming Th17 inflammation in the brain as it crosses the blood-brain barrier readily.

Some bio-toxins (living organisms invading the body) can release compounds called matrix metalloproteinases (MMPs, of which there are several different types) that destroy our body’s tissue. Many anti-inflammatories that I highly recommend in this group have shown to help clear the body of these MMPs, but only one, Japanese knotweed, has proven to block several types of MMP production. It also contains Resveratrol, by itself a Th2 stimulant, but in combination with the whole herb, it acts to inhibit MMP levels as well. Other research has shown that it inhibits arachidonic acid metabolites that force the COX inflammatory pathways as well as iNOS (the ‘bad’ nitric oxide that causes inflammation in the brain). It has also been proven to interfere with nuclear factor-kappaB, a chemical linked to inflammation, autoimmune disorders and cancer. It helps regulate normal cell death (apoptosis) where that has been altered (in cancer), and just modulates the immune response, especially in the brain and spinal cord.

Knotweed has also show to increase circulation to the small vessels of the eye, ear, joints, heart and skin. I test all Cancer, Lyme, Hepatitis C, and other bio-toxic patients on knotweed. It can also work well for acute infections.

Alpha Lipoic Acid (ALA) and Dihydro Lipoic Acid (DHLA) – the studies on this nutrient are abundant; it helps too many pathways to be left out of nearly any nutritional regimen. Free radical damage can promote the activity of a particular cell protein called NF kappa B. (NF-kB). NF-kB works to promote inflammation and genetic changes that have been linked with the development of cancer. Studies at the University of California at Berkley have found that when cells are bathed in ALA, NF-kB is inhibited thus preventing cell mutations from replicating. Researchers believe that this has significant implications in inhibiting the formation of cancerous tumors.

I typically recommend dihydro-lipoic acid (DHLA). ALA and DHLA have been shown to affect a variety of biological processes associated with all oxidative stress including cancer. Several recent studies regarding ALA and DHLA on colon cancer cells determined that ALA was able to help increase apoptosis. Exposure of cells to ALA or its reduced form (DHLA) increased caspase-3-like activity (a function in apoptosis) and was associated with DNA-fragmentation through a pro-oxidant mechanism that is initiated by an increased uptake of oxidizable substrates into mitochondria of the cell. Basically, it forces oxygenation of the cancer cells thereby causing their death!

Curcumin (turmeric) – This is perhaps one of the most important nutrients in cancer. The very process of rapid cell division in cancer causes an enormous amount of cellular wastes to be dumped into the matrix outside of the growing cancer. This extracellular ‘slime’ is highly acidic and protects the growing diseased cells from your immune system’s attempt to kill them. Many believe that this acidic slime is really what needs to be defeated for the cancer patient to improve. I believe it is a huge part of helping your body’s immune system to kill the cancer cells.

This is where Curcumin comes in! High doses of Curcumin, pre-dissolved in a fat, act as the strongest anti-inflammatory compound in the process of ‘clearing’ this slime layer. This is the same mechanism in Dr. Kelley’s ‘high dose enzyme therapy’ – the enzymes literally digest the acidic slime layer enabling the anti-inflammatories like Curcumin to carry it away and your immune system to kill the cancer!

You need to use about 2-5 grams of Curcumin each day, split into several smaller doses. It also must be used either with a fat (coconut oil) or already emulsified in a fat (we use a product like this).

Other Nutrients:

Minerals

Like all vitamins, it is crucial that your source of minerals is an organic, whole-food base.

Synthesized vitamins do NOT act the same in your body as if you ate food with the nutrients and all the cofactors that make them work. The same is true with minerals; elemental products are harsh on your system and not easily absorbed or utilized. Think of it this way: there are minerals in dirt that the plant converts to structural components that we then eat and our body uses for all sorts of things. Should we eat the dirt or the plant? I think we are supposed to eat the plant; so take minerals that are plant derived.

The problem is that minerals, in sufficient quantities, are no longer in our food – because they are no longer in the soil. Due to high costs, farmers can't afford to use organic fertilizers like composting, letting soil rest, rotational farming and growing cover crops. Along with over-farming the same land time-and-time again, the soil, and therefore our food, is lacking in sufficient quantities of essential minerals.

Be careful of so-called “fortified” foods that contain added minerals – just don't buy them. The mineral may be “in there” but there are no guidelines requiring food manufacturers to use a bio available (usable) form and you can bet they used the cheapest forms possible. Even though the mineral is added to the product, very little of it may actually get used by the body and worse, they can be harmful. The proper form that a mineral needs to be in is one that the body recognizes, and is termed truly-chelated. This term means that an amino acid is bonded to the mineral the way minerals are in protein foods like meat, chicken, and fish. The cell then allows the protein-bound mineral to pass through and in order to get utilized by your body; minerals need to get into the cell. The popular colloidal minerals are too big to enter the cell; just because it is floating in liquid (the definition of a colloid), doesn't mean it can be utilized at the cellular level.

The type of chelation as well as what the mineral is chelated to are of utmost importance and I will not bore you with the scientific details. I use minerals chelated with two bonds (solidly or truly chelated) to the amino acid glycine. Therefore they are small enough to cross the gut barrier and easy to get inside the cell. There are several good nutritional companies that use this type of technology; I use Designs for Health.

Chrysin

Chrysin is a natural flavone – a plant derived nutrient that inhibits aromatization. Aromatase is an enzyme responsible for a key step in the biosynthesis of estrogens from androgens. The aromatase enzyme can be found in many tissues in the body and even found in some cancer tissues. It is an important factor in sexual development. Some bodybuilders taking steroids also take Chrysin to prevent excess testosterone conversion into estrogens, which can cause gynecomastia (men developing breasts). Chrysin, along with several of the Medicinal Mushrooms have been shown to be extremely effective in reducing aromatization.

Human Growth Hormone (HGH) and Growth Hormone Stimulators (do NOT take either)

HGH has been a big hype in the professional athletic world and nutritional companies have been selling HGH stimulators for years. HGH stimulates production of insulin-like growth factor 1 (IGF-1), a hormone that has growth-stimulating effects on a wide variety of tissues. It helps tissues grow, including bones and muscles.

In addition to increasing height in children and adolescents, growth hormone has many other effects on the body:

- Increases calcium retention, and strengthens and increases the mineralization of bone
- Increases muscle mass
- Promotes lipolysis (breakdown of fat)
- Increases protein synthesis
- Stimulates the growth of all internal organs excluding the brain
- Plays a role in homeostasis (normal balance of everything)
- Reduces liver uptake of glucose
- Promotes gluconeogenesis in the liver
- Contributes to the maintenance and function of pancreatic cells
- Stimulates the immune system

In paper, it seems that HGH would be great for cancer, but it's NOT! It has been shown to cause cancer cells to grow!!! I have never promoted hormone therapy and this is another reason why I take that stance. Simple: Don't artificially mess with hormones. Also, do NOT take the HGH stimulators if you have cancer!!

More of IGF-1

There have been recent studies that higher levels of IGF-1 can increase the risk of different cancers. I already stated above that taking HGH or HGH stimulators will increase IGF-1, but dietary considerations are important as well. IGF-1's primary action is mediated by binding to its specific receptor in the cell membrane, the Insulin-like growth factor 1 receptor (IGF1R),

present on many cell types in many tissues. When IGF-1 docks into the IGF1R, it initiates intracellular signaling; IGF-1 is one of the most potent natural activators of the AKT signaling pathway, a stimulator of cell growth and proliferation. That's what it's supposed to do – stimulate GROWTH. BUT, it also is an extremely potent inhibitor of programmed cell death (apoptosis).

So, - higher levels of IGF-1 = decreased death of cells that are supposed to die

- increased IGF-1 = increased cancer growth!

What can you do about it?

1. Don't take HGH or natural stimulators of HGH
2. Watch your diet! Sugar stimulate IGF-1 production
3. Stop/decrease bad carbohydrates other than sugar (see Cancer Diet)
4. Reduce body fat – exercise
5. Get help for Metabolic Syndrome (talk to your doctor)

Melatonin

Most people have heard of melatonin for aiding sleep but few have used it as an immune system stimulant. Melatonin is a hormone, released when blood levels of cortisol (the stress hormone) goes down – this is supposed to happen around 8:00pm – midnight in a normal circadian rhythm. At this time of the day, cortisol drops; this triggers release of melatonin that will help you fall asleep. Melatonin also triggers a natural up-regulation of the Th1 response for the purpose of aiding your immune system in killing all bacteria overgrowth in your colon to give you a 'clean start' the next day. This is another reason you MUST be moving your bowel every day!

There is reason to believe that the chief reason for melatonin's positive effect on survival in cancer patients is an immune-stimulant (Th1) effect that boosts the activity of natural killer cells and cytotoxic T-cells. Melatonin also acts on dendritic cells (specialized cells that function as antigen-presenting cells for T-cells), amplifying their capacity to stimulate natural killer cells and cytotoxic T-cells. It boosts the ability of dendritic cells to produce interleukin-2, which helps cancer-attacking immune cells reach maturity.

Here's the vicious cycle: what happens when a person hears that they have a cancer diagnosis? Does their stress go up or down? Oh course, their stress spikes, as does cortisol and what does that do to melatonin release? It plummets! Consider using melatonin before bed (about an hour before bed) up to 50 mg/day (start slow and work your way up as needed). If you are sleeping great and feel fairly stress-free, then you may not need it.

Probiotics

Healing the GUT is always a primary importance with any chronic illness. Probiotics heal balance the normal flora of the intestinal tract and act as important immune-supportive agents. These introduce live, healthy bacteria into the gastrointestinal tract. The bacteria that are chosen should support multiple strains of Lactobacilli and Bifidobacteria – it is wise to rotate different quality brands. Probiotics can stimulate the immune system because of the polysaccharides in their cell walls which activate natural killer cells and cytotoxic T-cells. This is because the dendritic cells can recognize the bacterial polysaccharides as foreign material produced by invading bacteria and they respond appropriately. It can be wise to take some digestive enzymes along with the probiotics.

Below is my Yeast Protocol that I give patients in my office that are struggling with Candida:

YEAST PROTOCOL

Yeast overgrowth (Candida Albicans) is potentially a serious issue. Much has been written (Yeast Connection) that touts Candida as the culprit behind many ills. This may or may not be true. However, Candida is an opportunistic organism that grows rapidly if given the perfect condition and may be the cause of many problems including cancer.

Some reasons one gets Candida overgrowth/damaged gut barrier:

1. Use of antibiotics – antibiotics kill off all the antagonists for Candida and allow the yeast to grow like crazy. Greatest defense – attempt at all costs to NOT take antibiotics. If needed, take a good Probiotic supplement along with it.
2. Other medications and surgeries interrupt the normal flora
3. Eating a typical American diet destroys the gut lining
4. Eating any GMO (genetically modified food) destroys the gut
5. Additives, flavorings, excitotoxins (like MSG) destroy the barrier
6. Even prolonged stress interrupts the intestinal balance

Ways to re-florize the gut (get the good, needed nutrients back):

1. Take Probiotics orally through tablets, powder, capsules. (1-3/day)
2. Take Probiotics mixed in an organic yogurt – open a capsule and mix into yogurt, leave to sit on counter 30-45 minutes, eat/drink, swishing around in mouth so some can be absorbed through bucal mucosa (skin of cheeks). (1-3/day)
3. Women can mix Acidophilus with plain yogurt, water down and douche with it. This same liquid/mixture recipe can be used in an enema for both men and women.
4. Basically this – taking Probiotics orally along is not the best way to re-florize; too much get killed along the way. You want to get the Probiotics into every orifice possible. We even have recommended that people put them in enemas.

***The idea is to get this Probiotic into as many orifices as possible so your body may absorb as much as possible.

Milk Thistle

Milk thistle extract has been used for many decades in the treatment of liver disorders and as a standard liver detoxification herb. Approximately 80% of this extract consists of silymarin, and is believed to be responsible for most of the liver-protective activity of silymarin and milk thistle extract. Just within the last decade, scientists have learned that silibinin has considerable potential for preventing and treating cancer – mainly through stimulating liver detox pathways.

Milk thistle has also been shown to have growth inhibitory effects on a wide range of human cancer cell lines including cancers arising from the prostate, breast, colon, lung, liver, bladder, and cervix. It can suppress the proliferation of these cells, while at the same time increasing the rate at which they die. In addition, it can sensitize cancer cell lines to the killing effects of certain cytotoxic chemotherapeutic drugs. Thus, Milk thistle may have potential both for retarding the growth and spread of cancer and for boosting the response of cancers to chemotherapy.

The mechanisms responsible for these effects have been studied most intensively in human prostate cancer cells. Also note that Milk thistle, though it may retard the growth of cancers, does not influence the growth of healthy normal cells. The anti-proliferative effects of Milk thistle on prostate cancer cells have been traced to decreased function of the epidermal growth factor receptor (EGF-R). This is a key mediator of growth signals in prostate cancer and in many

other types of cancer. Milk thistle binds to this receptor and prevents it from interacting with hormones that activate it - some of which are produced by prostate cancers. Furthermore, Milk thistle induces prostate cancer cells to make more of a compound, known as IGFBP-3, that binds to and inhibits the activity of insulin-like growth factor-1 (IGF-1), a key growth factor for many cancers.

Also, other studies have shown that Milk thistle may suppress the NF-kappaB signaling pathway. This effect increases the sensitivity of cancers to certain chemotherapy drugs. The impact of orally administered Milk thistle on the growth of human tumors in immune-deficient mice has been studied with three different types of tumors - prostate, lung and ovarian. In each case, it has been found to have a substantial and dose-dependent suppressive effect on tumor growth in doses that had no apparent toxicity to treated animals.

Consider using Milk thistle – I use a liquid form from MediHerbs that I like but there are many products that contain Milk thistle as an aid to liver detoxification.

Please understand that I cannot possibly list every beneficial nutrient in this book. Please don't write me with complaints BUT please do write me if something not listed here has helped you. I am extremely 'open-minded' and desire nothing but to help others. If you have knowledge that I don't have – I want to know about it!

Email my office directly at: upperroomwc@gmail.com

I also am not so naïve to believe that this book and its contents will make everyone happy. We have those that hate the fact that 'common people' like us are able to know as much as the 'elite few' who control the purse strings of officials in the FDA and government. I look forward to the day "Dr." Stephen Barrett lists me on his "quackwatch" site; it would be a badge of honor!

Should I Drink Alkaline Water?

The acid – alkaline balance is controlled by a powerful buffering system largely mediated by calcium channels. Much has been written about cancer and alkalization and it has become a popular belief that cancer cells cannot grow in an alkaline environment. Let's try to understand where this information came from and how we can separate truth from fiction; there will be much to benefit as far as health is concerned.

Fact: The pH of the body is important and needs to be maintained in a semi-neutral state to achieve homeostasis.

Fact: Diet does play an important role in maintaining a neutral pH

Fact: Poor diets, including the typical American diet, contribute to lowering tissue pH levels (create a greater acidity)

Fact: Increased acidity (lower pH levels) in the cells and extracellular spaces contributes to poorer cellular function and more sluggish removal of extracellular toxins

Fact: Cancer cells do have an acidic 'slime' layer that surrounds the growing mass

Fiction: Cancer cannot grow in an alkaline environment. This is not true. The reason that cancer has an acidic layer that surrounds it is because the rapidly replicating cells are producing a vast amount of waste that cannot be cleared quickly enough by the lymphatic system. This acidic layer then protects the growing cells limiting the Th1 immune cytokines from making an assault. Dr. Tullio Simoncini, the Italian MD who was imprisoned for injecting sodium bicarbonate solution into cancer sites has had some success in breaking down the acidic wall. There are just too many buffering systems to think that alkalization of the stomach can perform the same feat.

Truth: You have to understand physiology; pH of the blood will always be maintained at the expense of the tissue. A diet high in carbs, additives, flavorings, chemicals, excitotoxins, etc., tend to acidify the system, NOT because they are acidic in themselves, but because of what the body needs to do to detoxify such garbage. Our bodies do not become alkaline because we drink alkaline water any more than we become acidic because we eat things that have a low pH. Sure, soda pop is acidifying to the system but NOT because it is acidic (it is), it is acidifying because of the increased (and overwhelming) pressure the accumulation of poor food choices has on the liver and cellular organelles.

How do we alkalize the tissue? Is that a goal? Yes and no. Our goal should be to detoxify and stop toxifying the body by getting back to the way we were meant to eat. Vegetables and whole fruit help to bring balance back to the system and are alkalizing to the tissue, NOT because they register higher on the pH scale (lemons are extremely acidic) but because of what they do INSIDE us. They are filled with nutrients and enzymes that aide healing. Understand, I can destroy a carrot by growing it conventionally with fertilizers and pesticides, process it, blanch it, can it and let it store on a grocers shelf for nine months and THINK I'm doing right by eating vegetables but my carrot side dish may now be equally acidifying to my system and a can of soda. It is both the type and quality of food choices that either brings healing or destruction.

Live, raw, organic food is the best 'alkalizer'. This is why juicing (making your own home-made carrot, apple, celery juice, etc.) is the best. It is a pre-digested bundle of nutrition that alkalizes your tissue. It also carries an abundant amount of enzymes that assist the breakdown of the acidic 'slime' layer of cancer.

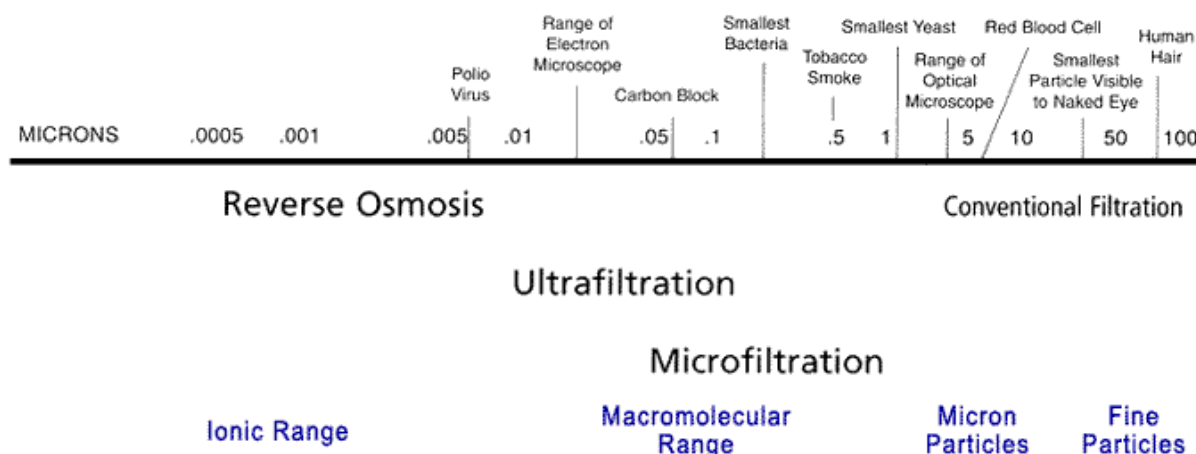
Fiction: What's wrong with alkaline water; doesn't that help? NO, I am firmly against drinking alkaline water in an attempt to alkalize the tissue. First, it can contribute to the hypochlorhydria that has set-up your ill health in the first place. Hypochlorhydria is probably the most common health problem in the modern world and is characterized as a decreased stomach acid production largely caused by the chemicals in food that have irritated the stomach's acid producing cells. Symptoms include increased gas, GERD, reflux, upset stomach, etc., and most people treat the symptoms with antacids, Prilosec, Tagamet or Rolaids. These medications will relieve the symptoms but are exactly what NOT to do. People with a decreased stomach acid are not able to digest their food and it sits in the stomach longer, causing upset, fermentation of carbohydrates, and possible regurgitating what little acid is there up through the esophagus causing giving reflux. Again, you can negate the symptoms by using antacids or you can fix the problem by adding digestive enzymes and HCl (in supplement form) to the diet with each meal until the stomach cells have healed enough to take over their responsibility.

There are several other reasons I do not recommend alkalizing your water but will comment on just one more. Several recent studies in JAMA have pointed out that subclinical, undiagnosed H. Pylori infections are far more common than otherwise thought. One study stated that nearly 50% of the world's population suffers from an undiagnosed H. Pylori infection. H. Pylori can be responsible for ulcers but can also infiltrate the epithelial tissue to cause autoimmune inflammation of the cardiovascular tissue and even sinusitis and Rosacea. Alkalizing a stomach that is meant to give the individual a first-line defense against pathogens, maintain a pH of about 1.5 to digest food, and quickly do its job to move bolus through the system seems counterproductive.

Water Purification

There is much to be said about toxins in our water but let's just take a common sense approach. If we are attempting to detoxify poisons in our body, it only makes sense to eliminate as many sources of toxic exposure as possible. Drinking water is one source.

Out of all the types of water purification, I like Reverse Osmosis filtration best. Reverse Osmosis (RO) is a process in which dissolved inorganic solids (such as salts, heavy metals, etc.) are removed from a solution (water in this case). This is accomplished by household water pressure pushing the tap water through a semi permeable membrane. The membrane (which is about as thick as cellophane) allows only the water to pass through, not the impurities or contaminants. These impurities and contaminants are flushed down the drain. Good RO systems remove most everything larger than .001 microns.



Though RO purification removes all 'bad' things like heavy metals and contaminants, it also removes good minerals so you must make sure you are taking a mineral supplement if you are drinking RO water. It's a pretty easy 'fix' and the benefits of removing all the stuff that RO does far outweigh the negative of having to take a mineral supplement.

Like everything, not every RO unit is created equal. We use a unit produced by Ecowater Systems and it seems to be the best that I've researched. Just don't buy a super cheap one as the quality of the membrane equals the quality of filtered water at the opposite end.

Dealing with Specific Problems

Decreased Platelet Counts

Low blood platelet levels are called thrombocytopenia and can result in excessive bleeding when injury occurs. It is common with cancer patients, especially if they've done some chemotherapy or radiation as their body decreases production. Platelets are the tiny cells in your blood that function to take part in the clotting process. Each platelet contains granules that enhance the platelets' ability to stick to each other and the surface of a damaged blood vessel wall. An adequate number of platelets prevent hemorrhaging from a ruptured blood vessel. You can naturally increase your platelets to ensure the prevention of a leakage of red blood cells and lessen the chance of hemorrhage through diet.

Things you want to increase:

- Fresh fruits
- Green leafy vegetables
- Cod Liver or flax seed oil
- Tomatoes
- Berries
- Mushroom capsules
- Fresh garlic

As stated in our Cancer Diet section:

1. Avoid refined sugars, saturated fats, processed foods and grains and aerated (carbonated) beverages. These foods cause the platelets to fall.
2. Stay away from all dairy products, alcohol and food additives.
3. Consume only healthy organic foods, fruits and vegetables. This helps to stimulate your internal mechanism, which increases your platelet count. Eat tomatoes and berries, which are loaded with vitamins and minerals with strong anti-oxidant properties that help you to increase your platelets. Add many green leafy vegetables to your daily diet. They tend to increase the hemoglobin level of blood, tackling the underlying cause of low levels of platelets. Red foods like tomatoes, cherries, watermelon, plums and berries are helpful.
4. Wash all raw foods thoroughly to remove any parasites or viruses that could result in lowering your platelet counts. Parasitic antigens are most commonly the cause of low platelet

counts. If you can get checked and treated for bio-toxin, parasitic, mycotoxin disorders, do so immediately.

5. Strengthen your immune system using parent omegas (PEOs). These oils will also reduce inflammation, improve your circulation and increase your ratio of high-density lipoprotein to low-density lipoprotein levels.

6. Take a supplemental mushroom extract (not mushrooms). Look for a capsule that has the extract of shiitake, maritake and other mushroom varieties that help to balance out the immune system.

7. Add plenty of fresh garlic and supplement your diet with vitamins and minerals such as Coenzyme Q10; selenium; zinc; melatonin; vitamins A, B, D and E; Omega-3; and iron supplements. These will enhance your immunity and ability to fight diseases.

8. Papaya leaf powder or papaya leaf tea is a great natural platelet booster. The powder can be mixed into water, juice or any shake and the tea can be used in milder conditions.

Cachexia

Cachexia is the term we use for a 'wasting disorder' seen in cancer patients when their body is literally eating up their muscles in order to produce glucose for the growing tumor.

"Cachexia is the wasting away of the cancer patient's body. The person is reduced to skin and bones, while the cancer continues growing vigorously. What is happening is that the cancer incompletely metabolizes glucose, turning it into lactic acid ... This lactic acid (if it reaches the bloodstream) travels to the liver where it is converted back into glucose by a procedure that consumes an enormous amount of the body's energy. This happens over and over again as the cancer grows and the rest of the body wastes away. Hydrazine Sulfate blocks a key enzyme in the liver that allows lactic acid to be converted into glucose."

<http://www.alkalizeforhealth.net/cancerpain.htm>

We read something interesting at the end of this quote: *"Hydrazine Sulfate blocks a key enzyme in the liver that allows lactic acid to be converted into glucose."* Hydrazine Sulfate was developed by Dr. Joseph Gold of Syracuse University. It helps metabolize excess lactic acid which causes an imbalance and extreme stress on the system. This imbalance causes the liver

to expend enormous amounts of energy to convert the lactic acid back to glucose only to be reconverted back to lactic acid in cancer cell as it uses the glucose for energy. The body's expenditure of energy in this process eventually results in it wasting away and a 'stealing' of muscle protein to keep up with the demand of glucose.

Here is another way of looking at this cycle:

- *"Cachexia: in a chronic infection/chronic disease, the patient's temperature rises, the CD4 count drops below the CD8 count, and the appetite wanes until the patient develops pathological anorexia. The body still needs nourishment, so it begins breaking down its fat stores, the process of glycogenesis, and also begins to break down proteins (muscles) to deliver these sugar precursors, the ones produced by glycogenesis, to the body. The metabolism of tumor/cancer cells is much less efficient than those of normal cells: normal cells metabolize aerobically, using oxygen, which is 15 times more efficient than cancer cells that metabolize anaerobically, through a process of fermentation. Fermentation, being less efficient, requires much more sugar than aerobically metabolizing cells. Additionally, the metabolism rate of a tumor is much higher than that of normal cells, so the amount of sugar needed is still greater. Eventually the patient dies trying to feed the tumor. Starvation is the major cause of death in cancer and AIDS patients."*

<http://www.mnwelldir.org/docs/cancer1/altthrp2.htm>

In short, when the person quits eating, the body starts to eat itself in order to feed the cancer cells.

Questions and Answers About Hydrazine Sulfate from The National Cancer Institute:

1. What is hydrazine sulfate?

Hydrazine sulfate is a compound that has been studied as a treatment for cancer and for cancer-related anorexia (loss of appetite) and cachexia (loss of muscle mass and body weight).

2. What is the history of the discovery and use of hydrazine sulfate as a complementary or alternative treatment for cancer?

It has been known since the early 1900s that hydrazine compounds are toxic to animals and to humans. More than 400 hydrazine-related compounds have been tested for their ability to kill cancer cells. One of these compounds, procarbazine, has been used to treat Hodgkin's disease, melanoma, and lung cancer since the 1960s.

In view of procarbazine's anticancer activity, hydrazine sulfate (a compound similar to procarbazine) was studied for its effectiveness in fighting cancer beginning in the 1970s. Studies of hydrazine sulfate as a treatment for cancer-related cachexia also began during this time.

Hydrazine compounds have also been used to make rocket fuel, as herbicides (chemicals that kill plants), and as chemical agents in boiler and cooling-tower water systems.

Many scientists consider hydrazine sulfate and other similar substances to be cancer-causing agents and are concerned about the safety of using these compounds.

3. What is the theory behind the claim that hydrazine sulfate is useful in treating cancer?

Two theories have been suggested to explain how hydrazine sulfate acts against cancer and cachexia:

- Hydrazine sulfate may prevent the body from making sugar that cancer cells need to grow. It has been suggested that cachexia occurs because the cancer is using too much of the body's sugar, preventing healthy cells from getting what they need to live. This causes tissues to die and muscle to waste away, and the patient loses weight.
- Hydrazine sulfate may block tumor necrosis factor-alpha (TNF-alpha). This is a substance made by the body's white blood cells to fight infection and tissue damage. High levels of TNF-alpha have been found in cancer patients. These high levels of TNF-alpha may cause loss of appetite, tiredness, and the breakdown of muscle tissue. As muscle breaks down, it makes sugar that the cancer cells use to grow. Blocking the TNF-alpha might stop tumor growth and prevent cachexia.

4. How is hydrazine sulfate administered?

Hydrazine sulfate is taken by mouth in pills or capsules. There is no standard dose or length of treatment time.

To read more on what the NCI has to say, go to their website:

http://www.cancer.gov/cancertopics/pdq/cam/hydrazinesulfate/patient/Page2#Section_29

Bottom line: Using hydrazine sulfate is an option if a patient is wasting away. I don't believe that it kills cancer cells or should be a part of a cancer regimen unless the patient is rapidly losing weight and dwindling away. Make sure you see your doctor and talk to them about this as there are some negative effects of hydrazine and it can interfere with some natural approaches as well. Overall, the BEST treatment for cachexia is the Cancer Diet with an increased amount of juicing.

If taking Hydrazine, you must avoid any foods that contains Tyramine, an monoamino from the amino acid Tyrosine, that Hydrazine acts on by limiting its breakdown. Do not consume foods containing tyramine; most of these you shouldn't be consuming anyway!

- Aged, fermented, or pickled foods, such as most cheeses (except cottage cheese, cream cheese, and fresh Mozzarella), lunch meats, hot dogs, yogurt, wines and beers.
- Barleygrass, which would exclude all barley supplements,
- Dry and fermented sausage (bologna, salami, pepperoni, corned beef, and liver), pickled herring and salted dried fish, broad beans and pods (lima, fava beans, lentils, snow peas, and soy beans),
- Meat extracts, yeast extracts/brewer's yeast, beer and ale, red wine (chianti, burgundy, sherry, vermouth), sauerkraut,
- Fruits such as oranges, tangerines, lemon, grapefruit, bananas, avocados, canned figs, raisins, red plums, raspberries, pineapples,
- Cultured dairy products (buttermilk, yogurt, and sour cream),
- Chocolate,
- Caffeine (coffee, tea, and cola drinks), white wine, port wines, distilled spirits,
- Soy sauce, miso, peanuts, almonds,
- Beef or chicken liver, herring, meat tenderizer, MSG (Accent),

- Pickles, and pumpkin seeds.

Integrative Cancer Treatment FAQ

What is the definition of an "integrative treatment" for cancer?

A: The definition for "integrative cancer treatment" that most practitioners use is "the attempt to 'marry' alternative, non-mainstream treatment to the patient's current medical care FOR THE BEST INTEREST OF THE PATIENT." Generally, these are treatments which are NOT taught to doctors in medical schools (thus not understood by most traditional doctors), NOT advertised in medical journals, and NOT recommended by most physicians to their patients. They are also generally NOT covered by health insurance policies. None of this, however, means they are not effective. In fact, they often have a much higher documented efficacy than conventional treatments.

Q#2: Why are alternative, non-toxic approaches to cancer so often more effective than conventional cancer treatments?

A: The answer to this question can be found in the "non-toxic" nature of alternative treatments. All alternative cancer treatment approaches are non-toxic when used correctly. On the other hand, the "mainstream" medical establishment is committed to chemotherapy drugs and other procedures such as radiation that are toxic by nature. The long-term track records of numerous successful alternative approaches show that cancer can be most effectively overcome by using a non-toxic approach, and I believe this to be the case for two main reasons:

1) The first reason is that non-toxic approaches allow for "continual" administration, or use, while toxic approaches do not. Toxic conventional approaches cannot be administered in a "continual" way because they are so toxic that continual use would kill the patient before the cancer could. Because of this, toxic approaches are always administered with doses or treatments spaced out in some way. Spacing out treatments, however, is not an effective way to battle cancer because cancer's best attribute is its ability to grow new cells fast. This means

that, in-between the toxic treatments while your body is recovery from the treatment, the cancer cells may also recover somewhat from the treatment. And those cells that grow back the fastest are the cells that have some amount of resistance to the treatment. As a result, due to the toxic treatment itself, many cancer patients eventually have to deal with multi-drug-resistant (or MDR) cancer cells in their bodies that are even more difficult to get rid of than the original cancer cells were.

In other words, when a cancer patient needs a few days or weeks for their body to recover from the toxic treatment being given them, the MDR cancer cells and cancer stem cells may also start to recover during this time. The cancer may even start to grow faster than before due to the body's immune system having been weakened by the toxic treatment. Eventually, a person's body may not be able to recover at all because the immune system and vital organs have been too weakened by the treatment itself.

With non-toxic treatment, however, this vicious cycle is avoided. People using a non-toxic approach can safely do that approach every day for months or even years without any detriment to their body. For example, people using Rife, Protocol, Burzynski's antineoplastons, Dr. Gonzalez's enzymes, Hoxsey's herbal remedy, Cesium High pH therapy, etc., can use these treatment approaches "24/7" for as long as they need to until their cancer is suppressed. Moreover, once a cancer patient using a non-toxic method is pronounced in remission, they can often keep using their approach on a maintenance level, if they choose, to ensure that their cancer will never re-develop. This "continual use" aspect of non-toxic treatments makes them much more effective at combating something as fast-replicating as cancer.

2) The second reason that alternative treatments are so often more effective than conventional ones has to do with their LACK of life-threatening side-effects. Toxic conventional treatments can cause extremely serious negative side effects, such as damage to the liver, kidneys, and heart, to the point where the side effects themselves may kill the patient! Many, many people have died from chemotherapy and/or radiation that were used to treat their cancer. Radiation to areas of the chest for breast or lung cancer can cause severe heart damage and the patient may subsequently die from heart failure. Chemotherapy can bring about kidney or liver failure, heart attack, or may promote a fatal infection or blood clot. Then why do conventional doctors keep using it? All I can think of for the answer to that one is that 'follow the money'.

Moreover, both chemotherapy and radiation can cause "secondary" cancers to develop later on. (Yes, many conventional cancer treatments are actually carcinogenic!) Thus, even if a cancer patient goes into remission as a result of their toxic conventional treatment, they may either die of a heart attack or other organ failure a few years later, or they may develop a new life-threatening cancer that could kill them. Two of the most common types of secondary cancers caused by conventional treatment are liver cancer and leukemia. Thus, with toxic conventional approaches to cancer, the treatment itself can very often kill the patient.

Q#3: What are the most common misconceptions about alternative cancer treatments?

A: There are many widespread misconceptions, but the three most common ones are:

1) That alternative treatments are unscientific and are developed or administered by quacks. I for one would rather be a 'quack' and a 'medical heretic' than binding myself to the pharmaceutical machine that deems it necessary to destroy its perceived competition while it 'owns' the right to kill people for money. In my mind, a 'quack' that helps people get better beats a 'respected oncologist' who kills people for money anyday!

2) That alternative treatments simply involve eating organic foods and taking lots of immune-boosting supplements from the local health food store. Obviously from this book, you've learned that there is much more.

3) That, if alternative treatments really worked, all doctors and cancer clinics would be using them. I think we've addressed what I feel about this.

Q#4: Do any experts endorse alternative cancer treatments?

A: Yes, plenty! Some alternative approaches today are actually administered by highly acclaimed physicians in very professional settings. But physicians in most U.S. states are not legally allowed to prescribe alternative cancer treatments to their patients. Nor are they allowed to publicly endorse any treatment not approved by the FDA so, the laws in our country have their hands tied. However, over the decades, numerous books and articles endorsing alternative cancer treatments have been written by certain physicians, Nobel Prize-winning scientists, physicists, and other respected cancer researchers.

The Fellowship program that I just graduated from is taught by leading MD's and cancer researchers from MD Anderson and Yale. Regardless of the criticism out there against conventional medical treatment, there are plenty of great MD's who really care about their patients and are willing to learn and try 'new' things because they truly desire to see the patient succeed. This is NOT a battle against your MD or your oncologist – even if they are extremely antagonistic. This is a battle against ignorance and financially biased organizations that have a HUGE financial interest in protecting the status quo.

Q#5: Are there any alternative treatments for cancer that are bogus?

A: There can be unscrupulous practitioners in any area of medicine, conventional or alternative. People should be very discerning when it comes to choosing a cancer treatment approach or practitioner. It is important to be diligent and find a particular method, practitioner, or clinic that has a genuine positive track record. Whenever possible, contacting other cancer patients who succeeded with that particular treatment or doctor is recommended. I know a number of books that claim ____ is the cause of ALL cancers; whatever they are claiming may actually be the cause of SOME cancer, but 'all' is a pretty strong word. There are many reasons one 'gets cancer' and everyone is different; care is never a 'one size fits all' approach.

Be careful of anyone claiming the ability to CURE anything, not just cancer! I would even add that you should be careful of anyone stating that they TREAT cancer – because this very philosophy doesn't make sense. Again, one needs to improve the patient, every aspect, if the disease is ever going to be 'cured' by the patient's own body. I DON'T TREAT CANCER; I DON'T FIGHT CANCER, and I suggest you take the same stance. Work on 'causes'; work on achieving homeostasis; work on balancing the body and I think your outcome will be better!

Q#6: Why is it so important for people to know about alternative treatments for cancer?

A: Statistics show that approximately 1 in 3 Americans will develop life-threatening cancer some time in their life. (And some researchers believe this reality is closer to 1 in 2 Americans.) Unfortunately, the conventional treatments for cancer (which include surgery, radiation, chemotherapy, hormone therapy, and a handful of other recent drug therapies) offer a dismally low chance for "real" recovery if not coupled with some lifestyle changes. Conventional cancer medicine, on the other hand, defines "cured" as merely "alive 5 years after diagnosis". Thus, in most cases, conventional doctors don't even expect to be able to bring a cancer patient back to

a normal state.

The sad reality is that most people with cancer will not survive their disease if treated through conventional medicine alone. On the other hand, many people today believe that certain alternative treatments for cancer have historically been much more successful than current conventional treatments, and still offer better track records for "real" recoveries. It is vitally important that anyone dealing with a life-threatening disease be told of the MOST effective options available to them – and this must include lifestyle changes.

Q#7: How is "cure" defined when dealing with cancer?

A: You would think that the term "cure" would be defined the same way in all circles. But, as mentioned in the above answer, that is not the case. The American Cancer Society, the FDA, the National Cancer Institute, and all other mainstream organizations involved with recording or publishing cancer statistics define a cancer cure as "alive 5 years after diagnosis." Thus, if a cancer patient courageously struggles through debilitating surgery, chemotherapy and radiation, and eventually dies a miserable death, full of cancer, 5 years and two weeks after they were diagnosed, that person will be listed in official statistics as "cured" simply because they were alive five years after diagnosis! By using this strange definition of "cure", official cancer cure rates put out by the American Cancer Society and other organizations make conventional medical approaches look much more successful than they really are.

Here's a really sad stat: The main reason the medical establishment is pushing for early detection is that the chance of the patient living for five years increases and they can boast of their treatment 'cure'. How can they be so evil? Most people will disbelieve me on this point because they just cannot grasp that an establishment would operate solely to manipulate statistics for financial gain. There is a fitting quote that states, "I love capitalism, but certainly not every capitalist."

In truth, this strange re-defining of the term "cure" is not only criminal deception, but it also, proves that conventional medicine (really the pharmaceutical machine that uses doctors like puppets) has such a poor ability to bring about real cancer recoveries that they must resort to this sort of tactic to make themselves look better. And this is only one of many questionable tactics used to fudge and manipulate conventional cancer statistics to make them look better and mislead the public.

In the field of alternative therapies for cancer, practitioners tend to avoid the word "cure" and "treat" altogether because they will get in trouble with organized medicine if they claim they can do either. So, they tend to use words like, "control" cancer, or "long-term recovery rates". The truth is, however, that if you look into all of the alternative cancer treatments that have been effective of the decades, they historically had great track records in bringing about "real" cures. This means that when people using alternative cancer treatments are referred to as cured, they are typically truly cancer-free and no longer suffering from the disease.

I've stated over and over that we do not treat cancer. I legally can't! My medical doctor friends that I graduated with from the Integrative Cancer Therapy Fellowship can't treat cancer either! We are all confined by the FDA and state boards to leave cancer treatment to Oncologists. That's perfectly okay with me; I have NO desire to treat cancer, it's futile! I will gladly remain solidly at my post to point people in the right direction. There is little success in treating cancer; there is great success in cleaning the environment that allowed it to grow.

Q#8: If alternative treatments for cancer are so successful, why aren't oncologists and cancer clinics recommending them?

A: Most conventional doctors and cancer clinics do not recommend alternative treatments for cancer for a variety of reasons. The primary reason is that, in most U.S. states, doctors are not legally allowed to recommend any treatments for cancer that the FDA has not approved. Since the FDA refuses to even consider approving any treatment that does not bring big profits to the pharmaceutical companies and other large industries they are associated with, then any treatment not approved by the FDA is automatically called "alternative". It can be a very serious legal transgression for most doctors if they try to recommend an alternative cancer treatment, even if they know that treatment could give their patient the best possible chance for recovery. Many highly respected doctors have tried to practice alternative approaches and lost their medical licenses as a result, or were even thrown in jail. Two of the most liberal states in the U.S., where many of the alternative therapies are being practiced today, are Nevada and Arizona. Numerous physicians who wish to practice alternative cancer medicine have moved to one of these states.

Another reason is that most conventional doctors don't have an adequate understanding of alternative treatments for cancer because they have never been educated about them and

there are virtually no references to alternative medicine in their medical school training or their medical journals. These, too, are controlled by pharmaceutical companies. Things are changing though; I currently train with many other like-minded MD's wishing to add alternative therapies to their practices.

One more issue that can be problematic is that some doctors might know about alternative treatments but feel emotionally threatened by them. Especially for oncologists, acknowledging that other techniques probably would have worked better for their terminally ill patients than the methods they have been using can be quite painful. It may be easier for an oncologist or other type of doctor to simply deny this reality than to acknowledge that many of the patients he or she treated could have lived rather than died. I recently had a patient that survived 5 years after diagnosis and brought lunch into everyone in our office to celebrate. She had kept in a relationship with her oncologist so she could still receive regular CT scans to monitor her progress and visited him right before her 5 year anniversary. He proceeded to tell her that the other patients who had started with her (and were in a support group with her) had all died; she was the lone survivor! She already knew that information and she was the only one who refused the chemo treatment and had 'gone an alternate route'. So, when the oncologist shared that she was the lone survivor, she proceeded to tell him what she had done differently to achieve such a great outcome. Surprisingly, the oncologist stopped her immediately saying that if she wanted to remain in relation with him that he didn't want to hear anything!

It is utterly appalling! If you were the doctor that had ALL your patient DIE of your treatment, would you want to figure out if there is another way!?! It's SICK! THAT is NOT a doctor, that's a murderer for hire! He gets paid – and a ton more than I do – to KILL PEOPLE and doesn't even want to know a better way! I can't even think about this without getting mad, so let's move on.

Lastly, many doctors also suffer from the "disbelief factor" so common throughout the public. This disbelief factor tends to be expressed by everyday people in the statement, "If these treatments really work, why aren't all doctors using them?" Many doctors may feel the same way and express their disbelief as, "If these treatments really work, why wasn't I taught them in medical school and why aren't I reading about them in my medical journals?"

Q#9: Why can alternative treatments for cancer have better track records than conventional cancer treatments?

A: To be honest, not all do. Understand, I have my foot in alternative and traditional therapies but I am not against ALL types of chemotherapy. Some alternative therapies DO have documented cure rates that are better than conventional treatments, and others offer multiple case stories of people who had conventional treatment fail them and then went on to use that alternative approach to achieve a complete recovery or at least some help. We are never legally speaking of a cure; we speak of treating the patient to allow the body to heal itself.

The simple answer is that alternative treatments, in general, deal with the true causes of sickness and with the cancer patient's whole body in a non-toxic way. This can be a much more effective way to completely rid a person of cancer than conventional medical treatments, which involve toxic approaches and only target the "symptoms" of cancer (the tumors themselves).

Q#10: What causes cancer?

A: This question is really too big to answer here but I think we've hit on several points in this book. Please refer to my book on Autoimmune Disease, "Help. My Body is Killing Me," and one of my favorite books on Cancer, "Outsmart Your Cancer," in which will address this question in depth. Chapter 2 gives an overview of this issue, but each treatment chapter provides an even more in-depth understanding of what causes cancer on the cellular level.

Q#11: Some people think that by the time they get cancer the medical establishment will have found a cure. Is this a reasonable expectation?

A: I cannot predict the future, but I would say to those people, "Don't hold your breath!" The mainstream medical establishment has been claiming to be actively searching for a cure since the 1940's or so, and they have been predicting a cure right around the corner ever since while they've successfully squashed real success. The problem is that conventional medicine has been looking for a cure in the wrong places. They're looking for things that can be patented and therefore financially marketed; therefore they focus on drugs that are toxic to tumors and, since these drugs are also toxic to the rest of the body, it is impossible to use enough of the drug to get rid of every last cancer cell in a patient without killing them first. It is well-known that, in most cases, if a doctor were to prescribe enough chemotherapy or radiation to a patient to kill every cancer cell in a person's body, the cancer would be gone but so would the patient.

The biggest problem is that organized medicine is governed by the power of the big pharmaceutical companies. The pharmaceutical companies fund most of the cancer research being done, even that performed at universities, yet they will only fund the type of research that could possibly result in patented drugs that can bring them huge profits. Their goal is to make money, NOT to test whatever works, and sad to say, NOT to cure cancer. Since the FDA is intricately involved with and controlled by the pharmaceutical companies, it has now become a watchdog and strong arm of Big Pharma, rather than a protector of the American public as it was intended to be. So, while the pharmaceutical industry searches for profitable "silver bullets" to treat cancer, they are actively and knowingly ignoring the arsenal of alternative cancer treatments that already exist and have been proven effective because they CAN'T MAKE ANY MONEY FROM THEM.

Q#12: Is there a "conspiracy" to suppress alternative cancer treatments?

A: "Conspiracy" is probably not the best word to use here. Money and power are behind the very real suppression that has been going on for decades, but it may not be so organized as to warrant the term "conspiracy." Behind most of the suppression lies the power of the pharmaceutical companies and their far-reaching influence. Some very enlightening books have exposed the documented details of how this has happened, including "World Without Cancer," by G. Edward Griffin, and "The Cancer Industry," by Dr. Ralph Moss.

We all know that there are big industries in existence today that pollute our air and water. Yet, that does not mean those corporations are operating under a "conspiracy" to pollute our environment. They are just doing what corporations do best – protecting their profits. In the cancer industry as well, corporations protect their profits. Unfortunately, this pursuit can involve unscrupulous methods as well as influencing laws. But it involves many different people in positions of power in many different organizations, and probably the better way to describe the cancer treatment suppression would be to say that various people and organizations are in "collusion" to keep alternative approaches that threaten Big Pharma profits suppressed.

Unfortunately, the way the whole medical approval system is set up for testing and accepting new treatments for cancer also supports this suppression. The process not only requires hundreds of millions of dollars to go through, but it is only set up for short-term testing of toxic drugs. Any approach that does NOT fit that mold will not be tested effectively. What would

have happened if, before airplanes were developed, all scientific organizations had determined that a flying machine MUST have wings that flap like birds? Orville and Wilbur Wright's machine would not have fit that mold and would not have passed the testing that was set up for flapping wing contraptions. We might not be flying the friendly skies today if that had been the case!

Q#13: If the mainstream cancer industry has effectively suppressed alternative cancer treatments before, what will keep them from continuing to do so?

A: There is no doubt that they are certainly still trying to suppress effective alternative cancer treatments. Read the book, "The Burzynski Breakthrough," to find out just how recently the FDA has tried to stop non-toxic anti-neoplaston therapy for cancer. But I do believe that the Internet, which has only been available to the public in a widespread way for a little over a decade, will save us. As long as nothing can stop people from sharing information through the World Wide Web, we now have a chance to stop this deadly suppression by sharing information among ourselves!

I also think that the general public is becoming more and more ready to utilize their power to change legislation and to re-claim their right to medical freedom. The FDA, in particular, has strayed from its intended role of protecting the consumer public from unsafe treatments to becoming a "watchdog" and advocate for the pharmaceutical companies. It is up to us to become aware of what is happening and to change this situation. We have the power if we choose to use it!

Q#14: If I want to use an alternative cancer treatment approach, should I still consult with a conventional oncologist first?

A: Yes – that's my legal opinion; you should always consult with a qualified oncologist. Not for the purpose of asking the oncologist what he or she thinks of the alternative treatment you are considering, but for other reasons – I'm not an Oncologist. As already mentioned, conventional surgery alone may be necessary for some cases and that might be an attractive option for certain people. And, in some cases where a person's cancer is already very advanced when they are first diagnosed, sometimes short-term radiation or short-term chemotherapy may be necessary to give the patient time for an alternative approach to work.

In consulting with a conventional oncologist, it is also very important to ask as many questions

as possible. In Chapter 21 of the book, "Outsmart Your Cancer," the author presents a list of important questions you can ask to clarify your chances for recovery using the treatment course your oncologist is recommending. By doing so, you are giving yourself the best chance for understanding your options. In all cases, a combination of conventional AND alternative treatment may be your best choice.

Last but not least, establishing a relationship with a conventional doctor is generally necessary at some point for assessing your progress. Even people using alternative approaches need diagnostic tests at various intervals for the purpose of assessing how they are doing or for any related problems that may occur.

Thus, conventional medical experts should always be consulted. And every cancer patient should be as open to evaluating what they have to offer as they are when it comes to evaluating what alternative medicine has to offer. However, the approach you decide to use for treating your cancer is YOUR decision. By being as informed as possible, you will be giving yourself the best chance for making the best possible decision.

Q#15: Can I use a conventional approach along with an alternative approach at the same time?

A: As mentioned above, usually that is the best choice. You must do your homework and be as informed as possible. This involves finding out, as best you can, which approaches will offer you the best chance for recovery and also finding out what all the possible damaging side effects of the conventional treatment might be. You don't want to add a conventional approach that might in itself threaten your life if you already have an alternative approach you believe can save you. (Adapted from Protocol.com)

Chapter 7

A Ten Step Protocol For You and Your Doctor

“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face.”

~Eleanor Roosevelt

A Practical, Ten-Step Protocol for your doctor

I've probably given you too much information in this book. Originally I promised myself to keep it under one hundred pages to make it more 'readable' but there is so much more stuff that I had to leave out to keep from going even longer. So, this chapter is to summarize everything in 10 easy steps for both you and your doctor. I pray that you find someone that can help you walk through this, that will not only guide you but hold your hand and love you; for we can possess all information and wisdom but without love we are just a loud, noisy gong.

In order to derive the greatest potential benefit from any regimen, both patients and physicians must respect and address as many of the facets each individual's unique cancer. Sadly, the mainstream medical establishment treats the majority of cancer cases (as well as any other disease) with a "one size fits all" strategy that may deprive many patients of a greater chance of successful care.

My goals in this summary will:

- Aid you and your physician in determining which therapies are most likely to be effective for your unique condition. Since I understand that NOT everyone could possibly come and see me AND I am not going to live forever (at least not on earth), you may NOT be able to find a competent doctor to perform Kinesiology to 'test you' on the supplements that are perfect for you. So, you and your doctor may use this summary as a template.
- Help you and your doctor target multiple biochemical pathways known to be aberrant in many cancers;
- Provide you a more thorough prognostic analysis (reason why) that can help you and your physician make informed decisions about how to proceed and;
- Educate everyone about some potential side effects associated with conventional cancer treatment options, and what they can do to minimize risk.

My Ten Step Protocol for evaluating someone with a diagnosis of cancer:

1. Start at the BEGINNING – some homework for your doctor
2. Evaluating for the possible "Cancer Killers" – their use in particular cases
3. RIFE LIGHT Frequency Technology – an absolute MUST
4. Assume that you HAVE Circulating Tumor Cells

5. Inhibiting the cyclooxygenase Enzymes (COX-1 & COX-2)
6. Suppressing Ras oncogene expression
7. Maintaining bone integrity
8. Inhibiting angiogenesis
9. Inhibiting the 5-lipoxygenase (5-LOX) enzyme
10. Inhibiting Cancer Metastasis

Of critical importance to treatment-naïve patients is implementing as many of these ten critical steps as can safely be done concurrently with conventional therapy. In newly diagnosed patients who have not yet been treated, the objective is to eradicate the primary tumor and metastatic cells with a multi-pronged "first strike therapy" so that residual tumor cells are not given an opportunity to evolve survival mechanisms that make them resistant to further treatments.

Step One: Start at the BEGINNING

The "Beginning" is really for your doctor: it means to start every patient just as you would any other, regardless of their previous diagnosis.

- Identify possible autoimmune disorder – do NOT let your doctor skip this step and dismiss this possibility. As stated in greater detail previously, most cancer patients are Th2 dominant autoimmune (and most have NO idea and have never been diagnosed as such). Hidden, subclinical autoimmune disorders haunt the patient!
- HCL – get tested for and correct hypochlorhydria. A decrease in stomach acid production is quite possibly, the most common condition known to man.
- Anemia – get checked for and properly treat Iron Deficiency Anemia, Folic Acid Anemia (if this exists, do NOT just take regular folic acid – you MUST use 5-Methyltetrahydrofolate), Pernicious Anemia, B12 Anemia.
- Heal the GUT – Intestinal permeability issues (Leaky Gut) is just about a guaranteed condition if you have cancer! Treat it!
- Nutrient Deficiencies
- Metabolic pathway blockages and Liver Detoxification pathway blockages – run an Organic Acid Profile and correct this!!!
- Identify Antigens and correct –

- Heavy Metal Toxicity issues,
 - Food sensitivities,
 - Parasites – most are subclinical,
 - Other Biotoxin – mold, fungus...if you are not checking for these you may be COMPLETELY missing the boat as to CAUSE!!!
 - Other Chemical toxicities – environmental toxicities are rampant
- Check and modulate Th1/Th2 balance (add appropriate nutrition/diet to deal with Antigen)
- Run appropriate Functional Medicine tests if necessary:
 - Labs:
 - 1. Cyrex Labs profiles – remove all food sensitivities
 - 2. Complete Blood profiles – correct anemia, etc
 - 3. ASI from Diagnostics – fix brain, gut etc
 - 4. Organix panel from Metamatrix – fix blocked pathways
 - 5. Doctor's data provocation test for Heavy Metal Toxicity – chelate/correct the problem
 - 6. Hormone/Toxin/other functional labs
- Th17 balance – Th17 is an inflammatory cytokine common in many conditions but more common to be elevated in Brain Cancers. If you have such a cancer, consider using Curcumin (from Ayush Herbs)
↑Brain Inflammation → can be seen with
- NOS – this stands for nitric oxide synthase. iNOS - inducible (or cytokine inducible) nitrous oxide synthase is an inflammatory pathway commonly elevated in epithelial cancers. The anti-inflammatory protocols outlined elsewhere will help correct the iNOS levels but the nitric oxide differentiation is worth discussion:
 - iNOS – cytokine inducible NOS = pro inflammatory, destructive
 - eNOS – epithelial NOS – in blood vessels, helps dissolve plaques, decreases inflammation, increases blood flow, helps heal GALT (Gut Associated Lymphoid Tissue), MALT (Mucosa Associated Lymphoid Tissue)
 - nNOS – neuronal NOS – in microglial and glial tissue (the brain)
10:1 concentration in neuronal tissue – very important in healing the brain
- Balance Cortisol levels
- Specific Tests –
 - NF-kB levels – NF-kB promotes the growth of cancer. Curcumin is an inhibitor of NF-kb, so, a person whose cancer is expressing high

levels of NF-kB might consider including Curcumin as part of their supplement program.

- GSTpi - Some cancers are able to produce GSTpi, which confers resistance to multiple chemotherapy drugs. Ellagic acid—from pomegranate—inhibits GST therefore, supplementation with Ellagic acid may be wise if CTC analysis demonstrates over production of GSTpi.
-
- Test and correct anything else!

Step Two: Evaluating for the possible “Cancer Killers”

There are multiple reasons for cancer to start and flourish and therefore there are numerous possible facets to attack it. The variety of nutraceuticals that I have previously discussed in this book is what we want to address in Step Two. Unfortunately, I do not know of any way other than using Kinesiology (a muscle testing procedure) from a very competent and experienced practitioner, but let's try to work through this.

We know there are:

- Tumor-promoting genes (oncogenes that may be upregulated)
- Tumor suppressor genes (that may be downregulated)
- Receptors or docking sites on the cell membrane where communication with proteins occur to aid the cell to undergo apoptosis (that may be blocked)
- Cellular differentiation—the degree of aggressiveness of the cancer cell (poorly differentiated cancer cells are more aggressive, while highly differentiated cells are less aggressive).
- Inflammatory processes at the site of tumor
- Th2 dominance at the site of tumor
- Toxicity systemically and at the site of tumor growth
- Hypoxic conditions in the milieu
-

These individual variations—the unique biology of the cancer cell—help to explain why a particular therapy may be highly effective for some cancer patients but fail others.

People typically think of their disease based on the organ it affects (e.g. lung cancer or colon cancer). The problem with that rationale is that not all cancers are the same, even if they affect the same organ. With the advent of advanced molecular diagnostic profiling, the specific strengths and vulnerabilities of each patient's cancer can be identified in order to design an individually tailored treatment program.

I have stated repeatedly that one cannot be DOGMATIC about treating ANY disorder. Every person is unique as is their condition. If I am going to be a doctor that requires my patients to fit into MY box instead of fitting a program around them – my percent of failure will rise. Don't let this happen to you!

When a person has cancer, the physician confronts a chain of pressing questions: What type of cancer is it? Where did it originate? Is it a hormonally driven cancer? Which treatments are most likely to be effective?

Cancers have traditionally been treated as follows: if one therapy proves ineffective, then try another until a successful therapy is found or all options are exhausted. Kinesiology (properly performed) helps to eliminate the need for this trial-and-error method by providing individualized information to help determine the optimal therapy before initiating treatment. However, here are some basic guidelines to help determine a course of action:

- If you have a HER1/2 positive cancer – consider a fermented soy product like Haelin 951 and some of the Premier Research Lab products with fermented soy, Medicinal Mushrooms...
- If you have Prostate, Breast or Colon Cancer – consider Protocol, Cats Claw, Medicinal Mushrooms, IP6...
- If you have any of the skin cancers – consider my special mixture of Esterified Fatty Acid Cream (EFAC) from Hope Science mixed with 1 tablespoon of Curcumin (from Ayush Herbs) – use liberally as an ointment everyday
- If you have a Brain Cancer – consider anti-inflammatory products for sure, also consider Burzynski's Antineoplastons, Protocol, Arginine, Medicinal Mushrooms...
- If you have Pancreatic Cancer – consider High Enzyme therapy, IP6, Cesium Chloride ...
- If you have Liver Cancer – consider Beta Glucans, IP6, Poly-MVA, Medicinal Mushrooms...

- If you have Blood-born cancers or Bone Cancers – consider Laetrile, Green Tea...
- With any cancer you can consider some of the less expensive products like Vitamin D3, Essiac Tea, Hoxsey, IP6, Beta Glucan, Medicinal Mushrooms ...

I have SUCH a difficult time writing this portion of the book because THIS is the biggest hurdle for a patient to overcome – There is SO much to consider, where do I start and what should I take?

How to Implement Step Two

If you CANNOT determine with a reasonable degree of inner peace which of the above nutraceuticals to take - don't take any. It's OKAY. Do everything else in these ten steps and you've covered 90% of your 'bases'.

If you have the ability to get tested for particular products, do so. My favorites are easy to see - Medicinal Mushrooms, Beta Glucans, Green Tea, Vitamin D3, Curcumin, Modified Citrus Pectin... – you just cannot go wrong with these

Step Three: RIFE LIGHT Frequency Technology

This is NOT a step to omit! I honestly believe that you would not be reading this book if it were not for Rife technology – because I wouldn't have written it. I have seen WAY too many miracles from patients who were complete skeptics to dismiss the overwhelming evidence of its efficacy. As stated previously, you cannot take shortcuts; you need to get a good unit. Every patient that comes to me for care goes home with a Rife unit. We program it specifically for them based on three parameters:

- We create programs based on their diagnosis from the oncologist. Typically this is from the pathology report.
- We create programs based on what I find in my examination.
- We create programs based on what we find on the scan we perform.

The 'programs' that we create are in several 'timed' components. I require patients to sleep with an overnight bulb so every patient will have a set of seven 'overnight sets' labeled Sunday through Saturday. This way, a person can get ready for bed, open the Rife program on their laptop computer connected to the Rife machine, select the appropriate night set and hit 'run'. They then snuggle into bed with their night tube and get treated all night long. Snuggle up to your significant other and they too get the benefits of an increased pH and a healthier body – it's a win-win!

We also will create some specific daytime programs that can help a person overcome secondary effects of radiation, chemotherapy, and/or surgery if they are going the traditional route as well. Secondary programs for other conditions are often created depending of the patient's particular circumstance. In our office, we charge a security deposit for a Rife machine that is rolled into a purchase price should the patient decide to do so. My thought is this: if you come to me with a literal death sentence from your oncologist (a usual patient in my office) and you are doing ANY better in six months (our typical care plan), why wouldn't you want to own the machine? I assume you would and let you purchase it at my cost. If I was doing what I do for the money I'd have quit a long time ago!

How to Implement Step Three

Find a doctor who knows as much about what I discussed in this section who can guide you through this path.

Step Four: Assume you have Circulating Tumor Cells

Circulating Tumor Cells (CTCs) can be tested and there are more precise testing methods developed every year. However, just assume that if you have had a previous diagnosis of cancer that you have CTCs. CTCs are the "seeds" that break away from the primary site of cancer and spread to other parts of the body trying to set up a home and raise a family. Understanding circulating tumor cells is critically important since it is the primary way that cancer spreads to other parts of the body and is very often responsible for the death of a person with cancer.

Historically, medical science has been focused on the primary tumor, attempting to destroy the growing mass. They assumed that if they could kill the cancer, they've won the battle. In my opinion, this assumption is foolish at best. Why did the tumor take hold and grow in the first place? Was it just aberrant cells in THAT specific spot or is there an imbalance in the cellular milieu that predisposed you to the process that could predispose you to a similar process elsewhere in your body if not corrected? Let's just use a little common sense here!

You MUST treat your cancer as a SYSTEMIC condition!!!

In an illuminating study conducted with metastatic breast cancer patients, researchers compared the genetic composition of the cancer cells that had formed distant metastasis to the genetic composition of the corresponding cancer cells in the primary breast tumor. The findings were alarming—in 31% of the comparisons, the genetic composition of the metastatic cancer cells differed almost completely from that of the primary breast tumors (Kuukasjärvi et al. 1997). Amazingly, further analysis revealed that none of the pairs of primary breast tumors with

its corresponding metastatic cancer were identical. Based on these findings, the authors remarked that *"because metastatic cells often have a completely different genetic composition, their phenotype [biological behavior], including aggressiveness and therapy responsiveness, may also vary substantially from that seen in the primary tumors,"* leading to their conclusion that *"the resulting heterogeneity [genetic variability] of metastatic breast cancer may underlie its poor responsiveness to therapy..."* To further support the evidence that metastatic cancer cells can vary genetically from the primary tumor, two additional studies with breast cancer patients have demonstrated that CTC can be HER2 positive while the primary breast tumor can be HER2 negative (Meng et al. 2004; Wülfing et al. 2006).

This as well as other research suggests that directing treatment solely towards the cancer cells of the primary tumor can, in some cases, be "barking up the wrong tree". Standard medical treatments (chemo, surgery, radiation) designed to attack the primary tumor always fail to destroy the circulating tumor cells.

Please allow me to scream here: Treat the PERSON, not the cancer!!!

There are several natural supplements that have shown to be great 'binders' to CTCs and help stop growth of new tumor sites. See below:

How to Implement Step Four

The following three novel compounds have shown efficacy in inhibiting several mechanisms that contribute to cancer metastasis. It is especially important to consider these compounds during the perioperative period (period before and after surgery), because a known consequence of surgery is an enhanced proclivity for metastasis. I highly recommend:

- Modified Citrus Pectin: 15 grams daily, in three divided doses – continue with at least 5 grams daily throughout your life after you've beat the first round. I use the product Pectasol from EcoEugenics. It comes in a powdered form (what I suggest – mix it into a small amount of juice or add it to a smoothie) or capsules.
- Cimetidine: 800 mg daily, in two divided doses (I don't recommend this but research proves its benefits)
- Coriolus versicolor, standardized extract: 1,200 – 3,600 mg daily - Coriolus versicolor is a mushroom that I love (but I like all the Asian mushrooms). Different nutrients, polysaccharide K (PSK) and polysaccharide-peptide (PSP), are being studied as possible complementary cancer treatments – I use a mixture of this and several other mushrooms.

- IP6 – has been shown help decrease adhesion properties of CTCs – consider taking 2-6 capsules per day (I use the product from Hope Science)

Bottom line: ALWAYS assume you have cancer attempting to go crazy inside of you and you'll better manage it and keep it at bay for your lifetime.

Step Five: Inhibiting the Cyclooxygenase Enzymes - COX-1 & COX-2 inflammatory pathways

Controlling inflammation plays a pivotal role inhibiting growth both at the primary site and possible metastatic areas. There are many inflammatory pathways in the body but the cyclooxygenase (COX-2) enzyme is a particular inflammatory pathway that has been the focus of research in the realm of oncology. Initially, scientists believed COX-2 was merely an inducible response to inflammation but it is now thought that the COX-2 pathway performs biological functions in the body, particularly in the brain and kidneys as well as the immune system. Understand that there needs to be a balance between pro- and anti-inflammatory activities in the body. COX-2 becomes troublesome when upregulated (sometimes 10- to 80-fold) by pro-inflammatory stimuli (subclinical autoimmune disorders, interleukin-1, growth factors, tumor necrosis factor, and endotoxins). When over-expressed, COX-2 participates in various pathways that could promote cancer (i.e. angiogenesis), cell proliferation, and the production of inflammatory prostaglandins (Sears 1995; Newmark 2000; Chakraborti AK 2010). This is why STEP ONE is so important!!! You MUST deal with hidden autoimmune conditions, anemias, heavy metal toxicities, mold issues, etc.

A growing body of research has documented the relationship between COX-2 and cancer:

- An article in the journal *Cancer Research* showed that COX-2 levels in pancreatic cancer cells are 60 times greater than in adjacent normal tissue (Tucker et al. 1999).
- Solid tumors contain oxygen-deficient or hypoxic areas (a reduced oxygen supply to a tissue below physiological levels). Hypoxia promotes up-regulation of COX-2 and angiogenesis, and establishes resistance to ionizing radiation (Gately 2000).
- Within the nonsteroidal anti-inflammatory drug (NSAIDs) class is a subclass referred to as COX-2 inhibitors (cyclooxygenase inhibitors). COX-2 inhibitors were popularly prescribed to relieve pain but now have found a place in oncology. It began when scientists recognized that people who regularly take NSAIDs lowered their risk of colon cancer by as much as 50% (Reddy et al. 2000).

- JAMA reported that a 9.4-year epidemiological study showed that COX-2 upregulation was related to more advanced tumor stage, tumor size, and lymph node metastasis as well as diminished survival rates among colorectal cancer patients (Sheehan et al. 1999). With more regular use of aspirin (a COX-2 inhibitor), the risk of dying from the disease decreased (Brody 1991; Knorr 2000). The journal *Gastroenterology* reported additional encouragement, showing that three different colon cell lines underwent apoptosis (cell death) when deprived of COX-2; when lovastatin was added to the COX-2 inhibitor the kill rate increased another five-fold (Agarwal et al. 1999). The benefits observed with COX-2 inhibitors extend beyond colon protection to the cardiovascular system, where they help sustain endothelial cell function (Tsujii et al. 1998).
- A groundbreaking study published in 2009 revealed that breast cancer patients treated with COX-2 inhibitors had a greatly reduced risk of bone metastases. In this investigation, the incidence of bone metastases were recorded in breast cancer patients who were not treated with a COX-2 inhibitor, as well as in individuals who received a COX-2 inhibitor for at least 6 months following the diagnosis of breast cancer. The findings were astounding—those who were treated with a COX-2 inhibitor were 90% less likely to develop bone metastases than those who were not treated with a COX-2 inhibitor (Valsecchi ME 2009).
- 134 patients with advanced lung cancer were treated with chemotherapy alone or combined with celebrex® (a COX-2 inhibitor). For those patients with cancers expressing increased amounts of COX-2, treatment with celebrex dramatically prolonged survival (Edelman 2008).
- Celebrex® slowed cancer progression in men with recurrent prostate cancer (Pruthi et al. 2006; Manola et al. 2006).
- Celebrex® prevented weight loss and improved quality of life in individuals with head and neck cancers (Lai et al. 2008).
- Regular intake of OTC NSAIDs produced highly significant composite risk reductions of 43% for colon cancer, 25% for breast cancer, 28% for lung cancer, and 27% for prostate cancer. Furthermore, in a series of case control studies, daily use of a selective COX-2 inhibitor, either celecoxib or rofecoxib, significantly reduced the risk for each of these malignancies. The evidence is compelling that anti-inflammatory agents with selective or non-selective activity against cyclooxygenase- 2 (COX-2) have strong potential for the chemoprevention of cancers of the colon, breast, prostate and lung. Results confirming that COX-2 blockade is effective for cancer prevention have been tempered

by observations that some selective COX-2 inhibitors pose a risk to the cardiovascular system (Harris RE 2009).

This step addresses a natural approach to inhibit COX-2 in the cancer and though the above studies concentrated on use of medications, the side effects of Celebrex and NSAIDs is simply unnecessary when there are natural methods to perform the same task. The risks associated with traditional NSAIDs include gastrointestinal perforation, ulceration and bleeding, and renal and liver damage, so let's be smart about this.

A study published in "The Journal of Ethnopharmacology" in 2002 revealed that inhibitors of prostaglandin biosynthesis and nitric oxide production have been considered as potential anti-inflammatory and cancer chemopreventive agents. In this study, "we evaluated approximately 170 methanol extracts of natural products including Korean herbal medicines for the inhibition of prostaglandin E₂ production (for COX-2 inhibitors) and nitric oxide formation (for iNOS inhibitors) in lipopolysaccharide (LPS)-induced mouse macrophages RAW264.7 cells. As a result, several extracts such as *Aristolochia debilis*, *Cinnamomum cassia*, *Cinnamomum loureirii*, *Curcuma zedoaria*, *Eugenia caryophyllata*, *Pterocarpus santalius*, *Rehmania glutinosa* and *Tribulus terrestris* showed potent inhibition of COX-2 activity (>80% inhibition at the test concentration of 10 µg/ml). In addition, the extracts of *A. debilis*, *Caesalpinia sappan*, *Curcuma longa*, *C. zedoaria*, *Daphne genkwa* and *Morus alba* were also considered as potential inhibitors of iNOS activity (>70% inhibition at the test concentration of 10 µg/ml). These active extracts mediating COX-2 and iNOS inhibitory activities are warranted for further elucidation of active principles for development of new cancer chemopreventive and/or anti-inflammatory agents."

These are novel agents (mainly herbal formulas) prove beneficial in blocking both Cox pathways and iNOS pathways. For this as well as other beneficial reasons to add these nutrients, I commonly recommend these herbs along with Medicinal Mushrooms. There's another cool study that showed the benefits of blocking these pathways in skin tumors: "Reduction of UV-induced skin tumors in hairless mice by selective COX-2 inhibition" (Carcinogenesis (1999) 20 (10):1939-1944.doi: 10.1093/carcin/20.10.1939)

How to Implement Step Five:

- Take 3-12 PEOs (Parent Omegas) each day, (I previously discussed the benefits of these – you may obtain the same PEOs I use at "Oxygen 4 Life"); and think about:
- Medicinal Mushrooms I use a combination of several that are ALSO combined with:

- Lentinula edodes (Shiitake) Grifola frondosa (Maitake) Ganoderma lucidum (Reishi) Agaricus blazei (Himematsutake) Coriolus versicolor (Turkey Tail) and Inonotus obliquus (Chaga); AND
- Elderberry Aronia & Bilberry Extracts; AND
- AHCC; AND
- Magnolia Officinalis Bark; AND
- Moringa Oleifera Leaf Powder
- A few others...I use a proprietary blend of all of the above that works great!

Step Six: Suppressing Ras Oncogene Expression

The family of proteins known as “Ras” and “Raf” play a central role in the regulation of cell growth – and in cancer, they suppress, or slow growth. They fulfill this fundamental role by integrating the regulatory signals that govern the cell cycle and proliferation, something grossly out of balance in a growing tumor. This means that Ras oncogenes help ‘turn-on’ normal cell death.

Defects in the Ras-Raf pathway can result in uncontrolled cancerous growth. Mutant Ras genes were among the first oncogenes identified for their ability to transform cells into a cancerous phenotype (i.e. a cell observably altered because of distorted gene expression). Mutations in one of three genes (H, N, or K-Ras) encoding Ras proteins are associated with upregulated (increasing) cell proliferation (growth) and are found in an estimated 30-40% of all human cancers. The highest incidences of Ras mutations are found in cancers of the pancreas (80%), colon (50%), thyroid (50%), lung (40%), liver (30%), melanoma (30%), and myeloid leukemia (30%) (Duursma 2003; Minamoto 2000; Vachtenheim 1997; Bartram 1988; Bos 1989; Minamoto 2000; Hsieh JS 2005; Däbritz J 2009).

The differences between oncogenes and normal genes can be slight. The mutant protein that an oncogene ultimately creates may differ from the healthy version by only a single amino acid, but this subtle variation can radically alter the protein's functionality. Remember, proteins are just a long chain of amino acids; one seemingly small change changes everything. The Ras-Raf pathway is used by human cells to transmit signals from the cell surface (the membrane) to the cell nucleus. Such signals direct cells to divide, differentiate, or even undergo programmed cell death (apoptosis), therefore the SIGNALS ARE IMPORTANT.

A Ras gene usually behaves as a relay switch within the signal pathway that instructs the cell to divide. In response to stimuli transmitted to the cell from outside, cell-signaling pathways are turned "on". In the absence of stimulus, the Ras protein remains in the "off" position. A mutated Ras protein gene behaves like a switch stuck on the "on" position, continuously misinforming the cell, instructing it to divide when the cycle should be turned off (Gibbs et al. 1996; Oliff et al. 1996). So, the question is: How do you turn this switch "off"?

When we understand the physiology behind your body's making Ras genes, we can begin to understand how to manipulate them. The events resulting in maturation of Ras genes take place in three steps, the most critical being the first—referred to as the 'farnesylation step'. A specific enzyme, farnesyl-protein transferase (FPTase), speeds up the reaction. One strategy for blocking Ras protein activity has been to inhibit FPTase. Inhibitors of this enzyme block the maturation of Ras protein and reverse the cancerous transformation induced by mutant Ras genes (Oliff et al. 1996).

A number of natural substances impact the activity of Ras oncogenes. For example, limonene is a substance found in the essential oils of citrus products. Limonene has been shown to act as a farnesyl transferase inhibitor (i.e., it turns off the switch). Administering high doses of limonene to cancer-bearing animals blocks the farnesylation of Ras, thus inhibiting cell replication (Bland 2001; Asamoto et al. 2002). Curcumin also inhibited the farnesylation of RAS, and caused cell death in breast cancer cells expressing RAS mutations (Kim et al. 2001; Chen et al. 1997).

Japanese researchers examined the effects of vitamin E on the presence of K-Ras mutations in mice with lung cancer. Prior to treatment with vitamin E, K-Ras mutations were present in 64% of the mice. After treatment with vitamin E, only 18% of the mice expressed K-Ras mutations (Yano et al. 1997). Vitamin E decreased levels of H-Ras proteins in cultured melanoma cells (Prasad et al. 1990). A study conducted at Mercy Hospital of Pittsburgh also showed that diallyl disulfide, a naturally occurring organosulfide from garlic, inhibits p21 H-Ras oncogenes, displaying a significant restraining effect on tumor growth (Singh et al. 2000).

Researchers at Rutgers University investigated the ability of different green and black tea polyphenols to inhibit H-Ras oncogenes. The Rutgers team found that all the major polyphenols contained in green and black tea except epicatechin showed strong inhibition of cell growth (Chung et al. 1999). Investigators at Texas A&M University also found that fish oil decreased colonic Ras membrane localization and reduced tumor formation in rats. In view of the central role of oncogenic Ras in the development of colon cancer, the finding that essential fatty acids modulate Ras activation could explain why good omegas protect against colon cancer (Collett et al. 2001).

How to implement step six

Consider the following to inhibit the activity of Ras oncogenes:

- Curcumin – about 2.5g/day either taken with a fat (use coconut oil) or pre-emulsified in a fat. Recent studies also show greater benefits if taken with black pepper.
- Magnolia Officinalis Bark
- PEOs – 3-12/day with meals
- Green Tea Extract - I use Premier research Labs liquid formula – 3 tsp/day; or use a standardized extract: 725 to 1,450 mg of EGCG daily
- Aged Garlic Extract or whole Garlic cloves: 2,400 mg daily with meals
- Vitamin E - NOTE: It MUST be whole food, containing ALL the tocopherols AND tocotrienols!
- Citrus Oil extracts – grapefruit seed, lemon, and others. There are several of these types of products on the market

Step Seven: Maintaining Bone Integrity

Understand that some types of cancer (i.e. breast, prostate, and multiple myeloma) have a proclivity to metastasize (much more serious) to the bone. The result may be bone pain and weakening of the bone with an increased risk of fractures. This usually starts with bone inflammation and osteoclastic activity (bone breakdown).

Patients with breast and prostate cancer have been found to have a very high incidence of osteoporosis or osteopenia even before the use of therapies that lower hormone levels (a usual approach from medical circles). If excessive bone loss is occurring (even in patients without cancer), there is a release of bone-derived growth factors, such as TGF-beta-1, due in part to high levels of cytokine IL-6 (a Th2, pro-inflammatory cytokine). Prostate cancer cells can produce interleukin-6 (IL-6), which in itself affects the further breakdown of bone (Cafagna et al. 1997; Mousa 2002). Thus, a vicious cycle results: bone breakdown, the stimulation of cancer cell growth, and the production of interleukin IL -6 and other cell products, which leads to further bone breakdown. Ugh!

Lay-man-terms: A chemical produced by your immune system known as IL-6 (very prevalent in patients with known Cancer) causes bone loss. People with cancer and those with Osteopenia/Osteoporosis should just assume that they have high levels of IL-6. All the calcium in the world won't lower IL-6 levels and bone breakdown will continue until this is addressed.

Recent studies reveal that Green Tea polyphenols are essential in inhibiting IL-6 levels and are an absolute MUST for nearly EVERY cancer patient, regardless of type. A study in the *Journal of Clinical Oncology*, 2007 ASCO Annual Meeting Proceedings Part I. Vol 25, No. 18S (June 20 Supplement), 2007: 8114 reveals:

“Epigallocatechin gallate (EGCG) is the predominant polyphenolic constituent of green tea leaves that possesses antitumor, anti-inflammatory, and antioxidant activity. EGCG exerts its effects through potentially multiple mechanisms including inhibition of growth factor receptor signaling. The compound is currently under investigation in a phase I/II clinical trial for treatment of patients with early stage chronic lymphocytic leukemia at Mayo Clinic.” The results were impressive: “EGCG inhibited the *in vitro* growth of human myeloma cell lines by inducing cell death in a time and dose-dependent manner. IC₅₀ concentrations were between 12,5 µM and 50 µM. IL-6 mediated growth of INA-6 cells was inhibited at similar doses. The addition of excess amounts of IL-6 could not protect from EGCG induced cytotoxicity.” They authors further stated, “EGCG has growth inhibitory activity on myeloma cells. Specific inhibition of signaling pathways that regulate expression of anti-apoptotic proteins could be one mechanism how EGCG exerts its activity.”

Another study published in the *Journal of American Science*, 2011;7(8) revealed the benefits of caffeine added to green tea (hint, hint...coffee enemas) even improved IL-6, TNF-alpha (tumor necrosis factor), and CRP levels: “The addition of caffeine to EGCG after 5 weeks showed enhancement of the effect on TNF-α, IL-6 and CRP...”

How to implement step Seven

To support bone integrity, the use of bone-supporting nutrients is highly recommended:

- Green Tea Extract – I like Premier Research Lab’s Green Tea-ND (1-3 T/day) and Design For Health’s EGCG (6-9 capsules/day)
- Coffee Enemas – help clear the liver and decrease cytokine levels
- Complete Mineral Complex from an organic, whole-food source that is properly chelated – I use a product from Designs for Health (3/day)
- PEOs – 3-12/day or coconut oil and DHA (I like Premier Research Lab’s DHA – 3-6/day)

Step Eight: Inhibiting Angiogenesis (blood supply to the cancer)

Angiogenesis—the growth of new blood vessels—is critical during fetal development but occurs minimally in healthy adults. Exceptions occur during wound healing, inflammation, following a

myocardial infarction (which is desired), in female reproductive organs, and in pathologic conditions such as cancer.

Angiogenesis is a strictly controlled process in the healthy adult human body, a process regulated by endogenous angiogenic promoters and inhibitors. Dr. Judah Folkman, the father of the angiogenesis theory of cancer stated, "*Blood vessel growth is controlled by a balancing of opposing factors. A tilt in favor of stimulators over inhibitors might be what trips the lever and begins the process of tumor angiogenesis*" (Cooke 2001).

Technically, solid tumors cannot grow beyond the size of a pinhead (about one million cells) without inducing the formation of new blood vessels to supply the nutritional needs of the tumor (Folkman J 1971). Since rapid vascularization and tumor growth appear to occur concurrently, interrupting the formation of new blood vessels is paramount to overcoming the malignancy – essentially cutting off the nutrient supply-lines.

Tumor angiogenesis results from a number of cellular processes initiated by the release of specific angiogenic growth factors. At a critical phase in the growth of a cancer, signal molecules are secreted from the cancer cells to nearby endothelial cells in an attempt to activate new blood vessel growth and a stronger supply-line. These angiogenic growth factors are chemical signals that diffuse in the direction of preexisting blood vessels, encouraging the formation of new blood vessel growth. VEGF (vascular endothelial growth factor) and basic fibroblast growth factors are expressed by many tumors and appear to be particularly important for angiogenesis.

A number of natural substances, such as Curcumin, green tea, N-acetyl-cysteine (NAC), resveratrol, grape seed-skin extract, and vitamin D have anti-angiogenic properties. FDA has approved an anti-angiogenesis drug called Avastin® (bevacizumab), but it has demonstrated such severe side effects and often only mediocre efficacy. Again, if there are natural substances that do a better job, the only reason to use the pharmaceutical would be...well I guess there really isn't any reason to use the drug.

How to implement Step Eight

- Several nutrients have demonstrated potential anti-angiogenesis effects and should be considered:
 - Green tea extract in dosage stated in steps above – I use 3 tsp/day of the liquid PRL product
 - Curcumin in dosage stated in steps above – 1 – 5 grams per day
 - Vitamin D: 10,000 – 20,000 IU daily (depending on blood levels)

- Grape extract (seed and skin): 150 – 300 mg daily
- N-Acetyl cysteine (NAC): 600 – 1,200 mg daily

Step Nine: Inhibiting the 5-lipoxygenase (5-LOX) Enzyme

As discussed above regarding the Cyclooxygenase-2 (COX-2) Enzyme, inflammation plays a pivotal role in the formation and progression of cancer. The 5-lipoxygenase (5-LOX) enzyme is another inflammatory enzyme that can contribute to the formation and progression of cancer. Arachidonic acid (AA)—a saturated fat found in high concentrations in meat and dairy products—promotes elevation of the 5-LOX enzyme. But remember, most every study revealing the negative effects of AA was performed with processed (non-organic, pasteurized...) AA which is caustic to your cells. This type of arachidonic acid is metabolized by 5-LOX to 5-HETE, a potent survival factor that prostate cancer cells utilize to escape destruction. (Matsuyama et al. 2004; Sundaram et al. 2006; Myers et al. 1999; Nakao-Hayashi et al. 1992; Cohen et al. 1991).

In response to poor quality fat overload, the body increases its production of enzymes like 5-lipoxygenase (5-LOX) to degrade them and rid them from your body. Not only does 5-LOX directly stimulate cancer cell propagation (Ghosh 2003; Jiang et al. 2006; Yoshimura et al. 2004; Zhang et al. 2006; Soumaoro et al. 2006; Hayashi et al. 2006; Matsuyama et al. 2004; Hoque et al. 2005; Hennig et al. 2002; Ding et al. 1999; Matsuyama et al. 2005), but the breakdown products that 5-LOX produces from poor quality fat overload (such as leukotriene B₄, 5-HETE, and hydroxylated fatty acids) causes tissue destruction, chronic inflammation, and increased resistance of tumor cells to apoptosis (programmed cell destruction) (Hassan 2006; Sundaram 2006; Zhi 2003; Penglis 2000; Rubinsztajn 2003; Subbarao 2004; Laufer 2003).

Specific extracts from the boswellia plant selectively inhibit 5-lipoxygenase (5-LOX) (Safayhi 1997; Safayhi 1995). In several well-controlled human studies, boswellia has been shown to be effective in alleviating various chronic inflammatory disorders (Kimmatkar 2003; Ammon 2002; Wallace 2002; Gupta 2001; Gerhardt 2001; Gupta 1998; Kulkarni 1991; Park 2002; Liu 2002; Syrovets 2000). Scientists have discovered that the specific constituent in boswellia responsible for suppressing 5-LOX is AKBA (3-O-acetyl-11-keto-B-boswellic acid). Boswellia-derived AKBA binds directly to 5-LOX and inhibits its activity.⁷⁰ Other boswellic acids only partially and incompletely inhibit 5-LOX (Safayhi 1995; Sailer 1996).

How to implement Step Nine

Decrease the consumption of poor quality fats such as grain-fed meats and pasteurized dairy products, along with high-glycemic carbohydrates (mainly grains and white potatoes).

Consider supplementing with the following nutrients to suppress 5-LOX enzyme activity:

- Boswelvia complex: (I use MediHerbs, Boswelvia Complex tablets) 1-3 tablets daily
- PEOs: 3-12 daily with meals
- Lycopene: 30mg daily with meals
- Curcumin – again, I use Cocurcumin from Ayush Herbs

Step Ten: Inhibiting Cancer Metastasis

I know this step is really a duplication of step four, but I don't care – it's that important! The surgical removal of the primary tumor has been the cornerstone of treatment for the great majority of cancers. The rationale for this approach is straightforward: if you can get rid of the cancer by simply removing it from the body, then a cure can likely be achieved. Unfortunately, this approach does not take into account that after surgery the cancer will frequently metastasize (spread to different organs). Quite often, the metastatic recurrence is far more serious than the original tumor. In fact, for many cancers, it is the metastatic recurrence—and not the primary tumor—that ultimately proves to be fatal (Bird 2006).

One mechanism by which surgery increases the risk of metastasis is by enhancing cancer cell adhesion (Dowdall 2002). Cancer cells that have broken away from the primary tumor utilize adhesion to boost their ability to form metastases in distant organs. These cancer cells like to be able to clump together and form colonies that can expand and grow – basically, they desire to travel together as a team. It is unlikely that a single cancer cell will form a metastatic tumor, just as one person is unlikely to form a thriving community. Cancer cells use adhesion molecules—such as *galectin-3*—to facilitate their ability to clump together. Present on the surface of cancer cells, these molecules act like velcro by allowing free-standing cancer cells to adhere to each other (Raz 1987). These free-standing cancer cells are called circulating tumor cells (CTCs) when they are looking for a home.

CTCs in the bloodstream also make use of galectin-3 surface adhesion molecules to latch onto the lining of blood vessels. The adherence of CTCs to the blood vessel walls is an essential step for the process of metastasis for if a cancer cell cannot adhere to the blood vessel wall, they wander through the blood stream incapable of forming metastases. They'd become like "ships without a port" eventually destroyed by white blood cells. If the CTC's successfully bind to the blood vessel wall and burrow their way through the basement membrane, they will then utilize galectin-3 adhesion molecules to adhere to the organ to form a new metastatic cancer (Raz 1987).

Regrettably, though sometimes necessary, research has shown that cancer surgery increases tumor cell adhesion. Therefore, it is critically important for the person undergoing cancer

surgery to take measures that can help to neutralize the surgery-induced increase in cancer cell adhesion – I list several ways below.

Fortunately, a natural compound called modified citrus pectin (MCP) can do just that. Citrus pectin—a type of dietary fiber—is not well absorbed in the intestine. However, modified citrus pectin has been altered so that it can be easily absorbed into the blood and exert its anti-cancer effects throughout the body. The mechanism by which modified citrus pectin inhibits cancer cell adhesion is by binding to galectin-3 adhesion molecules on the surface of cancer cells, thereby preventing cancer cells from sticking together and forming a cluster (Nangia-Makker 2002). MCP essentially ‘chelates’ the CTCs. It can also inhibit circulating tumor cells from latching onto the lining of blood vessels. This was demonstrated by an experiment in which modified citrus pectin blocked the adhesion of galectin-3 to the lining of blood vessels by an astounding 95%. Modified citrus pectin also substantially decreased the adhesion of breast cancer cells to the blood vessel walls in other experiments (Nangia-Makker 2002). Why doesn’t every oncologist recommend MCP? I don’t know, ask yours! It’s relatively inexpensive and even little babies can take it.

One cancer trial took 10 men with recurrent prostate cancer giving them modified citrus pectin (14.4 g per day). After one year, a considerable improvement in cancer progression was noted, as determined by a reduction of the rate at which the prostate-specific antigen (PSA) level increased (Guess 2003). This was followed by a study in which 49 men with prostate cancer of various types were given modified citrus pectin for a four-week cycle. After two cycles of treatment with modified citrus pectin, 22% of the men experienced a stabilization of their disease or improved quality of life; 12% had stable disease for more than 24 weeks. The authors of the study concluded that *"MCP (modified citrus pectin) seems to have positive impacts especially regarding clinical benefit and life quality for patients with far advanced solid tumor"*(Jackson 2007).

In addition to modified citrus pectin, a well-known over-the-counter medication can also play a pivotal role in reducing cancer cell adhesion. Cimetidine—commonly known as Tagamet®—is a drug historically used to alleviate heartburn. A growing body of scientific evidence has revealed that cimetidine also possesses potent anti-cancer activity.

Cimetidine inhibits cancer cell adhesion by blocking the expression of an adhesive molecule—called *E-selectin*—on the surface of cells lining blood vessels (Eichbaum 2011). Cancers cells latch onto E-selectin in order to adhere to the lining of blood vessels (Eichbaum 2011). By preventing the expression of E-selectin, cimetidine significantly limits the ability of cancer cell adherence to the blood vessel walls. This effect is analogous to removing the velcro from the blood vessels walls that would normally enable circulating tumor cells to bind.

Another major contributor to cancer metastasis is a diminished immune function; primarily that which occurs immediately following a surgical procedure such as removal of a primary tumor or after chemo/radiation destroy the immune response. Specifically, surgery suppresses the number of specialized immune cells called natural killer (NK) cells, which are a type of white blood cell tasked with seeking out and destroying cancer cells.

To illustrate the importance of NK cell activity in fighting cancer, a study published in the journal *Breast Cancer Research and Treatment* examined NK cell activity in women shortly after surgery for breast cancer. The researchers reported that low levels of NK cell activity were associated with an increased risk of death from breast cancer (Eichbaum 2011). In fact, reduced NK cell activity was a better predictor of survival than the actual stage of the cancer! In another alarming study, individuals with reduced NK cell activity before surgery for colon cancer had a 350% increased risk of metastasis during the following 31 months (Koda 1997)! Yikes! If you are planning on surgery, you better follow this step below.

One fantastic natural compound that can increase NK cell activity is PSK, (*protein-bound polysaccharide K*) a specially prepared extract from the mushroom *Coriolus versicolor*. PSK has been shown to enhance NK cell activity in multiple studies (Fisher 2002; Garcia-Lora 2001). PSK's ability to enhance NK cell activity helps to explain why it has been shown to dramatically improve survival in cancer patients. For example, 225 patients with lung cancer received radiation therapy with or without PSK (3 grams per day). For those with more advanced Stage 3 cancers, more than three times as many individuals taking PSK were alive after five years (26%), compared to those not taking PSK (8%). PSK more than doubled five-year survival in those individuals with less advanced Stage 1 or 2 disease (39% vs.17%) (Hayakawa 1997).

In a 2008 study, a group of colon cancer patients were randomized to receive chemotherapy alone or chemotherapy plus PSK, which was taken for two years. The group receiving PSK had an exceptional 10-year survival of 82%. Sadly, the group receiving chemotherapy alone had a 10-year survival of only 51% (Sakai 2008). In a similar trial reported in the *British Journal of Cancer*, colon cancer patients received chemotherapy alone or combined with PSK (3 grams per day) for two years. In the group with a more dangerous Stage 3 colon cancer, the five-year survival was 75% in the PSK group. This compared to a five-year survival of only 46% in the group receiving chemotherapy alone (Ohwada 2004). Additional research has shown that PSK improves survival in cancers of the breast, stomach, esophagus, and uterus as well (Okazaki 1986; Nakazato 1994; Toi 1992). I like to use the "whole food" form of PSK in the mushroom itself (*Coriolus versicolor*). I have a lot of this in my Medicinal Mushroom blend!

How to Implement Step Ten

The following three novel compounds have shown efficacy in inhibiting several mechanisms that contribute to cancer metastasis. It is especially important to consider these compounds during the perioperative period (period before and after surgery), because a known consequence of surgery is an enhanced proclivity for metastasis.

- Modified Citrus Pectin: 15 grams daily, in three divided doses
- Cimetidine: 800 mg daily, in two divided doses
- Coriolus versicolor, standardized extract: 1,200 – 3,600 mg daily
- IP6 – has been shown help decrease adhesion properties of CTCs – consider taking 2-6 capsules per day (I use the product from Hope Science)

Summary:

When you look at everything as a whole, these ten steps aren't really that confusing. Many of the nutrients cross between steps and have a double or triple purpose. I am NOT in favor of giving huge numbers of nutrients and utilizing a technique like kinesiology can help cut down on things that your body just doesn't need right now. When I teach doctors about taking care of people with a cancer diagnosis I try to give them the 'big picture', similar to what I've attempted here. I believe it's great to know how and why things work as well as making every attempt to simplify things that can become complex. Walk through these steps with a qualified healthcare professional, educate yourself and you'll feel more equipped at taking care of yourself, and learn as much as you can so you can take the fear out of your disease and remain in the driver's seat, not the victim.

Don't let it go to your head but knowing the above ten steps just might of made you smarter than your doctor. Use your knowledge wisely.

Chapter 8

Never Give Up

BUT

Always Give In

“Then I heard what sounded like a great multitude, like the roar of rushing waters and like loud peals of thunder, shouting: “Hallelujah! For our Lord God Almighty reigns.”

Revelation 19:5-7

I make no apologies for my spiritual belief, for this is why I wrote this book. You do not need to agree with everything I say, but no book on such grave a subject as cancer should omit the eternal perspective. I am a Christian with a strong belief that there is only one way to heaven as well as any true joy in this life, and that is through Jesus Christ.

I believe that God is sovereign; that means He allows things in my life for reasons I may never understand this side of heaven. He is my heavenly Father who loves me beyond my understanding and sent His Son to die in place of what I deserved. He called me, made me His son, and I have given myself to Him and in so doing, should He allow me to 'get cancer', I must logically seek possible reasons He did so.

Does He desire for me to be healed and be a witness of His power? Does He desire me to find answers that may help thousands of other to suffer less? Does He desire me to be a witness of His grace and mercy throughout my struggles? Is He calling me home and using cancer to do so? There are a million possible questions that a believer may have, many spoken in frustration, some in anger and confusion, but most whispered silently, ultimately accepting the will of the One in whom we place our trust. God doesn't answer all our questions because, in truth, we can't handle the answers. Our job is to walk in faith.

Every person, sick with cancer or seemingly springing with health should contemplate such thoughts. It's only human to ask, "Why me, why do I have to get cancer," when the more appropriate question may be, "Why *not* me?" I want *all* that God has for me and I am mature enough in my faith to understand that it's NOT the temporal things He's concerned about. He desires me, He loves me, He wants me by His side forever and ever and I give Him permission (though He doesn't need it) to mold me and shape me, be it ever so painful, more into the image of His Son. The temporal sliver of time we spend on earth pales in comparison to eternity.

I am not a doctor who believes that God desires to heal all our wounds or cure every cancer patient. We all will die, some of car accidents, some of old age, and others of cancer. Where we go after we die is of most concern. We must surrender to the fact that God is God and we are not. This doesn't mean that we are to passively allow the world and its evils to beat us down; we are to keep fighting the fight while surrendering to God.

My prayer for you is this: That when seemingly all that you've ever held dearly is slipping through your fingers, that you let go, give up, and fall on your knees before your Creator and admit something like, "Dear Father, I'm lost and need You to find me, I'm broken and need You to heal me, I'm hopeless and confused, tired of trying and unable to fight on my own any longer. I need YOU. Forgive me; change me; make me Your child. Renew me; for You are my only hope."

This is when the healing begins. This is when the peace that passes all human understanding can fill you, comfort you, and snuggle you with warmth through the chill of despair. This is my prayer for you, not that your cancer goes away but that your cancer drives you to a relationship with your Father that is new, refreshed, real and eternal.

I pray for faith to heal my doubt
To understand You work it out
To cleanse my heart of selfish sin
To purify me deep within
To stop pretending, stop the games
Stop praising self and God the same
To see the dungeons of my soul
That Christ my only hope I'd know
I pray for able that I am
To stand alone for God's own lamb
That 'til the very end of breath
My trust remains in Jesus' death
I pray through all I may see clear
Oh, that I may, Lord, persevere

Should you desire to read more on this subject, dare to read my book, "Is Hell the Only Difference...Demanding Sanctification in the Pretentious Church" through Westbow Press, available at Amazon.com

Know that I'll pray for you always!

Their Own Words...

Dear Dr. Conners:

I am happy to write this testimony in favor of alternative/integrative interventions for cancer that can be used in the hearing about chemo for Sarah.

I was given 6 months to live by conventional medicine when diagnosed with lung cancer and told I needed chemo----that was 38 years ago. I chose to use all natural products that were successful and non-debilitating. I used laetrile (vitamin B 17), digestive and pancreatic enzymes, supplements, a diet of 75% raw and additional cooked fruits and vegetables, grains and nuts (except peanuts.). I also used prayer, meditation, affirmations, and visualization. I not only survived lung cancer with these natural interventions but continuing with them, I am now 80 years old and am free of chronic illnesses and prescribed medications (the average for a 75 year old is 3 chronic illnesses and 5 prescribed medications). I was given freedom to make my decision about what was best for me and I believe others should have thaty same right for themselves and their families.

My Best, Carl

Dr. Conners,

Know that you are not alone in your frustrations with the system. Keep fighting the good fight. Praying for you right now that God will give you the strength, courage and wisdom to keep going forward day after day.

Sincerely,

Mike Castronovo

My name is Rhonda Templeton Buschhueter. In 2009 after repeated emails from a holistic newsletter that I subscribed to online I could no longer ignore the constance barrage of emails about the cure to cancer in a bottle called graviola. After much research and reading peoples stories I felt compelled to start taking it. Six month later after a routine skin cancer check and 4 biopsied moles my doctor called me to tell me that I had melanoma skin cancer on my back left shoulder. She also told me that she was puzzled because the cancer had "mysteriously stopped forming" She told me that she needed to go in asap and

take a section out of my back to make sure that the cancer had not spread into my blood, bone and lymph nodes.

I told her in person at the minor surgery that it was no mystery that the cancer had stopped. I credited this to God - much prayer and GRAVIOLA WHICH SAVED MY LIFE. When the letter came in the mail 2 weeks later to tell me that the cancer had not spread I broke down and cried. I have also devoted my life to sharing/telling others about the true cause of cancer.....the toxic environment that we as human beings have created for ourselves. I run an organic living page on Facebook called One Tough Organic Yogini @ Golden Way Organic. I post the latest info and also share my organic living tips for anyone. I hope that this story has helped this little girls case.

Rhonda Templeton Buschhueter

Dear Dr. Kevin Connors,

My name is Anna Whang and would like to help you collect natural cancer survivor stories. I survived my secondary cancer (Endometrial cancer) which was caused by high dosage of chemo and radiation therapy for lymphoma in 1983. Not only did I suffer secondary cancer but had a complete heart blockage which required me to get a pace maker. I have chemo brain and early menopause symptoms. It has been 5 years since I was diagnosed with second cancer and am alive today, because I changed my diet and lifestyle to become a vegetarian. Now, I believe that cancer can be cured with organic healthy green plant based diet.

Sincerely,

Anna Whang

founder of

www.all-natural-cancer-cures.com

She posted on FB about your wanting to know if anyone had ever been healed from cancer the natural way. YES! I had Inflammatory Breast Cancer and being a Doctor, you know that's some nasty stuff. I did only natural, the route Jesus led me and never had any fear. I did ozone and rife treatments, I cleaned out liver/colon, juiced up a storm, ate lots of whole foods and many other things. It CAN be done. For them to pump this poor little girl full of more chemo is not only ludicrous, but evil. Big Pharma = greed! God's word says you can't love money and me. If you want more info, let me know. If this little girl is cancer free now, it's time for Mom to PUMP UP, the immune system, not knock it down with more Chemo, which kills you anyway.

Thanks,

Sue Ledbetter

Had a Stage 1 Ovarian tumor in 2009- did have 6 trials of chemo--then recently found an small Endometrial tumor- Stage 1 also- my body speaks to me very quickly when things are not right-- had surgery and now they want to do radiation (despite 61 neg lymph nodes, clear pelvic washings and clean omentum) and their reasoning " We'd like to have a clear conscience when we finish, even though it may not do anything helpful and will not affect your rate of survival." Hmmm tell me again what that has to do with me?

I am choosing Tibetan herbs, acupuncture- a Nutribullet for optimal nutrition- anti inflammatory diet- exercise etc...and truth in all aspects of my life.

Best of luck to you Dr Connors (I have a younger brother named Kevin Connors :)). The push for aggressive treatment when not indicated and more so- the negation of other more natural and alternative options, is distressing indeed. The cancer treatment paradigm needs to shift.

Sincerely yours,

Mary Frances Connors-Carson RN/Singer :)

author: Sweet Blood & Fury. (developed Type 1 DM at the age of 11, so you know I have that lil' tiger in me!)

Hi, Suzy said to email if we had been cured of cancer through natural methods. In 2005 I was diagnosed with stage 2-3 breast cancer. 4 cm. lump. For two months I ate vegan, juiced 50 lbs of carrots and beets weekly.

Took Xango, Essiac tea, supplements I had researched, walked, etc. I had a lumpectomy and they wanted to give me chemo and 6 1/2 weeks of radiation. I refused, with no lymph node removal either. I had a biopsy in 2009 which was clear and will never have another, or mammogram. I walk, ride my bike, garden, feel great. My girlfriend had breast cancer at the exact same time, she chose a mastectomy and chemo, she is still weak and has brain fog among other things. Sooooo glad I chose the natural route. I have since discovered other supplements that help.

Dr. Connors,

I was healed of stage 2 invasive breast cancer. No chem, no radiation. That was in 2005. I did have surgery to remove lump and the margins were involved. By the time I went back to have another surgery to get clear margins, no cancer was found. I followed several regimens to get my body alkaline, boost my immunity and lower stress. Nevertheless doctors wanted me to have "post" chemo. And they also insisted on radiation. I said no,

but it wasn't easy getting my way. I also said no to a sentinel node biopsy which is unheard of and very hard to get cooperation on. Long story. Stick to your guns.

Anita Ingram

Hi, my name is David Knudsen, and over the last nearly thirty years I have used broad spectrum minerals for a variety of maladies including Cancer. I studied the work of Otto Warburg who published his findings on cancer in the thirties, stating that cancer is anaerobic and survives through fermentation; an acidic process. The conclusion is that if you alter the environment by adding oxygen and raising the PH, cancer cannot survive. In my personal experience he was correct. I have seen the positive effects about twenty times. (any time I could convince family or friends to try it)

My favorite mineral supplement is Gold Stake minerals made in California. It is easy to use and completely non toxic. The FDA took Gold Stake to court over their claim that their mineral salve could heal cancer and hemorrhoids, but dropped the suit stating "we can't prove it doesn't work". The cases I have witnessed include an inoperable brain tumor, (disappeared), skin cancer, throat cancer, pancreatic cancer and others. While some will argue that these were cases of "spontaneous remission", I would argue that sr only happens in approximately one in ten thousand cases, and will only be understood when they study the patients actions leading up to the remission.

I am not a Doctor and have no formal credentials, but I have seen remissions with such regularity, that it leaves no doubt as to the efficacy of the protocol. Unfortunately there is so much power and momentum against any cheap alternative that I hold out no hope for its acceptance beyond the alternative underground network that already exists and shares its anecdotal information with those predisposed to hear it.

Much greater people than myself have been run out of the country for promoting alternatives, maybe you will have better luck. I certainly hope so.

Sincerely

David Knudsen

It all began with experiencing a hoarse voice for several weeks. No soreness, just the hoarse voice and once in a while some ear pain. Four weeks later, I began treatment for the beginning stage of throat cancer. How would I handle this? The answer was found in my faith.

I started an incredible journey with Jesus when I was ten years old. He began to mold and

change me and give me a desire to share His Good News with others. As I've grown older I have come to understand more fully that this life is not about me. It's about God, and how He wants me to use opportunities He provides to communicate His love for others and to tell them how they can live forever with Him. Life is about experiencing whatever He allows to happen in my life, so that others will see Him.

A month ago I discovered I had the beginning stage of throat cancer. I just had a sense about this before Dr. Conners even examined me and told me I needed to do the Rife therapy. I knew what that meant, so I was somewhat prepared, although it still came as a shock. I have talked to people all over the country who are struggling with cancer, telling them IF I had cancer this is what I would do. So, now here it was. There never was a moment I considered any other treatment. Even though I had MANY people suggest I at least have a medical diagnosis, I refused to even consider that option. I knew Dr. Conners' treatment plan was the only thing I would do.

I have begun that treatment. The first step was to come to grips with God's plan for my life, especially in light of the challenge presented by this disease. I had posted a devotional in our office about understanding that- GOD ALWAYS DOES WHAT IS RIGHT. Now, with my life on the line, I came face to face with the question, "Do I really believe that? If so, I need to realize that whatever chaos I find myself in, it maybe seem like chaos to me, but God has everything under control, and this "chaos" is for a heavenly purpose for Him. The more I understand that, the more He is pleased with me. It is called FAITH. Hebrews says that "...without faith it is impossible to please God". Faith is believing without being able to see.

I use my voice all day, every day, to talk to patients and potential patients. God revealed to me during one of my prayer times that He could have given me cancer any place in my body and no one would have even known about it. BUT He allowed it in my voice so it would be OBVIOUS to everyone who would hear me speak. Everyone would ask what was wrong with my voice. I have been able to tell them why this cancer doesn't frighten me. He is in control. Nothing touches me that He has not allowed. I know where I will spend eternity because I have recognized that I am a sinner, that He paid the price for my sin by dying on the Cross for me, He rose again from the dead so I can live with Him forever, and have invited Him into my live by the power of the Holy Spirit and I know my future is secure whether He heals me or not. It is a win-win for me!

Along with that is the security that whatever crosses my path, He will handle it and help me do the same. LIFE REALLY IS ALL ABOUT HIM!! - and it is SO worth it. What can be better than, Love, Joy, Peace, Patience, Kindness, Goodness Gentleness, and Self-control! It's ALL available - just ask HIM! - or me.

My Spiritual Walk through Cancer

By Jim Swanson

I was alarmed when I got a call that Friday afternoon from my doctor's nurse, ordering me to the hospital for serious tests. My wife took me over and, after going through the tests, I checked in for a lovely weekend. I ate well and enjoyed the company. We awaited the biopsy report, but I didn't know what it all meant so I just enjoyed myself.

Monday morning my doctor came in and told me I had a blocked liver duct and a cancerous tumor seven centimeters on my liver. I would first need a stent inserted into my liver duct. Thus began my journey with the dreaded 'C' word that no one wants to hear.

Lessons in peace

I was shocked at this news. What course should I take? What should I do next? I had heard horror stories about chemo and radiation (surgery was not an option). Now I faced the same possibilities. Though I had accepted the Lord Jesus Christ as my Savior many years ago, my heart was greatly troubled. Now I realized that, most of all at that point, I needed God's peace. I went over and over in my mind the words to the song, "Like a river glorious is God's perfect peace" . . . Stayed upon Jehovah , Hearts are fully blest- Finding as He promised Perfect peace and rest." I read John 14:1- "Let not your heart be troubled; ye believe in God, believe also in Me," and John 14:27, "Peace I leave with you; my peace I give unto you; not as the world giveth, give I unto you. Let not your heart be troubled; neither let it be afraid." A very special verse to me at this time was II Thessalonians 3: 16 - "Now the Lord of peace Himself give you peace always by all means. The Lord be with you all." These and other verses were greatly encouraging.

Lessons in Confession and Forgiveness

During the next week the Psalms opened up me afresh as they had not done for years. I looked for verses about healing. I noticed that they were very often connected with forgiveness of sin. For example, Psalm 103:3 - "Who forgiveth all thine iniquities; who healeth all thy diseases." At that time I came across a message by John Piper entitled, "Don't Waste Your Cancer!" One of the first points struck home. He said, "Don't view your cancer as an enemy to hate but as a gift from God to draw you closer to Himself." I knew that God had been wanting to draw me closer to Himself for some time, but I had been resisting. Too many times I was unable to pray the prayer of Psalm 139:23-24 "Search me, O God, and know my heart; try me and know my thoughts; and see if there be any wicked

way in me”, for I knew exactly what He saw but was unwilling to give it up. “Thou hast set our iniquities before thee, our secret sins in the light of thy countenance.” (Ps 90:8) I confessed to Him much private sin and to others discreetly what was appropriate. I centered on the four qualifications for receiving God’s blessing found in Psalm 24:3- clean hands, a pure heart, not living for vanity, and honesty. In obedience to James 5 I called for the elders of the church to confess sin and to have them anoint me with oil and pray over me. What a delight it was to once again fellowship with God and bring my prayers and problems to Him at any time, day or night. I was also very thankful for the hours I spent memorizing Scripture when I was younger; for now I could recite them to God in prayer day or night. I felt at this time I had learned my lesson, the purpose of the cancer had been fulfilled and I would instantly or progressively get well. However, God had other plans and more lessons He wanted me to learn.

Lessons in Dependence on God

One of the most important lessons God wants to teach His children is total dependence upon Him. Ben Franklin’s famous adage, “God helps those who help themselves,” is diametrically opposed to the heart of God for His people. A better expression would be, “God gives the best to those who leave the choice to Him.” Jesus said, “Without me ye can do nothing,” (John 15:5) and I think this especially means, “nothing eternal.” Those who “pray without ceasing” (1 Thessalonians 5:17) demonstrate that they have learned this lesson. Paul learned it through a “thorn in the flesh” that God graciously gave him. “. . . there was given to me a thorn in the flesh, the messenger of Satan to buffet me, lest I should be exalted above measure. For this thing I besought the Lord thrice, that it might depart from me. And he said unto me, My grace is sufficient for thee: for my strength is made perfect in weakness.” How did Paul respond to the news that God was not going to remove the thorn? “Most gladly therefore will I rather glory in my infirmities, that the power of Christ may rest upon me. Therefore I take pleasure in infirmities, in reproaches, in necessities, in persecutions, in distresses for Christ’s sake: for when I am weak, then am I strong.” In 2 Corinthians chapter 1 He speaks of even more severe circumstances that drew him to Christ. I taught this principle for years but resisted practicing it in my own life. I would rather just do something and, if God stopped me, fine. However, weakness and infirmities have forced me to see how true this is. Instead of frustration, I am learning to bring even tiny details, like getting my pants’ leg over my foot, or strength to eat, to the Lord in prayer. Three songs express it well: “Day by day, and with each passing moment, strength I find to meet my trials here.” “I need Thee every hour, most gracious Lord.” “Moment by moment.”

Lessons in Trust and patience

Proverbs 3:5-6 says, "Trust in the Lord with all thine heart and lean not unto thine own understanding; in all thy ways acknowledge Him, and He shall direct thy paths." Daily I have been able to bring the biggest and smallest details of my life to the throne of grace. But my own expectations and those of many praying people have been the opposite of what has happened. I fully believe that God is able to touch me at any moment and either instantly heal or set me on the road to recovery. This is where I must trust in my sovereign Lord without question. Proverbs 16:9 reminds me, "A man's heart deviseth his way; but the Lord directeth his steps." The Lord is good, and He can only do good to His children. This is certain.

Lessons in suffering

The first lesson I have learned about suffering through the cancer is that I knew nothing about suffering. I have had medical problems in the past, some serious, but my view of suffering was to get extra rest, take some medicine, or even have an operation, and soon I would be on the road to recovery. Now extra rest brings no improvement, and, at times nothing relieves pain. Then I think of people with chronic pain whom I know or have known who are able to rejoice in the Lord, and I stop complaining. In the night I ask myself, "Did Jesus suffer on-going pain like this? Perhaps not, but the unimaginable pain he suffered when he bore our sins in His body on the cross (1 Peter 2:24) and became sin for us so that we could become his righteousness (2 Corinthians 5:21) is beyond comprehension. However, there is more than one kind of suffering. Jesus faced the suffering of loneliness and rejection even by his closest friends. I have experienced the opposite. I have a prayer support team all over the world. People in our church have regularly brought us meals and visited or called. We ordered ten cords of firewood and, by the end of the day it was delivered, a team from the church had packed it into our wood storage room. Countless other kindnesses have been showered upon us during this pilgrimage. I am very thankful the Lord has provided that support.

Lessons to change my focus on life

Were the lessons over yet? Not yet, for, through Dr. Connors I saw that I had an entirely wrong view of life. The purpose of life for a Christian is not to survive but to magnify Christ! I saw for the first time the apostle Paul's view of his own life. He said, "But none of these things move me, neither count I my life dear unto myself, so that I might finish my course with joy, and the ministry, which I have received of the Lord Jesus." (Acts 20:24) The verse that riveted my attention is found in Philippians 1:20- ". . . Christ shall be magnified in my body, whether it be by life, or by death." And, after all, ". . . the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us." (Romans 8:18) Throughout the Scriptures we are all reminded that we just have one day we can

count on and that is today. Whether we are weak or strong, sick or healthy, young or old we still have just one day. Psalm 90:12 puts it this way: "So teach us to number our days, that we may apply our hearts unto wisdom." We can invest our day in magnifying the Lord, or we can waste it on things that don't matter. Paul encourages believers to "Set your affection on things above, not on things on the earth." (Colossians 3:2) This is the basis of the Psalmist's prayer, "And let the beauty of the Lord our God be upon us: and establish thou the work of our hands upon us; yea, the work of our hands establish thou it." (Psalm 90:17) May this be the desire of all of our hearts.

Submission, Suffering, and Joy

A reflection by H. T.

Submission is one of the hardest things God asks us to do. Yet it is one of the most wonderful things we can experience. All the burdens we insist on carrying become nothing. We are freed to live our lives in peace and faith and trust, like little children, even if in submitting to our Father we are also saying yes to the suffering Christ promised to His followers.

In September of 2005, I had a really great month. I attended daily mass most days of that month and said the rosary frequently. I loved being in Christ's presence and feeling that closeness to Him. We all know how wonderful that is. I wanted to offer something to Christ out of love for Him, and I knew what Christ was asking for because He had been whispering it to my heart for long time. He wanted me to submit myself to His will for me, especially He wanted me to say I would accept whatever suffering He chose to give me. Toward the end of that month I was at mass and upon returning to my pew after receiving the body of Christ, I was flooded with grace and joyfully told Christ that I accepted whatever suffering He chose to give me. A flush of fear passed through me for what I had committed to but I knew Christ, who loved me greatly, would take care of me.

Six months later, I was in surgery to have my kidney removed because cancer had destroyed it. It was time to pick up my cross. I was given the all clear and life returned to normal for four years. In 2010, I began losing weight without trying and started having episodes of intense abdominal pain that frequently brought my husband and me to the emergency room. After a year of this, cancer was diagnosed again. This time though, it was advanced and had spread. My oncologist gave us what seemed to be the most absurd prognosis a youngish, healthy, active woman can get: you are going to die. After talking to several specialists and surgeons, and doing hours of research, that prognosis was reconfirmed to our disbelieving ears. I had a 5% chance of living for another five years. Until then my life would be a slow descent into a life of pain management, opium based

drugs, and their disabling side effects.

Spiritually, I could accept this. In a way, I felt honored that Christ had entrusted this suffering to me who is so fearful of life's challenges. Christ was giving me work to do and I meant to do it as well as I could.

Physically, I was in deep mourning. I was horrified at the idea that death was coming to this body, terrified of the physical pain to come, deeply depressed that my children and husband would have to suffer my illness and loss, and so angry that for nearly a year I slept with my jaw muscles clenched.

But Christ was with me, in my heart I knew that as depressing as every scenario I imaged was, Christ would make it alright. I also knew that Christ was asking me to not be afraid, to not worry about what the future might hold. He wanted me to be like a little child, to trust my Father completely. I kept remembering the verse from Romans 8:28 "in everything, God works for good with those who love Him." In other words, God can turn even cancer into a good thing.

In fact He already was. Finding out I had a limited amount of time to live made me realize the weight of every moment, of every action, of every word, of every decision. The life that I had treated like tin became gold. At times, I couldn't help but see the cancer as a blessing for the way it made me live more carefully, more thoughtfully; the way it made me realize my life was a gift to my children and husband, not something I lived for my own sake. It also made me realize that each moment in my life can be an offering to God; that each time I chose to put someone else first or to put in extra effort or to chose to do what was right and not just alright I was living that moment for Christ. I wasn't looking at time anymore as endless with plenty of future opportunities to do what was good and right, but as little golden nuggets that needed to be carefully and thoughtfully given.

Not only did cancer help me to experience life and time as a gift, but it also helped me to more fully submit myself to Christ. In the storm of horror and fear that my impending death swept up, only Christ could give me peace. Sometimes the peace was only a little glowing ember in the corner of my heart, other times the peace was radiant and warm, but at all times it was there. Through each wave of bad news and the emotional fallout that followed, Christ guided me through the fear, sadness, and anger to reiterate what He first said, "let your will be done, not mine." Christ completely submitted to His Father's will and He asked me to do the same. Considering what it means to submit like that to the Father, considering the saints and martyrs and the lives and deaths they endured, considering what Christ endured, submission is a terrifying thing. But the other side of submission to the Father is a profound peace and calm that comes from knowing that not a single part has

been held back, that one belongs entirely to Him. In that experience, there is no room for doubt. Fear, anger, sadness can stand at the side and rage, but at the core peace and calm have dominion. Christ was sweating blood in the garden of Gethsemane yet after he submitted to the Father He endured His death silently.

Submitting to Christ brings profound peace even through the death process. But it brings something else as well, something a little more unexpected: it brings joy. It is like being a little child who out of fear of some imagined danger runs screaming to her father. She throws herself onto his lap and into his arms, and immediately realizes with great relief that she is safe. What's more is that her father is laughing at her silly fears and soon she is laughing, too.

Final Remarks

Regardless of what you choose about healthcare, I pray that you make wise, rational decisions based on facts (though often hidden) and not fear. You need to take responsibility and not hand it over to any practitioner, conventional or alternative. Get advice from many, weigh it all against their biases, and pray for peace about your decisions.

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