

CANCER: A LITTLE ABOUT EVERYTHING



In 2005, cancer passed heart disease as the leading cause of death in the United States .

Over 570,000 people are expected to die from cancer in 2005.

An American life is lost to cancer every 21 seconds.

We are now up to 175 people every hour being diagnosed with cancer and another 65 that are actually dying from cancer.

— Cancer now kills more children between the ages 3 and 14 than any other illness.

— Cancer is responsible for 1 out of every 4 deaths in the U.S.A.

— Lung cancer has become the leading cancer killer of both men and women (surpassing breast cancer in 1986).

— 1 out of every 2 men and 1 out of every 3 women will develop some form of cancer during their lifetime.

— 1 in 11 men will be diagnosed with prostate cancer during their lifetime, increasing with age.

— The lifetime risk of breast cancer in American women is 1 in 9.

— Statistics show that in the year 1880, when records were first kept, one in thirty-five people developed cancer in their lifetime. That figure is currently 1 in every 2!

A new study reports that Americans lose around \$2.3 billion every year receiving and waiting for cancer treatment. The study is the first ever to put a price tag on the intangible costs of cancer treatment. The study, published in January 2007 in the *Journal of the National Cancer Institute*, examined the trials of more than 750,000 cancer patients 65 and older on Medicare as they traveled to, waited for and underwent treatment for some of the most common cancers afflicting Americans. The

scientists assigned a value of \$15.23—the median U.S. wage rate in 2002—to each hour spent.

"Cancer is more than the just the dollars and cents for the medicines and the treatments and the doctors. It's also the lost opportunities for the patients," said Dr. Len Lichtenfeld of the American Cancer Society of the study. Lichtenfeld praised the innovation of looking at more than just dollars spent on treatment when considering the burden of cancer on American society.

The scientists found that victims of ovarian cancer spend about 368 hours in the first year receiving treatment; lung cancer patients traveled, waited and were treated for 272 hours; and those with kidney cancer lost 193 hours in the first year after diagnosis.

"What we see here is a measure of the patient's burden of commitment," commented Drs. Larry Kessler of the Food and Drug Administration and Scott Ramsey of the Fred Hutchinson Cancer Center in an editorial accompanying the study.

They also pointed out that younger patients usually receive even more extensive treatments than the patients featured in the study, and that cancers more likely to be diagnosed early, such as breast or prostate cancer, require much less treatment time.

In 2005, over 1.3 million Americans will learn they have cancer, and of the expected 570,280 cancer deaths it's estimated that more than 168,000 of those will be caused by tobacco use and one-third will be related to poor nutrition, physical inactivity, being overweight or obese or other lifestyle factors. That makes up 62 percent of all cancer deaths.

In 2005 it is estimated 1,372,910 new cancer cases and 570,260 cancer deaths will occur; five-year survival rates have risen from 50 percent to 74 percent from the 1970s. Lung cancer remains the biggest killer, estimated to claim the lives of 163,510 people. About 232,090 men will be diagnosed with prostate cancer, killing 30,350. Some 211,240 women will be diagnosed with breast cancer, killing 40,410.

But the grim statistics in Cancer Facts and Figures 2004, an American Cancer Society report released recently, reveal that some strides have been made. Death rates have declined slightly, for instance, and major victories have been won against lung cancer through anti-smoking campaigns.

But they also show another American behavior looming large as a danger to the aging population. Obesity and the lack of physical activity causes as many as one-third of the USA's cancer cases.

"It has become increasingly clear that obesity is a factor in about a dozen different types of cancer," says Michael Thun of the American Cancer Society, who co-wrote the report. Thun says communities must create "social policies that can help people maintain healthy body weight and help people get regular physical activity."

The report is released each year to give doctors an idea about how the battle against cancer is going. Other findings:

- *Lung cancer is down in men but still increasing among women.*

- *Five-year survival improved significantly for children, from 56% in the mid-1970s to 78% in the 1990s.*
- *African-American men have 40% higher mortality from all cancers combined than white men.*

Thun says there are many possible reasons for the disparities, including poverty, which limits access to quality health care.

African-American women, for instance, have a lower incidence of breast cancer but a higher death rate from the disease.

"If you don't have health insurance, your chances of getting appropriate mammography and then appropriate follow-up and treatment is much less," Thun says. "Many of these things are difficult to turn around."

The U.S. spends a conservative 1.4 trillion dollars a year on "healthcare," with another 34 billion spent on complementary and alternative methods - a high percentage of that being spent on cancer; more per capita than any other nation on earth. But the quality of life for the average American stops at age 51. After that, it takes medical intervention to manage their symptoms. Using conventional methods, the war on cancer is being lost, the successes are mainly due to early detection, not in the treatments. Many people die not from the disease itself but from damage caused by the treatments.

In ancient days, leprosy was the plague that struck fear in all hearts. Cancer is the modern day equivalent of that disfiguring condition. Today cancer is the most dreaded of all. Death by cancer is humiliating, debilitating, painful and sometimes agonizingly slow. After your body has been subjected to the arsenal of weapons that modern medicine uses to fight cancer, it may seem that just staying alive isn't worth the effort. Be that as it may, we willingly submit ourselves to the physical destruction of surgery, radiation, and/or chemotherapy just to gain a few more precious days of life. No matter how you perceive life and death, being a cancer patient is no picnic. Every year, 700,000 Americans die of cancer--the equivalent of more than three fully loaded Jumbo Jets crashing every day, this is despite the fact that record sums of money have been spent on cancer research and treatment. Cancer is a symptom of an inefficient immune system, a red flag signifying that the immune defense forces are falling down on the job. But, even the best cancer specialists are still confused about what cancer is and what it isn't.

In 1971 when the U.S. declared war on cancer, scientists still hadn't identified the immune defense force army, which was already fighting that particular war, along with many others. All the doctors, scientists, the American Cancer Society, call cancer a *disease*. Cancer is not contagious, it doesn't have an incubation period, there is no foreign invader that has been identified. Cancer is not a disease--it's a symptom of a naturally occurring condition in the body. As long as they have cancer misclassified, it will continue to remain both their biggest challenge and a major scientific mystery. Scientists, medical doctors, authors, mass media reporters, even cancer patients, think of cancer as a whole group of diseases, because they have cancer in the wrong category. Cancer is the scientist's playground. Because cancer kills, scientists have been able to request and receive billions of dollars in grants from the federal government, non-profit health-oriented organizations, major corporations, and private sources.

The *New England Journal of Medicine* reports that the war on cancer is a failure. "Despite \$30 billion spent on research since 1970, cancer remains "undefeated," with a death rate not *lower* but actually *higher* than when they started. The effect of new treatments for cancer has been largely disappointing. The failure of chemotherapy to control cancer has become apparent even to the oncology establishment." *John C. Bailar III, M.D., Ph.D., Chairman of the Dept. of Epidemiology and Biostatistics at McGill University.*

The late H.B. Jones, Professor of Medical Physics, was a leading U . S. cancer statistician. He said in a speech before the American Cancer Society in 1969 that no study has proved that early intervention improves the chances of survival. On the contrary, his studies proved conclusively that untreated cancer victims live up to four times longer and with better quality of life than treated ones. Needless to say, he was not invited again.

The prestigious British medical journal *The Lancet* wrote, "If one were to believe all the media hype, the triumphalism of the medical profession in published research, and the almost weekly miracle breakthroughs trumpeted by the cancer charities, one might be surprised that women are dying at all from breast cancer." Noting that conventional therapies--*chemotherapy, radiation and surgery*--had been pushed to their limits with dismal results, the editorial called on researchers to "challenge medical dogma and redirect research efforts along more fruitful lines."

Phenomenal laboratories and the latest diagnostic equipment have been purchased and paid for by donations from some of the nation's largest corporations. Today, our medical scientists should know more about cancer than any other health problem, considering the number of dollars that have gone into the pot. Far more bucks have been spent on the study of cancer than on anything else. There are more people living off of cancer than there are people with cancer! Cancer screening has not resulted in people living any longer. Millions of rats, mice, monkeys, guinea pigs, cats, dogs, and other laboratory animals have been injected with cancerous material, or implanted with growing malignancies.

Our scientists have watched cancer develop, grow, divide, multiply and proliferate wildly. We have compared our cancer cells with the cancer cells of all other countries. Science has categorized cancer by appearance, size, location, origin, and speed of reproduction. It certainly appears that the nation's experts have studied everything there is to study as far as cancer is concerned. Our scientists should be able to tell us everything there is to know about cancer by this time. They must know, because all of this information you are now reading came from their studies! Why don't they want to share this information with us? Could it be that the answer to cancer is so simple and so uncomplicated that they fear their funding would dry up?

It is generally accepted in genetics that the genetic code within the DNA of all cells contains the program for how many times that cell can divide and when that cell should die. The process of natural cell death, called *apoptosis*, has been said to be controlled by the *p53 gene* which exists in all cells. This gene is the reason we're not all 20 feet tall and weigh a thousand lbs. When the cell's lifespan has been fulfilled, the *p53 gene* initiates the process that results in the cell's death. However, damage to the DNA of cells, specifically mutation of the *p53 gene*, can prevent apoptosis and probably result in the uncontrolled division of cells that do not die. Normally, cells divide only when the body needs more cells, but when cells divide when new cells are not needed, excess tissue will form, often in a mass called a *tumor*.

The p53 gene is also the protector of the DNA, because if harmful mutations do occur, the p53 gene is capable of fixing the situation by initiating apoptosis. But if damage causes the p53 gene itself to become dysfunctional, the cell, unable to die, divides without control, and with its replicates, forms tumors, and cancer is the likely result. It is now believed that more than 50% of human cancers result specifically from damage to the p53 gene.

Tumors can be either *benign* or *malignant*. Malignant tumors are cancerous, and cancer cells can break away from these tumors and invade nearby tissue and also enter the bloodstream and lymphatic system and spread to form new tumors in other parts of the body.

Today, the term *cancer* is applied whenever there is an abnormal proliferation of cells, even when no swelling or growth occurs. Examples include leukemia, abnormal blood-forming cells, and lymphoma, abnormal lymphatic cells. Although science calls these conditions *cancer*, the term really doesn't fit. Still not knowing what cancer really was, but uneasily aware that it was becoming more and more prevalent, the medical detectives began classifying it according to its primary location, the speed of its growth, its ability to spread, its individual symptoms, and its response to various types of treatment.

The investigative scientists divided malignant tumors into five main classifications, with many subdivisions in each group. All of this scientific, medical, and technical information has been available to us for the last thirty to forty years. Our ignorance has already hurt, killed, and maimed millions of people, cost billions of dollars, and destroyed millions of lives. What we don't know will continue to hurt us until we fully understand our physical body and the miraculous way it defends itself. Ignorance is a killer no matter how intelligent human scientists and doctors profess to be.

Destroying Cancer Cells is only the first step of 4 very important objectives. The holistic approach attacks cancer from 4 different angles.

1. Destroy anaerobic (Cancer) Cells
2. Improve the Immune System
3. Detoxify the Body (The Liver)
4. Reverse Acidosis (Low body pH)

Conventional Medicine has 3 different approaches to fighting Cancer.

1. Poison- Chemotherapy
2. Burn- Radiation
3. Slash- Surgery

In the holistic approach listed above, these three conventional treatments would fit in the section Destroy Cancer Cells. Cancer patients for many years have been told that these are their best and only options. Conventional Medicine doesn't even concern itself with the other parts of the holistic approach which involves returning a persons IMMUNE SYSTEM FUNCTION back to the level it once functioned before cancer manifested, along with the importance of DETOXIFICATION so that the immune system can return its focus to destroying and eliminating disease instead of dealing with unnecessary waste and toxins that are polluting our bodies. Finally, it is well documented that all cancer patients suffer from ACIDOSIS and therefore have created an *anaerobic*, low oxygen atmosphere in their bodies that cancer loves.

Scientists can create cancer in lab mice so they can perform necessary cancer testing using these mice as their test subjects. These scientist can't just sit around and hope the mouse gets cancer. So, they create cancer by changing the once clean

and pristine atmosphere in the mouse's body to a polluted, carcinogenic and low oxygen atmosphere which will allow cancer to thrive. They do this by injecting carcinogens into the mouse. Did this mouse have a predisposition for cancer? Of course not! Scientists can change the atmosphere in any animal in this same fashion and cause cancer to flourish.

We have all been led to believe that only our genetics will determine whether we have a predisposition for cancer and that there is nothing we can do about it. Once again, we need to use our common sense instead of blindly believing what we have been told and ask ourselves this question. If Scientist can create cancer by changing the atmosphere in these animals, isn't it quite possible that the rise in cancer from 1 in 33 at the turn of the 20th Century to 1 in every 2.5 Americans currently, is due to the fact we ourselves are creating that same atmosphere in our own bodies that Cancer THRIVES IN due to what we are putting into our bodies?

In cancer research, *success*—expressed as a five-year survival rate—is established by comparing other forms and combinations of treatment with the results from surgery alone. However, the success rate of surgery has rarely been compared with the survival rates of untreated patients and never with patients who adopted natural therapies. Therefore, orthodox cancer treatment is basically unscientific. The overall supposed cure rate is not higher than can be accounted for by spontaneous remissions and the *placebo effect*. Early intervention *appears* to be helpful because lesions are removed that are not cancerous but are counted as being cancer, and that improves the survival statistics.

William Steward Halstead, M.D., (1852 - 1922) the founder of Johns Hopkins University (Baltimore Maryland) became world famous because of a mutilating surgical procedure he devised and performed on unfortunate women who had no alternatives. Dr. Halstead developed the radical mastectomy in which the entire breast, the underarm lymph nodes, and a lot of muscles were surgically cut away. He developed and performed this disfiguring operation on these desperate women not in hope of affecting a cure, which he didn't believe was possible, but under the impression that the best he could offer them was the opportunity to die in relative comfort. Dr. Halstead mistakenly believed that cancer cells always spread directly from the tumor to neighboring tissue. He actually believed that if a patient had a lump in her breast and also a lesion in the bone of one arm, then the whole bone had to be removed at the same time as the breast was cut away. This highly publicized operation became known as the *Halstead Radical Mastectomy*, or the "*en block*" resection.

Researchers have said it is complacent to continue subjecting at least 70% of women with breast cancer to a futile mutilating procedure. Furthermore, there is no evidence that early mastectomy affects survival; if patients knew this, they would most likely refuse surgery. In 1993, the editor of the *Lancet* pointed out in an editorial entitled, "Breast cancer: have we lost our way?" stated that, despite various modifications of breast cancer treatment, death rates remain unchanged. He acknowledged that despite the almost weekly releases of miracle breakthroughs, the medical profession with its extraordinary capacity for self-delusion in all truth has lost its way. At the same time, he rejected the view of those who believe that salvation will come from increasing chemotherapy after surgery to just below the rate where it kills the patient. He asked, "Would it not be more scientific to ask why our approach has failed?" Basically, all types and combinations of conventional breast cancer treatment appear to result in the same *low* long-term survival rates. The only conclusion that can be drawn from this is that conventional treatment does not improve long-term survival rates. Even worse, Michael Baum, MD, a leading British breast cancer surgeon,

found that breast cancer surgery tends to increase the risk of relapse or death within three years. He also linked surgery to accelerating the spread of cancer by stimulating the formation of *metastases* in other parts of the body.

An earlier German comparison found that untreated post-menopausal women with breast cancer live longer than treated women, and the recommendation was not to treat postmenopausal women for breast cancer. This conclusion confirms a finding by Earnst Krokowski, a German professor of radiology. He demonstrated conclusively that metastasis is commonly triggered by medical intervention, including sometimes even by a biopsy or surgery unrelated to the cancer. Disturbance of a tumor causes a greatly increased number of cancer cells to enter the bloodstream, while most medical intervention (especially chemotherapy) suppresses the immune system. This combination is a recipe for disaster. It is the metastases that kill, while primary tumors in general, and those in the breast in particular, can be relatively harmless. These findings have been confirmed by recent research which shows that surgery, even if unrelated to the cancer, can trigger an explosive spread of metastases and lead to an untimely end.

This follows earlier reports that radical surgery for prostate cancer also tends to spread the disease.

Actually, prostate cancer was investigated in the first randomized clinical trials for any type of cancer. After 23 years, there was no difference in the survival rates of those who had surgery and the controls who did not have surgery, but those with surgery suffered more morbidity such as impotence or incontinence.

Wilhelm Conrad Roentgen earned the first Nobel Prize ever awarded for Physics in 1901 for his 1895 discovery of x-rays. When Roentgen discovered that x-rays penetrate the tissues of the body like a light beam, this new discovery was quickly recognized as a superior tool for the diagnosis of broken bones and other internal problems. As time passed, science discovered that x-rays also destroy cells. When a tumor was bombarded with x-rays, the tumor shrank as its cells were blasted out of existence. That means that the healthy cells that were in the path of the x-rays were also destroyed. X-rays come from a *cathode ray tube*, which is man-made. But the gamma rays given off by cobalt and cesium have the same ability. The x-ray machines developed in the 1920's and 1930's operated with a low voltage of 250 KV.

These machines resulted in a significant burning of the skin's surface, making treatment very difficult to bear. The medical experts universally agree that surgery and radiation therapy are both localized forms of treatment, which, unfortunately, must kill normal cells in order to kill cancer cells. That's like throwing a hand grenade into a roomful of school children because a terrorist is holding them hostage inside. And what if the tumor isn't radiosensitive? Before 1916, cancer mouse models did not exist. It was impossible to test possible cancer drugs for efficacy before giving them to a human cancer patient. So a mouse ideal for cancer research was developed in the laboratory. This was a special strain of mice with part of their immune system removed. Because this strain of hairless mice doesn't have a normally functioning immune system, a human tumor can actually be transplanted under the skin and grown in one of the little creatures. Almost all cancer research has been done on mice that have been genetically stripped their natural immune capabilities. That's like taking the rifles away from the army and then sending them out to fight a battle to the death. Treating a typical cancer patient today runs about \$100,000. A bone marrow transplant can cost \$150,000. If the enormous amount of money spent on cancer treatment was actually saving lives and sparing human suffering, then we could consider the costs worthwhile.

The Full Treatment

Virginia Livingston Wheeler, a remarkable cancer researcher and therapist, in her book, *Cancer: A New Breakthrough*, gives an account of one of the many patients she saw who had come to her only after receiving the full medical treatment for breast cancer. "After discovering a small breast lump, she had radical mastectomy. None of the lymph nodes removed from the armpit was involved; all of the cancer had been successfully removed. To make extra sure that there was no regrowth in the scars, she received radiation treatment, and also her ovaries were taken out. "To her dismay, a year later several small nodules appeared in the old breast scar. Again she received radiation. More lumps appeared on the neck that called for still more radiation. In addition, she received male hormone therapy, resulting in acne and coarse facial hair. Still the nodules came back. Now she received chemotherapy with the usual side effects.

"Before her hair could regrow, pain in her bones was diagnosed as bone cancer. More chemotherapy and hormone therapy was expected to help. However, several months later the bone lesions became worse and removal of her adrenal glands was recommended and performed. Hopefully, that would prolong her suffering for another year. After that, the removal of her pituitary gland might give her a further three to six months to live.

"By now, her faith in her medical advisers was sufficiently shaken that she came to Dr. Livingston for help. She asked to be examined without her husband being present, as she wanted to spare him the agony of seeing her naked body, distorted, mutilated and shrunken with an immensely swollen abdomen and thin legs. Finally she whispered: 'Doctor, shall I kill myself?'"

Mercury & Sulfur

Many scientific studies have been done on cancer that describe metabolic processes related to the production or causation of tumors that involved thiols/sulfur/sulfhydryls and the *transsulfuration pathways*. A *thiol* is any organic compound containing a univalent radical called a *sulfhydryl* and identified by the symbol *-SH* (sulfur-hydrogen). A thiol can attract one atom of mercury in the ionized form and have it combine with itself. Because it is a radical, it can enter into or leave this combination without any change. Mercury and lead both have a great affinity for sulfur and sulfhydryls and are capable of affecting the transsulfuration pathways in the body. While mercury, in itself, is not considered a carcinogen, but mercury participates in a cascade of biochemical events that can ultimately produce cancer. Healthy persons routinely defend/contain or destroy cancerous cells that form in our body throughout our lifetime. Therefore, foreign substances, such as mercury and lead, that affect this normal protective biochemical function might, by a continuous chronic onslaught on the immune defenses for years, make the body vulnerable to cancer and other major diseases. Mercury can inhibit or modify how the body uses ATP, zinc, selenium, rubidium, vitamins A and C, and calcium. Cancer cells have altered sodium and calcium transport and reduced oxygen transport through the cell membrane. The oxygen deficiency within the cell reduces or eliminates the ability of the cell to oxidize glucose to carbon dioxide, which in turn, results in glucose being converted to lactic acid, lowering cellular pH into the acid range. These combined effects radically change cell metabolism and ultimately DNA replication.

Drugs in five major groups have been shown either to function as vitamin B₆ antagonists, or to increase the turnover of vitamin B₆ in the body. Drugs in ten major groups have been shown to affect the absorption of folic acid; to act as folate antagonists; or to increase the turnover or loss of folate from the body. Drugs in four groups have been shown to affect the absorption of vitamin B₁₂. Depletion of one

vitamin can affect the requirement for another vitamin. Mercury can cause similar deficiencies or metabolic changes in the way the body handles these same three vitamins. One of the drugs that affects vitamin B₆ and folate is oral contraceptives. The pill can also deplete vitamins C, B₂, E, and zinc. The nutritional status of a woman taking the pill and who is also chronically inhaling mercury from her mercury amalgam dental fillings will be extremely challenged. Mercury can alter sodium and calcium transport and also reduces the amount of oxygen transported. Mercury competes with calcium for cellular binding sites and, through this mechanism, can decrease cellular calcium or increase extracellular calcium. Mercury binds avidly to rubidium and selenium. Decreases in available selenium can also reduce available GSH-Px (*glutathione peroxidase*), which in turn causes a proliferation of free radical cell damage.

Mercury, at extremely low levels, can inhibit the respiratory burst of killer-cell leukocytes, reducing their effectiveness in controlling cancer cell proliferation. At the same time, mercury and lead also reduce available intracellular oxygen, leading to an increase in production of lactic acid and a reduction in pH, both conditions conducive to proliferation of cancer cells. Cancer cells have a usual growth pattern of doubling approximately every 100 days. In the case of breast cancer, which strikes 120,000 women each year, if you have had cancer for three and a half months, you would have two cancer cells in your breast. The growth is microscopic and a pathologist would be unable to find it. At the end of six years, a breast tumor would contain one million cells, and it would be no larger than the period at the end of this sentence. The divalent ions of beryllium, manganese, cobalt, nickel, cadmium, mercury, and lead are stable forms of elements which may mimic essential divalent ions such as magnesium, calcium, iron, copper, or zinc. These ions may complex small molecules, enzymes, and nucleic acids in such a way that the normal activity of these species is altered. Free radicals may be produced in the presence of these metal ions which damage critical cellular molecules.

The liver is one of the most important organs in the body when it comes to detoxifying or getting rid of foreign substances or toxins. *Glutathione*, which is the most abundant sulfhydryl in the body, functions to chelate and detoxify heavy metals; mercury and lead both have been shown to combine or complex; with glutathione. Once complexed together, the bile becomes a major route used by the body to excrete the complex, thereby reducing the amount of glutathione available. *Xenobiotic* drugs can also cause a reduction in its availability, through complexing and excretion, the same as for mercury and lead. *Cysteine* is the limiting factor in the biosynthesis of glutathione. Cysteine is a precursor in the formation of glutathione. If an adequate supply of cysteine is not readily available, the rate of production of glutathione will be reduced. The primary source of the sulfur portion of cysteine is *methionine*. Cysteine cannot be taken up by *hepatocytes* (liver cells) easily, whereas methionine is taken up more readily, and is then metabolized into *S-adenosylmethionine* (SAM), *homocysteine*, *cystathionine*, and *cysteine*.

Therefore, if the availability of methionine is reduced, not only will the capability of the liver to detoxify be impaired, but there will also be less glutathione available to complex with foreign substances. Methionine metabolism and *transmethylation* are frequently altered in cancer cells. The alteration is often expressed as an inability of the cancer cells to grow when methionine is replaced by *homocysteine* in the culture medium, a condition that allows the growth of normal cells. This is termed *methionine dependence*. Methionine dependence may reflect an overall imbalance in transmethylation which results in the *overmethylation* of some substances and *undermethylation* of others within cancer cells. Deficiency of methionine can, in itself,

cause liver cancer without the presence of a carcinogen, and the deficiency of methionine can permit a heavy metal to cause toxic effects. The ultimate effect of the alteration of methionine/transmethylation metabolism may be the disruption of the regulations of genes involved in the oncogenic process. The known protective effect of methionine against cancer may be due to prevention of altered methionine/transmethylation metabolism or compensation of the altered metabolism. The uptake of methionine is significantly less and the synthesis of nuclear proteins is depressed in the livers of zinc-deficient animals. When the chronic lifetime inhalation and absorption of mercury from amalgam fillings is coupled with chronic lead exposure; the routine intake of both prescription and non-prescription drugs; and poor dietary practices and/or high-fish diets rich in methylmercury, the effect on an individual's nutrition, and ultimately on the body's immune system and other defense mechanisms, can be devastating.

POLYMVA

Merrill Garnett, a doctor and research chemist, of the Garnett McKeen Laboratory, in Stony Brook, New York discovered the world's first nontoxic "chemotherapy" agent which does no harm to the healthy cells. Dr. Garnett is the inventor of a substance called *palladium lipoic complex* and is the recipient of three U.S. patents for *Poly-MVA*. Poly-MVA, however, is not so much a 'drug' as a 'cell nutrient' or super food supplement that has been tested, and used, and is showing positive results and great promise.

— Poly-MVA is a uniquely formulated nutritional supplement containing a proprietary blend of *palladium* and *alpha-lipoic acid* (which we refer to as *LAPd*), Vitamins B₁, B₂ and B₁₂, *formylmethionine*, *acetyl cysteine*, and trace amounts of *molybdenum*, *rhodium*, and *ruthenium*. It is designed to provide energy for the compromised body systems by changing the electrical potential of human cells, increasing the charge density of DNA within the cell.

— Poly-MVA is a nontoxic, powerful antioxidant formula that protects both cellular DNA and RNA. The scientifically designed mechanism of action is to "fix the cell" and control the cancer, rather than "fight the cancer" and poison the system. This method of cancer treatment has clearly demonstrated safe, anti-tumoral activity. Compared to chemotherapy, Poly-MVA offers an extremely powerful alternative cancer treatment without the toxic side effects associated with most conventional cancer treatments.

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Poly-MVA transfers an electron to the DNA. Thus the compound is described as a DNA *Reductase*. However there is evidence that it can repair genes damaged by cancer. Once inside the cell, Poly-MVA interferes with the particular energy metabolism (*anaerobic*) of the cancer cell by changing the tumor's cell properties. No harm occurs in normal cells. Poly-MVA is proving to be a viable alternative cancer treatment due to its patented anti aging formula. Many of the signs we contribute to aging can be slowed through the Poly-MVA cell protection. Doctors and patients worldwide are reporting the benefits of Poly-MVA and its anti aging formula.

The nucleotide component is a single building block or step up the "spiral staircase" of DNA. Nucleotides show up as vital units in DNA because they are the basic molecular structures that control cell division and replication. The reductase enzyme catalyzes oxidation/reduction by which any substance gains one or more electrons; and this enzyme invariably assists in bringing about DNA repair. Subsequently, the

polynucleotide reductase that is part of the Poly-MVA molecule biochemically affects multiple units of DNA by functioning as a gene-restoring nutrient.

During oral administration of this material in the emergency treatment of certain brain tumors, it was found that patients receiving concurrent radiation did not develop the usual signs of radiation toxicity such as nausea, exhaustion, disorientation, and depression. This liquid crystal polymer composed of palladium and lipoic acid, been reported to show DNA electronic reducing activity by *cyclic voltammetry*.

A charge transfer from membrane phospholipid to DNA is the presumptive mechanism whereby certain tumors, protozoa, and yeasts, are inhibited by this complex. The subcellular site of destruction has been shown to be the membrane. The functional catalytic group incriminated by *ESR spectroscopy* is a *sequestered peroxide* within the polymer, which unlike *solvated peroxide*, does not form *superoxide*. It is believed this sequestered peroxide is the charge carrier site. This charge carrier is able to discharge into tumor membranes during cellular migration of the complex. The electronic reduction denatures the polar disulfide groups binding peptides together and compromising the integrity of the membrane.

For nearly 40 years, Dr. Garnett has probed the secrets of molecular biology and the mysteries of cells, following his revolutionary dream for a safe and effective treatment for cancer. He saw cancer as the failure of cells to regenerate normally in a default mode; instead, cloning itself within the cancer mechanism over and over again. He decided this failure to mature was a problem of energetic's in the cell's metabolic processes.

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Dr. Garnett began the often lonely search to find a molecular compound that would restore healthy pathways for growth and normal development within the cell—pathways missing in the cancer cells. He searched for a *metallo-organic* compound that would act as a molecular shunt to restore the cell's healthy energetic's.

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In 1991 and some 20,000 compounds later, he discovered that palladium combined with lipoic acid, B₁₂ and thiamine created an extremely useful and safe cellular nutrient. Subsequent tests have proved that Poly-MVA is a safe and effective antitumoral agent.

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In 1995 Dr. Garnett patented a nontoxic chemotherapeutic agent targeting only the malignant cells which, at the same time, is related to specific changes in energy metabolism. This compound was named *POLYDOX* (U.S. trials) or *Poly-MVA* (Canada and Mexico) or *LAPd* by some researchers. The *MVA* stands for *minerals, vitamins, and amino acids*, and *LAPd* is *Lipoic Acid/palladium complex*. When lipoic acid, a powerful antioxidant with many biological functions, is connected to an electrically charged metal substrate, and joined with various B-vitamins, the resulting complex becomes totally soluble in both water and fat.

These compounds transfer current inward from the cell membrane phospholipid to DNA. This high flux state of inward pulsed current maintains normal electron oxygen transport, but can be shown to electrically dissociate (breakdown) membranes of primitive *anaerobic* cells including amoeba, yeasts, and certain tumors. It can easily and safely travel throughout the body and into every cell, crossing the blood-brain barrier as well. Therefore, performing that journey across the blood-brain barrier—impossible for most drugs, including chemotherapy—makes Poly-MVA excellent in cases where no other remedies are possible. Poly-MVA has shown to be beneficial in cases of breast, prostate, colon, lung, stomach and brain cancer, and

has also been used successfully in cases of psoriasis—a disease which often develops into cancer.

IP6

Researchers at the University Of Maryland School Of Medicine have found a potentially potent weapon in the fight against cancer. Dr. Shamsuddin is a University of Maryland School of Medicine researcher. He has written a popular-press type of book (1998) called "*IP6, Nature's Revolutionary Cancer Fighter.*" Discovered by AbuKalam Shamsuddin, MD Ph.D., who presented at Am Association of Cancer Researchers, 1998, IP6 is a derivative from the B-vitamin inositol-*Inositol Hexaphosphate* (IP6), also known as *phytic acid*, is a naturally occurring polyphosphorylated carbohydrate that is present in substantial amounts in almost all plant and mammalian cells. It was recently recognized to possess multiple biological functions. It is a natural antioxidant component of fiber-rich foods such as whole grains and legumes and is found in almost every cell of the body. Related to the B vitamin inositol, IP6 differs by the presence of six phosphate groups, influencing various cellular mechanisms.

The most consistent and best anticancer results were obtained from the combination of IP6 plus inositol. IP6 plus inositol enhances the anticancer effect of conventional chemotherapy, controls cancer metastases, and improves the quality of life, as shown in a pilot clinical trial. In addition to reducing cell proliferation, IP6 increases differentiation of malignant cells, often resulting in a reversion to normal phenotype. Exogenously administered IP6 is rapidly taken into the cells and dephosphorylated to lower-phosphate inositol phosphates, which further interfere with signal transduction pathways and cell cycle arrest. Because it is abundantly present in regular diet, efficiently absorbed from the gastrointestinal tract, and safe, IP6 holds great promise in our strategies for the prevention and treatment of cancer. The data strongly argue for the use of IP6 plus inositol in strategies for cancer prevention and treatment. However, the effectiveness and safety of IP6 plus inositol at therapeutic doses needs to be determined in phase I and phase II clinical trials in humans. Studied in vitro (test tube) and in animals, the results showed that it helped regulate cell function causing differentiation (making cells more normal) and affecting proliferation (growth). "Helps make cancer cells behave like normal cells." P6 promotes healthy cell metabolism and maintains proper enzyme activity in cells. The unique conformation of IP6 also gives it the specific ability to modulate hydroxyl radical formation, supporting natural defense mechanisms.

Scientists took human liver cells that were cancerous, treated them with various levels of IP6, and transplanted the treated cells into mice. IP6 was found to "check" the growth of the cancerous cells--not by destroying the cancer cells but by making the cancerous cells act like normal, healthy cells. Inositol hexaphosphate decreases the proliferation of the cancer cells, keeping them in "check." The higher the dose of IP6, the better the results. In the tests, mice that had transplanted cells with higher dosages of IP6 developed virtually no cancer. Those that had untreated cells developed the tumors we would expect from diseased cells. Some of the mice with tumors present were then tested as a follow-up. Injections of IP6 were given to the mice with tumors and, over the course of the treatment, the tumors decreased in size, sometimes almost five fold less than the size of the tumor at the start of the treatment. Interestingly enough, IP6 binds with several important minerals, like copper and zinc. Scientists suggested that taking the "pure" form of the substance rather than ingesting large quantities in the diet might prove more beneficial in fighting cancer.

Enzyme Therapy

Since ancient times, enzymes have unknowingly been involved in treating human ailments. While the properties of enzymes have largely been unknown until recently, results were witnessed and associations of health or disease were made between various plant and animal substances. The healing properties of herbs are primarily attributed to alkaloid or other chemical properties that trigger a response in the body. Invariably, the chemistry of herbs affects metabolic enzyme pathways. The unique substance either *inhibits* an enzyme or *stimulates* another to change body chemistry. Some plants have unique essential oils capable of inhibiting or destroying pathogenic microorganisms due to the disruption of some enzymatic pathway of the organism. Regardless of what healing modality is chosen, what remains to be understood is that in every case the healing can only occur if the body has enough metabolic enzymes to do the work. *Work* in this case denotes the ability to initiate, alter, speed up or slow down biochemical processes. It indicates having the capacity to *break apart* or *join together* components synergistically, to change their original structure and function.

Eating cooked food demands enzymes in the process of digesting them. Cooked foods must be broken down even at the expense of the immune system. This daily assault of cooked foods drains enzymes from many sources, especially the immune and lymph systems. When metabolic enzymes have been constantly drained from other organs and systems (particularly the immune system) to digest food, there will be little left during an immune crisis, as in eliminating cancer cells. It has been shown that pancreatic enzymes as well as the constituents *bromelain* and *papain* stimulate the production of *tumor necrosis factor*. Tumor necrosis factor is a *cytokine* (a non-antibody protein which acts as an intercellular mediator in an immune response) capable of *hemorrhagic necrosis* (destruction) of tumors and can exert cytostatic and cytotoxic activity on transformed cell lines. In other words, enzymes not only digest foreign objects but they can activate other protein products of the immune system to destroy undesirable growths in the body.

In the early 1900s Dr. John Beard, a Scottish embryologist, filtered the pancreatic liquid of freshly slaughtered young animals for the active enzyme content. He reasoned from observations that young animals had to have greater and more powerful concentrations of enzymes because the energy required for growth was greater. Dr. Beard injected this concentration into veins, gluteal muscles and sometimes directly into tumor sites of cancer patients. He observed the rapid shrinkage of tumor masses and cancer cell growth inhibition. Some patients experienced allergic reactions because the unpurified juice contained foreign proteins. In spite of this, more than half of the cancers completely disappeared, while other patients' lives greatly improved and were prolonged far beyond what was expected.

Dr. Beard's enzyme treatment caused turmoil in the allopathic medical community in England. He was called a charlatan and received threats to close down his practice. However, patients of other doctors requested Dr. Beard's enzyme treatment. To satisfy them, doctors ordered pancreatic juice from local pharmacists who, in turn, ordered it from the slaughterhouses. Doctors were sold pancreatic juice from older animals whose enzyme content was inactive. Unfortunately, the results were not successful and patients were very disappointed. In all, Dr. Beard treated 170 cancer patients and recounted his enzyme therapy in his book, *The Enzyme Treatment of Cancer and its Scientific Basis*, published in 1907. Not much followed from the early

part of the 20th century. Indeed, it was not until the 1930s that clinical use of enzymes began to pique the interest of a few physicians.

In the early 1930s, a “special substance” was discovered in the blood of healthy individuals which was proficient at attacking and destroying cancer cells. However, this substance was found only very slightly or was missing altogether in patients suffering from cancer. Working during those years in New York, Dr. Max Wolf became one of the most celebrated doctors of his time. He was fascinated to hear of this substance and began investigating on his own. He convinced Dr. Helen Benitez to join him from her post in the neurosurgical department at Columbia University, and they performed thousands of tests to determine exactly what this substance was. They concluded it had to be enzymes.

Healing Salves

Natural cures for cancer have often been regarded as quackery though, of course, they were the only treatments until the advent of modern medicine. For example, poke root, which is indigenous to North America, was a primary cancer treatment herb in the colonies, and scores of papers were written about it in the mid-1700s. It must have had much success or it would never have gained such recognition.

No one seems to know exactly how or why the salves work. What is known is that the initial salve produces little or no response when used by a healthy person. At first it was believed that the salves caused some sort of chemical reaction with unhealthy tissues and that this reaction produced heat, itching, burning, and sometimes blistering experienced by the users. Now it is believed that though this may partially account for what happens, another factor may be congestion. Where circulation to an area has been restricted, not only does tissue deteriorate, but the area becomes deficient in oxygen and vital nutrients. When circulation is restored, there can be a temporary burst of vitality which is experienced as tingling and heat. This is not to minimize the actual pain and severity of symptoms, but rather to suggest that the salves are relatively benign, almost harmless under normal circumstances. However, when they are used by people with potentially dangerous conditions, they appear to be powerful and magical. In actuality, it is probably the reactions that are dramatic, not the salves.

The use of the black and yellow salves is a two-step process which is repeated as long as necessary. The black salve is applied first. Its purpose is to increase circulation, destroy malignant tissue, and create an opening in the skin. It is followed by application of the yellow salve which draws the tumor out through the skin. The yellow salve is antiseptic and therefore keeps the opening clean. No infections have been reported.

The black salve contains blood root, zinc chloride, gotu kola, and guggulu herb. The yellow salves contain mutton tallow, linseed oil, rosin, beeswax, and oil of spike (spikenard), oil of wintergreen. A wide range of discretion is permissible in the concoction of a salve. Some contain resins, some mint crystals as well as oil. The important feature of these salves is that they are absorbing or drawing. They ought also to be antiseptic. This is accomplished by means of the garlic or essential oils, but goldenseal, myrrh, guggulu, turmeric, or something similar will satisfy the same need. Also, washing the lesion with colloidal silver water during dressing changes will disinfect. It is fairly easy to heal and close a wound, but it is important not to allow this to happen before all the toxicity, infection, and malignancy have been drained from the site.

To use the salve, one has to buck the system and risk that the doctors consulted for periodic review of the person's condition will not support the choice to try the salves. Secondly, one has to be willing to be self-reliant, consistent, and persistent. Each person who opts for holistic cures is somewhat on his or her own, and this can be quite frightening. No one has died as a result of the use of the salves. Bleeding, even in the case of liver and lung cases is nominal, one or two teaspoons at most. Usually, there is no bleeding at all.

STAGE ONE

Black Salve

The black salve is caustic. It can hence be painful. Not all users experience pain, but most do. Cancer cells have no nerve receptors so the pain is not experienced in the malignancy but rather in the tissue which is affected by the salve. Much of this tissue has been deprived of circulation so as the circulation increases, which is a result of the action of the black salve, there is more sensation.

Generally, the black salve is applied to the area where the tumor is most concentrated. It may be applied anywhere, but it works faster if applied near the tumor itself. The salve is applied fairly thickly (1/4 inch) to a small area, no more than an inch to an inch and a half in diameter. A gauze bandage is placed over the salve. This is made airtight by covering it with plastic (sandwich bag cut to appropriate size) and taping it on all sides. It is recommended using a bandage just large enough to cover the treatment area; otherwise, the salve, which has a very sticky consistency, somewhat thicker and gummier than molasses, has a tendency to spread and open a larger treatment area than necessary. For the same reason, restrictive clothing, such as elastic waistbands and bras should be avoided over the bandaged area.

Usually, within a few hours the user may feel a sensation of heat, sometimes attended by itchy or burning sensations. Twenty-four hours later, the bandage is removed. Care should be taken that the salve does not dry out. Therefore, if the area where the salve is being used becomes warm or if the atmosphere is warm, it may be wise to lift one corner of the bandage to ascertain whether or not the salve has caked up and ceased to be effective. If this happens, the area should be cleaned and fresh salve applied regardless of the amount of time that has elapsed.

Some of the black salve will adhere to the gauze. The rest should be very carefully removed with an alcohol swab or sterile gauze dabbed in colloidal silver water. Try to remove all of the black salve, but be very careful as the tissue underneath is highly sensitive. Usually, a few little particles of dry black salve stubbornly resist removal. They are small, like grains of sand, and if they cannot be gently wiped off, it is better to leave them than to apply more force.

DO NOT TRY TO REMOVE THE SCAB THAT IS FORMING.

It is also advisable to clean the surrounding skin. Some adhesive from the tape tends to stick to the skin and some residuals of the salve leave oily traces that must be removed in order for the next bandage to stick. It is difficult to describe the range of normal reactions to the salve. There can be anything from little pinhead-size bubbles or blisters to large greenish yellow scab-like material on the surface of the skin beneath the area where the salve was applied. If there is no cancer at all, it is possible that there will be little or no reaction or tiny blisters which will disappear when the second salve is applied. It should be expected that the skin surrounding the area where the salve was applied may become a brilliant red. This is normal.

The criterion for deciding whether or not to switch to the more soothing yellow salve is whether any visible exudation has percolated to the surface of the skin. The color of this exudation may vary. Whitish scabs are usually benign whereas yellow, yellow-green, and greenish scabs tend to be malignant, but this would have to be confirmed by biopsy. The salve has been known to draw out benign cysts also.

STAGE TWO

Yellow Salve

Once there has been a response to the black salve, the area should be cleaned. The yellow salve can then be applied to the same place and covered in the same fashion. For most, this event is attended by a sigh of relief, for the yellow salve is soothing compared to the black. The yellow salve is kept on this area until the skin has healed. Dressings are changed every day, more frequently if the reaction is strong or there is a tendency for the salve to become dry. First, gently clean the area with colloidal silver water. Then reapply the yellow salve. Cover with gauze, then plastic, and finally, seal with tape.

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Note: The yellow salve will stain clothing. It is suggested, depending on the part of the body being treated, that appropriate underclothing be worn for protection.

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The yellow salve has an absorbing and drawing action so that each time the dressing is changed, it will usually be noted that the amount of material accumulating at the surface has increased. Unless the salve has spread, the diameter will not increase, but the density and thickness will be noticeably greater. After a few days or a week or even two weeks, it can usually be observed that the edge of the accumulation on the surface has begun to crack, that it is little by little separating from the healthy skin along the perimeter.

Note: As the edge of the scab begins to crack, it is doubly important that the yellow salve be applied carefully so as to cover the periphery of the scab.

Each day the amount of the circumference that is loosening increases until the greenish-yellow substance eventually falls off on its own. It is important not to pull or force the removal of this tissue; it should be allowed to detach completely on its own. Some tumors come out in their entirety. Others come out in stages. Some persons find bits and pieces of the neoplasm stuck to the gauze when they change dressings. Others smell the mass when it detaches and then find it has come off in one big piece. In some cases, infections have also been cured by the salves and the infections never return.

Once the first encrusted layer falls off, the skin under this layer may look very much like the skin under a scab when a scab falls off: pink and a little tender. Some persons see only this young skin. Others may see red tissue which looks quite raw; others see a small hole. There can be oozing of a pus-like material from the area for a period, either before and/or after the solid material pulls away from the skin. This is believed to be liquefied tumor, not infectious material. The yellow salve is antiseptic, but infection does not preclude cancer or vice versa.

It is not possible to say with certainty how long this process will continue, sometimes days, sometimes weeks or longer, but eventually new skin will appear. This usually begins at the outer perimeter and gravitates towards the middle of the opened area. It is suggested that when this happens, the entire process is repeated until finally there is no more reaction to the black salve. Reapply the black salve for up to twenty-four hours and follow with the yellow salve until the area heals.

With each subsequent application of the black salve, tolerance to it seems to lessen. However, the response is also usually faster so that conversion to yellow salve may be performed after fewer and fewer hours. In a few cases, pain during subsequent applications has been really severe, but unless a reaction has occurred, it is suggested that the pain somehow be endured for a few hours.

Though it is advisable that the black salve be used for twenty-four hours, in some cases the burning can be so intense that it becomes intolerable. Pain is Nature's warning and should be respected. Therefore, if you feel it necessary to remove the black salve before the full twenty-four hours, by all means do so. Some people find 7 or 8 hours on subsequent applications to be their tolerance level. Pain can sometimes be relieved by application of a damp cloth (lukewarm) over the bandaged area. Pain relievers can also be used and may even be advised as there is little to be gained by suffering if it can be alleviated. Herbal pain relievers are preferred over pharmaceutical ones.

Application of yellow salve always follows the application of the black salve. Use of the yellow salve, with daily dressing changes, should be continued until the area is completely healed. The black salve, because of its caustic nature, should not be reapplied to broken or sensitive skin. This process should be continued until the salves fail to produce any reaction, the opening heals, and/or there is no more cancer in the body. It should be noted that at a certain point, the salves do not result in any response. It can be assumed that they have then run their course and that continued effort to use them will not cause a reaction.

These salves should be used with care and, if possible, with supervision. Some general notes of caution:

- 1) Only apply salve to one area at a time; otherwise, the body may not be able to handle all of the toxins that are being released into the system. By applying the salve to one area, you will have an effect on other tumors in the body as well. It is important that during the treatment period the user use enemas and detoxifying herbs to help rid the body of the toxins that are released when the tumor starts to break down.
- 2) Once this process has begun, it is important that it be continued to the end. An occasional user, after having chosen to use the salves, decides it is not worth the pain and inconvenience. However, it is recommended that instead of discontinuing their use the black salve be left on the skin for a shorter length of time and that longer intervals between applications be considered as an alternative.
- 3) It is not recommended using hot tubs, Jacuzzis, or saunas while using the black salve. Moisture can affect too large a treatment area.

There is a tendency with the users to be fascinated with the salves and tend therefore to rely on the salves for their cure—whereas, in reality, the salves are *local* treatments that do not address the *systemic* imbalances that brought about the cancer in the first place. It is important to understand that there are metabolic disturbances, dietary indiscretions, and life style issues that contribute to cancer. On top of this, there are undischarged emotions and unresolved psychological problems that are common to most conditions of cancer. If these matters are not addressed, it is likely that the cancer will recur. The salve may remove a threatening tumor, but if this leads to complacency on the part of the person predisposed to cancer, the relief

may be not merely short-term but a false reprieve from danger. Therefore, it is helpful to view the cancer as a second chance for examining one's entire life and make the adjustments that will spell total physical, emotional, and spiritual health in the future.

Probiotics

Cancer-causing chemicals (carcinogens) can be ingested or generated by metabolic activity of microbes that live in the gastrointestinal system. It has been hypothesized that probiotic cultures might decrease the exposure to chemical carcinogens by (1) detoxifying ingested carcinogens, (2) altering the environment of the intestine and thereby decreasing populations or metabolic activities of bacteria that may generate carcinogenic compounds, (3) producing metabolic products (e.g., butyrate) which improve a cell's ability to die when it should die (a process known as *apoptosis* or programmed cell death), (4) producing compounds that inhibit the growth of tumor cells, or (5) stimulating the immune system to better defend against cancer cell proliferation.

Research results from a diversity of studies have suggested that the consumption of probiotic cultures may decrease cancer risk. Researchers have tested the effect of the consumption of fermented milks, probiotic bacteria, and components of bacteria or extracts of bacteria and have found:

- * A reduction in the incidence of chemically induced tumors in rats.
- * A reduction of the activity of fecal enzymes (*β-glucuronidase*, *azoreductase*, *nitroreductase*, and *7-^α-dehydrogenase*) postulated to play a role in colon cancer in human and animal subjects.
- * Degradation of nitrosamines.
- * A weakening of mutagenic activity of substances tested in the laboratory.
- * Prevention of damage to DNA in certain colonic cells.
- * In-vitro binding of mutagens by cell wall components of probiotic bacteria.
- * Enhancement of immune system functioning.

Taken together, these results suggest that probiotic cultures may positively influence the gastrointestinal environment to decrease the risk of cancer. However, cancer reduction must be demonstrated in humans to confirm the significance of these observations and these studies are very expensive to conduct. In only one study was the impact of a probiotic preparation on cancer tested in humans. In this study, the effect of consumption of *Lactobacillus casei* fermented milk on recurrence of superficial bladder cancer was tested. The recurrence-free period for the Lactobacillus-consuming group was found to be almost twice as long as the control group.



Chemotherapy

Every year, approximately one million people, nearly four of five people with cancer, receive chemotherapy in this country. The overall success rate of chemotherapy is no more than 2-3% and for some types of cancer it is virtually zero. It is well known that chemotherapy kills practically everything it comes in contact with. The medical community is very aware of this but the hope is that chemotherapy will kill the cancer before it kills the patient.

If Chemotherapy is spilled on you, it will burn right through your skin. That is why the people administering it wear rubber gloves. If Chemotherapy is spilled on the floor during administration, the people administering it have to put on a regulatory protective suit before they can clean up such a spill.

Chemotherapy kills white blood cells that are designed to defend our bodies from a host of microorganisms, abnormal cells and foreign substances. We have cancer cells dividing in our bodies on a daily basis. However, a properly functioning immune system has the ability to identify and destroy these threats to our health. If you have cancer now, you can be sure that your immune system is impaired. When chemotherapy kills your white blood cells it is a step by step destruction of an already compromised immune system, one white blood cell at a time. Over 60% of cancer patients, who take chemotherapy, die from opportunistic illnesses like pneumonia, the common cold, etc. instead of the cancer itself because they have no immune system left to fight anything.

This destruction of white blood cells is very much like what happens to immune-compromised persons who are initially diagnosed as being *HIV-positive*. Over time, the theoretic HIV virus destroys *CD4* cells which are white blood cells called *helper cells*. These *CD4* white blood cells are our first line of defence against any foreign invader and protect us from many different types of diseases and ailments like pneumonia, the common cold, the flu and on and on and on. When an HIV patient's *CD4* count reaches 200, the patient is diagnosed as having AIDS. It is at this point when a person can become vulnerable to over 30 different types of diseases. Their

immune system no longer has the ability to fight off these diseases that normally would not cause them any problem.

Chemotherapy also kills red blood cells. Red blood cells are your oxygen carriers. All cancer patients have two things in common regardless of the type of cancer they have. They are highly acidic and anaemic which causes a myriad of health problems. Acid drives out oxygen and creates an anaerobic atmosphere that cancer and other degenerative diseases love and thrive in.

The reason, many cancer patients are anaemic, is because acid drives out the oxygen found in a red blood cell. As that red blood cell (full of oxygen) travels from the heart to the rest of the body, the amount of oxygen in that red blood cell can be diminished depending on the acid atmosphere it is travelling through. Advanced cancer patients are usually 1000 times more acidic than a healthy human being. This low oxygen atmosphere is the perfect breeding ground for cancer and may be the very reason why advanced cancer patients rarely recover. This acid environment, as well as other factors like chemotherapy, can cause a condition called *cachexia* which causes the cancer patient to lose their appetite and stop eating. It is documented that around 40% of cancer patients die from malnutrition as a result of this condition not the cancer itself.

So, if a cancer patient is already acidic & if acid drives out the oxygen causing an anaerobic atmosphere that cancer love, how much sense does it make to take chemotherapy that will kill more of your oxygen carrying red blood cells? That would create an even more anaerobic atmosphere and provide an even more desirable situation for cancer to wreak havoc.

Cancer patients, for the most part, are suffering through brutal chemotherapy regimens that have long ago proven themselves to be ineffective. Today, chemotherapy remains the dominant mode of cancer treatment in the United States. Its use, often along with surgery and/or radiation, has become almost routine. The General Accounting Office (GAO) of the United States Government has stated in numerous reports that in spite of the increased usage of chemotherapy by medical doctors and hospitals in the treatment of cancer that they cannot find any statistical data that suggests it has any effectiveness in prolonging life. According to the *Physicians Desk Reference* (PDR), the top 10 chemotherapy drugs used in the USA all list cancer as a side effect to using them. In fact, statistically, more cancer patients die from chemotherapy treatment than of the cancer.

Alan C. Nixon, Ph.D., wrote, "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." Over 75% of oncologists polled said that if they had cancer they would never use the same chemotherapy they prescribe on themselves. Their reason? The ineffectiveness of chemotherapy and its unacceptable degree of toxicity. In 1990, \$3.53 billion was spent on chemotherapy and by 1994 that figure had more than double to \$7.51 billion. Why the growth in chemotherapy in the face of such failure? Even the Federal Government has launched studies into this, suggesting possible corruption.

Chemotherapy for children with leukaemia and Hodgkin's disease is the proud showpiece of the arguably only apparent success of orthodox cancer therapy. Now a long-term follow-up study shows that such children develop 18 times more secondary malignant tumours later in life. Even worse, girls face a 75 times (7,500%) higher risk of breast cancer by the time they are forty. A main problem appears to be the

development of deep or systemic *Candida albicans* infections shortly after commencement of chemotherapy. If these infections are not appropriately treated, then relapses or future health problems are likely to occur.

A study of ovarian cancer found that the risk of developing leukaemia after treatment with chemotherapy increased 21-fold or 2,100%. Chemotherapy showed a clear dose-dependency whereby the incidence of triggered leukaemia doubled between low-dose and moderate-dose groups and then quadrupled between the moderate-dose and the high-dose groups. Also, other tumours commonly develop after treating malignancies with chemotherapy. In a trial for *multiple myeloma*, no advantage was found by using chemotherapy as compared to no treatment.

The respected German biostatistician Ulrich Abel presented a comprehensive analysis of over 3,000 clinical trials on the value of chemotherapy for advanced carcinoma (for instance breast cancer). (Oncologists tend to use chemotherapy because this may induce a temporary shrinking of the tumour, called a response; however, it also tends to produce unpleasant side effects.) Abel concluded that there is no direct evidence that chemotherapy prolongs survival in these cases. Abel stated: "Many oncologists take it for granted that response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies."

Ralph W. Moss, PhD, in *Questioning Chemotherapy*, provides a detailed analysis of this subject. The overall conclusion of the book is that there is no evidence, in terms of the majority of cancers, that chemotherapy extends life. However, even if chemotherapy could extend life for a few months, what about the quality of this life?

How Does Chemotherapy Work?

According to the National Cancer Institute, normal cells grow and die in a controlled way through a process called *apoptosis*. Cancer cells keep dividing and forming more cells without a control mechanism. Anticancer drugs destroy cancer cells by stopping them from growing or multiplying at one or more points in their growth cycle. Chemotherapy may consist of one or several *cytotoxic* drugs, depending on the type of cancer being treated. The goal of chemotherapy is to shrink primary tumours, slow the tumour growth, and to kill cancer cells that may have spread (*metastasized*) to other parts of the body from the original tumour. Chemotherapy kills both cancer and healthy cells. The goal is to minimize damage to normal cells and to enhance the cytotoxic effect to cancer cells.

As the former Memorial Sloan-Kettering Cancer Center science writer and noted cancer author Ralph Moss, Ph.D., remembers, "Some scientists recoiled at the horrendous toxicity...Patients were retching, their hair was falling out, and they were dying from drug-related destruction of their bone marrow." The 1960s, 1970s and early 1980s saw belief at an all time high for the chemotherapy community. There was widespread belief that with enough money, researchers would eventually discover how to conquer the most common cancers, the solid tumours. But as the years passed by, the "successes" remained isolated to a few comparatively rare forms of cancer. The hoped-for breakthrough in the "war" against cancer was always "just around the corner," and never materialized.

A look at the financial interrelationships between large cancer centres such as Memorial Sloan-Kettering Cancer Center (MSKCC), considered the finest cancer research centre in the world and the companies that make billions manufacturing and selling chemotherapy drugs is revealing. James Robinson III, Chairman of the MSKCC Board of Overseers and Managers, is also a director of Bristol-Myers Squib,

the world's largest producer of chemotherapy drugs. Richard Gelb, vice-chairman of the MSKCC board is Bristol-Myers Chairman of the Board. Richard Furlaud, another MSKCC board member, recently retired as Bristol-Myers' president. Paul Marks M.D., MSKCC's president and CEO, is a director of Pfizer Pharmaceuticals. John S. Reed, also a chairman at MSKCC is also the director of Philip Morris Tobacco Company, which has funded research and suggested results to be less damaging to the tobacco giant.

Tens of billions of dollars were spent on research, and hundreds of billions more on treatment, and yet there was no real improvement in survival rates for the vast majority of cancers. For more than 90% of people with cancer, chemotherapy had next to nothing to offer. The inescapable fact that researchers could never manage to circumvent was that the amount of chemotherapy necessary to kill every last cancer cell in a human body is almost invariably lethal to the body itself. Eventually, the bad news began showing up in the scientific journals.

In 1985, a professor of microbiology at the Harvard University School of Public Health, John Cairns, M.D., published a landmark study in the *New England Journal of Medicine*. Dr. Bailer was held in extremely high regard in medical circles, as he was the former editor of the *Journal of the National Cancer Institute*, and was now with the Department of Biostatistics at the Harvard School of Public Health. Simply looking long and hard at the data, Dr. Bailer said, had compelled him to lose faith in chemotherapy, and indeed in the entire war on cancer: "Some 35 years of intense and growing efforts to improve the treatment of cancer has not had much overall effect on the most fundamental measure of clinical outcome--death. Overall, the effort to control cancer has failed so far, to attain its objectives." In 1990, another ranking member of the cancer establishment Dr. Ulrich Abel, biostatistician at the Institute for Epidemiology and Biometry at the University of Heidelberg, Germany, went a step further.

In the most comprehensive study ever undertaken of cancer chemotherapy, he stated: "A sober and unprejudiced analysis of the literature has rarely revealed any therapeutic success... There is no evidence for the vast majority of cancers that treatment with these drugs exerts any positive influence on survival or quality of life." This notoriously toxic and expensive treatment, he said, was not only rarely a cure, but in the vast majority of cases actually had no beneficial effect whatsoever on a patient's outcome. Meanwhile, the number of deaths due to cancer was continuing to rise. In 1962, more than 275,000 Americans died of cancer. By 1995, the figure had doubled. The numbers showed a continual and significant increase even after biostatisticians made adjustments for the growth and aging of the population. By the year 2000, cancer was expected to replace heart disease as the leading killer of Americans. Rather than activating the body's healing resources and supporting its innate recuperative powers, chemotherapy virtually obliterates the body's mechanisms for self-repair and renewal. Malignant cells have a tendency to develop resistance to the assault of cytotoxic drugs.

It is extremely common, after an apparently successful treatment, for the cancer to reappear; and when it does, it frequently comes back with a vengeance. Patients are told that the cancer has come back in spite of the aggressive medical care they have been fortunate enough to receive. They don't realize how often this happens to patients who undergo chemotherapy. Once a relapse occurs, the chances of a second remission are remote. People with cancer always ask, "What are my chances? What are my odds if I take chemotherapy?" In reply, doctors often speak encouragingly of "response rates" approaching 60-75%. The patient is impressed,

willing to undergo the ordeal, and grateful to be in the hands of high-tech modern medicine with its pharmaceutical wonders. The doctor talks response rate but the patient hears cure.

Response rates simply do not predict survival or improved quality of life. Tumor shrinking responses are the main yardstick in evaluating chemotherapy drugs. Doctors routinely and regularly seek to bring about such "responses" implying that tumor shrinkage correlates with increased survival, and tell patients that this is a most desirable goal in their treatment. For many forms of cancer, including cancer of the breast (Stages III-IV), stomach, prostate, head and neck, bladder, and other sites, the response rate to chemotherapy was found to be an impressive 75 percent. And yet, for these cancers, outcomes of disease-free survival are almost nonexistent. Doctors studying cancer use a statistical measure called *the five-year survival time*. A person who survives five years after initial detection of cancer is regarded as "cured." However, this is a fallacy as many of these people subsequently die of their cancer. Medical experts claim that early detection of cancer has saved lives as the five-year survival rates have increased. But this is only because cancers are detected earlier--the sufferers do not actually live longer. The true result of screening programs is that people are aware they have cancer for a longer period before they die.

Toxicity

Chemotherapeutic agents are among the most poisonous substances ever intentionally introduced into a human. Oncologists continually walk a fine line, trying to give enough to kill the cancer cells, without killing the patient. The drugs are so toxic that a miscalculation can be fatal. Chemotherapy agents typically carry warnings about "the possibility of fatal or severe toxic reactions." In many cases, amongst the lengthy list of serious side effects that can be expected, is death. How toxic is chemotherapy? One authority explains that with some agents: "If the intravenous needle through which they are being delivered leaks or slips out of the vein, the resulting scar tissue may cause the loss of the use of the arm." Current textbooks tell nurses who administer cytotoxic drugs to wear long-sleeved gowns face shields or goggles, shoe covers, and extra-thick latex surgical gloves, which are to be changed every half hour. They are told never to eat, drink, smoke, or apply cosmetics in the drug preparation area. They are warned that merely handling the drugs poses "significant risks" to health care workers, including reproductive abnormalities, liver and chromosomal lesions, and hematologic problems. If these are the risks faced by nurses who simply prepare the injections, what are the dangers to the patients who have these agents injected or infused into their veins, or who put them into their mouths and swallow them?

When chemotherapy agents (and their metabolites) are excreted from patients' bodies in their urine and feces, they eventually wind up in the environment, where they may become a source of cancer for future generations. In most cases, chemotherapy seems to markedly diminish the quality of life. Unless, of course, you happen to like losing all your hair and incessant, uncontrollable vomiting for hour upon hour, even breaking bones or rupturing the esophagus. Oncologists characteristically downplay the level of suffering involved when they recommend chemotherapy to people with cancer. Only rarely are patients given accurate and complete information in an understandable fashion so that they can make truly informed choices. Far more commonly, chemotherapists think they know what's best for the patient, and only give lip service to the ritual of obtaining consent. During World War II, an accidental explosion of mustard gasses in Naples harbor killed many people. Autopsies revealed that these people died because their immune

systems atrophied and some of their bone marrow cells had disappeared. The scientists thought that cancers originating in these types of tissues might be effectively treated with the chemicals in mustard gas.

Back in 1950, Congress gave the National Cancer Institute five million dollars to start a cancer drug development program. This program has been responsible for most of the cancer drugs that are now in use. Sometimes a scientist has a bright idea for a drug that might interfere with cellular growth and formulates a chemical combination from scratch. Or a known chemical that a scientist thinks might possibly have an adverse effect on cancer is chosen for testing. There are about 200,000 new chemicals recognized worldwide every year. Any one of these compounds might qualify as a cancer drug. Since 1955 when the cancer drug development program began, 500,000 compounds have been screened. Of the 40 cancer drugs currently around, 26 of them are commercially available. Any chemical that interferes with the mechanism of natural cell division is a candidate. Most cancer drugs interact with the genetic material in a cell.

Mustard Gas

Mustard gas (*dichlorodiethyl sulfide*) is a highly toxic war gas, which causes conjunctivitis and blindness. Its vapor is extremely poisonous and is absorbed through the skin. Mustard gas is also used medicinally to treat cancer. But it causes cancer of the bronchi in industry workers exposed to it, and causes cancer of the lungs, larynx, trachea, and bronchi in cancer patients treated with it.

Nitrogen Mustard

Chemotherapeutic alkylating agents were discovered while scientists were conducting secret research during World War II, but the full story was not revealed until 1963. The sensitivity of normal lymphoid tissue to the *cytotoxic* (cell killing) action of nitrogen mustards led to a test on one mouse with a transplanted lymphoma. The encouraging results of that test led to more extensive investigation. Eventually, related compounds were developed for clinical use in the treatment of malignancies, including *busulfan* (Myleran), *cyclophosphamide* (Cytosan), *Leukeran*, and *L-phenylalanine mustard* (Melphalan). But the nitrogen mustards cause cancer when injected or given intravenously to mice in even very small doses. Unfortunately, many of the cytotoxic drugs have been found to cause cancer years after being used to combat cancer.

Fluorouracil

Placing fluorine on a normal pyrimidine, creating a fraudulent DNA building block, produces this compound. In the cells of the body, this chemical interferes with an enzyme that the body requires to build DNA. Because DNA cannot be produced, the cell cannot divide.

Methotrexate

An anti-vitamin, this drug masquerades as folic acid, an important part of B-complex. Because the cell cannot function without folic acid, it dies.

Procarbazine

In nontechnical terms, this drug nicks the DNA and breaks it. Without DNA, a cell cannot reproduce.

Bacterial Compounds

Part of the bacterial defense system includes substances that bacteria put into their surroundings to prevent other bacteria from growing. These slip between the strands of DNA and prevent its multiplication. Drugs produced from bacteria include *adrimysin*, *dactinocycin*, and *mithramycin*.

L-Asparaginase

L-Asparaginase is an enzyme which breaks down *asparagine*, an amino acid which is an essential building block in proteins. Without asparagine, the cells cannot produce protein and literally starves to death.

Vincristine & Vinblastine

These chemical compounds were derived from the *vinca roseacea* plant, a common ground cover that grows happily in many areas all over the country, including many backyards. Originally, *Vincristine* and *Vinblastine* were developed for the treatment of diabetes. When the scientists noticed these compounds killed cells, they were reclassified as cancer drugs. These two chemicals produce mitotic arrest, thereby making it impossible for cells to divide and multiply. Chemotherapy, the use of drugs to kill cancer, is an undeniably expensive proposition, both in terms of dollars expended and in terms of cost to the body. Because the chemicals attack all quickly dividing cells, healthy as well as malignant, the patient treated with chemotherapeutic drugs pays a high price indeed. The side effects of these chemicals are devastating! All these chemicals spell death to the lymphocytes, antibodies, and neutrophils of the immune defense forces. When we identify cancer cells inside the body, it's the white blood cells of the immune system, which are multiplying and dividing the fastest to fight the cancer.

Chemotherapy, and radiation therapy, both kill normal cells in the bone marrow and in the digestive tract. Serious side effects, such as diarrhea, vomiting, anemia, and a loss of hair, results. They can also kill the patient. Cancer cells are notorious for changing their characteristics. They can become resistant to even the most powerful of our chemicals. Such resistance is the result of the mutations that occur. Because cancerous tumors contain billions of cells, it is possible that one cell will sustain the mutation that makes it and its descendants forever resistant to a particular drug. Because all chemotherapeutic drugs are mutagens themselves, they may actually increase the rate at which resistant mutants appear. The drug may actually favor the mutations by destroying the cells, which are sensitive to it. Eventually, the resistant mutants will multiply and form a drug-resistant cancer that no chemical can touch. And with the immune system out of commission...

Cancer bio-statistician Dr. Ulrich Abel, of Heidelberg, Germany, issued a monograph titled *Chemotherapy of Advanced Epithelial Cancer*. Epithelial cancers comprise the most common forms of *adenocarcinoma*: lung, breast, prostate, colon, etc. After compiling ten years of statistics of clinical cancer treatments, Abel became increasingly uneasy. "A sober and unprejudiced analysis of the literature," he wrote, "has rarely revealed any therapeutic success in treating advanced epithelial cancer.

While chemotherapy is being used more and more extensively, more than a million people die worldwide of these cancers annually and a majority have received some form of chemotherapy before dying." Abel states that chemotherapy severely damages the body's own defenses, the immune system, and often the liver and the kidneys as well. He also notes studies that show that "many oncologists would not take chemotherapy themselves if they had cancer." Dr. Abel's study shows conclusive proof that chemotherapy offers no improvement of a patient's survival rates. In fact, in some cases, his study proved that you will live longer with No Medical Treatment At All!

The War On Cancer

By the end of 1971, President Richard Nixon actually declared war on cancer by signing the National Cancer Act into law, and the taxpayer-financed crusade against cancer started. The National Cancer Institute formed in 1938 in Bethesda, Maryland and was transformed into a giant monolithic superagency. The NCI was made responsible for directing cancer research through its burgeoning staff of bureaucrat/scientists. Since then, the NCI has spent trillions of dollars funding cancer research, but modern medicine has yet to produce a treatment for cancer that is truly effective and nontoxic. Congress now appropriates about 800 million dollars annually to help finance the cancer war. The entire decision-making apparatus of the NCI is slanted in favor of chemotherapy and basic research. Unless Congress takes charge and insists on overseeing their policies, the NCI will never change. Instead of concrete results based on effective research and clinical practice, the NCI just continues making stale claims. By a kind of verbal slight-of-hand, their periodic announcements to the public transform 30 years of ineffectual work into an illusion of progress.

The National Cancer Program is really a devastating failure. This NCI-produced fiasco has wasted billions of taxpayer's dollars on predictably worthless cancer programs. Some, like the mammography breast-screening program for women, have turned out to be high-risk health hazards. And millions of trusting cancer patients have been sacrificed to ineffective treatments which were often deadlier than the cancer itself. The NCI has stubbornly persisted in pursuing these expensive and dangerous therapies; in spite of the fact that these truths have been published in the NCI's own publications. They know that chemotherapeutic cancer agents are highly toxic at applied dosages. They markedly suppress the immune system, which inhibits the patient's native resistance to a variety of diseases, including cancer. They are also highly carcinogenic, meaning that these chemicals produce cancers in a wide variety of organs. It's not only the cancer patients who are sick, the whole system is sick. It's time for a major overhaul of the whole cancer research program.

Research Funding

Ever since the latter months of 1971, the NCI has had almost unlimited powers to parcel out vast sums of money for research. Certain so-called, "right people" end up in positions of power on the country's top-drawer advisory boards, like the President's Cancer Panel. Too few people, all on intimate and friendly terms with each other, are in charge of handing out large sums of money each to the other. The way NCI cancer researchers are expected to choose subjects for their experiments is based on a "play-the-winner" policy. NCI researchers select only those who have the best chance of surviving. That way, better results can be reported in the medical journals. The bottom line is that both chemotherapy and radiation are so harsh that they sometimes cause a second cancer, even while destroying the first. Most top cancer

experts believe that our greatest hope is to devise drugs that will selectively destroy cancer cells, without harming normal cells--a sort of "magic bullet" against cancer. But, simply screening an endless series of chemicals for anticancer activity will never yield a powerful and highly selective drug. The haystack is immense, and the needle is very small, perhaps even illusory. Even if they do finally find such a chemical, how do they plan to deliver it to cancer cells only? Hydrogen peroxide is a perfect cell poison. T-lymphocytes manufacture it themselves, right in our bodies. It kills all kinds of cells, including cancer cells. And, if it doesn't work, they've got superoxide and hydroxyl ions they can use on them. All these cell poisons are lethal to most bacteria and cancer cells in even very small quantities.

Radiation

Although ionizing radiation is one of the few environmental contaminants known unequivocally to cause many forms of cancer, it is routinely recommended and given to about 60% of all cancer patients, despite the fact that with few exceptions, there is no proven benefit to survival, and the treatment often may inflict tremendous tissue damage to healthy cells, and causes exhaustion, weakness, and nausea. Radiotherapy can also cause secondary cancers after the primary cancer has been treated, leading to secondary diseases such as *pneumonitis* and *radiation fibrosis*. Radiation therapy is associated with both acute and late disease conditions that affect a patient's nutritional status. Radiation therapy relies on the local destruction of cancer cells through ionizing radiation that disrupts cellular DNA. Radiation therapy can be externally or internally originated, high or low dose, and delivered with computer-assisted accuracy to the site of the tumor. *Brachytherapy*, or *interstitial radiation therapy*, places the source of radiation directly into the tumor as implanted "seeds."

Newer radiotherapy technologies such as *stereotactic radiosurgery*, which uses tightly focused x-rays or gamma rays to target tumors without widespread irradiation of surrounding tissues, may improve radiotherapy results; these approaches, however, are limited to certain types of cancers. Radiation therapy is given today to about half of all American cancer patients, even though the procedure has actually been shown to be useful in only a small number of cancers--early Hodgkin's disease, lymphosarcoma, inoperable local prostate cancer, and localized tumors of the head, neck, larynx, and cervix. It is impossible to give radiation treatments without injuring normal cells. Depending on the site treated, large doses of radiation can cause nausea and vomiting, loss of appetite and reduction in bone marrow function.

Although cancer specialists know that very few cancer patients are cured by radiotherapy, they continue to recommend it widely. Radiation is used routinely following lumpectomies, even though studies published in *Lancet* and elsewhere have even suggested that radiation following breast surgery may increase death rates. The radioactivity used to kill cancer cells can cause normal cells to mutate, creating new cancer cells of other types. A number of studies have found that people who undergo radiation therapy are actually more likely to have their cancers spread to other sites in their bodies. Early studies at Memorial Sloan-Kettering Cancer Center actually found that patients who received radiotherapy died sooner than those left untreated.

In the 1970s, Dr. Irwin Bross, director of biostatistics at Roswell Park Memorial Institute in Buffalo, New York, led an important project studying the alarming increase in rates of leukemia. After four years of work, it became disturbingly clear to the research team that the main cause of the rising rates of leukemia was medical

radiation, in the form of diagnostic medical X-rays. The use of radiation in cancer treatment employs high-intensity X-rays. Much higher doses are involved in cancer treatment than in diagnostic X-rays, because the purpose is to kill cells, or cripple their ability to reproduce. While a typical diagnostic X-ray might deliver one or two *rads* of radiation, a six-week course of radiotherapy delivers about 5,000 rads. While dead cells don't themselves become cancerous, there is invariably extensive damage to cells in adjacent tissues and organs, which can then become cancerous. The cancer danger in radiotherapy is at the edge of the beam, where you can't control it.

John Gofman, M.D., is professor emeritus of Molecular and Cell Biology at the University of California at Berkeley, and professor at the University of California School of Medicine in San Francisco. Working under Manhattan Project head J. Robert Oppenheimer, he was responsible for producing the plutonium-239 that was indispensable to the production of the first atomic bombs. In the early 1960s, working for the Atomic Energy Commission, John Gofman established the Biomedical Research Division at Lawrence Livermore National Laboratory, for the purpose of evaluating the health effects of all types of nuclear activities. There, he came to the distressing conclusion that human exposure to ionizing radiation was far more serious than had been previously recognized. In his 1995 book *Preventing Breast Cancer*, he said that his estimate is that about three-quarters of the current annual incidence of breast cancer in the United States is being caused by earlier ionizing radiation, primarily from medical sources. He said that an estimated 75% of recent and current breast-cancer would not have occurred in the absence of earlier medical and other irradiation.

Surgery

Surgery poses many risks to a cancer patient. The known side effects associated with the surgical removal of tumors include anesthesia complications, infections, and immune suppression. A newly discovered surgery side effect of concern to cancer patients is that the removal of the primary tumor may directly stimulate the propagation of metastatic lesions. The theory is that an intact primary tumor regulates the growth of metastatic lesions by naturally secreting anti-angiogenesis agents such as *endostatin* and *angiostatin*. Metastatic tumors require the formation of new blood vessels (called *angiogenesis*) in order to grow. Once the primary tumor has been surgically removed, the amount of endostatin and angiostatin to control new blood vessel growth is drastically reduced, and metastasized lesions begin proliferating out of control. If the immune depression that surgery induces is factored in, the failure of surgery to meaningfully prolong the life of cancer patients becomes quite understandable. Surgery takes away growth control factors (*endostatin* and *angiostatin*) while weakening the immune surveillance that might be keeping metastatic lesions under some degree of control.

How Tumors Grow

Almost every tissue in the body derives blood from the thinner-than-a-hair capillaries that lace our tissues. Through capillaries, nutrients, oxygen and various signaling molecules diffuse into cells. These mechanisms maintain health, fight disease, and allow the body to flourish and grow. Scientists have found that tumors start out without circulation. In the early stages of tumor development, they are limited to a trickle of nutrients that can diffuse from the nearest capillaries. Then, somehow, tumors begin to stimulate healthy tissue to make thousands of new blood vessels to supply the cancerous growth—a process called *angiogenesis*. Without this ability to nourish itself and grow, a tumor cannot enlarge. If the blood supply can be reduced

or cut off, the tumor will shrink or die. Scientists believe that a primary tumor sends chemicals to signal new blood vessels to grow into itself, but at the same time also sends a chemical signal that prevents other tumors from growing in other parts of the body. Advanced biomedical technology has now pinpointed those signals, and most scientists accept that the angiogenesis process (stimulation of new blood vessel growth) regulates the growth of metastatic tumors. Once the primary tumor is removed, there is nothing to stop other tumors from growing elsewhere. That's why some cancer patients often get worse after undergoing tumor removal.



Breast Cancer

A report from the American College of Preventative Medicine estimates that every year 185,000 women in the United States are diagnosed with breast cancer and more than 44,000 die of the disease. The U.S. has one of the highest breast cancer rates of any country in the world. fifty years ago, the incidence for a woman's lifetime risk was one in twenty. Now it has skyrocketed to one in eight. The motto of Breast Cancer Awareness Month is "Early detection is your best protection," since the National Cancer Institute stated in 1995 that "Breast cancer is simply not a preventable disease." The American Cancer Society iterated a similar message in 1997 with its announcement that "there are no practical ways to prevent breast cancer--only early detection." But, how many of those breast cancer diagnoses are actually correct? And more importantly, how dangerous is breast cancer anyway?

While mammography detects some potentially deadly cancers, it also picks up many times more cancers that might never become symptomatic during the patients' lifetime, or that could be treated just as easily if detection were left until the woman could feel the lump herself. Thus, for every woman saved by early diagnosis, many others receive painful and potentially dangerous treatments to destroy tumors that pose little or not threat--tumors that they might die with, not from. The widespread and virtually unchallenged acceptance of screening has resulted in a dramatic increase in the diagnosis of *ductal carcinoma-in-situ* (DCIS) a pre-invasive cancer, with a current, estimated incidence of about 40,000 U.S. citizens annually. DCIS is generally treated by lumpectomy plus radiation or even mastectomy and chemotherapy. 80% of all DCIS cancers never become invasive, even if left untreated.

Panic Creates Easy Victims

Women must grapple with whether to undergo major surgery, or to watch and wait. This is a diabolical position. The authority figure in the cancer equation--the

oncologist--has now been given permission to pronounce a psychological, pharmaceutical, and surgical curse upon healthy and unsuspecting patients. Women are being treated as mere guinea pigs, being herded from pillar to post, receiving diagnoses and treatments that are not only causing serious psychological and physical harm, but often lead to the death of the individual. Fear and incomplete data are the tools commonly used to persuade women to get routine mammograms. Irwin D. Bross, former Director of Bio-Statistics at Roswell Park Memorial Institute in Buffalo NY, wrote his thesis on breast cancer after spending some time researching the nature and outcome of the disease and discovering that more than half of those diagnosed with breast cancer had benign lesions that were unable to spread. He states: "What most women have is a tumor which, under a light microscope, looks like a cancer to a pathologist.

Chances are, this tumor lacks the ability to metastasize--to spread throughout the body--which is the hallmark of a genuine cancer... Our discovery was highly unpopular with the medical profession. Doctors couldn't afford to admit the scientific truth because the standard treatment in those days was *radical mastectomy*. Admitting the truth could lead to malpractice suits by women who lost a breast because of an incorrect medical diagnosis. There is no reason for women to panic when they hear 'cancer.' Panic makes them easy victims. Women who are concerned about breast cancer need facts, not myths, to make their own decisions."

Conflicts Of Interest

Breast Cancer Awareness Month's primary sponsor and the mastermind of the event in 1985 was Zeneca Pharmaceuticals, now known as AstraZeneca. AstraZeneca is the company which manufactures the controversial and widely prescribed breast cancer drug, *tamoxifen*. All TV, radio and print media advertising is paid for and must be approved by AstraZeneca. It is less well known that AstraZeneca also makes herbicides and fungicides. One of its products, the organochlorine pesticide *acetochlor*, is implicated as a causal factor in breast cancer. Zeneca's Perry, Ohio, chemical plant is a major source of potential cancer-causing pollution in the U.S., spewing 53,000 pounds of recognized carcinogens into the air in 1996. When it comes to the environmental carcinogens found in pesticides, herbicides, other toxic chemicals and plastics, there is booming silence by all breast cancer awareness Month programs.

Many experts predicted forty years earlier that cancer rates would increase, citing an explosion in the use of synthetic chemicals. From 1940 through the early 1980s, production of synthetic chemicals increased by a factor of 350-fold. Billions of tons of substances which had never existed before were released into the environment. Yet, only 3% of the 75,000 chemicals in use have been tested for safety. These toxic time-bombs are everywhere--in our water, air and food. They are also found in the workplace, in schools and in household cleaners, cosmetics and personal care products. Women who live near toxic waste dumps have 6.5 times the incidence of breast cancer. A survey conducted by Dr. Mary Wolff of Mt. Sinai Hospital, New York, found that women with breast cancer had four times the levels of DDE (by-product of the pesticide DDT) than that found in non-carcinogenic tumors.

The American Cancer Society (ACS) was founded with the support of the Rockefeller family in 1913. Members of the chemical and pharmaceutical industry have long had a place on its board. According to Dr. Samuel Epstein, MD, Professor of Occupational and Environmental Medicine at the University of Illinois School of Public Health: "The ACS also has close connections to the mammography industry.

Five radiologists have served as ACS presidents, and in its every move the ACS reflects the interests of major manufacturers of mammography machines and film, including Siemens, DuPont, General Electric, Eastman Kodak, and Piker." It is interesting that the American Cancer Society's latest report on cancer prevention makes no mention of environmental factors or safer screening protocols. According to Epstein, "Over recent decades, the incidence of cancer has escalated to epidemic proportions while our ability to treat and cure most cancers remains virtually unchanged.

Apart from the important role of tobacco, there is substantial and long-standing evidence relating this epidemic to involuntary and avoidable exposure to industrial carcinogens in air, water, the workplace and consumer products. Nevertheless, the priorities of the cancer establishment, the National Cancer Institute and the American Cancer Society remain narrowly fixated on damage control--diagnosis and treatment--and on basic molecular research, with relative indifference to, if not benign neglect of, prevention. Concerns over this imbalance are further compounded by serious questions of conflicts of interest, particularly with the multibillion-dollar cancer drug industry."

Toxic Tamoxifen

The most popular breast cancer treatment, *tamoxifen* (*Nolvadex*), grosses \$500 million annually. The long-term safety of *Tamoxifen* use in healthy women has never been established. On May 16, 2000, the *New York Times* reported that the National Institute for Environmental Health Sciences had added 14 substances to its list of known carcinogens. Tamoxifen was included in that list! The World Health Organization formally designated *Tamoxifen* as a human carcinogen back in 1996, grouping this treatment with around 70 other chemicals--about one quarter of them pharmaceuticals. When WHO announced *Tamoxifen* as a known carcinogen in 1996, the study on this drug was abruptly curtailed, but not before 33 women taking *Tamoxifen* at that time developed endometrial cancer.

In May 1995, California's expert committee, established from Proposition 65, decided to let the public know that tamoxifen use is likely to cause endometrial cancer. Zeneca Pharmaceuticals did not challenge these findings. It is known that *tamoxifen* causes uterine cancer, liver cancer, stomach cancer and colorectal cancer. After just 2 to 3 years of use, *tamoxifen* increases the incidence of uterine cancer by two to three times. The treatment for uterine cancer is hysterectomy. In addition, *tamoxifen* increases the risk of stroke, blood clot, eye damage, menopausal symptoms and depression. The biggest shock of all is the fact that *tamoxifen* increases the risk of breast cancer! The journal *Science* published a study from Duke University Medical Center in 1999, showing after 2 to 5 years of use *tamoxifen* actually initiated the growth of breast cancer! So, Zeneca, originator of Breast Cancer Awareness Month, is the manufacturer of carcinogenic petrochemicals, pollutants and a breast cancer drug that causes at least four different types of cancer in women, including breast cancer. What's wrong with this picture?

Mammography And Vested Interests

Five to thirteen billion dollars per year generated by mammograms controls the information that women get. The American Cancer Society, the world's most wealthy, non-profit institution has close connections to the mammography industry. Five radiologists have served as ACS presidents. The ACS promotes the interests of the major manufacturers of mammogram machines and films, including Siemens,

DuPont, General Electric, Eastman Kodak, and Piker. The mammography industry also conducts research for the ACS and its grantees, serves on advisory boards and donates considerable funds. Pharmaceutical giant DuPont is a substantial backer of the ACS Breast Health Awareness Program. ACS sponsors television shows and other media productions promoting mammography; produces advertising, promotional, and information literature for hospitals, clinics, medical organizations, and doctors; produces educational films, and, of course, lobbies Congress for legislation promoting availability of mammography services. The ACS has been, and remains strongly linked with the mammography industry, while ignoring or attacking the development of viable alternatives. Mammography today is a lucrative and highly competitive business.

Mammography Dangers

A mammogram is an X-ray. Screening mammography poses significant and cumulative risks of breast cancer for pre-menopausal women. The routine practice of taking four films of each breast annually results in approximately 1 rad (radiation absorbed dose) exposure, about 1,000 times greater than that from a chest x-ray. Each 1 rad exposure increases breast cancer risk by about 1 percent, with a cumulative 10 percent increased risk for each breast over a decade's screening. These risks are even greater for younger women subject to baseline screening. Women are now encouraged to start having mammograms earlier than ever before. At one time, only women 50 years or older were told to have this screening. Now the campaign is targeting 40-year-olds and even women as young as twenty-five. However, detection of breast cancer with mammography is not the same as protection from breast cancer. The only acknowledged cause of cancer, according to the American Cancer Society, is from radiation. When it comes to radiation, there is no safe level of exposure.

In *Radiation and Human Health*, Dr. John Goffman, a scientist with degrees in both chemistry and medicine, writes: "There will be more breast cancers induced by the procedure than there will be women saved from breast cancer death by early discovery of lesions." For 20 years or more, Dr. Gofman has been publishing studies of the hazards of low-level radiation. His hypothesis is that "Medical radiation is a highly important cause (probably the principle cause) of cancer mortality in the United States during the twentieth century." Dr. Gofman believes that medical X-rays are the major cause of cancer, including breast cancer, as well as heart disease in the U.S. In his book *The Politics of Cancer*, internationally recognized carcinogens expert Dr. Samuel Epstein warns us: "...the U.S. National Cancer Institute now agrees that large-scale mammography screening programs are likely to cause more cancers than could possibly be detected." Dr. Epstein warns: "There is clear evidence that the breast, particularly in premenopausal women, is highly sensitive to radiation, with estimates of increased risk of up to 1% for every rad (radiation absorbed dose) unit of X-ray exposure.

This projects up to a 20% increased cancer risk for a woman who, in the 1970s, received 10 annual mammograms of an average 2 rads each. In spite of this up to 40% of women over 40 have had mammograms since the mid-1960s, some annually and some with exposures of 5-10 rads in a single screening from older, high-dose equipment. Even for low-dosage exposure to two rads or less, this exposure can add up quickly for women having an annual mammography. More recent concern comes from evidence that 1% of women, or over one million women, in the United States alone carry a gene that increases their breast cancer risk from radiation fourfold." By the time a tumor is large enough to be detected by mammography, it has been there

as long as 12 years! It is therefore ridiculous to advertise mammography as early detection.

The depths of the mammography deceit began in the early 1970s. It was concocted by insiders at the American Cancer Society and their friends at the National Cancer Institute. The number of women who were put "at risk" or who died as a result of this scheme is not known but estimated to be huge. In 1978, Irwin J.D. Bross, Director of Biostatistics at Roswell Park Memorial Institute for cancer research, commented about the cancer screening program: "The women should have been given the information about the hazards of radiation at the same time they were given the sales talk for mammography. Doctors were gung-ho to use it on a large scale. They went right ahead and X-rayed not just a few women but a quarter of a million women. A jump in exposure of a quarter of a million persons to something which could do more harm than good was criminal and it was supported by money from the federal government and the American Cancer Society. The National Cancer Institute was warned in 1974 by Professor Malcolm C. Pike, at the University of Southern California School of Medicine, that a number of specialists had concluded that "giving a woman, under age 50, a mammogram on a routine basis is unethical." The experts in the government were told not to do this to healthy women in the year 1974.

Cancer Risk From Breast Compression

As early as 1928, physicians were warned to handle cancerous breast with care, for fear of accidentally disseminating cells and spreading cancer. Even so, mammography entails tight and often painful compression of the breast, particularly in pre-menopausal women. This may lead to a spread of malignant cells by rupturing small blood vessels in, or around small, as yet undetected breast cancers. Harmless breast cancers can be made active by the compressive force of routine mammography.

False-Positive Diagnosis

Mammography provides false tumor reports between 5% and 15% of the time. False positive results mean more testing, requiring women to be exposed to additional X-rays, creating a more stressful environment and possibly even leading to unneeded surgery. A report on false-positive breast cancer diagnosis was printed in the *Journal of the National Cancer Institute*. Included was the following: "If more women knew how common false-positive results are, there might be less stress and anxiety while waiting to undergo further diagnostic tests, which sometimes take many weeks. Most importantly, greater educational initiatives focusing on the role of diet and lifestyle in breast cancer prevention would empower women to protect themselves rather than relying solely on early detection of the disease." A large-sample, long-term Canadian study, published in September 2000 proved that an annual mammogram was no more effective in preventing deaths from breast cancer than periodic physical examinations for women in their 50s. Adding to the controversy, a study published in the *Journal of the American Medical Association* stated that mammography screening for breast cancer offers only minimal gains in life expectancy for women beyond the age of 69. Another problem with mammograms is that interpretation is often wrong. In 1996, the journal *Archives of Internal Medicine* published results of a test of 108 radiologists throughout the United States. The test used a set of 79 mammograms where the diagnosis had been verified by subsequent biopsies, surgeries or other follow-up.

The radiologists missed cancer in 21% of the films, they thought 10% of the women with no breast disease had cancer and thought 42% of benign lesions were cancerous. Another study looked at the records of 8,779 postmenopausal women who had undergone mammography, and found that women taking estrogen had 33% more false positives (mammograms showed an abnormality but none could be found) and 423% more false negatives (mammograms which missed an abnormality that showed up later) than women not taking estrogen. Mammograms are not diagnostic and too frequently lead to unnecessary breast biopsies--an expensive, invasive surgical procedure which causes extreme anxiety, some pain and often physical harm to many women who do not have cancer. According to the 1998 *Merck Manual*, for every case of breast cancer diagnosed each year, 5 to 10 women will needlessly undergo a painful breast biopsy. The American Cancer Society recommends annual or biannual mammography for all women over the age of 40 (or even younger). Do the math. A \$100 mammogram for all 62 million U.S. women over 40 and a \$1,000+ biopsy for 1 to 2 million women is an \$8 billion-per-year industry. There is a superior alternative: *digital infrared thermal imaging*, which does not use mechanical pressure or ionizing radiation. It can also detect signs of breast cancer years earlier than either mammography or a physical exam.

Mammography cannot detect a tumor until after it has been growing for years and reaches a certain size. Thermography is able to detect the possibility of breast cancer much earlier, because it can image the early stages of angiogenesis. Angiogenesis is the formation of a direct supply of blood to cancer cells, which is a necessary step before they can grow into larger tumors. The safer and more effective diagnostic techniques have been vigorously attacked by the breast cancer awareness organizations. So all the fuss that comes each October, enlisting women's support and hard-earned money, actually does nothing to eliminate the cause of this devastating condition. Women can make the difference in eliminating breast cancer. The breast cancer epidemic is not some great mystery. The causes of cancer are already known. Toxic diets, toxic lifestyles, toxic emotions, toxic environments, toxic drug treatments and toxic diagnostic techniques cause cancer. Corporations are only interested in increasing their profits and ensuring their tentacles of control; they are not interested in actual solutions.

Melanoma

In too many scientific and medical fields, for a lot of researchers the truth is defined only in relationship to the next grant, peer pressure and the fight to further an entrenched view. This essentially political process goes on, despite any evidence, even strong evidence, to the contrary. Much "scientific" research is known to be fraudulent. Almost all "scientists" are out to prove something so as to continue their careers; to them, finding the truth is only secondary. Ultraviolet (UV) intensity is now forecast in population centers daily. We have been taught to be afraid of our own shadows! The U.S. Environmental Protection Agency (EPA) suggests that when outdoors we should "protect ourselves against ultraviolet light whenever we can see our shadow." And many physicians give their patients the same warning. This is terrible advice. If man were a machine, a doctor could repair or replace one part without worrying about the rest of the "machine." Man is no machine, but more like a web or hologram. Every organ and every part affects all the other parts; in fact, cells in every part communicate with all the other parts. As a result of the EPA's kind of advice, which is based on junk science, the use of sunglasses is epidemic; we hide behind stylish darkened car windows, we slather our skin with sunscreen for even brief sun exposure. People who engage in these practices are ruining their disposition and health.

The phobia arose after investigators anesthetized animals, propped their eyes open and shined intense UV light into them; this damaged their retinas. Excessive exposure to one kind of ultraviolet (shorter-wave germicidal *UVC*) can damage tissue. But the EPA makes the ridiculous leap from that truth to the conclusion that we should avoid all UV. *UVC* is not present increasingly in sunlight; a purported thinning of the protective ozone layer has been debunked. *UVC* is found in tanning salons and halogen lamps. In fact, the trace amounts of UV radiation in natural daylight are required for physical and mental health, civilized behavior, muscle strength, energy and learning. Sunlight, in moderation, improves immunity and stimulates our metabolism while decreasing food craving, and increases our intelligence.

Ozone Hole Danger Disproved

There have been no increases in skin cancer, eye diseases, immune system disorders or environmental damage which can be attributed to an increase in ultraviolet radiation. The largest South American city close to the Antarctic ozone hole is Punta Arenas in southern Chile. Despite reports to the contrary, there have been no ozone-related health problems at Punta Arenas, and measurements of ultraviolet radiation show that any increases are too small to have any appreciable effect. Predictions made by the scientific establishment and the media have been ill-founded. The hole in the ozone layer is a temporary thinning of the upper atmosphere in the early spring, so there is no reason to fear that people will develop skin cancer because ultraviolet radiation has become more dangerous. There is a great deal of ill-informed comment on the subject of ozone depletion and sunbathing. diet and lifestyle play a far more significant role in the genesis of cancer than is currently recognized. The same can be said of senile cataract. Even low exposure to *UVB* significantly increases the risk of cataracts, but only with the consumption of a Western junk food diet rich in unsaturated fats and their oxidized products.

Indoor Lighting

Malignant melanoma is often alarmingly but wrongly blamed on sun exposure. the dangerous kind, called skin cancer, is ultimately fatal if not corrected. A study by the US Navy found the most melanoma in people who worked indoors all the time. Those who worked both outdoors and indoors some of the time had the lowest incidence. also, most melanomas appeared on parts of the body that are seldom exposed to sunlight. The inference is that both very high and very low exposures to UV light can be harmful--and moderate exposure is healthful.

A study published in the medical journal *Lancet* and a Russian study found that fluorescent light rather than sunlight promotes melanoma, proportionately to the time of exposure. In the *Lancet* study, among a sample of nearly 900 women, those who worked indoors under fluorescent lighting had 2.1 times higher melanoma risk than others. Relative risks were lower in women who had been most heavily exposed to sunlight, both playing outdoors as children and sunbathing as adults. Emissions from fluorescent lights extend into the potentially carcinogenic range. The cathodes located at the ends of the light tubes emit X-rays and other electromagnetic pollution. Plants living under the central portion of long fluorescent light tubes grow normally; but when placed close to the ends of the tubes, their growth is abnormal and stunted. Laboratory animals placed in cages close to the ends of these light tubes become aggressive and cannibalistic. The light from fluorescent tubes, as well as TV sets and computer terminals, causes red blood cells to clump together after prolonged exposure. This reduces alertness, promotes a tired feeling and increases the risk of

heart attack and stroke. But when the ends of the light tubes are shielded with lead and traces of UV are added to the light, plants and animals under them grow and function normally. Melanoma can result from excessive exposure to sunlamps; their rays and those from bright halogen lights include some of the dangerous *UVC*. If users of sunlamps consume a junk diet, their risk of melanoma is increased.

Sunscreens

Sunscreens block out only UVA and UVB, which we all need in trace amounts, but not the potentially dangerous, germicidal *UVC*. No commercial sunscreens have been proved safe. Their chemicals penetrate the skin into the circulation and add to the burden of toxins to be detoxified. Commercial sunscreens increase the risk of melanoma by causing mutations when the cells' chromosomes interact with the chemicals and the light. Natural sunscreens, as well as commercial ones, curtail needed uptake of vitamin D₃ from UVB, increasing the risk of osteoporosis. Mounting evidence indicates that many sunscreens contain carcinogens and that the rise of skin cancers parallels the increase in sunscreen usage. The only sunscreen that is recommended is coconut oil, although, you should not bake in the sun all day. Adding a little iodine to the coconut oil for the first week of summer gives added protection; however, do not use the iodine for more than a week, as continued use can inhibit your thyroid function. Another non-carcinogenic sunscreen would be one containing titanium dioxide.

Chlorination

Drinking and swimming in chlorinated water can also cause malignant melanoma. Sodium hypochlorite, used in chlorination of water for swimming pools, is mutagenic. Redheads and blonds are disproportionately melanoma-prone; their skin contains a relative excess of pheomelanins compared to darker people. Worldwide pollution of rivers and oceans and the chlorination of swimming pool water have promoted an increase in melanoma.

Synthetic Hormones

Melanomas have increased sharply among women in the principal Pill-taking countries of Australia, America and in Europe. In one study, all the women who developed melanomas under the age of 40 had used the Pill. By 1981, the overall increased melanoma risk for Pill-users was statistically significant at three times. The Pill also promotes development of heart attacks, in part by depleting body stores of vitamin B₆. Like breast cancer cells, those tumors have estrogen receptors. and so women on HRT are more likely to develop melanomas than non-users. The risk of breast cancer increases by 2.3 percent for each of the 11 years the average woman takes HRT. The effect diminishes on stopping it and disappears after about five years.

The Lymphatic System

You should know all you can about your lymphatic system, because your very life depends on it. Nearly 75% of your total body weight is water. One-third of your body fluid is *extracellular*, meaning that it's outside the cells. But only 12% of your body fluid is blood and 62% of your bodily fluid is inside the cells. What that means is that 36% of your fluid is *lymph*. Lymph is the fluid that surrounds all the cells. It is the cell's aqueous environment. There's three times more lymph fluid in the body than blood. Not all cells are surrounded by water. Bone minerals surround the bone cells.

But all cells depend directly on extracellular water for food. The lymph fluid through minute channels feeds even bone cells. Lymph is filled with nutrients on their way to the cells, waste products thrown off by the cells, hormones, and enzymes.

Leukocytes, lymphocytes, monocytes, antibodies and other white blood cells are able to travel wherever water exists. Just as the air around your body is in motion constantly, likewise, the lymph fluid that surrounds the cells is in constant motion. Cells are able to function better with fresh lymph fluid filled with the proper concentrations of oxygen, glucose and all other nutrients. When fresh supplies replace the waste products of cells--the toxins, bacteria viruses, poisons, trash and debris--cells are healthier, and so are you.

The removal of proteins from the interstitial spaces (surrounding cells) is an absolutely essential function, without which we would die within 24 hours. Valves exist in all lymph channels. In the large lymphatics, one-way valves exist every few millimeters, and in the smaller lymphatics, the valves are much closer than this. Motion pictures of exposed lymph vessels in animals and humans show that when a lymph vessel becomes stretched with fluid, the smooth muscles in the wall of the vessel automatically contract. Furthermore, each segment of the lymph vessel between successive valves functions as a separate automatic pump. That is, the filling of a segment causes it to contract and the fluid is pumped through the valve to the following lymphatic segment. This fills the subsequent segment and a few seconds later, it too contracts. This continues all along the lymphatic system until the fluid is finally emptied back into the blood stream from the *thoracic duct* into the *vena cava* underneath the collar bones.

The heart is on automatic. It starts beating before you are born and continues to beat until you die. But the lymphatic system is completely dependent on some kind of movement to stimulate the pumping action. In addition to the intrinsic contractions of the lymph vessel walls, there are other factors, which cause the lymph pump to function. Almost anything that compresses the lymph vessel can also cause pumping, such as the contraction of a muscle, movements of body parts, arterial pulsation, and especially lymphatic body massage and skin brushing. Obviously, the lymphatic pump becomes very active during exercise, often increasing lymph flow as much as ten to thirty-fold.

On the other hand, during periods of rest, lymph flow is very sluggish. When you do rebound exercise, your lymphatic system moves about twenty times as fast as it does at rest. That's why it's so easy to keep your body healthy when you rebound regularly. The lymphatic system consists of millions of lymph veins. The smaller ones have walls only one cell thick, but the thoracic duct, the largest lymph vein, is the size of your thumb. The lymphatic system is different from the cardiovascular system--which is a closed-circuit system made up of arteries, capillaries, veins, and heart. Your lymphatic system works more like an internal central vacuum system.

The *lymphatic terminals* feed into the *lymph veins*. The minute quantity of fluid that returns to the circulatory system by way of the lymphatics is extremely important. Substances of high molecular weight, such as proteins, can't be reabsorbed into the veins of the cardiovascular system through the capillaries, but can flow into the lymphatic capillaries almost completely unimpeded. The lymphatic terminals are made up of *endothelial cells* attached by anchoring filaments to the connective tissue between the surrounding tissue cells. The edge of one cell usually overlaps the edge of another one, leaving it free to flap inward. These minute valves allow metabolic trash and debris into the lymphatic terminal, but prevent it from escaping. Large particles of dead cells, viruses, and trash can be sucked into the lymphatic terminals

along with the excess water. But it's a one-way street. The junk can't get out again. Extracellular fluid escapes from the capillaries of the cardiovascular system. The capillaries are like strainers. They're filled with little sieve-like holes, which allow oxygen, nutrients, and protein molecules to escape into the tissue spaces. But the holes are too small to permit red blood cells to flow out of the cardiovascular system. That's why blood doesn't surround the cells, as lymph fluid does. After delivering its life-giving oxygen and nutrients to the cells, 90% of the fluid is reabsorbed at the venal end of the capillaries through the same minute holes.

Only 10% of the fluid that escapes from the capillaries actually moves through the lymphatic system. White blood cells have the ability to change shape when necessary. They squeeze a pseudopodium, a part of the ectoplasm or outside skin, through a tiny pore in the capillary about one-tenth their size and ooze in. That's the way white blood cells get out of your blood stream when the red blood cells cannot. Essentially, no particulate matter that enters the tissues can be absorbed directly into the capillary membranes because the sieve-like holes are too tiny.

If the particles are not gobbled up locally in the tissues by the giant *macrophages*, they enter the lymph and flow through the lymphatic vessels into the lymph nodes, which are strategically located along the course of the lymphatic system. The *lymph nodes* are those little nodules that sometimes swell up under the chin, in the groin, and under your arms when you get sick. The nodes swell up because foreign particles are trapped there in a meshwork of tiny chambers, populated with large numbers of macrophages, waiting to eat the aliens and keep them from general circulation. Your body is constantly exposed to bacteria, viruses, fungi, and parasites that are opportunistic scavengers. These aliens cover your skin, are in your mouth, your lungs, and your nose.

They live in your digestive system and even in the membranes lining your eyes. Many of these scavengers are capable of causing serious, sometimes fatal, damage if they are allowed to invade the deeper tissues and organs of the body. You are also exposed intermittently to other highly prolific microorganisms, on top of those that are normally present in your body. Some have the potential to cause a deadly condition, such as pneumonia, streptococcal infections, or typhoid fever. There still remain other lines of defense. The *spleen* functions a bit like the lymph nodes, except that its fluid is *blood*, not *lymphatic fluid*. The spleen permits red blood cells to squeeze through its meshwork, but abnormal red blood cells, metabolic trash, and debris are subject to immediate *phagocytosis*, meaning that they are eaten by the macrophages of the spleen.

The War on Cancer has to be fought inside the body. When the enemy shows its face, all the cells of your body become involved in the fight, either directly or indirectly. Depending on the outcome of the battle within, all the cells share in the victory, or the defeat. The forces of your immune defense system equal a standing army of close to two and one-half million troops. All are superbly armed and trained. They are not only ready to fight all your enemies immediately; they've been defending your very life since before you were born. Each member of your immune defense forces is ready to go wherever danger lurks. They fight for your life to the death without a moment's hesitation and without a thought for their own survival. The *leukocytes* are the mobile units of your microscopic army. Leukocytes are capable of traveling anywhere in your entire body as the need arises. Leukocytes make up 1% of all the cells in your body. Their total weight comes to about two pounds per person.

There are six general types of leukocytes. Some are large; others small. There's a lot of some but less of others that have very specialized responsibilities. Some are manufactured in the bone marrow, while others are manufactured in the lymphatic system, including the nodes, spleen, tonsils, and thymus. All bones have built-in blood channels through which these cells can be released. All white blood cells are deployed through the rapidly moving bloodstream, or the slower moving lymphatic pathways to wherever they're needed. More than half of the leukocytes in your body are made up of very efficient *polymorphonuclear neutrophils*. These fast-responding cells attack and destroy invading bacteria, viruses, or other foreign agents by eating them up. The neutrophils are dedicated to one goal. They search out and destroy anything that might be harmful to the body. They stay in the blood stream for just a few hours. Because they have the ability to dramatically change their shape, or *morph*, they're able to squeeze through.

Even though the pores of the blood vessels are incredibly minute and the neutrophils are much bigger, they can constrict themselves and slide through a pore a bit at a time, much as a thread slips through the eye of a needle. And neutrophils have the ability to move by themselves. Although red blood cells are pushed around by the flow of plasma in the cardiovascular system, the neutrophils travel alone. This capability is scientifically known as *ameboid motion*. They can move several times their length in about a minute. Neutrophils have the ability to *taxi* toward or away from the source of a chemical. This phenomenon is called *chemotaxis*. Because bacteria toxins and even the degenerated products of injured tissue create a chemical environment readily identified by neutrophils as a chemotoxic signal, large numbers of leukocytes move from the capillaries into the injured and inflamed area to clean it up. This is what is known as *inflammation*. When an inflammation occurs, within just a few hours the number of neutrophils in the blood increases by four or five times, up to as many as 25,000 per cubic millimeter.

Perhaps the most important weapon of the neutrophils is their ability to eat, or phagocytize, an invader. Another talent of the leukocytes is their ability to identify the material they eat. If they didn't have this special capability, normal cells would be gobbled up as well. Each healthy cell of the body carries an identification known as an *epitope*. The epitope is made up of very specific protein molecules, which are easily read by the neutrophils. Cells wear their identification on the outside. When the information isn't exactly right, the neutrophils identify it as a foreigner, or mutant, and carry out immediate destruction by ingestion. In times of serious tissue inflammation, the neutrophil's entire lifespan can be compressed into just a few hours. They proceed rapidly to the affected area, ingest the invading organisms, and in the process are destroyed themselves.

They don't know when to stop eating. As long as there is foreign matter, they continue to eat until they explode. When neutrophils and macrophages engage foreigners, large numbers of neutrophils and macrophages die, but not before they have destroyed large colonies of bacteria. The debris of dead immune cells and dead bacteria on both sides is commonly known as *pus*. Pus formation continues until all infection is suppressed. If it's close to the outside of the body, the pus forms into a *boil* or *blister* and is eventually eliminated through the skin. If the infection is deep within the body, the debris is usually absorbed into the lymphatic system. After receiving a chemical danger signal, the bone marrow goes to work and produces more monocytes. Within just eight to twelve hours of manufacture, these tiny cells change from immature tiny cells, incapable of ingesting anything, into fully mature macrophages. The macrophages have the ability to move independently through the

body in an on-going battle. Monocytes make up only 5% of the white blood cells while in the bloodstream.

But that's the route they must travel from the bone marrow where they are formed into the tissue spaces where they are needed. While the monocytes are in the bloodstream, they are young, immature, and incapable of fighting off a foreign invader. But once they slip through a capillary pore and enter the tissue spaces, they are in pursuit of bacteria. They immediately begin to expand to five times their birth size and are then known as *macrophages*. They have all the talents and capabilities of the neutrophils, and then some.

Where a neutrophil can eat between five and twenty bacteria before it dies of its own gluttony, the macrophage has the capability of phagocytizing as many as one hundred bacteria. When necessary, the giant macrophages can even consume whole red blood cells that have gone wrong, malarial parasites, and even dead neutrophils. The macrophages have the extraordinary ability to excrete the residue of the digested enemies they eat. Macrophages are able to continue destroying alien invaders for weeks, months, even years, before they die a natural death of old age. Although these cells are able to travel when an emergency stimulates them into action, they usually attach themselves to various organs and tissues of the body.

In a healthy, clean body, the macrophages might spend the rest of their lives just guarding that particular part of the body. The macrophages based in various tissues differ in appearance and action because of differences in their environments. When science studied various organs and found macrophages in residence, it mistook them for different varieties of cells. They even gave the macrophages different names. Scientists call the macrophages in the liver *Kupffer's cells*; in the lungs they are known as *alveolar macrophages*; in the subcutaneous tissues they are called *histiocytes* and *clasmatocytes*; and in the brain they are dubbed *microglia*. But they are all macrophages, and perform the same functions in the same way as all macrophages.

Most *T-cell* lymphocytes are taught how to identify and fight only one particular invader. As soon as they are released from the thymus and sent into the bloodstream for a few hours, they find their way to one of the lymph nodes. Once in a node, they settle in a wait for the specific invader that they've been programmed to detect and kill. When one shows up, they destroy the enemy. Killing the alien activates their special programming. They then reproduce at a highly accelerated rate, forming tremendous numbers of duplicate lymphocytes, which are known as *sensitized T-cells*.

The sensitized T-cells are released into the lymph fluid and carried into the blood. They circulate through all the tissue fluids and back to the lymph again, keeping a lookout for invaders as they make their rounds. Sensitized T-cells circulate around and around the circuit, sometimes for many years. *B-lymphocytes* circulate freely in the blood for a few hours before they take up residence in the lymphoid tissue. They sit, silently awaiting a specific invader. Each B-lymphocyte is capable of producing only one type of antibody, and can only be activated by one type of invader.

There are at least a million different types of B-lymphocytes, and just as many T-lymphocytes. All are capable of forming highly specific antibodies, or sensitized cells, when the appropriate foreigner activates their programming. The foreigner always has some chemical compound in its makeup that is different from any other compound of the cells that really belong to the body. Scientists call this substance

the *antigen*. The antigen is the equivalent of the foreign invader's secret code. There are three types of T-cells. The T-cell division includes *cytotoxic T-cells*, *helper T-cells* and *suppressor T-cells*. Cytotoxic T-cells are the direct attackers of your immune defense forces, capable of killing almost any foreign invader. For this reason, they are frequently called *killer cells*. They kill by poisoning. The neutrophils and macrophages destroy enemies by eating them.

T-cells use special substances called *lysosomal enzymes* that they manufacture themselves. One of them is *hydrogen peroxide*. They simply embrace the enemy, hold it close and inject the poison directly into the body of the invader. When they kill an enemy with poison, rather than ingesting it, they can kill many organisms, without harming themselves. Each cell has responsibilities that it must fulfill in order to protect your body. It's all teamwork. T-cells are especially lethal to cancer cells. They also attack the cells of transplanted organs or any other cells that are "foreign" to the body.

The immune defense forces have an early warning system. They have outposts strategically located that intercept enemies before they are allowed to enter the body. The lymphoid tissue is the equivalent of radar. For example, the *tonsils* intercept antigens that enter by way of the throat. The *adenoids* catch aliens trying to sneak in through the nose. And the lymphoid tissue in your *appendix* and *intestines* guard against antigen invaders that hide in food. Tonsils and adenoids used to be routinely removed, and many people have had their appendix or spleen taken out. The lymphoid tissue of the spleen and bone marrow is able to decipher codes of the aliens that make it to the blood. Lymphoid tissue is also located in *lymph nodes* throughout the body to identify a foreigner that might try to invade the tissue spaces.

Calcium and Cancer

Calcium maintains the organization of tissues. Coordination among the cells in a tissue is maintained mostly by bridges, known as *tight junctions* that bind the cells together physically and allow messages to be carried among them. The messages are carried by calcium atoms just like messages on a telephone line are carried by electrons. Tight junctions--and communication between cells--disappear when calcium in the fluid around the cells drops. The tissues become disorganized. Competition among the cells for food and oxygen replaces the usual cooperation, and a process of rapid evolution at the cell level begins. The result of this is that highly specialized, aggressive cells evolve that can command resources, invade other tissues, and kill other cells. This is called *cancer*.

Calcium is used in two ways in your body. The first is for *communication*. The cells in your body talk constantly, using a special chemical code. They routinely communicate information necessary for you tissues to function properly. Calcium is vital to that communication between cells. Cells exchange information through tiny bridges between them, called *calcium channels*. Most calcium channels are located in structures called *communicating junctions*. Cells transmit various kinds of messages, and it is hypothesized that the most important of these is a decision with an adjacent cell on whether to divide. A normal cell in tissue called *epithelium*--the cells that make up the inside layer of your intestine, your skin, and which line the ducts of a woman's breast--decides whether to divide from adjacent cells using a calcium channel. Mercury blocks the calcium channel in cell membranes.

Your body can be seen as a giant cooperative venture with billions of cells working toward a common objective, your health. Many of the most important tissues in your body have an outermost layer that is only one cell thick. This is true of the cells lining the intestine, the cells in the lungs that exchange oxygen and carbon dioxide with the air we breathe, and the cells lining the inside of most of our internal organs. In the case of the small intestine, for example, a single layer of cells is devoted to absorbing nutrients. Cells exchange information or communicate by sending calcium ions from one cell to a neighboring cell via a communicating junction. When contact between cells is cut off for some reason, we cells interpret this as the loss of a neighboring cell. The apparent loss of nearby cells will stimulate the proliferation of cells that make new epithelium.

Calcium carries a vital message between the cells that keeps them from dividing unnecessarily. When calcium in the fluid bathing the cells is very low, the communication system is disconnected. The cells can't receive signals from adjacent cells. They don't have cell phones! If enough time passes without receiving signals from other cells, the cells that make new epithelium will divide. If the two cells produced do not receive signals from other cells, they too will divide, producing eight cells, and so on. Before long, there will be several generations of new cells, each generation doubling the size of the previous generation.

If these cells do not continue to receive growth-blocking signals via calcium channels from adjacent cells, they will continue to proliferate in a chain reaction. Soon this chaotic mitosis of cells will form a pileup, and take on peculiar shapes and sizes. When the pileup is large, the condition is called *hyperplasia*. Hyperplasia may be physical evidence of the breakdown in communication among cells. In the intestine, it appears long before cancer is present. The usual scenario of a breakdown in communication in the cells of the intestine may be for the cells to pile up until they form a *polyp*, which is an unusual extension of the lining of the intestine into the lumen, or opening, where the food passes through. Polyps seen under a microscope reveal that many are disorganized tissues. Most polyps don't start out as cancer, but rather seem to be a result of the body's attempt to deal with epithelial cells that are needlessly dividing due to a deficiency of calcium in the fluid bathing them.

Signals sent through a communicating junction to an adjacent cell inform it that another cell is nearby. Signals such as these sent from the surface of the cell are used by the cell nucleus, the specialized central command, to make a decision about the need to reproduce. If the signals coming to the cell membrane are constant, adjacent cells are considered to be present. If the signal from one surface of the cell stops coming in, it means that the adjacent cell is no longer present. Perhaps it had been washed away, as often happens in tissues such as the intestine. Or the cell might have died, shrinking slightly and leaving space. Cancer manifests in three phases: *decoupling*, *initiation*, and *promotion*.

It is the first phase, decoupling, where calcium has the greatest effect. Decoupling is the process of cells splitting apart from one another. It happens when the amount of calcium in the extracellular fluid is low. It is due to loss of tight junctions that bind cells of the intestine, breast, and respiratory tissues together. When cells lose communication and begin to divide, the tissue becomes disorganized and the cells begin to pile up. The resulting mass of cells is called *hyperplasia*. If the cells are unusual shapes or are especially disorganized, it is called *dysplasia*. It isn't cancer, however--it often disappears spontaneously without a trace. Decoupling lays the groundwork for hyperplasia, which precedes the next stage in the formation of cancer, initiation.

Radiation or toxic chemicals can produce variation by attacking the DNA in the cells, causing mutations. Most of the mutated cells will die but a few will thrive. Those that thrive are better able to get food and oxygen than normal cells, and therefore better able to reproduce. If the generator of variation continues to act, more variation will occur. New mutations will arise in each generation of transformed cells. Again, most will die but those that survive will do so because they have an advantage in getting food and oxygen. These cells in turn will thrive and reproduce. Those that reproduce most rapidly are the most successful. If this process continues over many generations, a generation of highly aggressive, rapidly reproducing, mutated cells will come into being.

These cells become potent competitors for food and oxygen at the expense of normal cells. In many cases they lose their fine structure and even some of their genes. These are cancer cells. If the generator of variation is removed, the evolutionary process may be arrested before a new generation of cancer cells evolves. This is what happens when a person quits smoking. The predominant carcinogen in tobacco smoke is *benzo-alpha-pyrene*. Take it away and evolution of the cells toward cancer is usually arrested. If the cancer cells have evolved sufficiently already, then taking away the generator of variation will do little good. The die has been cast.

This is why quitting smoking late in life doesn't always prevent cancer. The third stage of cancer is proliferation of the highly evolved cancer cells. A cancer can be promoted by a chemical that is not a cause of variation. There are many chemicals, such as the hormone *estrogen*, that do not appear to initiate cancer cells, but which can stimulate them to grow. The rate of spread of breast cancer can be reduced dramatically in many women by eliminating the promoter estrogen (hormone replacement therapy, birth control pills, meat & poultry, etc). Without the promoter, the cancer tissue slows its rate of reproduction.

Calcium seems to prevent cancer in the decoupling phase of the disease. Cells can function normally without communication with other cells, at least for short periods of time. Eventually, though, in the absence of communication from other cells, the cells will divide. On the other hand, if calcium levels remain normal, cells will not divide unnecessarily, and the evolution will be slowed. A sufficient intake of calcium slows the evolution of normal cells toward cancer and can help to prevent it. The second major role of calcium in the body is to provide structure. There are only a few elements in the world that are used routinely to provide structure for plants and animals. Almost all rigid structures of plants and animals contain calcium. Each cell in your body, with a few exceptions, has a skeleton, called a *cytoskeleton* that keeps the cell together. These cell skeletons differ in degrees of rigidity, but in places where they must be very rigid they include crystals of calcium. The reasons for this are that calcium is strong, easily dissolvable, and transportable. The disease *osteoporosis* occurs because calcium is easily dissolvable and transportable. A sufficient calcium intake is crucial to health and fitness.

Mercury blocks the enzyme in the cell membrane that actively passes calcium in and out of the muscle cells by attaching to the *thiol* part of the enzyme. Calcium is necessary for the proper function of heart muscle. High blood pressure is caused by mercury preventing the passage of calcium into the heart muscle cells, increasing the force of the heart muscle contraction. It takes time for chronic mercury exposure to cause enough damage to result in a clinically detectable dysfunction. This is a predominant characteristic of heart disease.

Fluorine (fluoride) is the most reactive element known to chemists and its greatest affinity is for calcium. Anyone with a calcium deficiency can experience muscle spasms and convulsions from fluoride ingestion. Fluorine interferes with the normal process of calcification of teeth during the process of their formation, so that affected teeth, in addition to being unusually discolored and ugly in appearance, are structurally weak and deteriorate early in life. Fluoride stimulates abnormal bone development. High dose fluoride treatment increases bone mass but the newly formed bone is structurally unsound. Thus, instead of *reducing* hip fracture, high doses of fluoride *increase* hip fracture. People who drink a lot of alcohol tend to absorb vitamin-D and calcium from their diet poorly. The result for those who drink a lot of alcohol is bone loss, even in young people. There are changes in the microscopic structure of the intestine of people who drink a lot of alcohol that make it hard for vitamin-D to pass through the fine structures of the cells. The ultimate result is that the calcium is not absorbed, which causes an increase in the rate of cell division of the intestinal wall.

Some substances found in food act more as *calcium transporters*--gently carrying calcium molecules to the large intestine. Foremost of those transporters is pectin, a substance found in many fruits and vegetables, particularly in apples. Pectin refers to both pectin and its relatives, the *polysaccharides*, in fruits and vegetables that aren't derived from cellulose or its relatives or starch. The Latin root word *polysaccharide* means "many sugars." These sugars are bound together so they can't be absorbed by your body. Your body is able to absorb free sugars such as *fructose* (fruit sugar), *sucrose* (table sugar), *maltose* (honey sugar), *lactose* (milk sugar), and *glucose* (a sugar found in carrots and other vegetables). However, the body would need a special enzyme to break the polysaccharides into smaller free sugars, and our bodies don't have the enzyme to do it. But it doesn't leave your body, either. It does something even more important. Pectin is a faithful carrier of calcium to your large intestine. It does this with a molecular structure that looks and acts like an egg crate. It has a fascinating molecular structure that consists of a long chain of up to a thousand units of a simple plant acid. If you add calcium to pectin, a gel forms. One ounce of pectin gel contains 750 milligrams of calcium in its molecular egg crate.

Because we don't have an enzyme in our bodies that will break down pectin in our stomach or small intestine, it passes through those organs intact to the large intestine. After traveling through the small intestine, all that's left of the apple is three compounds: *cellulose*, *lignin*, and *pectin*. Cellulose and lignin are the compounds that make up the woody parts of the plant cell wall. They're unusable by the body and pass through untouched until they are eliminated. Pectin, however, is another matter. Pectin next enters the large intestine, where friendly bacteria take it apart and use it as a source of fuel for themselves. They are able to do this because they have an enzyme we don't. Although bacteria eat it, it has no caloric value to us. When pectin is digested by friendly bacteria that live in the large intestine, it releases calcium, where it can interact with potentially dangerous carcinogens, neutralizing to protect against intestinal cancer. The calcium is also slowly absorbed by the intestine while some of it reacts with fatty acids, bile salts, and other carcinogens in the intestine to form inert compounds called *soaps*. Calcium safely binds up the attackers, rendering them unable to harm the intestinal cells. Apples, oranges, lemons, limes, grapefruits, kiwi, and a wide range of other fruits, as well as most vegetables, contain substantial amounts of pectin.

Mutations

A human body makes 24 billion cells every day--one billion cells every hour. One out of every million cells is mutant. All mutant cells originate from healthy cells and mimic the characteristics of their original cells. Some cells grow slowly, while others reproduce rapidly. Since there are more than 200 different types of healthy cells in the body, it's easy to understand how scientists were fooled into thinking that there are more than 250 different types of cancer, since a mutation can occur in any tissue of the body. Unlike malaria and polio, a foreign organism that enters the body does not cause cancer. Cancer is an innate part of the body. In a true sense, every human is predisposed to cancer.

Everyone has mutant cells, but mutant cells and cancer are as different as an egg and a chicken. You could say that the egg is a "pre-chicken" condition. In the same way, a mutant cell is considered a "pre-cancerous" condition. It's just as normal for a human to have mutant cells as it is for a human to have a baby. Both are normal bodily conditions. First, a mutation occurs when something happens to certain normal genes inside your cells. These are parts of the DNA inside the cells. Genes that have mutating potential are called *proto-oncogenes*. That translates to *pre-cancerous genes*. What transforms them into *oncogenes*, or true mutant cancer genes, can be almost any foreign substance introduced into your internal environment in the air you breathe or the food you eat, or the mutation can simply be a spontaneous change with no identifiable cause.

The genes of all the cells of the body are not necessarily oncogenes. Something has to happen before a healthy cell turns into a mutant. There are three different processes that can transform a normal gene into an oncogene. The DNA, the blueprint of the cell, is built of very precise building blocks that scientists call *nucleotides*. If one nucleotide is substituted for another in the process of cell duplication, this is called *point mutation*. When this happens, a mutant cell results.

The second process is called *chromosomal translocation* and occurs when chromosomes of the cell swap a chunk of genetic material with each other. The Third process is called *amplification*. Cells have the ability to amplify their copying function, meaning that they make multiple copies of genes. Instead of making two copies of a certain gene per cell in preparation for division, a cell may manufacture hundreds. Still, it's actually very hard for a mutant cell to qualify as a legitimate potential cancer cell. One mutation will not do it. A cell has to mutate twice. In every instance, cancer cells are caused by mutations of the genes in the DNA that control both cell growth and cell reproduction. Even then, a cancerous tumor doesn't develop unless cell growth goes out of control.

For example, if just one oncogene is produced early in life, cancer won't surface until a second gene is disrupted and turns into an oncogene itself. So that's why it may take 20 years or more before cancer is detectable. Anything that alters DNA has the potential to produce oncogenes. Radiation, chemotherapy, and chemical carcinogens have all been shown to have that ability. Chemical substances of certain types also have a high propensity for causing mutations, including aniline dye derivatives, asbestos, and the tars, toxins, and nicotine in cigarette smoke. Physical irritations, including the continuing abrasion of the lining of the intestinal tract by some foods, or even abrasions on the outside of the body, can lead to more rapid cellular production as the body tries to remedy the damage. And fast cellular production offers a greater chance for mutations to occur. There is no difference in the terms carcinogenic and mutagenic. The most damage any chemical classified as a carcinogen can do is

cause a cell to mutate twice. It takes a weak immune system to allow cancer to develop. Most cell mutations have less survival capability than normal cells and simply die. Only a very few of the mutated cells that manage to survive actually disobey the normal feedback controls that prevent excessive growth. They live out their limited lifespan as non-invasive mutant cells until they die of old age. Those cells that are potentially cancerous are the target of search and destroy teams of your immune system. They usually manage to clean up deviant cells long before they can grow into a cancer colony. Most mutated cells form abnormal proteins within themselves because of their altered genes. As the true guardians of your body, immune cells know exactly which proteins belong to your body, and which ones do not. The presence of an abnormal protein tells the B-lymphocytes that they need to form an army of antibodies to destroy the renegade cells. If a mutation occurs before conception, it will show up as a birth defect.

Cancer is not generally inherited in the way that *cystic fibrosis* or *hemophilia* are. In most cases, the damage to the genes occurs after birth. However, families can exhibit a strong predisposition to cancer, but it is usually related to some learned lifestyle practices and qualifies as an environmental not genetic trait. But remember, two mutations must take place before cancer arises. In certain families, one or more of the oncogenes can be inherited, meaning that it takes far fewer mutations for a renegade to develop. There are no chemicals, agents, or elements, which can be termed cancer-causing, or carcinogenic. Nothing causes cancer--a weak immune system allows cancer to develop.

Only when the immune system is incapable of destroying these malignant cells will cancer develop. As long as the cells of your immune system are doing their job the way they're supposed to, you will never get cancer. This is the same thing that happens when the immune system breaks down, as it does in patients with AIDS. Several "rare" types of cancer, such as *Kaposi's sarcoma*, *Burkitt's lymphoma*, and chronic *myeloid leukemia*, are common among AIDS victims. More recently, other cancers have been noted. All cancers are colonies of uncontrolled cells, which ignore the laws of the body. But, because a cancer cell arises from a normal cell, it takes on the basic characteristics of the normal tissue it calls home. For example, if the original cell comes from normally slow-growing tissue, the malignant cell will be slow growing. If malignant cells develop from fast-growing tissue, that cancer colony will grow rapidly. Because skin cells are constantly replacing sloughed-off dead skin cells, skin cancer grows fast. Although all the cells of your body carry the very same DNA blueprint, which was established at the moment of conception, the cells are organized into more than 200 different families of cell tissue.

Because all cells can mutate, it's possible for cancer to wear 200 different disguises. Back when our scientists began to classify various cancers, they categorized each one by the way it looked and acted. It's only logical that they'd end up with hundreds of what they thought were different cancers. Because the transformation of a normal cell into a cancer cell is associated with the process of cell division, tissues that relinquish the capacity to divide, such as nerve cells, cells of the voluntary muscles, and even heart-muscle cells are virtually immune to cancer. As a cancer grows, it interferes with the functioning of the healthy tissue that surrounds it. As a cancer grows and causes pain, humans start looking for the cause of the pain and may find a lump. But many cancers are not painful for a very long time. That's why so many cancers go undetected for so long. But only undetected by humans. The immune cells know immediately. The T cells identify each cancer cell long before it becomes a threat to your life and health. They immediately begin to build an army to combat each colony. Most humans never know about more than 95% of all the cancer

colonies in their bodies. The only ones they know about are the ones that overwhelm the immune defense forces. Not all cancer cells spread, or metastasize as scientists term it. You have to remember that cancer cells are renegades.

They not only exceed growth limits, they don't even become very attached to each other. So it's easy for some of the cells from a primary cancer to break away and move to another part of the body where they proceed to set up camp. If metastasis does occur, the cells from a malignant tumor move from one part of the body to another, and they start a new colony, which scientists call a secondary cancer, wherever a tumor cell takes root. Secondary cancers are just as dangerous as primary cancers. When a tumor begins growing in bone, for example, it weakens your structural strength considerably.

Even a normal amount of physical pressure might cause an affected bone to snap. Or, when a cancer colonizes the brain, lungs, or liver all highly susceptible to wandering cells because of the large volume of blood which flows through them at all times, the growth can interfere with essential life support systems. In one sense, whether it is *malignant* or *benign* isn't important. As it grows and pushes into normal tissue size, it becomes a factor. Also, of the more than 200 types of normal cells, a proportion of them are hormone-producing organ cells. If cancer occurs in these important cells, the mechanism, which controls the production of certain chemicals, becomes out of balance.

The danger here is that certain chemicals, which the body needs, can't be produced, and others may be overproduced. Either way, the balance of the body is out of control. Because the DNA of every normal cell in the body has all of the information it needs to function as normal cells, a mutated cell can take over the responsibilities of any other cell. Certain types of lung cancer have been known to produce the hormones that are normally produced in the pituitary gland, causing dangerously high blood pressure, serious kidney disorders, and even weakening muscle structure.

Virtually any symptom, anything from a skin rash to a hallucination, might conceivably signify a tumor playing games inside the body. Even a general feeling of malaise, the appearance of not being quite up to snuff, and an unexplained weight loss can actually turn out to be major symptoms of early cancer. Because cancer cells proliferate so rapidly, tumors appropriate a lot of the body's energy. Cancer cells greedily absorb nutrients at the expense of normal cells. The tumors grow strong, as the human grows weak.

Cancer has so many faces, personalities, sizes and growth patterns, and hides in such a wide variety of symptoms, that it's no wonder even the best minds in the country don't have a firm fix on cancer yet. Humans will continue to die of cancer as long as scientists treat it as a disease. It's scary to know that medical experts will continue to cut, radiate, or poison already weakened bodies with chemotherapeutic chemicals in their misguided effort to fight against a foe they have yet to properly identify. The most promising approach to cancer therapy lies within your own body. Instead of poisoning the body, as many conventional therapies do, wouldn't it be better to boost your body's own defenses against cancer? You will live out your entire lives with mutant cells roaming around inside your bodies. If you beef up your immune system, cancer cells won't stand a chance.

Massaging Statistics

An epidemiological study confirmed the questionable value of conventional therapy by concluding that "medical interventions for cancer have had a negligible or no

effect on survival.” Even the conservative *New England Journal of Medicine* had an article with the headline, “Cancer Undefeated.”

Common ways to make medical statistics look more favorable are as follows. Patients who die during prolonged treatment with chemotherapy or radiotherapy are not counted in the statistics because they did not receive the full treatment. In the control group, everyone who dies is counted. Furthermore, success commonly is judged by the percentage of shrinking tumors, regardless of patient survival; but if the rate or length of survival is measured, then it is usually only in terms of dying from the treated disease. It is not normally shown how many of the patients die due to the treatment itself.

The current trend is to pick up *pre-cancerous* conditions very early and treat them as *cancer*. While this statistically increases the number of people with cancer, it also artificially prolongs survival times and lowers death rates, thereby making medical treatments appear to be more successful.

An investigation of the records of 1.2 million cancer patients revealed that the death rate attributed to non-cancer death shortly after treatment was 200% higher than would normally be expected. Two years after diagnosis and treatment, this excess death rate had fallen to 50%. The most common cause for the excess death rate was listed as heart and respiratory failure. This means that, instead of dying several years later from cancer, these patients died from the *effects of the treatment* and helped greatly improve the cancer statistics because they did not strictly die of cancer. This misleading reporting of cancer deaths has led to demands for more honest statistics. After an analysis of several large mammogram-screening studies found that mammography leads to more aggressive treatment with no survival benefits, even the editor of the *Lancet* had to admit that there is no reliable evidence from large randomized trials to support mammography screening programs. The significance of this statement goes far beyond the use of mammograms.

It is openly acknowledged by the proponents of conventional medicine that they have no effective way of helping patients with advanced cancer. Until now, the catch cry has always been “Detect it early, then it can be cured.” These mammogram evaluation studies demonstrate that it does not matter when cancer is detected; the conventional methods are useless, as is the whole multibillion-dollar cancer industry. A 13-year Canadian study involving 40,000 women compared physical breast examinations with examinations plus mammograms. The mammogram-plus-examination group had many more lumpectomies and surgeries, with a death rate of 107 compared with 105 deaths in the physical examination group.

Ductal carcinoma in situ (DCIS) is a common, non-invasive form of breast tumor. Most cases of DCIS are detected through the use of mammography. In younger women, 92% of all cancers detected by mammography are of this type.

Nevertheless, on average, 44%—and in some areas 60%—of these are treated by mastectomy. As most of these tumors are harmless, this needless treatment makes survival statistics appear to be better than they actually are.

While conventional diagnosis is invasive and may help to spread the cancer, a kind of *electrodermal screening*—called the *Biofield* test—developed by a team from eight European hospitals and universities, was reported in the *Lancet* as being 99.1% accurate in diagnosing malignancy in breast tumors.

A large meta-analysis of radiotherapy results for lung cancer showed that after two years there were 21% more deaths in the group that had radiotherapy in addition to

surgery as compared to those who had surgery alone. The *Lancet* article stated that the rationale is to kill any cancer cells remaining after surgery, but it is a shame that the facts do not agree with this theory.

The Scientific Basis for Drug Approvals

Most of the cancer drugs come initially from the U.S. In the past, a company had to submit two favorable, large randomized trials to obtain U.S. Food and Drug Administration approval. "Favorable" means that there must be a certain rate of tumor shrinkage lasting for at least one month. It was not necessary to show that the treatment prolonged survival, and it was not necessary to submit the results of any unfavorable trials for the same drug.

These "strict scientific" guidelines were relaxed in the Clinton era, and drug companies can get FDA approval on the basis of small preliminary trials, even if a large randomized trial may be unfavorable. In a remarkable statement about drug approvals, an FDA spokesperson pointed out that any delay in approval did not mean unnecessary deaths because "all these treatments for advanced cancer don't cure people."

Perhaps the situation is even worse than a case of just ineffective treatments. A group of respected researchers reviewed all the published statistical evidence on the outcome of medical treatments, and showed that the medical system is now the leading cause of death and injury in the U.S. Deaths attributable to heart disease in 2001 were 699,697; for cancer the figure was 553,251; while for medical interventions it was 783,936 per year! Appropriately, the title of this study is *Death by Medicine*.

You may wonder why health authorities turn a blind eye to these massive fatalities, mostly caused by drugs, while concentrating their energies instead on suppressing food supplements and natural remedies. A main reason for this distorted official attitude is the fact that health departments and regulatory authorities are dominated by medical doctors who have been trained (with money from drug companies) to believe that drugs are beneficial and natural remedies are potentially harmful. Despite a majority of Western populations preferring natural remedies, basically all political parties promote dependency on pharmaceutical drugs. Therefore, as a first step to changing this oppressive political climate, we urgently need a political party that promotes natural health care rather than drug dependency.

In an editorial by Richard Smith in the *British Medical Journal* he stated: "Only 15% of medical interventions are supported by solid scientific evidence." and "This is because only 1% of the articles in medical journals are scientifically sound, and partly because many treatments have never been assessed at all."

Several decades ago, *hormone replacement therapy* (HRT) was shown in "rigorous scientific" research to be safe and effective; otherwise it would not have been approved. It was strongly promoted as protecting against heart disease and cancer. Now every new trial shows HRT to be dangerous and to increase the risk of developing heart disease and cancer. What went wrong? Why was this not picked up earlier? Quite simply, the original research was conducted with the aim of generating profits. Therefore, one should mistrust any research that is conducted with profit in mind. Unfortunately, this presently applies to most medical research.

A Conspiracy of Silence

The eminent medical commentator and former editor of *New Scientist*, Dr. Donald Gould, in a timeless article called *Cancer: A Conspiracy of Silence*, wrote: “The commonest cancers are as resistant to treatment today as they were 40 or 50 years ago. Nothing is to be gained by pretending that the battle against cancer is slowly but surely being won.”

This truth has been deliberately concealed from the general public. According to Gould, the reason for this conspiracy of silence is money. The public must continue to see the Cancer Establishment as a winner to continue to provide money. One of the quoted scientists said that with tens of thousands of radiologists and millions of dollars in equipment, one just gives radiation treatment even if study after study shows that it does more harm than good.

Gould also is of the opinion that patients who could be comfortable *without* medical treatment until their inevitable death, *with* medical treatment are made miserable in a pointless attempt to postpone death for a few unhappy weeks. But, of course, that is when most of the money is being made. Gould feels that they poison their patients with drugs and radiation and mutilate them with unnecessary surgery in a desperate attempt to treat the untreatable.

Not much has changed since Gould wrote this article in 1976. In a recent edition of *The Moss Reports*, we can read that long-term survival from common cancers such as prostate, breast, colorectal and lung “has barely budged since the 1970s.” In summary, this means that there has been no significant improvement in cancer survival rates in the last 70 to 80 years.

Alternative Treatment Suppression

The American Medical Association (AMA) and the American Food and Drug Administration (FDA) have conspired to destroy all non-toxic, alternative therapies, which they view as a threat to the medical establishment and the profits of the pharmaceutical companies, which actually have larger turnovers than oil companies. Over the past few decades, practitioners of alternative therapies have been ridiculed, bullied, taken to court and jailed. Any doctors who practice such therapies have been threatened with the loss of their medical licences. Some inventors of alternative therapies have even died in mysterious circumstances and their laboratories have been burned down, suggesting that they have been murdered by people with a vested interest in preserving the status quo. Their only crime has been that they cured patients using non-approved and non-toxic alternative treatments.

The history of science contains many examples of dogmas which later proved to be false. In the early 19th century, scientist stated that human beings could not travel at more than 30 mph because they would be unable to breathe. They had to retract their claim when the first railway trains appeared. A hundred years ago, many scientists claimed that heavier-than-air machines could never fly. This belief was so widespread that many periodicals refused to report the Wright Brothers first flight in 1903, as they assumed it must be a hoax. According to the laws of aerodynamics bumble bees cannot fly--fortunately bumble bees don't know this and fly quite happily. In the same way, contemporary scientists claim that alternative therapies like Kinesiology, dowsing and Homeopathy must be ineffective as they cannot be explained by our current science. This proves that our current science is defective. No one saw the rings around Saturn until the telescope was invented. In the same

way we will one day have an "expanded science" which will verify many alternative therapies.

Multimillion dollar scanners can detect tumors but there are therapists who can do it with muscle testing or even a one dollar pendulum! Galen (130-200 A.D.) was a famous doctor and favorite among the Roman rulers in the second century after Christ. He dissected animals and from what he saw, surmised what the insides of human bodies might be. For the next thirteen hundred years, the medical authorities taught their students the beliefs of Galen. Even during the early part of modern times--it was nothing short of sacrilege to question Galen's teachings in any way. Sound slightly familiar? Not until the great anatomist Vesalius (1515-1564) of the University of Padua undertook detailed autopsies in 1538 did we finally "discover" the magnitude of Galen's errors and the extent of their basic ignorance. The tyranny of medical authority finally was glaringly, horrifyingly, and shamefully acknowledged.

The greatest abomination of modern American medicine is the ineffective, harmful and murderous treatments used to "fight" cancer while a variety of alternative healing methods, which actually do cure cancer, are kept illegal. All the while, 10,000 Americans die of cancer weekly and orthodox medicine keeps them "contained" in the surgery-chemo-radiation death tunnel. Most Americans would be utterly outraged if they knew the extent of scientific politics, corruption, cowardice, and outright participation by the "scientific priesthood" in the criminal negligence (at minimum) which characterizes most of the learned scientific societies and publications regarding the obvious, covered-up "scientific" frauds, perpetrated to maintain the lucrative, deadly cancer therapies rigidly kept in place by orthodox medicine, orthodox health officials and others eating from the cancer feeding trough.

North American biomedicine has never been friendly to the notion that patients should be given wide latitude to choose amongst treatment modalities--not least because patients' rights of this sort can only undercut the profession's ability to shape and control its own market. So it comes down to money, power, and markets. The doctors, the scientists, the "Health Officials" and others inside the monopoly (or syndicate, cartel, conspiracy)--just like the Soviet empire's old guard, in its dying days are primarily influenced by what keeps them in the clover. Millions of cancer patients can die as long as the "Health bosses" hang on to their power and elevated positions of authority. (The chief chemotherapist at the Mayo Clinic even admitted in a published paper that he gave chemotherapy to cancer patients which he knew would not help them, right up to their deaths in order to keep them from trying alternative therapies!) It's time for them to go.

The vast majority of studies show that radiation cannot cure cancer, and that it can rarely extend life for people with the disease. The disappointing truth is that, for more than 90% of cancer patients, chemotherapy has nothing to offer. Consider the people at the National Cancer Institute who set research agendas and long-range chemotherapy--radiation policies for years into the future, despite massive scientific evidence of its failure. They know what their crimes are and what they did to millions and millions of Americans with cancer. They know. Sometimes they lie and pretend otherwise. But they want that yearly \$2¼ billion for "research." Never has such a "profession" in the history of America so badly and shamefully committed such foul deeds and sought to continue such a human slaughter through lies.

With alarming regularity, oncologists say that they would not allow chemotherapy to be given either to themselves or to their families. Oncologists characteristically downplay the level of suffering involved when they recommend chemotherapy to

people with cancer. A majority of the cancer doctors in several investigations admitted that they wouldn't allow chemotherapy to be used on them, yet they cleverly induced their patients to take chemotherapy by careful, tricky word stratagems, in effect, misleading the innocent. Only rarely are patients given accurate and complete information in an understandable fashion so that they can make truly informed decisions. The real goal is no longer to discover a cure for cancer but to perpetuate a professional way of life. Meanwhile, 10,000 American cancer patients per week die while the *New England Journal of Medicine*, the National Cancer Institute, the American Cancer Society and the Office of Alternative Medicine ignore the documented cures for cancer. Belief that late 20th century medicine is oriented toward scientific goals is mere self-delusion. The American public should finally come to realize that medicine consumes over 11% of the U.S. gross national product every year. The American medical industry is a \$550 billion a year industry... There are more people living off of cancer than there are people dying from cancer.

There is no evidence for beneficial effects of chemotherapy on survival. Chemotherapy can't extend the life of cancer patients with the most common organic cancers. A great deal of standard treatment of cancer has not been shown to be of benefit... but insurance pays it for. A lying priesthood deluded by brainwashing would be a polite way to describe the cancer doctors along with the so-called "scientists" and big league media who share the guilt. Inside the cancer world they knew, and yet, they kept murdering! No one in government, the media, orthodox medicine or those near the top of the scientific game had the courage or simple responsibility to scream STOP! And the radiologists just keep on radiating. What else can be expected? It's all they know how to do. But it doesn't work. A common source of information for many people diagnosed with cancer is the *Oncoline* site of the Internet, which receives more than 1 million "hits" per month.

The disinformation and deceit provided to cancer patients by *Oncolink*, is prepared primarily by the National Cancer Institute (NCI) and the American Cancer Society (ACS), and constitutes one of the great crimes of our times. These boards work primarily to protect the practitioners and have little or nothing to do with protecting the public. The most effective way of inhibiting innovation in licensed professions is through disciplinary provisions. In the early 1990's, the Office of Alternative Medicine (OAM) was established by the U.S. Congress to investigate "alternative medical treatments," especially for cancer. It was quickly taken over by the establishment medicine "experts" who perceived OAM as a huge threat to their expertise, grants, beliefs, careers, and "established way of doing things." The patients who might have benefited from a truly independent, "alternative medicine" approach to cancer were ignored. Even the scientific literature often is simply ignored by orthodox medicine. Despicable medical politics have resulted in torture and death for countless cancer patients across America and across years and years as real, working cures for cancer remained suppressed, unavailable, and "unproven."

Established methods--surgery, radiation, and chemotherapy--actually weaken the patient's natural powers of resistance, making long-term recovery more difficult and less likely. Alternatives to surgery, chemotherapy, and radiation are either specifically against the laws, or so repressed by state powers that dispensing them would be professional suicide for doctors. The very existence of these laws is testimony to their true purpose--protection of the treatment fraud. The Food and Drug Administration (FDA), the National Cancer Institute (NCI), the American Cancer Society (ACS) and the large cancer treatment centers work to eliminate your choice of cancer therapies, particularly better ones. Serious study of how these entities work together to destroy

hopeful approaches to cancer reveals a trail of corruption, conspiracy, dishonesty, and inhumanity that warrants the designation of evil.

In Europe between 1450 and 1750, the Inquisition tortured and then inevitably murdered 5 million to 6 million people. This exceeded the number killed in all the wars of those three hundred years. This was the approved, sanctioned system of the ruling, elite class of nobles and priests. It exemplifies how--from within a privileged ruling order--an utterly criminal, inhuman, rationalized madness can prevail and be essentially oblivious to the privileged. While those who are powerless, are subjected to physical and mental violations and outrages, for the sake of preserving the power and beliefs of a dominant class of professionals. Today in America, the priests and mouthpieces of establishment cancer medicine perform rituals, which tragically mirror the Inquisition's three hundred year historical record of atrocities and still lingering nightmarish effect on the collective psyche. The war against alternative medicine continues to this day.

As Benjamin Rush, M.D., signer of the Declaration of Independence in 1776 and one of the architects of the Constitution in 1787 prophetically stated:

"Unless we put Medical Freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship. To restrict the art of healing to one class of men and deny equal privileges to others... are fragments of monarchy and have no place in a republic. The constitution of this Republic should make special provisions for Medical Freedom as well as Religious Freedom."

Meanwhile, the "Federation of State Medical Boards" met in Chicago in early 1996 and agreed to coordinate a national network to punish doctors and others who used alternative methods. These medical boards have chosen consciously to enter into a conspiracy with state attorneys general, insurance commissioners, hospitals, county medical societies, and anyone else who will naively buy into their agenda. There will be an accounting. History requires it, for the sake of all those who died in the torture chambers of the American Cancer Establishment.

What To Do?

It is now 32 years since President Nixon declared war on cancer. Since then, \$2 trillion has been spent on conventional cancer treatment and research, with the result that more individuals are dying from cancer than ever before. While there have been many studies to evaluate the effects of various nutrients on different cancers, nothing of these two trillion dollars has been available for natural therapists to conduct trials of holistic cancer therapies. Natural therapists have had to face a century of persecution, many of them being dragged before courts and ending up in jail. Would it not be more scientific to evaluate the methods of natural cancer therapists impartially, rather than put the therapists in jail? Most alternative cancer clinics in the U.S. have had to relocate to Mexico.

A holistic cancer approach includes superior nutrition, detoxification, dental revision, herbs, electromedicine and vibrational or energy medicine, emotional healing and Dianetics Auditing. The only reported study that comes close to investigating a holistic approach involves the Gerson therapy in an evaluation of five-year survival rates of 153 melanoma patients. Here, 100% of Gerson therapy patients with Stage I and II cancers survived, but only 79% survived who had conventional therapy. With Stage III cancers (regional metastases), 39% with Gerson and 6% with conventional therapy survived.

Many natural cancer therapists claim a success rate of more than 90% in arresting and reversing cancer, provided that patients have not been subjected to orthodox treatments beforehand. The most damaging treatments appear to be chemotherapy and radiation. Therefore, if you are confronted with cancer, resist acting out of fear and under pressure. The situation is hardly ever so urgent that you have to act immediately. Instead, do your own research from books, journals and the Internet, and then trust your common sense or intuition.

Taken from <http://tuberose.com>