

Treatment often causes more misery than the disease itself and in most cases is unsuccessful (THE CANCER CONSPIRACY by John J. Moelaert)

HOW SCIENTIFIC ARE ORTHODOX CANCER TREATMENTS?

By Walter Last

The medical profession takes much pride in the rigorous scientific research that underpins its approach to cancer treatment. Someone newly diagnosed with cancer faces enormous pressure from our health care system to start immediately on a scientific medical treatment program that involves surgery, chemotherapy and radiation in various combinations. Being fearful and in shock, most individuals in this situation are no match for the overwhelming power of medical authority.

How would you react in this situation? You may be leaning towards natural therapies for simple health problems but for something as serious as cancer you may feel safer with the tested and proven methods of orthodox medical care. Nevertheless, if you have the chance, read the following before you make your final decision. You may then have a better appreciation of natural cancer treatment.

In this article I have assembled some little known facts about the science behind orthodox cancer treatment. 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 inherently unscientific. The overall supposed cure rate is not higher than can be accounted for by spontaneous remissions and the placebo effect.

In support of my position I offer the following key statements and conclusions from medical and scientific publications.

“Studies *appear* to show that early intervention is helpful, because pre-cancerous lesions are included in early removals that frequently would *not* become cancerous if left untouched.” In other words, early intervention *appears* helpful because lesions are removed that are *not* cancerous but they are counted as being cancer, and that improves survival statistics. “Also, it does not matter how much or how little of a breast is removed; the outcome is always the same “(1). This statement indicates that surgery does not improve survival chances; otherwise there would be a difference between radical surgery and lumpectomy.

Researchers said it is complacent to continue subjecting at least 70% of women with breast cancer to a futile mutilating procedure (2). Furthermore, there is no evidence that early mastectomy affects survival; if patients knew this then they would most likely refuse surgery (3).

In 1993 the editor of *The Lancet* pointed out that despite various modifications of breast cancer treatment, death rates remain unchanged. He

acknowledges that despite the almost weekly releases of miracle breakthroughs, the medical profession with its extraordinary capacity for self-delusion (his words, not mine) in all truth has lost its way. At the same time he rejects those who now believe that salvation will come from increasing chemotherapy after surgery to just below the rate where it kills the patient. Instead, he continues, "would it not be more scientific to ask why our approach has failed?" Not too soon to ask this question after a century of mutilating women, I would say. The title of this editorial, appropriately, is *Breast cancer: have we lost our way?* (4).

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, M.D., 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 the accelerated spread of cancer, which it does by forming metastases in other parts of the body (5).

An earlier German comparison found that untreated post-menopausal women with breast cancer lived longer than treated women, and the recommendation was not to treat postmenopausal women for breast cancer (6).

This conclusion confirms a finding by Ernst 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 (7). 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 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 (8).

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 controls (who did not) but those with surgery suffered more morbidity such as impotence or incontinence (9).

The late H B Jones, Professor of Medical Physics, was a leading US cancer statistician. He said in a speech before the American Cancer Society that no study had proven that early intervention improves the chances of survival. On the contrary, his studies prove 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 (10).

Massaging Statistics

A recent 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' (11). Even the conservative *New England Journal of Medicine* had an article with the headline: *Cancer Undefeated* (12).

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. Further, success is judged by the percentage of temporary tumor shrinking, regardless of survival times; if survival is measured, then 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. However, there may also be a genuine component of improved survival, as increasing numbers of cancer patients opt for additional natural therapies.

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 per cent 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 was listed as heart and respiratory failure. This means instead of dying several years later of 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 (13). This misleading reporting of cancer deaths has led to demands for more honest statistics (14).

After an analysis of several large mammogram-screening studies found that mammography screening leads to more aggressive treatment with no survival benefits (15), even the editor of the *Lancet* had to admit that there is no reliable evidence from large randomized trials to support mammography screening programs (15). 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 always was '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, and with this the whole multi-billion dollar cancer industry, are useless (my conclusion).

A 13-year Canadian study with 40,000 women compared physical breast examinations with examinations plus mammograms. The mammogram group had many more lumpectomies and surgeries, and the death rate was 107 deaths in the mammography group and 105 in the physical examination group (16).

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 per cent 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 greatly improves survival statistics (17).

While conventional diagnosis is invasive and may help to spread the cancer, a kind of electrodermal screening, called Biofield test, was developed by a team from eight European hospitals and universities, and reported in the *Lancet* as being 99.1% accurate in diagnosing malignancy in breast tumors (18).

A large meta-analysis of radiotherapy results for lung cancer showed that after 2 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 editorial states 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 (19).

Chemotherapy - Medical Russian Roulette

Chemotherapy for children with leukemia 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 tumors later in life. Even worse, girls face a 75 times (7,500%) higher risk of breast cancer by the time they are 40 (20). A main problem appears to be the development of deep or systemic *Candida albicans* infections shortly after starting chemotherapy (21). If this is not appropriately treated, then relapses or future health problems are likely to occur.

Chemotherapy showed a clear dose dependency whereby the incidence of triggered leukemia doubled between low dose and moderate dose groups and then quadrupled between the moderate dose and the high dose groups. A study of ovarian cancer found that the risk of developing leukemia *after treatment* with chemotherapy increased 21 fold or 2100%. Also other tumors commonly develop after treating malignancies with chemotherapy (22). In a trial for multiple myeloma no advantage was found by using chemotherapy as compared to no treatment (23).

The respected German biostatistician Ulrich Abel presented a comprehensive analysis of over 3,000 clinical trials on the value of chemotherapy on advanced carcinoma (for instance breast cancer). Oncologists tend to use chemotherapy because this may induce a temporary shrinking of the tumor, 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 states: "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" (24). 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 that chemotherapy extends life for the majority of cancers (25).

However, even if chemotherapy would extend life for a few months, what about the quality of this life? Tom Nesi, a former director of public affairs at the pharmaceutical giant Bristol-Myers Squibb, wrote in the *New York Times* about the 'successful' treatment of his wife, which statistically extended her life for three months (26). Two weeks after the treatment she scribbled on a

notepad: "depressed - no more - please." I am not surprised about reports that most oncologists would not use these treatments for their own families.

Only recently have oncologists started to acknowledge what patients called "chemo-brain", a distressing loss of memory and other cognitive functions. Psychiatrists have now found that cancer and its conventional treatment cause serious depression in 15 to 25 percent of patients. "The depression itself can often be worse than the disease" they say (27).

The Full Treatment

Virginia Livingston (later Livingston-Wheeler), a remarkable cancer researcher and therapist in her book, 'Cancer - A New Breakthrough' (28), 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 were involved; all of the cancer had been successfully removed. To make extra sure that there was no re-growth 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 re-grow, 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?"

A Conspiracy of Silence

Why are they doing this? With 'they' I am referring to what is commonly called 'the cancer establishment'. I believe the answer was given by the eminent medical commentator and former editor of *New Scientist*, Dr. Donald Gould, in a timeless article called *Cancer - A Conspiracy of Silence*. The subtitle summarizes his position: *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* (29).

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 providing 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 how most of the money is being made. Gould feels that they poison their patients with drugs and rays 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 Moss Report (April 2004) we can read that long-term survival from common cancers such as prostate, breast, colorectal and lung "has barely budged since the 1970s"(30). In summary, this means that there was no significant improvement in cancer survival rates in the last 70 to 80 years.

The Scientific Basis for Drug Approvals

It is also interesting to know the scientific basis for the approval of cancer drugs. Most of them come initially from the U.S.A. Commonly a company had to submit 2 favorable large, randomized trials to obtain FDA 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. Now these 'strict scientific' guidelines have been relaxed, and drug companies can get FDA approval on the basis of small preliminary trials, even if a large randomized trial may be unfavorable (31). 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" (32). However, and this is the important part, an individual cancer drug that does not cure people can earn billions of dollars for its drug company.

Perhaps the situation is even worse than ineffective treatments. A group of respected researchers reviewed all of the published statistical evidence of the outcome of medical treatments. It shows that the medical system is now the leading cause of death and injury in the US. 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' (33).

You may wonder why health authorities turn a blind eye to these massive drug fatalities, while concentrating their energies instead on suppressing food supplements and natural remedies. A symptom of this official attitude is the recent saga of PAN Pharmaceuticals when the government forced the largest Australian manufacturer of natural remedies into bankruptcy, allegedly because there was a possibility that some of these products might cause someone to get sick or even die. I see a main reason for this distorted official attitude in the fact that health departments and regulatory authorities are dominated by medical doctors who have been trained, partly with money from drug companies, to believe that drugs are beneficial and natural remedies 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 change this oppressive political climate we urgently need a political party that dares to promote natural health care rather than drug dependency.

We can find a clue for the cause of these appalling “Death by Medicine” statistics in an editorial by Richard Smith in the British Medical Journal. “Yet 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” (34).

A good demonstration of the unscientific nature of medical research is the recent fiasco with hormone replacement therapy (HRT). Several decades ago it was shown in “rigorous scientific” research to be safe and effective; otherwise it would not have been approved. It was strongly promoted to protect against heart disease and cancer. Now every new trial shows HRT to be dangerous and increasing the risk of developing heart disease and cancer. What went wrong, why has this not been picked up earlier? Quite simply, the original research was conducted with the aim of generating profits, while recent researchers are not sharing in any of these profits. Therefore, I mistrust any research that is conducted with profit in mind. Unfortunately, this presently applies to most medical research.

The War on Cancer

It is now 32 years since President Nixon declared the War on Cancer. Since then \$US 2 Trillion has been spent on conventional cancer treatment and research, with the result that more individuals are dying of cancer than ever before (35). A similar assessment is given by Clifton Leaf, Executive Editor of the mainstream Fortune magazine. He asks: “Why have we made so little progress in the war on cancer?” and continues to point out that the propaganda about improvement in survival from cancer is largely a myth. Most of the improvement in longevity of cancer patients is due to life style changes and early detection. Early detection prolongs the statistical survival time without the patients living any longer. Even adjusted for age, the percentage of Americans dying from cancer is about the same as it was in 1950. More Americans will die of cancer in the next 14 months than have died from every war that the US has fought combined (36).

While there have been studies to evaluate the effects of various nutrients on different cancers, nothing of these 2 Trillion cancer dollars has been available for natural therapists to trial holistic cancer therapies. Even worse for natural therapists, they had to face a century of persecution. A large number of them was dragged before courts and ended up in jail. Would it not be more scientific to impartially evaluate the methods of natural cancer therapists rather than put them in jail?

In the U.S. basically all alternative cancer clinics had to relocate to Mexico. For a list of such clinics worldwide see www.cancure.org. A holistic cancer approach includes superior nutrition, herbs, electro-medicine and vibrational or energy medicine, emotional healing and mind therapy.

The only reported study that comes close to investigating a holistic approach involves the Gerson therapy in an evaluation of 5-year survival rates of 153 melanoma patients. Here 100% of Gerson therapy patients with Stage I and II Cancers survived, but only 79% with conventional therapy. With Stage III (regional metastases) the figures, respectively, were 70% and 41%; with Stage IVa (distant metastases) 39% with Gerson and 6% with conventional therapy (37).

Here a few more gems from recent medical publications:

The most important advance in cancer diagnosis is needle biopsy, which is now the standard procedure. Until recently this has just been done on the 'scientific' assumption that it is harmless. Now (in 2004) a team in a prestigious US hospital found that 50% of needle biopsies caused metastatic spread of cancer (38). This means an awful number of patients have died due to this innocent-looking procedure.

"Screening for breast cancer with mammography is unjustified. If the trials are judged to be unbiased, the data show that for every 1000 women screened biennially throughout 12 years, one breast cancer death is avoided whereas the total number of deaths is increased by 6." (39).

A group of leading cancer surgeons (Drs. Baum, Demicheli, Hrushesky and Retsky) have shown that surgery triggers accelerated growth of metastases. They point out that from antiquity until relatively recently, surgery was routinely avoided for women with breast cancer precisely because of fear that surgery might spread the disease (40).

The deputy director of the prestigious Canadian National Breast Screening Study (C.J. Baines) wrote: "An unacknowledged harm [of screening mammography] is that for up to 11 years after the initiation of breast cancer screening in women aged 40-49 years, screened women face a higher death rate from breast cancer than unscreened control women, although that is contrary to what one would expect" and "shouldn't women aged 40-49 years know that, 3 years after screening starts, their chance of death from breast cancer is more than double that for unscreened control women? (41).

The latest prostate cancer screening study (2006) confirmed an earlier study in 2002 showing that early detection and treatment does not save lives, only increases discomfort (42).

You may be wondering how there can be this contrast between scientific research and public perception of the benefits of conventional cancer therapy. The answer is that research findings are selectively interpreted (spindoctored) and promoted (propaganda) by vested interests with easy access to the mass media.

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 before. Most harmful appear to be chemotherapy and radiotherapy. Therefore, if you are confronted with cancer, I suggest that you 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.

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