

What I Would Do If Doctors Told Me That I Had Cancer

I have a one in three chance of being told one day that I have cancer. And you face the same odds. Actually the odds are getting worse. If the incidence of cancer continues to rise at the same rate at which it has risen for the last few years then within a decade or so one in two of us will hear those frightening words - or whichever euphemism our doctor feels most comfortable with.

(To be accurate, because you and I know many of the commonest causes of cancer - tobacco, fat, meat etc. - we have, hopefully, improved our odds considerably. But the risk is still there. However sensibly we live it is impossible to reduce our cancer risk to zero.)

Half a century or so ago approximately one in fourteen could expect to develop cancer. Fifteen years ago that figure had risen to one in four. During this time governments and charities have spent billions of whatever currency was available to fight cancer and yet none of those responsible for this massive expenditure seem to be in the slightest bit embarrassed by their utter failure. They greet reports of rises in the incidence of cancer with requests for more money - which will, of course, be spent in exactly the same way as all the rest of the money they have been given. More of the same useless research (much of it involving laboratory animals) and more of the same ineffective cancer treatments.

The huge international cancer industry has created the impression that cancer is a single disease.

But it isn't. Indeed, it is vitally important to remember that cancer is not a single disease. The word 'cancer' is no more specific than the words 'infection' or 'arthritis'.

And scientists are as unlikely to find a single magic 'cure' for all types of cancer as they are to find a single magic 'cure' for all types of infection. I am annoyed when, just about every week, researchers make great claims for their latest breakthrough. (Little or nothing is ever heard of most of these 'breakthroughs'. I find it difficult to avoid the conclusion that in many cases these widely publicised 'breakthroughs' are little more than fund raising schemes. I find the gullibility of reporters equally annoying. Regular promises of a 'cure around the corner' simply help to ensure that most people remain passive about cancer; happy to do nothing either to protect themselves or to help treat themselves because they believe that scientists will soon have a magic remedy in a bottle with which it will be possible to conquer cancer.)

I would retain responsibility

If I was told that I had cancer I would not be willing to put my future in the hands of the promises made by some anonymous and grant hungry white-coated scientists.

I would want to take some control over my own destiny by following a combination programme that would bring together the healing powers of my body and my mind.

And because I would undoubtedly be shocked and frightened (and possibly not too capable of rational thought) it seems to me sensible to make some plans now. It is a lot easier to be rational and logical about an emotional issue like cancer

when you are feeling fit and healthy. It seems to me to make more sense to prepare for this eventuality now - rather than at a time when I might be too frightened and shocked to know what to do. I have planned for my old age (in case I am too frail and weak to work and earn a living). It seems to me to make equal good sense to plan for the possibility that I may one day develop cancer. I may never need to use my cancer plan - just as I may never need to use my retirement plan. But it is good to know that they are there.

Since I have always been honest with my readers I am publishing my own 'cancer plan' in this specially expanded edition of this month's Health Letter. I have tried to create a truly holistic anti-cancer plan; taking the best from many different forms of medicine. This plan is built upon my accumulated knowledge and my philosophy of medicine and of life and of living.

It is important to understand that I do not suggest that my programme will or could be suitable for everyone. I do not even recommend it to you. What you decide to do if you are ever told that you have cancer has to be your choice. You may decide that you dislike my entire programme. You may prefer to put your faith entirely and exclusively in doctors who offer surgery, chemotherapy or radiotherapy, or some mixture of the three. Or you may think that my anti-cancer programme makes good sense and is something that you yourself would like to follow. Part of the creed upon which VCHL is founded is that I simply provide you with information and my advice and my opinions on the understanding that you retain the responsibility for your own health. Personal responsibility is, I believe, a vital part of good and continuing health.

I Wouldn't Expect Too Much From Doctors

The medical profession's approach to the treatment of cancer is supposed to be logical and scientific. The lack of warmth displayed by surgeons and physicians is frequently excused with the argument that doctors have to remain cold, aloof and distant from their patients in order to provide analytical and dispassionate advice. If doctors came into emotional contact with their patients, so the argument goes, they would lose their objective approach and be unable to act as scientists. This, I am afraid, is complete phooey for, despite the claims that doctors make, the truth is that orthodox medicine is not a science.

I can support this seemingly controversial observation with several distinct arguments.

First, if orthodox doctors were really scientists they would only use treatments which they had good reason to expect would prove to be advantageous. And before using each treatment, they would want to look at research work showing that the treatment was effective and likely to do more good than harm.

This simply isn't the case.

Many patients are surprised to discover just how inadequately medical treatments are tested.

The simple truth is that most doctor-patient encounters are experiments and when doctors prescribe or operate on their patients they usually do so more in the hope than in the expectation that the patient will benefit from the experience.

If you feel sceptical about this assertion then let me point out that an editorial in the British Medical Journal (one of the most respected 'establishment' medical journals in the world) has reported that 'only about 15% of medical interventions are supported by solid scientific evidence'.

Looked at the other way this means, of course, that a staggering 85% of medical interventions are not supported by solid scientific evidence. The same editorial also pointed out that 'only 1% of the articles in medical journals are scientifically sound'. (Looked at the other way this means that 99% of the articles in medical journals are not scientifically sound.)

Next, if doctors used a truly scientific method when treating their patients they would happily use whichever form of treatment seemed to offer the best chance of recovery. And they would use scientific methods to compare the effectiveness of orthodox methods (such as surgery, drugs and radiotherapy) with the effectiveness of unorthodox methods (such as diet).

Doctors do not do this.

When patients recover from cancer while or after receiving orthodox medical therapy (usually one or more of the triumvirate of surgery, drugs or radiotherapy) doctors invariably claim that those patients have got better because of the therapy they have received. And, of course, any patient who survives for five years is said to have been cured. Doctors are always quick to claim the credit when they can.

However, doctors are far more sceptical when patients recover from 'alternative' or 'non orthodox' remedies. When patients recover from cancer while or after receiving unorthodox therapy (such as a particular type of diet) they are usually said to have recovered 'in spite' of the treatment they have received. Patients who get better after unorthodox therapy are said to have been misdiagnosed or to have made an 'unexplained and spontaneous recovery'. (I suspect that no patient in history has ever made an 'unexplained and spontaneous recovery' while or after receiving orthodox therapy). Patients who survive for five years after alternative therapy are said to be merely in remission, awaiting a relapse.

And although orthodox doctors are invariably derisive when alternative therapists write about individual patients or describe isolated case histories this is exactly what orthodox doctors do. It is not at all uncommon for medical journals to contain articles and letters based upon experiences with one or maybe two patients. (I believe that these experiences may be valuable.)

The medical establishment always tends to oppose anything new and original which threatens the status quo. When the disorder in question is as serious and as badly treated as cancer this arrogance and reluctance to even consider something new becomes rather close to deceit and professional recklessness. I could put forward a strong case to charge the medical establishment with manslaughter for its continued refusal even to acknowledge or investigate alternative methods of tackling cancer (methods which do not involve drugs, surgery or radiotherapy). The treatment methods offered by doctors are often the only methods patients know about simply because other, less conventional approaches have either been totally suppressed or sneered at and derided so successfully that no one gives them any credence.

Most convincing of all, however, is the fact that practising physicians and surgeons invariably base their own treatment programmes on their own personal

experiences and on their own (usually completely unscientific) views of what will be best for a particular patient. Despite the availability of clear evidence showing the efficacy of diet, stress control and modest exercise in the treatment (as well as the prevention) of cardiac disease most doctors still insist on treating all their heart patients with either surgery or drug therapy. And despite the existence of other, far more logical options, most doctors still insist that the only way to treat cancer is to attack it from the outside - rather than to help the body heal and protect itself.

If orthodox medicine was truly scientific then patients with the same symptoms would all receive the same treatment. They don't. There are almost as many different treatment programmes on offer as there are doctors in practice. If a patient who has been diagnosed as having a particular type of cancer visits three doctors then it's a pretty safe bet that he or she will be offered three quite different types of advice. Many anti-cancer programmes accepted by the medical establishment can, I believe, be described as irrational and illogical. The survival of individual patients sometimes seems to be more a matter of luck than a matter of science. Doctors simply don't understand why when two patients are given a treatment, one will die and one will live. It never occurs to them that there may be some other factor involved and that the death of one patient and the survival of the other may be quite unrelated to the medical treatment which was given.

The logical, scientific approach to any problem is always to tackle the cause rather than the symptoms. If your car has a leaky radiator hose it makes far more logical sense to replace the leaky hose than to keep on filling up the radiator with water. If your house roof is leaking it is far more logical to repair the leak than to put out a bucket to catch the drips.

Good doctors do sometimes follow this logical approach.

When a good doctor sees a patient with indigestion he will want to find out what is causing the indigestion. He will investigate the patient's diet and other habits in a search for a cause. And he will want to deal with the cause of the symptoms, rather than the symptoms themselves. But most doctors still treat cancer in a strangely illogical and senseless way.

But when the bad doctor sees a patient with indigestion he will simply prescribe an antacid remedy - knowing that it will temporarily relieve the patient's symptoms - and send the patient away.

Apart from telling cancer patients who smoke to give up their cigarettes, and advising patients with skin cancer to keep out of the sun, most doctors seem far more concerned with attacking the symptoms than with dealing with the cause of their cancer.

The average doctor treating a cancer patient will simply want to attack the cancer with a knife, a drug or radiotherapy. This is like refilling the car radiator when the radiator hose is leaking or putting a bucket under a leaky roof: it doesn't address the primary cause of the problem.

And yet this is absurd. Cancer is not a specific disease. Removing the lumps and tumours of a cancer does nothing towards attacking the source and cause of the cancer. One of the reasons why cancer develops is that the body's immune system has broken down. In order to tackle cancer effectively the immune system must be encouraged to fight the cancer. The body must be given a chance to tackle the problem which has, after all, been created by its own cells.

Orthodox cancer treatment is neither logical nor scientific and it is important to understand and accept this.

(Curiously many doctors respond to criticism of their profession's approach to cancer as though it was a personal affront, claiming that those who dare to reveal their scepticism in public are depriving patients of hope and are insulting hard working medical professionals. It is rare for doctors to acknowledge that the profession's grotesque failure to combat the ever rising tide of cancer patients could be due to the fact that the medical profession has hunted for cures in the wrong places.)

I Would Expect My Doctor To Be Lousy At Telling Me The Bad News

Most doctors are terrible at telling people bad news because they themselves don't know how to cope with illness. And they certainly don't know how to cope with death. They shut themselves off from any emotional contact with their patients because they don't have the faintest idea about how to face death.

We all feel slightly uncomfortable about the fact that we will die one day. We don't very much like to talk about the prospect of our own death or, indeed, even to think about it. We tend to avoid the subject or to make jokes to try and hide our true feelings. And we don't even very much like discussing other peoples mortality either. You probably felt slightly queasy and uncomfortable when you read the headline at the top of this month's Health Letter.

The problem is that the average doctor isn't any different to you and me. Doctors feel the same mixture of emotions as we do when we think about death (fear, guilt, regret, anger and so on). And so doctors frequently say really crass things when they're trying to deal with patients who have cancer.

For example, a few years ago, one day before I was due to fly to Paris, I needed to have some urgent tests done at a hospital. The tests gave a very strong indication that I had cancer. Moreover, it was a type of cancer which is known to spread very quickly and to kill most of those who develop it within a few months. When the doctors who had conducted the tests had finished they smiled at me in what was, I suspect, supposed to be a reassuring sort of way and told me to go off and enjoy my trip to Paris. They would, they said, do more tests and decide exactly what to do when I got back. Those doctors genuinely didn't seem to realise that I might find this difficult.

Many patients have reported similar incidents and I don't think that the doctors I saw were in any way unusual. They probably simply felt uncomfortable and embarrassed and didn't know what to say to me. I am pretty sure they thought they were being helpful.

The point here is that if I am prepared for my doctor to be gauche and inept when he or she tells me that I have cancer then I will be much better able to cope with the situation. If I don't expect too much then I won't be hurt or frightened by the absence of any real warmth or human contact.

If I was visiting a doctor and expecting to receive results of tests or investigations which might provide serious news of any kind (not just cancer) I would take someone with me. And that someone would, ideally, be strong and capable. I would want someone with me who could ask questions and remember what the doctor has said, but who could also hold my hand when, and for as long as, I needed it held.

Doctors Aren't Going To Get Any Better

I would not try to comfort myself with the thought that doctors are going to be more capable, more scientific or more sensitive in a year or two's time.

(And I would not kid myself that MY doctor - however long I have known him/her - is going to be any better than the rest of the profession. Most people think that their doctor is special. ('I'm seeing the best surgeon in the country'. 'My doctor looks after all the top people in the area. He's very highly respected.')

This is natural. No one wants to think that their doctor is a complete moron. And yet the inescapable truth is that doctors have treated cancer badly for decades. They aren't going to improve this year or next year. It is probably safest to assume that they aren't ever going to improve.)

I Know That Diagnosis Is The One Thing Doctors Are Good At

Making a diagnosis - and monitoring the way an illness is going - is the one thing orthodox doctors are really good at. Some alternative therapists do claim to be able to make diagnoses (for example through kirlian photography or iridology) but I can see no point at all in using these techniques. Blood tests, X rays and CAT scans aren't always right but they are usually right. Even if I was committed to using alternative techniques for the treatment of a cancer I would use orthodox techniques to diagnose it accurately and to keep track of what was happening to it.

I Would Do My Own Research

The doctor who tells me I have cancer may be an expert. He may be widely respected. He may have treated thousands of patients. He may wear an expensive suit, drive a Mercedes and have an extensive private practice. But there is a very good chance that he will be completely out of date.

Most doctors treat their patients according to their own whims and prejudices. There are still doctors around who routinely cut off the breasts of all women with breast cancer. When you ask them why they perform such savage surgery when all the existing evidence shows, quite clearly, that in most cases a lumpectomy produces a better result they will become very defensive and claim that their experience shows otherwise. If you have the courage and strength to push them further on this they will eventually admit that they have never sat down and assessed their results in a scientific way. They do what they do because it is what they've done for years.

So I would go to my local public library and ask someone there to do a computer search for all the latest scientific papers dealing with my disease. I would then order copies of all the relevant journals. Now I admit that I have an advantage over you here because I know some of the language doctors use. But it is a smaller advantage than you might imagine. One of the best review articles I've ever read about prostate cancer was written by a successful company boss who didn't have any medical training but did his own research.

Many of the journal articles would probably turn out to be disappointing and useless. But one or two might provide nuggets of useful information. And when I'd read a few recent journal papers I would probably know as much or more about my disease as the doctor who was supposed to be treating me. If my research produced the names of drugs being used for the treatment of my particular type of cancer I would then ask the library to see if they could dig out

any medical reference books containing information about prescription drugs. I would, in particular, be looking for details of side effects. If the library couldn't get me the information I wanted I would ask my doctor to obtain the information I needed from the drug company making the product. (The drug company will probably only give this information to prescribing doctors.)

I would repeat the library search for new material every few months in order to make sure that I did not miss any important development that might be important to me.

I Would Ask For A Second And A Third Opinion

I don't know about you but if I'm buying a new motor car or a new washing machine I do some research before I buy. I check out the various possibilities. I compare and contrast. I look for problems. I look for weaknesses. I don't accept the recommendation of the first salesman I see.

Dealing with cancer is obviously considerably more important than choosing a new car or kitchen appliance.

And so once I had done some preliminary research into my disease I would ask my GP to arrange two more consultations with experts. Many doctors don't like patients obtaining views from more than one doctor. (This is because they know that other doctors are likely to offer different views about the best possible treatment - thereby making it clear that they just might be wrong.) But I wouldn't worry about my doctor being hurt or offended. That is his problem and I'd have too much to do to worry about his feelings of inadequacy. (I might go back later, when I've beaten the damned cancer, and try to help him/her deal with his/her problem).

I am aware that obtaining these opinions would probably cost me money. (For reasons which you can easily understand state health services and health insurance companies don't always look upon the idea of second and third opinions with much enthusiasm. I am therefore, already making sure that I keep a small nest egg put on one side so that if necessary I will have the cash I need.)

Having done my research I would be able to ask the expert sensible and searching questions. At the end of each consultation I would ask the consultant this question: 'What would you do if you had what I've got?'

I Would Be Sceptical About Orthodox Treatments

Doctors treating cancer patients usually offer one or more of these three options: surgery, radiotherapy or drugs (the dreaded trio more commonly known as 'slash, burn and poison').

Good doctors will readily admit that there are often unpleasant side effects with these types of treatment. Surgery is invariably painful and often disfiguring. Patients are frequently mutilated for no very good reason. Chemotherapy, which is surely one of the crudest and bluntest of all medical techniques, often results in devastating symptoms such as nausea and sickness as well as relatively trivial but potentially dispiriting (and therefore spiritually damaging) symptoms such as hair loss. Battering the entire body with drugs in this clumsy and imprecise way will surely one day be regarded as a major low point of twentieth century medicine (which, admittedly, has many other low points).

But few doctors will point out that orthodox treatments for cancer may actually reduce a patient's chance of surviving.

Surgery can (particularly if performed clumsily) actually result in the spreading of a cancer and taking a biopsy of a suspected cancer may make things considerably worse. On top of these specific and practical risks there is the fact that the human body is a delicate organism. Chopping bits out is traumatic to the physical form as well as to the psyche. Surgery is an 'insult' to the body. A lengthy operation can weaken the body and reduce its ability to fight cancer. The last thing a body fighting a cancer needs is a surgical operation. And so if I was having cancer surgery the reasons for the surgery would have to be convincing.

And I would also remember that radiotherapy and chemotherapy may result in a patient's death not just as a result of a serious side effect but also as a result of the damage done to the whole organism's ability to fight and survive.

Nevertheless, I would not dismiss the options of surgery, radiotherapy and chemotherapy completely. If I had a discrete, isolated, accessible and easily removable tumour which was threatening my very life through its existence I would consider finding a good surgeon to remove it. I would consider specific radiotherapy aimed directly at a cancer site. I would be extremely cautious about chemotherapy and would consider this option only if I saw extremely convincing evidence proving its efficacy.

The essence of holistic therapy is to retain an open mind about all types of treatment - including so called orthodox therapy.

I Would Want To Know About Any Specific Alternative Remedies

At the same time as I was doing research to find out what orthodox medicine knew about my disease I would also ask my local librarian to do a computer search for alternative remedies.

There are a number of respectable and well edited alternative journals now available around the world.

I would want to see as many of these journals as possible. And I would want to look at all the claims made by therapists which related to my specific type of cancer. I would, however, be just as sceptical about alternative therapies as I would be about orthodox therapies.

Sadly, the world of alternative medicine is not totally populated by honest, kind and well meaning individuals. There are many charlatans around whose sole interest is making money. And although I obviously have absolutely no objection to healers and therapists making money if they are offering a good service I would not want to waste money and time on treatments which had little or no chance of working.

(Some orthodox doctors dismiss all alternative therapists as being 'only in it for the money' because they charge a fee. This is, of course, a nonsense. All the orthodox doctors I know get paid. If they don't get paid by individual patients they get paid by the state or by insurance companies. If a therapist offers me a genuine cure for my cancer I will happily pay him whatever I can afford.)

One alternative anti-cancer programme which I would look at very carefully is the one devised by Dr Gerson. The Gerson programme includes the regular consumption of fresh drinks made from vegetables and fruit - and the avoidance of meat, fish, eggs, dairy produce, caffeine, alcohol, salt, nicotine, fats, processed foods, chocolate, spices and ordinary drinking water out of the tap. (I understand, however, that the traditional Gerson programme does, however, include the consumption of liver from very young calves. I do not understand the need for this and would not follow this part of the programme.) I am totally convinced that the regular consumption of fresh fruit and vegetables would make an important difference if I had cancer but I am less convinced about the importance of the castor oil and the coffee enemas (taken to help detoxify the body) which are a part of the Gerson therapy programme. One important study of Gerson patients, which was published in the American journal *Alternative Therapies in Health Medicine* in September 1995 showed that 100% of patients with early melanomas survived for five years. A much less substantial 79% of patients who were treated with conventional medicine survived for five years. Of the patients who had regional metastases 70% of the Gerson patients recovered whereas only 41% of the patients given orthodox treatment survived. But it was the severely ill patients who showed the most dramatic results for whereas 39% of Gerson treated patients with distant metastases lived five years (the period which officially defines a 'cure') only 6% of the patients who were treated with orthodox medical therapies survived for that long. And yet, tragically, despite this evidence, the cancer establishment (composed both of doctors who are supposed to be driven by a desire to find the best therapies for their patients and cancer charities which are given money to find 'cures' for cancer) still refuses to accept the Gerson programme - or even to subject it to more tests.

A cancer surgeon from Austria has published the results of a six year trial of what has been described as a 'watered down' version of the Gerson therapy. This trial involved sixty patients suffering from a wide variety of cancers. The trial showed that patients following the 'watered down' Gerson therapy lived longer and felt better than other patients.

Incidentally, doubters might be interested to know that at the age of 75 Dr Albert Schweitzer consulted Dr Gerson about his diabetes and his depression. Both these problems were quickly cured by Dr Gerson and Dr Schweitzer returned to Africa to work on for another decade and a half.

The Gerson programme is not, however, the only option I would investigate. I would also look closely at the substance hydrazine sulfate. I have seen reports suggesting that this substance may have useful effects on cancer patients - without unpleasant side effects. And I would investigate the possibility of receiving antineoplastons from Dr Stanislaw Burzynski, who is in Houston, Texas.

I Would Be Prepared To Make Changes In My Life

One woman, investigating an anti-cancer programme that would have entailed considerable effort on her part rejected the programme on the grounds that it would interfere with her lifestyle.

But since it was probably her original lifestyle which had resulted in the development of the cancer would a change in lifestyle have been such a bad thing? The important question, of course, is just how big a price am I prepared to pay to defeat the cancer?

There are times in our lives when we have to face reality and we have to take responsibility for our own actions. And facing cancer is such a time. I don't think that this is a time to put my fate into the hands of a doctor whose only virtue is that his ignorance is heavily disguised by arrogance and conceit. Making the decision about what to do - and how to tackle the disease - is a difficult one.

If I choose not to accept orthodox medicine and I die - did I make a mistake? If I choose to accept orthodox medicine and I die after several months of pain and misery did I make a mistake? Life is all about choices and decisions and this, I believe, is a choice we have to make for ourselves.

I Would Immediately Begin A Strongly Anti-Cancer Diet

It is a constant disappointment to me that the majority of doctors (and, indeed, patients) will not accept the link between food and cancer.

I don't remember being taught anything at all about the links between food and cancer when I was a medical student so I suppose it isn't all that surprising that the majority of doctors in practise today think that anyone claiming that such a relationship exists must be a crank and possibly a charlatan too.

The extent of the opposition to the simple and well proven link between food and cancer is well illustrated by what happened in the UK when my book 'Food for Thought' first came out just a few years ago. To launch the book to the public the EMJ advertising department bought advertisement space in a number of British newspapers. The advertisement used made it clear that the book contained information about foods which are linked to cancer (either because they cause cancer or because they help to prevent it. Shortly after the advertisement had appeared we received notification from a British organisation known as the Advertising Standards Authority that there had been a complaint about the advertisement.

Our advertisement had included the statement: 'In his bestselling book Food for Thought Dr Vernon explains which foods to avoid and which to eat to reduce your risk of developing cancer.' The ASA asked us to provide evidence for this claim and we were happy to help relieve their ignorance. We sent a short list of basic references. We pointed out that the National Academy of Sciences in the United States estimates that 60% of women's cancers and 40% of men's cancers are related to nutritional factors. We also gave details of and included references for papers which had been published in the following specialist cancer journals: Cancer, Cancer Research, International Journal of Cancer, British Journal of Cancer and the New England Journal of Medicine'.

We also pointed out that the British Medical Association had published a book stating that one third of cancers are caused by food. And we suggested that the ASA might like to look at Nutritional Influences on Illness by Dr Melvyn R Werbach - an excellent reference source book which contains 18 pages of references showing links between specific foods and cancer. We sent references and details of these publications because we were informed that photocopying all these publications would have been illegal. But the ASA said that they would not accept scientific references. And, working I believe, with the help of medical advice, they duly banned the advertisement which dared to suggest that there are links between food and cancer.

Although there is plenty of evidence showing that there are links between food and cancer (showing that while some foods cause cancer others can help prevent

it) there is not yet any equally convincing scientific evidence proving that eating the right sort of foods can cure cancer.

And yet it is perfectly logical that it should be possible to combat cancer by eating the right sort of foods. After all, if avoiding some types of food can help you avoid cancer it doesn't take much brainpower to conclude that it makes good sense to avoid those foods if you have developed cancer.

Hard, scientific evidence supporting the belief that cancer can be defeated by eating the right sort of diet hasn't yet been produced for the simple (but awful) reason that it is in no one's interest to produce any such evidence.

The cancer industry (which raises billions of dollars in public contributions) is run by doctors who are committed to an orthodox 'slash, burn and poison' approach to cancer - the approach they have been educated to accept. They will not make any effort to assess the effectiveness of diet in treating cancer because there is no evidence that such an approach would work. It is a vicious circle of denial. 'There is no evidence that diet cures cancer and therefore we cannot justify doing the extensive and costly research that could prove that diet cures cancer and so there is no evidence that diet cures cancer.'

Why are doctors so opposed even to considering the idea that cancer may be tackled (and prevented) by diet? The subject is hardly ever even mentioned by doctors and only rarely is it discussed at medical meetings or in journals. The food served in hospitals is consistently reported to be appalling. There are many hospitals where meat is still regarded as an essential part of a main meal and where fruit (if served at all) is served from tins and vegetables are overcooked into a soggy, unidentifiable mass. Those doctors who do dare to offer the suggestion that the right sort of diet is an important pre-requisite for good health are largely regarded as cranks, to be reviled and ignored.

I suspect that the real reason for the opposition to the notion of maintaining or regaining good health through sensible eating is that the medical profession is largely controlled and educated by the pharmaceutical industry - which has a clear financial interest in maintaining the theory that cancer is best tackled with the aid of chemotherapy. And we must also remember that the treatment of cancer patients is big business. Around twenty thousand million dollars a year are spent on conventional cancer treatments in the United States of America alone. I'm not suggesting that all those involved in the cancer industry are consciously refusing even to test new ideas simply because they are worried about being made redundant. But that unspoken fear is undoubtedly there and it undoubtedly influences their thinking. Changing the way we approach cancer would result in mass unemployment in hospitals, drug companies, laboratories, cancer charities and other parts of the huge cancer industry.

In many countries the medical establishment has succeeded in making it illegal to offer or even recommend treatments for cancer which have not been acknowledged and accepted by, or which do not meet with the wholehearted approval of, the medical establishment. Inevitably, this means that patients are offered virtually no alternatives to the 'slash, burn, poison' policy. Ostensibly this is done to protect patients. However, I am convinced that it is intended more to protect the cancer industry than to protect patients.

The food industry is quite uninterested in doing research to show that the right sort of food will cure cancer because the food that makes the most profit is the sort of food that is more likely to cause cancer than to cure it.

But in my own mind, having studied the evidence I can find, I have absolutely no doubt that by eating a diet which contained a great deal of fresh, organically grown fruit and fresh, organically grown vegetables (a diet which was, therefore, rich in anti-oxidants) but which contained very little fat I would be giving my body every chance to defeat its enemy. I would make sure that I ate soybean products. And I would keep my calorie intake fairly low. I would certainly not want to put on any excess weight through overeating.

I would want to make sure that I eschewed all chemicals (whether used in the farming process or added by food manufacturers) since I am totally convinced that it is the high incidence of chemicals in our diet and in our environment which is responsible for the increase in cancer in the world today.

I already follow a vegan diet and so I eat no animal produce. But if I was not a vegan I would become one. The evidence linking meat and fats to the development of cancer is irresistible (I summarised many of the most important scientific papers showing a link between diet and cancer in my book *Power over Cancer*.)

I believe there is a strong link between fat and cancer because it is in the fat of an animal that the chemicals it has consumed are likely to be found. People who eat a fat rich diet are, therefore, consuming a greater quantity of cancer provoking toxins. Not surprisingly, the last thing someone with cancer needs is to consume a diet which contains more cancer provoking toxins. Anyone who eats the wrong diet will suffer twice: their body will be weakened and handicapped while their cancer is aided and abetted.

One writer recently claimed that in order to get enough of every vitamin and mineral from fruit and vegetables would require eating impossibly large quantities of food. It was also alleged that it is impossible to find organic food in most cities. I think that both these claims are quite wrong. A diet which contains five different servings of fruit and vegetables (with variation from day to day of course) should provide a thoroughly extensive variety of vitamins and minerals. And I don't know of a city where it isn't possible to buy organic food. The quickest way to find a shop or farm selling organic food is usually to visit a vegetarian restaurant and ask for their help.

Finding organically grown fruit and vegetables may require a little effort (and the produce may cost slightly more) but I believe the effort is well worthwhile. I found it strange that the writer who made the claims I have quoted above spends a good deal of his time studying stock prices in an attempt to increase his wealth. My own feeling is that using a little of that time to devise a healthy eating programme would prove to be a better long term investment.

Others have complained that fresh fruit and vegetables are expensive to buy. I suppose they probably are more expensive than many pre packaged foods. But if you eat in a healthy fashion you will not spend money on meat, fatty foods such as cream, sweets and the other mass produced foods with which so many people conscientiously and steadfastly ruin their health.

I would much prefer to obtain my high doses of vitamins and anti-oxidants through food. I think that this is the healthy and sensible way to feed the body. Only if for some reason I found it utterly impossible to obtain or consume large quantities of fresh, organically grown fruit and vegetables would I take vitamin supplements as a substitute.

The important thing to remember is that cancer results from a general metabolic disturbance. And, therefore, I believe that in order to effect a cure it is essential to provide a general remedy.

I Would Minimise My Exposure To Environmental Pollution

Most people in the developed world eat too much food but are malnourished. The food they eat is fatty, full of additives and chemicals and poor in vitamins and minerals. Even the water which comes out of our taps, and which we are expected to drink, is often heavily polluted with chemicals.

But it isn't only poor food that causes cancer. Another factor is, I believe, our constant exposure to a polluted environment. The very air we breathe is frequently heavily polluted. Our bodies, weakened by poor food and too much stress, simply cannot cope with the enormous quantities of pollutants and contaminants. If I developed cancer I would make every effort to ensure that I breathed clean air and kept away (as far as possible) from cancer provoking environmental toxins. And so, for example, if I lived in a town or city I would try to spend as much time as possible in the countryside.

Incidentally, under the general heading of 'environmental pollution' I include drugs of all kinds - including both recreational and prescription drugs. Like anyone with concern for good health I would naturally avoid recreational drugs. But I would also do my very best to keep to an absolute minimum my consumption of prescription drugs or drugs purchased from a pharmacy.

I Would Minimise My Exposure To Stress

As I have already shown in VCHL Vol 1 No 8 there are powerful links between stress, the human body's immune system and the development of cancer. When the mind is under a great deal of stress the body becomes weaker and more vulnerable and less able to protect itself against cancer.

And so it doesn't take a great deal of intellect to realise that when a cancer has developed, and the body is fighting hard to stop those errant cells multiplying and causing havoc, the strength and health of the immune system is absolutely vital.

Eating the right sort of foods is, of course, one vital ingredient in the recipe for a healthy immune system. But avoiding unnecessary stress is also vital. The therapeutic value of peace and dignity are grossly undervalued by many health care professionals.

(It is for this reason that the stress produced by surgery may be counterproductive. The benefit of removing a tumour has to be carefully weighed against the damage that may be done to the immune system. Most surgeons do not do this because they do not even know that these links between stress, immune system and cancer exist.)

In addition to minimising my exposure to stress I would also spend more time making sure that I could relax my body and my mind quite thoroughly. I would also make the effort to meditate regularly - using the Transcendental Meditation technique I described in VCHL Vol 2 No 1.

I firmly believe that having a positive, relaxed and contented mind greatly improves the capacity of the body to recover from any illness.

I Would Make Sure That I Had Defined Goals And Objectives

Simply wanting to stay alive is not a big enough reason not to die. I know that in order to combat cancer I would need to have a real purpose for living.

When I was a GP I saw many patients who defied medical forecasts simply because they could not and would not die. Two women both quite simply refused to die because they had children who needed looking after. They clung to life with dogged determination because for them death was not an acceptable option.

One of the first things I would do would be to sit down and make a written list of my short, medium and long term purposes, aims and ambitions.

I know that it would not be enough to simply write down vague and uncertain hopes and aspirations. I would define my aims quite specifically - listing the projects I wanted to complete and giving each project a timescale.

I would keep my short term projects to a minimum (because I know that I would be spending much of my time, effort and energy fighting the cancer). I would, however, make an extensive list of medium and long term ambitions. Those projects and ambitions would give my life a renewed purpose.

I Would Begin Visualisation Therapy Straight Away

I first described the power of visualisation therapy in my books *Bodypower* (first published in 1983) and *Mindpower* (first published in 1987). Back in 1985 the actress Jill Ireland described how she used imagery techniques to help her fight cancer.

'I began visualising cancer cells, then telling myself that cancer is a weak disease, composed of weak, confused, deformed cells...I visualised my white blood cells. I imagined them as piranha fish. They poured into the area where the cancer cells were and destroyed them and I visualised them going around quietly and competently doing their job, taking care of my body and, if they saw any cancer cells, they destroyed them.'

Astonishingly, this enormously important form of self treatment is still largely unknown among doctors.

Since the effective practice of visualisation therapy requires the development of a mental skill I would recommend that anyone who feels that they might ever need to use this technique should learn how to use it now.

I Would Drink Essiac Herb Tea

I do not pretend to understand how or why drinking Essiac herb tea (described in *VCHL Vol 1 No 4*) can help defeat a cancer. But I believe that it could prove of value. I would take it. And the big advantage of Essiac is that as far as I know there are no side effects.

I Would Have Faith In My Chosen Therapies

If a cancer therapy is going to work (whatever it is) the patient must believe in it. I am, for example, well aware that therapies sometimes do not work when taken by the sceptical. It is the believers who are most likely to benefit. It sometimes

seems to me that the more complex and demanding a treatment is the greater the chance it will work. In a way this isn't surprising. A complicated regime has to be followed carefully and requires great concentration, dedication and determination. These qualities help to increase the effectiveness of the therapy. I would not follow any therapy in which I could not have faith. And I would make sure that I had faith in my chosen therapies.

And finally...

As I said right at the beginning, this month's edition of VCHL contains my own very personal anti-cancer plan. I do not recommend it to you if you are suffering from cancer or if you are, at any time in the future, told that you have cancer. This is my own personal anti-cancer plan - designed to fit my beliefs and my philosophy of life. As I have said many times I do not believe that it is safe or sensible for me to try and offer my readers practical, clinical advice either through this Health Letter, through my books or by mail. However, although I do not suggest that you follow my advice I have published my anti-cancer plan in the hope that it may help you think about how you would respond if you were told that you had cancer.

This article is taken from Dr Vernon Coleman's Health Letter. It gives general material and opinions for information only and is not to be considered an alternative to professional medical advice. Readers should consult their family doctors or other qualified medical advisers on any matter relating to their health and wellbeing.

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