

A Doctor's Treasury of

Once- Censored Cancer Cures

At last...

**the hushed up secrets
of the \$200 billion
cancer industry.**

**PLUS... all new ways to cancer-proof
your body for life—without drugs,
surgery or chemotherapy.**

Michael Cutler, M.D.



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Introduction

Cancer is reaching into the lives of nearly every family in America. Did you know, by age 65 you have a ONE in TWO chance of getting cancer and a ONE in THREE chance of dying from cancer! But the good news is you don't have to be a statistic!

The fact is, cancer is not a mysterious disease that attacks without warning. It has definite causes that can be corrected if you take action to change your body's internal chemistry. And the only way to promote true healing from the inside out is through natural therapy. I've devoted this special report to exploring natural cancer treatments used by leading integrative medicine doctors. In fact, I'll share with you information your oncologist won't tell you—or doesn't know—about how to beat cancer. I'll tell you about three hidden causes of cancer... and how you can avoid becoming a victim! I'll even tell you about alternative therapies that are proven to help your body win the war against cancer.

Quite frankly, most of the information available about cancer treatment options is confusing—not to mention very controversial. That's why I've dedicated this report to my patients, family, friends, and most importantly my readers who want the simple truths about the most effective cancer treatments! So, here's your chance to become an expert! In this report, you'll find in-depth, easy-to-understand information on prevention, detection, treatment options, and controversies surrounding conventional and alternative therapies for specific cancers. Pay special attention to CHAPTER FIVE: Six DEADLY Cancers You MUST Know About. In this chapter, I'll focus on the six most common and deadly cancers: lung, colorectal, breast, prostate, pancreatic, and lymphoma cancers. If you or someone you love has cancer, this information might just save their life!

To your health,

A handwritten signature in black ink that reads "Michael Cutler M.D." in a cursive script.

Michael Cutler, M.D.

CHAPTER ONE:

How Big Business Corrupts American Medicine

America's healthcare system is in critical condition. The system has woefully fallen behind the forward health movement of conscientious people and organizations. Although many will attempt to argue that America has the best healthcare system in the world—unfortunately, statistics prove this is far from the truth.

The World Health Organization ranks the U.S. at #37 out of 40 nations for quality of health of its citizens. It's not surprising then, that America continues to spend through the roof for sick care. In 2005, healthcare spending rose 6.9% to \$1.99 trillion from about \$1.86 trillion in 2004. And \$204 billion was spent in retail pharmaceutical sales alone! Today, this equates to 16% of our Gross Domestic Product (GDP)!

Clearly our system is as sick as its patients. But the good news is, many Americans are now taking control of their own health and learning the principles of truly healthy living! In my years of straddling the natural and orthodox cancer treatment worlds in my practice, I believe there are many who are emerging that fit into the dream held by Thomas A. Edison. He stated, "The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease." Alternative healing doctors fit this profile in treating each patient.

However, while true principles of health and healing are continually emerging in general, the words of physician and signer of the Declaration of Independence, Benjamin Rush, M.D. defined our society. Dr. Rush 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." This has clearly been happening for decades by governmental control intertwined with private financial interests.

The Big Business of Conventional Cancer Treatments

By now you are likely aware that orthodox cancer treatments are big business in America. There is no question about it: the higher the cancer rate, the more money there is to be earned by those who develop and patent expensive interventions (chemo, radiation, etc.). It is interesting to note that within the last decade, 42 U.S. Senators (42%) own stock in the pharmaceutical industry.

Likewise, those treating cancer patients with such “authorized” treatments (e.g. your oncologist) also have high personal incomes to protect. And many affiliated companies and individuals also stand to gain by getting into the cancer treatment game. Don’t be naive to the boatload of money poured into research and the production of high tech, high cost, and highly toxic cancer treatments in America today. Let me elaborate.

Did you know that results of well-funded treatments (including high-tech medicines) preferentially get reported and exonerated, whereas the results of low-cost “do-it-yourself” cancer treatments are never studied? The sad truth is, natural therapies are clearly being omitted from research. Just do your own online literature search at www.pubmed.com and you will see how big money drives the cancer treatment philosophy in America. A service of the National Library of Medicine and the National Institutes of Health, this online medical literature search site contains over 16 million articles. Type in “chemotherapy, cancer” on this search engine and you’ll retrieve some 315,020 articles. However, if you type in “alternative medicine, cancer,” you’ll only get 5,407 articles. By simply adding the word “alternative” to the search, your results yield 58 times fewer results! Similarly, the search words, “cancer, nutritional therapy” yield a mere 4,275 articles, and “dietary supplements, cancer treatment” gets you only 1,163 articles.

Furthermore, on the National Cancer Institute’s (NCI) informational website, you will literally find hundreds of current clinical trials using chemotherapeutic agents, all of which are unnatural compounds targeted for big revenue returns in the cancer treatment industry. For example, under the “Breast Cancer Clinical Trials” section, you can read the summary highlights of the most recently released cancer research. Of the 75 trials posted regarding breast cancer treatment, 70 are dealing with a synthetic pharmaceutical drug, a radiation treatment, or a surgical intervention to treat breast cancer. Only five relate to a natural intervention. Unfortunately, all five of these studies report results that are only marginally effective in cancer treatment, leading readers to believe that natural therapies are not worth using. However, these studies won’t mention that combined use of natural therapy—including high density nutrition, various supplements, mind/body techniques, etc.—provide positive results in cancer treatments. And these studies won’t tell you that combinations of more than one pharmaceutical drug almost *universally* increases side effects or toxicity profiles.

Similarly, there are 30 clinical trial results listed from scientific literature on the NCI’s website regarding colorectal cancer—only four dealing with nutritional supplementation. Not surprisingly, all four show little to no improvement. It’s obvious that the studies reported are ones that have been set up to show poor results. Likewise, no studies are being funded on the natural therapies for cancer—even though patients receiving treatment experience significant improvement!

Instead, you get reports of weak or marginal treatment outcomes, with titles such as the following:

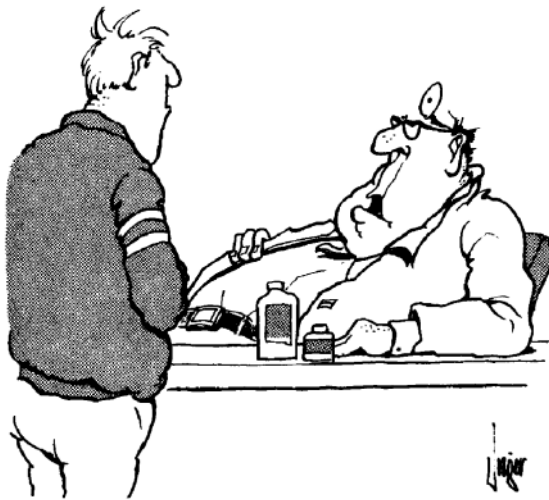
- “News from the Women’s Health Initiative: Reducing Total Fat Intake May Have Small Effect on Risk of Breast Cancer, No Effect on Risk of Colorectal Cancer, Heart Disease, or Stroke” (Posted: 02/07/2006).
- “Vitamin E Does Not Protect Women Against Cancer” (Posted: 07/27/2005).
- “Low-Fat Diet May Reduce Risk of Breast Cancer Relapse” (Posted: 05/16/2005).

■ “Calendula Ointment May Help Radiation-Related Skin Irritation” (Posted: 05/11/2004).

It's little wonder many Americans turn to natural healing techniques as a last resort!

No Cure? Who Cares!

Can you imagine if doctors only got paid when patients remained healthy and were penalized when they got sick? I've been told that some Eastern societies pay their doctors this way. If this were the case in America, doctors would be aggressively researching and teaching primary



Are you eating properly and getting plenty of exercise?

prevention methods, and an optimally healthy lifestyle for all! Yet, the typical oncologist has only received a total of *one hour* of nutrition education in medical school. No wonder nutrition is scoffed at by doctors or else grossly misunderstood as depicted in the picture to the left!

I present this information realizing that oncologists generally desire the best for their patients. It is also evident that serious pressure is put on all licensed doctors to manage patients according to the accepted standard of care for their specialty. Therefore, oncologists face the challenges of Big Pharma and the U.S. government watching over the way they practice medicine, while patients are becoming more informed about safe and effective alternative treatments.

Furthermore, oncologists are clearly biased by their orthodox training. Generally speaking, oncologists are taught to look only to scientific literature for evidence of valid treatment strategies. And if the only scientific literature they see is aimed at conventional cancer-killing treatments including surgery... chemotherapy... radiation therapy... hormone therapy... biological-immuno therapy and other adjuvant (after surgery) therapies, then that is all they can recommend!

Mahatma Gandhi was one of thousands of educators, physicians, and scholars who had observed the selfish side of modern medicine in developed countries. Gandhi summed up his life-long experience this way, “I was at one time a great lover of the medical profession. I no longer hold that opinion. Doctors have almost unhinged us... I regard the present system as black magic. Hospitals are institutions for propagating sin. Men take less care of their bodies and immorality increases... ignoring the soul, the profession puts men at its mercy and contributes to the diminution of human dignity and self control... I have endeavored to show that there is no real service of humanity in the profession, and that it is injurious to mankind. I believe that a multiplicity of hospitals is not a test of a civilization. It is rather a symptom of decay.”¹

While I personally don't feel that all modern medicine is of no value, I do believe it operates on a philosophy that teaches the public to be dependent on doctors instead of learning how to prevent and reverse disease ourselves. And conventional therapies operate on the premise of high profits for

the industry. I often wonder: How many doctors would continue practicing medicine if they were only allowed a schoolteacher's salary?

And modern medicine's power over the minds of physicians and the public alike is strong and richly protected. It ignores the causes of illness and only focuses on treatment. It thrives off of the sicknesses of its patients. It propagates itself by instilling fear of pain or death in the hearts of its believers. But worst of all, it withholds valuable research that could inspire you to take control of your own health. It literally encourages you to wait until you are sick to pay attention to the health of your God-given body.

The sad truth is, conventional medicine has no serious interest in finding out the real cause of your illness. Instead, drugs and surgery are used to ease symptoms—and bring billions of dollars to the medical establishment each year! Dr. Vernon Coleman, M.D., D. Sc., author of at least 114 books explains, “Too many modern doctors neither cure nor care... The savage truth is that most medical research is organized, paid for, commissioned, or subsidized by the drug industry (and the food, tobacco, and alcohol industries). This type of research is designed; quite simply, to find evidence showing a new product is of commercial value. The companies that commission this research are not terribly bothered about evidence; what they are looking for are conclusions that will enable them to sell their product. Drug company sponsored research has done more to get good reviews than to find out the truth.”²

U.S. Oncology—Leading Network in Big Business

One company that has made huge financial profits is U.S. Oncology. U.S. Oncology is the nation's leading healthcare services network exclusively dedicated to cancer treatment and research. Affiliated with over 900 physicians practicing in close to 500 locations, including 85 outpatient cancer centers in 32 states, U.S. Oncology provides extensive services to physicians statewide. The company funds and manages cancer centers, integrating all aspects of outpatient cancer care—from diagnostics to chemotherapy and radiation therapy. Furthermore, U.S. Oncology continuously facilitates more than 300 clinical research trials for pharmaceutical and biotechnology firms. By doing so, they ensure profitable chemotherapy drugs are prescribed by doctors—and income is boosted!

If you visit the U.S. Oncology website, you'll quickly discover that there's no information written about patient successes who have used their recommended interventions. And you won't find any information that teaches patients how to live a healthy lifestyle. But, you will find a common theme running through announcements posted on the website—financial profits! Take a look at three of the top announcements listed in the News Center section of the website:

1. U.S. Oncology Holdings, Inc. Announces Completion of Equity Offering and Declaration of Dividend to Stockholders (December 22, 2006).

U.S. Oncology announced the completion of a \$150 million private offering of its stock to Morgan Stanley Strategic Investments, Inc., giving Morgan Stanley 14.7% ownership of the company. And the proceeds of this sale are to be added to “cash on hand” to pay \$190 million to stockholders! Again, financial interest outweighs the best interest of patients!

2. Equity Offering by U.S. Oncology Holdings, Inc. (November 2, 2006).

According to this announcement, “U.S. Oncology... reported revenue of \$698.6 million earnings before depreciation and amortization of \$62.5 million, and a net income of \$6.7 million to give an operating cash flow of \$44.1 million for the third quarter 2006. For the nine months ended September 30, 2006, the company reported revenue of \$2,089.8 million, EBITDA of \$190.5 million, net income of \$22.9 million and cash used in operations of \$36.6 million.” Therefore, U.S. Oncology earned a net income of \$29.6 million in 2006. The evidence speaks for itself folks... cancer treatment today is all about big business!

3. U.S. Oncology Reports Results for Third Quarter 2006.

The CEO of U.S. Oncology, Dale Ross, summarizes this third quarter announcement stating, “We are very pleased with the Company’s performance in the first nine months of 2006. Our distribution business continues to make strong contributions to our earnings. With the launch of our mail order specialty pharmacy distribution business, OncologyRx Care Advantage™, in August, we continue to leverage our depth in oncology and broaden our services to pharmaceutical manufacturers in an effort to develop the most effective and efficient patient care delivery model.” Notice how the phrase “patient care” is used to disguise the company’s true mission—higher profits!

U.S. Oncology’s broadcast slogan is, “When it comes to the fight against cancer, WE’LL NEVER GIVE UP.” And that’s a fact! Instead of teaching people how to prevent cancer and live a healthy lifestyle, the company will never give up funding expensive drugs to fight cancer! Why? Because business would fail!

The Journal of the American Medical Association reports that in 2001, the average oncologist’s earnings was \$253,000—and a whopping 75% was from profit on chemotherapy drugs administered in his/her very own office! Can you see why corporations such as U.S. Oncology have such a huge following of doctors and pharmacists? However, surveys by *The Los Angeles Times* and the McGill Cancer Center in Montreal, Canada reveal that 75% to 91% of oncologists would refuse chemotherapy if they personally had cancer! Why? Because they know that it’s highly ineffective—not to mention extremely toxic! Yet, recent statistics show 75% of cancer patients are directed to receive chemotherapy by their oncologists!

In his book, *Questioning Chemotherapy*, leading author and consultant on cancer treatment, Dr. Ralph Moss Ph.D. explains chemotherapy to be an effective treatment option in *only 2% to 4%* of cancers—Hodgkin’s disease, Acute Lymphocytic Leukemia, Testicular cancer, and Choriocarcinoma. Dr. Moss further reveals that until 1995, the cancer industry (largely the U.S. government) had spent over \$50 billion on cancer research and still, the list of cancers responsive to chemotherapy is almost identical to what it was 25 years ago!

A study published over 30 years ago, in the December 1975 issue of *The Lancet*, provides further proof that chemotherapy isn’t the answer! 188 patients with inoperable carcinoma of the bronchus were compared with those receiving no treatment—single agent chemotherapy and multiple agent chemotherapy.³ The results? Researchers reported, “No immediate treatment proved a significantly better policy both for patients’ survival and for quality of remaining life.”

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Common Side-Effects of Chemotherapy and Radiation

Chemotherapy

The more common drugs used in chemotherapy include 5-fluorouracil, levamisole, mitomycin, lomustine, vincristine, and methotrexate. Chemotherapy drugs either kill cells or stop them from dividing—both cancer and healthy cells are affected. These include cells in the mouth and digestive tract, which may interfere with eating and digestion. The common side effects are:

- Anorexia
- Nausea
- Vomiting
- Diarrhea or constipation
- Inflammation and sores in the mouth
- Changes in the way food tastes
- Infections
- Hair loss
- Cancer recurrence within the body

Radiation Therapy

Radiation therapy uses high energy x-rays or other types of delivery of radiation to kill cancer cells. External beam radiation especially affects healthy cells near the treatment area and any part of the digestive system as follows:

- **Radiation therapy to the head and neck**—May cause anorexia, taste changes, dry mouth, inflammation of the mouth and gums, swallowing problems, jaw spasms, cavities, or infection.
- **Radiation therapy to the chest**—May cause infection in the esophagus, swallowing problems, esophageal reflux, nausea, or vomiting.
- **Radiation therapy to the abdomen or pelvis**—May cause diarrhea, nausea and vomiting, inflammation of the intestine or rectum, and fistula (holes or tracts connecting out) in the stomach or intestines. Long-term effects can include narrowing of the intestine, chronic inflamed intestines, poor absorption, or blockage in the stomach or intestine.

Radiation treatments may also cause the following:

- **Mouth sores and infections.**
- **Dry mouth**—May impair speech, taste, ability to swallow, and the use of dentures or braces.
- **Decreased appetite.**
- **Cavities and gum disease**—Less saliva is produced to wash the teeth and gums.
- **Dehydration and/or low levels of salt and potassium**—As a result of chronic diarrhea.
- **Increased risk of infection**—Resulting from low white blood cell count.
- **Constipation**—Often results from lack of water or fiber in the diet.

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The following interview with Nicolas Gonzalez, M.D. taken from the Nov/Dec 2006 *Total Health* magazine, sums up my feelings about conventional cancer therapy:

Question: “What are your thoughts about the current state of cancer research and treatment considering everything that you know and all the work that you’ve done?”

Dr. Gonzalez: “I think it’s a disaster. Every April the NCI budget comes up before Congress for funding, and that’s when they go into high gear with the press releases about targeted therapy and the latest miracle treatment. Most of the therapies don’t turn out to be very useful. There are a few cancers that do respond to chemo. Immunotherapy has generally been a dead end despite the billions invested in that approach.

When you consider that the budget of the NIH is \$38 billion a year and the NCI budget is \$5 billion a year and growing, these groups have had billions and billions of dollars and not much to show for it. Even orthodox researchers are beginning to say that after the 30-year war on cancer, the victories have been few and far between.

The perfect example of the limitations of conventional oncology is the drug Gemzar® (Eli Lilly), which the FDA approved for the treatment of pancreatic cancer. It was approved around 1998 based on a one-month improvement in average survival, an improvement from four and a half months to about five and a half months for patients with inoperable disease. There also was an improvement in quality of life in some 29% of patients. To me, that’s not a major victory. Considering the billions of dollars and the thousands and thousands of highly trained researchers in the cancer wars, they should have a whole lot more to show for it. I think that’s why instead of being arrogant toward natural therapies, they should be humble.”

CHAPTER TWO:

Cancer Survival Rate: A Guide to Understanding Your Prognosis

When first diagnosed with cancer, one of the first questions most people ask is about their prognosis. It's only natural to want to know what your chances of remission are and whether or not your cancer is relatively easy to cure. While your oncologist can't predict the future, he or she can give you an estimate based on the experiences of other people with the same form of cancer.

What is a Cancer Survival Rate?

Cancer survival rates tell you the percentage of people who survive a particular type of cancer for a specific amount of time. Cancer statistics often use a *five-year survival rate*. Five-year survival rates are commonly reported by the National Cancer Institute as a measure of success using best-known available treatments for given stages of cancer.

However, it's important to keep in mind that survival rate statistics err on the side of making outcomes look better than they are. For example, when counting the percentage of survivors five years after diagnosis of a particular cancer, statistics include only deaths from that primary cancer—excluding deaths from heart attacks, metastatic cancer (cancer that has spread from its primary site to other parts of the body), or causes relating to the conventional treatment itself (chemotherapy, radiation, or surgery). A five-year survival rate also counts those among the living who may not have died, but have metastatic disease and are still hanging on. It says nothing of complete remission at five years after diagnosis!

Key Terms Defined

Below is a list of commonly misunderstood terms in cancer treatment:

- **Remission**— You might expect *remission* to indicate a cancer that has been eradicated altogether, almost synonymous with a cure. But remissions can be partial (e.g. cancer decreased in size but there is still evidence of cancer) or complete (e.g. no evidence of cancer can be found after treatment). But in either case, remission says nothing about long-term

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It's All About Prevention!

To encourage you to be serious about prevention, below is a short list of cancer survival rates. From the National Institutes of Health (NIH) National Cancer Institute, these important five-year survival rates for certain cancers are taken from 1996-2002 statistics:

Cancer location (all races, ages, stages, and grades)	Male 5-year survival (%)	Female 5-year survival (%)
Oral cavity and pharynx	65.3	64.8
Esophagus	15.4	16.0
Colon and rectum	65.0	63.2
Liver	8.4	10.1
Pancreas	5.1	4.9
Lung	13.1	17.2
Melanoma of skin	90.1	93.1
Breast (females)		88.5
Ovary		44.7
Testis	95.7	
Prostate	99.9	
Brain	29.3	31.9
Leukemia (all types)	48.6	47.8
Lymphoma	64.1	68.4
Thyroid	94.5	97.3

The statistics in the table above reflect the percentage of patients still living five years after their initial diagnosis with cancers, without regard to their stage at diagnosis. It also says nothing of the quality of life they have had fighting the disease.

Continued from page 11.

survival of cancer, because the cancer will likely re-grow. Nor does remission speak in terms of quality of life. But more importantly, it says nothing about addressing the correctable underlying factors contributing to cancer growth in the first place!

- **Progression-Free Five-Year Survival Rate**—Reflects the number of people who still have cancer, but their disease isn't progressing. This includes people who may have had some success in treatment, but still have evidence of cancer.
- **Response Rate**—Cases where even a tiny improvement is demonstrated. Response rates don't necessarily reflect if a patient lived any longer or had better quality of life.
- **Disease-Free Survival Rate**—Number of people with a certain form of cancer who achieve remission. Reflects the length of time after treatment during which no disease is found.

It's important to note, the terms *response rate* and *disease-free survival* are very different. Consider the following table⁴—adapted from *Cecil's Textbook of Medicine*, 18th Ed., 1988—which shows how different these numbers can be during a given time period:

Type of Cancer	Response Rate (%)	Disease-Free Survival (%)
Breast, stages III-IV	75	rare
Small cell lung cancer	90	10
Stomach	50	rare
Ovarian	75	10-20
Multiple myeloma	75	rare
Chronic lymphocytic leukemia	75	rare
Prostate	75	rare
Bladder	60	rare

CHAPTER THREE:

How to Get the Best of Both Worlds in Your Fight Against Cancer

As a patient, you deserve to have an oncologist that is willing to learn about building the body's cancer-fighting capability... about the multitude of herbal and other health-building methods used with increasing success... and about the power of the human mind and spirit in fighting disease! For this to happen, it takes a medical doctor who is teachable and willing to learn from a naturopathic doctor and other experienced natural therapy practitioners. Believe it or not, there are certain clinics and hospitals in America today that include natural therapies in cancer treatment!

Cancer Treatment Centers of America (CTCA)

One institution that seeks to combine conventional and alternative therapies is the Cancer Treatment Centers of America (CTCA). CTCA believes in a patient's right to be informed about the best options for treatment. Although CTCA is founded upon conventional surgery, chemotherapy, radiation, biological, and hormonal therapies, they also coordinate with a host of complementary and alternative interventions—including nutritional training and I.V. therapies—you can receive the best treatments of both worlds!

CTCA has four facilities located in Philadelphia, Pennsylvania; Zion, Illinois; Tulsa, Oklahoma; and Seattle, Washington. Each facility distinguishes itself in the following ways:

- Delivers a “comprehensive care plan to support you in mind, body, and spirit, using long-established traditional cancer treatments, combined with sophisticated complementary therapies.”
- Provides a variety of services all under one roof—including “surgery, radiation therapy, chemotherapy, immunotherapy, pain management, nutritional therapy, naturopathic medicine, oncology rehabilitation services, mind-body medicine, and spiritual support.”
- Offers regular classes and programs on a variety of cancer topics in addition to the private consultations needed to guide you in making informed decisions about your care.

- Offers patient-to-patient networking allowing you to communicate with others in a similar situation.

Each CTCA location assembles a team of practitioners to provide personalized, comprehensive treatment for every patient. For example, board-certified oncologists at the Seattle Cancer Treatment & Wellness Center integrate the natural therapies such as nutrition, massage, acupuncture, naturopathy, mental health counseling, mind-body medicine, and Chinese medicine into mainstream medicine. For more detailed information about the Seattle Cancer Treatment & Wellness Center, visit www.seattlecancerwellness.com and watch the 14-minute “Stories of Real Hope” video.

Surgery, Chemotherapy, and Radiation at CTCA Facilities

Surgery at CTCA facilities consists of procedures such as bone marrow and general surgical aspiration, colectomy for colon cancer, sentinel node biopsy, lumpectomy and mastectomy for breast cancer, and radiofrequency ablation for liver and other metastases to deep organs.

Chemotherapy at CTCA facilities is still side-effect laden, however less toxic “alternative” methods are used to deliver it. These include:

- **Fractionated Dose Chemotherapy**—The total chemotherapy dose is broken into smaller amounts and given over five days rather than a single large dose.
- **Chemoembolization**—Delivered directly into the organ with cancer through a main artery.
- **Intraperitoneal Chemotherapy**—Transported directly into the abdominal cavity to prevent spread of ovarian cancer.

Radiation procedures at CTCA facilities include:

- **Tomotherapy**—Precise radiation beams used to hit hard-to-reach tumors.
- **Mammosite**—Five day breast-specific radiation.
- **High Dose Rate Brachytherapy**—Radiation placed inside breast, lung, and prostate cancers.
- **Therasphere®**—Radiation in tiny glass beads, one-third the diameter of a human hair, delivered via catheter to liver cancer.
- **IMRT**—Three dimensional computerized targeting of high intensity radiation to difficult-to-reach tumors of the spine, head, neck, prostate, lung, liver, and brain.
- **3D Conformal Radiation**—Similar to IMRT to target prostate, lung, and certain brain cancer.

More Conventional Therapies Used at CTCA

Biological Therapy

Biological therapies (sometimes called immunotherapy) are a relatively new addition to surgery, chemotherapy drugs, and radiation. Simply put, biological therapies stimulate the immune function to work against cancer. They’re used to prevent cancer cells from spreading to other parts of the body. They can also lessen side effects by some of the other cancer treatments. According to the National Cancer Institute, biological therapies are used to help:

- Stop, control, or suppress processes that permit cancer growth.

- Make cancer cells more recognizable and therefore more susceptible to destruction by the immune system.
- Boost the killing power of immune system cells, such as T-cells, Natural Killer (NK) cells, and macrophages.
- Alter the growth patterns of cancer cells to promote behavior like that of healthy cells.
- Block or reverse the process that changes a normal cell or a pre-cancerous cell into a cancerous cell.
- Enhance the body's ability to repair or replace normal cells damaged or destroyed by other forms of cancer treatment, such as chemotherapy or radiation.

In order to truly understand how biological therapies work, let me briefly explain how the immune system functions. The immune system has cells—known as B-cells, T-cells, and Natural Killer cells—that kill unwanted organisms or tissue growths called lymphocytes and macrophages. Certain lymphocytes produce substances that are toxic to foreign substances in the body. These substances include cytokines (lymphokines, interferons, interleukins, and colony-stimulating factors). Thus, B-cells, T-cells, and Natural Killer cells use antibodies to identify and target and eliminate these toxic substances should they develop in a healthy “immuno-competent” person.

When these toxic chemicals are produced in a laboratory, they're called biological response modifiers (BRMs). BRMs manufactured and used in certain conventional cancer treatments include: interferons (interferon alpha); interleukins (blood-forming agent called interleukin-2); colony-stimulating factors (boost bone marrow to make more lymphocytes or red blood cells); and nonspecific immuno-modulating agents that stimulate the immune system (levamisole).

BRMs also include monoclonal antibodies. For example, Rituxan® is used for non-Hodgkins lymphoma and Herceptin® is used for certain metastatic breast cancers. Some biological therapies currently used in clinical trial research are vaccines (antibodies directed at cancer cells) and gene therapy (e.g. inserting genes into a lymphocyte to enhance its ability to recognize and kill cancer cells).

While BRMs have the ability to maximize or restore the body's ability to fight cancer—like any drug, they're not free of dangerous side effects. Side effects include: rash, swelling at injection site, flu-like symptoms of fever, chills, nausea, vomiting, fatigue, and muscle or bone pain.

Stem Cell Transplantation

If you've been newly diagnosed with metastatic breast cancer, autologous (meaning, from self) blood stem cell transplant is one treatment option. Stem cells are white blood cells before they become fully matured. Stem cells are taken from your blood or your bone marrow, and then later transplanted to boost your own immune system during chemotherapy or radiation.

Many additional drugs are also administered during the days of radiation and chemotherapy. Some are meant to prevent nausea from chemotherapy, some to prevent infections, and others to prevent complications from the chemotherapy drugs. This is often followed by a reduced intensity allogeneic (meaning, from a family member) stem cell transplant. Both processes take several weeks to accomplish, but are quite safe.

Hormone Therapy

For breast and prostate cancers, hormone therapy is used to block cancer cells from getting the hormones they need to grow. Tamoxifen is used for breast cancer metastases. A combination of testosterone inhibiting hormones including Luteinizing hormone-releasing hormone, estrogen and other anti-androgens are used on men. When used together, or in conjunction with surgery this therapy is known as “total androgen blockade.”

Local Hyperthermia

This approach to eliminating cancer cells works by exposing the tumor to high temperatures (up to 106°F). A high frequency ultrasound machine produces heat within a tumor up to 8 cm deep to the skin. Local hyperthermia can also be performed by heating the chemotherapy infusion or by using radio frequency electrodes. Furthermore, a third technique involves whole body heating in a chamber. This particular method can only be performed for 20 to 60 minutes at a time and causes significant pain in patients.

Photodynamic Therapy

This new FDA-approved two-step outpatient treatment is for early stage lung cancer. It boasts up to a 90% success rate. First, the patient is injected with Photofrin®, a light-activated drug used to target cancer cells. One to two days later, a laser light is directed onto tumor cells through a scope and this light frequency “switches on” the drug so it can destroy cancerous cells but not damage the surrounding healthy tissue. Local swelling in your esophagus and lungs causes some discomfort. Also, symptoms of nausea, fever and/or constipation are common, typically lasting for three days. Otherwise, it is safe and effective.

Complementary and Alternative Medicine (CAM) Therapies at CTCA Facilities

There are several complementary and alternative medicine therapies available at CTCA facilities. These include:

- **Naturopathic Medicine**—The medical science using natural tools (e.g. nutrition, herbs, homeopathic remedies, and other natural interventions) to strengthen your immune system. This is of course synchronized with the conventional interventions.
- **Mind-Body Medicine**—Helps you connect with your inner peace and feelings of gratitude to gain control over your situation. Psychotherapists offer individual and family counseling, stress management sessions (including Qigong and guided imagery), and support groups (such as the “Laughter Club”).
- **Physical Therapy**—Gets you moving and educates you on the physical and psychological benefits of a daily physical fitness routine. This of course boosts your mood, immune system, and sense of control over your own health.
- **Spiritual Support**—Enhances the connection between your mind, spirit, emotions, and energy of life to enhance healing.

- **Pain Management**—Combines conventional pain-reduction medications in addition to acupuncture, acupressure, and meditation. Lack of sleep, daytime fatigue, anxiety, and fear lower your pain threshold. On the other hand, plenty of solid sleep and daytime diversion raises your threshold, helping you feel better faster.

Cancer Treatment Centers of America (CTCA) accepts many insurances, although few insurance companies will cover the alternative medicine services. You can call an Oncology Information Specialist toll-free at CTCA at 1-800-615-3055 for help with your insurance questions.

Don't Skip the Diagnostic Tests!

Whether your treatment plan consists of strictly natural therapies or a combination therapy approach, diagnostic tests, and periodic monitoring are highly advised to observe progress. Here are some procedures you should be aware of:

Computed Tomography

Radiologists prefer Computed Tomography (CT) scanning, but if at all possible, avoid that much radiation. How much radiation is emitted in a CT scan? Well, a chest x-ray is equivalent to about five days of normal outside sun radiation. However, a CT delivers about eight months worth of ambient radiation! In other words, it's off the charts in toxicity!

Magnetic Resonance Imaging

Many cancers have elevated tumor markers (cancer antigens) that can be measured in a simple blood test. But a safe imaging study using only a magnetic field is Magnetic Resonance Imaging (MRI). This can also be done every two to four months to monitor cancer no matter what therapy you are using. Even though leukemia, melanoma, and cancers of the esophagus and thyroid are difficult or impossible to see on MRI, it's the metastatic spread of the cancer to a distant organ that grows to kill the patients. This spread can be detected by scanning the thorax, abdomen, and pelvis.

Positron Emission Tomography

This is another expensive, yet accurate imaging technique used to find tumor location and metastatic spread. With PET, a radioactive isotope tagged to glucose is injected and watched under fluoroscopy. This means that the cancer cells, which gobble up glucose much faster than normal healthy cells, will fluoresce (light up), and locate active cancer cells anywhere in the body. This test is quite nifty, but gives the patient even more radiation than a CT scan. PET scans generally cost about \$3,000, while a CT scan of similar area is about \$1,500.



CHAPTER FOUR:

Three Hidden Causes of Cancer Your Doctor WON'T Tell You About!

In order to prevent cancer, you must first understand how you can develop the disease. The truth is, cutting, burning, and poisoning (surgery, radiation, and chemotherapy) do nothing to prevent cancer, nor can they reverse the underlying mechanisms that triggered or promoted its growth in the first place. Moreover, cancer will likely return somewhere else in the body if conventional methods are your only treatment strategy.

That's why, in this chapter I'm going to address three hidden causes of cancer your doctor won't tell you about! Once you understand these underlying causes of cancer, you'll be in the best position to prevent it. And if you or a loved one develops cancer, examining these causes will give you a better understanding of how to treat your disease without dangerous chemotherapeutic agents, toxic radiation, or invasive surgery.

Hidden Cause #1: Free Radicals

Simply put, free radicals are atoms or molecules with an odd (unpaired) number of electrons. Once formed, these highly reactive radicals can start a chain reaction, similar to the game of dominoes. The chief danger comes from the damage they can do when they react with important cellular components such as DNA, or the cell membrane. If free radicals do indeed react with these components, cells may begin to function poorly—or even die!

Free radicals can affect the body in several ways:

- Cell membrane destruction.
- DNA mutation and therefore genetic damage—leading to new cell lines (cancer).
- Immune function suppression so that cancer cells are not attacked and eliminated.
- Growth and spread of cancer cells where they should not grow—while not being detected by the normal body immune function.
- Oxidation of LDL cholesterol, leading to arteriosclerosis and hormone dysfunction, thus also contributing to diabetes and other systemic disorders.

Where do free radicals come from? The body constantly generates them during respiration, cellular metabolism (where oxidative energy is generated), and by immune system cell activity. If you regularly eat foods that are synthetic, refined, processed, chemicalized with dyes or preservatives, or over-cooked—you're promoting free radical damage. Your immune system is programmed to identify unnatural foods and protect you from unwanted effects—actually fighting against them. Thus, they contribute greatly to inflammation in the body, triggering free radical molecules at the atomic level of the cells in weak organ tissues.

Free radical molecules are also produced from other sources such as, ultraviolet radiation, cigarette smoke, pollution, heavy metals, trans-fatty acids, chemicals used to process foods (nitrosamines), preservatives and dyes, and even the charcoal effect from barbecued foods.

According to some scientists, between 40% and 80% of all cancers in humans (excluding UV-induced cancers) are linked to aromatic hydrocarbons such as tobacco, coal, gasoline, fat, etc. And 90% of lung cancers and 50% of urinary cancers occur in smokers. Similarly, 90% of mouth, larynx, esophagus, and liver cancers occur in smokers that drink.

But don't worry—you can protect yourself from free radical damage! Research has proven that your body's own antioxidants are constantly working to neutralize free radicals and prevent damage. Furthermore, research shows that a diet rich in antioxidants can even REVERSE illness and disease! And many studies have even correlated high vitamin C intake with low rates of cancer—particularly cancers of the mouth, larynx, and esophagus!

Moreover, to keep free radical damage to a minimum, you must periodically clean out your organs with a liquid-only diet—also known as a “liquid cleanse.” You also need to implement a whole foods diet into your lifestyle, following the 50:50 rule of raw food to cooked food. Also, it's essential to engage in physical activities to help keep your organs of elimination—lungs, bowel, skin, kidneys, and lymphatics—in tip-top shape! I'll tell you how to start implementing this routine in your lifestyle in the next chapter.

Hidden Cause #2: Toxic Emotions

Constant feelings of stress, anxiety, and fear are damaging to the immune system. In fact, many studies suggest a direct relationship between stress and cancer rates. For example, researchers in one study found that cancer of the cervix occurred most often in women who reported being hopelessly frustrated over a stressful situation. In another study, researchers found that those prone to stress were more likely to develop breast cancer.

New findings by virologist Ronald Glaser, Ph.D. and colleagues at Ohio State University Medical Center confirms the hardwired connection between the brain and the immune system. They prove how the stress hormone, norepinephrine enhances lab-grown cancer cells to produce two compounds that induce metastasis of cancer and a third compound that helps supply growing cancer with nutrients. This was reported in the November 2006 issue of *Cancer Research*.⁵

Anger is another predictor of cancer. In fact, a number of studies reveal that high levels of anger or suppression of this powerful emotion, significantly increases your risk of cancer. For

example, in one study, patients who expressed emotions such as anger, hostility, guilt, depression, and aggression were able to survive longer than patients who suppressed their emotions.

Depression is yet another toxic emotion that is definitely linked to inflammation, one of the causes of cancer. Various studies support the concept that depression promotes cancer growth, albeit difficult to prove that depression can initiate it.

These growing numbers of case histories and observations are just the tip of the iceberg of published research, documenting how emotions affect your immune system and thus your propensity to chronic illness or to renewed health.

Hidden Cause #3: Poor Nutrition to Your Cells

If your diet is lacking essential nutrients—you're creating the perfect environment for cancer to grow in your body! Numerous studies report a link between poor nutrition and the incidence of various forms of cancer. For example:

A 30,000-person study from the U.S. and Norway revealed that eating more fruits, vegetables and vitamin C reduced the risk of gastrointestinal cancer. A U.S. study involving 11,000 men proves that a high vitamin C intake is strongly correlated with a low cancer death rate. Conversely, a 12-year follow-up to a Swiss Basel 1971-1973 research study assessed 3,000 men with dietary cancer risks. Overall, those with antioxidant vitamins at low levels had higher incidences of cancer and subsequent death rates. Yes, poor nutrition can increase your likelihood of cancer—and even DEATH!

Further research linking poor nutrition as a cause of cancer, is found in the work of T. Colin Campbell, Ph.D. and his colleagues as described in *The China Study: The Most Comprehensive Study of Nutrition Ever Conducted and the Startling Implications for Diet, Weight Loss, and Long-Term Health*. In reference to breast, prostate, and colon cancer (which represents 40% of all newly diagnosed cancers), their research revealed that high dairy and meat consumption, low dietary fiber, and highly refined carbohydrate intake each significantly promoted cancer. The study also references a 2001 Harvard review of 23 studies citing high dairy intake as, “one of the most consistent dietary predictors for prostate cancer in published literature.”

Summarizing 40 years of data, *The China Study* came to one staggering conclusion: Genetics ultimately account for only about 3% of cancer cases, while the other 97% are lifestyle factors—mainly our choices in food!

But that's not all! Additional research suggests a link between meat intake, fiber consumption, and colon cancer. The study that popularized the phrase, “High fiber in the diet lowers colon cancer,” was the work of Denis Burkett in 1975. His landmark paper published nearly 30 years ago, comparing women's diets from 32 countries around the world, showed a very strong dietary link with cancer:

- Countries where more meat, animal protein, and sugar were consumed had far higher rates of colon cancer.
- Countries with the highest colon cancer rates were the same countries where less fiber was consumed.

By consuming a diet rich in whole foods, detoxifying your body through liquid cleansing, getting plenty of exercise, and understanding fundamental principles to healthy living—you can prevent cancer from wreaking havoc on your entire body. In chapter six of this report, I'll give you step-by-step instructions on how to start down the path of healthy living. But, now I want to tell you about how you can protect yourself from six of the most deadly forms of cancer. This next chapter is a **MUST READ!**

CHAPTER FIVE:

Six DEADLY Cancers You MUST Know About

In this chapter, I'm going to tell you about what I view to be six of the most important cancers for you to learn about. These include the most prevalent cancer in males (prostate), the most prevalent cancer in females (breast), the one causing the most cancer deaths (lung), and the most deadly cancer following diagnosis (pancreas). Furthermore, colorectal cancer and lymphoma will also be explored in depth. Each form of cancer has unique characteristics to learn from.

Below are statistics on the numbers of new cases and estimated deaths from these and other cancers for 2006 from the National Cancer Institute:

Cancer Type	Estimated New Cases	Estimated Deaths
Bladder	61,420	13,060
Breast (Female—Male)	212,920—1,720	40,970—460
Colon and Rectal (Combined)	148,610	55,170
Endometrial	41,200	7,350
Kidney (Renal Cell)	33,057	10,914
Leukemia (All)	35,070	22,280
Lung (Including Bronchus)	174,470	162,460
Melanoma	62,190	7,910
Non-Hodgkin's Lymphoma	58,870	18,840
Pancreatic	33,730	32,300
Prostate	234,460	27,350
Skin (Non-melanoma)	>1,000,000	Not Available
Thyroid	30,180	1,500

References:

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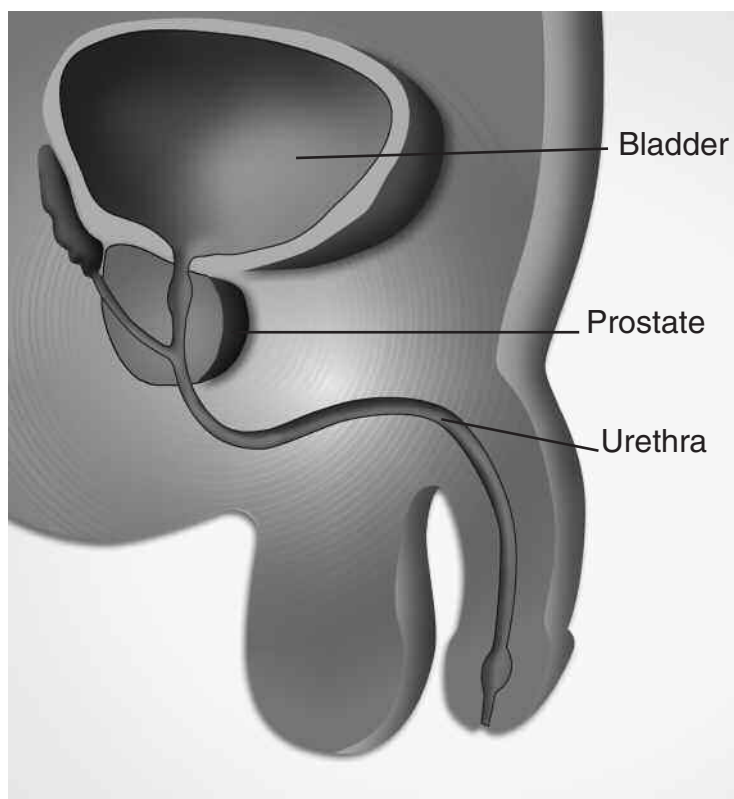
Lipworth L, Tarone RE, McLaughlin JK: The epidemiology of renal cell carcinoma. *Journal of Urology* 176(6 pt 1):2353-2358, 2006.⁶

Part I: Your Answer to Prostate Cancer

Prostate cancer is the most common cancer among males. According to research performed by the Center for Disease Control (CDC) in 2005, more than 70% of all diagnosed prostate cancers are found in men aged 65 years or older. The American Cancer Society reports that in the United States, an estimated 30,000 men died from the disease in 2004. Sadly, in the United States, prostate cancer is the second leading cause of cancer deaths in men. These chilling statistics indicate a need for lifestyle changes in order to prevent—and save the lives of thousands!

As the diagram below indicates, the prostate gland is the walnut-sized secretory gland located just below the bottom of the bladder and above the rectum. The prostate encircles the urethra at the point where the urethra connects to the bladder. The only real function of the prostate gland is to produce seminal fluid for ejaculation. Therefore it is not life threatening to surgically remove it, but, as you can imagine, surgical removal generally has adverse urinary or sexual side effects. Because of the prostate's location, an enlargement of the prostate is one of the common causes of bothersome urinary symptoms.

There are several signs indicating your prostate may be in trouble. If you experience frequent urination—especially at night... difficulty starting or stopping a urinary stream... blood in your urine... weak urinary flow... painful urination... or even erectile dysfunction, you should see your doctor for a prostate-screening test. It's important to note that a man will not have alerting symptoms until the prostate is either enlarged by benign hypertrophy or by cancer. So, if you're a man over 40, DON'T wait until you have symptoms to have the basic screening tests—the digital rectal exam (DRE) and the prostate specific antigen (PSA) blood test.



Furthermore, it's important to be aware that in up to 25% of cases PSA levels do not rise—meaning the test may not detect cancer that is present. Thus, regular yearly testing is recommended.

If your doctor finds abnormal test levels indicating cancer, a recommendation for further testing will follow. The tests may be one or more of the following: Urine Analysis (UA); Prostatic Acid Phosphatase (PAP) and other bio-markers such as the Carcino-Embryonic Antigen (CEA); trans-abdominal or trans-rectal ultrasound (U/S); Intravenous Pyelogram (IVP); and then cystoscopy with trans-urethral biopsy of prostate tissue. Once it is determined how far the cancer spread beyond the prostate, and a grade is assigned (Gleason score for how close to normal it appears under a microscope), then your

doctor may recommend a Magnetic Resonance Imaging (MRI) bone scan or Positron Emission Tomography (PET).

Conventional Treatment Options

If the evidence points to cancer that is still contained within the prostate, there is a decision to be made as to what type of treatment should follow. For clearly advanced stages of cancer, doctors recommend one or more of the following:

- Radiation with external beam or targeted 3D conformal beam (for accuracy).
- Radiation with internal pellets or implants (brachytherapy).
- Hormonal therapy with luteinizing hormone-releasing hormone agonists (Leuprolide, Goserelin, and Buserelin).
- Hormonal therapy with anti-androgens (Flutamide and Bicalutamide).
- Hormonal therapy with adrenal-inhibiting drugs (Aminoglutethimide).
- Total androgen blockade (two above combined).
- Cryosurgical Ablation of the Prostate (CSAP).
- Surgery: Transurethral Resection of the prostate (TURP).
- Surgery: Radical Prostatectomy with variable extent of lymph node dissection.

Each of the conventional treatments listed above have harmful side effects. For example, in the case of radiation therapy, permanent loss of sexual function is a side effect that is highly likely. An interesting study lead by Richard Valicenti, M.D., assistant professor of radiation oncology at Jefferson Medical College in Philadelphia followed men for four years after radiation therapy for localized prostate cancer. The results? Of the 128 patients that had 3D conformal therapy (a targeted 3-dimensional radiation beam), 33% of them reported significantly impaired sexual function. Of the 60 patients that had brachytherapy (radiation implants), 44% reported impaired function. And of the 26 who received a more rigorous treatment of external beam therapy plus implants, 74% of them lost sexual function!

Alternative Treatment Options

The following are specific natural therapies for the prostate. These are to be combined with the foundational principles for healing cancer discussed in chapter six of this report:

- Eliminate animal protein (milk and beef) and replace with vegetable proteins and milks. Remember that the gorilla grows to be 600 pounds or more with no animal meat!
- Maximize nutrient-rich foods. For examples, there are high levels of the cancer-fighting plant compounds such as silymarin, genistein, and epigallocatechin 3-gallate (EGCG) found in licorice, garlic, onion, soybeans, cabbage, ginger, citrus, peppers, apricots, watermelon, and the umbelliferous vegetables (carrots, celery, cilantro, parsley, and parsnip). Several studies prove tomatoes (lycopene) to have potent antioxidants that favor prostate tissue and reduce prostate cancer.⁷
- *Serenoa Repens* (Saw Palmetto)—Generous doses of the standardized extract has been demonstrated to inhibit the conversion of testosterone to dihydrotestosterone (DHT) plus

blocks the adverse effects of estrogen in men. It also reduces the growth effect of prolactin on prostate cancer cells (prolactin increases conversion of testosterone to DHT).

- ***Pygeum Africanum* (Bitter Almond)**—From evergreen trees native to Africa, and with similar properties to Saw Palmetto. It blocks prolactin's effects on prostate cells.
- ***Urtica Dioica* (Stinging Nettle)**—Shown to decrease prostate cancer cells in the laboratory.⁸
- **Micronized Progesterone**—Blocks conversion of testosterone to di-hydro testosterone (DHT).
- **Garlic, Citrus Pectin, Green Tea, and Turmeric** (mentioned earlier in this report).

Specific Supplements:

- **Selenium**, 200 micrograms daily has been shown to cut mortality rates in lung, prostate and colorectal cancers.⁹
- **Vitamin D2 2000 IU (international units) or Vitamin D3 1.25 micrograms** are shown to slow the progression of early stages of prostate cancer.
- **Vitamins A, C, E, B6, and B12, Folate, Zinc, Copper (low dose), Coenzyme Q10, Quercetin, Green Tea, Indole-3-Carbinol, and Omega-3 Fatty Acid** have all been shown to assist in reducing prostate cancer.

Before any treatment options are decided upon, the risks of treatment should be cautiously weighed against the expected benefits. The truth is, surgery, radiation, and chemotherapy do nothing to reverse the underlying cause of the cancerous growth. Moreover, cancer will likely return somewhere else in the body if these were your only treatment strategy. In many cases, aggressive natural therapy interventions make all the difference—WITHOUT the harmful side effects!

Part II: What Every Woman MUST Know About Breast Cancer

Breast cancer is the most common cancer among women. It is estimated that in 2007, there will be 178,480 new cases and 40,460 deaths from this deadly cancer in the United States. Worldwide, rates vary nearly fourfold, with 1993–1997 incidence rates ranging from 27 in 100,000 women in Asian countries, up to 97 out of 100,000 U.S. white women. This is a clear indication that lifestyle and nutrient-rich foods heavily influence the incidence of cancer and cancer genetic predisposition. But you can even look at the fact that for Asian-American women born in the U.S., their risk approaches that of caucasian women, and you quickly realize that much of cancer is lifestyle. One group of epidemiologists in 1993 found that Asian-American women born in the U.S. had a 60% higher breast cancer risk than Asian-Americans born in Asia; also, Asian immigrants who lived in the U.S. for ten years or longer developed an 80% higher risk compared to recent immigrants.¹¹

Currently breast cancer rates are highest in developed countries such as North America, North Europe, Australia, and New Zealand and lowest rates are found in Africa and Asia.

Lymphatics

Although diet plays a huge role in cancer rates, another lifestyle factor may also come into play—bra wearing. A retrospective analysis (not reported in scientific literature) of 2,056 women previously diagnosed with breast cancer and 2,674 matched controls without cancer were compared as to the amount of time they spent wearing a bra.

Those who routinely wore a bra more than 12 hours per 24-hour period were 21 times more likely to have breast cancer compared to those who wore a bra for less than 12 hours per 24-hour period. Women who continuously wore a bra (all day and night) showed a five times greater chance of having breast cancer than those in the over 12 hours per day group.¹² This study points to the importance of lymphatic circulation, which is about the only thing that is significantly impaired when wearing a bra. The lymph fluid circulates the immune cells and removes cancer-promoting proteins that accumulate in tissues.

Genetics

In addition to lacking a nutrient-rich whole foods diet, all the other usual risk factors to getting cancer apply here, including a mother or sister with breast cancer, drinking alcoholic beverages, and of course having cancer before (especially if radiation or chemotherapy was used). But, additional risks for breast cancer are particular to women such as: early menarche, being older at first pregnancy, late menopause, and long-term use of oral contraceptive pills or menopausal hormones, each coincided with high levels of free estrogen. And then, there is the huge category of estrogen-like compounds called xeno-estrogens that are found in polycarbonate plastic and epoxy resins (Bisphenol A), organic solvents, metal oxides, and pesticides. This subject is hotly debated between scientists and the government.

Diagnosis

Cancer of the breast tissue that produces milk is called lobular carcinoma; cancer of the milk ducts is called ductal carcinoma; and inflammatory carcinoma accounts for 1% to 5% of U.S. breast cancer cases. While a lump of the breast or armpit lymph nodes is the usual sign to feel for with a monthly self breast examination, also consider the outer skin signs. For example, there may be redness, swelling, or warmth of the breast; a flattened or inverted nipple; an “orange peel” texture; or a breast that is harder than the other as shown. Inflammatory breast cancer is the only one that is evident on the skin.



National Cancer Institute

<http://www.cancer.gov/cancertopics/pdq/treatment/breast/Patient/page3>

Of course the diagnosis of breast cancer is confirmed by one of several imaging studies followed by a tissue biopsy as described below. One screening tool that has not taken hold of conventional medicine yet that you should be aware of is breast thermography. This detects abnormal blood flow to areas of the breast and can find cancers years before they would show up on a mammogram or be found by self-examination. This technology is FDA approved, though for

political reasons, it has not been fully adopted into the conventional screening recommendations where it can receive large funding.

Standard Orthodox Treatments for Breast Cancer

After a diagnosis of malignant tissue is made and the stage of cancer is established, the standard of care treatment for breast cancer in conventional medicine consists of surgery first. This can be in the form of a breast-conserving surgery such as a lumpectomy or partial mastectomy to a radical mastectomy (e.g. full breast and associated lymph nodes are removed). Breast reconstruction surgery is always a possibility. Then depending on the staging of the cancer, adjuvant (e.g. additional therapy) is usually recommended such as chemotherapy, radiation therapy, or hormone therapy.

The Screening Mammography Hoax

Please don't settle for just getting mammograms after age 40—it is a weak protection against cancer. According to the National Cancer Institute (NCI), screening mammograms decrease breast cancer death rate by 15% for women ages 40 to 70 who get mammograms done routinely for approximately 14 years.¹³ However, when you look further into the statistical benefits of mammography you'll find that the true statistics are being covered up. Here's how:

Many reports in the media present the “relative benefits” of treatments instead of “absolute benefits.” This often makes the true benefits of treatment seem better than they actually are. Let me explain further.

In a March 2002 article published in *The Lancet*, statistics show that the relative death benefit was 20% among women who get regular mammograms compared to women who do not. That percentage is obtained by knowing that out of 129,750 women who began having mammograms in the 1970s and early 1980s, 511 of them died of breast cancer over the following 15 years, giving a death rate of 0.4%. Researchers compared that number to a group of 117,260 women who did not receive mammograms, of which 584 died of breast cancer over the same period, giving a death rate of 0.5%. Therefore, the difference between 0.4% and 0.5% is indeed a 20% relative benefit in favor of mammography. Yet the absolute benefit in this study was 73 deaths over the 15-year study in a female population of 250,000, or 0.03%!

Here's another way to look at these result: 20% relative benefit means the average woman in her 40s gains less than three extra days of life from getting repeated mammography; a woman in her 50s gains a little more than three days; and a woman in her 60s gains eight additional days of life. And University of California-San Francisco researchers suggest that it takes between 2,700 and 5,400 individual mammograms in order to avoid just *one* death from breast cancer!¹⁴

Furthermore, a 1992 Canadian study on screening mammography showed that it does not prolong life for women in any age group diagnosed with breast cancer. Researchers brought the study to our National Cancer Institute (NCI) in Bethesda, Maryland. Along with six other studies, evidence was reviewed and scientists agreed that screening mammograms had no substantial value.

Thus, NCI recommended that mammography should not be the recommended standard of care.

Then in 1993 the National Cancer Advisory Board (comprised of lay people, appointed by the U.S. President) put pressure on NCI scientists because of lobbyist representing big radiology groups and mammogram manufacturing companies. The NCI initially refused to change their decision, stating essentially that “science is science,” but the new NCI director caved in and reversed their original recommendation that was based on the science. What’s more, just after the 1997 NIH consensus conference again showed data that gave no reason for universal screening mammography, an edict from the Senate (once again pressured the lay advisory board) mandated they maintain their decision in favor of screening mammography for women over age 40.¹⁵

The Price You Pay for Mammograms

An earlier *The Lancet* article described the real devil in the details of mammography statistics. For every 10,000 mammograms performed for apparently healthy women, doctors order approximately 647 “diagnostic” mammograms to re-examine something that appeared suspicious the first time around. This triggers even more testing to determine which women really have cancer, and which just appear consistent with the picture of cancer due to false positives on mammography.

These tests that follow are on average 358 breast ultrasound studies; 104 “aspiration” needle biopsies; 209 surgical biopsies to remove suspicious breast tissue for pathology examination; and 500 additional doctor’s office visits for breast examinations or surgical consultations. And the total cost for all diagnostic tests and exams combined for each breast cancer that is avoided is approximately \$350,000—not including the costs of treatment! Certainly there are far more effective (and far less costly) ways of reducing breast cancer and deaths from breast cancer than mammography—it is called primary prevention!

However, in my opinion, the whole mammography movement encourages women to unwisely rely on an x-ray test for protection from cancer—and ignore the principles of health that are a protection against cancer. It doesn’t take a scientist to realize the corruption behind the mammography industry, especially when you consider that mammography produces \$4 billion dollars of annual revenue to that industry in the U.S. with strong political sway—to protect their financial interests.

What’s worse: mammography puts radiation directly into a woman’s breast and is responsible for causing cancer in an estimated one of every 10,000 women who get one!

In the 20-year period from 1983 to 2003, cancer deaths increased in most women in America, even though a negligible reduction in breast cancer deaths was observed in caucasian women of 0.007%—hardly something for the big cancer industry to brag about. And breast cancer rates continue to climb among all U.S. nationalities. This means that overall lifespan in breast cancer patients has not changed despite these high tech interventions in over 80 years. Despite all this, the National Cancer Society supports big business and puts out articles into the scientific arena encouraging mammograms. For example, an article in the May-June 2006 *CA: A Cancer Journal for Clinicians* summarizes with: “Encouraging patients age 40 years and older to have annual mammography and clinical breast exam is the single most important step that clinicians can take to reduce suffering and death from breast cancer.”

I say don’t buy it! Take control of your own health—perform your own monthly breast exam—and take on a lifestyle of prevention through the methods presented in this report.

Then consider mammography as the last step! Once again, the only real solution to this health catastrophe is primary prevention!

Part III: The Facts About Lung Cancer

In the United States alone, more people die from lung cancer than any other cancer. And just like other forms of cancer, the overall death rate has not improved at all in the last 20 or more years! So, in the U.S. we continue to spend approximately \$9.6 billion each year to treat it.

There are two major types of lung cancer: non-small cell cancer and small-cell cancer. The main types of non-small cell lung cancers are squamous cell carcinoma (also called epidermoid carcinoma); large-cell carcinoma; and adenocarcinoma (cells that line the alveoli air sacs). Only 15% of those diagnosed with lung cancer and given standard conventional treatment will live five years.¹⁶

Small cell is rarer and a much more aggressive cell type of lung cancer. Without treatment, the median length of time a person survives is only two to four months. Smoking or being exposed to second-hand smoke is the single most important cause for lung cancer. Also, exposure to inhalants such as asbestos, radon, arsenic, soot, tar, and aerosolized industrial/environmental chemicals such as gasoline all greatly contribute to the inflammation in the lungs that leads to free radical damage and cancer.

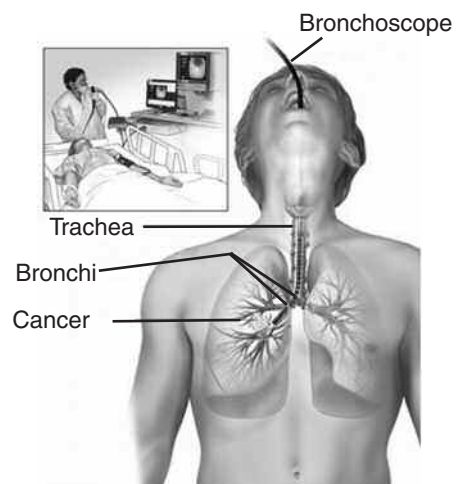
If you are experiencing the following symptoms, consult with your doctor about a simple chest x-ray:

- A persistent cough for over six weeks.
- Persistent shortness of breath or wheezing.
- Blood streaks in the sputum.
- Hoarseness lasting beyond three weeks.
- Loss of appetite, weight loss for no reason, or feeling tired for several weeks.

If the plain x-ray shows any abnormality, you will be sent for a CT scan and maybe even a PET scan. Then the pulmonologist will want to put you under anesthesia to take a look at the main airway tubes during a bronchoscopy.

Fluid, mostly cells, can be obtained via a large bore needle placed into the chest cavity (thoracentesis). Tissue can be obtained via simple sputum analysis or a fine-needle aspiration biopsy under ultrasound guidance. Sometimes the surgeon has to make a small incision into the chest cavity (thoracostomy) to get tissue for diagnosis. Opening up the chest (thoracotomy) to take out a small section, lobe, or an entire lung from one side is always an option.

Much like other cancers, adjuvant therapies include radiation, chemotherapy, laser beam therapy, photodynamic therapy, biological therapy, or a combination of these. To decide what treatment options are right for you, it's imperative to follow the basic principles of restoring health I'll describe in the next chapter of this report.

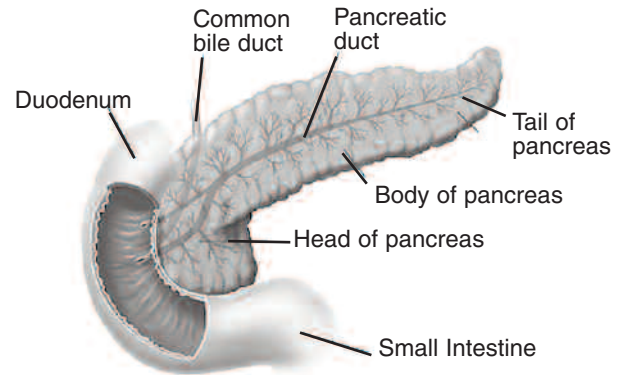


National Cancer Institute
<http://www.cancer.gov/cancer-topics/pdq/treatment/non-small-cell-lung/patient>

Part IV: Life-Saving Information About Your Pancreas

Although pancreatic cancer is the fourth leading cause of cancer-related deaths in men and the fifth leading in women, it is by far the most rapid and deadly of all the cancers. It isn't easy to detect until it has grown to considerable size. Only 5% of pancreatic cancer victims survive five years, which hasn't improved over the past 30 years. And the sad truth is, the National Cancer Institute allocates a mere 4% of their research dollars to prevention of this cancer!

Your pancreas sits behind your stomach and makes digestive enzymes. These enzymes combine with your liver's bile ducts to empty into the small intestine to help digest food. Symptoms of pancreatic cancer involve blocking bile flow to cause most commonly painless yellow jaundice. Less common signs or symptoms include: abdominal pain, loss of appetite, fatigue, or unexplained weight loss. Also, because the pancreas makes insulin, chronic diabetes increases the risk of this cancer.



<http://www.cancer.gov/cancertopics/wyntk/pancreas/page2>

A CT scan, ultrasound, or MRI can detect an enlarged pancreas. Then a biopsy to make certain of the diagnosis can be done by "upper endoscopy" or endoscopic retrograde cholangiopancreatography (ERCP). Some surgeons will go barging in and open the abdomen. However, before a surgeon opens the abdomen, I always recommend Positron Emission Tomography (PET). This scan helps the surgeon to visualize the spread of cancer and avoid the awful result of the surgeon closing the abdomen only to tell the patient there is nothing that can be done due to metastases.

After pancreatic cancer is diagnosed and staged, very few can be spared through a combination of surgery, radiation, chemotherapy, or biological therapy. But one doesn't have a fighting chance unless they follow the basic principles of restoring health as described in the next chapter of this report.

Truly, this cancer is one that would clearly prove any therapy to be valuable if results could be demonstrated. And this is just the cancer that Dr. Nicolas Gonzalez used to prove the effectiveness of the Kelley-Gonzalez enzyme therapy.

Proteolytic Enzyme Therapy

The program developed by Dr. William Kelly, D.D.S. in 1963, consists of proteolytic enzymes and a strict nutrition and detoxification regimen. Dr. Kelly eventually treated nearly 33,000 cancer patients and achieved nearly a 90% five-year survival rate in those who had no prior history of chemotherapy or radiation. Of course, the medical establishment was against this program, so Dr. Kelly was thrown in jail by FDA officials and forced to move his treatment center to Mexico. Fortunately, Dr. Kelley taught a young oncologist all about his work, which is carried on today by Dr. Nicholas Gonzalez who currently practices in New York City.

Dr. Gonzalez published some of his results using enzyme therapy in the peer-reviewed journal

Nutrition in Cancer in 1999.¹⁷ And he used patients suffering inoperable biopsy-proven stage II to stage IV pancreatic adenocarcinoma—the worst possible cancer—to prove the power of this natural therapy. From January 1993 to April 1996, these 11 patients were treated at home with large doses of orally ingested pancreatic enzymes, nutritional supplements, “detoxification” procedures, and an organic diet. By January 1999, nine (81%) survived one year, which is far better than the 25% expected using surgery, “chemo,” and radiation. Four (36%) survived three years when the study was reported. There is a large trial reportedly underway using this enzyme therapy on other cancer types. But if you want the full story and many, many case histories to back this up—go online to www.dr-gonzalez.com and follow the links to the case reports.

In brief, the Gonzalez regimen consists of a diet emphasizing plant-based sources such as fresh raw fruits, raw and lightly steamed vegetables, and freshly made vegetable juice, cereals, nuts, and seeds and whole-grain products such as whole-grain bread and brown rice. Also included is one or two eggs daily, whole-milk yogurt daily, and fish two or three times a week, but no red meat or poultry. Other nutritional supplements are used including vitamins, minerals, omega-3 oils, and phytonutrients from whole foods.

Of course, the center of the program is the ingestion of 130 to 160 protease enzymes taken away from meals in order to digest the cancer. In addition, coffee enemas are used to improve liver and gallbladder function and help remove toxic waste from tumor breakdown.

You might be asking, why don’t researchers develop this or similar protocols in cancer treatments today? One answer is seen in the sentiment expressed by the National Cancer Institute about this protocol: “Compliance with the Gonzalez regimen may be extremely difficult for patients because of the large number of pills taken per day and the strict dietary protocols.” Apparently, this self-discipline approach is not supported by the NCI. They apparently would rather you succumb to the 95% five-year death rate!

Part V: Protect Yourself from Colorectal Cancer

Colorectal cancer—also known as colon or bowel cancer—includes cancerous growths in the colon, rectum, and appendix. It’s the third most common form of cancer in the Western world.

The intestinal lining is rapidly turning over and is sensitive to epithelial tissue breakdown. It is the diseased state of constipation, general poor nutrition, and chronic inflammation that often go unnoticed for years that also contributes to turning on cancer-prone genes.

The wall of the intestinal tract has several layers of tissues. Cancer starts in the inner layer and can grow through some or all of the other layers. Most colon cancers develop first as pre-cancerous colon polyps, which are easily seen and removed during colonoscopy or sigmoidoscopy. It may take five years or more for a polyp to reach one centimeter (cm) in diameter. And then, it may take around five to ten years for the cancer to develop and to cause symptoms. By this time, cancer has metastasized—rendering most forms of treatment ineffective.

Signs, Symptoms, and Diagnosis

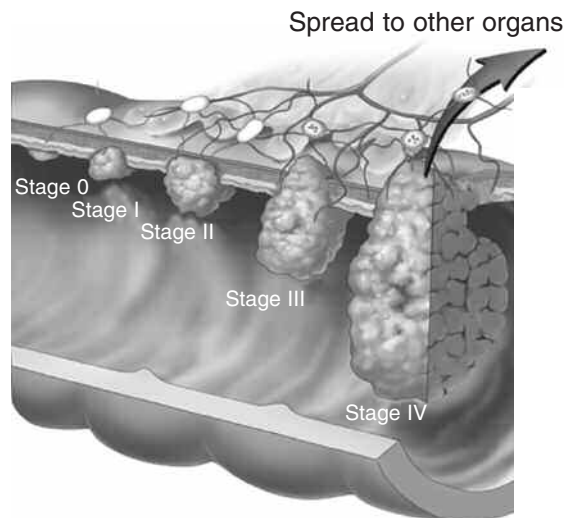
Screening for colorectal cancer is important—even if you have no sign of disease. Because this form of cancer can quickly metastasize, early detection is critical. However, if any of the following

signs or symptoms occur, consult your physician:

- Blood in the stool.
- Change in bowel habits.
- Unexplained weight loss or nausea.
- Feeling that the bowel does not empty completely.
- Constant tiredness.
- Unexplained anemia.
- Persistent abdominal discomfort—
gas, bloating, and cramps.

If any of these symptoms occur, your doctor may recommend one or more of the following screening tests:

- Fecal occult blood test (FOBT)—yearly recommended for screening.
- Flexible sigmoidoscopy—every five years recommended for screening.
- Double contrast barium enema.
- Colonoscopy—recommended every 10 years for screening.



http://www.upmccancercenters.com/pdq_xml/cancer.cfm?id=52#

Are You at Risk for Colorectal Cancer?

Here's a list of risk factors that contribute to colorectal cancer:

- Personal or family history of colorectal cancer or polyps.
- Personal history of Ulcerative colitis or Crohn's disease.
- Smoking and alcohol consumption—Those who smoke and drink are 400% more likely to develop polyps compared to their peers who neither smoke nor drink.
- Diets high in fake fats, animal proteins, refined sugars, and refined flours.
- Lack of exercise.
- Chronic poor sleep—*WebMD Medical News* reported on October 1, 2003, how sleep deprivation alters cortisol and melatonin. Cortisol helps regulate the immune system and melatonin is naturally produced in the brain during sleep.
- Being overweight or obese—Extra fat in the waist area increases chemicals that promote inflammation more than does fat in the thighs or hips.
- Age—Chances of colorectal cancer goes up after age 50.
- Racial Background—Jewish or Eastern European decent (Ashkenazi Jews) are 30% more likely to die of colon cancer all things being equal

Conventional Treatments

Surgical options include:

- **Polypectomy**—Local excision through the endoscope.

■ **Partial Colectomy**—Where the healthy ends of the colon are reconnected.

■ **Total Proctocolectomy**—(What I had in 1997) with an ileostomy (or colostomy).

After a few months of healing, a new rectum can be created and sewn into the existing anal muscles. Other treatment options include:

■ **Radiofrequency Ablation**—Performed for very small-localized cancer. A probe with tiny electrodes is inserted directly (via the endoscope) or through an incision in the abdomen (laparoscopically) to zap the affected area.

■ **Cryotherapy**—Probe freezes and destroys early cancerous growth (carcinoma in situ).

Even after surgery, most oncologists will push for chemotherapy, radiation, and/or biological therapy. But whether or not you choose to utilize these adjuvant therapies, you must follow the basic principles of restoring health as described in the next chapter of this report.

Part VI: News You Can Use in the Fight Against Lymphoma

Lymphoma is a broad term encompassing a variety of cancers of the lymphatic system. The lymphatic system helps filter out bacteria and is important in fighting off infections.

There are two major types of lymphoma: Non-Hodgkin's and Hodgkins. I want to focus on Non-Hodgkin's lymphoma (NHL)—as it's six times more prevalent than Hodgkin's lymphoma. It's one of the few cancers that have shown a decreased mortality rate over the past 25 years. NHL falls just behind prostate cancer for the number of deaths it creates in the U.S., but its incidence is nearly twice that of pancreatic cancer. Currently, only 62.5% of those getting this diagnosis will live five years. The National Cancer Institute puts only 4% of their \$124.2 million research budget towards prevention of NHL.

Signs, Symptoms, and Risk Factors

The typical signs and symptoms of lymphoma include: enlarged lymph nodes... weight loss... persistent fatigue... drenching night sweats... or pain in the bones, chest, or abdomen. And growth of this cancer can show up in almost any part of the body that blood circulates, as the lymph system is really an extension of the circulatory system—full of blood proteins but lacking red blood cells.

You're at risk for lymphoma if your immune system is chronically taxed or weakened with one or more of the following:

■ An inherited immune disorder (hypogammaglobulinemia).

■ An autoimmune disease—including rheumatoid arthritis, psoriasis, and Sjogren's syndrome.

■ HIV/AIDS.

■ Chronic Epstein-Barr virus (EBV) infection.

■ Taking immunosuppressant drugs for any reason or cancer treatment.

■ Exposure to pesticides or other xenobiotics.

■ A diet high in animal protein and fat.

Diagnosis

A simple blood test will reveal the amounts of young immature white blood cells to make the diagnosis. Then a lymph node biopsy is usually performed in conjunction with surgical removal. Enzymes of the bone (LDH level) and liver (AST and ALT levels) also show how hard the body is working to detoxify the cancerous blood cells.

The search for lymph cancer spread will likely result in getting a chest x-ray, CT scan, MRI, PET, or a Radionuclide Gallium scan to characterize the extent of spread.

Treatment

External and internal radiation therapy (using needles, seeds, wires, or catheters) is usually the first line of therapy. Then various methods of delivering chemotherapy locally and systemically may be used. And biological therapy is used since the immune system is under attack. There are many clinical trials using a combination of these therapies that are always available to enroll in to save money.

CHAPTER SIX:

Four Principles to Healing Cancer—Naturally!

More than 80% of cancer patients report using some form of complementary and alternative medicine (CAM) treatment in the U.S. To understand what it takes to be able to achieve healing with natural methods, you must first understand the principles of this genuine healing. It is not a matter of finding a few great supplements and popping pills in hopes that the pill will work. Instead, it is a fundamental shift in lifestyle, which takes much more than a few supplements.

Therefore, I will cover the basic principles behind natural cancer treatments. You will find that there is no one specific protocol that is the “best,” but there are fundamental principles that must be applied in each treatment. I will start with the first basic healing principle—the foods you eat everyday.

Principle #1: Consume an Ultra-Healthy Diet

Did you know that approximately 40% of deaths in cancer patients are a result of malnutrition to the non-cancerous (e.g. normal) cells of the body? It’s true! Your diet determines your ability to grow healthy cells. If your diet is lacking essential nutrients, you’re creating the perfect environment for cancer to thrive!

And a surefire way to encourage cancer is by following the diet of the average American. According to the U.S. Department of Agriculture, each year the average American consumes:

- 120 orders of French fries.
- 190 candy bars.
- 150 slices of pizza.
- 45 large bags of potato chips.
- 120 pastries or desserts.
- 566 cans of soft drinks.
- And a whopping 150 pounds of sugar!

As you can see, the average American is on the road to health-disaster! As a general rule for healthy living, you should consume a whole foods diet. However, if you have cancer, to keep your cells healthy, a whole foods diet is *essential*!

Whole Foods and Super Foods

Every food you eat is either healthy or in some way encourages cancer development. Unless you can only absorb nutrients through an I.V., *your diet in fighting cancer is as important as all other natural cancer therapies combined!*

Here's a list of unhealthy foods that encourage cancer:

- *Trans Fatty Acids*—Found in margarine, french fries, greasy foods with a long shelf life, processed foods, aspartame (used in diet sodas, NutraSweet®, Equal®, etc.), MSG, and polyunsaturated oils (such as corn oil and canola oil).
- Foods that feed cancer cells and/or microbes in the cancer cells and body—*refined sugar, refined flour, soda pop, etc.*
- Foods that cause a low level immune hypersensitivity, reducing your ability to fight cancer—*beef, turkey, chicken, lamb, pork, and sea bottom dwellers.*

If you want to get well, build your diet around fresh salads, vegetables, juiced grasses, and sprouts for breakfast, lunch, and dinner. Eat plenty of raw whole foods (I'll discuss these in more detail later in this chapter), unrefined complex carbohydrates, proteins and healthy fats from vegetables, fruits, legumes, whole grains (careful with breads!), nuts, and seeds.

Below is a list of “super foods” with the most scientific evidence of cancer-fighting properties:

- Asparagus
- Almonds
- Beets
- Berries (blueberries, blackberries, raspberries, and strawberries)
- Broccoli
- Cabbage
- Carrots
- Cauliflower
- Chlorella and Spirulina (blue-green algae)
- Citrus fruit juices (oranges, lemons, and limes)
- Green tea
- Garlic
- Grapes (purple)
- Lentils (beans and peas)
- Oats
- Omega-3 oils (see flaxseed oil and cottage cheese in the Budwig Diet)
- Onions
- Peppers

Continued on page 39.

Nutrient Concentration Chart

I have created a chart to assist you to keep in mind what foods are highest in micronutrients (and lowest in empty calories) and which are lowest in micronutrients:

100 = Most Nutrients

0 = Least Nutrients

100	Raw leafy green vegetables (darker greens have more nutrients): Spinach, kale, Swiss chard, parsley, dark leaf lettuces, and collards.
95	Solid green vegetables: Artichokes, asparagus, broccoli, Brussels sprouts, sprouted grains, cabbage, celery, cucumber, peas, green beans, peppers, and zucchini.
80	Non-green, non-starchy vegetables: Beets, mushrooms, onions, garlic, tomatoes, yellow/red peppers, water chestnuts, and cauliflower.
60	Beans and other legumes: Kidney, red, black, navy, lima, soybeans, black-eyed peas, and lentils.
50	Fresh fruits: Fresh fruits of all types; dried fruits have a higher glycemic index.
35	Starchy vegetables: White potatoes, red potatoes, sweet potatoes, squash, pumpkin, turnips, corn, carrots, and chestnuts.
30	Whole grains: Barley, buckwheat, millet, oats, brown rice, wild grain, quinoa, and wheat.
25	Raw nuts and seeds.
20	Fish.
18	Un-pasteurized fresh dairy and fermented cheeses.
15	Eggs and wild meats.
10	Fat free dairy.
8	Red meat.
5	Full fat dairy.
3	Processed cheeses.
2	Refined white flour.
1	Refined oils.
0	Refined sugars.

Notice that raw foods are highest in the micronutrients (vitamins, minerals, enzymes, antioxidants, phytochemicals, fiber, and omega-3 oils). Also notice that processed, refined foods are nutrient devoid but high in empty calories. These are also the foods that metabolize into acid byproducts, encouraging cancer growth.

Continued from page 37.

- Pineapples
- Pumpkin seeds
- Spinach and other leafy lettuces
- Sprouts (wheat grass, barley grass, and other sprouted grains)
- Tomatoes
- Walnuts
- Wild salmon
- Yogurt (farm fresh plain)

Raw Foods

Uncooked foods are the original nutrient source given to mankind. When cooking, curing, processing, refining, and adding chemicals to preserve and color food was introduced, the cancer rates and chronic degenerative illnesses rose accordingly.

Anyone with cancer must avoid nearly all animal meat (e.g. no cooked meat, fat, eggs, milk, etc.) and all refined sugars and starches. Don't worry—you won't starve not eating these foods. There is plenty of protein, fat, and carbohydrates in predominately fresh raw fruits and vegetables with their juices, seeds, nuts, legumes, sprouts, and spices to help you feel well and heal.

Vegetarian sources of higher protein include soy, beans, peas, lentils, nuts, and seeds. Then add to these a small amount (10% to 30%) of cooked foods when needed and malnutrition and wasting will be minimized. If you choose to eat meat, eat organic eggs and mercury-free fish in small amounts (less than 10% in meals will not promote cancer).

Very compelling scientific evidence that meat and sugars contribute to cancer is the work of T. Colin Campbell, Ph.D. and his colleagues in the *The China Study: The Most Comprehensive Study of Nutrition Ever Conducted and the Startling Implications for Diet, Weight Loss, and Long-Term Health*. In reference to breast, prostate, and colon cancer—which represents 40% of all newly diagnosed cancers—their research revealed that high dairy and meat consumption, low dietary fiber, and highly-refined carbohydrate intake each significantly promoted cancer as mentioned earlier in this report.

5 Reasons to Eat Raw Foods

1. Raw foods supply their own digestive enzymes allowing your body greater capacity to focus on energy production, cell health, elimination of metabolic byproducts, and nerve and hormone function.

2. Micronutrients are in optimal proportions and quantities in uncooked whole foods. Micronutrients are vitamins, minerals, enzymes, anti-oxidants, and healthy (essential) oils. These give your cells the ability to absorb nutrients, convert glucose into glycogen or energy, excrete toxins, regulate muscle action, and fire up the nervous system.

3. Raw foods maintain an optimal alkaline environment out in the tissues where the cancer is. Acid tissue is where cancer is most promoted.

4. Raw foods are abundant in plant fibers such as cellulose (lignin, pectin, gum), mucilage and bran. These serve to increase peristalsis in the gut, which increases the efficiency of digestion and lowers meat putrefaction, oil spoilage, and carbohydrate fermentation. This also has the effect of regulating glucose absorption, chelating minerals (putting them into the correct electrical state for absorption), and aids in vitamins B and K synthesis.

5. Raw foods also contain natural antimicrobials, plant hormones, and cancer-fighting phytochemicals. Some of the cancer-fighting plant chemicals were discussed earlier.

Juicing

There are two main advantages to juicing vegetables and fruits. First, juicing readily gives you the nutrients of a fruit or vegetable with little digestion required by the body. The obstructing fibers are mostly removed. Secondly, you can consume far more vegetables in less time. Keep in mind however, that juicing doesn't take the place of the fruits that have cancer-fighting properties in the skin and seeds, like grapes for example. You still want to get the whole vegetable and fruit in your diet to complement the added nutrients from juicing. However, juicing will energize you and your cells with the micronutrients they need.

Take carrots for example. Carrots are the mainstay of juicing and contain high amounts of cancer-fighting bioflavonoid compounds called carotenoids. They also contain alpha carotene, beta carotene, and vitamin E. Other raw vegetables and their known anti-cancer phytochemicals you should juice (and eat) include: broccoli (sulforaphanes/isothiocyanates), cabbage (glucosinolates and indoles, or vitamin U), red beet roots and tops (proanthocyanidins), turmeric spice (curcumin), garlic (allium and S-allyl cysteine, and selenium), onions (quercetin and organosulphur compounds), cauliflower, green asparagus, and peppers to name a few.

Raw fruits to focus on include: purple grapes (with skins and seeds); red raspberries, blackberries, raspberries, and strawberries which have laetrile and ellagic acid; other non-citrus fruits with their seeds (inside the hard pit shell) such as peaches and apricots which have laetrile. Any dark blue or dark purple fruits (blueberries) have ellagic acid and anthocyanins. Raw pineapple has bromelain and pexoxidase; and tomato seeds and skins are high in lutein and lycopene. All these phytochemicals have been shown to fight cancer in laboratory animals and many humans have shared their testimonials of using these to fight cancer.

For further information on juicing and the benefits you'll receive, check out the 137-page book entitled, *Juice Fasting and Detoxification*, by Steve Meyerowitz—available for less than \$6 on www.amazon.com.

Gerson Therapy Diet

(www.gerson.org)

The famous diet and protocol developed by the German physician, Max Gerson, M.D. was taught in approximately 500 hospitals throughout Europe in the mid-1900s. Today, the Gerson Institute in San Diego, CA provides physician and patient training on the Gerson Therapy Diet.

What is the Gerson therapy?

The diet is whole-foods based. It's founded upon 13 glasses of fresh, raw carrot/apple and green-leaf juices prepared hourly from fresh, organic fruits and vegetables. Then add three full vegetarian meals, ideally prepared from organically grown fruits, vegetables and whole grains. A typical meal includes salad, cooked vegetables, baked potatoes, vegetable soup and fresh juice. Additionally, fresh fruit and fruit desserts are to also be available anytime to snack on. The therapy also includes:

- Potassium supplements.
- Iodine supplement (Lugol's solution to skin).
- Vitamin B-12 supplementation.
- Thyroid hormone supplements.
- Injectable Crude Liver Extract.
- Pancreatic Enzyme supplements.
- Coffee or chamomile enemas (liver and bowel cleanse).

The Gerson Therapy Diet is a philosophy of cleansing and reactivating the body, similar to my *90 Days to True Health™* program. Reportedly, there are more than 200 articles in respected medical literature reflecting the power of the Gerson therapy, with thousands of cures of “incurable” diseases. Max Gerson said, “Stay close to nature and its eternal laws will protect you.” He considered that degenerative diseases were brought on by toxic, degraded food, water, and air.

The Gerson institute is a caring institution, and trained professionals are happy to answer your questions—at no charge! Within the U.S. call toll-free 1-888-443-7766.

Budwig Diet

This was originally introduced in 1951 by Dr. Johanna Budwig, Ph.D.—German biochemist and expert on fats and oils. Dr. Budwig was best known for her research on flaxseed oil and authored three books on the subject. She found that organic flaxseed or linseed oil blended with cottage cheese in high amounts over three months caused tumors, weakness, and anemia to gradually recede. Today, there are thousands of testimonials by cancer patients having success with her diet protocol.

For example, a daily recipe is recommended containing 4 oz. of cottage cheese blended with 1.5 oz. of linseed oil and enough water to make it soft. This can be sweetened with honey or fresh fruits. Optionally, 1-3 Tbsp of freshly ground flaxseed (use coffee grinder) plus cayenne, garlic, and red pepper can be added as well.

Why the cottage cheese? Cottage cheese is highest in protein compounds of sulphuric content, which Dr. Budwig theorizes works with oxygen and the oils to produce the desired effects. Other foods can be used with flaxseed oil but with less effect: nuts, onions, leeks, chives, and garlic. And it is important to use only unrefined, cold-pressed oils high in linolenic acid such as linseed, sunflower, soya, poppyseed, walnut, and flax oils. You can find more details of the Budwig diet at http://www.cancure.org/budwig_diet.htm.

Principle #2: Detoxify and Cleanse

In order to become truly cancer free, you must take steps to cleanse your body from the inside out. Below is a list of detoxification techniques you can use to assist your organs in the process of elimination:

■ **Skin:** I recommend any one of the following techniques:

- ***Sweating in a sauna every other day.*** Start with 15 minutes. Advance as tolerated to an hour. Drink plenty of mineralized water or Capra Mineral Whey™ before and after to avoid dehydration and keep yourself feeling strong.
- ***Olive oil-castor oil (50:50 mixtures) technique.*** Apply the mixture to your skin as you would sunscreen before a 15-minute hot bath. After bathing, lay between cotton towels, under generous bed covers for at least 30 minutes to cause sweating to continue.
- ***Alkaline mineral baths.*** Apply 1/4 cup of baking soda and 1/4 cup of Epsom salt to bathwater twice a week.

■ **Lungs:** Deep nose breathing (10 minutes twice daily) removes carbonic acid and reduces stress. Take long, deep breaths as you visualize a peaceful place or event during meditation if possible. Be sure to take breaks in between breaths so you don't hyperventilate.

■ **Liver Flush:** Here's a simple home remedy to help flush the liver and gallstones. To remove fat-soluble toxins such as pesticide residues from the body, eat a non-fatty lunch, followed by fasting until the next day around 10 a.m. During this fasting time, drink plenty of water and take your medicines and supplements you feel are needed.

About 6 p.m. (the evening after the non-fatty lunch) mix 1 Tbsp Epsom salt in 1/2 cup of water and drink it. Repeat this two hours later. Then two hours after that (10 p.m.) drink 1/2 cup fresh-squeezed grapefruit juice mixed in 1/2 cup olive oil. Also add approximately 300 mg of the herb milk thistle to enhance liver function. Lay flat for the first 30 minutes in bed. Early the next morning, repeat the 1 Tbsp Epsom salt in 1/2 cup water and then two hours later do it one last time. Wait your final two hours before eating again. Expect to pass some gall bladder stones at your next bowel movement, but you should not feel sick or abdominal cramps. Magnesium sulfate in the Epsom salt dilates the biliary ducts for larger solid particles to pass. The olive oil stimulates the gallbladder to contract and expel its contents.

■ **Liver Detoxification:** It's best to use liver cleansing herbs (milk thistle extract, dandelion root, and artichoke extracts at minimum) and a liquid cleansing diet so carcinogenic substances can be detoxified and removed from the body efficiently.

■ **Bowel Cleansing:** To effectively eliminate intestinal waste, aim for at least three loose (but not liquid) bowel movements daily. It's best to do a colon cleansing before you begin using liver cleansing herbs.

■ **Lymphatic Drainage:** Rebound on a mini tramp for five minutes twice daily to encourage lymphatic flow. Alternatively, use a Tampico soft brush (you can find one online at www.amazon.com for less than \$10) to gently brush all extremity surfaces seven times toward the heart.

Liquid Cleansing

The strictest and most powerful cleanse (and detoxification) comes from drinking only water for three to 10 days or longer. This is called “water fasting.” The next less vigorous and intense way to liquid cleanse, requires consuming only fresh juiced vegetables and fruits—this cleanse is known as a “juice cleanse” (technically this is not termed a juice “fast” because of the calories that are being consumed). Then there is the more tolerable liquid cleanse, which requires drinking any combination of fresh juicing, herbal teas, soup broths, Capra Mineral Whey™, and fresh squeezed lemon in water with cayenne and grade B maple syrup (known as the lemonade cleanse). This is still effective in cleansing the body’s cells of accumulated metabolic waste molecules, though it is gentler and slower than a water fast or juice cleanse. Nevertheless, any form of liquid cleansing is highly advised in preparation for making the shift to a whole foods lifestyle. The cleanse should be repeated periodically—every three to six months for optimum health (as long as you go back to nutrient-rich whole foods).

The details of how to effectively go on a liquid cleanse is the subject of entire books. Frankly, it’d be quite difficult for you to extract the data and implement it into your lifestyle just by reading a book. That is why I developed *90 Days to True Health*™—a program carefully prepared to teach these principles with the use of daily audio recordings, a manual, a journal, and supplements to assist in the process of fasting, cleansing, and detoxification. This program is guaranteed to prepare you with proper diet techniques before and after a liquid cleanse. It’s the perfect solution to help you make the whole foods shift permanent. And it’s compatible with any of the protocols for naturally healing cancer. Visit www.truehealth.com for more information.

Principle #3: Supplement Your Diet With High Power Nutrients

There are literally hundreds of natural cancer therapies, supplements, and infusion protocols. Not all of them are for everyone, but a subset of these will greatly influence healing from cancer. Most of these you can buy and begin using on your own. However, you’ll want to learn more about them or obtain guidance from others who have used them. Others are only received in a doctor’s office.

And then there are entire protocols that definitely take some learning about, and may or may not require a physician. I will list the ones I find to be most intriguing, but please also know that this partial list is only an introduction. I have included website addresses for specific additional reading.

Also, remember optimum digestion, absorption, and assimilation of nutrients is critical to winning the fight against cancer. When initiating any new dietary program, be sure to use digestive enzymes and betaine HCL for several months. Also, don’t forget to use probiotics to colonize the intestinal mucosa. These acid-loving bacteria aid in digestion and the healing of this important intestinal lining where nutrients enter the body.

Supplements Known to Fight Cancer

- **Amino Acid Supplementation:** L-lysine (3 grams daily), L-proline (1.5 grams a day), L-arginine (2 grams a day), as first presented by Dr. Matthias Rath.
- **Beta Glucan:** A fiber-type complex sugar derived from baker's yeast, oat and barley fiber, and maitake mushrooms.
- **Black Walnut, Sweet Wormwood (Artemisinin), and Cloves:** Together, this powerful trio cleanses parasites, which are microscopic in many cancer patients. Use periodically only.
- **Blood Root (Sanguinarine):** Kills human skin cancer cells by apoptosis in a dose-dependent manner without affecting normal human skin cells. The juice extracted from this root is applied topically.
- **Cat's Claw:** From Asia and the rain forests of Peru. Two cohort studies (not in scientific literature) in patients with cancer reported positive effects. It contains alkaloids with anti-cancer and anti-tumor activity that also stimulates the immune system.
- **Coenzyme Q10:** At 400 mg a day, this life-giving enzyme is a potent anti-oxidant and generator of ATP in normal cells.
- **Curcumin:** Proven to kill cancerous cells and slow damage to DNA in healthy cells. This powerful antioxidant is also the active ingredient of the Indian curry spice turmeric.
- **Essiac Tea:** Promotes cell repair, effective nutrient assimilation, and elimination of cellular waste. The four main herbs that make up essiac tea are burdock root, slippery elm bark, sheep sorrel, and Indian rhubarb root.
- **Ellagic Acid:** Inhibits tumor growth caused by carcinogens. This powerful antioxidant comes from various berries, walnuts, pecans, and pomegranates.
- **Graviola and Paw Paw:** From trees in the rainforests along the Amazon; leaves, roots, fruit, fruit seeds, and bark are used by South America native healers. It kills cancer by blocking ATP production so it becomes programmed to die (called apoptosis). Go online to <http://www.pawpawresearch.com/>
- **Green Tea Extract:** Proven to slow down cancer growth. In 2003, scientists at the University of Rochester's Environmental Health Science Center found that two chemicals in green tea—epigallocatechin 3-gallate (EGCG) and epigallocatechin (EGC)—turn off a key molecule that tobacco relies upon to cause cancer. These chemicals are close molecular cousins to bio-flavonoids, which are known to help prevent cancer. And in 2004, it was found that two to three cups of green tea has enough active EGCG to bind to a protein found on the surface of lung cancer cells and dramatically slow their growth.
- **Hydrazine Sulfate:** Blocks a liver enzyme that allows for cancer cells to thrive; Developed by Dr. Joseph Gold, director of the Syracuse Cancer Research Institute, in New York in the 1960s. Small studies showed its effectiveness and safety. Then a Soviet study demonstrated hydrazine sulfate's effectiveness in 740 cancer patients (many had received conventional treatments without success) and achieved a 50.8% tumor stabilization or regression after just three weeks of therapy. Then the NCI did a study to sabotage it. Read more at <http://alternativecancer.us/hydrazinesulfate.htm>.

- **Laetrile (Vitamin B 17 or Amygdaline):** This is reported to be found in over 800 plants, including the seeds of apricots, apples, peaches, and cherries. The biochemist Ernst T. Krebs, Jr. isolated this and called it vitamin B17. Numerous reports and studies demonstrate its effectiveness against cancer since 1970. The NCI also studied their own version of laetrile and reported it to be useless despite all the other studies (Dr. James Cason at U.C. Berkeley reportedly tested the “laetrile” used in the NCI study only to find it did not contain any laetrile). It is the safest given I.V. under a doctor’s direction, but you must obtain it from out of the U.S. (\$160/month) to avoid prosecution by FDA watchdogs. Learn more online at <http://alternativecancer.us/laetrile.htm>.
- **MGN-3:** Made from rice bran and enzymatically treated with sugar chains from Shitake, Kewaratake, and Shiitake mushrooms. It enhances natural killer (NK) white blood cell activity as well as B-cells and T-cells. First developed in 1996 by Mamdooh Ghoneum, Ph.D., of Charles Drew University in Los Angeles, it costs \$260 the first month and \$120 monthly thereafter. Learn more at <http://alternativecancer.us/mgn3.htm>.
- **Modified Citrus Pectin:** Binds to cancer cells inhibiting their ability to aggregate and metastasize.
- **OPC (Oligomeric Proanthocyanidins):** Grape seed extracts are proven to cause programmed cancer cell death (called apoptosis) both in the laboratory¹⁸ and by clinical report. Americans spent \$141 million on grape-seed products in 1999, up 26% from the previous year, with plenty of testimonials to go with it on various aspects of health.
- **Pau d’Arco:** Powerful pain reliever and cancer fighter found in the bark of a South American tree. Studies show Pau d’arco killed lung cancer cells in the laboratory experiments and slowed down cancer growth in mice. Learn more at www.paudarco.com.
- **Protocol and Cantron:** A compound first introduced by a chemist, James Sheridan of Rosell, Michigan in the 1920’s. You will read opposing reports by the NCI. Shown to be strongly anti-cancer and anti-viral in nature, yet safe in recommended dosing. Numerous testimonials can be found at <http://alternativecancer.us/testi.htm>.
- **Resveratrol:** Found in the skin of grapes, this compound has significant anti-cancer properties. The FDA has authorized “trans-” Resveratrol to be registered as a new investigational “nutraceutical” drug for cancer treatment research.
- **Vitalzym or Wobenzyme:** When taken in high doses, these proteolytic enzymes “digest” cancer tissues and break down fibrin molecules in the blood stream. These are used in the Dr. Kelley/Gonzales enzyme therapy protocol.
- **Vitamin Supplementation:** The best vitamins come from whole food extracts because they are bio-identical to what the body best utilizes. Contrast this with vitamin pills where the active portions of vitamin molecules only are synthesized in a chemistry lab.
- **Yeast Fighters:** Olive Leaf Extract, Whole Leaf Aloe Vera Extract, Oil of Oregano, and Grapefruit extract (seed) all fight yeast, an underlying culprit to immune weakness.

Supplements and Therapies Administered in a Physician's Office

Nearly all of these therapies have been developed outside the U.S. and have been adopted by only a handful of U.S. physicians.

Intravenous Nutrient Therapy

Below is a list of nutrients that can be delivered intravenously by a physician:

- Vitamin C (ascorbate derived from corn or beets) is given in mega doses of 25,000 mg to 50,000 mg or more three times weekly. Go to www.vitaminfoundation.org or www.orthomed.com or lpi.oregonstate.edu for more information.
- Vitamins A, E, and D.
- B vitamins.
- Amino Acids L-lysine, L-proline, L-aurine, and others.
- N-acetyl L-cysteine.
- Alpha Lipoic Acid.
- L-glutathione.
- EDTA chelation therapy.
- Hydrogen peroxide or DMSO.

Insulin Potentiation Therapy (IPT)

Cancer cells preferentially take up glucose, much like in a PET scan. Insulin infusion causes cancer cells to preferentially take up glucose, and when anti-cancer medications (extremely low dose “chemotherapy”) are also infused, cancer cells get a much higher dose—without the toxic side effects to normal cells. A compound called DMSO which has a high affinity for cancer cells can bind to any fat-soluble medication to carry it into the cancer cell.

I've compiled a directory of medical doctors who practice natural medicine in your area. If you would like a copy, send me an e-mail and I'll send you a FREE copy via the Internet. Or if you don't have access to the Internet, call 1-800-319-3493 and I'll mail you a copy. It's worth the \$6.95 for shipping and handling.

Treatment Protocols

Kelley-Gonzalez Metabolic Therapy: As described above in the Pancreatic Cancer section, the best website is www.dr-gonzalez.com where you can follow the very informative links.

Cesium Chloride Protocol: Cesium is a naturally occurring alkaline mineral that is preferentially taken up by cancer cells along with potassium and rubidium.

In 1984, Keith Brewer, Ph.D. (Physics) and H. E. Satori treated 30 cancer patients with cesium chloride and all 30 patients survived. Aside from treating the cancer, it is reported to treat the pain

of cancer within 36 hours. Learn more at the following website: www.alternativecancer.us/cesiumchloride.htm.

Matthias Rath Oral Amino Acid Protocol: Vitamin C, L-Lysine (3 grams daily), L-Proline (1.5 grams daily), L-Arginine (2 grams daily), Green Tea Extract (or green tea itself), and CoEnzyme Q10 (480 mg daily).

The Brandt Grape Protocol: One protocol compatible with the liquid cleanse was developed by Johanna Brandt—a South African immigrant to America. She spent many years experimenting with fasting and diets before she found her grape cure. Her book on the grape cure was published in the 1920s.

Purple grapes are used with their skin and seeds, but can be modified by substituting in fresh carrot and beet juice for grape juice. For example, you would use only grapes and/or a mush of grapes only for seven to 10 days to cleanse the intestinal tract. This will clearly cause weight loss along with symptoms of detoxification as with any cleanse.

Then when these detoxification symptoms are resolving, move on to the second stage comprised of a gradual introduction of other fresh fruits (one type daily) along with, tomatoes, sour milk or cottage cheese. But, keep grapes as the main food, always taken as the first meal of the morning and again at night. Then after a week of this, every other meal can consist of fruit varieties.

The next stage of the protocol, implements the raw diet, consisting of every food that can be eaten uncooked but still starting each day with grapes only. After cancer is clearly in remission, the final stage of the diet requires continually eating whole foods that are cooked and raw—keeping cooked meals apart from raw meals because of the different digestion and fermentation effects.

You should know that even though the liquid cleansing makes the cancer cells “hungry.” When they do get nutrients, they get the following cancer-fighting phytochemicals found in grapes: ellagic acid, catechin, quercetin, oligomeric proanthocyanidins (OPC), pycnogenol in the seeds, resveratrol in the skin, pterostilbene, selenium, lycopene, lutein, laetrile in the seeds, beta-carotene, and gallic acid. Her book, *The Grape Cure* can be purchased online.

Antineoplastons and Dr. Burzynski: Dr. Stanislaw R. Burzynski discovered naturally occurring peptides (amino acids) in the human body that turn off cancer, HIV infection, and reverse autoimmune diseases in 1967. It was used quite successfully for over 20 years in over 3,000 patients.

As a brief autobiography, Dr. Burzynski was first in his medical school class of 250 students and graduated in 1967 with the highest honors in Poland at the age of 24. The next year he earned a Ph.D. in biochemistry, being one of the youngest persons in Poland’s history to receive both advanced degrees. He came to the United States in 1970 and further developed these peptide fractions at Baylor College of Medicine in Houston, Texas as an Assistant Professor in this research. In 1977, Dr. Burzynski opened a clinic in Houston where he has been successfully using antineoplastons for patients in the final stages of cancer.

Dr. Burzynski is the author of 175 scientific papers on antineoplastons, with 121 patents in 38 countries for antineoplastons. Approximately 250 papers have been written by independent researchers on antineoplastons.

But his work is yet another story of how the NCI and FDA can squash competing cancer therapies. In 1991 the National Cancer Institute (NCI) “evaluated” the effectiveness of antineoplastons

at Dr. Burzynski's Research Institute in Houston, TX. The NCI reports that their reviewers found, "evidence of anti-tumor activity and proposed that formal clinical trials be conducted" in order to fully evaluate the toxicity and effectiveness of antineoplastons, "in adults with advanced brain tumors." They accredited antineoplastons with poor success by looking only at the very sickest of patients that received it, namely stage III and IV brain tumor cases. Then they took what they could of the antineoplaston science from Dr. Burzynski and offered to have him be closely monitored. They now report on antineoplastons by simply saying, "Because of the small number of patients in these trials, no definitive conclusions can be drawn about the effectiveness of treatment with antineoplastons." Ralph W. Moss, Ph.D. writes that the FDA has tried wiping out his harmless and effective cancer therapy numerous times.

Read about current therapies at the Houston, TX Burzynski Clinic website at www.burzynskiclinic.com and read about children doing well on his therapy at <http://burzynskipatientgroup.org>.

Principle #4: Positive Energy

Emotions have a powerful effect on the immune system and other bodily functions. Emotions are "energies in motion." It's a proven fact that negative energies such as fear, anxiety, resentment, anger, and guilt weaken your immune system—resulting in illness and disease. The following are ways to reverse toxic energies that nearly everyone has stored.

Music Therapy

Healing music creates a frequency within the body that when combined with intention to heal, has remarkable ability to assist in a desired health outcome. Find the music that most brings peace, gratitude, and love into your mind and heart and listen to it many times per day.

Yoga

This exercise therapy is centered on the healing feelings and focused mind that also is healing. Learning it from an instructor is superior to minor attempts with a DVD at home.

Meditation With Guided Imagery

This therapy is performed under the guidance of a trained therapist. While on a massage table, for example, the therapist guides you to visualize specific memories in your life, encourages you to feel the emotions associated with that memory, and then guides you through clearing those feelings attached to the memory. You may discover hidden resentment, anger, fear, or guilt that then gets replaced with forgiveness, calm, confidence, and self-forgiveness.

Massage Therapy

Physical loving touch always creates an energetic shift in the body towards healing. Massage therapy can either move lymphatic flow mechanically or energetically, thus improving immune system function. Also, massage stimulates endorphins (morphine-like chemicals) to influence thoughts and feelings to align with healing on a molecular level.

Energy Work

The term “energy work” includes all modalities that draw upon the energy of love, peace, and intention of the mind. I have been trained in Quantum Touch therapy, which I personally know is truly effective. It is a simple technique using breathing, intention, visualization, and an elevated consciousness. It is done with or without touching the patient. Like all energy work, it takes considerable time by the one giving energy. In theory, all healing energy is derived from life force—energy innate within humans—but coming from a higher dimension.



Energy work is used in the following techniques:

- Quantum touch
- Body talk
- Lotus
- Chi Gong
- Distance healing (see Dreamhealer™ below)
- And many more



http://www.dreamhealer.com/who_is_adam.htm

Adam Dreamhealer™

Adam (photo shown below) is a gifted 20 year-old distant energy healer who now only gives seminars to teach attendees to heal themselves. Every person can direct their own intentions to greatly affect their own health. Adam’s first healing experience began at age 14 with his mother who had painful trigeminal neuralgia. Adam discovered that he could put his hand over her head and visualize her pain as a green light, at which time he decided to pull it out of her with the intention of his mind. Her pain has remained completely resolved to this day. He says the key is focusing his intention in line with healing. Since then he has discovered other such phenomenal abilities using the power of mental imagery and intention.

Because of Adam’s increasing successes, my friend Dr. Edgar Mitchell (6th Astronaut on the moon and founder of the Institute for Noetic Sciences in Petaluma, CA) began working with Adam four years ago. Dr. Mitchell has remained Adam’s science mentor since that time, as this healing is explained within the realm of quantum physics and quantum holograms.

There is now an interactive DVD entitled, “DreamHealer: Visualizations for Self-Empowerment.” Our minds, through intention, directly affect our immune systems. The Dreamhealer™ website (www.dreamhealer.com) contains hundreds of testimonials of people from all walks of life.

Healing Therapies to Do on Your Own

- **Exercise:** Moderate exercise, such as yoga or walking for at least 45 minutes daily is recommended. Make sure your exercise is peaceful and relaxing.
- **Water:** Drink 8 glasses of water daily. Flavor it with fresh lemon, herbal tea, grade B maple syrup, Capra Mineral Whey®, or soup broth. Keep in mind—if you are juicing, 90% of each drink is water, so figure this into your daily goal.
- **Sunlight:** Weather permitting, get at least 20 minutes of full-body sun exposure daily, weather permitting. This has been shown to deliver 20,000 units of active vitamin D into your circulation in most people within two days. Emerging studies of vitamin D in cancer protection are quite impressive. Vitamin D also helps prevent diabetes, heart disease, and osteoporosis.¹⁹ Contrast this to the 100 units you get from a cup of milk or several hundred units that is the recommended daily allowance (RDA) by the U.S. government.

There is strong evidence suggesting that sunlight is protective against breast, colon, ovarian, and prostate cancers. One mechanism of sunshine's effects is its healing effect on the mood. A Northern California study on men with prostate cancer reported in *Cancer Research* in June 2005, found that men with high sun exposure had half the risk of prostate cancer compared to men with low sun exposure. And a small 1959 study by Jane C. Wright at Bellevue Memorial Medical Center in New York City reported that the tumors in 14 of 15 cancer patients who stayed outdoors as much as possible from winter to the next summer had not grown, and some had actually regressed. Another recent large multi-center study reported in the Sept 2005 *European Journal of Cancer* showed sunlight to be associated with a reduction in melanoma contrary to what we have been taught for years!²¹

- **Air:** Fresh outside air is far more therapeutic than inside re-circulated air. While at home or work, be sure to take breaks from your busy schedule to go outside and breathe in fresh air twice daily at minimum.
- **Rest:** If you feel tired throughout the day, your body is telling you it needs more rest! Listen to your body. Be sure to get eight hours or more of sleep each night.
- **Gratitude:** Focus your attention on the good news in every situation. Verbalize and then feel the feelings of being thankful for what you have and what you can accomplish. For example, notice the actual feeling that saying out loud the following affirmation has (remember to allow yourself a moment to feel what you are saying): “Peace be still. Great good is taking place in my life now.” Simply trust this is real and watch it transform your mood and your attitude.
- **Benevolence:** Do good things for yourself and for others. Display genuine kindness and compassion in your dealings with others. Actually “be” the goodness you want to see come into your world. This is called the law of attraction: as you think positive thoughts and feel the good feelings of those thoughts, and “be” those positive thoughts as much as possible... you actually draw more of this to you. You attract the reality of what you think and feel most.

CHAPTER SEVEN:

Success Stories: Patients Who Won Their Battle Against Cancer

There are many case reports and testimonials that tell of patients winning their fight against cancer—naturally! I'd like to share seven cases with you. The first three were reprinted directly from www.dr-gonzalez.com and www.burzynskiclinic.com. The last four are cases where I directly or indirectly was involved.

Breast Cancer 16-Year Survivor (Dr. Gonzalez)

Patient I.K. is a 64-year-old woman with a strong family history of breast cancer. She had previously been in good health when in the fall of 1986, routine mammography revealed a suspicious mass in the left breast, confirmed by biopsy as ductal carcinoma in situ. Although her surgeon suggested a modified radical mastectomy, I.K. insisted a lumpectomy be done. The surgeon agreed, and removed the cancerous tumor. Since she had no evidence of metastatic disease, her doctors did not recommend additional adjuvant treatment.

She subsequently did well until July of 1989, when her physician detected a mass in the right breast. She underwent lumpectomy as well as excision of a 3 cm right auxiliary mass that proved to be a poorly differentiated adenocarcinoma, estrogen and progesterone receptor negative, invading, and largely replacing the adjacent lymph node. After surgery, an abdominal ultrasound revealed a density on the right lobe of the liver consistent with metastatic disease. A needle biopsy of the hepatic lesion confirmed metastatic carcinoma, and a bone scan showed, "multiple focal areas of increased activity in the spine consistent with metastatic carcinoma."

I.K. then began chemotherapy with CAF, a very aggressive protocol that she tolerated poorly. In late 1989, after completing three cycles, she refused further treatment and for several months, she did nothing before visiting Stanford in the spring of 1990 for a second opinion. There, after reviewing the previous biopsies and scans, the physicians concurred with the diagnosis of metastatic disease to the liver. The Stanford note reports, "The diagnosis is confirmed and the liver involvement

has been documented by the Stanford Pathology Laboratory.”

Her doctor at Stanford recommended she immediately resume chemotherapy with CAF, but once again, I.K. refused to consider further orthodox therapy. Instead, after learning of my work, she decided to pursue my program and was first seen in my office in April of 1990.

She was quite ill at the time, suffering chronic pain in her liver. After returning home and beginning her regimen, the liver pain was so severe she required MS Contin for comfort. She also suffered fatigue and malaise lasting many months before she finally began to improve. When I saw her for a return evaluation in May 1991—a year after she had begun her nutritional protocol—she felt much stronger and her abdominal pains had largely resolved. Unfortunately, she began to feel so well that without my knowledge, she subsequently discontinued her protocol, assuming she was “cured.” In early July 1991, she called me very distraught, having just suffered a grand mal seizure, and admitted she had been off her protocol for several months. A CT scan of the brain revealed a high-density epidural mass in the left sphenoidal ridge and a small low-density area in the right temporoparietal region. The radiology report reads, “Both areas were heterogeneously enhanced with contrast medium and appear to be metastatic brain lesions.”

Her doctors immediately recommended radiation to the brain, which I.K. refused. Instead, she resumed her full nutritional program with renewed dedication and quickly improved and never had another seizure. Follow up CT scans of both the head and abdomen in April 1992, less than a year after her recurrence, were completely normal—the previously noted liver and brain tumors were gone. The report of the head CT reads “There is no mass or mass effect... there is no evidence of metastatic disease... normal CT scan of the head.” The summary of the abdominal scan states: “Normal CT scan of the abdomen.”

Our last formal contact with her was in October of 2005, when she appeared to be doing fine, 15 years after her diagnosis of terminal metastatic breast cancer.

Regardless of her compliance lapses, I.K.’s survival is extraordinary. As the medical literature documents, breast cancer, when metastatic to either the brain or liver, is a deadly disease. In a series of patients with brain metastases specifically, Lentzsch et al report a median survival of 23 weeks for those with more than one lesion, despite aggressive conventional treatment. In a group of patients with at least one lesion receiving supportive care only, the authors describe a median survival of five weeks.

Eichbaum et al studied a group of 350 women with breast cancer that had metastasized to the liver. The authors describe a median survival, regardless of the conventional treatment given, of 14 months, somewhat better than the numbers for brain metastases, but still dismal. In this case, I.K. had evidence of liver, brain, and bone metastases, as deadly a combination as can be imagined.

Colon Cancer 4.5 Year-Plus Survivor (Dr. Gonzalez)

I.L. is a 57-year-old man with a family history pertinent for brain cancer in his mother, colon cancer in an uncle, and lung cancer in a second uncle. He himself had generally been in very good health when beginning in 2000, he noticed a change in his bowel habits, including increased mucus

in his stools, chronic indigestion, bloating, and what he described as gas pains. He adopted a whole foods, vegetarian way of eating hoping for some relief, but over time his symptoms only worsened.

In mid 2001, he first noticed intermittent bright red blood in his stools. Some months later, in October 2001, he developed symptoms consistent with a bowel obstruction, including severe pain, bloating, abdominal distension, and an inability to move his bowels. When the symptoms resolved after several hours, he chose not to seek medical attention.

Several weeks later, in November 2001, the symptoms returned with a vengeance. He hoped once again to ride out the crisis, but over a three-day period the pain, bloating, and distension worsened to the point he finally went to the local emergency room. A barium enema revealed an “apple core” lesion in the sigmoid colon indicating a tumor.

When a subsequent sigmoidoscopy revealed a complete obstruction, the patient underwent emergency laparotomy, resection of the sigmoid colon along with the tumor, and placement of a temporary colostomy. The surgeon also discovered, as his operative note reports, “palpable nodules in the liver, which I felt to be more cystic than solid, but there were a couple studs that were solid.” He removed one of the liver lesions for evaluation.

The pathologist’s summary describes a large colon tumor, but doesn’t give exact dimensions, though it states, “The mass locally grossly appears to extend to the underlying adipose tissue,” and defines the tumor as “moderately differentiated adenocarcinoma, extending through the bowel wall, and present on the serosal surface.” Though cancer had infiltrated two of nine lymph nodes examined, the liver tissue seemed most consistent with a benign hemangioma.

Postoperatively, a CEA test, a tumor marker for colon cancer, came back elevated at 5.1 (with normal less than 3.0), an indication of remaining malignant activity. No CEA had been done before surgery, so there were no results for comparison.

I.L. did subsequently meet with an oncologist who suspected the tumor had invaded the liver, despite the negative biopsy. He insisted chemotherapy needed to begin quickly, but upon questioning admitted if the cancer had indeed spread, treatment would do little. I.L., who already had a strong interest in alternative medicine, decided to refuse conventional treatment and instead began self-medicating with a variety of nutritional supplements. After learning about our work from a local chiropractor, he chose to proceed with our treatment. He contacted our office in early January 2002, but we suggested he come in only after reversal of his colostomy.

Since the patient has been rushed into surgery in crisis from an obstruction, no preoperative CT scan had been done. Finally, in mid January, his doctors pushed for a scan, which revealed evidence of multiple metastatic lesions in the liver as the official report describes: “Unfortunately, within the liver there are numerous small hypo-enhancing lesions... suspicious for metastatic disease...”

In late January 2002, the patient returned to surgery for reversal of the colostomy and lysis of adhesions that had formed since the first operation. During the procedure, unfortunately, none of the liver lesions were biopsied. When I.L. was first seen in my office (Dr. Gonzales) in mid March 2002, he seemed enthusiastic about the therapy and subsequently followed the regimen faithfully. Today, more than 4.5 years on treatment and five years from his original diagnosis, he remains fully compliant and enjoys excellent health.

Over the years that he has been my patient, I.L. has chosen not to undergo any further CT scans, a decision I have respected. He says no matter what the scans show, he wouldn't agree to chemotherapy nor would he change his treatment. He doesn't want the radiation exposure, which is significant, the worry, or the expense. So, I have no idea what has happened to the liver, or its lesions, I only know the patient is alive and well.

Brain Cancer Survivors After Antineoplaston Therapy

(www.burzynskiclinic.com)

M.V. was diagnosed with multifocal astrocytoma in 1999. Four months into her treatment at the Burzynski Clinic her six tumors decreased more than 40%. Today she is a healthy 13-year-old girl in great spirits.

Jared Wadman was diagnosed with low-grade astrocytoma at age seven. Jared came under Dr. Burzynski's care and treatment at age 10, after three years of conventional and alternative treatments, without positive results. Jared celebrated his 21st birthday in August 2005.

When Jessica Ressel's parents received the devastating news that their 11 year old daughter had an inoperable brain stem glioma, they searched every possible alternative to traditional cancer therapy. They chose the Burzynski Clinic and within just six weeks of starting Dr. Burzynski's gene targeted therapy her condition improved and she was able to continue a normal life during the remaining period on treatment. Jessica Ressel has been cancer free for almost eight years now. She gave birth to a beautiful boy in 2004.

Breast Cancer

L.K. is a 60-year-old nulliparous woman (a medical term for a woman who has never given birth) who was diagnosed with breast cancer in June, 2004. Her cancer tissue consisted of a 2.7 cm diameter mass, identified as low grade invasive ductal carcinoma, positive for estrogen and progesterone receptors. She underwent surgical excision of the mass, and afterwards refused chemotherapy.

Instead, she chose to follow natural therapies at the clinic where I practiced beginning in September, 2004. She received I.V. nutrient infusions of phosphatidyl choline, vitamin A, alpha lipoic acid, and a modified Insulin Potentiation Therapy (IPT) by which was delivered high doses of vitamin C. She also started the following nutrient supplements: niacin, digestive enzymes with each meal, vitamin C (3,000 mg daily), vitamin E, the blue-green algae Chlorella (9 capsules daily), cod liver oil (2 Tbsp daily), CoQ10 (100 mg daily), amino acid complex (standard dose), super green power drink (once daily), Essiac tea (daily), and magnesium (500 mg 3 times daily).

In addition, she had been a heavy meat eater, but was taught the Gerson diet. It not only helped improve her condition, but L.K.'s husband significantly improved his high blood pressure by joining his wife in the diet.

L.K.'s I.V. therapy was only to get a jump start on her health, which she received for the first month. Using the remaining non-pharmaceutical interventions mentioned above, she has remained cancer free since. Her CT scanning in May, 2006 and again approximately four months later revealed no evidence for cancer recurrence.

Lymphoma, Leukemia

J.P., a 65-year-old male, was diagnosed with small cell lymphoma and leukemia grade III in November 2004. His cancer was discovered by a CT scan taken of his kidneys when he was being worked up for kidney stones. The CT scan revealed multiple enlarged lymph nodes surrounding the kidneys, and further scanning showed enlarged nodes in the chest and abdomen. He was offered chemotherapy and radiation, but refused it. Further CT scanning three months later (September 6, 2005), before any intervention, demonstrated the swollen lymph nodes were advancing, now up to 3 cm diameter in his chest, 2 cm diameter in his abdomen, and what appeared to be infiltration of the spinal column.

He came to the clinic where I worked in the fall of 2006. At the time he was very weak, complaining of fevers, weight loss, debilitating fatigue, night sweats, insomnia, low back pain, arthritis, tingling in his extremities, and mild depression. He required four separate blood transfusions over the next six months, along with I.V. infusions including the following: Dioxychlor (safer version of hydrogen peroxide), sodium butyrate (a main component of Dr. Burzynski's anti-neoplaston regimen), various vitamins and minerals, antioxidant micronutrients, Interferon Alpha 2a using modified IPT four times per week (insulin is first infused to open the cells, followed by glucose with interferon), homeopathic remedies, and occasional anti-viral, anti-biotic and anti-inflammatory medicines.

His oral nutrient and supplementation protocol included: armour thyroid, the co-enzyme Nicotinamide Adenine Dinucleotide (NADH), pancreatin (proteolytic enzyme) before meals; digestive enzymes after meals; niacin; chlorella; cod liver oil; essiac tea; and an amino acid complex. His dietary changes were dramatic. He was taught the Gerson diet and he juiced 10 times daily using carrots and apples.

Once he was consistent in getting all these things together for at least a month, he had significant improvement in his blood counts (lymphoma and leukemia), physical strength, and mood. Despite his poor prognosis due to delayed intervention, he is showing improved quality of life and signs of cancer regression using these non-orthodox therapies as of April, 2007.

Brainstem Glioma

B.W. is a 15-month-old caucasian girl living in Idaho who was noted by her mother to have a left esotropia (lazy eye) in January, 2005. The medical work-up included an MRI to evaluate her apparent sixth cranial nerve palsy, which revealed a large brainstem glioma (fatal). The local pediatric oncologist had evaluated her and because of her young age, the location and the advanced nature of the brain tumor, she was told without question that surgery, chemotherapy, and radiation were not feasible. In other words, orthodox medicine in this case had nothing to offer, and the young mother was told to enjoy the last few months with her. The pediatric oncologist gave her a maximum of six months to live. The mother was unwilling to submit to this dismal prognosis, so she brought her baby girl into the clinic where I practiced to explore natural therapy options.

At the time she was high functioning, with near normal neurological findings, despite the massive tumor showing on the MRI. She could not walk or stand due to hyperflexibility of her knees. Other than that and her lazy eye (which was quite pronounced), she appeared totally normal.

In my office she received a series of I.V. infusions with nutrients including amino acid complexes, high dose vitamins, minerals, alpha lipoic acid, phosphatidyl choline, sodium butyrate, dioxychlor, mistletoe extract, homeopathic remedies, and additional herbal derivatives known to fight cancer. She was also given oral nutrient supplements at home including vitamin C, creatine, l-lysine, cod liver oil, and a nutrient-rich diet mostly made into whole food smoothies.

The progression of her brain cancer over the next six months was extremely encouraging. After two months of our therapy she he was thriving and growing. She had fairly stable and slightly improving neurological function. Her lazy eye went nearly to midline when looking up (an improvement). She maintained a good appetite and remained alert and responsive.

An MRI of her brain was again obtained after her first two months of our therapy. It showed no interval growth of the tumor! This was remarkable, given the former rate of tumor growth.

After six total months of nutrient infusion therapy and whole foods with liquid supplements, she was still strong and did have some slightly improved motor neuron function, with improvement of her esotropia. The family discontinued I.V. therapy but continued oral nutrient supplementation. No further CT scans were desired by the mother while under my care. Some time in September 2005 they transferred her care to a pediatrician friend.

Occipital Lobe Glioma

B.A. at nine-years-old developed recurrent illnesses and tonsillitis. She underwent a tonsillectomy, but anesthesia was nearly fatal for her. Further work-up was therefore pursued, including an MRI which uncovered an occipital lobe aplastic glioma with spinal cord metastases. It was soon determined to be inoperable. After her first round of chemotherapy she had a fair response. However, during her second round of high dose chemotherapy, the tumor nearly doubled in size. She then received excessively high radiation in attempts to save her life. With little effect on the cancer, she then was given a dismal prognosis and sent home to die.

She came to my clinic shortly after this, now at age 10. She had difficulty breathing and was on oxygen. Neurological involvement required she be in a wheel chair, and she had noticeable slowed physical growth, likely from all the orthodox interventions thus far. She had a barely audible voice due to radiation therapy.

For the next 18 months she received I.V. nutritional therapy consisting of sodium butyrate, vitamin C, minerals, and several other antioxidant and immune-stimulating nutrients. She required a feeding tube so that getting the parents to prepare whole food smoothies and give her oral supplements was hit and miss. Yet while under my care, she had cognitive improvement, physical growth was returning, and she began to walk with assistance. The tumor size actually showed shrinkage of 1/2 cm on MRI during this treatment. She discontinued care for financial and social reasons. I consider her another example of what nutrition and natural supplements can do to build the body's healthy tissue and immune function and overcome cancer.

These above cases demonstrate the natural history of cancer using conventional therapy, followed by aggressive natural therapy. Unfortunately, these case studies never make it into the scientific literature, nor would the American Cancer Society or the National Cancer Institute ever dream of sharing them!

Summary

The current state of affairs in conventional cancer treatments is truly miserable. It is filled with politics and driven by money. This is connected to the immense pride that governing scientists and oncologists have towards chemotherapy, radiation, and the new frontier of biological therapies, none of which have proven to be better in most cases to no treatment, yet carry significant risks to later cancer re-growth. Research funding does not support the best of care for patients in America.

Integrative medicine is finally taking hold with some oncologists who are at least open to using natural therapies along side conventional interventions. But they are largely held back by the controlling agencies—American Cancer Society (ACS), National Cancer Institute (NCI), and the Food and Drug Administration (FDA) to name a few—that dictate and watch over therapies that are natural or alternative. Many pioneers in natural therapies have been targets of these watchdog agencies.

Yet the world of natural-only cancer therapies is wide and diffuse—so much so that nobody is strong enough or bold enough to take a different stand. So patients are left to search out this information on their own. Many who learn of the real and long-term successes with natural cancer therapies choose never to step into the conventional cancer therapy world. Many who have gone the conventional route and witnessed the devastation, also choose to take control over their own health destiny. And some find answers about self, spirituality, and the meaning of life through cancer when they turn their minds and hearts heavenward to realize that no physical body is immortal on this earth. So what lessons can be learned from this deadly disease? For some it is a painful and ignominious fight. For others it is a reawakening to the eternal realm. And for the caretakers and family members of cancer patients, it is an opportunity to connect, serve, and love.

Additional Reading Resources

Responsible Internet sites to learn more about natural cancer treatments:

- Annie Appleseed Project is a 501(c)3 non-profit corporation that provides information, education, advocacy, and awareness for people with cancer, family, and friends interested in complementary, alternative medicine (CAM), and natural therapies from the patient perspective found online at <http://www.annieappleseedproject.org/>.
- SavvyPatients.com does not endorse any particular treatment mentioned on this educational website about natural therapies. <http://www.savvypatients.com/cancer.htm>.
- The Cure Research Foundation is dedicated to the advancement of healing without drugs. We began in 1976 with a special focus on cancer, and our cancer division is the backbone of our current program. www.cancure.org.
- Wayne Graham, a cancer survivor, tells the principles of pH alkaline balance of the tissues and other alternative therapies that saved his life. www.stopcancer.com.
- Wellness Directory of Minnesota, Alternative Cancer Therapies lists information with additional links for more than 80 natural cancer products worth learning about online at www.mnwelldir.org/docs/cancer1/altthrpy.htm#%Ao714-X.

Books on healing cancer naturally: alphabetical listings by author & title:

- Budwig, Dr. Johanna: *FlaxOil as a True Aid Against Arthritis, Heart Infarction, Cancer, and Other Diseases*
- Budwig, Dr. Johanna: *The Oil-Protein Diet Cookbook*
- Clapp, Larry: *Prostate Health in 90 Days: Without Drugs or Surgery*
- Clark, Hulda Regehr: *The Cure for All Cancers: Including over 100 Case Histories of Persons Cured*
- Diamond/Cowden/Goldberg: *Alternative Medicine Definitive Guide to Cancer*
- Hunsberger, Eydie Mae: *How I Conquered Cancer Naturally* (healing breast cancer)
- Erasmus, Udo: *Fats That Heal, Fats That Kill*
- Fischer, William L.: *How to Fight Cancer & Win*
- Gerson M.D., Max: *A Cancer Therapy: Results of Fifty Cases & the Cure of Advanced Cancer by Diet Therapy*
- Gerson, Charlotte & Walker, Morton, D.P.M.: *The Gerson Therapy: The Proven Nutritional Program for Cancer and Other Illnesses*
- Kelley M.D., William: *One Answer to Cancer*, “a Must-Read when suffering from cancer” which explains the entire Kelley-Gonzales enzyme protocol.
- LeShan, Lawrence: *Cancer As a Turning Point: A Handbook for People With Cancer, Their Families, and Health Professionals*
- Liberman, Jacob: *Light: Medicine of the Future*
- Lynes, Barry: *The Cancer Cure That Worked! Fifty Years of Suppression*
- Moss, Ralph W.: *Cancer Therapy: The Independent Consumer’s Guide to Non-Toxic Treatment and Prevention*.
Dr. Moss left his position as Director of Information for Sloan Kettering Cancer Research Center to publicize alternative treatments.”
- Moss, Ralph W.: *Questioning Chemotherapy: A Critique of the Use of Toxic Drugs in the Treatment of Cancer*
- Moss, Ralph W.: *The Cancer Industry: The Classic Exposé on the Cancer Establishment*. Details all of the alternative therapies which have been railroaded by the cancer establishment.

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