Appendix A - Breast Cancer – Alternative Treatments

Contents

A Holistic Approach to Cancer

The Disease of Civilization

By Thomas Cowan, MD

Let's begin with a definition of cancer. Cancer is the situation that occurs when a certain type of cell out of the many different types of cells in our body—such as blood cells, pancreas cells, brain cells, liver cells, connective tissue cells—decides to grow in an uncontrolled way, in an excessive way, and at the expense of all the other types of cells in the body.

If you had one word or brief phrase to answer the question, "What causes cancer?" what might it be? You might respond with "emotions," "toxins," "fungus," "stress," or "bad terrain of the body." Those are all great answers. But they are not my answer. In my twenty-five years of being a doctor and thinking about food and cancer and health issues for pretty much every day of those twenty-five years, I can say—and I don't wish to say this in an arrogant way—that I have no doubt in my mind that I know what causes cancer. I have come to the conclusion that I have this one right. My answer in one word is "civilization."

THE BANE OF CIVILIZATION

I'm not the first person to think this way. That is actually the title of one of my favorite books, a book by Vilhjalmur Stefansson called *Cancer: Disease of Civilization?* (1960). The idea started some time before Stefansson in a lecture given at a Paris medical society in 1842 by Stanislas Tanchou, a physician and one of Napoleon's surgeons. At that time France was a primary center of science and medicine in the world. You have to remember where we were in the world at that time: it was the era of scientific discovery and manifest destiny; white people were going to conquer and civilize the world and make it safe for Christianity. Against this political backdrop Tanchou in his lecture claimed he could predict the exact incidence of cancer in all the major European cities over the next fifty years, and it was all dependent on the percentage of grain in their diets.

Tanchou's numbers were all recorded and in time they came exactly true—a certain cancer percentage for Berlin, a certain percentage for Munich, and so on. The cancer incidence all depended on the amount of cereal grains in the diet. This set off a huge furor around the world since the great mission of the age was to civilize every inch of the globe. Here was somebody in a center of civilization who declared that these people who don't eat grains, who have the more indigenous hunter-gatherer diet, never get cancer.

This provocative idea motivated many thinkers between 1842 to about 1950, as archeologists, anthropologists, medical doctors, missionaries and explorers took up the challenge of answering the question. Whether he knew it or not, Weston Price's research came as a result of Tanchou's fundamental question. Price focused on dental health as a kind of proxy to the question, "Is it true that cancer is a disease of civilization?"

Another thinker who took up this challenge was George Caitlin, a mid-nineteenth century American lawyer and portraitist. Caitlin spent twenty years of his life living and studying with Native Americans in indigenous hunter-gatherer populations all over the western part of the United States. About the people with whom he lived, Caitlin noted: "I love a people who have always made me feel welcome to the best they had, who were honest without laws, who had no jails, no poor houses, who keep the commandments without ever having read them or heard them preached from the pulpit, never swear, never take the name of God in vain, love their neighbor as themselves, free of religious animosity. I love a people who have never raised a hand against me, or stole my property, when there was no law to punish them for either. I love a people who have never fought a battle with white men except on their own ground. I love a people who live and keep what is their own without locks and keys. And oh, how I love a people who don't live for the love of money."

UNCONTROLLED GROWTH

The premise that we are examining is whether cancer is a disease of civilization, but I say that civilization is *the cause* of cancer. But first we need to define civilization. We know what cancer is: uncontrolled growth of one of the members of a community; that is, one cell type deciding to grow at an excessive rate compared to the rest of the community of cells. This civilization project, if you want to call it that, which started about ten thousand years ago, probably in the Tigris and Euphrates delta, is the process wherein humans decided to co-opt the natural resources of the land base and set off to grow themselves at the expense of the rest of the community. That is the definition of civilization, this co-opting of the resources of the land base, this mining of the resources which is essentially mining the soil. If you go on long enough, you turn productive soil into a desert, and the region of the Garden of Eden in the Tigris and Euphrates delta is now a desert. It took ten thousand years, which is the blink of an eye in the overall picture of humanity.

Civilization can also be seen as the process of extracting the resources from the earth in order to grow one particular species of the landed community, namely humans.

When I give that definition it might remind you of the cancer process. We believe deeply in growth. In order to grow we co-opt the resources from the rest of the earth's community. Given enough time, the rest of the community withers and dies and this one particular species of the community grows more and more until it kills

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the land base or the person. That is the definition of civilization.

Think of the Great Plains—this once fertile region extending from Minnesota to Texas. According to early white explorers, the top soil on the Great Plains was twelve feet deep. Interestingly, by the 1930s, before chemical agriculture, before GMOs, before Monsanto, barely a hundred years of growing grains—and growing them organically—turned those twelve feet into a mere twelve inches, which in the Dust Bowl of the 1930s blew away to the Gulf of Mexico. That is what happened because of organic agriculture. For those of us who say the solution is to simply to go back to organic agriculture, remember that the Tigris and Euphrates Delta became the desert of Iraq solely through organic agriculture, and maybe some over-grazing.

But the point is that the hunter-gatherer indigenous populations that were dependent upon animals feeding on perennial grass-based environments lived free of cancer for literally thousands and thousands of years. Organic agriculture turned the soil into nearly a desert, and brought cancer to a people who had no cancer. Weston Price got in at the tail end of this inquiry in the 1930s and documented the health of these people from the standpoint of their teeth. But again whenever we look at the health of nonindustrialized peoples we see the same thing: these are people without cancer, and also without heart disease. Any anthropologist can tell you this bone was from a hunter-gatherer, a pre-grain eating person, and this bone, by contrast, from a grain-eating person, because the latter has holes in it and looks like it has arthritis and it not as thick and strong. You can see physical degeneration almost every place where people have switched from indigenous diets to primarily grain-based diets.

HUNTER-GATHERER DIET

So the next step is to discover what these healthy people ate. As you know, Weston Price found healthy isolated peoples who were eating small amounts grains, usually prepared through a fermentation process. But the basic diet of these people was about 65 percent animal foods with a definite predominance of fats over protein. It was not a low-protein diet but a diet that included adequate protein, and then about thirty-five percent fermented grains, low-starch seeds, nuts and vegetables and perhaps a

RUNNING SHOES, MONKEYS AND CANCER

I sometimes say that having access to the Weston Price philosophy is a bit like taking a test and knowing the answer beforehand. When you wonder how to proceed with any subset of human endeavor, you can look backward to find (or remember) the right answer. Along with this, I'm sure you've heard about the "hundredth-monkey" effect. This phenomenon refers to the instantaneous, paranormal spreading of an idea or ability to the remainder of a population once a certain portion of that population has heard of the new idea or learned the new ability. When the hundredth monkey learned to wash sweet potatoes, then every monkey in the world was supposedly washing sweet potatoes as well via this process.

There are certain things that bubble up out of the culture at certain times. The thing that is bubbling up right now, for the obvious reason that we are poisoning and killing ourselves environmentally and in a lot of other ways, is this big question of how we should live. This question affects even very small, specific matters in our lives.

I read a book recently called *Born to Run*. The theory of this book is that human beings evolved running and walking barefoot. As soon as you run and walk with shoes on you will have injuries to your legs and back. In fact they point out a study from the American College of Orthopedic Medicine that seventy percent of all runners have a significant injury within a year, and the number one thing that correlates with the likelihood of having an injury is the price of your running shoes. The higher the price of your shoes the more likely you are to injure yourself. Because the foot craves to find a hard place to impact the ground, and the more expensive running shoes have more cushion in the heel and now even springs, you really have to grind your leg in order to find that hard place. That puts stress on your ankle and knee and then hip and then back. We even know the physiological mechanism of how that works. But as I said, you already know the answer to the question of what to put on your feet, because the healthiest people, the ones who didn't have leg and back problems were these "uncivilized" people who walked and ran barefoot all the time. You already knew the answer to that conundrum; we just had to fill in the science.

This thinking process can be applied to shoes; it can also be applied to electromagnetic fields, to cell phones. If you look at the life of these "uncivilized" people, they didn't have cell phones, they didn't have electromagnetic fields. If you ask me when to go to bed at night, ask instead when did they do it? They went to bed when it got dark and woke up when it got light. If you have a serious illness like cancer and you know these people never had cancer, then you might want to consider emulating their lifestyle strategy not only in their diet but in every possible way: walk barefoot on the beach; when you wear shoes, wear shoes with flat soles; throw away your cell phone; live as far away from a cell tower as you can; go to bed when the sun goes down and don't sleep near any electric appliances like alarm clocks, and certainly not under an electric blanket.

natural sweetener, such as honey.

Does that type of diet square with the human anatomy? I'm not against changing certain patterns of the diet based on what a person can tolerate. But when someone says this person because of their blood type needs to be an herbivore, a vegan, I think to myself well, yes, that would be fine if they had a rumen. Let me tell you, the first cancer patient who comes in with a rumen, I'm putting them on a vegetarian diet, I don't care what blood type they are. If they have very long intestines and a rumen with bacteria to ferment cellulose, I'd put them on a vegetarian diet.

THE GORILLA SYNDROME

Interestingly, the primate that has the largest amount of plant food in the diet, the gorilla, has a very long digestive tract and the smallest brain of any primate. If you were in the jungle and had only leaves to eat, you would starve in the midst of abundance because you cannot digest leaves, at least most leaves. But the gorilla is so contructed that he can eat high-cellulose plant foods like leaves.

Remember that the herbivorous animals literally must eat all day to extract nutrients from grass, leaves and seeds. You, as the predator human, can get concentrated fats and protein from the herbivores, and you need only a short digestive system to get all you need to develop a healthy body and a healthier more robust brain to talk, think and create. You don't have to eat all day long. When you revert to a more "gorilla-ish" way of life, you increase the number of times you have to eat, increase the size of your digestive apparatus, and shrink your brain, which is exactly what has happened to us over the last ten thousand years. I'm not so sure that this is the way we want to go.

I wish I had a dollar for every patient who walked into my office—usually a female patient—who has said, "My belly is bloated and I'm full of gas; I have digestive disturbance and a foggy brain." Usually they end up with a diagnosis of hypothyroidism. When you ask them what they eat, they tell me, "I'm mostly vegetarian." They have gorilla syndrome.

The human anatomy is precisely designed for a hunter-gatherer diet of about 70 percent animal food, predominantly fat (as much as they could tolerate and digest) including organ meats and bones (usually in the form of broth), but not so much protein—something like two to four ounces of protein, two to three times a day was about the average of what people ate. The remaining 30-35 percent plant foods provides variety and additional amounts of vitamins and minerals. The protein and fat part is what builds a healthy body structure, the endocrine and immune systems, and, most importantly, the brain and nervous systems. People ate plants for balancing their pH, for accessing different minerals and phytochemicals. Because these plant foods were often fermented, they served as food for bacteria, which greatly increased their vitamin content for the benefit of humans.

This is the framework to the hypothesis that cancer is a disease of civilization. Taking these ideas as a basis, my cancer therapy is based on the GAPS diet, low-dose naltroxone (LDN), Iscador (mistletoe extract) and cardiotonics in order to create a "pre-civilization" milieu for the cancer patient.

GAPS DIET

The diet I use for treating cancer patients is the Gut and Psychology Syndrome (GAPS) diet, formulated by Dr. Natasha Campbell-McBride in her book of the same name. Let me give a brief description of how the GAPS diet works. The healthy intestine contains millions of tiny absorptive villi. It also contains a layer of good bacteria, a diverse colony. We have, or should have, more microorganisms in our gut—five to seven pounds of them—than we have human cells in our body. These bacteria represent our immune system. Children with autism have holes in their intestinal walls that allow toxic proteins and other chemicals to leak through their porous guts into their blood stream. The two most serious are casomorphin and gluteomorphin. These leak into the blood stream and cause neurological symptoms.

Think of your intestines as soil and grass: the villi are like the soil, and the layer of good bacteria is like the grass covering the soil. If you go to a meadow or a perennial grass field and you overgraze or do something to strip the grass, the soil will become eroded. If this condition

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continues, you get further erosion of soil, you get cracks in the soil, and surface material starts seeping into the ground water. That is exactly the same process that happens in the human gut. People "strip their grass" with antibiotics, with vaccines, with processed foods, with not getting the right flora via the birth canal due either to a C-section or gut dysbiosis in the mother. Lastly, "civilized" people today are no longer eating probiotic foods. All these factors create an unhealthy gut ecology, a flattening of the villi, and actual holes in the gut wall.

The villi are a source of the enzyme disaccharidase, which digests disaccharides, just as lipase digests lipids and protease digests protein. As you lose the integrity of the villi you lose the ability to digest disaccharides because you lose the ability to produce the enzymes solely responsible for this function. If you continue to eat disaccharides, they cannot be digested, and instead feed fungus, yeasts, and toxic microorganisms that are present in the gut. These are like crab grass growing on the soil. Crab grass doesn't protect the soil, it doesn't make the good micronutrients, it doesn't make the B vitamins, and it doesn't protect the lining. Instead, it results in bloating and gas and all the other things that people with sickness experience. As the condition of the villi worsens, even less disaccharidase is produced, and we have a vicious cycle. Eventually you get ulcerative colitis—an erosion through the mucosa into the muscle layer, and that is like a bad crater in the soil. As a result of this leakiness of the gut you end up with these two predominant chemicals, gluteomorphin and casomorphin, getting absorbed into the blood stream. These substances are opiates, and opiates essentially paralyze your immune response.

So in the GAPS diet we eliminate all disaccharides including sugar, potatoes, sweet potatoes and grains; lactose is also a disaccharide so fluid milk, even raw milk, needs to be avoided. The diet emphasizes lots of healthy fats like butter, ghee and coconut oil, grass-fed meats and organ meats, wild seafood, fermented raw dairy products, low-starch vegetables, some fruit, bone broths and cod liver oil.

I should add that I also prescribe pancreatic enzymes, based on the work of Dr. Nicholas Gonzalez (see review, page 46). I use lyophilized pancreatic enzymes from Allergy Research extracted from New Zealand pork, lamb and beef, all at one time. The dose is 10-15 capsules, three times per day, on an empty stomach.

LOW DOSE NALTREXONE

Now let's introduce low dose naltrexone (LDN) into this picture, and see what it has to

WHY CANCER PATIENTS NEED MORE FAT

If you have cancer of your colon or liver, breast or prostate, and we want to know if the cancer has spread to any other part of the body, we can use a nuclear medicine imaging technique called PET (positron emission topography). This technique highlights any other nests of cancer cells and is the conventional approach for checking on the spread of cancer. The process involves radioactively tagged glucose that is injected into the body and then that glucose is selectively picked up by various cells in the body. We know that cancer cells love to eat glucose, so they actively pick up the tagged glucose. The highlighted nests of radioactive glucose therefore indicate areas of the strongest growth of cancer cells. In other words, cancer cells thrive on sugar. Cancer cells use an anaerobic respiration of sugar to form acids. That is the metabolism of cancer cells. The reason the cancer patient starves while the cancer cells grow is because they are much better at taking up the sugar than are normal cells. If we understand this selective metabolism of cancer well enough to diagnose its growth, then the next step is to withhold sugar and see what happens. The trouble is we need a backup fuel source. And there is a back up fuel source: ketones from fats. Cancer cells cannot metobolize ketones. Normal cells do fine on ketones; we know this from fifty years of successfully utilizing a therapeutic very high-fat ketogenic diet. Cancer patients on a ketogenic diet will often have their tumors shrink and will halt their cachexia—their physical wasting and weight loss. The cancer cells starve on a ketogenic diet, but normal cells thrive.

Now take a moment to think of these pre-civilized people 10,000 years ago before the cultivation of grains. I hope by now you are convinced they did not suffer from cancer. These people ate a ketogenic diet. Think about pre-grain, pre-potatoes, pre-milk—where were the carbohydrates? They ate seventy percent animal foods, a little bit of seeds and nuts, a few vegetables that they could find, honey when they could chase off the bees. And we know that they favored the animal fats rather than the proteins. Their main fuel was ketones. Our whole notion of the right diet for cancer patients today is backwards. The knee-jerk dietary prescription for cancer patients is a lowfat, high-carbohydrate diet. But the primary fuel for many human groups is ketones, and the backup fuel is glucose. Glucose as a fuel source would have been used in an emergency—to sprint away from a dangerous situation, for example. It is essentially an anaerobic backup system that produces lactic acid and acidosis and is only meant to be used for a brief period of time.

It is also important to note that with the ketogenic diet protein intake is kept low to moderate, with fat as the main fuel source. Protein consumption in excess of your actual needs will be metabolized like sugars, by the way. Insulin has long been implicated as the growth hormone, stimulating growth in cancer cells as well. We want to lower the insulin levels in the blood and by far the most reliable way to do that is to get rid of the sugar.

do with the GAPS diet. We'll also discuss what it has to do with cancer and civilization.

Naltrexone is a drug that was developed in the late 1960s to treat heroin overdose. It is an opiate receptor blocking agent. Three hundred milligrams of intravenous naltrexone would block the receptors of someone who had overdosed on heroin and save him from respiratory arrest and death.

Oral naltrexone in a fifty-milligram dose was next tried as a strategy to stop heroin addiction. Two interesting things happened. First, the fifty milligrams would block the opiate receptors all day and the heroin would have no effect. Addicts would stop using heroin because it wouldn't make them high. But unfortunately, the people who took the fifty-milligram dose of naltrexone felt so lousy they said they'd rather be dead than take this stuff. The therapy completely failed as an addiction drug, but Bernard Bihari, a neurologist in New York City, had a lot of AIDS patients who were also heroin addicts. Bihari knew the story of naltrexone and this led to an attempt to discover why people taking naltrexone felt so lousy.

The answer is that heroin and morphine are identical to chemicals we make in our bodies called endorphins. These are the chemicals that make you feel good. If you block the body's production of natural endorphins—which is an inadvertent effect of blocking the exogenous opiates, heroin and morphine—then this complete embargo on endorphins makes you feel worse than worse. The result is a lifeless life with no feelings of joy, since this is what endorphins are intimately associated with. If you feel miserable all the time, you probably suffer from a deficiency of endorphins.

Endorphins are literally the fuel for the activity of your T cells.

The feeling of well-being is connected with your immune response. Endorphins are literally the fuel for the activity of your T cells; they have to do with your natural killer cells and the synthesis of tumor necrosis factor. All of this is clearly delineated in the medical literature.

The next step for Bihari was to test the heroin addicts who had AIDS and MS and other immune system problems to see whether they were actually low in endorphins. Bihari was the first to hypothesize that we can trick the body into making more endorphins by giving a very

A DIET FULL OF FAT

How does one achieve a diet that is 80 percent fat? It's not as hard as you think, because by 80 percent, we mean 80 percent of calories, not 80 percent of weight or volume. Since there are twice as many calories in a gram of fat compared to a gram of carbohydrate or protein, and since fat contains no water but carbohydrate and protein foods can be up to 90 percent water, that means that if your diet is about 10 percent of fat by volume or weight, you will probably be eating 80 percent of your calories as fat. (For a detailed explanation see Adventures in Macronutrient Land at westonaprice.org.)

Here are some ways to increase your fat intake:

- Take 1-2 tablespoons coconut oil in hot water before a meal.
- Add an extra yolk to scrambled eggs.
- Cook some fruit along with your bacon so you soak up some bacon fat into the fruit.
- Use plenty of butter in your oatmeal or on your bread—you should put enough butter on your bread to show teeth marks when you bite into it.
- Put lots of melted butter on your vegetables or even on your meat and fish.
- Use cream in sauces.
- Make gravy with pan drippings.
- Always consume whole dairy products—whole milk, whole yoghurt, full-fat cheese.
- Cook in generous amounts of lard, ghee, butter, goose fat or duck fat.
- Spreads like paté are a good way to consume extra fat.

If you are not used to eating a lot of fat, you will need to build up slowly. Start with 1/4 teaspoon coconut oil in hot water, small amounts of butter on your bread or vegetables, small servings of whole dairy products. Swedish bitters taken morning and evening (1 teaspoon in water) will help your liver produce bile for fat digestion. If you still have trouble with all that fat, you can take an ox bile tablet with your meal, or lipase enzymes. Eventually you will be able to tolerate and enjoy a diet full of healthy fats. You may also find that any cravings for carbohydrates subside once your body gets the fat it needs.

You may be surprised to learn that Iscador is the most prescribed cancer medicine in the world.

low dose of naltrexone. If fifty milligrams blocks the opiate receptors for a day, he reasoned, then three or four milligrams will block the receptors for about an hour. We give the dose at bedtime and the body says, "Hey, somebody blocked my endorphin sites! I need to make more endorphins." Sometimes there is a ten-fold increase in the number of endorphins produced. The next thing you know you find a normal or even heightened response in endorphin production leading to improved immune function. In one survey, forty out of forty-two MS patients went into remission using LDN. Their autoimmune disease had been based on toxic opiates replacing healthy endorphins in their immune response. There are many classes of diseases that have been helped with this therapy and you can find much more information at www.lowdosenaltrexone.org.

How does the use of LDN fit into our theory that cancer is a disease of civilization? First, the foods of civilization, especially the current lowfat (or wrong-fat) and low-cholesterol diet, impede the body's production of natural endorphins; second, civilized peoples are addicted to substances that stress the adrenal glands, such as coffee, tea, chocolate, sugar and stronger drugs—you might say that the process of becoming civilized takes us from the slow lane to the fast lane—and as the adrenals are involved in endorphin production, with so much stress and over-use, our innate feel-good mechanism breaks down. Finally, civilization puts millions of people into jobs they can't stand, relationships that are stressful, activities they don't enjoy. Civilization is interesting and challenging, but it is also stressful.

We often hear of a person diagnosed with cancer who says to himself, "Well, if I have only a few months to live, I'm going to do what I always wanted to do." So he quits his work and plays the cello, or takes up oil painting. And lo and behold, his cancer goes into remission. Why? Because his body is finally producing and benefitting from endorphins, his immune system can finally work again, and he gets well.

It is interesting to compare this therapy to the GAPS diet, which eliminates the disaccha-

SOME RECENT STUDIES INVOLVING MISTLETOE EXTRACT

This study showed that complementary treatment with sME [a mistletoe extract] can beneficially reduce the side-effects of chemotherapy in cancer patients and thus improve quality of life (*Anticancer Res* 2004 Jan-Feb;24(1):303-9).

The results of this study show that sensitivity to IscadorQu [a mistletoe extract] treatment varies strongly between different cell lines. In sensitive cell lines, including tumor and endothelial cell cultures, IscadorQu caused early cell cycle inhibition followed by apoptosis in a dose-dependent manner (*Int J Oncol* 2004 Dec;25(6):1521-9).

Complementary treatment of breast cancer patients with lectin-standardized mistletoe extract (sME) proved to be a well tolerated optimization of standard tumor-destructive therapies, mainly improving quality of life and relapse-free intervals in defined UICC stages (*Anticancer Res* 2003 Nov-Dec;23(6D):5081-7).

Mistletoe extracts have immunomodulatory activity. We show that nontoxic concentrations of *Viscum album* [mistletoe] extracts increase natural killer (NK) cell-mediated killing of tumor cells but spare nontarget cells from NK lysis (*Eur J Biochem* 2002 May;269(10):2591-600).

Results from the present study suggest that VA [an extract of mistletoe] extract-induced endothelial apoptosis may explain the tumor regression associated with the therapeutic use of VA preparations and support further investigations to develop novel anti-angiogenic compounds based on mistletoe compounds (*Mol Med* 2002 Oct;8(10):600-6).

These results demonstrate the presence of insulin-releasing natural product(s) in *Viscum album* [mistletoe] which may contribute to the reported antidiabetic property of the plant (*J Endocrinol* 1999 Mar;160(3):409-14).

Selective apoptotic effects of VAA-I [a mistletoe extract] may represent a novel approach for pharmacological manipulation of the balance between cell growth and programmed cell death. Appropriate combination of immunomodulatory and cytotoxic doses may open new clinical perspectives in the mistletoe therapy (*Forsch Komplementarmed* 1999 Aug;6(4):186-94).

rides found in grains, potatoes, sweet potatoes, sweet milk and a few other foods. The diet also avoids the exogenous opiates: casomorphins and gluteomorphins found in grains and unfermented dairy products. The GAPS diet mirrors the pre-civilized diet of 60-70 percent animal foods, with fruits, vegetables, seeds and nuts as sort of "vitamin pill" supplement. The strategy is to get rid of toxic opiates, heal the gut, stimulate the production of healthy endorphins, and normalize the immune response. A significant number of people with autoimmune disease and cancer have a positive response to this combination.

ISCADOR

The next modality in my approach to cancer treatment is mistletoe therapy, otherwise known as Iscador. This is the backbone of anthroposophical medical therapy and I'm a trained anthroposophical physician. This philosophy is associated with Waldorf schools and biodynamic farming, started by Rudolf Steiner in the 1920s.

The mistletoe plant is made into a number of different cancer preparations, but the original one formulated by Rudolf Steiner is called Iscador. The formulation involves an extremely complicated pharmaceutical process using winter and summer sap from the *Viscum album* plant and mixing it in a gold-plated centrifuge rotated at the exact speed of the earth. It is an amazing process.

You may be surprised to learn that Iscador is the most prescribed cancer medicine in the world. At a conference I attended a few years ago, a German oncologist quoted 400,000 registered cancer patients in Germany, 310,000 of whom take some kind of mistletoe preparation. (Unfortunately, European doctors usually prescribe it in conjunction with conventional therapy.) You may have heard that the celebrity Suzanne Somers is an ardent proponent of Iscador, which has played a big part in her successful treatment of her breast cancer, along with a low-carbohydrate diet and hormones.

I've been treating cancer patients with Iscador for twenty-five years or so, and almost every patient I see is prescribed the diet that I have described, along with Iscador and LDN. That is the mainstay of my therapeutic protocol.

How does it fit in with our "cancer is a disease of civilization" hypothesis? Rudolf Steiner was the first to describe Iscador, but he was by no means the first to describe the theory of Iscador. Twenty-five hundred years ago Hippocrates said, "Give me a medicine that can produce a fever and I can cure any disease."

The way that I explain this to my patients is to note that the job of the doctor is to distinguish between the therapy and the illness. What I mean by that is if you get a splinter in your finger, and then your body makes pus to get the splinter out, is the pus the therapy or the disease? We know that pus indicates infection and the presence of microorganisms, and we learned in medical school that doctors should kill the pus. But I don't think it is that far of a stretch to see that if you have a splinter in your finger, the pus is the therapy for the splinter. If you don't take the splinter out, the pus will do it for you. If you mistakenly think that the pus is the disease and you destroy the pus, the splinter will stay and your body will attempt this process again. If you destroy the pus again, your body might repeat this process three or four more times. Then you have a chronic infection as the body keeps trying to remove the splinter. Eventually it will either succeed, or it will encapsulate the splinter, which is a tumor, a new growth. It is not a cancerous tumor but a benign cystic tumor of the splinter. The understanding that the pus is the therapy allows you to predict what is going to happen in the future.

Now think of this example. Joe Bloke is a smoker. In other words, he puts a bunch of splinters in his lungs every day. Twice a year Joe gets cough, fever, mucus—all to get the splinters out of his lungs. I prefer to say "cough, fever, mucus" rather than "bronchitis" because the word "bronchitis" separates you from the reality of the situation. His body is producing an inflammatory response—it is making a mucus-pus-fever response to cleanse his lungs of splinters. If Joe goes to a doctor who makes the mistake of thinking that the response is the problem, he will give drugs to stop the bronchitis—which is actually the medicine. So Joe will be left with the splinters. That scenario will happen twice a year for thirty years and then Joe has a big bag of splinters in his lungs, and we call that lung cancer.

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We know that epidemiologically every culture that has embarked on aggressive prevention of infectious disease with vaccines and antibiotic treatment has seen infectious diseases diminish, but deaths from cancer increase. Every single one. This paradox is not unknown to the medical profession.

William Coley was a surgeon in New York City at the end of the nineteenth century and the inventor of a cancer therapy called Coley's Toxins, which was basically just rotting meat. Coley knew of the apparent relationship between infection and cancer regression. His protocol was to inject terminally ill cancer patients with an agent to make them get really sick and produce a fever. Somewhere between 20-40 percent of the terminally ill cancer patients who received this treatment, especially with combinations of Streptococcus and Serratia, went into remission. The treatment produced high fevers for a week, a lot of mucus, and a lot of what we call sickness. It is also undeniably true that the thing we call sickness is the immune response. The bacteria and the viruses don't actually make us sick. They trigger an immune response and the symptoms which we deem as unpleasant—fever, mucus and so on—those are the response to the foreign situation. With Coley's Toxins, 20-40 percent of these patients, as written up by the New York Academy of Sciences, went into remission.

Unfortunately, another 20-40 percent died from sepsis; that is, from the therapy, and another 20 percent or so had no response. It was a toxic therapy, or you might say a last ditch effort, but the point remains that the fevers and the pus and the mucus—and the interleukin-2 and the interferon and all these tumor necrosis factors and natural killer cells that constitute our immune response—that is the therapy for cancer. As Hippocrates said, give me a medicine that produces a fever, that provokes an immune response, and I can cure any disease.

The incidence of cancer has skyrocketed with the introduction of vaccines and with the suppression of the acute sick response.

Rudolf Steiner was asked how Iscador works in the body. He replied that it simulates a bacterial infection. You get the warmth, the interferon, the interleukin-2 response, the natural killer cell response; you get everything you would get from an infection except the bacterial infection and the sepsis, which are the toxic parts. So instead of 20-40 percent of patients dying from Coley's Toxins from sepsis, you have an activation of the immune response but no side effects. This response is demonstrated when you inject the Iscador, because the body temperature increases, and you see actual signs of an inflammatory response. This inflammatory response digests the tumor.

Then you can help the dead material out of the body with coffee enemas, hot baths and so on. This is one of the most effective therapies for all solid tumor cancers.

ASSAULT ON THE IMMUNE SYSTEM

If you look at this process you might wonder how we got into this mess of so many people with a diminished cell-mediated inflammatory response. A cell-mediated inflammatory response—the part that we call "being sick"—is the activation of the white blood cells. Whenever we have a normal infection like chicken pox, two arms of our immune system get activated. First is the humoral immune response, or antibody-based response in the B cells, which make antibodies to remember what happened. Second is a cell-mediated activation, where the white blood cells chew up the invader and spit it out through fever, mucus, rash, achiness and sweating—all those things we call being sick. That is what happens with every naturally occurring infection. Is there something that we are doing that is somehow turning on the humoral immunity and deactivating the cell-mediated immunity?

A vaccine is a specific attempt to activate a humoral response—antibodies—and to deactivate the cell-mediated response. Why do I say that? If you get sick with fever, rash, mucus, after you had a vaccine, then that would be a bad vaccine. No one would want that vaccine. The whole point of a vaccine is to deactivate the cell-mediated response so you don't feel sick, but to activate the humoral response.

This is exactly the same immune situation that you see with cancer and auto-immune disease. The cell-mediated response is the only way your body expels microorganisms and foreign proteins, and that response gets shut down with vaccinations. Everyone who is vaccinated ends up with an over-stimulated humoral antibody system and an under-stimulated cell-mediated system. Add to that the use of fever-suppressing

drugs like aspirin and Tylenol, as well as antibiotics that kill the bacteria in our guts, and we have a recipe for cancer.

The incidence of cancer has skyrocketed with the introduction of vaccines and with the suppression of the acute sick response. Unlike the primitive man who accepts everything in nature and in the body as a natural process, the civilized man tries to suppress natural processes; he is afraid of them, or thinks they serve no purpose, and cancer is the result.

CARDIOTONICS

A fourth component of my cancer therapy involves cardiotonics. Cardiac glycosides are novel therapeutic agents belonging to a family of substances that come mostly from plants. They are a source of proteins (glycosides) that stimulate the metabolism of the heart. The two main cardiac glycosides are digitalis from the foxglove and a substance called ouabain—which I prefer to use—from the strophanthus plant. This African vine was originally used by tribes for hunting. They would dip their arrows into a substance taken from the seeds and it would cause a temporary stoppage of the heart in the animal they shot.

Researchers understood that this was a cardiac active substance and when they isolated it they found it was a hormone, which they called ouabain (through French from Somali *waabaayo*, "arrow poison") or strophanthin. Until the 1990s, the very similar digitalis was the main treatment for heart problems. And there have been a number of studies over the years of women with breast cancer, and men with prostate cancer who have been put on digitalis for their heart problems. These patients have an incidence of cancer ten times lower than controls and if they already had cancer, digitalis lowers their recurrence rate seven- to twenty-fold.

Ouabain is an excellent medicine for the heart. I have a patient from Germany who has a doctorate in biochemistry. About twenty-eight years ago, he had three heart attacks, bypass surgery and stents. Nothing worked, and he was given up for dead. He had heard about ouabain as a medicine for heart attacks and angina. He found a source of it, started taking it, and he is still alive today. Recently he sent me what he hopes to be a published paper in the *American Journal of Oncology* on the entire world literature pertaining to the use and actions of ouabain (its trade name is Strodival).

I've been using Strodival for heart patients for five or six years. It's been a great help for people with angina, heart disease and congestive heart failure. Many have better outcomes, less angina and better exercise tolerance.

But what does ouabain have to do with cancer and civilization? According to my biochemist patient, ouabain does two things: it flushes lactic acid from the cells, and it catalyzes the ability of the cells, particularly the heart cells, to metabolize fats into energy. He calls it the "insulin of the heart," or the "insulin of fat metabolism." Without the hormone ouabain you have a difficult time digesting fats, which may be why you temporarily seem better on a carbohydrate diet. If you don't have enough ouabain, you can't metabolize fats, and you can't get energy from fats. We actually know the specific biochemical fat metabolism blockade that it overcomes. But the next question is: how could this substance from an African vine have anything to do with helping cancer patients in civilization?

What I have learned from this biochemist and others in studying the history of ouabain is an interesting revelation. Here is a chemical, a hormone that is found only in this one African vine, strophanthus. By an amazing quirk of nature we humans make the exact same chemical in our adrenal glands. You can radioactively tag precursors of this hormone and the precursors light up in the adrenal glands; ouabain also lights up the adrenal glands, proving that you actually make ouabain from this precursor. It goes into the blood, into the heart and all the other cells in the body, allowing you to use fats as fuel while also flushing out lactic acid from your cells.

The inability to metabolize fats is in some ways exactly the defect we have with cancer. The inability to use fat as fuel, and therefore the reliance on sugar, causes increased levels of insulin. Excess insulin stimulates growth, and an increase in lactic acid builds up because of the deficiency of ouabain. This leads to a state of acidosis which is essentially necrosis—it poisons the cells.

Cancer cells are cells in a state of acidosis.

Excess insulin stimulates growth, and an increase in lactic acid builds up because of the deficiency of ouabain. This leads to a state of acidosis which is essentially necrosis—it poisons the cells.

This is why people came up with alkalinizing diets for cancer patients; but these diets rarely work in the long run because your body doesn't actually need more alkaline foods; what it needs is more fat. What you need to do is change your metabolism so that lactic acid doesn't build up in your cells, and the adrenal hormone ouabain helps you do that.

By the way, ouabain is made out of cholesterol; or to put it another way, ouabain is made from animal fats. And since the widely used statin drugs inhibit the production of cholesterol, they also inhibit the production of ouabain. Here is yet another example of fear about one of nature's vital processes—the use of cholesterol in the human body—that is so characteristic of civilized man.

Fear of cholesterol and saturated fat has led to a vicious cycle. Ouabain catalyzes the metabolism of fats, allowing you to eat them, so you eat more. If you don't eat cholesterol and fats, or if you try to lower your cholesterol, you can't make oaubain and then you can't eat fats, and so you think you are doing better if you decrease the amount of fats in your diet. The next thing you know you have more insulin from increased carbohydrate consumption, and then you are in big trouble.

DON'T WORK FOR MONEY!

Steiner once said that for mankind to make progress, men and women would need to learn not to work for money. Of course you want to be paid for what you do, but you should not work simply for money. If you work every day in a job you don't love, then you are going to put enormous stress on your adrenal glands. Eventually they will not be able to produce the cardiotonics and endorphins that you need to stay well, happy and cancer free.

In fact, everything we do should be enjoyable—our work, our leisure time, our family life, our food—yet even eating has become stressful today as we are hounded to stick to a soulless lowfat diet. The threat of cancer should challenge us to humanize our existence, to inject the stress-free attitude of primitive peoples into our stressful, goal-oriented civilized lives.

This is really our only choice because we can't go back. Very few of us would want to go back to primitive tribal life, a life without electricity, without gadgets, without books and computers, a life, in fact, without the opportunity for personal choice that we have become used to. What we *can* do is choose to bring the village life back to civilization, by choosing not to work for money, by choosing to enjoy our food, by choosing to do the things we love to do, by reducing the pace, by socializing with friends, by taking naps, by doing as much for ourselves as we do for others, by supporting old-fashioned and sustainable agriculture, and above all by eating lots and lots of animal fats.

GRAINS AND CIVILIZATION

Although I have pointed out the destructive nature of grain production—and, I should also add, of feeding grains to ruminant animals—and of the "civilized" attitudes that lead to cancer, please don't think that I am against grains and against civilization. In every mythology, grains are said to be a gift of the gods. Steiner taught that grains were the gift of a great wise man named Zarathustra, and that along with grains he gave us one other gift: the knowledge of our mortality. With the knowledge of our mortality, we become individuals and can no longer participate in the group soul of the tribe or village. Instead we must build a civilization as individuals, and grains make civilization possible.

All this is as it should be: we need to make our way in the world and learn to understand the world as an individual. Along with this comes the scientific method and a rejection of anything that smacks of "intuition" or "superstition." All this has created a feeling of alienation and loneliness in "civilized" men and women, but again, this is part of our spiritual evolution. Grains have played a role in moving us forward.

The challenge for any individual is to go forward on this great adventure of spiritual evolution without causing too much suffering to ourselves or to others. In the case of grains, this means raising them in a way that does not deplete the earth (which means cultivating grains in rotation with animal agriculture), eating them in moderation, preparing them properly so that they don't cause health problems, and then consuming them properly, which means with plenty of fat. In fact, if you think of it, it would be hard to eat four tablespoons of butter alone, but very easy to eat four tablespoons of butter on a piece of sourdough bread—the bread makes the butter go down well and the butter makes the bread go down well.

When we are very sick with a disease of civilization—such as cancer, heart disease or arthritis—then we need to step back to a more hunter-gatherer diet, perhaps even avoid grains altogether for a time. But the goal should be to incorporate them into our diet, because we need grains to make spiritual progress, that is, to be healthy on all levels.

I had a patient who had many health problems and the GAPS diet helped her recover from them. But after recovery she continued on the GAPS diet and she started to go downhill—not with the old symptoms, but she just got more and more tired. I advised her to add more grains to her diet—soaked oatmeal and sourdough bread—and she immediately snapped out of it. So there is a time to go off grains and a time to reintroduce them!

Karmanos Researchers Successfully Freeze, Eradicate Breast Cancer Cells Using Cryotherapy

Wednesday, March 17, 2010

Link: http://www.karmanos.org/News/cryotherapy-breast-cancer

Peter J. Littrup, M.D.
Vice-Chair for Radiology Research, Director of Interventional Radiology at the Barbara Ann Karmanos Cancer Institute
Professor of Radiology, Urology and Radiation Oncology, Wayne State University School of Medicine.

A team of doctors from the Barbara Ann Karmanos Cancer Institute and Wayne State University's School of Medicine recently presented research findings that hold the promise of a potential new treatment method for breast cancer patients.

The study is entitled, "Cryotherapy for a Spectrum of Breast Cancer: US and CT-guidance," and was presented at the Society of Interventional Radiology's 35th Annual Scientific Meeting in Tampa, Fla. It details how researchers successfully froze breast cancer in patients who refused surgery. The women also did not need surgery to ensure the tumors were destroyed.

"Minimally-invasive cryotherapy opens the door for a potential new treatment for breast cancer and needs to be further tested," said Peter J. Littrup, M.D., vice chair for Radiology Research, director of Interventional Radiology at the Barbara Ann Karmanos Cancer Institute and professor of Radiology, Urology and Radiation Oncology at Wayne State. "When used for local control and/or potential cure of breast cancer, it provided safe and effective breast conservation with minimal discomfort for a group of women who refused invasive surgery or had a local recurrence and needed additional management.

"This is the first reported study of successfully freezing breast cancer without having to undergo surgery afterward to prove that it was completely treated."

In the 13-patient study, researchers used several needle-like cryoprobes that were evenly spaced and inserted through the skin to deliver extremely cold gas directly to the tumor to freeze it. This technique has been used for many years by surgeons in the operating room.

In the last few years, however, the needles have become small enough to be used by interventional radiologists through a small nick in the skin, without the need for an operation. The “ice ball” that is created around the needle grows in size and destroys the frozen tumor cells.

Biopsies were done at the margins of the cryotherapy site immediately after the procedure. Follow-up inspections at those cryotherapy sites showed no cancer present. No localized treatment recurrences were seen for up to five years in the study; no significant complications were noted; and women were pleased with the cosmetic outcomes, noted Dr. Littrup.

Major benefits of cryotherapy are its superb visualization of the ice treatment zone during the procedure, its low pain profile in an outpatient setting and its excellent healing with minimal scar, according to Dr. Littrup. Breast imaging has significantly advanced by accurate improvements in breast magnetic resonance imaging (MRI), allowing for excellent treatment planning of tumor size and extent within the breast, as well as showing zones of destruction thoroughly covering the tumor after cryotherapy.

This potential treatment method holds widespread promise for the nearly 200,000 women who are diagnosed with breast cancer annually in the United States. For these women, as well as the thousands of men diagnosed each year, breast cancer treatments can be highly effective but often require invasive treatment options such as surgery and chemotherapy.

Surgery offers the best chance for a cure. Until long-term data is available, interventional treatments -- such as cryotherapy, thermal ablation and laser therapy -- are reserved for women who cannot have -- or have refused surgery.

Cryotechnology promises to be more MR-compatible, Dr. Littrup said, and would also allow accurate targeting of more difficult-to-see breast tumors. More importantly, larger studies in multiple centers needs to be done, following these basic cryobiology principles of sufficient lethal temperatures generated by multiple cryoprobes spaced evenly throughout a breast cancer region.

“With recent developments of powerful new cryotechnology, multiple directions for breast cryotherapy can be pursued, including translating the current, somewhat challenging, procedure done with ultrasound and/or CT guidance to a more consistent and reproducible MR-guided approach,” said Dr. Littrup.

The study was authored by Dr. Littrup, M.D.; Monica D’Agostini, an undergraduate student who volunteered with the Department of Radiology at Karmanos Cancer Institute; Barbara Adam, cryotherapy staff nurse at Karmanos Cancer Institute; and David Bouwman, M.D., emeritus director of Karmanos’ Alexander J. Walt Breast Center and professor of surgery at Wayne State University School of Medicine; along with Bassel Jallad, M.D., and Priti Chandiwala-Mody, D.O., residents at Wayne State University’s School of Medicine.

BREAST CANCER IDEAS

Naltrexone – 3mg (from compounding pharmacy) at bedtime – www.lowdosenaltrexone.org

Modifiifed Citrus Pectin – 5 grams/day.

CoQ 10 - 100 – 200mg 2 or 3 times daily.

Progesterone – 100-200mg/day.

Iodine – Iodoral or Lugol's Solution – To help normalize estrogen metabolism.

Cod Liver Oil & Flax Oil 1 T each/day.

Zinc – 30 mg 2 times daily.

Selenium - 200mcg 2 times daily.

Artemisinin – 100mg 1 or 2 times daily before meals.

Melatonin 3mg/night – 10 – 20mg/day in some cases.

Vitamin A – 25-50,000u daily which limits formation & action of estrogen.

Vitamin C – 4-6,000mg/day or to bowel tolerance.

Vitamin D – 2,000units daily and have this tested every 3 months.

Thyroid – If your basal temperature is low.

No sugar, caffeine, alcohol, or trans-fatty acids in your diet.

Hormone testing for estradiol, estriol. estrone, progesterone, testosterone, sex hormone binding globulin.

Urine test – Estronex for estrogen metabolism – to check for the need for I-3-C or DIM

Mineral testing using hair, red blood cells, or urine levels for both nutrient or toxic minerals.

Chelation Oral and IV – for the removal of lead, mercury, and other toxic elements

Urea if there is any evidence of liver involvement.

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Expert Advice-Treatment of Breast Lumps in Traditional Chinese Medicine(TCM):

By Wei Liu, TCMD, MPH, LAC and Changzhen Gong, PhD, MS
The American Academy of Acupuncture and Oriental Medicine (AAAOM)

BREAST LUMPS AND THE "LIVER CONNECTION"
An Option from Traditional Chinese Medicine

Breast lumps or cysts are the most common reason for women to seek medical consultation in the United States. Like every other part of our bodies, our breasts are subject to various types of problems. Breast lumps can occur in women of any age, but are more common in middle age. Although the majority of breast lumps are benign or non-cancerous, women still experience the discomfort of tenderness, pressure or distention within the breast. Conventional medicine provides women with a variety of treatments for breast lumps. Traditional Chinese medicine, which has accumulated abundant experience and knowledge in treating and preventing breast lumps over its long history, is another option for achieving and maintaining healthy breast tissue.

Understanding Breast Lumps
Breast lumps fall into two categories: benign lumps or cysts, and malignant tumors. Breast lumps are frequently, but not always, associated with the conditions of premenstrual breast distention, infertility, irregular periods, and menopausal syndrome.

Breast Cysts are fluid-filled sacs that may develop in the breast. Breast cysts may cause breast pain. The most common conventional medical interventions are to withdraw fluid from the cyst with a needle, or to surgically remove the cyst if necessary.

Fibrocystic Breasts normally contain small, nodular lumps and cysts. Most of these lumps and cysts are located in the upper, outer area of the breasts. Although most women with fibrocystic breasts do not have an increased risk of developing breast cancer, women who have fibrocystic breasts are more likely to develop breast cysts.

Fibrous Breast Lumps are small, solid, non-cancerous lumps that are composed of fibrous and glandular tissue. Fibrous breast lumps usually appear in young women. these lumps can be removed surgically, but they often recur.

Breast Cancer is a malignant, hard, stony lump or mass in the breast. Breast cancer may start from the milk glands, milk ducts, fatty tissue, or connective tissue. Statistics indicate that one out of eight women will develop breast cancer at some time in her life. Conventional treatments include surgery, radiation therapy, chemotherapy, and hormone-blocking drugs.

In traditional Chinese medical theory, benign breast lumps or cysts are classified as Ru Pi (breast nodule), while malignant breast tumors are classified as Ru Yan (breast stone). Even the earliest Chinese medical literature had records for diagnosing and differentiating the patterns of both Ru Pi (breast nodule) and Ru Yan (breast stone). In the following section, we will focus exclusively on non-cancerous breast lumps.

Breast Lumps and the Liver Connection
Jane is an artist and free-lance writer. Whenever she has an argument with her husband about his ongoing affair with his former girlfriend, swelling lumps appear in her breasts, and she experiences

distention and tenderness in her breasts. Jane visits my clinic regularly for help with her emotional and physical complaints. Breast lumps are extremely susceptible to emotional disturbance.

Chinese medicine believes that the diagnostic pattern called "Liver Qi Stagnation" is the mechanism primarily responsible for the development of breast problems, including breast lumps. In traditional Chinese medicine, the two main functions of the Liver are to store the Blood and to regulate Qi. The Liver regulates Qi by promoting its free flow, and encouraging smoothness of flow. When the Liver is dysfunctional, Qi does not flow freely and smoothly, and Liver Qi Stagnation is one result. Chinese medicine considers emotions to have a very powerful effect on the functioning of the internal organs, and strong or unresolved emotions can damage the organs with which they are associated. Although anger is the primary emotion associated with the Liver, the Liver is responsible for keeping all the emotions in a state of smooth flow. Therefore, when there is emotional stress or psychic trauma, and the Liver is overwhelmed, several types of Liver dysfunction can result, among which is Liver Qi Stagnation. Among the possible Liver disorders, Liver Qi Stagnation stands out sharply as the main cause of breast lumps. One reason for this is that the Liver meridian (energy pathway) is connected by internal pathways to the breasts. Liver Qi Stagnation based in emotional stress is especially common among women, and traditional Chinese gynecology places a lot of emphasis on keeping the Liver on an even keel. Regulating the Liver, soothing the Liver, cleansing the Liver, calming the Liver, and softening the Liver through Chinese herbal medicine, acupuncture and dietary therapy are common treatment strategies in the practice of traditional Chinese medicine gynecology.

Patterns of Breast Lumps and Leading Herbs for Treatment
The following four patterns are differentiated for non-cancerous breast lumps.

- **Qi Stagnation**

  . Emotional problems are the main cause of this pattern of breast lumps. Symptoms of this pattern include: growing lumps with dull pain; enlarging or shrinking lumps with emotional disturbance; depression; a feeling of distention under the rib cage; a thin white tongue coating; and a wiry or thin-choppy pulse. The leading Chinese herbs for treating this pattern include immature tangerine peel (Qing Pi), buplerum (Chai Hu), nut-grass rhizome (Xiang Fu), melia fruit (Chuan Lian Zi), and vaccaria seed (Wan Bu Liu Xing).

- **Phlegm Accumulation**

  . The excessive consumption of dairy products, fats and sweets leads to this pattern of breast lumps. Symptoms of this pattern include: variably-sized lumps with no pain or slight pain; dizziness with a feeling of heaviness; no appetite; thick or puffy tongue body; and a deep, wiry and slippery pulse. The leading Chinese herbs for resolving Phlegm include atractylodes (Bai Zhu), poria (Fu Ling), and Job stears (Yi Yi Ren).

- **Excessive Heat**

  . The habitual consumption of greasy, hot, spicy foods, deep fried foods and alcohol, or long-standing anxiety or anger lead directly to the Excessive Heat pattern of breast lumps. Symptoms of this pattern include: lumps with burning pain; irregular periods; hot flashes; anxiety; dizziness; disturbing dreams; red tongue tip; and a deep-thin-wiry-rapid pulse. The leading Chinese herbs for eliminating the Excessive Heat pattern include peony bark (Mu Dan

Pi), gardenia (Zhi Zi), gentiana (Long Dan Cao), coptis (Huang Lian), and skullcap (Huang Qin).

- **Chronic Disharmony**

  . Chronic illness, or slow recovery from surgery or childbirth are the sources of the Chronic Disharmony pattern of breast lumps. Symptoms of this pattern include: growing and disappearing lumps with menstrual cycles; breast distention; irregular periods; lassitude; dark eyelids; insomnia; back pain; pale-red tongue; and "soggy" pulse. The leading Chinese herbs for balancing the Chronic Disharmony pattern include astragalus (Huang Qi), rehemannia (Di Huang), angelica (Dang Gui), and Fu Ti (He Shou Wu).

Top Herbal Formulas for Breast Lumps

Mood Smooth (Jia Wei Xiao Yao San) is a classical formula which functions to harmonize the Liver and the Spleen. It has been in use for a thousand years. It is one of the favorite herbal formulas among women in China and other Asian countries. It is used to relieve breast lumps, and is also widely used to soothe mood fluctuations, relieve depression, and treat the symptoms of premenstrual syndrome. Like many other traditional Chinese herbal formulas, this formula also reflects the underlying philosophy of treating the whole body instead of concentrating on one part while ignoring or hurting another part.

Mood Smooth **(Jia Wei Xiao Yao San)**
Bupleurum (Chai Hu)
Mint (Bo He)
Angelica (Dang Gui)
Peony (Bai Shao)
Atractylodes (Bai Zhu)
Poria (Fu Ling)
Licorice (Gan Cao)
Ginger (Sheng Jiang)
Peony Bark (Mu Dan Pi)
Gardenia (Zhi Zi)

LumpEASE is a formula which was developed recently by Dongzhimen Hospital (affiliated with Beijing University of Traditional Chinese Medicine), and has already won wide acceptance and acclaim from women in China who suffer from breast disorders. Literally translated as "Breast Lumps Disappearance," this formula is widely used and sold in every hospital and pharmacy in China.

LumpEASE **(Ru Kuan Xiao)** Salvia Root (Dan Shen)
Citrus Seed (Ju He)
Vaccaria Seed (Wan Bu Liu Xing)
Eupolyphaga (Tu Bie Chong)
Melia Fruit (Chuan Lian Zi)
Honeylocust Spine (Zao Jiao Ci)

The Frequency of use of complementary and alternative medicine in women with breast cancer.

Cancer Science, Volume 89 Page 254 - March 1998

Among 105 breast cancer patients in Tampa, FL, surveyed about their use of complementary and alternative medicine (CAM), 64% reported regular use of vitamins and minerals and 33% regularly used antioxidants, herbs, and health foods while 27% received massage therapy. Of these women, 49% regularly used prayer and spiritual healing, 37% attended support groups, 21% used humor or laughter therapy. CAM was used more often among those participants who had previously undergone chemotherapy treatment and those with more than a high school education. There is a more frequent use of CAM patients who were less satisfied with their primary physician. (Lengacher, CA, Bennett MP et al. Oncol Nurs Forum. 2002 Nov-Dec;29(10):1445-52 College of Nursing, University of South Florida, Tampa, FL USA).

Alternative therapies used by women with breast cancer in four ethnic populations. A University of California, San Francisco study found that between 1990 and 1992, about half of the 379 women studied used at least one form of alternative therapies after being diagnosed with breast cancer. Blacks most often used spiritual healing (36%), Chinese women most often used herbal medicine (22%), Latinos often used dietary therapy (30%) and spiritual healing (26%). Whites used dietary methods (35%) and physical therapies (22%) such as massage and acupuncture. In general, women who had a higher educational level or income, were younger, had insurance and exercised or attended support groups were more likely to use alternative therapies. Only about one half of the women using alternative therapies discussed that they were doing this with their medical physicians. More than 90% of those studied found the therapies helpful and would recommend them to their friends. (Lee MM, Lin SS et al. J Antl Cancer Inst. 2000 Jan 5;92(1):42-7).

Green Tea - may reduce the aggressiveness of and recurrence of stage I & II Br Ca We found that increased consumption of green tea was closely associated with decreased numbers of axillary lymph node metastases among premenopausal patients with stage I and II breast cancer and with increased expression of progesterone receptor (PgR) and estrogen receptor (ER) among postmenopausal ones. We found that increased consumption of green tea was correlated with decreased recurrence of stage I and II breast cancer); the recurrence rate was 16.7 or 24.3% among those consuming 5 cups or 4 cups per day, respectively, in a seven-year follow-up of stage I and II breast cancer. However, no improvement in prognosis was observed in stage III breast cancer.

Cancer Science, Volume 89 Page 254 - March 1998

Green Tea - induces apoptosis
Front Biosci. 2006 Sep 1;11:2428-33.

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Cancer Research 62, 652-655, February 1, 2002
Green Tea - reduces the carcinogen induced mammary tumor size and rate of proliferation in rats
Journal of Cellular Biochemistry; V. 82, Issue 3, Pages 387 398, May 15, 2001

Olive Oil
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Dietary flaxseed enhances the inhibitory effect of tamoxifen on the growth of estrogen-dependent human breast cancer (mcf-7) in nude mice.
Clin Cancer Res. 2004 Nov 15;10(22):7703-11.

Cryoablation or Breast Cryosurgery on the horizon for Breast Cancer Treatment

Link: http://www.karmanos.org/cancer-care/information/treatment-options/Cryoablation

Cryoablation

Cryoablation, also referred to as cryotherapy, is a minimally invasive procedure that uses extremely cold temperatures to destroy diseased tissue. In certain clinical situations, it can be preferred over other techniques and has a faster recovery time.

What is Cryotherapy?

Cryotherapy, also called cryosurgery, cryoablation or targeted cryoablation therapy, refers to the application of extreme cold to destroy diseased tissue, including cancer cells. Cryotherapy can be used to destroy skin tumors, precancerous skin moles, nodules, skin tags or unsightly freckles.

With the improvement of imaging techniques and the development of devices to better control extreme temperatures, Karmanos Cancer Center physicians use cryotherapy as a treatment for patients with the following conditions:

- Prostate cancer
- Liver tumors (usually spread from other organs)
- Cervical cancer
- Benign & malignant breast tumors (cryotherapy to treat malignant breast tumors is still considered experimental)

How does it work?

For external masses, liquid nitrogen is applied directly with a cotton swab or spray device. For internal tumors, cryotherapy is carried out by using a cryoprobe, a thin wand-like device with a handle or trigger or a series of small needles, attached via tubing to a source of nitrogen or argon, which super-cools the probe tip.

The cryoprobe is placed in the proper position using imaging guidance, and as internal tissue is being frozen, the physician avoids damaging healthy tissue by viewing the movement of the probe on ultrasound, computed tomography (CT) or magnetic resonance (MRI) images transmitted to a monitor similar to a television screen.

Once the cells are destroyed, components of the immune system clear out the dead tissue. Patients undergoing cryosurgery usually experience minor-to-moderate localized pain and

redness, which can be alleviated by aspirin or ibuprofen and application of topical steroid cream. Blisters may form, but these usually scab over and peel away.

What are the benefits vs. risks?

Cryosurgery is a minimally invasive procedure, and can be preferred to more traditional kinds of surgery because of its minimal pain, scarring, and cost; however, as with any medical treatment, there are risks involved, primarily that of damage to nearby healthy tissue and the potential for not freezing the entire tumor. Damage to nerve tissue is of particular concern.

Karmanos Cryotherapy Specialists

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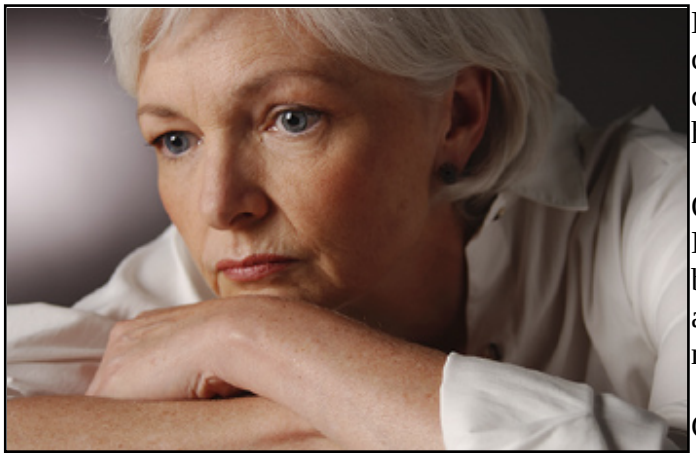
Detroit, MI 48201

Does Chemo for Breast Cancer Cause More Harm Than Good?



New studies suggest that many women with breast cancer can opt for gentler versions of chemotherapy, or skip it altogether, without harming their chances of overcoming the illness.

One study found that a gene test called Oncotype DX can determine whether or not a patient will benefit from chemotherapy. The test measures the activity of 21 genes to predict women's risk of recurrence.

Currently, chemotherapy is recommended for women with breast cancer that has spread to lymph nodes, which amounts to about 45,000 women each year in the United States. However, the chemo does not help most of those treated.

The study found that as many as 18,000 women each year could safely skip chemo, and the new test is expected to immediately spur doctors to back off on chemotherapy and use it more selectively.

A second study of more than 1,000 women tested two chemotherapy drugs -- Adriamycin, a chemo mainstay that raises your risk of heart problems and leukemia, and Taxotere, which is not linked to heart problems.

After seven years, 87 percent of women given Taxotere survived compared with only 82 percent of those given Adriamycin. Further, those given Taxotere were less likely to have had a recurrence. The study suggests that Taxotere, the less harsh drug of the two, may be a better choice for breast cancer patients.
Sources:

- ABC News December 13, 2007
- *San Antonio Breast Cancer Symposium December 13, 2007*

Dr. Mercola's Comments:
More than 12 million people were diagnosed with cancer worldwide in 2007, and close to 8 million died of the disease. Yet, even with this magnitude of people affected, the conventional health paradigm is clueless about the origins, and proper treatments, for this disease.

Cancer treatment is one of the most controversial health topics there is, but what cannot be debated are the huge amounts of money at stake. Prices for new cancer therapies can cost you up to $10,000 a month, so it's no wonder that insurance companies are happily paying for the new Oncotype DX gene test, which at $3,400 could save them big bucks on chemotherapy.

Are these cancer drugs worth it? Hardly. These expensive medications often give patients just a few more months of life -- and sometimes they even kill people prematurely or CAUSE CANCER themselves.

What the drug companies do not want you to know is that you have within your body the most powerful weapon against cancer and all disease, and it is yours to use freely: YOUR MIND.

The Mind-Cancer Connection

You've heard of the mind-body connection. Well, I'd like to introduce you to a slightly different mode of thinking. Your mind is in direct control of your health, including your risk of and recovery from cancer.

Dr. Hamer, the former head internist in the oncology clinic at the University of Munich, Germany, is at the forefront of an emerging field he calls German New Medicine (GNM).

Conflict Might be the Cause of Breast Cancer

Dr. Hamer's work speculates that breast cancer is due to an unresolved conflict, as he explains on his Web site:

> *"A right handed woman will respond with the left breast if she has a mother-child conflict or a daughter-mother conflict and will respond with the right breast if she has a partner conflict. Her partners include her life's partner as in husband, a friend, her brother, sister, her father, or even her business partner. The opposite breast will be affected in a left handed woman.*
>
> *We do not develop either intra-ductal or breast gland cancer without reason. The specific nature or feeling behind the conflict will determine precisely what brain location will receive the impact of the initial conflict-shock and whether it will be the duct or the gland affected.*
>
> *Breast gland cancer has to do with the woman's nest in the sense that she has a "worry, quarrel, or argument" going on in her nest. The worry could be over a health concern of a loved one, or even being thrown out of the nest by her mother! The overall issue concerned however is really a separation from a loved one.*
>
> *Milk duct cancer has quite specifically to do with the conflict of, "my child, mother, or partner has been torn from my breast!" Again it is a separation conflict and the rules of laterality also apply here."*

After nearly three decades of scientific work, Dr. Hamer has proven that every disease is caused by a very disturbing emotional trauma. The emotional shock causes a direct physical ailment, such as cancer, which can only be resolved when your emotional conflict has healed.

However, many people, upon hearing they have cancer, cannot resolve their emotional wounds because they are struck with fear and perhaps given a diagnosis of "only three months to live."

This kind of emotional upset is enough to send a person on a downward spiral. On top of that,

conventional medicine adds in chemotherapy, radiation and drugs, which further upset your healing.

Now, listen closely.

Dr. Hamer believes that a person cannot die of cancer in and of itself.

If someone dies during the active phase of disease, it's because of energy loss, weight loss, sleep deprivation, and emotional and mental exhaustion. The stress of receiving a cancer diagnosis, or being given a negative prognosis, is often enough to deprive a person of their life-force, and conventional cancer treatments only accelerate the downward spiral.

If a patient has not undergone any conventional treatments such as chemotherapy or radiotherapy, GNM has a *success rate of 95 percent to 98 percent.*

Not surprisingly, while trying to publicize his research, Dr. Hamer was stripped of his medical license for refusing to renounce his findings. Remember, there are major forces at work who do not want you to believe that YOU have control over your health.

They want you to believe that you must take their medications to be well, when in reality the opposite is true.

For more on this fascinating field, you can also listen to the interview I did with Bruce Lipton, PhD. about The New Biology, which also speaks volumes about your own power to control your future health destiny.

Of course, while I now believe that your emotional health is the most important factor in preventing cancer, you can also help to reduce your risk by following these 12 changes that will cut your cancer risk in half.

Related Articles:

How Stress Can Strengthen Cancer Cells in Your Body

» Chemotherapy's Long-Term Effects Can Last a Decade or More

» Why Should You Pay $100,000 a Year For a Cancer Drug -- Is This Extortion

Key Questions To Ask Your Doctor about Alternative Treatment for Cancer

From a book "Outsmart Your Cancer,"by Tanya Harter Pierce

Q#1: What is the definition of an "alternative treatment" for cancer?

A: The definition for "alternative treatment" that I use in my book is "any treatment approach that is not currently accepted by mainstream medicine." Generally, these are treatments which are NOT taught to doctors in medical schools (thus not understood by most doctors), NOT advertised in medical journals, and NOT recommended by most physicians to their patients. They are also generally NOT covered by health insurance policies. None of this, however, means they are not effective. In fact, they often have a much higher documented efficacy than conventional treatments.

Q#2: Why are alternative, non-toxic approaches to cancer so often more effective than conventional cancer treatments?

A: The answer to this question can be found in the "non-toxic" nature of alternative treatments. All alternative cancer treatment approaches are non-toxic when used correctly. On the other hand, the "mainstream" medical establishment is committed to chemotherapy drugs and other procedures such as radiation that are toxic by nature. The long-term track records of numerous successful alternative approaches show that cancer can be most effectively overcome by using a non-toxic approach, and I believe this to be the case for two main reasons:

1) The first reason is that non-toxic approaches allow for "continual" administration, or use, while toxic approaches do not. Toxic conventional approaches cannot be administered in a "continual" way because they are so toxic that continual use would kill the patient before the cancer could. Because of this, toxic approaches are always administered with doses or treatments spaced out in some way. Spacing out treatments, however, is not an effective way to battle cancer because cancer's best attribute is its ability to grow new cells fast. This means that, in-between the toxic treatments while your body is recovery from the treatment, the cancer cells may also recover somewhat from the treatment. And those cells that grow back the fastest are the cells that have some amount of resistance to the treatment. As a result, due to the toxic treatment itself, many cancer patients eventually have to deal with multi-drug-resistant (or MDR) cancer cells in their bodies that are even more difficult to get rid of than the original cancer cells were.

In other words, when a cancer patient needs a few days or weeks for their body to recover from the toxic treatment being given them, the cancer cells may also start to recover during this time. The cancer may even start to grow faster than before due to the body's immune system having

been weakened by the toxic treatment. Eventually, a person's body may not be able to recover at all because the immune system and vital organs have been too weakened by the treatment itself.

With non-toxic treatment, however, this vicious cycle is avoided. People using a non-toxic approach can safely do that approach every day for months or even years without any detriment to their body. For example, people using Protocel, Burzynski's antineoplastons, Dr. Gonzalez's enzymes, Hoxsey's herbal remedy, Cesium High pH therapy, etc., can use these treatment approaches "24/7" for as long as they need to until their cancer is gone. Moreover, once a cancer patient using a non-toxic method is pronounced in remission, they can often keep using their approach on a maintenance level, if they choose, to ensure that their cancer will never re-develop. This "continual use" aspect of non-toxic treatments makes them much more effective at combating something as fast-replicating as cancer.

2) The second reason that alternative treatments are so often more effective than conventional ones has to do with their LACK of life-threatening side-effects. Toxic conventional treatments can cause extremely serious negative side effects, such as damage to the liver, kidneys, and heart, to the point where the side effects themselves may kill the patient! Many, many people have died from chemotherapy and/or radiation that was used to treat their cancer. Radiation to areas of the chest for breast or lung cancer can cause severe heart damage and the patient may subsequently die from heart failure. Chemotherapy can bring about kidney or liver failure, heart attack, or may promote a fatal infection or blood clot.

Moreover, both chemotherapy and radiation can cause "secondary" cancers to develop later on. (Yes, many conventional cancer treatments are actually carcinogenic!) Thus, even if a cancer patient goes into remission as a result of their toxic conventional treatment, they may either die of a heart attack or other organ failure a few years later, or they may develop a new life-threatening cancer that could kill them. Two of the most common types off secondary cancers caused by conventional treatment liver cancer and leukemia. Thus, with toxic conventional approaches to cancer, the treatment itself can very often kill the patient.

Q#3: What are the most common misconceptions about alternative cancer treatments?

A: There are many widespread misconceptions, but the three most common ones are:

1) That alternative treatments are unscientific and are developed or administered by quacks.

2) That alternative treatments simply involve eating organic foods and taking lots of immune-boosting supplements from the local health food store.

3) That, if alternative treatments really worked, all doctors and cancer clinics would be using them.

Q#4: Do any experts endorse alternative cancer treatments?

A: Yes, plenty! Some alternative approaches today are actually administered by highly acclaimed physicians in very professional settings. But physicians in most U.S. states are not legally allowed to prescribe alternative cancer treatments to their patients. Nor are they allowed to publicly endorse any treatment not approved by the FDA. So, the laws in our country have their hands tied. However, over the decades, numerous books and articles endorsing alternative cancer treatments have been written by certain physicians, Nobel Prize-winning scientists, physicists, and other respected cancer researchers.

Q#5: Are there any alternative treatments for cancer that are bogus?

A: There can be unscrupulous practitioners in any area of medicine, conventional or alternative. People should be very discerning when it comes to choosing a cancer treatment approach or practitioner. It is important to be diligent and find a particular method, practitioner, or clinic that has a genuine positive track record. Whenever possible, contacting other cancer patients who succeeded with that particular treatment or doctor is recommended.

Q#6: Why is it so important for people to know about alternative treatments for cancer?

A: It is important because statistics show that approximately 1 in 3 Americans will develop life-threatening cancer some time in their life. (And some researchers believe this reality is closer to 1 in 2 Americans.) Unfortunately, the conventional treatments for cancer (which include surgery, radiation, chemotherapy, hormone therapy, and a handful of other recent drug therapies) offer a dismally low chance for "real" recovery. "Real" recovery means returning to a pre-disease state of health, or becoming cancer-free. Conventional cancer medicine, on the other hand, defines "cured" as merely "alive 5 years after diagnosis". Thus, in most cases, conventional doctors don't even expect to be able to bring a cancer patient back to a cancer-free state. And the conventional cancer industry has never kept records on how many people they can actually make cancer-free.

The sad reality is that most people with cancer will not survive their disease if treated through conventional medicine. On the other hand, many people today believe that certain alternative treatments for cancer have historically been much more successful than current conventional treatments, and still offer better track records for "real" recoveries. It is vitally important that anyone dealing with a life-threatening disease be told of the MOST effective options available to them.

Q#7: How is "cure" defined when dealing with cancer?

A: You would think that the term "cure" would be defined the same way in all circles. But, as mentioned in the above answer, that is not the case. The American Cancer Society, the FDA, the National Cancer Institute, and all other mainstream organizations involved with recording or publishing cancer statistics define a cancer cure as "alive 5 years after diagnosis." Thus, if a cancer patient courageously struggles through debilitating surgery, chemotherapy and radiation, and eventually dies a miserable death, full of cancer, 5 years and two weeks after they were diagnosed, that person will be listed in official statistics as "cured" simply because they were alive five years after diagnosis! By using this strange definition of "cure", official cancer cure rates put out by the American Cancer Society and other organizations make conventional medical approaches look much more successful than they really are.

In truth, this strange re-defining of the term "cure" is not only criminal deception, but it also, proves that conventional medicine has such a poor ability to bring about real cancer recoveries that they must resort to this sort of tactic to make themselves look better. And this is only one of many questionable tactics used to fudge and manipulate conventional cancer statistics to make them look better and mislead the public.

In the field of alternative therapies for cancer, practitioners tend to avoid the word "cure" altogether because they will get in trouble with organized medicine if they claim they can cure cancer. So, they tend to use words like, "control" cancer, or "long-term recovery rates". The truth is, however, that if you look into all of the alternative cancer treatments that have been effective of the decades, they historically had great track records in bringing about "real" cures. This means that when people using alternative cancer treatments are referred to as cured, they are typically truly cancer-free and no longer suffering from the disease.

Q#8: I heard that most cancers, when caught early, are curable these days by mainstream medical techniques? Is this true?

A: No, unfortunately this is not true. As stated above, the conventional "real" cure rates for cancer are not as good as the public is led to believe. A small percentage of patients will be lucky enough to experience real, long-term recovery through the use of conventional surgery. But surgery is only curative when the cancer is caught early and completely localized in an organ or some part of the body that can be cut away, such as the thyroid gland, testicle, uterus, or breast. However, once the cancer has spread past a single localized place, surgery is not curative. (Though it may prolong a person's life, it cannot bring them to a full recovery.) The vast majority of cancers that are diagnosed each year in America have already metastasized beyond a localized place, so conventional surgery can only be effective in a long-term way for a lucky few. The other conventional cancer treatments used – primarily radiation and chemotherapy – are known by doctors as rarely curative. Generally, they are merely used as "palliative" treatments, which means they are not expected to fully get rid of a person's cancer, but are used with the expectation of simply prolonging the patient's life. (Sometimes for no more than a few months.) In other words, for cases involving metastasized cancer, which covers about three-quarters of all

cancer cases diagnosed each year, surgery, radiation, and chemotherapy are simply palliative treatments that cannot save the life of the patient.

Moreover, countless cancer patients die from the conventional treatments administered to them. No one can say exactly how many people this involves every year because the cancer industry does not keep records on deaths from cancer treatment. The way it works is that, if a person is administered radiation to the chest area for either breast cancer or lung cancer, and then he or she suffers a fatal heart attack sometime after that due to the severe damage to the heart caused by the radiation, that person is NOT listed as a death from cancer or from cancer treatment side effects. They are simply listed as a heart attack death, and their case goes into the heart disease statistics. And there are many forms that conventional cancer treatment deaths can take: fatal heart attack, fatal blood clot, kidney failure, liver failure, and even death from secondary cancer directly caused by the cancer treatment. None of these deaths, however, are recorded in such a way as to detract from mainstream medicine's cancer treatment efficacy!

Q#9: If alternative treatments for cancer are so successful, why aren't oncologists and cancer clinics recommending them?

A: Most conventional doctors and cancer clinics do not recommend alternative treatments for cancer for a variety of reasons. The primary reason is that, in most U.S. states, doctors are not legally allowed to recommend any treatments for cancer that the FDA has not approved. Since the FDA refuses to even consider approving any treatment that does not bring big profits to the pharmaceutical companies and other large industries they are associated with, then any treatment not approved by the FDA is automatically called "alternative". It can be a very serious legal transgression for most doctors if they try to recommend an alternative cancer treatment, even if they know that treatment could give their patient the best possible chance for recovery. Many highly respected doctors have tried to practice alternative approaches and lost their medical licenses as a result, or were even thrown in jail. Two of the most liberal states in the U.S., where many of the alternative therapies are being practiced today, are Nevada and Arizona. Numerous physicians who wish to practice alternative cancer medicine have moved to one of these states.

Another reason is that most conventional doctors don't have an adequate understanding of alternative treatments for cancer because they have never been educated about hem and there are virtually no references to alternative medicine in their medical school training or their medical journals. These, too, are controlled by pharmaceutical companies.

One more issue that can be problematic is that some doctors might know about alternative treatments but feel emotionally threatened by them. Especially for oncologists, acknowledging that other techniques probably would have worked better for their terminally ill patients than the methods they have been using can be quite painful. It may be easier for an oncologist or other type of doctor to simply deny this reality than to acknowledge that many of the patients he or she treated could have lived rather than died.

And, lastly, many doctors also suffer from the "disbelief factor" so common throughout the public. This disbelief factor tends to be expressed by everyday people in the statement, "If these treatments really work, why aren't all doctors using them?" Many doctors may feel the same way and express their disbelief as, "If these treatments really work, why wasn't I taught them in medical school and why aren't I reading about them in my medical journals?"

Q#10: Why do alternative treatments for cancer have better track records than conventional cancer treatments?

A: To be honest, not all do. But in my book "Outmart Your Cancer: Alternative Non-Toxic treatments that Work," I present what I consider to be the most effective alternative treatments obtainable today. Some of these DO have documented cure rates that are better than conventional treatments, and others offer multiple case stories of people who had conventional treatment fail them and then went on to use that alternative approach to achieve a complete recovery.

The simple answer is that alternative treatments, in general, deal with the true causes of cancer and with the caner patient's whole body in a non-toxic way. This is a much more effective way to complete rid a person of cancer than conventional medical treatments, which involve toxic approaches and only target the "symptoms" of cancer (the tumors themselves). In my book, I describe the science behind each approach and readers can thereby gain an in-depth understanding of the subtleties of why alternative approaches work so well.

Q#11: What causes cancer?

A: This question is really too big to answer here. Please refer to my book, "Outsmart Your Cancer," in which I aggress this question in depth. Chapter 2 gives an overview of this issue, but each treatment chapter provides an even more in-depth understanding of what causes cancer on the cellular level.

Q#12: Some people think that by the time they get cancer the medical establishment will have found a cure. Is this a reasonable expectation?

A: I cannot predict the future, but I would say to those people, "Don't hold your breath!" The mainstream medical establishment has been claiming to be actively searching for a cure since the 1940's or so, and they have been predicting a cure right around the corner ever since. The problem is that conventional medicine has been looking for a cure in the wrong places. They mostly just test drugs that are toxic to tumors and, since these drugs are also toxic to the rest of the body, it is impossible to use enough of the drug to get rid of every last cancer cell in a patient. It is well-known that, in most cases, if a doctor were to prescribe enough chemotherapy

or radiation to a patient to kill every cancer cell in a person's body, the treatment would also kill the patient. But unless treatment can get rid of every last cancer cell, the cancer will always grow back. This is the cause of the treatment roller coaster so many conventional cancer patients have to go through. They receive treatment, go into remission, the cancer grows back, they receive treatment again, go into remission again, etc., until finally the patient's body is too damaged to ever recover.

The biggest problem is that organized medicine is governed by the power of the big pharmaceutical companies. The pharmaceutical companies fund most of the cancer research being done, even that performed at universities, yet they will only fund the type of research that could possibly result in patented drugs that can bring them huge profits. Their goal is to make money, NOT to test whatever works. Since the FDA is intricately involved with and controlled by the pharmaceutical companies, it has now become a watchdog and strong arm of Big Pharma, rather than a protector of the American public as it was intended to be. So, while the pharmaceutical industry searches for profitable "silver bullets" to treat cancer, they are actively and knowingly ignoring the arsenal of alternative cancer treatments that already exist and have been proven effective.

Q#13: Is there a "conspiracy" to suppress alternative cancer treatments?

A: "Conspiracy" is probably not the best word to use here. Money and power are behind the veery real suppression that has been going on for decades, but it may not be so organized as to warrant the term "conspiracy." Behind most of the suppression lies the power of the pharmaceutical companies and their far-reaching influence. Some very enlightening books have exposed the documented details of how this has happened, including "World Without Cancer," by G. Edward Griffin, and "The Cancer Industry," by Dr. Ralph Moss.

We all know that there are big industries in existence today that pollute our air and water. Yet, that does not mean those corporations are operating under a "conspiracy" to pollute our environment. They are just doing what corporations do best – protecting their profits. In the cancer industry as well, corporations protect their profits. Unfortunately, this pursuit can involve unscrupulous methods as well as influencing laws. But it involves many different people in positions of power in many different organizations, and probably the better way to describe the cancer treatment suppression would be to say that various people and organizations are in "collusion" to keep alternative approaches that threaten Big Pharma profits suppressed.

Unfortunately, the way the whole medical approval system is set up for testing and accepting new treatments for cancer also supports this suppression. The process not only requires hundreds of millions of dollars to go through, but it is only set up for short-term testing of toxic drugs. Any approach that does NOT fit that mold will not be tested effectively. What would have happened if, before airplanes were developed, all scientific organizations had determined that a flying machine MUST have wings that flap like birds? Orville and Wilbur Wright's machine would not have fit that mold and would not have passed the testing that was set up for flapping wing contraptions. We might not be flying the friendly skies today if that had been the case!

Q#14: If the mainstream cancer industry has effectively suppressed alternative cancer treatments before, what will keep them from continuing to do so?

A: There is no doubt that they are certainly still trying to suppress effective alternative cancer treatments. Read the book, "The Burzynski Breakthrough," to find out just how recently the FDA has tried to stop non-toxic antineoplaston therapy for cancer. But I do believe that the Internet, which has only been available to the public in a widespread way for a little over a decade, will save us. As long as nothing can stop people from sharing information through the World Wide Web, we now have a chance to stop this deadly suppression by sharing information among ourselves!

I also think that the general public is becoming more and more ready to utilize their power to change legislation and to re-claim their right to medical freedom. The FDA, in particular, has strayed from its intended role of protecting the consumer public from unsafe treatments to becoming a "watchdog" and advocate for the pharmaceutical companies. It is up to us to become awayre of what is happening and to change this situation. We have the power if we choose to use it!

Q#15: If I want to use an alternative cancer treatment approach, should I still consult with a conventional oncologist first?

A: Yes. You should always consult with a qualified oncologist first, in my opinion. Not for the purpose of asking the oncologist what he or she thinks of the alternative treatment you are considering, but for other reasons. These reasons are many. First of all, you will want to get as accurate a diagnosis about your condition as possible. You will also want to find out what your best conventional treatment options are. As already mentioned in the answer to Question #8, conventional surgery alone may be curative for some cases and that might be an attractive option for certain people. And, in some cases where a person's cancer is already very advanced when they are first diagnosed, sometimes short-term radiation or short-term chemotherapy may be necessary to give the patient time for an alternative approach to work.

In consulting with a conventional oncologist, it is also very important to ask as many questions as possible. In Chapter 21 of my book, "Outsmart Your Cancer," I present a list of important questions you can ask to clarify your chances for recovery using the treatment course your oncologist is recommending. By doing so, you are giving yourself the best chance for understanding your options. Then, if the suggested conventional treatment approach does not appear to offer you the hope you are looking for, you can look into using an alternative approach instead. In some cases, a combination of conventional AND alternative treatment may be your best choice – at least for a while.

Last but not least, establishing a relationship with a conventional doctor is generally necessary at some point for assessing your progress. Even people using alternative approaches need

diagnostic tests at various intervals for the purpose of assessing how they are doing or for any related problems that may occur.

Thus, conventional medical experts should always be consulted. And every cancer patient should be as open to evaluating what they have to offer as they are when it comes to evaluating what alternative medicine has to offer. However, the approach you decide to use for treating your cancer is YOUR decision. By being as informed as possible, you will be giving yourself the best chance for making the best possible decision.

Q#16: Can I use a conventional approach along with an alternative approach at the same time?

A: As mentioned above, sometimes that is the best choice. But sometimes it is not. You must do your homework and be as informed as possible. This involves finding out, as best you can, which approaches will offer you the best chance for recovery and also finding out what all the possible damaging side effects of the conventional treatment might be. You don't want to add a conventional approach that might in itself threaten your life if you already have an alternative approach you believe can save you.

Also, you must find out if the conventional approach and alternative approach could conflict with each other or not. This is VERY important when considering doing any two approaches at the same time, even two alternative approaches. In a desperate attempt to save their life, some people will think they'll have the best chance if they do as many different things together as they can. However, "more" is not always "better". There is no point in combining approaches if there is a chance the two approaches might cancel each other out, so please be sure to evaluate compatibility whenever considering more than one approach at a time.

Key Questions To Ask Your Oncologist Doctor

(The following questions and medical term definitions are taken from Chapter 21 of OUTSMART YOUR CANCER titled “Evaluating Conventional Methods.”)

- 1. “What kind of long-term efficacy does the conventional treatment you are recommending offer my type of cancer situation? In other words, what are my chances of becoming completely cancer- free with your recommended treatment?”

- 2. If your oncologist quotes response rates, say “I am not interested in learning about tumor response rates because I know they have never been scientifically correlated with long-term cure and only refer to short-term tumor shrinkage. What are the long-term cancer-free statistics on this treatment?”

- 3. If you have a child with cancer, ask your pediatric oncologist “What are the chances that my child will recover using this treatment and grow up to be a healthy adult? Have you seen any children become cancer-free with this treatment and go on to live normal lives? What are the chances that this treatment will cause either nerve damage or a secondary treatment-induced cancer to develop in my child in years to come?”

- 4. “Do you believe the treatment you are recommending will be curative, or just palliative?” (Remember, a palliative treatment is considered to be one that is NOT expected to save the patient’s life, but is simply administered in the hope that it will prolong the patient’s life. Sometimes this expectation for longer survival in the conventional world is only a few months.)

- 5. “What will this treatment do to my quality of life?”

- 6. “How long will I live if I do NOT undergo any treatment at all? And how long do you think I will live if I follow your treatment suggestion?”

- 7. If your doctor talks about hoping to bring you into remission, let him or her know that you understand remission does not equal cure and ask, “If I do go into remission with this treatment, what are the chances my cancer will come back at some point later?” “What are the chances it will never come back?”

- 8. “If I go through this treatment, what are all the serious or even life-threatening side effects I might experience? Is it possible this treatment could cause me to die of heart failure, kidney failure, from a blood clot or some other possible side effect? Is it possible this treatment could cause me to develop a secondary life- threatening cancer within a few years?” (This is what is called a “Treatment-Induced Cancer.”)

Here are some excerpts from the www.outsmartyourcancer.com website:

Do not be shy about asking your doctor the above questions. This is critical information YOU HAVE A RIGHT TO KNOW. The main medical terms are defined below.

Remission:	Remission refers to that state where a cancer patient no longer exhibits clinical signs of cancer, and diagnostic tests show the person to be 'all-clear' of cancer. Does this mean that a person is definitely cancer-free? No. Most diagnostic tests cannot see every last cancer cell and lack of clinical signs is no proof that all the cancer is gone. Thus, 'remission' does not necessarily mean 'cancer-free.'
Response Rates:	All conventional cancer treatment research measures effectiveness of a treatment or drug through the use of a standard method. This method involves recording 'response rates.' Newspaper and magazine articles about new drug treatments quote response rates, and your oncologist may also quote response rates to you regarding a particular treatment. In conventional research, a 'response' is defined as *shrinkage of tumor size by 50% or more within 28 days*. In other words, if 65% of the animal or human subjects display that amount of tumor shrinkage within that amount of time, then the treatment is considered to have had a 65% response. But these tumor shrinkages tend to be temporary and do NOT represent eradication of ALL the cancer. In fact, conventional response rates have NEVER correlated to overall long-term cure. Thus, response rates are virtually meaningless and should never be confused with cure rates.
Cure:	In conventional cancer medicine, 'cure' is defined as 'alive 5 years after diagnosis.' Thus, a cancer patient could die of his or her cancer 5 years and 2 weeks after they were diagnosed and be listed in the official statistics as *cured*. Amazingly, conventional medical institutions do not mean 'cancer-free' in their official cure-rate statistics. And when an oncologist refers to 'curing' you, he or she may not be referring to bringing you to a cancer-free state. In alternative medicine, however, 'cure' IS defined as cancer-free.
Palliative:	A 'palliative' treatment is NOT expected to be able to save the patient's life. (In other words, it is not 'curative.') Palliative treatments in cancer medicine are simply administered to try to PROLONG the patient's life. Sometimes palliative treatments are only able to give the patient a few extra weeks or months, and often reduce the patient's *quality* of life in the process.
Secondary Treatment Induced Cancer:	In general, people are NOT told by their oncologist that ALL radiation treatments and MOST chemotherapy protocols are potentially carcinogenic. This means that the conventional treatment given to a cancer patient may cause a new cancer to develop at some later point! Often times this new cancer will appear in the form of either leukemia or liver cancer.

The Latest Weapon in the War on Cancer: Honey Bees

By Dr. Mercola

Source: http://articles.mercola.com/sites/articles/archive/2012/11/24/honey-bees-for-cancer-treatment.aspx?e_cid=20121202_SNL_MV_1

Propolis, the "caulk" honeybees use to patch holes in their hives, has been used as a natural remedy since ancient times, treating ills ranging from sore throats and burns to allergies.

New research has revealed another exciting use for this seemingly miraculous substance, this time in the fight against cancer.

Propolis Slows Tumor Growth

Propolis has a number of well-known therapeutic properties, including potent antioxidant and anti-microbial action, and healing, analgesic, anesthetic, and anti-inflammatory properties. In the hive, bees use it as a disinfectant against bacteria and viruses, helping to seal cracks and "embalm" invaders that are too large to carry out.

It's been used for thousands of years in folk medicine, but despite its plethora of active components, research on this compound, and therefore its modern medical uses, is limited.

Researchers from the University of Chicago Medical Center, intrigued by propolis' anti-cancer potential, decided to look at one of its bioactive components, caffeic acid phenethyl ester (CAPE), and its impact on human prostate cancer cells.

In cells grown in a lab, even small doses of CAPE slowed the growth of tumor cells. And when low oral doses were given to mice with prostate tumors, tumor growth slowed by 50 percent! What's more, feeding CAPE to mice daily caused the tumors to stop growing, although they returned when the CAPE was removed from their diets.

This suggests the propolis compound works by impacting signaling networks that control cancerous cell growth, rather than by killing the cells directly. However, there are at least four studies on propolis' apoptotic properties, indicating that technically it is capable of directly killing cancer cells, including prostate cancer, melanoma and more, as well.[1]

This is not the first time propolis has shown promise in treating cancer. In 2009, propolis was found to suppress the growth of neurofibromatosis-associated tumors (tumors on nerve tissue) by blocking PAK1 signaling. Researchers noted:[2]

"Since more than 70% of human cancers such as breast and prostate cancers require the kinase PAK1 for their growth, it is quite possible that GPE [green propolis extract] could be potentially useful for the treatment of these cancers, as is Bio 30 [a CAPE-based propolis extract]."

Propolis Has Powerful Immune-Modulating, Anti-Inflammatory Properties

What makes natural compounds so exciting, and often so powerful, is that they don't simply exhibit *one* therapeutic action the way, say, most drugs work. Instead, they contain numerous bioactive components that may exert dozens of beneficial actions within your body. This appears to be the case with propolis, which has been found to play a role in over 80 conditions, including:[3]

Inflammation	Ulcers	Radiation damage
Herpes	Warts	Periodontitis
Ear infections	Respiratory tract infections	Flu
Cataracts	Oxidative stress	Staph infection

Writing in *Clinical Reviews in Allergy and Immunology*, researchers expanded on some of propolis' potential effects:[4]

"Propolis, a waxy substance produced by the honeybee, has been adopted as a form of folk medicine since ancient times. It has a wide spectrum of alleged applications including potential anti-infection and anticancer effects. Many of the therapeutic effects can be attributed to its immunomodulatory functions. The composition of propolis can vary according to the geographic locations from where the bees obtained the ingredients.

Two main immunopotent chemicals have been identified as caffeic acid phenethyl ester (CAPE) and artepillin C. Propolis, CAPE, and artepillin C have been shown to exert summative immunosuppressive function on T lymphocyte subsets but paradoxically activate macrophage function.

On the other hand, they also have potential antitumor properties by different postulated mechanisms such as suppressing cancer cells proliferation via its anti-inflammatory effects; decreasing the cancer stem cell populations; blocking specific oncogene signaling pathways; exerting antiangiogenic effects; and modulating the tumor microenvironment.

The good bioavailability by the oral route and good historical safety profile makes propolis an ideal adjuvant agent for future immunomodulatory or anticancer regimens."

Protein Intake Also Crucial for Cancers

Earlier this month I interviewed Dr. Ron Rosedale for several hours. He is one of the first physicians in the U.S. that started measuring leptin levels clinically and was far ahead of the curve on this one. In our interview, he helped me understand the major importance that excessive protein intake can have on cancer growth.

The mTOR pathway is short for mammalian target of rapamycin. This pathway is ancient but relatively recently appreciated and has only been known for less than 20 years. Odds are very high your doctor was never taught this is medical school and isn't even aware of it. Many new cancer drugs are actually being targeted to use this pathway. Drugs using this pathway have also been given to animals to radically extend their lifespan. But you don't have to use drugs to get this pathway to work for you.

You can biohack your body and merely restrict your protein intake and replace the decreased protein with healthy fats as this will provide virtually identical benefits as these dangerous and expensive drugs.

Eating excessive protein can be an additional synergistically powerful mechanism. Dr. Rosedale believes that when you consume protein in levels higher than one gram of protein per kilogram of LEAN body mass you can activate the mTOR pathway, which will radically increase your risk of cancers. It is very easy to consume excess protein and my guess is that most people reading this are. I know I was, and as a result of this new insight I have reduced my protein intake by about half.

To determine your lean body mass find out your percent body fat and subtract from 100. So if you are 20% body fat you would have 80% lean body mass. Just multiply that times your current weight to get lean body mass. For most people this means restricting protein intake from 35 to 75 grams. Pregnant women and those working out extensively need about 25% more protein though.

Of course when you reduce protein you need to replace it with other calories, so the key is to replace the lost calories with high-quality fats such as avocados, butter, coconut oil, olives, olive oil, nuts and eggs. It is also very helpful to avoid eating anything for three hours before going to bed as this allows you to have relatively low blood sugars while you are sleeping. This is another good trick to move your body to fat burning mode.

Nearly everyone is primarily in carb burning mode because of the amount of carbohydrate content that they consume. The beauty of shifting over to fat burning mode is that it virtually eliminates hunger. Intermittent fasting is one way to help achieve this, but radically cutting back on non-vegetable carbs is also very important. Coconut oil is particularly useful to use in making the transition to fat burning mode as it is primarily short and medium chain fats which break down very quickly and can be used as an energy source which is important for countering the

decreased energy and other physical challenges that many encounter in the several weeks it typically takes to make the transition to fat burning mode .

Other Natural Remedies Also Show Cancer Promise

One of the reasons why conventional cancer treatment is such a dismal failure in the United States is because it relies on chemotherapy. Chemotherapy drugs are, by their very nature, extremely toxic and typically work against your body's natural ability to fight cancer, e.g. destroying host immunity instead of supporting it.

One of the biggest drawbacks to chemotherapy is the fact that it destroys healthy cells throughout your body right along with cancer cells, a "side effect" that often leads to accelerated death, not healing.

Another devastating side effect of chemotherapy is the way it actually supports the more chemo-resistant and malignant cell subpopulations within tumors (e.g. cancer stem cells), both killing the more benign cells and/or quiescent cells within the tumor that keep it slow-growing, or even harmless.

As a result, this unleashes a more aggressive, treatment-resistant type of cancer to wreak havoc on your body.

Like propolis, a handful of natural compounds have been discovered that show promise for treating cancer without such toxic effects. Some of these even exhibit an effect called "selective cytotoxicity," which means they are able to kill cancer cells while leaving healthy cells and tissue unharmed, and even benefited one such compound is bromelain, an enzyme that can be extracted from pineapple stems. Research published in the journal *Planta Medica* found that bromelain was superior to the chemotherapy drug 5-fluorauracil in treating cancer in an animal study .[5]

Researchers stated:

"This antitumoral effect [of bromelain] was superior to that of 5-FU [5-fluorouracil], whose survival index was approximately 263 %, relative to the untreated control."

What makes this impact particularly impressive is that the bromelain worked without causing additional harm to the animals. The chemo drug 5-fluorauracil, on the other hand, has a relatively unsuccessful and dangerous track record despite being used for nearly 40 years. Selective cytotoxicity is indeed a property that is only found among natural compounds; no chemotherapy drug yet developed is capable of this effect. Aside from bromelain, other examples of natural compounds that have been found to kill cancer cells without harming healthy cells include:

- **Vitamin C:** Dr. Ronald Hunninghake carried out a 15-year research project called RECNAC (cancer spelled backwards). His groundbreaking research in cell cultures showed that vitamin C was selectively cytotoxic against cancer cells.

- **Eggplant extract:** Solasodine rhamnosyl glycosides (BEC), which are a class of compounds extracted from plants of the Solanaceae family, such as eggplant, tomato, potato, Bell peppers, and tobacco, can also impact only cancerous cells leaving normal cells alone. Eggplant extract cream appears to be particularly useful in treating skin cancer . Dr. Bill E. Cham, a leading researcher in this area, explains:

  > *"The mode of action of SRGs [glycoalkaloids solasodine rhamnosy glycosides (BEC)] is unlike any current antineoplastic [anti-tumor] agent. Specific receptors for the SRGs present only on cancer cells but not normal cells are the first step of events that lead to apoptosis in cancer cells only, and this may explain why during treatment the cancer cells were being eliminated and normal cells were replacing the killed cancer cells with no scar tissue being formed."*

- **Turmeric (Curcumin Extract):** Of all the natural cancer fighters out there, this spice has been the most intensely researched for exhibiting selective cytotoxicity.[6] Remarkably, in a 2011 study published in the *Journal of Nutritional Biochemistry*, rats administered curcumin, the primary polyphenol in turmeric, saw a decrease in experimentally-induced brain tumors in 9 out of 11 treated, while noting that the curcumin did not affect the viability of brain cells "suggesting that curcumin selectively targets the transformed [cancerous] cells ."[7]

Natural Strategies for Cancer Prevention

When it comes to cancer and other chronic diseases, effective prevention trumps progressive treatments in my eyes. I believe you can virtually eliminate your risk of ever developing cancer (and radically improve your chances of recovering from cancer if you currently have it) by following some relatively simple risk reduction strategies — all of which help promote a healthful biological environment in which your cells can thrive and combat disease naturally.

- Optimize your vitamin D levels.
- Reduce or eliminate your processed food, fructose and grain carbohydrate intake.
- Control your fasting insulin and leptin levels. Normalizing your insulin levels is one of the most powerful physical actions you can take to lower your risk of cancer, and improved insulin and leptin control is the natural outcome of reducing or eliminating fructose, grains, and processed foods from your diet.
- Normalize your ratio of omega-3 to omega-6 fats by taking a high-quality krill oil and reducing your intake of most processed vegetable oils.
- Get regular exercise. One of the primary ways exercise lowers your risk for cancer is by reducing elevated insulin levels, which creates a low sugar

environment that discourages the growth and spread of cancer cells, which thrive on sugar-based metabolism (anaerobic glycolysis). Controlling insulin levels is one of the most powerful ways to reduce your cancer risks. Additionally, exercise improves the circulation of immune cells in your blood. Your immune system is your first line of defense against everything from minor illnesses like a cold right up to devastating, life-threatening diseases like cancer.

The trick about exercise, though, is understanding how to use it as a precise tool. This ensures you are getting enough to achieve the benefit, not too much to cause injury, and the right variety to balance your entire physical structure and maintain strength and flexibility, and aerobic and anaerobic fitness levels. If you have limited time, high-intensity Peak Fitness exercises are your best bet but ideally you should have a good strength-training program as well.

- Get regular, good-quality sleep .
- Reduce your exposure to environmental toxins like pesticides, household chemical cleaners, synthetic air fresheners and air pollution.
- Limit your exposure and provide protection for yourself from EMF produced by cell phone towers, base stations, cell phones and WiFi stations. On May 31, 2011, the International Agency for Research on Cancer (IARC), an arm of the World Health Organization (WHO), declared that cell phones are "possibly carcinogenic to humans."
- Avoid frying or charbroiling your food. Boil, poach or steam your foods instead.
- Have a tool to permanently reprogram the neurological short-circuiting that can activate cancer genes. Even the CDC states that 85 percent of disease is caused by emotions. It is likely that this factor may be more important than all the other physical ones listed here, so make sure this is addressed. Energy psychology seems to be one of the best approaches and my particular favorite tool, as you may know, is the Emotional Freedom Technique (EFT) .
- Eat at least one-third of your diet in the form of raw food.

Red clover isoflavones are safe and well tolerated in women with a family history of breast cancer.

Menopause Int. 2008 Mar;14(1):6-12

Authors: Powles TJ, Howell A, Evans DG, McCloskey EV, Ashley S, Greenhalgh R, Affen J, Flook LA, Tidy A

OBJECTIVE: To assess the safety and tolerability of a standardized 40 mg red clover isoflavone dietary supplement (Promensil, Novogen) in women with a family history of breast cancer to evaluate the feasibility of using the supplement for prevention of breast cancer in healthy women.

STUDY DESIGN: Healthy women aged 35-70 years (n = 401) with at least one first-degree relative with breast cancer received red clover isoflavones or placebo for three years in a randomized, double-blind, placebo-controlled pilot trial. Participants were assessed clinically and blood samples taken for biochemical analysis every six months. In addition, study participants underwent mammography, bone density and transvaginal ultrasound (postmenopausal women only) once per year.

RESULTS: No significant differences in breast density, endometrial thickness, serum cholesterol, follicle stimulating hormone levels and bone mineral density were detected between those taking red clover isoflavones and placebo. In postmenopausal women, some significant differences in bone marker levels were seen between active and placebo groups, at six months and at 12 months. The adverse event profile was similar across all red clover isoflavone and placebo groups.

CONCLUSION: This three-year study supports the growing body of evidence that treatment with red clover isoflavones is safe and well tolerated in healthy women. Supplements containing red clover isoflavones did not adversely affect breast density, skeletal strength or cardiovascular status. In postmenopausal women, endometrial status was not adversely affected. The adverse event profile was similar between red clover isoflavones, and placebo and endocrine status did not differ.

PMID: 18380954 [PubMed - indexed for MEDLINE]

Why Alternative Cancer Treatments Are So Effective

From a book "Outsmart Your Cancer,"by Tanya Harter Pierce

With so many people discovering that conventional cancer treatments cannot offer them a long-term cure, more and more are turning to alternative approaches. And with good reason. Too many have seen someone they know suffer through mutilating surgery or nauseating and often painful drug treatments only to be told by their doctor, “There is nothing more we can do for you.” These people are realizing that the promise of long-term recovery through conventional methods is often *false* hope, and they are seeking *real* hope for complete recovery in the world of alternative treatments.

Some Common Misconceptions

First, let me dispel the two most common misconceptions about alternative approaches.

1) **Alternative treatments for cancer are unscientific and have been developed by quacks**. To the contrary, many alternative approaches were developed by brilliant physicians, chemists, physicists, and Nobel Prize-winning scientists. These pioneers used “scientific method” in the best sense of the phrase and proved that their methods worked in clinical use. Other alternative treatments are the result of time-tested ancient herbal traditions from Native America or China. These “traditional” approaches were also proved through clinical use. None of these involved quackery.

2) **Alternative cancer approaches simply involve eating organic food, juicing, and taking lots of supplements from the local health food store to boost one’s immune system.** Wrong again. To the contrary, most alternative cancer therapies are unique and sophisticated approaches that can NOT be purchased at a local store, and involve much more than simply boosting the immune system.

Tens of thousands of people have used alternative methods to completely recover from their cancer. I have even interviewed scores of these survivors myself. Amazingly, a number of the ex-cancer patients I personally interviewed were completely given up on by mainstream medicine. Yet these people went on to use alternative methods to completely regain their health!

The Secrets to Effectiveness

Alternative cancer treatments are effective for two main reasons:

1) They target the common characteristics of all cancer cells, in all parts of the body.

2) They are non-toxic and therefore may be taken on a daily basis over a prolonged period of time. This means they allow for continual use.

The fact that alternative approaches target those characteristics of cancer cells that differ from normal healthy cells enables them to selectively stop the development of cancer while leaving the patient's healthy cells alone. For instance, some alternative treatments focus on the anaerobic nature of cancer cells. Others focus on the fact that they thrive in acidic environments. Still others deal with the communication mechanisms of cancer cells. And combination approaches may use a variety of targeting tactics, including cutting off a tumor's ability to develop new blood vessels to feed its own growth.

The fact that alternative approaches target cancer cells no matter where they are in the body is critical because approximately three-quarters of all Americans diagnosed with cancer have disease that has already metastasized by the time they are first diagnosed. This means that they are dealing with cancer that has already spread to more than one area in their body by the time they find out about it. So, using a treatment that targets all the cancer cells at once, in a "whole-body" approach, is often the only way to get them all. In contrast to this, conventional surgery, radiation, or expensive proton beam treatments can only affect cancer cells in localized places. Chemotherapy appears at first glance to target cancer throughout the whole body, but the truth is that mostchemotherapies do not pass the blood/brain barrier. So they are relatively ineffective for treating primary brain cancer or metastases to the brain.

Killing Cockroaches With Cannons

The non-toxic nature of alternative cancer treatments is another major reason they are so effective. The important aspect here is that, because they are non-toxic, they can be used continuously over a prolonged period of time with no breaks. In contrast, conventional medicine relies heavily on toxic chemotherapy drugs and toxic radiation treatments. These treatments *cannot* be administered continuously because they are so damaging to the patient's body that continuous administration on a daily basis would also kill the patient! Thus, toxic approaches must be administered with breaks in the treatment to allow the patient's body to recover. The Catch-22 is that, while the patient is recovering from the toxic treatment, *so are the cancer cells*! In fact, growing and multiplying fast is exactly what cancer cells do best! Moreover, toxic treatments damage a person's immune system so much that they often make it *easier* for the cancer cells to multiply and spread in-between treatments.

A crude but accurate way of describing conventional toxic methods is the following analogy. Let's say you live in a house completely infested with cockroaches. The bugs are hiding in the walls and beneath the floors. (The bugs are your cancer cells and the house is your body in this analogy.) Using a toxic treatment is like trying to kill the cockroaches with a cannon. Sure, you could blast away at one or two of the most infested walls and kill a lot

of cockroaches all at once. You could even rebuild those walls and it would appear for a while that all the bugs are gone. (This is akin to how chemotherapy can sometimes make tumors disappear and put someone into remission.) But there would still be small nests and colonies of roaches in other walls or under the floor that you can't see. And these would eventually breed new bugs that would spread throughout the house again. Soon, you're seeing the bugs scurry across the kitchen floor yet again. Basically, you'd have to blast the entire house to smithereens in order to kill all the cockroaches, and then of course you would no longer have a house! (Or a body!)

Sadly, toxic treatments are the cause of the roller coaster of treatment-remission-treatment-remission that so many conventional cancer patients have to go through. Until their bodies eventually just give up. We've all seen or heard about this happening to conventional cancer patients. What is really happening here is that the cancer was never completely gone when the person was pronounced in remission. The clinical signs of cancer may have been gone, but scans and other diagnostic tests cannot see every last cancer cell. So, some cancer cells were left standing and ready to grow back again – just like the cockroaches under the floor. Non-toxic treatments can break this vicious cycle because they can be administered continuously without breaks for as long as a person needs to in order to get rid of every last cancer cell. In other words, because alternative approaches are non-toxic, they allow for continual use. People using alternative methods for cancer can put themselves into remission (the point where diagnostics tests can't see any more cancer and all clinical signs of cancer are gone), but they don't have to stop treatment at that point. Because what they are doing is non-toxic, they can continue the treatment that is getting rid of their cancer for 6 months or a year AFTER the remission point to be sure they got every last cancer cell. Nobody would want to do this with chemo or radiation because continual use of chemo or radiation would kill the patient!

The good news is that cancer patients today have some very effective options that do NOT involve toxic cannon-like approaches. They can choose to use one of many nontoxic cancer treatments that do not damage the house -- not even one plank or window pane. These methods can get to every last bug in every last crevice over time because they are approaches that can be used without breaks in treatment for as long as necessary until all the bugs are gone. In many cases, the treatment even strengthens the structure of the house so that it resists further infestation!

Decade after decade, brute force has proven ineffective as a long-term solution for most cancer patients. Recently, people have been getting smart and realizing they can OUTSMART their cancer to overcome it instead!