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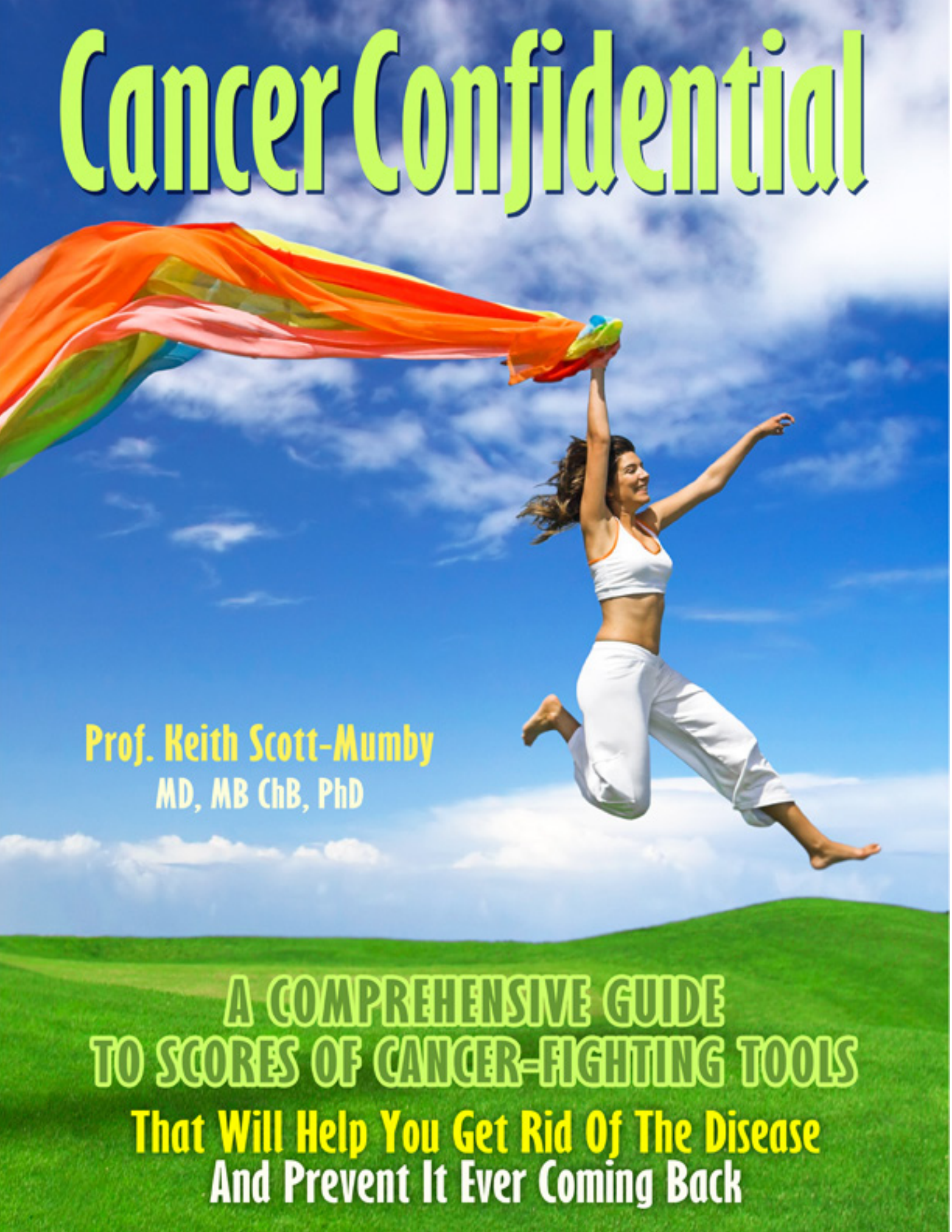

Prof. Keith Scott-Mumby
MD, MB ChB, PhD

A COMPREHENSIVE GUIDE TO SCORES OF CANCER-FIGHTING TOOLS

That Will Help You Get Rid Of The Disease
And Prevent It Ever Coming Back

Any disease can be healed - but not every person.

Spiritual healer Bruno Groening

If children have the ability to ignore all odds and percentages, then maybe we can all learn from them. When you think about it, what other choice is there but to hope? We have two options, medically and emotionally: give up, or Fight Like Hell.

Lance Armstrong

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are you paying attention?

There were 12 million new cases of cancer worldwide in 2007 and about 8 million cancer deaths. The WHO, who we trust, estimates that at the current rate, the number of new cancer cases will catapult to 27 million annually by 2030; there will be 17 million cancer deaths per year and 75 million people living with cancer within five years after diagnosis.

Also, by 2010, says the report, cancer will become the number one killer worldwide, outpacing heart disease and causing more deaths than AIDS, malaria, and tuberculosis combined.

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here are some quotes to get you thinking

What you are NOT permitted to think in a society dogged by medical fascism! (beware the Gestapo tactics)

"Never in the history of science has so much untruth been told, by so few, to so many, for so long". - Prof. Manu Kothari (paraphrasing Winston Churchill's famous remark about the Battle of Britain pilots).

"Of course, it's in the interests of the cancer industry to keep everybody completely misinformed about cancer cures. They can't afford to let you learn the truth about how easy it is to cure cancer. Cancer cures are so commonplace now that you'd have to actually make a conscious effort not to see them."
-Mike Adams, The Health Ranger

"But today in the United States, and this shows you where fascism REALLY exists, ANY doctor in the United States who cures cancer using alternative methods will be destroyed. You cannot name me a doctor doing well with cancer using alternative therapies that is not under attack. And I KNOW these people; I've interviewed them." - Gary Null (1994)

"We KNOW the answer to cancer…Yet the authorities, in the form of the law of the land (UK), will not allow this book (The Good News On Cancer) to be promoted to lay persons…..it is not permitted that they can even be told where to find information that might help them. That has got to be democracy with a very small d……One eminent publisher…backed out as he feared he could be jailed for infringing the Cancer Act by offering the book to the public. Another… was deliberately pressured by an unnamed group after his medical reader (an M.D.), having checked the manuscript, leaked its contents to a confidential authority." - Dr Richards & Frank Hourigan.

"In the entire history of man, no one has ever been brainwashed and realized, or believed, that he had been brainwashed. Those who have been brainwashed will usually passionately defend their manipulators." - Dick Sutphen

"The medical and scientific establishments have (largely through the fact that they have sold out to the enormously wealthy and powerful international pharmaceutical industry) obtained more or less complete control over politicians and the media.....advertisements for my book Food for Thought are still banned by Britain's Advertising Standards Authority because the book contains advice on what sort of diet to eat in order to reduce the chance of developing cancer…. Because we refused to accept the ban the ASA (which, quite bizarrely, will not accept scientific research papers or even government publications in evidence) has warned newspapers not to accept any of our advertisements.

The ASA claims to exist to protect the public but I find it difficult to see how banning a book that contains a summary of proven clinical advice on how to avoid cancer can possibly protect the public.

It seems to me that, wittingly or unwittingly, the ASA is simply protecting the cancer establishment. I find it difficult to avoid the observation that the cancer industry would undoubtedly find it much harder to raise money if the incidence of cancer were cut." - Dr Vernon Coleman

"The only accepted legal medical diagnosis of cancer is by biopsy. This is not 100% accurate, for there are false positives as well as false negative biopsies. We, that is you and I, are not permitted to make a diagnosis of cancer. Nor are we permitted by law to use any system of diagnosis except biopsy for cancer diagnosis. The Medical Establishment tightly controls the diagnosis of cancer." --Dr Donald Kelley DDS

"Throughout his career Dr John R. Christopher spent his life in and out of court and in and out of jail. He was handcuffed and taken away after one of his lectures for giving herbs to ease the suffering of a woman with terminal cancer. Usually the jury acquitted him against the instructions. Finally in 1969 he was not so lucky and was given a suspended sentence, because prescribing (suggesting herbs) without a license was a felony. —Dr Richard Shulze, N.D.

"While writing the story of Gerson, I couldn't help feeling it was too shocking to believe. The friends with whom I discussed it became almost angry in their denial that anything of the sort could happen in this day and age.

It developed that we were all naïve…there had been dozens of lone scientists… who had been stamped out of existence and driven to spending their last days in solitude and bitterness." — S.J. Haught (Dr. Max Gerson, Censured for Curing Cancer).

"On two occasions Gerson became violently ill...Lab tests showed...arsenic in his urine. Some of Gerson's best case histories mysteriously disappeared from his files...Gerson was invited on a talk show by host Long John Nebel...Nebel was fired the very next day and the radio network was threatened by the AMA."
--Norman Fritz.

"Gaston Naessens's trip to hell was a direct consequence of his having dared to wander into scientific incognita...In 1985 he was indicted on several counts, the most serious of which carried a potential sentence of life imprisonment."
--Christopher Bird.

"After presenting a rather effective lecture on cancer…the windshield was shot out of my car on the road back to San Francisco. The next night the glass window in the tail gate was shot out (300 miles removed from the first shooting). The police said, 'maybe someone is trying to tell you something'. The late Arthur Harris, M.D. was threatened by two men with assassination if he continued to use laetrile. Since that time we have de-centralised the work so that, if any two of us are shot out of the saddle, it will have only a slight negative effect on the program."
---Dr. Krebs

"Dr Johnson died in 1944. The suspicion exists that he was silenced...However two federal inspectors did examine his hospital record in the late 1950's. They concluded it was likely that he was poisoned."
--Barry Lynes

"Over the next three years, Krebiozin was destroyed. But to destroy Krebiozin you first had to destroy Andrew Ivy. How do you destroy the most influential, respected scientist in the United States? You get friends in the media. You get rid of his academic affiliations. You start a whisper campaign. And next thing you know, nobody wants to know the man.

It took about five years, then they brought him up on a trial of fraud. It was at that point the longest medical trial in the United States' history. At the end of it, the jury found Ivy and the Durovic brothers innocent. Not only that, but they found the FDA irresponsible. And the jury actually made a statement, which is rare, about the contempt that the FDA had for honesty in what it did at trial."
---Gary Null

"Medicine in our country has been on a crusade over the last 100 years to wipe out every other form of medicine. One of the things they did that was unique

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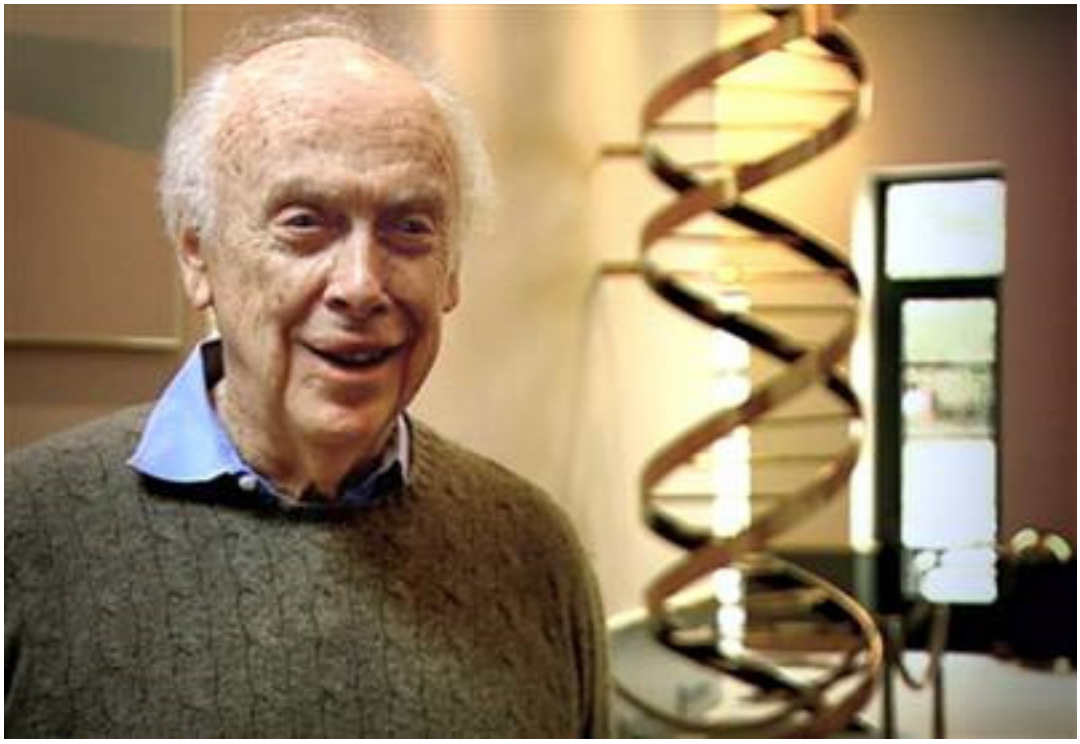
was they lobbied to make words legal only for them to use. Today in the US, only a medical doctor can diagnose a disease, prescribe something, and cure you. Nobody else can say "diagnose", "prescribe" and "cure". That means that nobody can cure you but a medical doctor....I can't say "Chaparral is the cure for a tumor"....
—Dr Richard Shulze, ND.



"We are being run by rich trash without regard for the truth or reality."
James Watson, 1962 Nobel Laureate, discoverer of DNA double-helix

preface

Is it cheating to win?

by Keith Scott-Mumby MD, MB ChB, PhD

Welcome to the game of winning against cancer. It's a serious game and you don't want it to be like a crap shoot. You want the odds in your favor. That means you have to rig the game so that you win!

From the reaction of some of my medical colleagues, you would think they consider this to be worse than cheating at cards! Some of them have even been known to get angry at the patient who takes charge of his or her life and tries to influence the outcome of disease, as if it was a personal affront to them and their supposed skills.

But you need to be clear about one thing: the conventional treatment of cancer has been an unmitigated disaster. It is getting better and there are new "smart"

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therapies on the way. But cutting, burning and poisoning with chemo does as much, or more, to finish off the patient as the disease itself.
Cancer is best seen as a failure of the immune system—we all develop cancer cells (all the time) but it's no problem for our immune systems to identify the rogue cells and destroy them. So, logically, how can poisoning the immune system with chemo help? Radiation too destroys immunity. That the main thing that killed later victims after Hiroshima and Nagasaki. Lowered immunity is recognized as one of the disastrous side-effects of radiation overdose!

So it's no surprise that, contrary to all the propaganda, we are NOT winning the war against cancer. That's just sales talk to raise more funds for cancer charities. Not that the money goes on research mind but it goes on huge unjustifiable salaries for officers of the trust; the ones who are putting out these misleading claims of success.

Whenever you hear of a new cancer "breakthrough" treatment in the press, you need to realize there is no breakthrough, nothing new even. It's just posturing by the cancer mafia, trying to raise the share value of this or that company. If you watch carefully for these orchestrated press releases, you will notice, as I have done many times over the years, that they are preceded by an onslaught on alternative therapies which they claim are proven worthless – or even dangerous. That's a joke when you consider the extreme dangers of chemo and radiation.

Having established the position that there is nothing you can do, no hope, alternative therapies won't save you, then BINGO there is a sudden announcement of a new breakthrough drug or therapy that will save everyone.

I don't want to break your hopes but I do want to say that statistics for survival with cancer have not improved in 80 years, apart from a few very select cancers, such as childhood leukemias, chorion cancer and testicular cancer. Couple that with the fact that cancer is rising and you'll see we are NOT winning the war.

Well, I'm saying all that to make sure you understand that you have choices and you may want to turn against the orthodox approach and try something more holistic. This is just to say that you will not be harming your chances of survival, no matter what you are told.

However I do not suggest it is wrong to have chemo or radiation and many patients opt for that. I support that decision and, as we will see shortly, alternative medicine has a lot to offer. It can protect you against the worst side effects. In over a decade I never had any patient who lost his or her hair!

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All that said, let's take a look at what you can do. Here there is almost a feast of choices. What's great is you can try several different things at once and, again despite all the heavy-handed attacks and propaganda, none of it is incompatible with conventional therapies. One can help the other. Most of my successes were on patients who wanted to follow both pathways, some conventional therapy to maybe get started and then they took over with their own chosen treatment modalities.

I like to get a patient to the level where he or she has enough knowledge to make wise decisions and to manage their own condition. This empowers patients and it also lightens the physician's burden. Weekly appointments were often like a corporate business meeting, discussing strategies and voting on what action to take. My vote, incidentally, did not outweigh that of the patient. Not unless he or she was acting out of ignorance—and I would do everything in my power to provide the missing knowledge.

You will see why doctors may not be the place to get the right advice, from the next two sections.

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*1. beware phoney stastitics

According to the Cancer Statistics for 1995, published by the ACS in their small journal, the 5-year survival rate has improved from 50%-56% for whites and 39%-40% for blacks from 1974/1976 - 1983/1990. However, the data is taken from FIVE of the states with the lowest death rates AND the smallest populations! NONE of the 10 states with the highest death rates AND comprising 34% of the Total U.S. Cancer Deaths, were included in the data!
- RD Hodgell, M.D.

The five year cancer survival statistics of the American Cancer Society are very misleading. They now count things that are not cancer, and, because we are able to diagnose at an earlier stage of the disease, patients falsely appear to live longer.

Our whole cancer research in the past 20 years has been a failure. More people over 30 are dying from cancer than ever before…More women with mild or benign diseases are being included in statistics and reported as being "cured". When government officials point to survival figures and say they are winning the war against cancer they are using those survival rates improperly."---Dr J. Bailer, New England Journal of Medicine

This is how the authorities work this "improvement" scam:

1. First of all you need to understand that official "survival" figures are based upon a five year period. To them, that's an achievement. Personally I don't think living for five years is satisfactory; I want to live for decades to come. But let's see how they play the game.

2. Vigorous screening programmes allow a certain number of cancers to be diagnosed earlier than normal. Because the patient shows up on the radar maybe 12 months sooner, he or she appears to make it to the six-year mark and is therefore a success.

But look at it this way: on the old system, you might have been diagnosed in the year 2000 and be dead by the year 2005. Therefore you would show up in the official five-year survival period (as a failure!) In the new system, you would be diagnosed in 1999, and therefore still alive at the end of 2004 (5 years) and apparently now, a survivor!

However, you still die in 2005, the same year it was always going to happen. So therapy had no success whatsoever in your case, but you looked good. If there

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are tens of thousands like you, then officials can boast an improvement in overall statistics. But in fact, this is meaningless; just massaging of figures.

3. However it doesn't stop there; they are adding in lots of harmless lesions, claiming these are cancerous or pre-cancerous. None of these lesions will cause any harm, they don't need treating and are best left alone (as we shall see in the next section). When these too don't kill the patient, this is claimed as a successful cure or "treatment".

You need to bear this in mind when you look at success stories about how we're winning against cancer. It's all just phoney posturing.

The truth is that chemotherapy and radiotherapy, also most surgery, is completely unjustifiable in terms of the results that are achieved. However this doesn't stop the Medical and Cancer Mafia from continuing to push these treatments on unfortunate patients. They want their money and are not about to be deterred by the fact that they're giving deplorably bad, even dangerous, service.

You might think I am being unduly cynical with my colleagues. But consider the matter of radical mastectomy. It's now been over two decades since it was proven that this procedure added nothing whatever to a patient's life span or quality of life. It's just a hideous mutilation, serving no purpose, and yet surgeons all over the globe continue to assault women in this cruel and unnecessary way.

So who is being really cynical, me or them?

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*2. do doctors create the cancer problem?

> I had stage 3 non-Hodgkins lymphoma which meant that the cancer had spread to several groups of lymph nodes. Conventional medicine regards this as incurable.
>
> Everybody reacts to a crisis in a different way and everyone has his or her own method of coping. With me I was in a state of shock for a few months but this gradually began to give way to a desire or an obsession to find out as much information as I could.
>
> So as I began to gather information this led to what many people regard as the second shock of having cancer.
>
> At no stage in the process did anyone inform me that the success rates for conventional treatment, that is chemotherapy, radiotherapy and surgery, are not all that good and in fact are quite poor. Secondly, after all the medical professionals I consulted during my testing, not one of them even mentioned that there are alternative treatment methods.
>
> ... when it came to cancer I was very much left with the feeling that I had been deceived. I felt like I had been treated like a number and kept in the dark and the poor success rates for the chemotherapy I was being offered were kept from me. It was only when I took the trouble to find out the facts myself that the real picture began to emerge.
>
> John Lancaster

The fact is clear that in primitive societies, people don't die of cancer. This is supposed to be because they are healthier and eat properly. But who dares think the unthinkable: that the cause of the problem is doctors and when you don't have them, cancer is insignificant?

It's only when doctors using Western methods get involved that cancer actually becomes a problem at all. Then it's suddenly a serious and probably fatal condition.

But it may be time for a re-think. On Tuesday Dec 16th a major study was published which could change EVERYTHING doctors know and think about cancer.

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If you've spent any time on my website you'll know I'm a fan of Dr. Ryke Geerde Hamer (http://www.alternative-doctor.com/cancer/hamers_page.htm and see also section #12), who's radical cancer theory is that all cancers are Nature's healing response to something, typically a severe psychic trauma or some other threatening event.

This makes sense to me. I've never believed in the absurd attitude towards cancer that it's some kind of alien growth from another planet. It's YOU, I mean it's normal body tissue that has changed and started to do something else. It's not a package from outer space that landed in your body!

I believe that if we seek to understand the true purpose of cancer (and ALL diseases have a purpose, whether or not it's clear to us), we can solve this problem once and for all. Nature is not a fool and therefore if she switches on a mechanism, she has a reason for it.

To assume Nature is stupid and misled is the most dangerous kind of arrogance I know, not just physicians and surgeons, but most scientists are guilty of it.

In my profession, it's killing people.

But the question hangs: **is it because doctors are messing with it that cancer becomes so uncontrollable and dangerous?** Well, new evidence suggests that's very much the case.

"We have a multi-billion dollar industry that is killing people, right and left, just for financial gain. Their idea of research is to see whether two doses of this poison is better than three doses of that poison."
—Glen Warner, M.D. oncologist (his license was eventually revoked).

Natural disappearance

Doctors and lay people have always known that some cases of cancer just go away without treatment. If Dr. Hamer is right, this is what should happen. The cancer manifests as a healing mechanism, the problem is resolved and the cancer heals and disappears!

Voila! As the French say.

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How often this happens we have no way of knowing, because doctors get on the case and mess things up. I can infer from less-doctored societies, like the Eskimos and natural-born Indians, that if there is little or no doctoring, that the low rates of cancer are due to the fact that doctors are not getting involved.

The cancers are there allright, but they go away! Nature takes her course; the "disease" resolves.

Now a new study had shed a great deal of light on what I'm talking about here. This is not some miraculous "spontaneous remission"; this is what is supposed to happen and does happen, when doctors leave matters alone.

Cancers heal themselves! And it's NOT a rare thing at all.

The study, from Norway, which was published yesterday in The Archives of Internal Medicine (Dec 2008), suggests that even invasive breast cancers may sometimes go away without treatment and in larger numbers than anyone ever believed.

Maybe doctors should re-consider what they do? If the spontaneous remission hypothesis is credible, it should cause a major re-evaluation in the approach to breast cancer research and treatment; in fact all cancers.

But predictably, the old guard entrenched against any new discoveries, reacted with fury: "Their simplification of a complicated issue is both overreaching and alarming," said Robert A. Smith, director of breast cancer screening at the American Cancer Society.

He's paid a lot of money to keep cancer cures from the public (by which I mean if a cure is ever found, he's out of his job, per the terms of the Society charter).

But many doctors have responded as I would wish and have started to re-think things. Robert M. Kaplan, the chairman of the department of health services at the School of Public Health at the University of California, Los Angeles, has already suggested that it could eventually be possible for some women to opt for so-called watchful waiting, monitoring a tumor in their breast to see whether it grows. "People have never thought that way about breast cancer," Kaplan told the New York Times.

The study was conducted by Dr. H. Gilbert Welch, a researcher at the VA Outcomes Group in White River Junction, Vt., and Dartmouth Medical School; Dr. Per-Henrik Zahl of the Norwegian Institute of Public Health; and Dr. Jan Maehlen

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of Ulleval University Hospital in Oslo. It compared two groups of Norwegian women ages 50 to 64 in two consecutive six-year periods.

One group of 109,784 women was followed from 1992 to 1997. Mammography screening in Norway was initiated in 1996. In 1996 and 1997, all were offered mammograms, and nearly every woman accepted.

The second group of 119,472 women was followed from 1996 to 2001. All were offered regular mammograms, and nearly all accepted.

It might be expected that the two groups would have roughly the same number of breast cancers, either detected at the end or found along the way. Instead, the researchers report, the women who had regular routine screenings had 22 percent more cancers. For every 100,000 women who were screened regularly, 1,909 were diagnosed with invasive breast cancer over six years, compared with 1,564 women who did not have regular screening.

Of course the old guard is quick to point out that the findings do not mean that the mammograms caused breast cancer! That's false: evidence shows that there is a significant increase in the risk. The "guidelines" are no more than a smokescreen for profiteering, not science.

John Gofman, M.D., Ph.D. – a nuclear physicist and a medical doctor, and one of the leading experts in the world on the dangers of radiation – presents compelling evidence in his book, **Radiation from Medical Procedures in the Pathogenesis of Cancer and Ischemic Heart Disease**, that over 50 percent of the death-rate from cancer is in fact induced by x-rays.

The routine practice of taking four films of each breast annually results in approximately 1 rad (radiation absorbed dose) exposure, which is about 1,000 times greater than that from a chest x-ray (remember, mass screening with chest x-rays was stopped, because it caused more cancer than it detected!)

Dr. Epstein, M.D., professor emeritus of Environmental and Occupational Medicine at the University of Illinois School of Public Health, and author of an amazing book **"The Politics of Cancer Revisited"** has described the guidelines as a sham.

According to him "They were conscious, chosen, politically expedient acts by a small group of people for the sake of their own power, prestige and financial gain, resulting in suffering and death for millions of women. They fit the classification of 'crimes against humanity.'"

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It remains that, one way or the other, the die-hards have got to face the fact they are killing women. Either the mammograms cause cancer, in which case they should stop, or there is spontaneous disappearance of many cancers, which is being thwarted by medical intervention.

They can't lie their way out of it in both directions at once!

"Intellectually bankrupt, fiscally wasteful and therapeutically useless", said Dr.James Watson, Nobel Laureate when asked about cancer research and the National Cancer Program.

The problem, as always, is money and greed. Doctors want to make money out of patients who don't need any medical care, as well as the ones who are sick. Dropping the present approach would mean their revenues would suffer (smaller mortgages, less marble in the villa!)

The fact remains that many actions are carried out in the US that other countries don't do. Here there is the insistence in biopsying every lump. That means women with no real cancer are being subjected to unnecessary procedures and run the risk of being inadvertently diagnosed as having cancer, being subjected to chemo and dying as a result.

In fact I have good evidence that women are being falsely (fraudulently) diagnosed as histologically positive, to help attract more revenues through costly and protracted chemo and radiotherapy. In any other sphere that's murder; indeed, in medicine it's murder, but is not being picked up.

Don't get caught by the phoney propaganda argument we are living longer than ever, so more cancer is showing up.

These are hot claims, so let me steer back towards the main point I'm making, which is that doctors may "cause" a lot of cancer and unnecessary deaths, by refusing to allow that this disease will resolve naturally.

After all, in simple societies—like traditional Eskimos, the Hunzas in the Himalayas and Amazon Indians—the disease is virtually unknown. I recently also published an article, quoting research into the Victorian diet, showing that even with less doctoring they had far, far fewer cancer deaths.

Actually, it was almost unknown at that time. A physician at one of London's main hospitals (Charing Cross) told his medical students that lung cancer was "One of the rare forms of a rare disease. You may probably pass the rest of your student's life without seeing another example of it".

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Don't get caught by the phoney propaganda argument we are living longer than ever, so more cancer is showing up. In my piece I quoted extensive research showing we are NOT living significantly longer than our mid-Victorian counterparts (once past the first 5 years, our survival rates are pretty similar to those of 1850).

In any case, there is more to this; not only were cancers rarer but Victorians seemed to withstand the disease better than our modern citizen. It was not feared nearly so much, for this reason. Take breast cancer: the average survival time was 4 years, with a maximum time of 18 years. But this was almost all due to stage 3 and 4 (late) cancers.

If Victorian physicians had had our modern sophistication in diagnostic equipment, they would have picked up stage 1 and 2, so dramatically extending average post-diagnosis survival times. The average may well then have shot up to 10 years and maximum to 40- 50 years!

Let's go back to the Norwegian study that is so exciting and controversial:

The study's design was not perfect, but researchers say the ideal study is not feasible. It would entail screening women, randomly assigning them to have their screen-detected cancers treated or not, and following them to see how many untreated cancers went away on their own.

But, they said, they were astonished by the results.

"I think everybody is surprised by this finding," said the journal editors. They spent a weekend reading and re-reading the paper (see, not every doctor is a crook or a sham). "Our initial reaction was, 'This is pretty weird' but the more we looked at it, the more we were persuaded."

Dr. Barnett Kramer, director of the Office of Disease Prevention at the National Institutes of Health, had a similar reaction. "People who are familiar with the broad range of behaviors of a variety of cancers know spontaneous regression is possible," he said. "But what is shocking is that it can occur so frequently."

Although the researchers cannot completely rule out other explanations, they went to a lot of trouble to show these other interpretations are not valid.

A leading alternative explanation for the results is that the women having regular scans used hormone therapy for menopause and the other women did not. But

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the researchers calculated that hormone use could account for no more than 3 percent of the effect.

Maybe mammography was more sensitive in the second six-year period, able to pick up more tumors. But, the authors report, mammography's sensitivity did not appear to have changed.

Or perhaps the screened women had a higher cancer risk to begin with. But, the investigators say, the groups were remarkably similar in their risk factors.

Die-hard Dr. Smith of the American Cancer Society, predictably, said the study was flawed and the interpretation incorrect. Among other things, he said, one round of screening in the first group of women would never find all the cancers that regular screening had found in the second group. The reason, he said, is that mammography is not perfect, and cancers that are missed on one round of screening will be detected on another.

Cancer is not some package from outer space dropped inside your body. The tumor is YOU.

But the study authors debunked this nonsense. Chief author Dr. Welch said that he and his colleagues considered that possibility, too. And, he said, their analysis found subsequent mammograms could not make up the difference.

The fact remains that now doctors must seriously worry themselves that they are blunderingly wrong by rushing to treatment:

I like the comments of Dr. Laura Esserman, professor of surgery and radiology at the University of California, San Francisco:

"I am a breast cancer surgeon; I run a breast cancer program," she said. "I treat women every day, and I promise you it's a problem. Every time you tell a person they have cancer, their whole life runs before their eyes.

"What if I could say, 'It's not a real cancer, it will go away, don't worry about it,' " she added. "That's such a different message. Imagine how you would feel."

Now that WOULD be progress!

Well, I hope this article has brought you some hope. The main thing we have to fear with cancer is fear and confusion. All this will vanish when we understand it properly. Meantime, it's a wake up call but not a death knell: you just have to get your health in order.

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As I said, cancer is not some package from outer space dropped inside your body. The tumor is YOU. If you make the right changes, those tissues will go back to being healthy and normal.

Your diet, lifestyle and state of mind are absolutely critical. Do not allow shallow-thinking, ignorant doctors to tell you otherwise.

Through the rest of these pages, let me walk you through what you need to know.

[MAIN REFERENCE: November 25, 2008, on page A19 of the New York Times]

> "If you can shrink the tumour 50% or more for 28 days you have got the FDA's definition of an active drug. That is called a response rate, so you have a response..(but) when you look to see if there is any life prolongation from taking this treatment what you find is all kinds of hocus pocus and song and dance about the disease free survival, and this and that. In the end there is no proof that chemotherapy in the vast majority of cases actually extends life, and this is the GREAT LIE about chemotherapy, that somehow there is a correlation between shrinking a tumour and extending the life of the patient."
>
> ---Ralph Moss, author of "The Moss Report".

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*3. Whether to opt for chemotherapy or just go natural?

Before we go any further, let's address that vexed question of whether to opt for chemo or radiotherapy - or go "natural" and just do an alternative program

This is one of the most important questions for some patients and they agonize over the choice before them. It is made so much more difficult by the dread that a wrong decision could lead to fatal consequences. You see, everyone knows that it is not really as straightforward as the oncologists like to claim.

There is no question that the older conventional therapies you will encounter are pretty toxic. They are supposed to be: the idea is to kill the tumor but just stop short of killing the patient. Unfortunately, it can be a dangerous and narrow line between the two. Once your body defences are damaged, then you are in a worse position than before because, in the end, your immune system is going to be the only thing that's saves you.

Obviously, all cases are different, so we can only talk in general principles. But having been told you have cancer is a time of great fear and uncertainty; all the more reason then to keep our thoughts clear and balanced. The first big relief is that you can do both types of therapy in conjunction!

Talk about hedging your bets. It is possible to view holistic therapies as a stand-alone treatment of cancer, leukaemia etc. But why not see them as an adjunct to conventional therapy? Hit it both ways?

Modern chemical treatments for tumors are becoming quite specifically targetted and not so "kill-'em-all" dangerous as old-time chemo and radio therapy. Modern substances can be created which release their deadly load only on certain chosen tissues: a sort of "smart bomb" for chemo. It might be wise to give these new methods a chance, as they come onto the market.

But what you want then is to give your body every possible aid in resisting the damaging chemicals or radiation, so that only the tumor gets hit, not your valuable defence tissues. The big danger of powerful and sophisticated conventional therapy, as I have explained, is that it harms your defences almost as much as it does the tumor.

Doctors and drug manufacturers alike persist in seeing the body merely as the battle ground, not as one of the key friendly combatants. Yet the body is capable of exerting enormous influence on your behalf, against cancer (or viruses,

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bacteria, parasites etc). It is stupid to ignore this important biological resource or risk harming it in any way.

Let me tell you how important your own body tissues are: did you know (very few doctors know) that a cancer tumor is typically composed of about 50% your own immune white blood cells, in there, fighting for you against the bad cells? Shrinking the size of the tumor sounds great; but it may mean mostly the loss of white defensive cells and not cancer cells.

Yet shrinkage of the tumor, regardless of what this may mean, is the ONLY criterion that is used to judge the worth of a chemo drug. Increased survival time is NOT even considered as a measure of the drug's efficacy. Yet time is the only thing that matters to the cancer victim!

Protecting your defence mechanisms is probably the most critical reason I would encourage patients to adopt alternative and holistic remedies, like vitamins and herbs. You can, to a degree, measure how well you are doing so by how much you can reduce the ugly side-effects of chemo. For example, very few of my patients ever lost their hair because of chemo.

You need to help your white blood cells all you can. It's them that will save you, ultimately, not chemotherapy or other treatments. Your own white cells. Keep that firmly in your mind, like a mantra.

Chemo is intended to hit at rapidly dividing cells, which is what cancer cells are. Unfortunately, hair cells also rapidly replace themselves and the lining of the gut and bone marrow cells. So the common side effects of this treatment are hair loss, nausea and stomach upset, and dangerous lowering of both red and white blood cells.

Good nutrients, like vitamins and detox supplements, which I'll explain in due course, can be very helpful in removing these side effects. Yet here the exasperating ignorance of orthodox doctors becomes evident, when you hear stories of patients being told not to take vitamins because "it will help the cancer".

First off, there is no evidence of any kind whatsoever that vitamins and minerals can do this - it's opinionated prejudice of the first order, which could cost you your life (well, there appears to be one tiny sub-set of lung cancer pateints, in one study, where the patient continues to smoke—Duh!)

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Secondly, it shows remarkable ignorance of basic life biology: cancer cells are malformed rogue cells that do not behave as normal cells do and for whom vitamins and minerals are probably about as useful as daylight is to a vampire!

In fact a recently published paper, just in April 2007, which was a review of randomized controlled trials evaluating the effects of concurrent use of antioxidants and chemotherapy, antioxidant use during chemotherapy was not found to decrease the effectiveness of chemotherapy, as I said, and in fact, was associated with increased survival time, increased tumor responses, and fewer toxicities.

The authors of the study searched various medical databases and identified 845 articles, out of which 19 randomized, controlled clinical trials met their inclusion criteria. Antioxidants used in the studies included glutathione, melatonin, vitamin A, antioxidant mixtures, vitamin C , N-acetylcysteine, vitamin E, and ellagic acid. Analysis of the results of these studies found no sign of decreased efficacy of chemotherapy as a result of antioxidant supplementation, as has been argued by some.

On the contrary, increased survival times, increased tumor responses, and fewer toxicities were found among persons taking antioxidants along with chemotherapy as compared to those on chemotherapy alone. The authors point out that lack of adequate statistical power was a consistent limitation and conclude, "Large, well-designed studies of antioxidant supplementation concurrent with chemotherapy are warranted."

How absolutely true and how much better than attacking nutritional therapy. Unfortunately, the ignorance persists out there. The chances of your oncologist having read this review are very small. As soon as he or she sees the word antioxidant he or she will turn the page to something more interesting, something more in keeping with their rigid prejudices.

There is no question then, that if you want to help yourself, you are going to have to get informed on the issues.

Children who are "successfully" treated for Hodgkin's disease are 18 times more likely later to develop secondary malignant tumours. Girls face a 35% chance of developing breast cancer by the time they are 40----which is 75 times greater than the average. The risk of leukemia increased markedly four years after the ending of successful treatment, and reached a plateau after 14 years, but the risk of developing solid tumours remained high and approached 30% at 30 years (SOURCE: New Eng J Med, March 21, 1996)

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But now a serious word of warning: be just as suspicious of claims by practitioners in the alternative field as you are about patronizing advice from doctors. There are many dangerously well-intentioned therapists out there, who make all kinds of claims they can help you. Some of it is nothing more than dogma with zeal and that kind of ignorance is no better (just as deadly) as advice from the misguided oncologist. They too are after your money, remember, and may want to exploit you for cash, even when they have no real ability to help.

Hopefully, this book from a doctor who is not trying to recruit you as a patient or sell you any products, will enable you to make more informed decisions on what your choices are, without any commercial bias whatever.

Chemo is a bad enough problem on its own. But what about mistakes too?

A new study [Walsh, K. Journal of Clinical Oncology, published online ahead of print Dec. 29, 2008] shows that medication errors are common among children and adults taking chemotherapy drugs at home or in outpatient clinics.

They showed that 7% of adults and 19% of children taking chemotherapy drugs in outpatient clinics or at home were given the wrong dose or experienced other medication mistakes.

In a news release, author Kathleen E. Walsh, MD, assistant professor of pediatrics at the University of Massachusetts Medical School, says that as cancer care increasingly shifts to outpatient settings, the potential for errors goes up correspondingly.

However the figures don't really show what she claims! According to the study more than 50% of errors involving adults were in clinic administration, 28% in ordering medications, and 7% in use of chemo in patients' homes.

That seems to put the blame squarely on blunders by medical staff and the pharmacy, not the family at home.

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*4. the one approach myth

One of the absurd follies of conventional medicine is that there is only one "proper" treatment (the one they make lotsa money on, of course!)

Common sense says you would do several things at once. Gamblers call this "mini-max"; it's something I talk about a lot in my writings. You do what you can in order to minimize the negative and whatever you can to maximize the chances of a positive.

It's not about drawing a royal flush every time. It's about the fact that if you win 51% of the time, consistently, you'll eventually break the house!

Gamblers are not fools; they do this because they know it works. It can work for you too. If you tip the odds even slightly in your favor, eventually you will repel the cancer.

Yet time and again the oncologist will say "Don't take vitamins" (without testing if you are deficient), "Stress isn't the cause of cancer" (it's the #1 cause), "Diet is irrelevant, eat what you like" (they would probably say that to anyone with any condition because they don't understand that all disease stems from faulty nutrition, one way or another).

They also argue venomously against taking any kind of alternative remedy. This is so bad you must suspect in some cases it's because they don't want the patient to get well, it cuts their revenues. Of course, not all doctors are motivated by greed; but vanity and fear comes into it. They are frightened of the possibility that their cutting, burning and poisoning may turn out to be the wrong strategy. It will show them up as dangerous and incompetent (statistics already do that).

You can take it from me (or any source of common sense), that adding several healing modalities will all help you overcome your cancer. By that I mean both the possibility of increased survival and also a great improvement in the quality of your time with us.

I never argue with patients that they should not opt for chemo or radiation. It's their own choice. But later I'll talk about ways to use alternative modalities to block the dreadful toxic effects of chemo. This big improvement in quality of life is a very important contribution to real health care and should not be overlooked or denied.

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Just to emphasize my point about the two approaches working synergistically, I'd like to report to you a paper published only recently. It was a very significant study which shows that fasting may improve cancer response to chemotherapy. Fasting seems to help protect healthy cells and help them become as much as 5 times more resistant to chemo than the cancer cells.

It's only an animal study but is nevertheless significant, because it backs up everything we alternative doctors have said is critical about diet and cancer. Stressful foods help the cancer; a good diet holds it back. Fasting has been shown to be beneficial for humans with cancer.

Chemotherapy, of course, kills at least as many healthy cells as cancer cells (including killing cells of the immune system and so paralyzing the fight-back). But inducing temporary starvation increases the cells' resistance to stress, which may allow doctors to use higher doses of current cancer chemotherapy treatments to make them more effective.

In the study, published in the March 31 2008 Proceedings of the National Academy of Sciences, researchers studied the effects of starvation on cancerous and normal cells. First, they induced a starvation-related response in yeast cells, which made them 1,000 times more protected than untreated cells.

Then, they tested the effects of fasting on human and cancer cells in a test tube and in mice. The results showed starvation produced between a twofold and fivefold difference in stress resistance between the normal, starvation-treated cells and normal cells.

In tests with live mice, of 28 mice starved for 48-60 hours before chemotherapy, only 1 died (less than 4%). Of 37 mice that were not starved prior to treatment, 20 mice died from chemotherapy toxicity (over 50%).

Why is this important? Well, there's nothing wrong with chemo, in principle. It's just that it kills good cells at about the same rate as bad cells. It's VERY toxic. But if we could increase what is called the therapeutic margin (the difference between the dose which cures and the dose which kills), then all of a sudden it's a completely different game against cancer."

We don't yet understand what fasting works so well. Researchers believe genetic cues prompt starved healthy cells to go into a hibernation-like mode that produces extreme resistance to stress (chemo is stress). But cancerous cells don't obey those cues and remain stuck in growth mode.

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I doubt this and it does not explain why even just modifying the diet helps so much. I think the explanation lies in removing stressor foods (intolerance, allergies, junk chemicals and other poisons). This is why my DIET WISE book is so valuable for cancer victims. It enables them to produce a well-tolerated personal program that provides adequate nutrition.

It's needed because patients cannot stay on a fast; but they can stay on my program for months or years (my wife does!)

SOURCES: Raffaghello, L. Proceedings of the National Academy of Sciences, online early edition March 31, 2008. News release, University of Southern California.

> It is a simple thing to be healed of cancer. It is the body that does the work, not my head. I only furnish it with the tools needed to obtain good health. ... My journey was interesting and I still claim that cancer was the best thing that ever happened to me. It woke me up out of my passivity and gave me focus and energy and an awareness of my character. ... Cancer good or bad is, as all of life, in how you look at it. For me it was very good and taught me much about myself. After all, it matters to have an end to journey towards, but it is the journey that matters in the end. ... I always say it is about the journey not the cancer.
> Dennis Robinson, PhD, 16 years after his DIY recovery from "terminal" metastasized colon cancer using a natural, holistic, nutritional approach,
>
> excerpted from the book "HOW AND WHEN TO BE YOUR OWN DOCTOR" written by Dr. Isabelle A. Moser

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*5. doctors must stop giving out death sentences.

It's great to be smarty Aleck and pronounce when a patient is going to die. It gives you immense power and prestige, doesn't it?

Well, it didn't for me when I was an interne (house doctor in the UK terminology, actually about one grade up from interne). Yet doctors go on doing it and I can't think of any other reason. Or actually, I can: cruelty or stupidity are the other two obvious reasons.

Stupidity I put there because the average doctor cannot seem to get it into his or her head and work schema that Nature heals, that patients recover and that disease has a healing purpose.

Why else would doctors go on telling cancer patients "You have 6 months to live" (or weeks or whatever)?

Don't they see it's going to be a self-fulfilling prophecy in most cases? A patient under the duress of feeling sick and frightened is told by this powerful authority figure "You are going to die"; what do you think will happen?

Right! The patient's subconscious will take this pronouncement on board and make it come true. That way the doctor looks good – he or she got it right. But it doesn't come under the functions of a doctor as I understand them.

If a doctor ever says such words to you, translate them as follows: "I don't know what I'm talking about and I don't know what I'm doing. I suggest you find a natural healer and follow a spiritual and lifestyle path to a cure."

My scorn for doctors' disregard of these issues does not mean, and is not to imply, that I'm saying you shouldn't visit with your doctor. Just get one who is intelligent and humble (even if he's good), that's all.

The fact is that every disease you can name, of every severity, has been survived by others before you. People sick unto death and not expected to last the day have got up and walked out of hospital; terminal cancer patients, whose bodies were riddled with secondaries, have recovered and the tumors gone away (and stayed away for the rest of their lives); people who were paralyzed have walked again (done a few of those myself) and even genetically-determined conditions have disappeared, no matter the DNA message.

Doctors must stop pronouncing on patients what becomes a death sentence by impact. Don't let 'em scare or bully you!

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It usually needs little more than a change of mind, a determination by the patient, the will to survive, and the natural healing process kicks in. Mostly, I have noticed, the patients who survive have a slight scorn or even contempt for the doctors who failed them. That's probably why they won't agree to the death sentence.

The fact is, whatever you are facing, there is a path back to health. You may have been living where this path is very hidden and overgrown with intellectual weeds. But it's there. It's ALWAYS there; God makes sure of that. You only have to find your path!

Immoderate Language

And while we are visiting the topic of doctor's immoderate language, beware a subtle killer in what they tell you.

Doctor's LOVE to say "We fixed it. It's gone. You're blood work is fine. There is no trace of the cancer". While this is probably the most wonderful news a patient can get, you must beware of this reckless language.

Patients, quite naturally, really WANT to believe this is true. They so much want it they let go of logic and reason.

The point is that if nothing whatever has been done to deal with the CAUSE of the problem, then it has not been conquered at all.

If you had rats in your property, is it enough to just set traps and kill the rats? Shouldn't you figure out how they are getting in and block up the access? Get a cat or more and bigger cats (immune system)?

One of the main things in conventional medicine that kills patients is complacency. In a sense this is more dangerous than the effects of chemo and radiation.

You see, the cancer is the SYMPTOM, not the disease. The real disease is the person's life.

It's all part of the differing philosophies between conventional and holistic therapy. It applies to all diseases, not just to cancer. The conventional doctor thinks of symptoms and results. That's the "problem". A holistic doctor thinks of causes. Where is this coming from? What caused the disease to come about?

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My experience of conventional doctors is that they never try to fix causes, only the results. They speak in terms of "treating" the cancer, without ever getting to grips with why the patient has got it in the first place (they seem to think cancer is no different to getting a bad throw in a cosmic crap shoot, instead of being the result of preventable health causes that need to be fixed).

So while it's wonderful to be given the "all clear", remember it's coming from doctors as ignorant of health as you are (maybe more so).

If you don't deal with the REAL problem (why you got cancer in the first place) it will very likely come back. The door is still wide open to all the rats and they WILL try to come back!

And while I am sounding off here, let me also warn you against the same smugness in alternative practitioners. It's especially easy to when you have a good result from holistic therapies.

But the same warning applies: you must get the real cause of the problem and, for example, there is ALWAYS an element of emotional toxicity that you need to eradicate.

I lost a wonderful patient who set up the local Gerson support group. She had overcome breast cancer, using the Gerson method. So when the disease came back a second time, she naturally had great faith in it and went through the program again.

But this time she was a little more nervous and came to me for IV infusions. It went well; we beat the disease a second time.

Throughout her visits I begged her to get to work on emotional issues. Apart from my knowing they are always there, the fact that she had a recurrence was a clear signal (to me) that something was not resolved.

But no; she thanked me for my help and went away, believing she was OK. Or if it recurred, she thought, there was always the Gerson method again. This was very blind but, being very keen on Gerson, she could not see the truth which is that it had actually FAILED her. It hadn't dealt with the core issues in her life.

It makes me angry when Charlotte Gerson has the effrontery to stand in front of an audience and say that emotional issues are of no consequence to a cancer patient. She is of course protecting her father's position (and also looking after her own financial empire). But this is the kind of ignorance among alternative practitioners that I deplore.

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The next time I saw this patient was over a year later. She came to see me short of breath. I ordered an immediate chest x-ray and, sure enough, she was riddled with lung secondaries. I was unable to work with her this time because this was only days before my passage to a new life in Sri Lanka, with my lovely new wife.

The patient, by the way, had been seeing a chiropractor for months, who kept assuring her that it was just a spinal mal-adjustment and could be easily fixed (a chiro who thinks that, in a cancer patient with those symptoms, should lose her license).

It's one of the oldest dictums in all of healing that you can't want recovery for a person more than they want it for themselves. It just doesn't work.

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*6. We're all battling cancer!

This section heading might seem a bit of an exaggeration but some years ago cancer overtook heart disease as the number-one killer disease of the West. It's not just a question of an aging population, as we shall see, but cancer is primarily a disease of civilization. Elderly people among ethnic groups all around the world who have followed a natural traditional lifestyle simply do not get cancer: period.

Meanwhile, in the Western or "civilized" world, cancer has become a disaster. As I said, the incidence for both sexes is 1:2 or fifty-fifty. That means either you, or someone who is very close to you, is going to contract the disease. While we might feel very sorry for the patient, let me assure you that it is no picnic being with someone you love while they suffer and eventually die, miserably and painfully. In some ways the survivors need more supportive care and sympathy than the victim. Once the patient is gone, it's over for them. But those left behind still have to pick up the pieces and live their lives as best they can, with the haunting memories of a stark reality that is often hard to bear. Even a belief in a higher presence to our lives does little to assuage the pain and grief of loss.

So once again let me invite you to join me in learning how this brute can be subdued. Here is a whole book CRAMMED FULL of knowledge about how to overcome cancer. Make no mistake, it can be beaten. In some ways it is like a game—a very serious game—but there are rules. If you don't know the rules, you have very little chance of winning.

In the next few sections I am going to teach you the rules as I know them. I'll be sharing with you lots of tried and proven strategies that have been successfully used. Nothing in these pages is mere speculation.

With so much information available to you, you will be able to make wiser choices and certainly you will be in a position to influence the progress of your disease favourably. If you are learning for a friend or family member, make sure they learn too and become involved with their outcome. It's one of the oldest dictums in all of healing that you can't want recovery for a person more than they want it for themselves. It just doesn't work.

Bear in mind that not all the tactics I shall be sharing with you are therapies, as such. For example the report on understanding and monitoring your own tumor markers provides at least a dozen tools for beating cancer. Good nutrition is not just one answer but covers hundreds of different supplements and oral remedies, scattered throughout the book. The fact remains that there are over 500

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different tips and wrinkles, theories, strategies and facts that you need to know and understand, in order to be truly DIET WISE.

Now let's move on. The first sentence overleaf will shock or amuse you!

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*7. this means a career shift

I've said it before and it bears repeating: **cancer is a wake up call but it is not a death knell**. It tells you loud and clear that something is wrong with your life and lifestyle and that has now reduced your health and vitality to ruinous levels. You must listen to the message from Mother Nature and take appropriate action.

If you heed the warnings and put matter right you will be quite safe. Many people have had cause to BLESS the fact that they got cancer: it alerted them to the fact that their life was wildly off track and that they must do something effective to put matters right—or pay the ultimate price.

I'm going to be telling you what your treatment alternatives are. You'll be surprised how many different actions you can take that will raise your chances of beating the disease successfully. In fact I'd like to encourage you that, in the early stages at least, cancer isn't that difficult to conquer at all.

Yes, I did say conquering cancer. You can survive this affliction and it never return. There are many success stories that prove this. Unfortunately, the prevailing attitude in the medical profession is that of ignorance and disinformation. Doctors seem to have a very negative view of cancer survival, despite all the propaganda. In some territories it is even illegal to talk of cancer cures.

But my years of experience allow me to assure you that if you approach the disease properly and tackle its causes at root, then that cancer isn't going to come back. There is more likelihood of someone else getting the disease—who hasn't taken the proper steps to put their health issues right—than someone who has already beaten off cancer. You just need to take effective action and correct the obvious problems that led to the disease.

Now by "effective action" I do not mean leave it to the oncologist. The single biggest mistake that you can make if you are diagnosed with cancer is to leave it to the experts to save your life. Conventional doctors are pretty useless at dealing with this disease. Despite all the propaganda, the survival rate for cancer treated solely by conventional means is largely unchanged over the last 50 years.

In a later report we will be looking at how the figures are massaged to look good. But for the moment I ask you just to consider the obvious: that almost everyone who is diagnosed with cancer dies, sooner or later (mostly sooner).

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I repeat: To beat cancer you must take charge of your own health. You need to become the executive manager or chief-of-staff for your own case. Don't be panicked by threats that you will die horribly and quickly if you do not opt for surgery, chemo or radiation: doctors who treat you in this way are a disgrace to the profession and should lose their right to practice. Remember their motivation is primarily to make money from your plight; platitudes and assurances are really only to disguise the financial nature of their interests.

There is thankfully no law that says you must abide by what the oncologist recommends.

I am on record in several places as saying that if I were a really cynical doctor and wanted only money, I would choose to be an oncologist. I would get to face people at the moment of maximum terror when they have just been told the news they most dread, I could work on their fears, stoke up the panic some more, and then demand anything up to half a million dollars for helping them to survive, knowing the law backed my claim exclusively and criminalized anyone who tried to move in on my patch and offered a real cure for just a few cents on the dollar!

At the same time, I am not saying that you must necessarily abandon the conventional approach. The final choice must be yours and not some oncologist panting for the cash for a down payment on his or her second or third home. Unfortunately, in some territories (such as here in California), it is illegal for a doctor to offer any other therapy than conventional chemo or radiation. That's "freedom" for you.

Notwithstanding the political failings of these crazy bureaucracies, there is thankfully no law that says you must abide by what the oncologist recommends. For the time being, at least, even Californians have the right to opt out of the mainstream approach (some of us are concerned that even this small freedom will be taken away).

More Quotes:

It has been an extraordinary experience and, in many ways, extremely positive.
—Marianne Faithful, on her successful recovery from breast cancer

—My cancer scare changed my life. I'm grateful for every new, healthy day I have. It has helped me prioritize my life.
Olivia Newton John

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*8. my three pillars of health

Now let's get down to real business. At this point I'm going to introduce you to my three great pillars of health. You could call it my survival triangle. These points apply to us all, whether we have cancer or not. The important subjects I will cover in this section are good for reversing cancer and being able to beat it.

I'm not saying alternative therapies can increase survival time in a cancer case. They may do so. Certainly there are many stories of survival against the odds, by turning against conventional therapy. But don't forget, some patients also beat the tumor using the conventional route.

The trouble with doing it with chemo, surgery or irradiation is that the real cause of the condition is never addressed. Oncologists don't think in terms of causes, just treatments. Even if they subscribe to the (now) scientific view that chemical toxins are a major contributing factor to the onset of cancer, they never suggest that the patient reduce personal pollution (getting rid of cleaners, solvents, cosmetics etc.). Yet even a child can follow the logic that if you don't address the cause, the condition is likely to come back.

And that's usually what happens. That's why cancer is so dangerous.

Because of the failings of conventional therapy (in my view it does more harm than good) I have assembled a set of valuable "Tools" for those patients who want to take control and manage their own healing regime. The more knowledge you have, the better placed you are to defeat your enemy. That makes sense!

The image of someone suffering from the ravages of cancer is an all-too-familiar sight, often from the media (celebrities are notoriously bad at looking after themselves), but it need not always be so.

And if that is not enough of an incentive, consider one further important value to alternative medicine therapies. They can make you feel good, even if you have a cancer. The image of someone suffering from the ravages of cancer is an all-too-familiar sight, often from the media (celebrities are notoriously bad at looking after themselves), but it need not always be so. Quality of life can be just as important an assessment of "survival" as a measure in years.

So you will see, cancer can be beaten, in more ways than one! The answers here are based on thirty years of clinical experience, using only alternative approaches to cancer.

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Let me start with the three Scott-Mumby "beat cancer" rules:

Rule #1: every good health measure is an anti-cancer measure.

Rule #2: every good health measure is an anti-cancer measure.

Rule #3: every good health measure is.... well, I'm sure you get the idea!

The truth is your body has to deal with a very tricky and dangerous situation. It needs all the zest and vitality it can get. Exercise is good, we know it stimulates the immune system. By keeping yourself as fit and healthy as you can, your body will be able to respond to the challenge effectively.

That means you need a proper nutrient balance and I am going to leave it largely said just in those terms. I will not be delving deeply into vitamins and minerals.

But the number one protective, without any shadow of doubt, is diet. You cannot afford to slow down your body recovery responses by eating junk food, sugar, caffeine and all the other buzz foods that people like.

You need to clean up your diet; eat good food and stay off stressful foods. I have more to say on this topic shortly.

Pillar number two is emotional cleansing.

The third pillar is fending off chemical pollution - decontaminating. So it's all about cleansing and clearing, if you think about it.

You need to understand, I mean really understand, that these three approaches I've outlined are the big ones. It's no use messing around with cancer therapies you may have heard of, such as Hoxey herbs, enzymes, laetrile, hydrazine sulfate, ellagic acid, carnivora, coffee enemas and stuff, if these three critical factors are working against you. You are disastrously lowering your chacnes of winning. Period.

Any one of these three is big enough to turn the tide in your favor; get all three under control and I can virtually guarantee you will survive (that's a powerful claim but there are over 38 years experience behind it).

Incidentally, my survival triangle can also be viewed in terms of stress: dietary stressors, chemical stress and emotional stress. Remember we have physical and biological stress, as well as just mental stress. A poisonous chemical puts just as much pressure on our defences as a virus attack or a bereavement. It's all bad for a body fighting a dangerous opponent. We need all the resources on our side, not just fending off stress that can be avoided.

Put it another way, we often use the military metaphor of fighting the war against cancer – it's actually a very poor metaphor, spread by people who don't understand natural healing. If you think of the photographs you've seen of WW1 battle scenes what will strike you most is that the battlefield itself has come off worse. The landscape is trashed, blighted beyond all recognition. Just remember that with cancer our bodies are the battlefield and we don't want to end up with them looking like that.

You will learn throughout this book that the way to go appears to be to nurture the cancer. Be gentle and coax the healing into action, help your body, nourish the problem and you'll find you can win. But if you go head-to-head for long enough, one side will eventually run out of soldiers and will lose. Cancer grows quite rapidly and it could be YOU that runs out of troops first.

But – to go back to the military metaphor – imagine, if you can, trying to fight a battle with troops that are not properly fed, are tired, have been poisoned by a gas attack and are frightened out of their wits—they are not going to be cool, efficient soldiers that will carry you to victory. Just a rabble that will quickly collapse under an onslaught.

Let's look at the three corners of this life-saving triangle in turn.

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*9. first pillar - diet

The argument about diet was settled long ago. **There isn't an argument.** Only the die-hard fools don't get it.

Diet is everything. In fact some people beat cancer on this one trick of cards!

The World Cancer Research Fund, the UK's leading independent cancer research foundation, states very plainly that 40% of cancers are diet-based. I know it is far higher. The truth will emerge gradually. I have been proved right over all my major predictions in the last 38 years.

It is important to remember that cancer is a degenerative disease of modern times.

It was rare among hunter-gatherer and pastoral peoples living in remote parts of the world, such as the Himalayas, the Arctic and equatorial Africa, when these were first visited by explorers and missionaries. One of the first medical teams to study the Hunza, remote recesses of the Himalayan Mountains, between West Pakistan, India and China, was headed by world-renown British surgeon Dr Robert McCarrison (the McCarrison Society is named after him).

Hunza valley

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Writing in the AMA Journal Jan 7, 1922 he reported: "The Hunza has no known incidence of cancer." McCarrison went on to remark about apricots: "They have an abundant crop of apricots. These they dry in the sun and use largely in their food". This led in the 1970s to the laetrile frenzy.

Trying to pick on an extract of apricot as "the" cause of the Hunza longevity is just as stupid, and shows just as little understanding of Nature, as drug companies trying to extract "the active ingredient" in a herb! But that's what the laetrile lobby got started with and it is nonsense.

I have never seen a successful trial of the value of amygdalin (Laetrile) that specifically excluded other change modalities, which of course would have to be done for any meaningful "proof" that laetrile works. While it is combined with diet (as is usually the case) then the diet may be the real cause of recovery and not the laetrile at all. See section #27.

The Eskimos are another people that have been observed by medical teams for many decades and were found to be totally free of cancer. Alaska's most famous doctor Dr Preston A Price claims that, "In his 36 years of contact with these people he had never seen a single case of malignant disease among the truly primitive Eskimos, although it frequently occurred when they were modernized".

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An interesting point to note is that when an Eskimo leaves his traditional way of life and begins to rely on a western/modern diet he becomes even more cancer prone than the average American.

The Indians of North America are another people who are remarkably free from cancer. The AMA went as far as conducting a special study in an effort to discover why there was little to no cancer amongst the Hopi and Navajo Indians. The February 5, 1949 issue of the journal of the American Medical Association declared that they found 36 cases of malignant cancer from a population of 30,000. In the same population of white persons there would have been about 1,800 current cases.

In 1843, a French surgeon, Stanislas Tanchou, MD, formulated a doctrine that the incidence of cancer increases in direct proportion to the "civilization" of a nation and its people.

This theory was embraced by John Le Conte, MD (1818-1891), first president of the University of California, and his enthusiasm led medical missionaries, ship surgeons, anthropologists and others to undertake an avid search for cancer among the Alaskan Eskimo (Inuit), northern Athapaskans of Canada and the native peoples of Labrador.

The result was always the same: **for 75 years, not a single case of cancer was documented among the tens of thousands of such people studied by competent medical examiners**. The Harvard-trained anthropologist, Vilhjalmur Stefannson, for instance, lived for 11 years among the Eskimo and never saw a case. In later life, he wrote a book on the topic, **Cancer: A Disease of Civilization**?

Similar stories are told about the indigenous peoples of Africa and Asia. Albert Schweitzer, MD, the famous Nobel laureate, testified: "On my arrival in Gabon, in 1913, I was astonished to encounter no case of cancer....The absence of cancer seemed to me due to the difference in nutrition...."

Is this beginning to add up to a pattern for you?

Indigenous people of regions across the globe seem protected so long as they eat the diet that their ancestors ate for millennia. But once they adopt Western dietary habits, cancer appears and then rapidly grows to being a major killer, if not the number one.

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Anti-Cancer Diets

Couple this with the fact that the main effective regimens against cancer (once contracted) are dietary. Most famous is the Max Gerson diet. It has its successes. However it is a formidable diet to follow, practically a career move in its own right, including juicing and coffee enemas several times a day. My belief is that it singles out very determined people and only those with an intense desire to stay alive at all costs will put up with it! This makes it hard to evaluate properly.

Less demanding is the Budwig diet, named after Johanna Budwig. She advocates lots of good fresh food, which is great. But the keynote of her plan is flaxseed oil (omega-3s, of course – back to the Eskimos), which is taken with cottage cheese (very unnatural and nothing to do with the basic hunter-gatherer diet). She has lots of success stories too.

I suggest that all those who find it necessary to add other protocols or to add supplements to it have not even given the Budwig Protocol half a chance. They just don't look beyond the flaxoil/cottage cheese part. There is much more to it than that. It is a scientifically well thought out, all natural approach to health, that has a tremendous rate of success and track record... and it costs next to nothing. I think that if it were very expensive and much money could be made on it, it would be much more popular because it would be pushed by business. But as it stands, it doesn't lend itself to it. So you have to take it at practically no cost or go for some other high priced methods.

> **I'll tell you a bit more about the science behind the success of Johanna Budwig's diet after you have read the section on oxygen pathways (section #15. Sunlight and magic electrons)**

Dr William C. Kelley also deserves a big place in the history of anti-cancer diets. Kelley cured himself of virulent pancreatic cancer, using a mainly dietary approach. He had a questionnaire-based analysis of metabolic types, which led to customized dietary recommendations. Kelley developed ten basic diets with 95 variations. These ranged from pure vegetarian to exclusively meat. The diets forbade processed foods, pesticide residues, milk, soy beans, peanuts, food concentrates, white sugar, and white rice. It allowed almonds, low protein grains and nuts, yogurt, "organic" raw vegetable and fruit juices, salads, and whole grain cereals.

You can find Kelley's complete first edition book **One Answer to Cancer** on my website www.alternative-doctor.com/cancer/kelley.htm [Kelley gave John

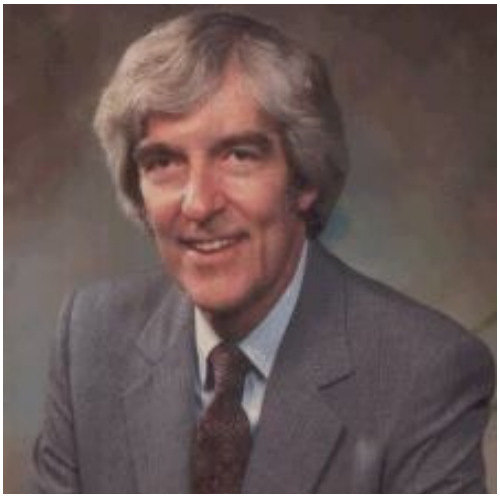
Scudamore and me permission to publish his first edition free on the web before he finally passed on—38 years after cancer of the pancreas tried to claim him!]

All this should make it clear that the number one factor in controlling and beating cancer is to follow a safe diet. Here's where I differ from some of the experts. There is no universal safe diet. Even the famed vegetarian diet or avoiding red meat is no guarantee. Everyone is different. My approach is to work with each individual and have them figure out their own safe eating plan.

If I should develop cancer, I will do exactly what I tell you to do in my own book DIET WISE, which is to work out which foods are stressing your immune system and remove them from your diet. Eat fresh food, salads and smoothies (not much raw), organic if you can and include lots of brightly colored foods. Get rid of any food which reacts to a proper food challenge test—for you they are poison. What is surprising it that whole foods, including fruit, beans and vegetables, can be stressor foods. Each one has to be verified as safe.

In over 20 years I never lost a patient to cancer at my office. It was not till years after I quit England they started going down one by one.

It's quite hard work to approach it this way but not as nearly hard as the Gerson diet and certainly not as tough as losing to cancer.



William D. Kelley, a man ahead of his time

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*10. the question of supplements

People sometimes ask (maybe without voicing the question): "Will vitamins and minerals save me?"

The answer is NO. It would be like closing the stable door after the horse has bolted.

But there is every reason to supplement your diet with good nutrients, including simple prorietary multi-vitamin and mineral formulas. Just be realistic about what to expect.

Rather than me parading the value of numerous individual vitamins and minerals, let me just say that I expect you to get plenty of everything. A good fresh food diet will help too, with bags of antioxidants.

All this is in accordance with my "Cancer Rule #1:

every good health measure is an anti-cancer measure.

Supplementing is a vast subject, all on its own. So I will just mention a few specifics here, to get your started and to press home my point.

Good supplements will protect you from the dire effects of chemo and radiation.

Vitamin D has emerged as a truly vital anti-cancer nutrient.

A study published in the Journal of the National Cancer Institute in 2006 showed that even small rises in vitamin D levels in the blood produced a dramatic lowering of cancer risk. For 6 years nearly 50,000 men were followed, while taking an average of 1500 IU daily. The results showed a 17% reduction in the incidence of cancer, almost 30% reduction in overall cancer mortality and a massive 45% reduction in deaths for bowel cancer.

Another study in the same year, involving more than 120,000 women participating in two studies at Harvard University and Saint George's Hospital Medical School in London, showed that women with high levels of vitamin D were 50% less likely to get breast cancer; even those with moderately raised vitamin D levels had a measurable 10% lower risk. Yet another study showed that

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women who spent a lot of time in the sunshine – which is what creates vitamin D – had between 25% and 45% less cancers than the average woman.

You'd think the medical profession would jump at these findings and recommend everyone take vitamin D. But I'm afraid that's sadly not the case. In fact, although studies make it clear that 1000 to 1500 IU is required to protect men and women from cancer, official government figures still insist that 200 IU is enough. This advice is not merely bad - it's criminal, given the level of scientific knowledge on this topic.

Iodine

Lack of iodine is now endemic in the US and the Western world. It is, I'm sure you know, added to salt but so much propaganda about avoiding salt has resulted in civilized nations being chronically deficient in iodine.

That coupled with the fact that iodine in bread is now replaced by bromine, an antagonist of iodine, has caused a health problem of vast proportions. Iodine deficiency has many consequences, including thyroid troubles and cancer susceptibility.

Iodine enhances oxygen metabolism and that has significant consequences, as we shall see later.

Make sure you get enough and read the book "Iodine: Why You Need It, Why You Can't Live Without It" by Dr. David Brownstein.

Potassium

This is a surprise cancer need. Most doctors would assume automatically that the body has enough (if supplies go too low, the heart stops). But in fact this is far from the case. Max Gerson MD was made famous for his "diet" but I think his contribution to the understanding of the need for huge doses of potassium are, if anything, the major factor in the success of his program (meaning almost any old good diet will work; there are very many that do, so his diet may not be the really critical factor in his program—just thinking out loud here…)

Gerson carefully researched and established that the toxins from cancer reduce potassium levels. That's made worse by the toxins from the destructive breakdown of cancer tumors, caused by chemo and radiation, which also dramatically lower potassium levels.
[Physiol.Chem.Phys.1978; 10(5):465-468]

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While we are on the subject of nutrients, let's look at a couple of other examples:

Like healthy tissue, tumors need a steady blood supply. By creating their own "network" of blood vessels, tumors develop an independent and reliable source of nutrients and oxygen, which "feed" the tumor. Without new blood vessels, tumors cannot grow beyond the size of a pea. Angiogenesis is a word that means new growth of blood supply.

In fact tumors are very sneaky and secrete hormone-like substances called growth factors, especially one known as vascular endothelial growth factor, or VEGF. This attaches to nearby cells, which triggers new blood vessels to sprout toward the tumor. These blood vessels provide the tumor with a steady blood supply and nutrients. Without VEGF, new blood vessels are unable to grow and support the tumor.

Anti-angiogenic (**angiogenesis:** growth of new blood vessel) agents are thought to work by stopping the growth of new blood vessels. This process "starves" the tumors of the blood and nutrients necessary for growth. These types of treatments are called angiogenesis inhibitors. Of course the majority are just complicated and expensive drugs.

But did you know that shark cartilage has exactly the same action—at a fraction of the cost? No, of course you were not told. It's bad news for sharks! In fact liquid bovine (beef) cartilage appears to give similar results. That's easier on the environment and actually tastes better.

Another remedy with similar properties is an extract of Green Lipped Mussel (Perna canaliculus) called Lyprinol and sold as Lyprinex or Seatone. The strong anti-inflammatory action of Lyprinol also inhibits cancer cells.

It's possible that Noni juice does this too. At least one study I found published in a reputable medical journal thought so. You see one of the nice things about alternative cancer remedies sometimes is that they are not difficult or too demanding. Just add a few extra foods to your diet and things could turn in your favor. That's the exciting message I want to get across to you.

Other remedies that inhibit the formation of new blood vessels are zinc, vitamin B2, green tea and turmeric.

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*11. supernutrient vitamin c

The cancer-curative properties of vitamin C is its most controversial benefit by far. Oncologists hate it and regular media splurges try to discredit it and even claim it causes cancer, based on a very miserable inadequate study showing if you drenched chromosomes in vitamin C in a test tube there were minor changes which MIGHT (they said) indicate a cancer risk.

Having used it IV for over 2 decades with cancer patients I can attest with certainty to its beneficial effects.

One good study showed a cytotoxic effect (like chemo) against cancer cells at around 3 grams per 100 mls in blood. That's way below any possible toxic effect in humans, although these levels could only be achieved by the IV administration route.

In fact there is no such thing as a toxic effect from vitamin C. None ever recorded, even at doses over 300- 400 grams IV. It really is remarkable.

[Please note a study in 2008 which showed that vitamin C in the presence of fats in the stomach created more nitrosamines. We know nitrosamines are carcinogenic. It's a paradox because vitamin C, without fats, normally LOWERS nitrosamine levels in the stomach. The culprit is really the fats.

Most objective studies show vitamin C significantly decreases cancer of the mouth, esophagus, stomach, colon, rectum and lung. One prospective study of 870 men over a period of 25 years found that those who consumed more than 83 mg of vitamin C daily had a striking 64% reduction in lung cancer compared with those who consumed less than 63 mg per day. That's a 2/3rds reduction: pretty hard to argue with.

Although most large prospective studies found no association between breast cancer and vitamin C intake, two recent studies found dietary vitamin C intake to be inversely associated with breast cancer risk in certain subgroups.

In the Nurses' Health Study, premenopausal women with a family history of breast cancer who consumed an average of 205 mg/day of vitamin C from foods had a 63% lower risk of breast cancer than those who consumed an average of 70 mg/day.

In the Swedish Mammography Cohort, women who were overweight and consumed an average of 110 mg/day of vitamin C had a 39% lower risk of breast cancer compared to overweight women who consumed an average of 31 mg/day.

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Quality of Life

Studies in the 1970's and 1980's conducted by Linus Pauling and colleagues suggested that very large doses of vitamin C (10 grams/day intravenously for 10 days followed by at least 10 grams/day orally indefinitely) were helpful in increasing the survival time and improving the quality of life of terminal cancer patients.

However, two randomized placebo-controlled studies carried out by Drs. Edward Creagan and Charles Moertel of the Mayo Clinic and published in 1979 and 1985 found no differences in outcome between terminal cancer patients receiving 10 grams of vitamin C/day orally or placebo. But the difference is clear: the Mayo studies used oral vitamin C, Pauling used IV. The intravenous route will result in far higher blood levels of ascorbate.

In studies like this, with faulty technique, it's hard to avoid suspicion that the researchers didn't WANT to find a beneficial effect.

Detox

It would be remiss not to share one of the important benefits of vitamin C which a few of us discovered in the 1980s, even though no direct scientific research has been done in this field.

We became keenly aware that significant doses of vitamin C were beneficial in cases of chemical overload. By the late 70s we were encountering more and more patients with "chemical allergy" syndrome.

Some individuals are super-sensitive to ambient chemicals. This is partly a genetic thing, as we shall see later. They simply didn't have the right enzymes, or not enough, to adequately detoxify so-called xenobiotic (unnatural) chemicals. The result was much suffering and incapacity.

But large doses of vitamin C would prove helpful. How big a dose? We used a crude strategy called "fill and flush"; the patient would take increasing doses in 2 gram increments (a teaspoon is about 4 gms). Eventually, the side effect of diarrhea would manifest and we told the patient to take just less than that as their personal level. So, 10 grms = diarrhea; dose = 8 grams.

It was all rather crude by modern standards but it got results and, as I have already said, there are no known toxic effects of vitamin C, even at levels exceeding typical oral doses by 10- 20 times.

The result was that chemically-sensitive patients could get through their working hours, endure traffic fumes and aircraft travel and not be sick for days afterwards.

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For cancer pateints, most of the toxins arise internally, either generated by the cancer or (sometimes) in massive amounts when the cancer was overthrown and began to break up, releasing a lot of poisons. That's probably why vitamin C makes a cancer patient feel a lot better.

Although the image of a body as a mindless machine continues to dominate mainstream western medicine, there is unquestionable evidence to the contrary. Death rates from cancer and heart disease are provably higher among people in psychological distress, and lower among people who have a strong sense of purpose and well-being.

Deepak Chopra, Ageless Body Timeless Mind

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*12. second pillar - you must clean up your emotions

The first reference I know to emotions and cancer comes from the great Roman doctor – Galen: "Cancer does not strike happy people" (well, actually, he said cancer was caused by an excess of black bile = melancholy!) The dogma of black bile as the source of cancer reigned for over 1500 years after Galen wrote his treatise.

Surprisingly, he was right! Nowadays we don't think of the four "humors" (black bile, yellow bile, blood and phlegm) but certainly negative emotional humors and cancer go hand in hand.

A defining study was carried out by Stanford psychiatrist David Spiegel, who set out to examine just to what extent the mental state of a patient influenced the survival outcome of 86 women with advanced breast cancer (advanced is a euphemism for close to death). Spiegel, like most doctors, did not believe that attitude had any effect on the disease at all.

But he was shocked to find that, after reviewing the results at the 10-year mark, that the women who had weekly support psychotherapy lived TWICE as long as those who did not. That's better than ANY chemotherapy or other conventional treatment. Yet doctors never mention it.

Other research has only confirmed this important principle. For example a carefully conducted study carried out at Yale in 1987 found that breast cancer spread fastest among women who had "repressed personalities" (meaning feelings of hopelessness and the inability to express anger, fear, and other negative emotions).

However this re-examination of emotional issues mustn't be used as a ridiculous guilt trip. The aforementioned David Spiegel tells how he was telephone by a woman in great distress. She had gone to a "cancer support group" because of her desperately sick child. There the members had stared accusatively at her and told her she needed to realize first of all that "every child with cancer is an unloved child". This kind of abusive and judgmental nonsense, which so often circulates at so-called support groups, is clearly worse than unhelpful. It's wicked and false.

So it's not true that "any" support therapy is going to be helpful.

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The Iron Rule

Dr Ryke Geerde Hamer from Germany has documented over 40,000 cancer cases in which he has proof that before the onset of the disease the patient underwent a major psychic trauma in the previous 3 years. Hamer calls it his "Iron Rule" of cancer.

Even recently I learned that my one-time fiancée (from medical school days) went down with breast cancer exactly 3 years after her husband drowned suddenly. Believe me, Hamer is right. It means 3 years from the onset of the illness, not necessarily the diagnosis of it. I have reported Hamer's work on the website at: www.alternative-doctor.com/cancer/hamers_page.htm.

Naturally, Hamer was attacked. Physicians in his home town of Tübingen, near Stuttgart, tried to have him barred. Courts eventually came the rescue of Hamer and demanded his opponents looks at his mass of evidence. They never did.

Recently Hamer had to serve a jail sentence in France for practicing unlicensed medicine, after giving advice to a person (French overrode the fact that France and Germany are in a common alliance (the EU) and what is licensed in one state is automatically licensed throughout the union). All Hamer had done was give somebody advice in an airport (a set-up stooge).

In mocking style, his opponents introduced the term "Hamersche Herde" (Hamer's comical seats) for certain lesions which show up on the brain. These can be photographed with a computed-tomography (CT) and look like the concentric rings on a target, or like a picture of a surface of water into which a stone has been dropped. Hamer considers these to be the sign of intense overactivity and stress in the brain, as a result of the psychic trauma.

Radiologists mistake these rings as a defect in the equipment. An "effective blow for ignorance", a term I got from the late Lawrence Dickey MD and I have adopted myself latterly, since his death.

Nothing will stop the march of truth however. The Spanish have already embraced Hamer and call his work "La Medicina Sagrada" (sacred medicine). He has a huge and loyal following there. The torrents of recoveries are testimony to his work (see also Bert Hellinger's work, later in this issue.)

Hamer himself tells a good story in an interview with "Amici di Dirk" Verlag, Cologne in 1992. I reproduce it here for you all to understand the power of this work:

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> "...After a lecture I gave in Vienna in May 1991, a doctor handed me a CT brain scan of a patient and asked me to disclose the person's organic state and to which conflict it belonged. There were twenty colleagues present, including some radiologists and CT specialists. Of the three scan levels, I had only the brain level in front of me. From these brain CT scans I was able to diagnose a fresh bleeding bladder carcinoma in the healing phase, an old prostate carcinoma, diabetes, an old lung carcinoma and a sensoric paralysis of a specific area in the body and, of course, the corresponding conflicts. The doctor stood up and congratulated me. "Five diagnoses and five hits. That's exactly what the patient has, and you were even able to differentiate what he has now and what he had before. Fantastic!" One of the radiologists told me " I'm convinced of your method. How could you have guessed the fresh bleeding bladder carcinoma? I could find nothing in the CT scan but now that you have shown us the relay, I can follow the findings."

Again, I can fully endorse Hamer's findings completely from my own experience. The important point, of course, is that if you reverse the psychic trauma, recovery will take place. Cancer is the result of thoughts. First comes the thought, then the illness.

The cure therefore must come from the thoughts and the energy that created them. You must remember that.

The Journey

It's not an easy path. But you've got help from writer's like Brandon Bayes and her "Journey". She discovered she had a uterine tumor the size of a basketball and that an operation was essential. She resisted conventional treatment and her doctor gave her one month to make a difference. After a lifetime of teaching and following a healthy lifestyle Brandon was not going to give in without a fight.

Brandon used every moment of her waking hours to focus on her problem. She new that the body cells have amazing regenerative powers. Six weeks later and

> The dominant message, incessantly preached from the editorial pages of medical journals and the podiums of medical schools, is that the 'inherent biology of the disease' is overwhelmingly important and that feelings, emotions and attitudes are simply along for the ride.
>
> Larry Dossey, Medicine and Meaning

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with no surgical intervention the doctors found no trace of the tumor. Today, Brandon is healthy and vivacious. She teaches "The Journey" to other people how to overcome issues and illnesses that prevent them from living fully.

Yet, however much I appreciate her work and "The Journey" however, I cannot help but extrapolate the work of Hamer and I think it resolved naturally, as it should by being left alone, if Dr. Hamer was right.

The Healing Path

Marc Ian Barasch is another writer you should read. His book The Healing Path: A Soul Approach to Illness (Penguin) is one of the best books ever written about the mind-body connection.

When Marc was thirty-five years old, he had a series of vivid and startlingly detailed dreams about cancer. Though he had no physical symptoms, he went to see a doctor, insisted on medical tests, and was diagnosed with thyroid cancer. At the time, Marc was the editor of New Age Journal and they fired him because it was bad for the magazine image if he got sick. Nice people! Marc always thought himself "quite knowledgeable about the realms of healing." But he found it was one thing to read and study and write about disease, and quite another thing to experience it.

I find it tragic that I must experience almost daily that cancer patients spend more time thinking about how many, and which, tablets they should take instead of dealing with personal changes.

Lothar Hirneise on change necessary for cancer patients

In February 1985, he had conventional surgery. It was pronounced a success, although sorting through the spiritual, psychological, and social implications of the illness, the treatment, and its aftermath would take many years. Barasch explains the path he took and the book is highly informative and will help you understand what you are undertaking.

Bernie Siegel

Then comes Bernie Siegal and his healing book "Love, Medicine And Miracles". You must read this. Segal was a general and pediatric surgeon. In 1978 he originated Exceptional Cancer Patients, a specific form of individual and group

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therapy utilizing patients' drawings, dreams, images and feelings. His work is based on "carefrontation," a safe, loving therapeutic confrontation, which facilitates personal lifestyle changes, personal empowerment and healing of the individual's life. The physical, spiritual and psychological benefits which followed led to his desire to make everyone aware of his or her healing potential. According to Bernie, exceptional behavior is what we are all capable of.

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*13. third pillar - chemical detox is vital

It would take a textbook to talk about personal pollution and the dire negative health effects of the environment we are living in. Even eskimo mothers now have chemical toxins in their milk. Little babies in remote climes cannot avoid what I have christened the "Chemical Blizzard".

I get asked a lot about "organic food". Well, what does that mean when the very sky rains chemicals and pollution on all your nice clean "organic" crops? Not a lot.

We are faced with so-called brown clouds pollution. This is mostly made up of miniscule particles called aerosols. Aerosols consist of sulfates, nitrates, black carbon, hundreds of organic compounds, and fly ash. When sunlight is absorbed and scattered by aerosols, it creates a brown colored haze. Satellite data reveal thick, polluted haze layers scattered all over the globe, from populated regions to the once-pristine Alps, the Himalayas, and the Pacific and Atlantic Oceans.

One of the main sources of this pollution today is China! Ironically, because of prevailing winds, Chinese atmospheric pollution is raining down on North America. Streams of yellowish dust have been seen streaming across the Pacific since 1998. Mercury emitted by power plants and factories in China, Korea and other parts of Asia wafts over to the USA and settles into the nation's lakes and streams, where it contributes to pollution that makes fish unsafe to eat. Solid particles from Asian primitive oil and coal burning is now a source of solid sooty deposits high in the pristine mountains anywhere you go in the US. Birds are being poisoned as far inland as Payson Arizona, where the trees are thick-crusted with Chinese effluvia.

What has all this to do with cancer?

If you follow Sam Epstein's writings, everything. Dr. Sam Epstein is a Professor of Occupational Health and Environmental Medicine at the University of Illinois School of Public Health and he is recognized as perhaps the world's most influential critic of cancer policy. Dr Epstein provides copious evidence that chemical pollution is one of the major causes for the soaring cancer rates.

Epstein's book The Politics of Cancer (now TPC revisited) documents a great many disturbing facts, including the fact that cancer charities are actively opposing progress in alternative treatments, because of corruption. He also

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attacks the "white collar crime" of lying and cover-up, to divert attention from the way Big Business is killing everyone with its dirty fall-out.

"As recently as 1986, the NCI (National Cancer Institute) promised annual cancer mortality rates would be halved by the year 2000. The establishment now belatedly admits that cancer rates are increasing sharply. However, with the enthusiastic support of the chemical industry, these are ascribed exclusively to smoking, dietary aft itself (ignoring the tenuous evidence relating this to colon, breast and other cancers) and "mysterious" causes.

Meanwhile it discounts substantial evidence incriminating and wide range of chemical and radioactive carcinogens permeating the environment, air, water, food, and the workplace… Non mysterious causes of breast cancer, which the establishment ignores, let alone investigates, include carcinogenic contaminants in dietary fat, particularly pesticides; PCBs; and estrogen (with extensive and unregulated use as growth promoting animals food additives)."
[The Politics of Cancer revisited, East Ridge Press, NY, USA 1998, p. 355]

As Sam points out boldly, you are not going to get the truth from official sources. Something is causing the soaring cancer rates and anyone intelligent can quickly spot that increased personal and environmental pollution is one of the main cause of the problem. The establishment, so closely tied to the huge chemical industry lobby, is simply not going to support your interests over those of Big Business.

So, it's vital we all take control and reduce our personal pollution load where possible.

It's playing Russian Roulette to use after-shave, cosmetics, gels, hair-set, paints, household cleaners, solvents, herbicides, insecticides and other pesticides in the torrents that we do. Did you know that women absorb about half a kilo of cosmetics every year – through their skin? Add what is in the air to what's in our food and in the water and we have a big problem. Our liver and major de-tox systems try to keep pace with this lethal tide of chemicals but we are not winning.

These chemicals accumulate and do not decay, since they are such strange substances, Nature doesn't have a means of getting rid of them (xenobiotics). All we can do is reduce the load, keep clean and do everything possible to help the detox mechanisms. Unfortunately they too are poisoned, as the rest of us, when this tide of chemicals rises too high; that which protects us one of the first things to be damaged. The immune system gets hurt too.

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Recent study posted later in this journal shows that xenobiotic chemicals cause an exaggerated inflammatory response. The rest of science has already identified chronic inflammation as the number one cause of degenerative disease and aging, from Alzheimer's and heart disease, to diabetes and cancer.

Today, as I teach, one of the number one aspects of what we call "nutrition" is merely supplementation to help our detox pathways. Magnesium, for instance, is involved in over 300 pathways, including the all-important Phase I detox. Glutathione is another powerful tool, an anti-oxidant. But it gets used up every time it walks off a toxic molecule and we need to take phenomenal amounts. We need B6, zinc and B3, molybdenum and more. That's just to cope with the additional oxidative stress of our poisonous world.

Not really what you think of as nutrition is it? But because these beneficial supplements are taken by mouth, what else can you call it?

For more information, I can do no better than recommend Sherry Rogers' book Detoxify or Die. Another cracking read is by my old friend Dr Doris Rapp: "Our Toxic Word: a Wake Up Call". You'll be sadder but I lot wiser when you have read them.

Heavy Metals

And before we leave the subject of toxic overload, I must mention what we call heavy metals. A number of metals are known to be carcinogenic. These are:

* arsenic and arsenic compounds,
* beryllium and beryllium compounds,
* cadmium and cadmium compounds,
* nickel compounds and
* hexavalent chromium (remember the movie "Erin Brockovich"?).

The usual target is the lung, though arsenic has a unique association with skin cancers that has been recognized for many years.

You should know that in the US there is a heavy burden of arsenic poisoning carried to humans via chickens. Roxarsone is a very common arsenic-based additive used in chicken feed, used to promote growth, kill parasites and improve the color of chicken meat. It is normally benign, but under certain conditions that can occur within live chickens or on farm land, the compound converts into more toxic forms of inorganic arsenic.

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Arsenic has been linked to bladder, lung, skin, kidney and colon cancers, and low-level exposure can lead to partial paralysis and diabetes.

Even if you don't eat chicken, don't think you are safe: chicken manure is used as fertilizer on vegetable farms and this contains arsenic which then contaminates the vegetables. Arsenic is everywhere.

Cadmium is also widespread: it is found in grains like wheat and leafy vegetables, which readily absorb cadmium from the soil. Cadmium may also contaminate fish. It is also a constituent of alloys, pigments, batteries and metal coatings. Cadmium is also found in cigarette fumes and fumes from vehicles. There are many other places you might meet cadmium, even without knowing it.

Avoidance is very difficult, as I have explained. Even babies are being born with heavy metal poisoning in the womb. They didn't eat anything!

Yet if you have cancer, or want to prevent it, you must try to get rid of these dangerous metals from your body.

The known scientific method is called Chelation. Some very simple substances have Chelation possibilities: cilantro (coriander) for example. Apple pectin and seaweed, such as kelp.

Better is the green algae called chlorella. That's really quite successful. Chlorella is one of the MOST scientifically researched supplements in human history. There are thousands of research papers on chlorella from medical institutions, scientific journals and universities. NASA has decided it will be one of the first foods grown on the space station when it is completed. There is not a single report of toxicity to humans taking chlorella, though if you have too much iron on board—a disease called hemochromatosis—you should know that chlorella contains lots of iron.

Alpha lipoic acid, which is a great brain re-inforcer and glutathione enhancer, also has chelation properties. That's useful at doses of 100- 200 mgms.

Beyond these simple compounds you will need to see someone who is licensed to carry out office chelation. Unfortunately, that is fraught with medico-legal problems. Chelation agents are much more controversial. The simplest is EDTA, which is added to food so it's pretty safe. Others include succinate, DMPS and DMSA. You can read about these widely on the web.

*14. the oxygen connection

> "Everyone on this planet needs to be made aware that for several years now I have met and keep meeting people who no longer have AIDS, cancer, and almost any other disease you can think of, due to the continual and correct application of oxygen therapies."
>
> ---Ed McCabe (Ed McCabe went to jail).

There are many alternatives therapies you can consider. None of them have been proven completely successful in all cases. But then, neither has conventional therapy. You only have read the obituary columns to realize that.

But at least alternatives are not dangerous and will at least not harm you, even if they fail. You will not have irrevocably damaged your body's defences, making it hard for you to mount a come back against the disease, as happens with chemo and radiation.

Oxygen therapies.

I'm going to start with a little scientific and slightly technical background to a whole range of very useful therapies. It concerns the fact that cancer cells are not like any other cells—in a number of respects— but particularly in how they metabolize and create energy for living and multiplication.

Ordinary cells use a pathway that is rich in oxygen, called the Kreb's cycle. It is highly effective and is what breathes life into us humans. But cancer cells don't like oxygen. They use an alternative pathway, called glycolysis. That's just a fancy ancient Greek word for breakdown of glucose to release energy—but cancer cells do it with little or no oxygen. In fact cancer cells don't like oxygen at all—they cannot flourish in its presence.

All this was discovered over 70 years ago by a German doctor called Otto Warburg. He made a significant number of discoveries and was awarded the Nobel prize in 1931. He showed that cancer cells cannot use oxygen in the same way as normal cells and use anaerobic (without oxygen) metabolism instead. Remarkably, his work was then ignored for the next 60 years. Only recently have scientific studies re-discovered what he said and proved he was right. Warburg's theories have even been extended.

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He looked for an efficient way to supply the extra oxygen. Warburg understood that essential fats and oils were crucial in some way. He experimented with butyric acid, whic is a saturated fatty acid. This was an unfortunate choice, which left him with frustration and failure. Butyric acid lacks what we now know are special pi electrons. I'll explain more about the significance of that in the following section. Suffice it to say that Warburg was unsuccessful in his search. It was Johanna Budwig who gave us the breakthrough that we needed. In a sense, she made Warburg's prediction come true.

Meantime, let's look mainly at oxygen therapies.

We know that the anaerobic pathway yields much less energy for every glucose molecule (2 ATP "energy molecules", instead of 36). So cancer cells have a higher than normal hunger for sugar. That means if you eat sugar and sweet foods, you are playing right to the cancer. You must get all sugar, honey and sweeteners out of your diet. Sugar is deadly if you have cancer.

In the meantime, many physicians got started treating cancer by flooding the body with extra oxygen: and it worked! It worked then and it works now. So one of the most important things you can do it to increase free oxygen in your body.

That can be done a number of ways. You may have heard of hyperbaric oxygen? That's a mechanism for increasing the air pressure of oxygen and so forcing more into the blood and tissues. However this one is not used so much for cancer.

Other approaches are to use oxygen flooding, peroxide and ozone. The latter two substances are super-charged with oxygen and deliver a high-impact yield. Needless to say, you do need to go to someone who knows what they are doing—and I don't just mean some alternative practitioner who SAYS they know what they are doing. Both substances could be dangerous if misused though not, I hasten to say, as dangerous as chemotherapy.

Peroxide or ozone can be delivered either by an intravenous line or, I think much safer, removing some blood, oxygenating it and then returning that to the body.

Other routes of administration may sound strange but are perfectly valid scientifically and probably far safer. Ozone or peroxide can both be given rectally. This avoids the coughing reflex that patients sometimes get when administering ozone intravenously.

It is also possible to give just plain oxygen, oxygen flooding, from a cylinder, via the rectum, the vagina in women or even tubes in the ears. All that matters is

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that the oxygen gets into the body, where it will make the cancer cells sicken and die. The best part of doing intravenous therapies and using other injectable healing substances is the chance to look at the patient's venous blood. I used to find it quite easy to recognize the difference in color: venous blood is normally dark purple, wine color—but when it turns bright scarlet, you know the patient is receiving plenty of extra oxygen.

Treatments vary from several times a day if the patient is in dire straits, to twice weekly and then weekly, as recovery continues.
You may hear criticism of these therapies. There have been claims it is dangerous and one doctor, I know, was charged with murder because a cancer patient died while having peroxide treatment. In fact the patient died of his cancer but that inconvenient truth doesn't stop the bigots of orthodoxy from attacking anything they hate.

You will notice that no doctor gets charged with murder for administering deadly chemical cocktails and brutal radiation, or performing mutilating surgery. They always blame the cancer and say the patient died of that "despite everything we could do to save the patient".

My advice is don't be afraid of oxygen therapy. It is used widely in Europe and with good results. But just choose wisely and beware of who you trust to give it. It may be sensible to find a doctor who is member of the International Oxidative Medicine Association (IOMA). But remember there is no exam; it's just a group of practitioners sharing the same interests.

Good nutritious food is the best defence.
It's been called "Kitchen Chemotherapy" (Susan Silberstein)

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*15. sunlight and magic electrons

In section #14 you read about 1931 Nobel Laureate Otto Warburg's major contribution to discovering the real cause of cancer. In fact he famously said "There is no disease whose cause is better known".

It's time to go deeper into this mechanism and in doing so we uncover one of the most wonderful of all natural anti-cancer remedies.

First, a little science, as the cosmetics ads say!

Warburg had learned that the delivery of oxygen to the tissues was critical for health. Cancer cells thrive in low oxygen environments. Adding oxygen, as you probably know, is called "oxidation". It can be bad, as in rusting of metal, or good, as in allowing our cells to burn food fuels and thus create energy.

In fact it is both good AND bad for our bodies. We need oxygen and respiration to live; we wouldn't last 10 minutes without it. But also active oxygen around the tissues can cause damage. Oxygen can reach a souped-up stage we call a super- or "free radical", which can be very destructive. That's why we take antioxidants.

But again, there is benefit in the bad. You see, our immune cells deliberately create free radicals from oxygen, to "zap" or destroy bacteria and other pathogens, including cancer cells (that's how dangerous free radicals are). Antioxidants are then needed promptly, on the spot, to quickly mop up the damaging weapons just created, before they damage us! It's all very paradoxical and scientists are not nearly humble enough in the face of these natural mysteries.

There is, however, one other important definition of oxidation you need to know. Oxidation is taking electrons. The opposite process, reduction, is giving electrons. So good oxidation sources need to have readily available electrons. Movement of electrons, especially across cell membranes, is crucial to oxygen enrichment—and therefore for fighting cancer.

Otto Warburg knew this and sought for dietary oils which were known to be electron friendly. He chose butyric acid to study. This was a mistake which cost him heavily. He was not able to create the effect that he predicted.

Now we know why and in a few paragraphs, you'll know too. It was just one of those unlucky turnings for Warburg. If he had chosen differently, everything since his Nobel Prize discovery would have been different.

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Electrons can vary in their state of activity. As they jump up and down different orbits in the atom, they gain or lose energy. Indeed, this is the entire definition of quantum physics. The energy given off when an electron falls to a lower orbit is in the form of a little packet of energy called a quantum (plural quanta). The fact that electrons are in either one orbit or the other, and no transition or in-betweens, was what was so shocking and radical about quantum physics. It violated all other physics processes up to that point.

Think of it like the moon being suddenly INSTANTLY a million miles further away, then next night it was INSTANTLY back where it was, no time to travel between the two locations.

Now I can tell you what a quantum jump really is: an instant re-location, with no process by which it happens. It just does. It scared physicists to death and some still can't hack it. Einstein himself famously couldn't believe in the weird new order of quantum physics.

Well, now you understand where quantum physics came from and you've got the proper definition of a quantum jump! (no extra charge).

Quantum biology?

At first it was thought that quantum physics had no relevance to biology and living systems. Now we rather think that's what's exciting and different about living systems: they are quantum by very nature, strange and semi-mystical!

Erwin Schroedinger, one of the founder-fathers of quantum physics, wrote a classic book called "What Is Life?" In it he was among the fist to point out that life had strange quantum properties. But mainstream biology is still fighting this (and, of course, the medical profession).

So, that was not a needless diversion. Warburg's oxygen theory and the amazing cancer cure it spawned is based soundly in quantum physics. See, we receive streams of highly charged photons from the sun (a photon is a light quantum). These interact with electrons here on Earth and can boost their energy, causing them to flip to higher states of energy and higher orbits. They can then release this energy later, for the benefit of living organisms.

This is important in biology, since ultimately all life energy comes from the Sun, as you know. Plants harness sunlight and turn it into food. Animals then eat the plants and the energy is passed on. Fortuitously, plants eat carbon dioxide and exhale oxygen; animals do the reverse. It's great synergy.

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Some foods capture the important Sun's quantum energy better than others. Oils (fats) are important in the oxygen transportation process, as Warburg deduced. Some fats (not all) retain the Sun's energy in the form of special double bond electrons called "pi electrons". These are pretty oxygen friendly electrons and like good fast "food" for living organisms.

Butyric acid wasn't good at this, unfortunately for Warburg. There were no double bonds with pi electrons. But there are two plant oils that do it very well: linoleic acid and linolenic acid. Although these substances are technically acids, they are essentially fats, hence the term fatty acids. Because the pi electron bonds are on the 3rd carbon position on the chain, we know these as omega-3 oils (omega is ancient Greek for the one at the end, as in alpha and omega).

So now some of what you already know will start to draw together.

In fact it was Johanna Budwig, of the Budwig diet fame (see section #9), who joined all the dots for us. A first-class scientist, she was well aware of Otto Warburg's discovery and his problem finding the answer. She looked for the richest plant source of pi electrons and found…

Flaxseed oil (aka. Linseed oil). The key ingredients are linoleic acid and linolenic acid.

Strictly speaking, Budwig wasn't the first. 1922 Nobel Laureate Otto Meyerhof conducted fascinating experiments in which linseed oil increased recovery times of frog muscle depleted of oxygen by 1,000 times!

Szent-Gyorgy earned the Nobel prize in 1937 by showing that linoleic acid, in combination with sulphur-rich proteins, stimulated the vital oxygenation processes of the body.

Johanna Budwig takes the main credit. She published her book "Komische Krafte gegen den Krebs" in 1951 (unusual arts against cancer, currently published as Komische Kräfte gegen Krebs, Elektronen-Biology , Freiburg im Brisgau, Hyperion-Verlag, 1966). Yet despite support from other scientific greats, like Fritz Popp and Albert Szent-Gyorgi, her work has been suppressed and ignored.

In fact there is more to this story. Budwig meticulously collected blood samples of thousands of patients and analyzed them. Uniformly, she found that sick people were deficient in linoleic acid, whereas healthy people had acceptable levels.

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But she also found that sick people lacked phosphatides. These substances are essential for normal cell division; cancer, of course, is corrupted cell division.

She also noticed a greenish tinge to the blood of very sick people, where it should be bright red. The greenish tinge was caused by lack of adequate oxygen. Without adequate linoleic acid, the body cannot produce an effective oxygen carrying system. Budwig theorized that supplying the essential fatty acids in combination with sulphurated proteins could restore health.

So, she reasoned, supplying the missing linoleic acid, together with sulfur proteins, should restore health. When she tested the theory, sure enough, within weeks the healthy phosphatides and lipoproteins began to appear in the blood. And, not surprisingly perhaps, the tumors of terminally ill cancer patients began to diminish.

Bad fats kill

Now, I hope, you see why Budwig's program of flaxseed oil and cottage cheese is so successful. It is, in effect, pulling down the Sun's energy to heal your reluctant cancer cells! The presence of protein and sulfur compounds is required and that is quickly supplied by cottage cheese.

Also this tells you why high fat diets are deadly and cause cancer (orthodox medicine too is quite clear on this point). Today "fats" mean almost entirely synthetic altered substances what cannot be metabolized properly and clog up metabolic pathways. Worse than that, they squeeze out any presence of good fats.

Not that there is much good fat out there. As we eat a diet so removed from that of a hunter-gatherer, we have too little natural food in our diet. Nowhere is this more important than concerning so-called "essential fatty acids". They are very unstable and just do not survive storage, transportation and cooking.

Fresh food is the answer

You can grind your own flaxseeds (get a coffee grinder). Unground seeds are worthless and pass straight through the alimentary canal.

You can also buy quality supplements but you need to be warned: REAL QUALITY FLAXSEED OIL IS RARE AND EXPENSIVE. The usual junk that is

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peddled, even in health food stores, is rendered useless before it even leaves the bottling plant.

Take only unrefined, cold-pressed virgin flaxseed oil, otherwise you won't get well. It must be kept in darkened glass bottles and stored in a chiller in the store. When you get it home put it straight in the refrigerator. Vitamin E may sometimes be added, as an antioxidant to keep it fresh.

How to take your sulfur!

I don't like dairy products and many people cannot tolerate them. As an alternative, use eggs. I take a frequent breakfast of omelet with fresh berries; I just pour lashings of flaxseed oil over the lot. Usually I add a half teaspoon of maple syrup too! Delicious!

You can serve steel cut oats porridge with the fruit and flaxseed oil. Tastes great. It's not a cancer treatment. You'll just need to get your sulfur from something else (like N-acetyl cysteine, s-Adenosyl methionine (SAMe) or MaxGXL).

Finally, you don't actually have to SWALLOW the oil at all. Just rub it on your skin! I find the inside of the thighs, where the skin is thinnest, works best. You can have someone give you a loving massage and rub in the oil. But remember it will stain clothing and sheets. You've been warned!

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*16. enzyme based therapies

To understand the next group of resources, we need to visit a little bit of scientific history. In 1902 a Scottish doctor, John Beard, published an interesting paper. He drew attention to the fact that when the placenta implants into the uterus, the way it burrows in and invades the mother's tissue is exactly like a cancer.

Why didn't the placenta just keep going and take over everything – like a cancer does? Nobody knew at the time but John Beard noticed that the placenta stops invading at exactly the moment when the infants pancreas starts to produce enzymes. If that doesn't happen, the deadly cancer of pregnancy - chorion-carcinoma - ensues which is capable of killing the mother and baby very quickly (today there is an excellent cure rate for chorion-carcinoma).

The cells of the placenta which invade are called the trophoblasts. Whenever you see the word "tropho" or "trophic" in science, it means feeding. These cells set out to establish the food supply line for the baby fetus.

Beard began to ask himself whether cancer cells, which look exactly like trophoblast cells—young, vigorous, unspecialized—could also be turned off by enzymes from the pancreas. In fact he went even further and speculated that cancer came from hidden trophoblasts cells in the body, left over from days in the womb, which got activated again, by stress and toxins. Perhaps normally these get picked off by enzymes but sometimes they do not and cancer is the result. So Beard called this the trophoblastic theory of cancer.

I think he hit the target right on bullseye and it's worth making sure you understand the implications of this theory and the treatments which result. Because it does work. Within a few years there were hundreds of clinics which sprang up offering pancreatic enzyme treatments for cancer patients. There were 40 centers in London alone.

Of course it was attacked as nonsense by the medical establishment. They attack everything as history shows, from good diet, to surgeons washing their hands and keeping everything clean, to anesthetics. But it wasn't that which saw Beard's work disappear. Not long afterwards Madam Curie came along and convinced people that X-ray was the way to go because it was so "safe" and "effective" and the pancreatic cancer cure was quickly abandoned. Marie Curie became famous and John Beard was promptly forgotten (that's called "scientific progress"!).

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But the story didn't die totally. William Donald Kelley, a dentist from Grapevine, Texas, cured himself of pancreatic cancer in the sixties, largely using Beard's theories, and went on to develop a nutritionally-based, do-it-yourself home cure for cancer which is probably over ninety per cent effective in patients who have not been overly destroyed by chemotherapy and orthodox treatments.

Dr. Beard believed the enzymes had to be injected, to prevent destruction by hydrochloric acid in the stomach. However, recent evidence demonstrates that orally ingested pancreatic proteolytic enzymes are acid stable and pass intact into the small intestine, where they are absorbed. Dr Kelley, whose dietary program I referred to in Part 1 of this series, had his own enzymes compounded and they certainly worked.

Dr Nicholas Gonzalez, one of the doctors you should meet if you are interested in this line of treatment, took the time to evaluate Kelley's work, while still a medical student. Eventually, what began as a student project developed into a two-year formal research effort which he pursued during my formal immunology training.
Gonzalez reviewed nearly 10,000 of Dr. Kelley's patient records and interviewed over 500 patients with appropriately diagnosed advanced cancer. This included 50 of his patients initially diagnosed with a variety of poor prognosis cancer, all of whom had enjoyed long term survival and/or apparent regression of disease while following their nutritional regimen. Gonzalez also studied 22 patients with near terminal pancreatic cancer. 10 of these patients had visited Kelley only once and had never followed the protocol: these individuals had been discouraged from proceeding largely because of the negative influence of family and physicians who thought Kelley to be an outright fraud.

This group of people, sadly, had a survival average of only 60 days, making them a useful control group. Among the remaining 12 patients, Gonzalez found a number who had survived far beyond what would be expected for the disease, including one patient with pancreatic cancer to the liver who had, when last contacted, been alive over ten years from her original diagnosis.

Despite the careful documentation of all these successes, no one in academic medicine could accept that a nutritional therapy might produce positive results with advanced cancer patients.

In 1986, probably as a result of endless pressures, Dr. Kelley gave up research and patient care, and I myself have not spoken to him or any of his associates since 1987. He passed away in January 2005.

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But Gonzales pressed on. He carried out a pilot study in 10 patients suffering inoperable adenocarcinoma of the pancreas, with survival as the endpoint. Pancreatic cancer cases were chosen because the prognosis for the disease is so poor, and an effect could be seen in a small number of patients in a short period of time.

Gonzales was told that if three of ten patients lived a year, that would be considered a positive result. What actually happened was that, of 11 patients with only weeks to live, nine (81%) lived one year, 5 lived two years (45%), 4 lived three years (36%) and two have lived longer than four years. You can compare that with a study at about the same time, of the newly approved drug gemcitabine. Of 126 patients with pancreatic cancer not a single patient lived longer than 19 months and yet that was considered a "successful" drug.

I hope you are getting the picture here! Do not listen to the propaganda about conventional treatment. It comes nowhere near the success rate of certain properly run alternative therapies. Yet they call that science. Anyone who tries to help in other ways is attacked bitterly and hounded out of town. One doctor with a cancer cure was shot at repeatedly, until he closed down his clinic.

Despite the careful documentation of all these successes, no one in academic medicine could accept that a nutritional therapy might produce positive results with advanced cancer patients.

It's partly jealous vested interests, guarding its dollars. But also pretty plainly it's also about extravagantly overpaid incompetents and liars not wanting to be shown up for what they are but someone doing a better job for a fraction of the cost.

You Need Good Enzyme Products To Get The Result

It should go without saying that you need the proper, the real pancreatic enzymes and not the mediocre substitutes that you buy on the Internet. I'll tell you a good product shortly. Also it is important to understand you do not simply and only take panreactic enzymes. Kelley had a very strict health regime, covering all aspects of what a patient ate. Gonzales' therapy itself is quite complex, but basically involves three components: diet, aggressive supplementation with nutrients and enzymes, and detoxification. The protocols are individualized and each patient receives a diet designed for his or her specific needs. The diets are quite variable, ranging from a pure vegetarian program to a diet requiring fatty red meat 2-3 times a day.

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The supplement regimens are also individualized, and intense: each cancer patient consumes between 130 and 175 capsules daily. Non-cancer patients will require considerably fewer supplements per day. The supplement regimens include a range of vitamins, minerals, trace elements, anti-oxidants and animal glandular products, prescribed according to the particular patient's needs and cancer type. These nutrients do not, Gonzales believes, have a direct anti-cancer effect, but instead serve to improve overall metabolic function. In addition to these supplements, every cancer patient takes large quantities of freeze dried porcine pancreatic enzymes in capsule form, which Gonzales believe provide the main anti-cancer action.

The animal glandular products and pancreatic enzymes that we use are derived from animals raised in Australia and New Zealand, where there has been no history of BSE (mad cow disease) or other prion diseases such as scrapie. The animal husbandry regulations in Australia and New Zealand are the strictest in the world, and prohibit the feeding practices that have caused problems in other countries.

The third component of the protocol involves what we call "detoxification" routines. On this therapy, we find that as patients repair and rebuild, large amounts of metabolic wastes and stored toxins are released. As a result, patients routinely develop a variety of symptoms, most commonly described as "flu-like," such as low grade fevers, muscle aches and pains, even rashes which may be from destruction of the tumor or just from removing the chemical pollutants I referred to in part 1.

Part of "Detoxification" refers to procedures such as the coffee enema, which are believed by alternative practitioners to stimulate liver function and in turn, the processing and excretion of metabolic wastes. The coffee enemas are done twice daily, and patients most commonly report symptomatic relief.

Coffee enemas have been discussed in the orthodox medical literature for the better part of this century. Many nursing texts routinely recommended coffee enemas, and the Merck Manual advocated coffee enemas as a stimulant in all editions from the first in 1898 through 1977.

Ignore Dr. Andrew Weil on enzymes. He misleadingly states they are not absorbed when taken orally. Studies on blood leves show clearly that serum levels RISE after oral ingestion of enzymes.

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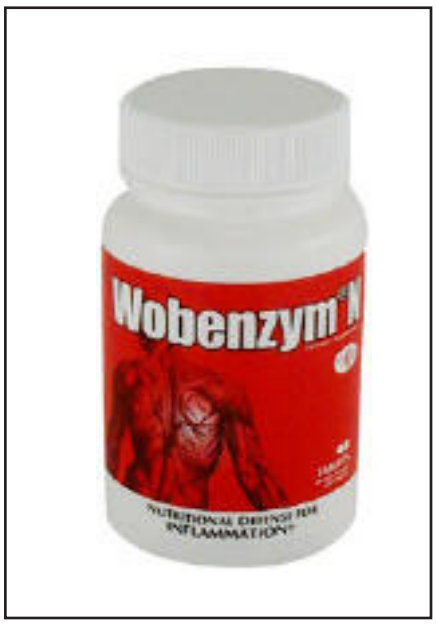
WOBENZYME The Enzymes You Can Take For Yourself.

So you see, there is a lot to the pancreas enzyme approach. Let me now give you some understanding, which makes it almost imperative that you take at least SOME quality enzymes.

There are many enzymes in biology, indeed a dazzling array for every function of the cell. Enzymes make important chemical reactions occur at body temperature, which otherwise might need heat. But here we mean digestive enzymes or their equivalent, usually from animal pancreas sources. Bromelain (from pineapple) and papain (from papaya) are also able to digest proteins and other complex biological molecules, safely and effectively. Why is this important?

Most tumours and cancer cells are covered by a sticky resistant mucous/protein coating, which makes them safe from immune cells and even protects them to a degree, from chemotherapy. We can use a mixture of enzymes to dissolve away this protective coat, leaving the cancer cell naked and vulnerable. It can then be poisoned and quickly gobbled up by the body's defences. It will also help chemo because the deadly chemical will be more likely to reach the core of the cancer cells and choke it to death.

There are many enzymes replacement products on the market. Look for preoteolytic enzyme (trypsin) or pancreas-type names (Pancreatin, or such), or even pancreas extract. Enzyme mixtures of this sort cool inflammation and so they also have a use against heart disease and blood clotting disorders, arthritis, asthma, and inflammatory bowel disorders. Alternative doctors will take an enyme formula after sports exertion, to curb the aches and pains (which are also largely inflammatory in nature).



But the important role here is that of stripping off the protective coating from cancer cells.

A number of proprietary brands exist, of which I can recommend German brand Wobenzyme, available widely. A typical dose regime would be 12- 20 capsules a day. As a proprietary product, it tends to be expensive. Wobenzyme contains bromelain, papain, as well as trypsin, chymotrypsin and pancreas extract.

So far so good then!

*17. herbs

Next, let's come onto herbs and related matters. Herbal cures have been around for centuries and you can bet a good few are effective against cancer. Some have even been specially formulated to treat cancer.

Most famous of all is probably Essiac. But first let me introduce a startling study from China. A lot of good medical science is coming out of Asia these days. They certainly don't have the prejudices against traditional therapies that are prevalent in the West.

Recently a keynote Chinese clinical trial was undertaken to study the anti-cancer benefits of two herbs formulas, "Y" and "C". These mixtures were:

"Y" Formula: schidigera yucca, licorice root, fennel seed, clove buds, anise seed, cinnamon bark, etc.

"C" Formula: burdock root, rhubarb root, slippery elm bark, sheep sorrel.

This article has summarized 583 cases of taking "C" Formula and "Y" Formula (288 cases of cancer, 84 cases of asthma, 176 cases of rhinallergosis, 35 cases of lupus erythematosus). Of the 288 cases of cancer patients, 145 cases were notably effective, accounting for 50.37%; 100 cases were effective, accounting for 34.70%.

The most effective cases were observed on the patients with intestinal cancer, malignant lymphoma, nasopharyngeal carcinoma, leukaemia. In everyday figures 85% great success, 15% moderately effective, 15% not much use. This is better than chemo anyway but don't forget the added bonus: these herbs were shown to be harmless in test doses administered to mice which were 555 higher than the clinical herbal dose!

Of the 84 cases of asthma, 11 were healed, 30 were notably effective, 36 were effective, and the total effective rate was 92.47%. Of the 176 cases of rhinallergosis, the total effective rate was 94.89%. For the 35 cases of lupus erythematosus, the total effective rate was 92.86%.

Generally speaking, the combined use of "C" Formula and "Y" Formula on the same patient was very effective on strengthening /adjusting the function of the immunologic system of the human body. Otherwise, the independent use of either of the drugs was not as effective. For more than seventy years, the

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two drugs have been indeed effective in cancer prevention and treatment. Tea, in fact, can be medicine with good taste and enjoyable. However, since the essential ingredients of "C" Formula and "Y" Formula are pure herbs, "C" Formula and "Y" Formula should be classified as effective medicine.

Remedy "C" above is essentially the Essiac formula...

Essiac

Probably the most famous herbal cancer remedy is Essiac, named after Canadian nurse Rene M. Caisse (her surname in reverse). She claimed it was an ancient Ojibway Indian formula. Wherever it came from, its claim to success is riding high.

There are many stories of its efficacy though, until the above trial in China, no actual scientific studies. It may help, it's harmless and at worst would be a waste of money, so you may care to try it. There are hundreds of sources on the Internet and you will have to satisfy yourself of their potency and authenticity. In recent years, this formula has gained notoriety.

There are interesting, substantiated accounts of its recent use in the treatment of cancer. Dr. Gary Glum has investigated and written extensively about the Essiac Formula in his book, "Calling of An Angel." The formula became known through the work of Rene Caisse, a nurse who obtained it from a patient who had received it from an Ojibway herbalist.

In the early 1920's, Caisse, who lived in Canada, began giving the preparation to any one who requested it as a treatment for cancer. It is reported that even the worst cases were cured or lived longer than expected and were free of pain. As one would expect, the government became involved. More than 55,000 signatures were collected on her behalf, thus allowing her to continue her work.

When Caisse died in 1978, the Canadian Ministry of Health and Welfare destroyed all of her documents. Isn't it amazing that there are so many well-documented cases of the destruction of records of this nature that have occurred in nations where free speech is supposedly protected?

"Book burning" is obviously not just an historical event that happened in Nazi Germany! One has to wonder why democratic countries feel compelled to suppress knowledge of any kind?

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The treatment and control of cancer is an immense multi-billion dollar industry. The prevention and cure is not. Dr. Charles Brusch, personal physician to President John F. Kennedy, treated thousands of patients with cancer. Dr. Brusch stated that Essiac was a cure for cancer and was placed under a "gag-order" by the Federal Government. Dr. Brusch treated and cured his own cancer with Essiac and his records are still preserved.

The most important herb in the formula is SHEEP'S SORREL and it is non-toxic. This herb is banned in Canada and in the United States. It is, however, an extremely common weed and easily found by anyone who recognizes it. It is not the only herb that has been banned when news of its use in cancer got out. Rene Caisse had been given special permission by the Canadian Government to treat individuals with cancer. As in so many instances of a similar nature, the cases were limited to certified and well-documented terminally ill patients declared incurable by the establishment. She was not allowed to charge for her services. Many of these hopeless patients lived more than thirty-five years after treatment. Caisse also discovered that the ESSIAC FORMULA was a preventative for many diseases and was effective in correcting thyroid disorders, stomach ulcers and diabetes. Recently it has been used in the treatment of AIDS.

The ESSIAC FORMULA consists of four herbs:

Sheep's Sorrel (Rumex Acetosella) - 16 ounces in powdered form
Burdock Root (Arctium Lappa) - 6 1/2 cups in cut form
Rubarb Root (Rheum Palmatum) - 1 ounce in powdered form
Slippery Elm Bark (Ulmus Fulva) -.4 ounces in powdered form

Hoxsey Herbs

For over three decades, Harry Hoxsey (1901-1974), a self-taught healer, cured many cancer patients using an herbal remedy reportedly handed down by his great-grandfather. By the 1950s, the Hoxsey Cancer Clinic in Dallas was the world's largest private cancer center, with branches in seventeen states. Born in Illinois, the charismatic practitioner of herbal folk medicine faced unrelenting opposition and harassment from a hostile medical establishment.

Nevertheless, two federal courts upheld the "therapeutic value" of Hoxsey's internal tonic. Even his arch-enemies, the American Medical Association and the Food and Drug Administration, admitted that his treatment could cure some forms of cancer. A Dallas judge ruled in federal court that Hoxsey's therapy was

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"comparable to surgery, radium, and x-ray" in its effectiveness, without the destructive side effects of those treatments.

But in the 1950s, at the tail end of the McCarthy era, Hoxsey's clinics were shut down. The AMA, NCI, and FDA organized a "conspiracy" to "suppress" a fair, unbiased assessment of Hoxsey's methods, according to a 1953 federal report to Congress.

Attacks even included an unprecedented "Public Warning Against Hoxsey Cancer Treatment" which the Commissioner of the FDA ordered mounted in 46,000 US post offices and substations in 1956 (Young, 1967, 387; Larrick, 1956).

Hoxsey's Dallas clinic closed its doors in 1960, and three years later, at Hoxsey's request, Mildred Nelson, R.N., his long-time chief nurse, moved the operation to Tijuana, Mexico.

The Truth

In the years since that time science has discovered anti-cancer substances in virtually all Hoxsey's herbs. For instance, bloodroot contains an alkaloid, sanguinarine, that has powerful anti-tumor properties.

Medical historian Patricia Spain Ward reported "provocative findings of antitumor properties" in many of the individual Hoxsey herbs when she investigated the Hoxsey regimen in 1988 for the United States Congress's Office of Technology Assessment.Ward noted that "orthodox scientific research has by now identified antitumor activity" in most of Hoxsey's plants. [Patricia Spain Ward, "History of Hoxsey Treatment," contract report submitted to U.S. Congress, Office of Technology Assessment, May 1988, p. 8.]

For example, two Hungarian scientists in 1966 reported "considerable antitumor activity" in a purified fraction of burdock. Japanese researchers at Nagoya University in 1984 found in burdock a new type of desmutagen, a substance that is uniquely capable of reducing mutation in either the absence or the presence of metabolic activation. This new property is so important, the Japanese scientists named it the B- factor, for "burdock factor." [Kazuyoshi Morita, Tsuneo Kada, and Mitsuo Namiki, "A Desmutagenic Factor Isolated From Burdock (Arctium Lappa Linne)," Mutation Research, vol. 129, 1984, pp. 25-31, cited in Ward, op. cit., p. 7]

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The basic ingredients of Hoxsey's internal tonic are potassium iodide and such substances as licorice, red clover, burdock root, stillingia root, barberis root, pokeroot, cascara, prickly ash bark, and buckthorn bark.

Again the formula is no secret and there are plenty of people willing to sell it to you on the Internet.

Echinacea

"It has been found in hundreds of medical and scientific tests conducted worldwide, to stimulate and boost almost every aspect of your immune system. It helps the body create more immune blood cells....It is famous for cancer and should be used two weeks on and one week off until health returns...I have had many patients recover from cancer, some from AIDS and other degenerative diseases, and all of them used Echinacea as a foundation part of the program."--Dr Richard Shulze.

Ginseng (Eleutherococcus)

It helps to know there are several plants by the name "Ginseng". The one grown on the islands of the Indian Ocean is Hydrocotylee asiatica; Panax quiquefolius or American ginseng has been shown effective against liver cancer. Classic Siberian ginseng is Eleutherococcus sentiocus boost white cells and so logically helps against cancer.

Chapparal (creosote bush)

This common shrub of the American South-West, is usually prepared in the form of a tea. As expected, the pharmaceutical industry is again trying to out-do nature by exploring the anti-cancer properties of what they refer to as the "active ingredient," Nordihydroguaiaretic acid (NDGA).

Chaparral is commonly referred to as the creosote bush. NDGA was shown by S. Birkenfeld to reduce the occurrence of colon cancer in rats, fed a chemical that induced that cancer.

D.K. Shalini demonstrated NDGA's ability to protect genes against carcinogens and published this experiment in Molecular Cell Biochemistry, 1990.

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The breast cancer preventive effect of NDGA was demonstrated by D.L. McCormick and A.M. Spicer (Cancer Left., 1987).

Leukemia cell cultures were inhibited by NDGA (A.M. Miller, Journal of Laboratory Clinical Medicine, 1989) Human brain cancer cell growth was likewise inhibited by NDGA (DE. Wilson, Journal of Neurosurgery, 1989.)

Cancer cell inhibition was intensively explored in the doctorate thesis of J Zemora (Auburn University, 1984) Regression of the deadly melanoma and treatment of choriocarcinoma and lymphosarcoma have been sited by CR. Smart in Cancer Chemotherapy Reports, 1969, and American Cancer Society, 1971.

D. Vanden Berghe demonstrated the anti-cancer and anti-viral activity of other chaparral extracts and P. Train wrote of use as an anti-bacterial.

Because of a rare case in which signs of liver damage showed up after several months of taking chaparral leaf, M. Katz in the Journal of Clinical Gastroenterology, 1990, warned that "the public and the medical profession must be wary of all 'harmless' non-prescription medications, whether purchased in pharmacies or elsewhere."

Cannabis (Marijauna, hash)!

Marijuana, is the best known of all mind-altering herbs. Although every sin on the face of the earth has been blamed on its use, A.E. Munson, et al., in the Journal of the National Cancer Institute in 1975, wrote of the anti-neoplastic activity of marijuana derivatives. To the amazement of all readers, it described the retarding effect on the growth of lung cancer in mice in as little as ten days and even more pronounced beneficial effects, with continued use.

Marijuana has also been used by cancer patients to counteract the nausea and vomiting caused by chemotherapy (P. V. Tortorice, Pharmacotherapy, 1990; H.J. Eyre, Cancer, 1984).

Science has determined that the two effective ingredients are dronabinol and nabilone (N. Lane, American Journal of Clinical Oncology, 1990), which may solve the problem of social acceptability (despite wishes to the contrary. Marijuana is still illegal). However, A.M. Dalzell, in the Archives of the Diseases of Children, 1986, pointed out that Nabilone had a higher incidence of side effects than occurred when smoking marijuana!

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Let me add my own word of caution:

A new study has shown that smoking marijuana as often as weekly over an extended period of time appears to greatly boost a young man's risk for developing a particularly aggressive form of testicular cancer, the nonseminoma, which accounts for about 40% of all cases.

However, no link was found between the drug and a less aggressive and more prevalent form of the disease, known as seminoma, which strikes 60% of testicular cancer patients.

According to the U.S. National Cancer Institute, testicular cancer is rare, accounting for just 1% of cancers among American men (it is one in a hundred rare?) Nevertheless, the disease is the most common cancer for men between the ages of 15 and 34.

Across North America, Europe, Australia and New Zealand, testicular cancer rates have doubled in the past half-century. That has led some researchers to suggest that the upward trend might be due to a simultaneous and comparable rise in the use of marijuana.
[Source: Feb. 9th 2009 online issue of the journal Cancer]

Graviola

An exciting herbal preparation for cancer comes from the seeds, leaves, bark and stem of the South American plant **Annona muricata**, generally known as Graviola. In fact there are many other plants in this genus, various of which yield extremely potent cytotoxic substances. These are especially effective against prostate and pancreatic cancers and work well even against lung cancer.

Much of the research on Graviola focuses on a novel set of phytochemicals called annonaceous acetogenins (annonaceous just means form Graviola plants). The potent antitumor and pesticidal properties of these annonaceous acetogenins have been reported and patented.

Purdue University has conducted a great deal of research on annonaceaous acetogenins, much of which has been funded by The National Cancer Institute and/or the National Institute of Health (none of it clinical trials, please note).

In 1997, Purdue University published information with promising news that several of the Annonaceous acetogenins: "not only are effective in killing tumors

that have proven resistant to anti-cancer agents, but also seem to have a special affinity for such resistant cells."

In several interviews after this information was publicized, the head Purdue pharmacologist in Purdue's research explains that cancer cells that survive chemotherapy may develop resistance to the agent originally used against them as well as to other, even unrelated, drugs.

"The term multi-drug resistance (MDR) has been applied to this phenomenon," he says. He explains that such resistance develops in a small percentage of cancer cells when they develop a "P-glycoprotein mediated pump" capable of pushing anti-cancer agents out of the cell before they can kill it.

"A multi-drug resistant cell requires a tremendous amount of energy to run the pump and extrude things out of the cell," Purdue head pharmacolgist says. "When we mess with the energy supply, it kills the cell!"

You will hear claims that one exciting study at Purdue showed that an acetogenin in Graviola was selectively cytotoxic to colon adenocarcinoma cells in which it showed 10,000 times the potency of adriamycin (a chemotherapy drug). Once again, the level-headed Ralph Moss comes in with the the real facts.

What Dr. X.X. Liu and colleagues actually stated in 1999 was that: "Annoglacins A and B were selectively 1000 and 10,000 times, respectively, more potent than Adriamycin against the human breast carcinoma (MCF-7) and pancreatic carcinoma (PACA-2) cell lines in our panel of six human solid tumor cell lines."

But these were annoglacins, from a different tree altogether! (Annona glabra, a Polynesian tree called the pond or alligator apple).

There is no question, however, of the power of derivatives of the annona species. Another study showed that six acetogenins (four known and two newly discovered) exhibited significant activity in cytotoxic tests against two human hepatoma cell lines [J Nat Prod. 2002 Apr;65(4):470-5].

Another review in the Skaggs Scientific Report 1997-1998 states, "Annonaceous acetogenins, particularly those with adjacent bis-tetrahydrofuran (THF) rings, have remarkable cytotoxic, antitumor, antimalarial, immunosuppressive, pesticidal, and antifeedant activities.

Mode of action studies in three separate laboratories have shown that acetogenins are superb inhibitors of the mitochondrial electron transport systems from several tissues and organisms, including tumors. Mitochondria are the life

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energy machines within the cells, so screwing up that mechanisms would be expected to have disastrous effects on a cell.

The great thing is that Graviola is pretty non-toxic (unlike chemo). The dose required to kill cancer cells is way below that which will injure healthy human cells.

There are a lot of published studies showing it's remarkable effect. Of course most of this has come from pharmaceutical science laboratories, in the hope of tracing something which can be patented and sold for indecent profit.

However the spin off has been a lot of credibility for a simple herbal preparation. Although the often-quoted finding "10,000 more powerful than chemo" is an overgenerous mis-quotation of one narrow finding, there is no reason to doubt that Graviola will benefit more than just colon cancers.

Given it's low toxicity, good science backing it and reasonable market price, I recommend anyone working against their cancer might try it.

But please remember what you get (?questionable) in capsules bought on the Internet may bear little relation to the strength of substances used in these trials.

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*18. fungi and mushrooms

This Is Beyond Diet!

Fungi and mushrooms are related to herbal medicines but not quite the same. The fungi are a remarkable group of organisms that don't need light to synthesize their own food. What we call mushrooms and toadstools are simply the visible fruiting bodies on what is a much larger organism, covering sometimes up to hundreds of square feet, called the mycelium.

The medicinal properties of mushrooms have been known since ancient times. Now modern science backs up virtually all that has been claimed for mushrooms and fungi. They are immune modulators, anti-viral, antibacterial and anti-cancerous. There are several fungi that you need to be aware of with strong anti-tumor properties. Probably the most important for cancer patients is the Turkey Tail fungus and possibly the most well-known is the Shiitake.

Broadly speaking the edible fungi can be divided into those with culinary merits and those which are purely medicinal. There is some overlap; for example, the shiitake mushroom is a well-known Japanese delicacy and has now spread to the West.

Shiitake stimulates the immune system about a hundred times more than the common white button mushroom. Maitake does much more to aid the immune system than morels, portobellos and chanterelles etc. The very tasty oyster mushroom (Pleurotus ostreatus) is enjoyed for its antibacterial anti-viral blood pressure moderating and cholesterol reducing qualities.

The key to the effectiveness of mushrooms is a substance called beta glucan, a large and complex polysaccharide (sugar chain) known to be an effective antitumor agent. One of the first clinical experiments with beta glucan took place in 1975. Dr Peter Mansell of the National Cancer Institute tested beta glucan as a treatment for malignant melanoma, one of the most dangerous forms of cancer known. He injected beta glucan into the melanoma nodules and noted with satisfaction that they were "strikingly reduced in as short a period as five days" and in some instances "resolution was complete".

Note that yeast beta glucan, commonly sold via MLM networks, is largely ineffective. They love to quote the science but this, if you look closely, is always experiments on the mushroom beta glucan and is NOT applicable to the products they sell (I have a saying: there is science, damned science and then MLM science!)
Mushrooms contain more than just beta glucan, of course: amino acids such as lysine and tryptophan and vitamins such as C, K, nicotinic acid (vitamin B3),

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riboflavin (B2) pantothenic acid (B5). There are also other complex substances, such as terpenes and steroids.

Reishi

Let's start with the Reishi mushroom (Ganoderma lucidum). To the ancient Chinese this mushroom was called **Lingzhi** meaning "spirit plant". According to legend, Taoist priests in the first century were supposed to have included the mushroom in magic potions that granted those who consumed them longevity eternal youth and immortality. In Chinese art the Reishi mushroom is a symbol of good health and long life; symbols of it abound everywhere.

Clinical studies have confirmed Reishi has properties as an anti-inflammatory, antioxidant, BP and blood sugar moderator and cholesterol reduce. Reishi contains over 100 bioactive immunomodulatory substances, including beta glucan. One of its additional properties is that it protects the patient from the side effects of radiation, especially protecting from lowering of white blood cells which can be disastrous.

More importantly, studies have shown that Reishi significantly increases three immune signalers known to help the immune system destroy cancer cells. The macrophages and monocytes and T-lymphocyte all increased their production of TNF alpha, interleukin-1-beta and interleukin-6—but not above normal levels which would be toxic to healthy cells.

Reishi inhibits angiogenesis (the development and growth of blood vessels feeding the cancer) in prostate cancer. It's also effective against bladder cancer, lung, breast and the dreaded hepatoma (liver cancer).

When I say "effective" beware I do not mean it has as good an effect in killing cells as chemo does. But there is a strong measurable effect, due to the increased immune activity it stimulates.

Next let's look at Maitake (Grifola frondosa). Maitake means "dancing mushroom". In Europe it is known as "Hen Of The Woods " and is sometimes called the King Of Mushrooms because of its size.

Maitake is a delicious culinary mushroom but also valued for its medicinal properties. Once again it has benefits in blood sugar control, cholesterol levels and hypertension. Maitake has been shown to be especially effective in prostate cancer. Scientists tested cancer cells in vitro (in a test-tube) against a purified

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beta glucan extract from Maitake called Grifon--D. After only 24 hours all the prostate cancer cells were dead. What's really interesting is that the scientists then went on to test the mixture of Grifon-D and vitamin C. When vitamin C was present only 1/8 of the dose of vitamin C was necessary to kill the cancer cells.

It seems likely then that Maitake combined with chemotherapy could be highly effective and that's exactly what is found. Even when there was little effect on the tumor, the unpleasant side-effects such as loss of appetite vomiting nausea hair loss and pain were much reduced. Maitake is most effective against breast, lung and liver cancers, though less effective against bone and stomach cancers or leukemia.

Turkey Tail

Next comes the Turkey Tail mushroom (Trametes or Coriolis versicolor). Turkey tail is the only known medicinal mushroom with habitats throughout forests worldwide and in North America is the most common wood-recycling mushroom. Is its presence in ancient forests here in the USA (now down to just 4% of the primordial forest) makes these remaining woodland habitats a critical scientific, medical and sociological treasure, as well as an awesome botanical heritage.

Turkey Tail mushroom gets its name from resemblance a turkey's tail plumage

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Turkey Tail mushroom has been the focus of over 400 clinical studies which have demonstrated meaningful antitumor chemo protective and immunomodulating effects. Turkey Tail mushroom contains a unique polysaccharide called polysaccharide-K (PSK) that increases gamma interferon production, improves T-cell proliferation and enhances immune function. Interestingly it has very little effect on normal healthy cells. You will recognize this is the chemo drug "Krestin".

Recent studies indicate that PSK is powerful at destroying tumors by setting up an antigen-antibody specific response. It is usually prescribed to cancer patients who have had a tumor removed surgically and are undergoing subsequent chemotherapy or radiotherapy. It's particularly useful for colon, lung, stomach and esophageal cancer and has virtually no side-effects.

In a 10-year study of 185 lung cancer patients 39% of patients who took PSK survived compared to only 16% in the non-PSK group; that is more than double. Of stage III cancer patients, 22% survived with PSK but only 5% of patients who did not take PSK. That's more than quadruple the survival rate.

In another 10 years study 81% of patients who took PSK survived while only 64.5% of patients with chemotherapy alone survived.

There was a certain amount of euphoria early on about PSK. This needs to be moderated and the current wisdom in the conventional arena is that PSK can very significantly increase survival rates when used in conjunction with chemo or radiotherapy but not necessarily on its own.

I'm speaking about the attitude of my colleagues in Japan, of course. Here in the USA mushrooms are just laughed at or declared a dangerous fraud by the medical profession.

The most famous of all.

Next Shiitake. It produces a growth inhibiting beta glucan called Lentinan (from shiitake's scientific name Lentinula edodes). Scientific trials of Lentinan organized by the Japanese government's Health and Welfare Ministry (like the FDA) have shown that Lentinan is effective in treating many kinds of cancer. However it does not have any direct anticancer activity. In other words when Lentinan is put in a test-tube with cancer cells they are not harmed. But when injected into the body, Lentinan triggers the production of T-cells and natural

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killer cells which are murderous to cancer. Thus Lentinan is often prescribed to patients who have undergone chemotherapy and radiotherapy as a means of revitalising the patient's immune system.

Regrettably Lentinan has not been approved by the FDA and so is not available in the USA. This is ridiculous; Lentinan is very safe and has no significant side-effects at clinical doses. So you would have to eat a lot of shiitake, but hey, this mushroom is delicious!

Phellinus linteus

Phellinus has been a little known mushroom outside the Korean peninsula until recently, so it has no common name. However it's health properties have been long known. Traditionally the mushroom is boiled in water and drunk as a tea but it is also sometimes soaked in wine or whisky before drinking. Phellinus is used as an active ingredient in skin creams because of its beneficial effects.

Scientists in South Korea tested Phellinus to see if it could work alongside adriamycin, a common chemotherapy drug. They especially studied the problem of metastasis—that's the way in which cancer spreads beyond its original site to other parts of the body.

They tested Phellinus on mice and found the animals which took only the mushroom had the highest survival rate. With adriamycin alone, tumor growth was inhibited but it did little to stop metastasis. The combination of the two was effective in inhibiting tumor growth but did not inhibit the spread.

The scientist's conclusion was that Phellinus might be of use in conjunction with chemotherapy drugs such as adriamycin. I find this baffling, since it did little to prevent the spread of metastasis and the study showed quite clearly that Phellinus alone had the best results. But perhaps it's too much to expect that a conventional doctor would recommend a mushroom over orthodox chemotherapy.

Phellinus, like most mushrooms, doesn't work by directly killing cancer cells, but by enhancing the immune response. Examples like this tell you, over and over, that the immune system is what kills cancer and it is your most precious resource. Unfortunately it risks harm from chemo poisons and radiation, which is why I counsel you to protect your immune system with every nutrient you can muster, if you choose to go that route.

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Incidentally, the website of the Democratic People's Republic of Korea (North Korea) is said to present a table summarizing the clinical results observed in 50 patients with diverse malignancies such as long liver stomach: larynx breast and survival cancers as well as lymphoma. I couldn't find it (very user unfriendly site). In any case, you would expect me to warn young that the Korean government may be tried to enhance the potential export product with fake science. But if it was totally reliable information it would not surprise me, since it aligns with what we already know from credible scientific sources.

Let me now just name a few more species. You can research more of these yourself. Or wait for version 2.0 of Cancer Confidential!

Other mushrooms with recognized anti-tumor capability are:
Lion's Mane (Hericium erinaceus), Cordyceps sinensis, Royal Sun Agaric (Agaricus blazei), Agaricus bisporus (portobello strain) is good for skin cancers, and Chaga (Inonotus obliquus) .

It just remains to enter a few words of caution:

Firstly, on no account go out and start harvesting mushrooms yourself and trying to make home-brew extracts. You'll likely kill yourself. The Fungi are an enormously large range of organisms and the difference between safe ones and those which kill can be very subtle. It takes an expert to safely identify edible mushrooms.

Of course if you live in France or anywhere civilized which really KNOWS food, you can go into any pharmacy and they will identify any mushrooms you gather. But really, you are safer not collecting your own, unless you are a botanist or better still a mycologist (fungologist).

There is an additional problem, which may not be obvious to you, which is getting a predictable dose. It's something which bugs even commercial fungi extracts which you may find for sale on the Net. Let me warn you that the vast majority of products offered are totally worthless, no matter even if the vendor is sincere and well-meaning. It is very difficult to get a regular, effective dose and keep it consistent. Most mushroom "extracts" tested contain little or nothing of worth to you in your fight against cancer.

See, part of the difficulty is that fungi are protected by a membrane coat of chitin. That's same stuff insect cases and your fingernails are made of. Just grinding up mushrooms isn't going to get at the best of the content. It needs a heat extraction process to get at the good stuff, by breaking down the chitin.

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This, of course, is counter-intuitive to most alternative healers and practitioners, who know that heat normally destroys nutrients.

Let me assure that in this case it's a waste of money, if not extracted properly, and 99% or manufacturers don't even know this, never mind practice it!

To get you over this problem I have identified a range of mushroom products that meet all the necessary requirements for health and effectiveness. They are organically grown, under strict natural conditions, in a special facility Oregon State (which also, incidentally, supplies the WHO with fungal medicines, for treating the populations of Third World Countries). These are the most potent full-spectrum myoceutical products ever produced.

You can get more details on my website at:

www.alternative-doctor.com/mushrooms/

*19. homeopathic mistletoe

A special case of herbal medicine is homeopathy and homotoxicology. Homotoxicology is a more modern form of homeopathy and is widely used in Germany and elsewhere. Homeopathy was once a major medical discipline in the USA, until the Flexner report of 1910 which closed down 80% of medical schools and recommended that all homeopathic medical schools be closed down because they were not based on real science—he said.

This overlooks that most so-called "science" in medical schools is really propaganda and marketing of drugs, not science. It also overlooks many studies showing that homeopathy is as effective or even more effective than drugs.

The fact is that homeopathy has been around for centuries—a lot longer than drug-based medicine. Moreover homeopathy was getting good results at a time when conventional physicians were still blood letting and using leeches.

Homeopathy is a system that has been described as using like to treat like. It uses diluted therapeutic preparations of substances like Carcinominum, which is made from actual cancer cells, to treat cancer.

Mistletoe as Iscador

Did you know that Iscador (homeopathic preparation of mistletoe) is the most commonly prescribed oncological drug in Germany? Actually, according to the Wikipedia entry, some 60% of all oncological treatments in central Europe include some form of mistletoe!

You probably didn't know that. Any inconvenient truths are suppressed by the US medical mafia and their media allies.

They cling here to the feeble obsession that the US way is the "only way" and by inference, therefore the correct way. Of course this has more to do with protecting profits than any subsumed moral or scientific right. But it's curious, isn't it, that all humble and inexpensive treatments are "bad", "unproven" or even "dangerous"!

Iscador was originally introduced by German philosopher, educationalist and healer Rudolph Steiner (1861- 1925). Steiner went on to found a whole healing system called anthroposophic medicine—literally "human-loving".

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Iscador is actually a lactobacillus-fermented extract of the European mistletoe plant, **Viscum album** and is available here in the USA, by prescription, as the drug Iscar. None of what is written here applies to the American mistletoe, **Phoradendron serotinum** (we just don't know).

Viscum album, it's berry juices were likened to semen

A little colorful history

Do you know why we kiss under the mistletoe at Christmas? Millennia ago, in the days of the Druids in Europe, Yule was a highly celebrated event (it survives as our Christmas, which has nothing to do with Jesus' supposed birthday). The drink and partying went on for days. So did the wild promiscuous sex!

Mistletoe was the chosen contraceptive. A decoction of this sacred plant taken by women gave them a few days in which they could make whoopee, without the inconvenience of becoming pregnant.

Fast forward 3,000 years or more and today we settle for a coy little kiss under a sprig of mistletoe. My, how times have changed!

Other uses of mistletoe

Mistletoe has been known medicinally since the earliest times. The Druids were well aware of its fabulous healing properties and called it "All-Heal". Mistletoe growing on oak trees was especially prized. A Bronze Age burial found in

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England contained a skeleton covered with oak branches and mistletoe. The two plants have been associated with one another and held sacred in Britain since prehistoric times.

Mistletoe is, of course, very toxic and needs caution in use. It acts on the central nervous system: causing numbness, slowing of the heartbeat and is a specific against epilepsy: small doses stop spasms and convulsions. It is also prescribed as a diuretic, for high blood pressure, hardening of the arteries and chilblains.

Definitely not recommended as a contraceptive, even if it does work!

Anti-cancer properties

The tumor-fighting possibilities of mistletoe have been known for centuries.

As I reported, the use of mistletoe is still widespread in Europe, where it does not need to prove itself. Many cancer patients use natural supplements in conjunction with cytotoxic chemotherapy, but little is known about their potential interaction.

One survey showed that over 60% of all German cancer patients used mistletoe in some form—frequently in conjunction with standard cancer treatments such as radiation, chemotherapy, or surgery. [Bussing A: Mistletoe: A story with an open end. Anticancer Drugs 8:S1-S2, 1997 (suppl 1)]

Formulations are sometimes labeled based on the tree from which the mistletoe was harvested; M for **Malus** (apple); P for **Pinus** (pine); Q for **Quercus** (oak); and U for **Ulmus** (elm) with different effects attributed to each. Each varietal is considered right for different cancers.

So what about scientific proof?

I was coming to that. Surprisingly, conventional literature is littered with references to the use of various forms of mistletoe. I've resorted to just a few.

Multiple scientific reports suggest that Iscador augments the immune response. Iscador has been shown to increase natural-killer cell function and antibody dependent cell-mediated cytotoxicity. It enhance cytotoxicity of granulocytes and macrophages, and heighten delayed-type hyerpsensitivity response. Iscador has also been shown to stimulate T lymphocyte migration in vitro.

A landmark study was published in 2001 in the journal **Alternative Therapies in Health and Medicine**. It was designed to assess any improvement in

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survival times of patients with carcinoma of the colon, rectum, stomach, breast and lung.

Altogether 10,226 cancer patients were involved in this long-term study, including 1668 patients treated with Iscador and 8475 who had taken neither Iscador nor any other mistletoe product (control patients).

The outcomes were very good. The patients who took Iscador survived 4.2 years, on average; the control group 3.05 years. That's a 40% improvement—better than most chemo! (remember chemo success is NOT judged by survival times but by tumor shrinkage).

[Altern Ther Health Med. 2001 May-Jun;7(3):57-66, 68-72, 74-6 passim. Use of Iscador, an extract of European mistletoe (Viscum album), in cancer treatment: prospective nonrandomized and randomized matched-pair studies nested within a cohort study. Grossarth-Maticek R, Kiene H, Baumgartner SM, Ziegler R].

Most recent

A new study, published Dec 25th 2008, along with two other related papers, in the European Journal of Integrative Medicine, showed much the same thing (not quite such good survival).

Renatus Ziegler, a research scientist at Institute Hiscia in Arlesheim, Switzerland and co-author Ronald Grossarth-Maticek studied cervical and ovarian cancer patients to see how they might benefit in the long run if fermented mistletoe extracts, such as Iscador, were added to their treatment regimes.

Over the course of a few decades, cancer patients who received mistletoe preparations lived an average of half a year longer and experienced reduced drug reactions, could better withstand chemotherapy, and had prolonged remission periods.

So the best take-home for this recent study is that it definitely prolongs survival but also improves the quality of life.

On this note, I found a 2005 paper studying the immune system of ear, nose and throat carcinoma patients treated with radiation and chemotherapy that was interesting in the context. It found that adverse effects of radiotherapy and chemotherapy on the microcirculation and the immune system were significantly decreased and reconstitution processes were accelerated by complementary

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administration of a standardized mistletoe extract (Iscador). [Anticancer Res. 2005 Jan-Feb;25(1B):601-10].

Potential side effects of Iscador

Side effects are very mild and benign. They include flu-like symptoms, gingivitis, fever, local erythema, and eosinophilia.

Anaphylactic reactions have been reported but they happen with virtual any substance. None of this seem to me to be worth worrying about.

Sometimes there is a skin sensitivity reaction, especially with sun-exposure. Severe reactions are said to have occurred with the use of methotrexate, but that's pretty evil stuff on its own!

This is all that is known and therefore makes Viscum a proven much safer drug than anything in the conventional armoury against cancer. Oncologists take note!

Administration

Let me make it clear right off that Viscum in all its forms, including Iscador, and especially referring to decoctions of the plant berries, is NOT a matter for self-administration.

Get yourself a knowledgeable herbalist, homeopath or, better still, an alternative MD who knows all the wider issues of cancer markers etc.

The usual route of administration is by injection of the Viscum just under the skin. Each day of therapy a more concentrated version is administered. After the first few daily doses, a red swelling often appears at the injection site. There may be a transient fever, which most CAM doctors would theorize plays a positive role in the beneficial action of Iscador. Once the maximum-strength dose is reached, the injections are continued regularly, the length of time judged by the treating physician.

Generally speaking, I prefer HEEL's preparation **Viscum compositum**. It is usually recommended to take it with **Echinacea compositum** (from HEEL), alternating every couple of days.

I found this often provoked a fever response, reminiscent of Coley's toxins fever therapy.

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Latterly (well, 1990s), Dr. Patrick Kingsley, who I regard as a mentor in this domain, taught me the use of Abnoba's viscum range.

Abnoba suggest different host trees for different cancers:

So, for example, the apple tree (Malus) is said to be good for breast cancer; oak (Quercus) is used for the gastrointestinal tract and the male sex organs; ash (Frexini) has a high concentration of viscotoxins and lectins in Viscum album, Fraxini can be recommended for the treatment of metastatic tumour diseases.

Dr. Kingsley reported to me a remarkable case of recovery. A man with multiple melanoma had presented as a bowel blockage, caused by a melanoma the size of a baseball in his gut. After resection the patient started on Viscum, injected into one of the skin lesions; it began to shrink steadily after each shot. It quickly disappeared and Dr. Kinsley had to choose another site for injection. There were scores of these skin lesions but the interesting thing that happened was that, although the shots were only to one site each time, soon ALL of them started to recede at once. Eventually, they all disappeared.

To conclude, I found one reasonably well done conventional trial for Abnoba Quercus in the **Journal of Oncology**, vol 21, no 3, 2004, which said it didn't work. This was on a bunch of cases resistant to all other therapy, so not quite a fair trial! Still, we must acknowledge they tested it (and they chose the correct varietal).

Perhaps the advisory from Abnoba is critical: the selection of the host tree by your doctor, however, also depends very substantially on the treatment plan and above all on the individual disease. In individual cases it may occur that in the treatment of breast cancer that mistletoe from the pine tree (Pini) or Viscum album Abietis (fir tree) is used instead of the frequently employed "Mali" species (apple tree). This is done in order to make the body react in a different way to the different compositions of the ingredients.

OTHER NAMES: Mistletoe, True Mistletoe, All-Heal, Heal-All, Holy Wood, Golden Bough, Druid's Weed, Witches' Broom, Wood of the Holy Cross, Devil's Fugue, Birdlime, Lignum Sanctae Crucis, Omnia Sanantem.

Host trees include apple, pear, poplar, linden and oak. It is usually found high on the tree, especially on soft-barked apple, willow and poplar trees.

Viscum blooms from February to May with greenish or yellow flowers. The fruit is a small, round, transparent white berry with a black seed in viscous pulp. The

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berries ripen in late fall and stay on the plant all winter. Propagate by crushing the sticky berries against the bark of a tree. Birds, especially the thrush, spread mistletoe by wiping their beaks on trees after they have eaten the berries.

Mistletoe

"The day that is no day calls for a tree
That is no tree, of low yet lofty growth.
When the pale queen of Autumn casts her leaves
My leaves are freshly tufted on her boughs.
Look, the twin temple-posts of green and gold
The overshadowing lintel stone of white
For here with white and green and gold I shine -
Graft me upon the King when his sap rises
That I may bloom with him at the year's prime,
That I may blind him in his hour of joy."

- Robert Graves, The White Goddess

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*20. homotoxicology and homeopathy

Homotoxicology requires less specialist and intuitive skills than its older homeopathy counterpart.

Despite a clumsy name, homotoxicology is a wonderful natural healing science. It is a therapeutic branch which enables deep cleansing of the body tissues, removing old toxins, disease processes and degenerative debris, leaving the fluids clean, fresh and able to function as intended.

Based on homeopathy, but not quite the same thing, homotoxicology is the brain child of German doctor Hans-Heinrich Reckeweg (1905-1985). Knowing homeopathy and drawing on a vast knowledge of herbal lore and medicines, he compounded a store of remedies which trod a line between folk medicine and basic plant pharmacology. In the course of time it has proved itself so well that tens of thousands of German doctors use it in daily practice, although less well known in the rest of the world. It has been also called the German system of homeopathy, though this is slightly comical, since the original system of homeopathy was also invented by a German, Samuel Hahnemann.

Whereas so much molecular medicine is aimed at the cell, as if it were the sole seat of disease, Dr. Alfred Pischinger, then professor of Histology and Embryology in Vienna, saw with great insight that the extracellular fluids were the key to health. These fluids, which Pischinger called the "matrix", or ground, because it supports everything else, brings nutrition, oxygen, hormone messengers and other vital substances to the tissues and removes excretion products, toxins and the residue of old diseases. Cells may be important but not a separate entity, because they cannot exist without being nurtured in this matrix.

Reckeweg adopted Pischinger's matrix idea and devized ways to use natural substances to support, clean and revitalize the extracellular matrix. Most of the classic homeopathic remedies are still there, though used slightly differently.

The key difference from classical hom. is the use of mixtures, which classical homeopaths frown upon. But Reckeweg ignored the dogma and carried out decades of practical research, demonstrating conclusively that the mixed formulations worked and worked well. He made compounds which would support the liver and kidneys, which would work for flu, diabetes, women's problems, stimulate metabolism, tone up the immune system, retard tumours, repair inflammation, act as pain-killers and so on. In other words these are function-based medicines. The mixtures give rise to yet another name you may encounter "complex homeopathy". Not all remedies are mixtures of substances however;

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some are single remedies in a mixtures of potencies (called a "chord", after the musical term for several notes sounding at once).

Homotoxicology has a lot to offer in the battle against cancer. I have explained how progressive deterioration of the body's own cleansing system leads to gradual compromise of the defence mechanisms. Eventually, as the process nears an end and the "biological age" of the body tissues (the biological vitality of the tissues, as opposed to the calendar age), neoplasms or cancer changes are seen as almost inevitable on this model. It makes sense, then, that reversing this process will gain valuable points in the fight against a tumour. The more you help the body recapture its lost biological age, the better it can compete with the invasive cells. It's like turning back the clock!

A basic attack would be to use a detox formula and liver support (there are several), Lymphomyosot, or similar mesenchyme cleanser, and a general anti-viral (more and more cancers are being found to have a viral basis), specific detoxes for acquired vaccine abuse of the immune system (a complex job, requiring skilled medical advice), then tissue stimulants, such as glyoxal and Psorino-heel, and finally, as the situation warrants it, some viscum preparation. I use HEEL's own Viscum compositum, and alternate it with an Echinacea complex (again, this is a compounded formula, with 25 other ingredients than the Echinacea).

Viscum Comp. and Other Ingredients

Viscum comp. also contains two other active ingredients which are important. The first is adenosine tri-phosphate (ATP), which is there to bring cell metabolism back into line. Cancer cells misbehave and if they can be persuaded to act more like normal cells, then we are getting somewhere. ATP stimulates hormonal and cell membrane activity right inside the cell itself.

Mercury iodide is also included, which has strongly anti-viral properties. Quite simply, almost all switched-on doctors today believe that many (but not all) cancers are mediated by viruses, such as the papilloma virus. Remember viruses are bits of DNA bad news creating mischief, like alien genes, as I've seen them called. It's a small step for them to get locked into cellular DNA and when that goes wrong...why that's all cancer is, really: unruly DNA leading to loss of cell integrity and runaway multiplication.

One further detail, mercury is administered as the iodide because that stimulates the thyroid gland (homeopathically) and speeds up the metabolic process. But

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it goes deeper than this; there is some unknown cross-over between thyroid disorder and cancers. Thyroid malfunction comes up time and time again with malignancy. I can't explain it, but somebody will, some day soon. Certainly thyroid function bears importantly on the performance of the immune system, so it makes plenty of sense.

So you see there are many powerful herbal modalities which may help you safely overcome cancer, using Nature's own natural and gentle recovery methods. It brings real healing, not brutal slash and burn and poison, like surgery, radiation or chemo!

I repeat what I said in part 1: there is absolutely no reason why you can't run these alternative modalities side by side with orthodox treatments if you feel too scared to abandon them. HEEL does a wonderful detox remedy of three components. You can find them at www.heelusa.com or www.biopathica.co.uk

More homeopathy

Other homeopathic substances may be helpful, however, such as clearing old diseases (nosodes) and hereditary weaknesses (miasms). You will learn more about these specialist approaches from a practitioner and also in the section of electro-dermal screening.

In brief, a nosode is a homeopathic formulation of the actual disease substance of pathogen (cencer cells, or a bacteria). Remember the key precept of homeopathy: **like cures like.**

Another type of remedy we call a sarcode, which is made from good healthy tissue of the diseased organ. Remember we are talking information transfer, not biochemistry here. There are no substances present, just the "message", as it were. So it makes logical sense to supplement the treatment with healthy signals from healthy tissue ("This is what you are supposed to be doing!" intention).

I will conclude these comments by saying just this: you must not be persuaded to rely on just homeopathy to treat your cancer. It's good in good hands. But there are very few REALLY good practitioners of homeopathy today. It's been opened up too much to medically untrained people are barely one in a hundred homepaths are worth their certficate.

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*21. magic bullets don*t work!

Before I go on, let me take time out for a cautionary note:

You may have heard of DCA or dichloroacetate and its supposed benefits for cancer patients. The science isn't 100% but in rats at least DCA caused tumours to shrink. The hope is it will do the same thing in humans. The trouble is no clinical trials have been carried out. Some desperate cancer sufferers are taking it anyway, saying if they might die what difference does it make if they take a potentially toxic compound.

Unfortunately, it isn't so simple. If it really does work it could be a valuable therapy. But if patients take it without expert supervision and someone dies, the substance might become discredited before it even has a chance. It might even be banned.

You see this compound is a simple readily-available substance. There is no patent on it so drug companies, in their usual way, would love to see DCA buried. It threatens their profits. They don't care about saving lives. They pretend to but it's all about profit. That comes before patient care.

DCA is a small molecule that blocks an enzyme in mitochondria — the energy-production centres in cells — causing more glucose to be metabolized in the mitochondria rather than by a different pathway. Remember that cancer cells dealt with glucose in a peculiar manner.

When DCA was given to rats that were growing human lung tumours, the tumours stopped growing within a week, and three months later were half the size of those in untreated animals. Other experimental drugs have had similar effects. But DCA stands out because it seems to leave healthy cells untouched, can be taken by mouth and easily penetrates tissues.

Because DCA has been around for years, its structure can't be patented and pharmaceutical companies are not interested in developing the drug. That has left patients to try it for themselves.

Evangelos Michelakis at the University of Alberta in Edmonton, Canada and other DCA research scientists are worried by the development. Although DCA seems safe overall, they point to a clinical trial that was stopped early because those taking the drug developed damage to their peripheral nerves (P. Kaufmann et al. Neurology 66, 324–330; 2006). Without a control group, they point out, it will be impossible to tell whether any improvement in the patients' condition is caused

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by the drug. Patients could also be taking DCA that is not of pharmaceutical grade and might contain harmful impurities.

Michelakis says the patients could end up undermining efforts to do a controlled clinical trial. The battle between dying patients who want immediate access to unapproved drugs and doctors who urge trials and caution is a perennial one. Some patients argue that they cannot wait for trials and should have the right to take unapproved drugs, regardless of the risks.

But there are arguments against this. An estimated 95% of cancer drugs that enter clinical trials do not get approval, many because they are ineffective or unsafe, so patients risk shortening their life or making their last days more uncomfortable.

Also, if patients can access DCA — or other unapproved drugs — there is no incentive for them to enter a clinical trial. There is no question that more people will be helped if access to unapproved drugs is restricted and proper trials performed.

I urge you to consider these weighty matters in respect of your search for possible cures or aids to recovery from cancer.

But let me state my position quite clearly: I deplore the "magic bullet" mentality that these DCA seekers are showing. They are making a big mistake and I don't want you to make the same mistake. Their folly is to think in terms of something that will save them or rescue them, without having to make any effort on their part. Nature just will not support this.

I'm afraid the only way to health and to beat cancer or any other sickness, is to take care of your issues properly. You need to eat the right foods – I wonder how many of these patients demanding the right to have access to DCA have even bothered to change their diet? You need to clean up your emotional act and get complete with people and issues you messed up with in life. And you need to do a proper chemical clean up.

These are my three key pillars of survival with cancer. Any one of the three outperforms DCA. All three together and you won't need a magic chemical bullet. You'll be healthy and happy the rest of your life.

Even if you started out with cancer!

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*22. dmso *dimethyl sulphoxide*

Here's an amazing substance that was once hailed on mainstream TV ("60 Minutes") as a miracle and the NY Times said, in a lead editorial published April 3, 1965, that "DMSO is… the closest thing to a wonder produced in the 1960s." Yet DMSO is now largely forgotten, since it is not hyped by Big Pharma, the way they do for drugs.

DMSO is an organic, sulfur-rich substance found in the woody part of trees. It was first discovered by a Russian researcher in 1866. It absorbs easily and a drop placed on the skin will be sucked in almost instantly. Over 12,000 modern papers have studied its amazing properties.

Among other properties, DMSO is a tremendous pain reliever. But it also has a real part to play in fighting cancer the "chemical route". It seems to protect the body from the ravages of chemo agents, notably cyclophosphamide, and at the same time can persuade many types of cancer cells to start behaving more normally. It relieves pain noticeably and helps the patients normalize the sickly feeling so obvious with cancer.

Studies carried out by Jorge Cornejo Garrido MD at the military hospital in Santiago, Chile, convince me.

DMSO performs best with the lymphoma group of cancers. Note that it doesn't actually kill tumor cells, so much as turn them back to well-behaved counterparts.

Several studies of this group of compounds, called polar solvents, have shown this tendency to be very pronounced. This could be called tumor maturation therapy, since it turns wild, uncontrolled "young" or undifferentiated cells into sensible citizens of the body.

Why doesn't the FDA approve it? Well at first they admitted this was such a versatile substance with so many applications, they simply didn't have enough staff to evaluate it. Quite likely too, they cannot cope with the idea of a compound sold commercially as a solvent can also have drug status.

But you know the FDA is not there for your protection but to protect the drug industry. Such a cheap, safe adjuvant to therapy simply cannot be released to the public. So they complain about lack of safety reports (there are hundreds of good papers) and lack of patient experience (there are over 100,000 patient success reports of safety, which the FDA commissioners simply ignore).

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DMSO is used in the rest of the world quite ethically by doctors. No problem. Toxicity: less than aspirin, if used properly. The supposed changes in eye function were alterations in refractive index (not opacity), seen only in pigs, dogs and rabbits. Yet the FDA makes a big deal out this.

No eye changes have ever been seen in humans, despite worldwide use of DMSO. In Portland, Oregon. Dr Jacob and Edward Rosenbaum MD, Clinical Professor of Medicine and Head of the Department of Rheumatology at the University of Oregon Medical School, had 32 patients examined by an ophthalmologist and then treated with DMSO, 30 grams daily, for between three and nineteen months. They were then reviewed by the ophthalmologist. None of them showed the characteristic lens changes seen in animals.

Dosage of DMSO varies by body weight. The IV route is best but it has measurable benefits even taken orally.

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*23. quinton marine plasma

If I had cancer, I would be sure to take Quinton Marine Plasma. It's one of the most nurturing and healing fluids on God's Earth.

What is Quinton? Sea water!

Well, not just any old sea water. It's special vortex water from certain blooms in the oceans, that are very rich in nutrients. It seems to have energetic properties too, above and beyond the mere presence of rare minerals etc.

Let me back up a tad, before we come to the product. The floor of our oceans is indescribably rich in minerals. Think about this: EVERYTHING that ever lived and died goes into the water system, down the rivers and ultimately finds it way to the ocean. Added to that is all the ocean life which lives, dies and is recycled, all the plankton, corals, fish, feces, EVERYTHING, which falls to the ocean floor as organic debris.

There is thick mud at the bottom of the ocean that contains dense nutrients and some minerals that are otherwise incredibly rare, like iridium, osmium, yttrium and so on.

But it doesn't just stay on the ocean bed, lost to the biosystem. Quite the contrary. This nourishing mud is carried around the ocean floor by submarine currents which have only recently begun to be understood. There are certain places where this nutrient deposit wells up to the surface. Giant surges of ocean currents that we call convergences stir up the seas and bring the nutrients back to the bio system.

The polar oceans are classic sites for this. The huge bloom of algae that takes place in the Arctic and Antarctic every year yields a staggering abundance of life where the ocean, literally, changes color due to the density of life it carries. Waters turn red with krill and other plankton.

This bloom is so rich it feeds the greatest animals of all: the whales. So much nutrition is absorbed into the biosystem at these sites in the summer time that whales can double their weight and deposit enough fat or blubber to live on it through the winter months.

But there are the birds, fishes and other animals too, so that the polar oceans literally burst with life every spring when the returning sun ignites the nutrition chain. Given the right wind and currents, then these blooms can be carried far

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and wide. Scientists report this year there has been a huge upsurge in nutrients and an explosion of sea life off Monterrey, California, from currents brought all the way down from the Arctic.

The polar regions are not the only upsurges, however. In fact they can take place anywhere, if the wind blows the water out to sea; then underwater currents draw up deeper water to fill the gap.

That's what I mean by ocean nutrients, OK?

Our tissue fluids are basically primordial ocean. In fact it's known that our body chemicals today mimic the oceans of long ago, not the ocean of the present, which is subtly different.

Not surprisingly, having stepped onto land, our bodies suffer a degree of depletion which sea creatures do not get. Inorganic minerals are not the same as those in active colloidal suspension. Moreover there is some integrative energy in the waters and ocean which we do not seem to share on land. That's probably one of the reasons why seafood is so good for us.

But for the cancer patients, what's needed are measures to cleanse the toxic filth from our body fluids. It's part of the "bigger healing picture" I've been addressing with this book.

Remember my number #1 rule: any good health measure is an anti-cancer measure.

Enter Messieur Rene Quinton

Quinton was a French doctor, biologist, biochemist and physiologist. He discovered the healing merits of marine plankton plasma, drawn from deep ocean water upsurges, right at the end of the nineteenth century. It is a little known fact that by 1907 Quinton had established 69 Marine Dispensaries and the product was already saving countless lives throughout the deadly pandemics of the early 20th century (tuberculosis, typhoid, cholera, syphilis, influenza).

When Quinton was finally buried in 1925, his fame had reached such proportions that tens of thousands of men, women and children, not to mention generals, dignitaries and statesmen, attended the funeral. Yet we have never heard of him. How can that be?

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Think "Pharma" and think "eliminating the competition", no matter how good the product. The stark truth is I never heard of this cure, all through my medical training. No libraries have editions of his work; no pharmacy has heard of it; no learning institutions teach it. He's been deleted! Especially in his native France.

Quinton's marine plasma (or QMP) was considered so effective for a wide range of common afflictions that is was reimbursed under two French laws, including Social Security. It was, of course, absurdly cheap. But that didn't suit the drug barons, who wanted to peddle their costly and dangerous garbage for huge profits. Through their bribes and malign abuse they got a law passed, requiring QMP to be heat treated. That would effectively ruin its properties and so put Quinton out of business.

However, Quinton manufacture did not fold up. Instead, the operation was moved to Spain. Thanks to the more liberal scientific climate in Spain it has survived until today.

Now QMP has arrived in the US and is being sold by Original Quinton of Buena Park, CA. (http://www.originalquinton.com)

Properties of QMP

As I write this I have in front of me a translation of the entry for Quinton Marine Plasma in the French Medical Dictionary of 1975 (a kind of PDR). It describes the product as a sterile apyrogenic solution (pH 7.2) of seawater, prepared under aseptic conditions by special processes without rise in temperature or exposure to electric potential or field, in order to preserve its molecular balance and its character as an "alive medium".

The seawater is extracted from a 10-30 metres depth (zone of solar penetration) under special conditions and from special locations.

It contains 92 elements of the periodic table (all primary and trace minerals).

The entry goes on to add "Rene Quinton showed, in 1904, that QUINTON MARINE PLASMA is identical physically, chemically, and physiologically, to our interior milieu (extracellular fluid) and provides optimum conditions for red blood corpuscles and leucocytes and other blood fractions. It is possible to replace the entire blood volume of an animal with QUINTON MARINE PLASMA without any disorders for the organism." Sacrebleu! Shades of Ringer's solution!

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Without any intellectual prowess, one can therefore deduce that QMP is very safe, helps stabilize the internal milieu, provides every conceivable nutrient mineral and provides low concentration homeopathic-type mechanisms for healing. It's a miracle!

Well, it isn't really. It's just Nature at her best. But you can see why Rene Quinton was adored by millions and hated by Big Pharma. Here is a substance that's cheap to manufacture, no patents, is readily available and works wonders.

The "indications" (reasons to use it) are manifold and include: childhood gastroenteritis, poisoning, malnutrition and eczema; anemia, asthma, exhaustion, anti-aging, dysentery, tuberculosis and atherosclerosis; uterine and vaginal infections; rhinitis, sinusitis, respiratory allergies; skin allergies, dermal infections, histaminic reactions and psoriasis; energy restoration; bioterrain restoration and burns.

I have even found that dentists can use it to save teeth, by injecting this healing balm into the surrounding gums.

There are DOZENS more uses.

How?

QMP is taken by injections or orally. When injected, there is an isotonic form, which does not sting. Orally, the full-strength version is fine.

Sprays work well for skin conditions.

It can even be taken by nebulizer, just breathed in. Or I find it very soothing for tired eyes. Just the whiff of "sea air" is very restorative to me!

It's so safe there are no real limits on the number of ampoules. It's only body fluid, after all! You can't OD on it like water (too much water will kill you).

QMP comes in 10 ml ampoules. 2, 3, 5, 10 ampoules are fine, depending on the seriousness of the complaint. It's so cheap, cost is not an issue (around $3 an ampoule)

Note that Quinton is not FDA approved for injection in the USA.

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*24. gaston naessens and 714-x

714-X is the name given to an alternative product developed by Gaston Naessens, a French microbiologist now residing in Quebec, Canada. 714X supposedly contains a mixture of camphor, ammonium chloride and nitrate, sodium chloride, ethanol, and water. Camphor is a natural product derived from the shrub **Cinnamomum camphora**.

Some patients swear by 714-X as a cancer alternative; the jury is somewhat out in that many alternative physicians are not so sure of its effectiveness. Just because it has been attacked ruthlessly is not proof that something really works, as many air-headed dreamers think.

Only results count. Again I have found it difficult to separate the supposed effect of 714-X from other simultaneous interventions. Lots of patients stories about how thye recovered is not proof, scientifically, if they also switched their diet or took supplements, etc.

What I do know is that Naessens recommends 714X is injected daily in a series, repeated twenty times. 3 series is the minimum (over 60 shots). These are given in the lymph nodes of the groin (ouch!)

It's your right to try it if you like, though the FDA says it is not your right. Outside Canada, 714-X is available in Mexico and Western Europe but not in the US. Attempts to block it are vicious, unreasonable and still ongoing.

As an aside (almost), Naessens developed in the 1940s an extremely powerful light microscope (it uses ultraviolet and laser technology) that is capable of extraordinary rates of magnification—up to 30,000 diameters. With it he can see tiny organelles in the blood that are not visible to the ordinary laboratory microscope.

This sounds uncannily like the beginning of the Rife story (section #35). Naessens named the circulating organelles "somatids", so his instrument was dubbed the Somatoscope. Well, Rife saw these too, so that is not in question.

Just like Rife, Naessens reported that at the different stages of the cycle, the form of the somatids may resemble bacteria, yeasts or fungi. We call these smaller fragments, and changing backwards and forwards from one shape to another, **pleomorphism**; it just means "many shapes and sizes".

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One of the first scientists who talked about pleomorphism in human blood was Béchamel, a contemporary and rival of Pasteur. He called the little bodies he observed "microzymes". The German Enderlein in the early 20th century called them "protits".

I was talking with Dr. Garry Gordon about this well-known (except to conventional doctors) phenomenon and Garry jokingly said it's like they are there trying to recycle us before we are even dead! It's a memorable line that may help you to understand this phenomenon.

As I remarked, this is not directly relevant to whether 714-X works as described. You must find out for yourself. At least it's not expensive.

The fury with which Naessens was attacked is also just a sideshow; don't let it put you off. It has happened to many other scientists on the brink of something new. Remember Semmelweiss was persecuted to the point of suicide for daring to suggest that doctors should wash their hands, otherwise they would spread disease.

In 1964, Naessens was "escorted" out of his homeland, France, after a national uproar over another one of his medications, GN 24. After the beneficial effects of this drug were publicized, tens of thousands of people attempted to fly into Corsica, where Naessens was hiding. This is still apparently remembered in France as **l'Affaire Naessens**.

Naessens resettled in Montréal, Canada, but in 1989, Naessens was suddenly arrested on numerous counts of practicing medicine without a license. Incredibly, he was also charged with negligent homicide, because of the death of a woman who had refused chemotherapy in favor of 714X.

It would have meant a virtual life sentence but there was an unprecedented outpouring of international and celebrity support. In the end, Naessens was acquitted of all charges.

If you want to know more, read Christopher Bird's book, The Persecution and Trial of Gaston Naessens (Tiburon, CA: H. J. Kramer, 1991)

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*25. hydrazine sulfate

"The most remarkable anticancer agent I have come across in my 45 years experience in cancer."—Dean Burk, M.D. at the time head of cell chemistry research at the NCI in the 1970's.

Dr Joseph Gold reported in the 1970s that hydrazine sulfate inhibited the growth of cancers in rats, including melanoma, lymphoma and leukaemia. Hydrazine sulfate inhibits anaerobic glycolysis, the metabolic process which mainly feeds cancer cells. In a large Leningrad study, involving over 700 patients with many types of cancer, the patients thrived better. However the tumour regressed in only 10% of cases. This theme of being better nourished, despite the on-board cancer, recurs through most studies and appears to be one of the main benefits of hydrazine sulfate.

"Hydrazine sulfate, a drug that costs about a dollar a day, reverses the devastating weight loss called cachexia that kills most cancer patients. This simple chemical, developed in 1969 by Dr. Joseph Gold, director or the Syracuse Cancer Institute, works in half of all the patients who take it. Yet more than two million cancer patients starve to death yearly because the National Cancer Institute (NCI) continues its 20-year suppression of this life-saving drug. Meanwhile, doctors at the Petrov Institute of Oncology in St. Petersburg treating 1,000 patients with hydazine sulfate report long-term survival even in those with lymphatic cancer, the type that killed Jacqueline Onassis."—Dr Julian Whitaker, M.D.

"True to an apparent mission of preventing effective cancer cures from being discovered, NCI worked skillfully to discredit hydrazine sulfate and to keep any knowledge from the general public."—John Diamond.

"NCI's actions with respect to hydrazine sulfate, characterized by intimidation, coercion, steadfast opposition, and possibly clinical trial-rigging, are truly one of the most shameful, scandalous medical undertakings in this country's history, depriving vast numbers of people of their health, happiness, and lives." Dr Gold

Joanne Daniloff D.VM.D., and professor at Louisiana State University in Baton Rouge, explained in a letter to Jeff Camen in 1994 how hydrazine sulfate had saved her life. At the time, she had survived 7 years after receiving surgery and hydrazine sulfate for her glioblastoma multiforme (grade 4) brain cancer, one of the fastest growing and most untreatable kinds (about 1% survival with orthodox therapies). "You understand, then, that I am appalled by the (NCI's) design of studies that result in claims that hydrazine sulfate has little or no effect on cancer

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treatment. I find it difficult to understand how any study with such obvious flaws can claim any result or be published in any reputable journal." (ref John Diamond).

In the early 1970s the Memorial Sloan-Kettering Cancer Center (how unbiased can you get ??!!!) carried out a trial deliberately rigged with doses that were either too low to work or so high the patient felt toxicity. The NCI trials deliberately avoided telling patients that they MUST avoid certain other medications, alcohol and some foods (cheese in particular). It was not only crooked but frankly dangerous to the patients.

Hydrazine Sulfate can be obtained from compounding pharmacists, without a prescription. Dr Gold's protocol is as follows:

1- 3 days, take one 60 mgm capsule (before breakfast); days 4- 6 take one capsule before breakfast and one before dinner; from then on take 3 capsules a day, morning, noon and evening, before food. Continue for 6 weeks then take a break for a further 2 weeks. Then resume.

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*26. hyperthermic or fever therapy for cancer

So often in the science of healing we come around to the fact that Nature knows best and if we just leave well alone, we can do the most good. So it is that high fever is often a very beneficial response to disease and doctors are wrong to fight it with medicines like aspirin and paracetomol. Biological enzyme systems, and that includes those acting as part of the defence process, work best at around 103^0F, at which level they are around 10 times more active than at 98.4^0F (37^0C).

Thus fever actually helps the immune system fight efficiently and we should be very chary indeed about interfering. Otherwise we get a disease which has never properly resolved the natural way and can go on for years smouldering away.

The new discipline of electro-acupuncture shows us how often childhood diseases, such as measles, just hang up in time and then haunt us later as damaged immune systems. Cancer, let me remind you, is very much a disease of weakened immunity. Yet scientific studies show that where measles has been allowed to progress naturally and resolve itself, the children actually emerge as healthier than those kids treated heavily by intervention.

Probably the only time a fever should be blocked is in the case of febrile convulsions. Fits are always bad and should be held in check. But we can always sponge the child down! Sometimes the simple remedies make the most sense.

An exciting new anti-cancer alternative treatment is to deliberately create a fever. When I say new, this approach has been around for over 100 years but has been promptly dumped in favour of noxious and expensive chemo-therapy. We are just rediscovering how valuable this ingenious therapy can be. We call it hyperthermia (as opposed to hypothermia). US natural medicine clinics such as the Dr. Robert Atkins Center in New York report marvellously exciting results.

It is based on a simple and easily verifiable scientific FACT: that a temperature of 108^0F kills cancer cells but not normal human tissue cells. All we need is some way to raise the body's temperature and we create a selectively negative environment for the renegade cancer cells, which can be mopped up by the immune system. Most of us would consider 108^0F a bit high. But even at 103-104^0F the advantage still manifests.

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Coley's Toxins Treatment

Hyperthermia as a treatment specifically for cancer was first proposed by nineteenth Century US physician Dr. William Coley, M.D. He used very toxic bacteria waste products from Streptococcus pyogenes to generate the high temperature. The results were very encouraging and the treatment still, rightly, bears the name of Coley's Toxins Fever Therapy. It isn't pleasant, by any means, and the patient feels just as you would expect: feverish, chills, shaking, muscle aches and even nausea. But it passes, and is considerably less unpleasant than chemo-therapy!

Viscum Fever Therapy

A slight variation on fever therapy I like and have used a lot combines a mild fever therapy with the properties of viscum related above. I use Viscum compositum from HEEL-GMbH in Germany.

The BIG advantage, to my mind, over Coley's toxin therapy is that even if you don't get the unpleasant fever, you are still doing an immense amount of good against the cancer (see below), whereas bacterial toxins have little else to offer beyond raising the temperature.

Because of the essentially low-dose composition of the homeopathic medication, we can give it in a sustained way, pushing the defences until they get mobilized. This is seen by the onset of the patient's own curative fever, which is a sure sign that the body is fighting back (another important medical principle which drug-handy doctors seem to overlook).

This fever is so valuable that I do not give even bio-logical or herbal remedies to counter it but try to pour the fuel on somewhat and get it higher! The exact details vary from patient to patient and need not concern us here. But by alternating with another very powerful immune stimulant Echinacea comp. Forte (a fortified homeopathic preparation, not the common herbal drops you may buy at the health shop or pharmacy), we can generally stoke up the fire quite well. It's one of those odd moments for a doctor when the patient feeling rough is what we want.

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Hyperthermic Technology

Finally, the idea of hyperthermia as a treatment has been taken into the technological domain. A number of cancer centres now are offering treatment based on perfusing the tumour itself with high temperature solutions. With some tumours, such as a breast cancer, it may be possible to isolate the blood supply of the growth and connect it to micro-tubing which supplies heated liquid direct to the cancer cells. This avoids the need to heat up the whole body, with its consequent dangers.

Failing that, a limb can be perfused. Some centres carry out whole-body hyperthermia. Statistics seem to suggest that the best results can be obtained by combining hyperthermic technology with conventional radiation at far lower (and therefore safer) doses.

Alternatively, hyperthermia may be induced by focussed microwave appliances, this heated wires or implanted radio electrodes.

There are few side effects, the obvious one being burns and blisters

Which tumour patients can be treated? Dr. Fritz Schellander MD, a UK holistic specialist, makes the following recommendations:

Patients with inoperable tumours

After a successful operation to reduce the risk of a relapse
Patients in an advanced state with multiple metastases
Patients with a high risk of relapse
Patients with a minimal tumour burden who refuse an operation
As a support measure for chemotherapy and or radiation

What other conditions can be treated with hyperthermia?

Chronic inflammatory conditions such as ulcerative colitis and Crohn's disease
Rheumatic conditions
Bronchial asthma
Chronic and recurrent viral infections
Conditions requiring detoxification

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*27. issels immunotherapy

Cancer is seen, in many ways, as a disease of the immune system. With a fully functioning immune system, cancer would never get started. The most intelligent breakthroughs in conventional medicine are also leaning in this direction.

Things will change fast (I hope) and you may not be limited to the treatments in this report for very long (except in the USA, where you may be waiting indefinitely). Meantime, though, if you want to check out Dr Josef M. Issels immunotherapy treatment, it has a good history. From 1981 until his retirement in 1987, Dr. Issels served as an expert member of the German Federal Government Commission in the Fight Against Cancer.

Issels therapy is well-respected for success with patients who had exhausted all standard treatments. The range has included advanced cancers of the bladder, bones, brain, breast, cervix, colon, liver, lung, ovaries, prostate, stomach, testicles, thyroid, sarcomas, lymphomas, and leukemias.

Treatment also significantly reduced the rate of recurrence from 50 percent, according to world statistics, to 13 percent thereby increasing the cure rate from 50 to 87 percent.

The Issels treatment has also been able to reverse or improve chronic degenerative diseases such as arthritis, Grave's disease, systemic lupus, Sjoegren's syndrome, etc. No orthodox cancer treatments do that!

The Treatment consists of the following components:

- Coley's mixed bacterial vaccine opens blockades in the body matrix (all solid, semi-solid and fluid connective tissues), stimulates the production of the body's own interferons, interleukins, colony stimulating factors, tumor necrosis factor and other potent disease fighters.

- Issels' autologous vaccine and biologicals work in a very complex way to "jump-start" the immune system. They are prepared from the patient's own blood and body fluids which represent his/her own unique internal environment. The preparation follows procedures that favor the development of antigenic peptides and other immunogenic compounds in the fight against cancer and other immune disorders.

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- Extracorporeal photopheresis with the dendritic cell vaccine, (FDA approved for cutaneous T cell lymphoma due to the research by Richard L. Edelson, Yale University,) works in the following way:

Via the photopheresis apparatus pathologic immune complexes can be removed from the blood and a certain quantity of blood is exposed to a controlled amount of ultraviolet energy, which has an enormous immune boosting effect. During this procedure dendritic cells can be collected and separately cultured to maturity and re-infunded into the patient's vein.

Dendritic cells are responsible for identifying pathogens (viruses, fungi, bacteria, malignant cells) and presenting their identifying markers, antigens, to key lymphocytes that then multiply and attack the disease.

Photopheresis induces monocytes to transform into dendritic cells, thereby greatly increasing their numbers. By centrifuging blood in a cell separator and passing the white cells through the ultraviolet light chamber, millions of monocytes are converted into dendritic cells. By culturing them with growth factors, these cells can learn to ingest and process pathogens that formerly eluded the immune system. Thus, when they are re-introduced to the body, they awaken sleeping immunities.

- Nutritional immunotherapy, blood oxygenation, glandulars, bontanicals, enzyme therapy aid cellular metabolism, tissue and organ function.

The Issels Treatment has demonstrated the longest and most successful track record in cancer immunotherapy history.

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*28. Ukrain

Ukrain was first developed in 1978 by Dr. Wassyl J. Nowicky, director of the Ukrain Anti-Cancer Institute of Vienna. It is a mixture of Greater Celandine (Chelidonium major) and an old a long-established cytotoxic drug, thiotepa. The idea is that the combination of the two makes treatment effective at far lower doses than the usual toxic amounts of thiotepa.

The plant Chelidonium major has been known for centuries in Russia as a cure for cancer. It contains alkaloids with known anti-cancer activity. In this respect it is worth remembering the periwinkle plant (Vinca major), which has given us two modern cytotoxic drugs, vinblastine and vincristine.

Ukrain has been tested at the US National Institute for Cancer against over 60 lines of human cancer cells and found that in every case it arrested growth 100%. It seems that Ukrain causes a drop in utilization of oxygen. Normal cells are able to recover within a few minutes but for cancer cells this change is irreversible. They literally suffocate to death. Animal studies show that Ukrain is also a powerful stimulant of the immune system.

Unfortunately, Ukrain is not available in mainstream medicine and holistic doctors who use it are few and far between, unless you want to travel to Eastern Europe.

Greater celandine (Chelidonium major)

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*29. amygdalin *laetrile*

You do not have to look far into cancer alternatives before you will encounter the subject of laetrile, a chemical cyanide-like substance found in apricot and other kernels, apple seeds, lima beans, clover, and sorghum. In fact there are two types of laetrile: a patented product, Laetrile®, which is semi-synthetic, and laetrile/amygdalin manufactured in Mexico, which is made from crushed apricot pits.

Laetrile is used world wide against cancer, except in the USA, where it is not approved by the FDA. They say it doesn't work and you may begin to suspect a political angle to this strange limitation of choice. While ever employees of major drug companies sit on the FDA board, no-one sensible would trust the objectivity of FDA views.

Once again the Internet has swept into the niche market and there are countless websites to sell you laetrile at a hefty price (considering it is only crushed nuts). Many clinics have sprung up, especially over the US border into Mexico, to service patients who hope that laetrile will work for them. But does it do any good?

It must be said the evidence is scant. Amygdalin was first isolated in 1830 by two French chemists and was used as an anticancer agent in Russia as early as 1845. Its first recorded use in the United States as a treatment for cancer occurred in the early 1920s but it was judged too toxic and studies ceased.

In the 1950s, a supposedly non-toxic intravenous form of amygdalin was patented as Laetrile® and in the 1970s the patented and natural forms enjoyed a vogue. But as the National Institutes for Cancer points out on its laetrile web page (http://www.nci.nih.gov/cancer_information) no unequivocal evidence has yet been forthcoming.

Perhaps the best that has been shown is that benzaldehyde, which is made from laetrile in the body, does have success against cancer cells. Also, by using the antibody/enzyme trick described above to carry amygdalin right to the tumour target cells (the "smart bomb"), its killing effect was 36 times greater than for amygdalin alone.

Finally, amygdalin was shown to sensitize some cancer cells to radiation, which would in theory help someone who had opted for radiotherapy.

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You must examine the evidence and make up your own mind. Remember one study showed that laetrile made patients worse (but only one). Laetrile should only be administered by a knowledgeable physician and there are few. It can be prescribed orally or by intravenous infusion.

Side effects of laetrile therapy are those of cyanide poisoning: nausea and vomiting, headache, dizziness, bluish discoloration of the skin due to oxygen-deprivation, liver damage, abnormally low blood pressure), difficulty walking due to damaged nerves, fever, mental confusion, coma, and eventually death. Surprisingly, the oral form is much more toxic than the IV route, so don't suppose that the products you are being offered on the Internet are the safest way to take it.

Foods claimed to contain amygdalin are notable for being good fresh sources of vitamins, minerals and anti-oxidants. I doubt amygdalin has anything to do with it. These include: Apple seeds, alfalfa sprouts, apricot kernels, bamboo shoots, barley, beet tops, bitter almond, blackberries, boysenberries, brewer's yeast, brown rice, buckwheat, cashews, cherry kernels, cranberries, currants, fava beans, flax seeds, garbanzo beans, gooseberries, huckleberries, lentils, lima beans, linseed meat, loganberries, macadamia nuts, millet, millet seed, peach kernels, pecans, plum kernels, quince, raspberries, sorghum cane syrup, spinach, sprouts (alfalfa, lentil, mung bean, buckwheat, garbanzo), strawberries, walnuts, watercress, yams.

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*30. rudolph breuss and the severe fast

Another herbal naturopath to cure cancer was the Austrian, Rudolph Breuss. He healed cases of cancer of the larynx, intestines, breast, kidney, leukemia, abdominal, uterine, hodgkin's, during the 1970's.

Breuss maintained that cancer, whenever it occurs in the body, feeds and grows from protein. He therefore deduced that if one fasted for what has now been confirmed as an ideal period of 42 days, during which various herbal teas and juices are taken to detoxify, cleanse and eliminate, the cancer would starve, be absorbed and subsequently pass out of the body one way or another. Radical thinking that flew in the face of the accepted medical wisdom, but is now used all over the world and known as the Breuss Total Cancer Treatment.

Raw fruit and vegetable juices have always been used and recommended in natural medicine as part of the healing system for many ailments and chronic complaints. Raw juices contain antioxidants and living enzymes that science has identified as an imperative part of everyone's diet if they wish to stay healthy and maintain a defense against all the toxins of today's environment.

It is against this backdrop that Rudolf Breuss developed his Total Cancer Treatment, utilising the therapeutic properties of vegetable juices and herbal teas that have been implicated in the cure of many types of cancer.

The Breuss Tea mix and a specific mixture of organically grown carrot, beetroot, celery, Chinese radish and potato worked wonders on his patients. His mixture provided, in liquid form, all of the minerals and vitamins required by the body during the 42 day fast, whilst the body's own resources are used in dealing with the diseased tissue. Testimonial after testimonial confirmed that his treatment worked.

The same blend of the Breuss Vegetable Juice is used in all manners of diseases, taken for a lesser period of time or with food, depending on the severity of the condition. Breuss's book outlines cures for a variety of ailments - serious and those not so serious.

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*31. artemisinin

The Chinese herb compound Artemisinin may prevent breast cancer, say researchers from the University of Washington. It's also a new buzz treatment for malaria, by the way!

The compound, extracted from sweet wormwood Artemisia annua L, cut the development of breast cancer by 40 per cent in rats that had been given a cancer-causing agent.

Artemisinin has previously been shown to selectively kill cancer cells, and is already used as an effective anti-malaria treatment. "With the results of this study, it's an attractive candidate for cancer prevention," said researcher Henry Lai.

The study, published in the January 2006 issue of Cancer Letters (vol 231, issue 1, pp 43-48), used rats treated with a single dose of DMBA (50 mg per kg), a compound known to induce multiple breast cancer. The rats were then randomly divided into two groups, with one group's feed supplemented with 0.02 per cent artemisinin.

The rats with the supplemented feed showed a 40 per cent lower incidence of breast cancer formation than the control group. In addition, the tumours that did develop in the case group were smaller and fewer.

"Since artemisinin is a relatively safe compound that causes no known side effects even at high oral doses, the present data indicate that artemisinin may be a potent cancer-chemoprevention agent," said the researchers.

Artemisinin works by reacting with iron in the body and forming free radicals that attack the cells from within. Cancer cells replicate at a higher rate than normal cells and so have a higher concentration of iron. This makes artemisinin highly toxic to the cancer cells.

The same mechanism is responsible for its anti-malarial properties. The parasite that causes malaria cannot eliminate the iron from the blood cells it eats and stores it. The artemisinin makes the stored iron poisonous to the parasite. Artemisinin is now a major component in the treatment of malaria is China, Vietnam and other areas of Asia and Africa.

But the results of the present study were greeted with guarded optimism by Dr Emma Knight, science information officer for British charity Cancer Research UK.

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She says, "These findings in rats are very interesting but more work is needed to assess whether artemisinin could have a role in cancer prevention in humans."

Dr Knight stressed the importance of investigating naturally occurring compounds, however, and exploiting the potential health benefits that may be on offer.

"Contrary to popular belief, a number of anti-cancer drugs are derived from natural sources. The periwinkle, yew tree and African bush willow are just some of the plants that have an important place in the treatment of cancer today," she said.

They always say that: it saves them the brain work of immediately responding to new possibillities. You might suspect it would take an Act of Parliament for some of them to take notice. You would be right!

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*32. antineoplastons

Antineoplastons are a group of synthetic compounds that were originally isolated from human blood and urine by Stanislaw Burzynski, M.D., Ph.D., in Houston, Texas. Dr. Burzynski has used antineoplastons to treat patients with a variety of cancers. In 1991, the National Cancer Institute (NCI) conducted a review to evaluate the clinical responses in a group of patients treated with antineoplastons at the Burzynski Research Institute in Houston.

The medical records of seven brain tumor patients who were thought to have benefited from treatment with antineoplastons were reviewed by NCI. This did not constitute a clinical trial but, rather, was a retrospective review of medical records, called a "best case series." The reviewers of this series found evidence of antitumor activity, and NCI proposed that formal clinical trials be conducted to further evaluate the response rate and toxicity of antineoplastons in adults with advanced brain tumors.

Investigators at several cancer centers developed protocols for two phase II clinical trials with review and input from NCI and Dr. Burzynski. These NCI-sponsored studies began in 1993 at the Memorial Sloan-Kettering Cancer Center, the Mayo Clinic, and the Warren Grant Magnuson Clinical Center at the National Institutes of Health. Patient enrollment in these studies was slow, and by August 1995 only nine patients had entered the trials. Attempts to reach a consensus on proposed changes to increase accrual could not be reached by Dr. Burzynski, NCI staff, and investigators, and on August 18, 1995, the studies were closed prior to completion.

At present, the Burzynski Research Institute is conducting trials using antineoplastons for a variety of cancers. Information about these trials is available from the Cancer Information Service or on the NCI's Cancer.gov Web site at http://www.cancer.gov/clinical_trials on the Internet.

LATEST (Jan 2009):

the Food and Drug Administration (FDA) has reached an agreement with the Burzynski Research Institute, Inc., for the design of a phase III trial of antineoplaston therapy for the treatment of diffuse intrinsic brainstem glioma, a rare but highly aggressive form of childhood brain cancer.

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*33. coffee enemas for liver stimulation

> "In as much as detoxification of the body is of the greatest importance, especially in the beginning, it is absolutely necessary to administer frequent enemas, day and night (on the average, we give coffee enemas every four hours, day and night, and even more frequently against severe pain, nausea, general nervous tension and depression)...Some patients take enemas every two hours, or even more frequently, during the first days of the treatment. More advanced cases are severely intoxicated and the absorption of the tumor masses, glands, etc., intoxicates them even more. Many years ago I lost several patients by coma hepaticum, since I did not know, and therefore neglected, the vital importance of frequent and regularly continued elimination of poisonous substances, with the help of juices, enemas, etc."
> ----Dr Max Gerson, M.D. (A Cancer Therapy)

> "Some metabolic therapists insist on daily enemas, including coffee enemas (excellent detoxifiers of the liver) in order to cleanse the system.."
> -----Dr Harold W Harper, MD (How You Can Beat the Killer diseases 169)

Coffee contains substances called chloretics which increase toxin excretion via the bile. The coffee enema is probably the only pharmaceutically active chloretic compound that may be safely administered several times a day without toxic effects. Severe coffee allergics may be unable to benefit from this. It was recognized by Dr Max Gerson (founder of the Gerson Institute) that coffee enemas are effective in stimulating the liver enzymes called the glutathione-S-transferase system, which is vital for detoxification. Increased activity of these enzymes confers powerful antioxidant properties, good for breaking down carcinogenic substances. The chloretics open the bile ducts (like opening the drains) and then the glutathione-S-transferase system throws out all the unwanted junk and poisons.

A coffee enema is administered as follows.

1. Add 3 teaspoonsful of fresh ground organic coffee (not instant or decaffeinated) to 2 pints (1.3 litres) of distilled water (available from the pharmacy). Boil for 5 minutes, to drive off the oils. Then cover it and simmer for a further 15 minutes.

2. Strain through gauze or a typical plastic coffee filter and allow to cool to body temperature. Put this in the enema bag. Hang the bag at about standing head height.

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3. Then lie down. Lubricate and insert the nozzle, several inches (well beyond the rectal canal). Open the stop cock and allow the liquid to drain very slowly into your intestines. Relax and breath slowly while this takes place.

4. Try to take the whole bag and retain for around 15 minutes. If you feel spasms or unpleasant symptoms, close the stop cock or if there isn't one, simply lower the bag to the floor. Wait for half a minute and then try again.

5. Immediate symptoms of headache, fever, nausea, intestinal spasms and drowsiness generally indicate the flushing of toxins. Increase the frequency if this happens. If you wake with a headache and drowsiness, this could mean withdrawal symptoms. Try an extra enema last thing at night.

6. IMPORTANT: After the last enema at night you need to inject via your rectum about 50mls. of cold-pressed sunflower seed oil, flaxseed oil or similar, to line your intestines and protect the mucus membranes.

7. Keep all equipment clean but sterility is not required.

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*34. electromagnetic factors in disease

"... It turns out that most living things are fantastically sensitive to vanishingly small EMF exposures. Living cells interpret such exposures as part of our normal cellular activities (think heartbeats, brainwaves, cell division itself, etc.) The problem is, man-made electromagnetic exposures aren't "normal". They are artificial artifacts, with unusual intensities, signaling characteristics, pulsing patterns, and wave forms. And they can misdirect cells in myriad ways."

— B. Blake Levitt
Former New York Times writer and author of "Electromagnetic Fields, A Consumer's Guide to the Issues and How to Protect Ourselves", and Editor of "Cell Towers, Wireless Convenience? Or Environmental Hazard?"

So how important is this EMF radiation thing to cancer patients (cell phones and the like)?

I've been writing since the 1980s about the dangerous effects of electromagnetic radiation fields on human biology. For a long time I was a voice in the wilderness but, today, recognition of this problem has spread to such an extent that only those completely out of touch would not be aware of the controversy and concern.

There is very special emphasis on the potential hazard of microwave radiation from cell phones, since we carry these close to our person, often within a few inches of vital organs, such as the heart, brain and gonads.

Yet, if you visit my blog and read this page: http://alternative-doctor.com/blog/cell-phones-as-bad-as-x-rays/, you'll see that using a cell phone for 24 hours, it's actually equivalent to 1600 chest x-rays. I have even provided a graphic, showing the DNA damage at a frequency of 1.8 gigahertz (1800 megahertz); typical cell phone frequencies are around 1.9 gigahertz (and also from many household cordless phones).

Russian, British and Austrian health officials warn that kids may be especially susceptible to serious health problems from wireless devices. Canadian officials say that children should limit cell phone use until health science catches up with technology. The French health minister advised in January 2008, that kids be allowed no more than 6 wireless minutes at any one time (about the same as is

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considered safe for workers' exposure in radio-active areas at Chernobyl—please think about that).

Children are especially at risk:

Alarming new research indicates that children and teenagers are five times more likely to get brain cancer if they use cell phones. The study is raising fears that today's young people may suffer an epidemic of the disease in later life.

The Swedish research was reported this month at the first international conference on cell phones and health. It came from a further analysis of data from one of the biggest studies carried out on the cell phone/cancer link, headed by Professor Lennart Hardell. Professor Hardell told the conference that "people who started mobile phone use before the age of 20" had more than five-fold increase in glioma, a cancer of the glial cells that support the central nervous system.

The risk to young people from household cordless phones was almost as great. Cordless phones caused a fourfold increase in risk.

Young cell phone users were also five times more likely to get acoustic neuromas, disabling tumors of the auditory nerve that often cause deafness.

However, not a single U.S. health agency is warning about the extra risks to children. Which is ironic, since American kids have the most WiFi gadgets.

But our concern here is cancer.

Evidence is beginning to mount alarmingly that this is a cause of malignant disease. Already studies have been produced showing significant increases in problems like leukaemia and brain tumours.

I found a compelling double-blind medical study carried out in India in 2005 and published in the Indian Journal of Human Genetics [Ghandi, G. "Genetic Damage in Mobile Phone Users: Some Preliminary Findings," Indian J Hum Genetics, 2005, 11:99-104.]

The study analyzed micronucleated cell damage in blood and buccal (mouth) tissues of people who use their cell phone 1- 15 hours a day. The control group had never used cell phones at any time. DNA samples were coded and scored blind in strict protocol.

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The test results of the "Indian study" are very significant. The non- cell phone users had an average of only 4% of their cells with DNA damage. The persistent mobile phone users showed an average of 39.75% cell DNA damage. The blood of one 24-year-old male revealed 63% micronucleated cells. He had used a cell phone for 1-2 hours per day for two years.

The hundreds of types of human cancers have one thing in common—they all begin at the cellular level when DNA genetic material in one or more cells becomes damaged. This damage can be passed from parents, or caused by the effects of an environmental carcinogen. "…Genetic mutations in one single cell are sufficient to lead to cancer," says Dr. Henry Lai, awell-knownscientist at the University of Washington, who has years of genetic and bioenergetics research to his credit ["Evidence for Genotoxic Effects (RFR and ELF Genotoxicity)" Dr. Henry Lai, Department of Bioengineering, University of Washington, Prepared for the BioInitiative Working Group, July 2007, see BioInitiative Report].

Here's another:

Prof Rony Seger, a cancer researcher at the Weizmann Institute of Science in Rehovot, Israel, and colleagues exposed rat and human cells to electromagnetic radiation at a similar frequency to that emitted by mobiles. The power of the signal was around 1/10th of that from a mobile.

After just five minutes the researchers identified the production of extracellular signal-regulated kinases (ERK1/2) – natural chemicals that stimulate cell division and growth.

Cancers develop when the body is unable to prevent excessive growth and division of cells in the wrong place.

Prof Seger said: "The real significance of our findings is that cells are not inert to non-thermal mobile phone radiation.

"We used radiation power levels that were around 1/10th of those produced by a normal mobile. The changes we observed were clearly not caused by heating."

I can't emphasize enough that there are far too many studies showing this kind of result to ignore the problem. Scientists who say there is no problem are being shockingly dishonest. They, of course, are paid by the telecommunication companies to blow smoke in everyone's eyes.

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However, I'd like to step back for a moment and look at the bigger picture; the whole subject of electromagnetic fields (EMF means strictly, electromagnetic force). Microwaves are only part of the whole "radiation" spectrum. Radio waves, radar, ultraviolet rays, x-rays and gamma rays (radioactivity) are all biologically harmful. In fact I have commented before that it's rather a miracle that warmth and light, which are also part of the electromagnetic spectrum, should be biologically friendly, when other radiations are definitely not.

So despite the flimflam from the utility services, the smokescreen from their hired specialists, lobbying from special interest groups and scientists who have their heads stuck in the sand, you need to be clear about one thing: the huge amount of radiation that were currently exposed to is all potentially dangerous and well able to cause malignant disease and provoke its further growth.

Moreover, there is a catch to this. Radiation of all kinds is known to be a cumulative phenomenon in a person's lifetime. It is wicked and scientifically dishonest to say normal radiation levels from a mobile phone are "safe". It depends entirely on what exposures that individual has had during his or her lifetime. If he or she has been loaded already, then it only takes a small amount of extra radiation to put him or her firmly into the danger zone.

So am I recommending you run for cover and hide? No, because you can't really escape this force anyway. The NY and Tokyo Stock Exchanges go through our bodies every day, along with countless soaps, hundreds of thousands of radio stations playing music; plus, of course, other people's cell phones, even if we don't have one.

Whereas I wouldn't encourage anyone to try and buy their own island in the middle of the ocean to get free of all this, neither would I encourage anyone to ignore it. Just be sensible.

I think it's important if you've had a significant health negative (like developing cancer) that you consider this is one of the potential input causes. If it transpires that you are subject to a higher than average intensity of radiation then I think it's only logical that you try and reduce it. It doesn't matter if Professor MumbleJumble was on CNN news yesterday morning saying it's all a hoax and there is no risk.

The first thing you have to do is to establish the scale a problem in your environment and there are various ways you can do this using hand-held field detection meters, which you can buy most places for under $100 each. You have the possibility of measuring the magnetic field (a gauss meter) or the electrical

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field (volts per square metre or Teslas) or a third kind of interference field I shall describe shortly. Good ones are so easy that even a non-technical person can use one; usually there is a failsafe display that simply goes "red for danger"

If there is a problem, you may need to get specialist help to correct it.

Take your meter everywhere in the home—and also your office and other hang outs. There are many sources of exposure:

- microwave oven
- WiFi phones around the home
- Television
- Computer
- Games consoles

In the old days cathode ray tubes were a significant source of intense radiation including soft x-rays. But today's plasma screens are equally hazardous in a different way, producing dangerous transient spikes which I shall discuss shortly.

One of the worst hazards I used to find was a person's sleeping place. Often the night stand is a place where people have a radio and alarm clock, maybe teamaker and a telephone which may or may not be WiFi. Then there are electric blankets and waterbeds which may add their own magnetic fields. Even the metal springs of a mattress may become charged up in the home field, so that they carry a continuous magnetic flux.

Couple this with the fact that rooms are typically wired with a ring main running right round the room and which with oscillating current will generate an intense magnetic field within the ring and you have a formula for danger. It's unfortunate that we spend maybe a third of our time lying in this hazardous bedroom field.

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For over 20 years I have also been advocating the fitting of what is called an EMF demands switch. This is a device which shuts down electrical supply to the whole house at night when the last equipment and last light are switched off (except for the refrigerator and freezer, of course). Only when someone throws a switch to call for light does the device allow the resupply of mains electricity. But you can go through the night without being surrounded by an electromagnetic field.

Dirty Electricity

I'd also like to describe a newly recognized hazard from electromagnetic fields and mains electricity, thanks to the work of engineer Dave Stetzer and Dr Magda Havas. It has been christened "dirty electricity" and it affects most homes. Dirty electricity takes two forms: transient spikes at high frequencies and leakages of current to ground.

Let's talk about transient spikes first. Most people know computers and sensitive equipment need to be protected from sudden high frequencies spikes in the electrical system ("surges"). They're very damaging but frequently occur in mains supply electricity. Indeed neighbor houses and even industry nearby could be creating dangerous transient spikes in your home, even if you are clean. So we fit surge protectors, if we are wise, in the power supply to sensitive equipment.

The thing is that no one has taken these transients seriously as a human health hazard until now. Yet they are unquestionably harmful. It brings down the immune system and that is the LAST thing you want in your situation.

So you do need to act.

The aforementioned Dave Stetzer produces a useful meter with which you test your home for dirty electricity. If the readings are reasonable or within the normal range you probably don't have a problem.

If the meter shows you do have a problem, you need to fit some protective filters. Stetzer Electrical supplies these too. You keep adding filters till the meter shows the readings are back in the safe zone. Then you can relax.

For Stetzer-Graham supplies, see the link later in this section.

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The other kind of "dirty electricity" problem is due to the fact that electrical utility companies insist on dumping too much current to earth. They do this because their power lines are hopelessly out of date and simply can't cope with the huge electrical burden of modern technical and electronic way of life.

But instead of upgrading their systems, they choose to send more of the return current into the ground (way beyond what is allowed by law in some locales). The result is that some places do not have a neutral earth as we understand it but the ground is already highly charged. In fact this can be dangerous and a person standing on the floor with their feet and touching a water pipe might receive a significant electrical charge. Clearly this makes a nonsense of earthing your electrical equipment to the water pipe. The water pipe may be bringing current into your home instead of taking it away!

Well, this is not strictly radiation and not a proven cancer problem. But there is no question that it is a biological burden that your body can well do without if you're battling a dangerous disease.

OK, these are the things that you can do:

Go to the website antenna search.com and type in your address. That will tell you how many microwave transmitting antennas there are within a given distance of your home. Don't be shocked if there are dozens or over a hundred within just a couple of miles of your home. This puts you well within the dangerous radiation zone and you may need to take effective action, given that you're fighting cancer.

Get a gauss meter and an electrical field meter and test your home thoroughly, paying particular attention to the bedroom where you sleep and also to any favorite chair such as the place you watch TV or where you sit working at your computer. You need to fix anything you find.

Buy or borrow a Stetzer meter and test your home transients. If you're having a problem you need to search for the cause of the problem and remedy as much as you can. Sources of high-frequency dangerous transients include electronic equipment, plasma TVs, computers, loose wiring and especially dimmer switches. Remove or fix as much as you can find. Then further reduce the load by fitting Stetzer filters. Ignore any scientific ruckus that you come across on the net, trust me you need them.

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You can get Stetzer-Graham filters from this man:
Stan Durst sdurst2027@aol.com

Now, cell phones

Let's not kid ourselves or allow ourselves to be duped by hired "experts" who just blow smoke. This is probably the number one health hazard in your environment. Change your cell phone habits completely. Use your cell phone as little as possible if at all. While not speaking keep it at least at arms length. Get yourself a headpiece but not the Bluetooth transmitting kind; you need the cable kind.

The safest of all headsets are those which include a short section of the air at you to carry the sound to your ear.

The reason is that the wire from the phone to the earpiece can act as an antenna and carry frequencies to your head and brain; so a wire-fed earpiece or headset is not a safe as the kind I have just described.

Finally, fit a protective device. There are several on the market. You can go to many websites, who make all kinds of claims. I don't believe 95% of them.

But there is one good site, with great devices that have solid backing. http://www.cellphoneguardian.com/cmd.php?af=730147 . You can see, for example, a series of photographs of blood changes, before and after exposure to significant cell phone radiation.

You can choose either to get the small cell phone protector, which mounts on your phone. Or get a larger personal protector, which gals can slip in their bra cup or down the front of their panties; men can keep one in a trouser or shirt pocket.

It is also worth considering their protector cushion pad. That's something you sit on. I'm sitting on mine at the computer right now as I type this. I wouldn't like to work so many hours in an EMF field without it (it also a great investment for long distance driving and jet lag, by the way).

http://www.cellphoneguardian.com/cmd.php?af=730147

Also, hear a great interview with George Carlo about these weighty matters:

http://www.thecellphonedebate.com/carlo

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*35. fields of life

Saxton Burr and Georges Lakhovsky

This section should be read in conjunction with my book Virtual Medicine.

Those of you who have read my book Virtual Medicine will know of the amazing discoveries of Harold Saxtion Burr and Georges Lakhovsky, decades before their time.

In the 1920s and 30s Professor Harold Saxton Burr at Yale began to experiment with electrical recordings of living energy fields of trees and subsequently humans. Trees were particularly suitable, since they could be left wired up for long periods. Burr was fascinated to note changes brought about by sunlight and darkness, cycles of the moon, sunspots and seasonal changes.

Studying humans, he and his colleague Dr Leonard Ravitz noticed that human emotions affected this field. Voltages would be high when the patient was feeling good and would drop when he or she was below par. Burr foresaw the fascinating possibility that '...psychiatrists of the future will be able to measure the intensity of grief, anger or love electrically as easily as we now measure temperature or noise levels today. 'Heartbreak', hate or love, in other words, may one day be measurable in millivolts'.

Burr and colleagues also discovered a voltage rise just before ovulation, which drops just as the egg is released. Healing wounds also change voltage. But most remarkable of all, there are voltage changes due to malignant tissue and Burr was eventually able to predict, from reversal of the polarity across the abdominal wall, when a woman would in the future develop cancer of the cervix. This anticipates later prognostic work with electro dermal screening described here (section 00).

What Burr and his colleagues were measuring was simply voltage potential. But he himself points out that changes can be measured at a distance from the affected organ or even outside the body, holding the electrodes above the skin, showing it is therefore a true field effect. He called it the 'Field of Life' or L Field for short.

Lakhovsky was an investigative genius, born in 1869 and his seminal book The Secret Of Life was published in 1925. That puts him ahead of Saxton Burr but the reader will soon readily appreciate that progressively he belongs here in the

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sequence, since his visionary ideas look far forward into the world of modern bio physics.

George Lakhovsky was a Russian engineer who became a naturalized French citizen and was ultimately awarded the Legion of Honour for his scientific technical services during the First World War. He had to flee his adopted country before the Nazis and died in New York in 1942.

Like those who went before him, Lakhovsky had to endure much calumny and ridicule. As one of his supporters remarked: 'The publication of THE SECRET OF LIFE resulted in causing great annoyance to the custodians of infallible doctrines who made up with carping verbiage what they lacked in clarity of vision'. As Lakhovsky himself put it: 'I have been attacked by physicists ignorant of biology and by biologists ignorant of physics who consequently can neither understand my theories nor judge my experiments'5.

This extraordinary man of diverse talents showed that recorded sunspot activity parallelled magnetic disturbances and auroras on Earth. He also established a correlation between sunspot activity and good wine vintage years.

I have also called attention to Lakhovsky's observation that geological terrain seemed to have a potentially dangerous connection with cancer causation (see section #35)

Lakhovsky also foresaw that one day it may be possible to project images of cancer tumours as an energy disturbance onto a TV screen; today we have MRI and CAT scanners.

But it is Lakhovsky's ideas about biological radiation fields that concern us here. His fundamental scientific principle was that every living thing emits radiation and this has important health implications. According to Lakhovsky the nucleus of a living cell may be compared to an electrical oscillating circuit. This nucleus consists of tubular filaments, chromosomes and mitochondria, made of insulating membranes but filled by an electrically conductive intra cellular fluid. These filaments have capacitance and inductance properties and are therefore capable of working like radio transmitters and receivers.

In Lakhovsky's model, life and disease is a matter of a 'war of radiations' between the body's cells and microbes. If the radiations of the microbe win, disease and death will result. If the cell's own energy transmission wins, then health is preserved. We have arrived at a very advanced and quite defensible energetic view of disease. Lakhovsky himself went on to conduct very many

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experiments in this vein. The results he got were little short of startling for his time and so one may presume there is a lot to be derived from his theories.

For many years, Lakhovsky had a great interest in the mechanism of cancer formation. That in itself was unusual in his time. There was no 'Fight Cancer' media circus running then and a leading London surgeon of the day pointed out that funding of cancer research did not even amount to one penny per person in the British Isles!

There have been many hypotheses advanced as to the causation of this pathological blight, including heredity, infection by viruses, local trauma, pollution and nutritional deficiency. It seems probable that all these factors may play a part. But Lakhovsky was convinced that oscillatory disequilibrium, that is cellular radiation energy disturbance, was the predominant factor in the onset of malignancy.

The problem was, how to reverse it.

Our bodies consist of some 200,000,000,000,000,000,000 cells and hardly any two oscillate exactly alike. This is partly due to differing tissues but also variation through time in the status of each individual cell. The impact of extraneous radiation would also produce modulations, such as the resonance effect. Finding a standardized harmonizing frequency would seem to be a Sisyphean task.

With brilliance and ingenuity, Lakhovsky invented his celebrated Multiple Wave Oscillator, generating a field in which every cell could find its own frequency and vibrate in resonance. The practical successes he began having in hospitals soon confirmed the validity of his theory.

Numerous cases recovered and were documented by excited doctors. He was careful to avoid talking in terms of a cancer 'cure'. However he did unequivocally cure a number of cases; all the others showed variable but marked degrees of improvement.

If any reader would like to follow one of his simple experiments on plant cancer, this is not difficult to perform and will provide a fascinating home workshop on the propertied of biological radiation. In this experiment Lakhovsky purposely dispensed with the oscillator and relied instead on the presence of ambient radiations.

He took a series of Geranium plants inoculated with the Bacterium tumefaciens

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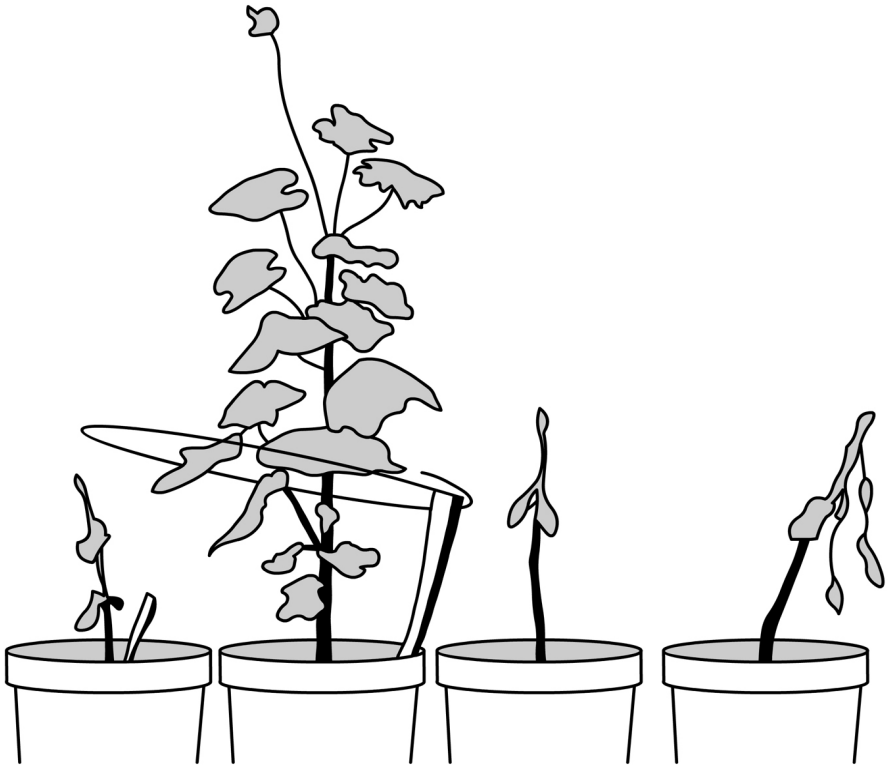
(=tumour making) which causes cancer like growths on the plants: 'A month later, when the tumours had developed, I took one of the plants at random which I surrounded with a copper spiral consisting of copper and measuring 30 cm. in diameter, its two extremities, not joined together, being fixed into an ebonite support [a rigid plastic tube, such as a spent ballpen stem, would suffice perfectly well]. An oscillator of this kind has a fundamental wavelength of about 2 metres (150 megaHerz) and picks up the oscillating energy of innumerable radiations in the atmosphere.

"I then let the experiment follow its natural course during several weeks. After a fortnight, I examined my plants. I was astonished to find that all my geraniums or the stalks bearing the tumours were dead and dried up with the exception of the geranium surrounded by the copper spiral, which has since grown to twice the height of the untreated healthy plants'.

The oscillator was picking up and damping all kinds of atmospheric radiations. He bewails that, even in his day, so many radio transmitters were springing up that 'there is no detectable gap in the gamut of these waves'. Consider the health problem implied by this, when today we have a million times the intensity of blanket radiations that he experienced.



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Dr. GEORGE CRILE author's note:

Famous US surgeon George Crile, founder of the celebrated Cleveland Clinic, Ohio, published almost contemporaneously with Lakhovsky and their theories and predictions bear striking resemblances. I have chosen Lakhovsky mainly because, in my opinion, he was the more visionary of the two. Crile's radical work 'The Phenomena of Life A Radio electric Interpretation' shows that he may be said to have discovered independently the same facts as Lakhovsky and used the same theories to explain his observation.

Addressing a congress of the American College of Surgeons in Chicago, October 1933, Crile pointed out that as the fundamental sciences of physics and chemistry advance their knowledge it should be possible in the future for the skilled radio diagnostician to detect the presence of disease before it becomes apparent. Today we have thermography, PET scans and similar diagnostic aids..

Get yourself a copy of "Virtual Medicine"

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*36. the rife machine.

Now it's time to look at probably the greatest and most exact and workable cancer cure of all time: the Rife machine.

Here's what my research has found. The story is adapted from my own book "Virtual Medicine".

Royal Raymond Rife was unarguably a brilliant technician. He was hired by Henry Timken, an industrial magnate, and under Timken's sponsorship produced the most technologically advanced speedboat marine engine of the day (1915), generating 2700 HP.

Rife went on with Timken's support to develop microscopes and almost perfected the art, producing compounded quartz prisms in a glycerine bath, which gave resolutions of up to 50,000 diameters; this was at a time when the best commercial laboratory microscopes could give only up to 2,000 diameters. Rife's Universal Microscope was without doubt the greatest optical instrument ever designed; no-one can seriously question this aspect of Rife's work.

It's what he SAW that started the acrimony and disputation.

He illuminated the microorganism (usually a virus or bacteria) with two different wavelengths of the same ultraviolet light frequency which resonated with the spectral signature of the microbe. These two wavelengths produced interference where they merged. This interference was, in effect, a third, longer wave which fell into the visible portion of the electromagnetic spectrum.

So when viewed, the organism would appear to light up in a blaze at a certain characteristic frequency.

Rife likened this effect to using light as the equivalent of a chemical stain in conventional microbiology.

This new technique gave Rife a unique advantage and enabled him to see things nobody had ever seen before with ordinary microscopes.

Rife became the first human being to actually see a live virus, and until quite recently, his microscope was the only one which was able to view live viruses. Even more amazingly, he saw that when a Tubercle bacillus was destroyed, it split into many smaller living particles, he called TB viruses (a virus at that time

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was just considered to be a filterable bacterium).
These altered forms we call pleomorphism and it is bitterly disputed, even today, that such a thing can take place. Of course none of the experts who deny its existence has ever looked through a Rife microscope!

But Rife also saw something else, something startling, something that shouldn't be there!

Bacillus X

Rife saw curious tiny little living virus-size organisms in the blood of cancer patients. They were too small to be bacteria but were not viruses. He found they gave off a distinctive purple-red emanation when viewed in the microscope. He named this entity bacillus X, or "BX" and claimed to have verified its existence in every instance of carcinoma he examined.

At that time virus causation of cancer was unheard of. Moreover it was not known that viruses were simply protein capsules containing either RNA or DNA. On our present model, BX was cancer trouble just waiting to happen.

In fact Rife was able to convert from cancer to the organelle and back 104 times. He injected rats with the organelles and created cancers. These were then used to obtain more organelles and pass the disease on to the next rat and so. He did this 411 times in total, with the same result. Cancer was transferred by something smaller than a bacterium. Could it be a virus?

But few were prepared to believe Rife. Despite widespread media of the day claiming that "The cure for cancer has been found", the idea of a cancer virus or cancer bacterium was too far beyond the boundaries of knowledge at the time (1932).

Lethal Rays

Rife discovered that if you play a resonant electromagnetic frequency to an organism it will oscillate or vibrate with it, until it bursts, like the singer's trick of singing the specific note of a drinking glass and make it shatter.

This killing disruption was called electroporation, and led to the cell's immediate malfunction and death. The fatal frequency Rife termed the MOR or mortal oscillatory rate. As well as bacteria and viruses, it worked against cancer cells. It

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was 100% effective. He had found, at last, the cure for cancer!
Now, this is critical: Rife stated quite clearly that you need the MOR killer frequency of the rod form of the bacillus and the viral form of the "BX" (cancer) organism simultaneously, to get any effect.

This feature is missing from all subsequent me-too "Rife machines".

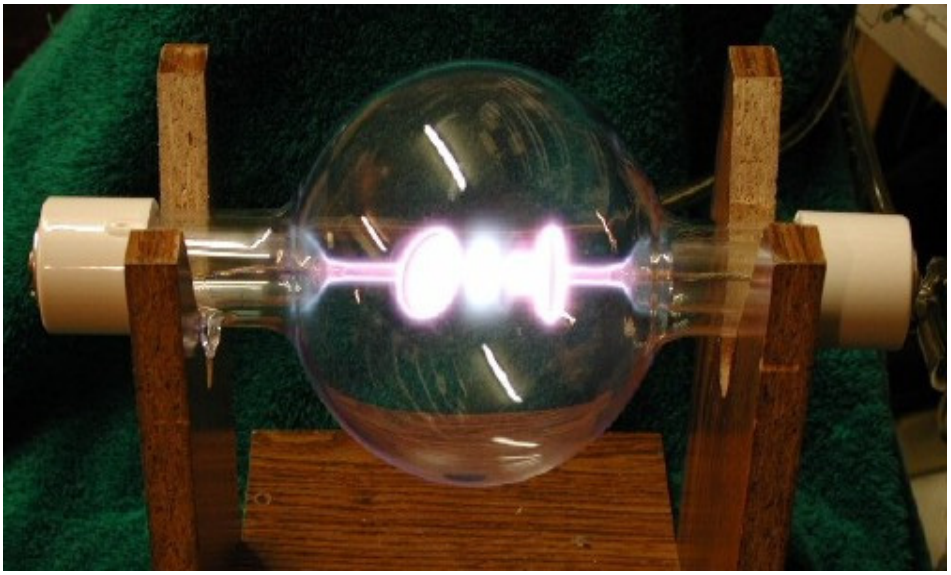
The MORs for the BX (cancer) and BY (sarcoma) forms of malignancy were listed by Rife as follows:

1,604,000
11,780,000
17,033,663

Fortunately, perhaps surprisingly, normal healthy human cells were completely unharmed by these lethal waves.

By 1935 Rife was ready to begin experiments using his "ray" machine on humans with cancer and TB. Out of 16 terminally ill patients, 14 were pronounced clinically cured after 70 days; the other 2 subsequently recovered after the end of the trial. In other words a 100% success rate on patients in the worst possible condition. This result is outstanding and passes into medical history as a truly great achievement. More shame on those who still refute it, over 70 years later.

This "ray" method was truly a breakthrough.



A phanotron tube, which is the heart of the Rife ray device

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In his career Rife won 14 government awards in recognition of scientific achievements and was honored with a medical degree at the University of Heidelberg in Germany. Yet today his name is often viewed as synonymous with quackery and "Rife machines" are illegal in his home country (though not, of course, elsewhere in the world). That's how far Rife's star has fallen and has yet to be resurrected.

Much has been written about the final destruction of the Rife microscope and his frequency machines. We have accounts claiming the FDA burst into his office at gun point and smashed all his equipment. The stories of raids are more likely distortions of actions taken against Life Lab Inc, a later company making copycat frequency machines, with Rife as a titular research head but without any real involvement.

It's true that Morris Fishbein, editor of the Journal of the AMA tried to buy into Rife's company Beam Ray and became very maliciously vindictive when he was not allowed to. As a result of his actions doctors using the device were "visited" by the AMA and told to send it back, or face loss of their license (incidentally, Fishbein and the AMA used the same tactics against Harry Hoxsey, who developed a successful herbal cancer cure).

But Rife's own colleagues probably did him nearly as much damage by producing machines which did not stick to the proper specifications and failed to work consistently. It was even speculated that one of his key engineers was sabotaging the program because he desired to grab the action for himself.

Regardless of all this, I think the final demise of the machine was much simpler to explain and far less dramatic.

Rife came to the market with his machine in the 1930s. It cost $7,000 which in those days was a very considerable investment, even for an MD. No matter, he sold a number of them.

But also in the 1930s, by a twist of fate, sulfonamide antibiotics swept over the horizon, followed rapidly by penicillin, and this new class of drugs soon overran the therapeutic picture at a fast gallop. When it was possible to knock out virtually any pathogen with a drug costing just a few dollars, quickly, safely and simply (according to perceptions of the day), who would want to invest in a costly machine that was inconveniently large, expensive to run and difficult to operate?

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It was the same bad luck with his advanced microscopes. They were the very best of the day, precise and advanced, but very costly.

Unfortunately for Rife, the electron microscope was just around the corner (1931) and optical microscopes, no matter how powerful, were doomed to be eclipsed. Of course electron microscopes can only ever look at dead tissue; but that's the fashion in so-called science. Nobody, it seems, wants to do anything so corny as look at real living organisms!

There is another factor little talked about, which is that the authentic Rife machines were super-regenerative RF transmitters. Without going into the technical details, that meant they ultimately fell foul of Federal Communications Commission regulations.

Remember, by this time radio stations were springing up all over the US and the FCC developed strict guidelines as to who was allowed to broadcast, where and at what frequencies. Rife machines were really doomed by this one factor alone. Rife was simply a man out of his time. He died in 1971, frustrated and sad, a broken man, an alcoholic.

Most of his knowledge has passed into history and most claims for authentic "Rife machines" are bogus. You can tell any of these knock off fakes because they use disease "codes", instead of displaying a frequency.

Typical machines today use pads in contact with the patient and Rife himself roundly condemned this approach. Without an RF carrier frequency the audio frequencies will only go through the connective tissue and not the cell.

And of course they don't work. But you see them touted at every health fair and exhibition.

So how do you get a real working machine? The real challenge is that, because of the controversy, most modern manufacturers don't want to be known for selling "Rife machines". They use the term frequency generator.

If you want to explore or be part of this technology, choose carefully among the offerings. Let's take one model as an example, the GB-4000. It is made in the USA. Moreover it was designed by a man who has studied and re-created a Rife Ray machine, so at least he knows what he's trying to parallel.

You can get that model here. Get me details of the GB-4000

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There's more!

I see that another "breakthrough" was reported in 2007. John Kanzius from Eerie PA claims to have hit on the idea of using radio waves to kill cancer. It sounds remarkably like Rife's method.

Kanzius' idea, in fact, is a little different from Rife's. He proposes sending immunologically tagged nanoparticles to the tumor site (well within current medical science) and then, by bombarding the site with radio frequencies, to heat up the tumor and "fry" it (actually called hyoperthermia).

Kanzius' idea takes advantage of what Rife found, which is that normal human tissue is transparent to radio frequencies and, in the suggested doses at least, is unharmed by it. In any case the risk of radiation sickness from RF is less than with radiotherapy and far less of a problem than dying of cancer.

I think it will work and work well. It's in trial now. The real question is "Will the cancer industry allow it?"

They might, because they can patent and charge fortunes for the nanoparticle technology. But I predict very few doctors will see this as the real vindication of Rife's genius.

This section is taken from my book "Virtual Medicine", which you can get here:
http://www.alternative-doctor.com/virtualmedicine

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*37. geopathic stress

Now we must include a topic often coupled with discussion of electromagnetic phenomenon and that's the matter of Geopathic stress, that is: health hazards from emanations from Earth (and possibly outer space). It is sometimes called "Earth Radiation"

It is a new idea that location can be a factor in disease. There seem to be certain spots on the Earth's surface that are unhealthy. People who live in the countryside have known for centuries that there are places in which cattle and other livestock sicken and die inexplicably. If there were dangerous 'Earth currents' running, these places would be as harmful to humans as they'd been to animals.

In 1990 a significant study was carried out by Christopher MacNaney of the People's Research Centre in Cumbria. Assisted by his wife Sheila and five interviewers, he surveyed approximately 750 families of gypsies at the Appleby Horse Fair. It was found that the incidence of cancer among 'travelling' families was a startling 0.6 per cent – lowest in the Western world. Yet the survey also showed their lifestyle – smoking, drinking, etc. – was no healthier than that of the rest of the population. Moreover, of the families with one or more members who had contracted cancer, all had succumbed in the two years after settling down in a static location.

We call this proposed phenomenon geopathic stress. No one as yet know what the danger factor is but it seems very likely to be a disturbance in the Earth's magnetic field.

The problem is definitely not radon gas, which affects granite areas. In any case, unusual geographical distributions of disease do not necessarily indicate radiation. Areas where bracken contaminates water supplies have a well-documented high incidence of cancer. In some areas of Wales farmers are advised to wear masks. Professor Jim Taylor of Aberystwyth university is reported as saying 'I regard bracken as a present-day Triffid.'

In my view, geological aspects of terrain could also be an important factor. I refer to the writings of George Lakhowsky and others. Lakhowsky surveyed Paris in the 1930s and discovered interesting geopraphical variations in the prevalence of cancer. Areas where the incidence was high (Auteuil, Javel, Grenelle and St Lambert) were sited on clay; areas where the incidence was low (Port Dauphine, Champs – Elysees and La Muette) were on sand and sandy limestone.

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The disturbance phenomenon may account for 'cold' spots in houses, which as many people are aware do not always relate to draughts. The positive or 'friendly' side of this gives rise to the idea of 'good' places, and dowsing shows that many ancient buildings, such as churches and temples, were built on positively-charged zones, as if the builders were aware of safe, enhancing radiation present in the locality.

Modern evaluation of the hazards of Earth radiation began with experiments in 1929 by the German baron, Gustav Freiherr won Pohl. He was an expert dowser and dowsed a town called Vilsbiburg. He used an arbitrary scale of 0 to 16 and reckoned anything at 9 or over was potentially a cancer hazard. He marked all the zones of this dangerous radiation he could find, then went to the town hall to check the records for everyone who had died of cancer in the town, and found, remarkably, that every single person who had died of cancer, without exception, had been living over one of the radiation lines.

Some doctors were astounded by this discovery; others remained skeptical and asked von Pohl to repeat the experiment in another town. He did and the results were exactly the same.

Dr Hager, in Stettin, president of the local Medical Scientific Association, tried it the other way around. He took the records of over 5,300 cancer victims and dowsed their homes. He found that in every single case there were dangerous radiation sport. Even more startlingly, some buildings turned out to be extremely dangerous: five houses had resulted in over 120 cancer deaths.

Another German physician, Manfred Curry, also a dowser, took along impartial witnesses to his experiments and showed that he was able, by dowsing a person's sleeping place, to say with accuracy which part of his or her body was affected. His predictions were right every time, to the astonishment of the onlookers. One bed which he said was 'dangerous in the pelvic area' had seen two successive women with cancer of the uterus.

The modern-day leading exponent of dowsing is Kathe Bachler, an Austrian teacher. She became interested in how Earth radiation might be affecting the health of her pupils and causing behavioural and study problems. She wrote a book called Earth Radiation: The Startling Discoveries of a Dowser, which became a bestseller in Austria and Germany and started a health revolution.

Kathe came to saty with me for a week back in the 1980s and I learned so much from this woman, it was amazing. She taught me how to dowse and insisted that anyone can do it.

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In 1988 I paid for re-publication of her book in English, out of my own pocket. I considered the gesture was important. Recently I reassigned the copyright and today it is available from: The Holistic Intuition Society www.in2it.ca/Books.htm

Her work was so respected that she was given a grant by the authorities to carry her studies further. Ultimately Bachler dowsed 11,000 cases in 3,000 homes in 14 different countries, and has made a phenomenal contribution to this field of study. Her files show case after case of Earth radiation, particularly affecting the sleeping place, making people ill with such diverse conditions as arthritis, cancer, allergies and mental illness.

The use of sophisticated electronic detector equipment is just emerging as an alternative to traditional dowsing skills. It is possible to show that body resistance and other biological parameters change when individuals are sited over hot spots. Professor Hugo Hubacek has invented a machine for measuring electrical changes in the body and correlation with the findings of dowsers is remarkably high – almost 100 per cent.

Geopathic stress crossings or "grids"

In addition to geophysical influences such as streams and rock strata, there have been defined a number of grids detectable only to dowsers. The Hartmann Net (described by Dr Ernst Hartmann) consists of a grid of north-to-south lines, crossed by east-to-west, alternatively charged positive and negative. The grid lines are 2-3 m (6-9ft) apart and some 15-20 cm (6-8in).

The Curry Grid (described by Manfred Curry) runs diagonal to the Hartmann Net at approximately 3 ½ m (7ft) apart and 80cm (2 ½ ft) wide, but unlike the Hartmann Net it doesn't vary. There are the same positive and negative bands and, where positive intersects with positive or negative with negative, these are particularly dangerous spots known as nodes. If these fall over underground water, they are said to be even more dangerous.

Plants And Animals

Plants and animals are sensitive to geopathic stress: stunted trees with peculiar growths are often shown to be growing over areas of geopathic stress. It is as if their branches are trying to get out of the way of the harmful 'rays'. Horses, dogs, cows, sheep, pigs and mice would not willingly settle over areas of geopathic stress, so if the dog has a favourite spot in your house, it can be identified as safe zone.

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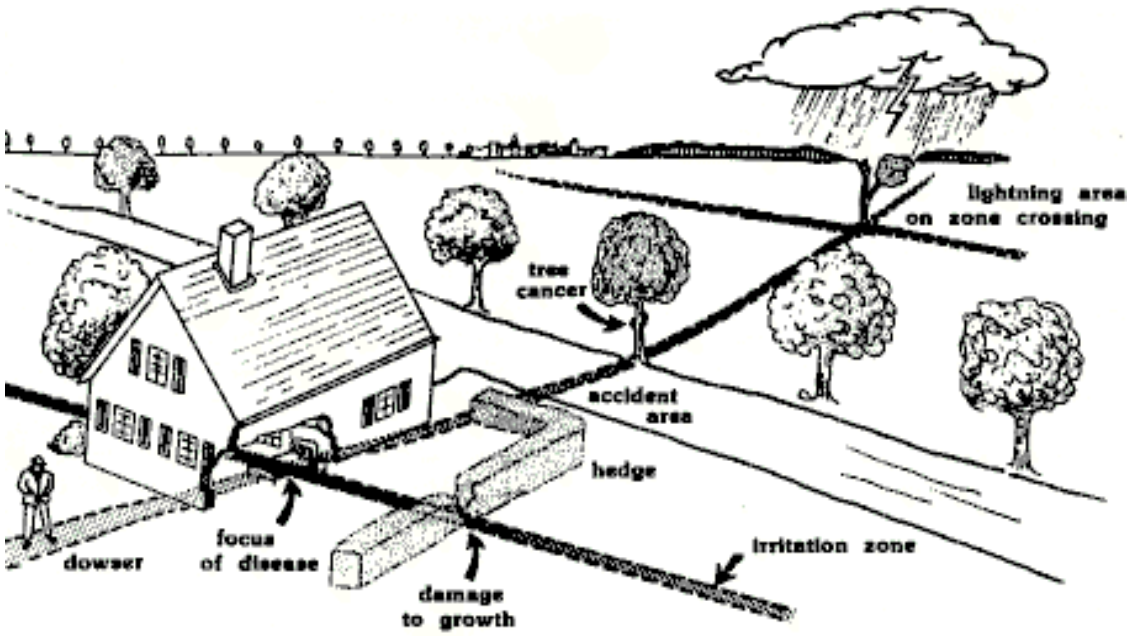

On the other hand, certain plants seem to like geopathic 'stress', particularly oak trees, firs, elderberry, peach, cherry and mistletoe. Studies in woodland areas show that lightning is far more likely to strike oak trees than, say, beech, which is known to hate geopathic stress zones. Is this telling us these areas are electrically polarized? Von Pohl is emphatic that lightning only strikes at underground water crossings.

Cats too like disturbance zones; so if the cat likes sleeping with you, better move! Some insects such as ants, wasps and beetles thrive over geopathic stress areas; look for ants' nests along the outer walls of your home. Finally, bacteria and viruses also seem to like affected zones.

Diseases

Probably any disease can result when the body is put under any kind of stress. Geopathic disturbance is just another kind of stress. What I believe is that, although cancer has many predisposing factors, it may only come to fruition in the presence of geopathic disturbance.

Probably the most common single finding on a geopathically stressed individual is that he or she is resistant to other forms of treatment. Either there will be partial success followed by a relapse, or treatment will fail completely until the individual is removed from the source of stress.

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The sleeping place is particularly important; most of the trouble seems to come when the bed lies on a dangerous spot, and although there are theories about protective devices such as amulets, iron bars outside the house, etc., there is little doubt that Kathe Bachler's advice is best: simply move from the danger zone.

The Architectural Movement

Safe siting of houses and buildings is now no longer the province of the Chinese 'dragon men', as traditional Feng Sui dowsers were called ('dragon's breath' being a Chinese name for good influences). Western architects have begun to take the matter very seriously.

The Ecological Design Association is a consortium of architects interested in furthering knowledge about geopathic stress. Gaia Environments Ltd is a commercial organization with the same end in view. Safe House is a UK mail-order firm dealing in products for an ecologically better way of life.

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*38. learn your cancer markers!

Before we finish, let me tell you a little about "markers". Cancer markers are often used by oncologists to sell you more expensive treatment, or to convince you that what was spent on your treatment was worthwhile.

I encourage you not to be fooled by this and to learn more about what markers really mean.

Basically, tumor markers are substances that can be found in abnormal amounts in the blood, urine, or tissues of some patients with cancer. Different tumor markers are found in different types of cancer and can be used to help diagnose cancer, predict a patient's response to particular therapies or determine if cancer has returned.

Tumor markers alone cannot be used to diagnose cancer; they must be combined with other tests.

So what are tumor markers?

Tumor markers are substances produced by tumor cells or by other cells of the body in response to cancer or certain benign (noncancerous) conditions. Different tumor markers are found in different types of cancer, and levels of the same tumor marker can be altered in more than one type of cancer.

So markers can't really help diagnose what kind of cancer is present. Not precisely.

Remember also tumor marker levels are not altered in all people with cancer, especially if the cancer is early stage. So no cancer markers is NOT a sign you are clear. And again, don't forget, some tumor marker levels can also be altered in patients with noncancerous conditions. So plus markers does NOT mean you have cancer either!

To date, researchers have identified more than a dozen substances that seem to appear abnormally when some types of cancer are present. Some of these substances are also found in other conditions and diseases, so they are not specific. And not all types of cancer have a marker.

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Risk markers are different

Some people have a greater chance of developing certain types of cancer because of mutation or alteration, in specific genes. The presence of such a change is sometimes called a risk marker. Tests for risk markers could help reduce a person's chance of developing a certain cancer.

So risk markers can indicate that cancer is more likely to occur; while tumor markers can indicate the actual presence of cancer. That's the difference.

We can use tumor markers in the detection, diagnosis, and management of some types of cancer—and wise alternative physicians know their cancer markers and use them to manage patients, just like their mainstream colleagues.

Although an abnormal tumor marker level may suggest cancer, this alone is usually not enough to diagnose cancer. Therefore, measurements of tumor markers needs to be combined with other tests, such as a biopsy, to diagnose cancer.

The most practical use of markers is to check how a patient is responding to treatment. A decrease or return to a normal level may indicate that the cancer is responding to therapy, whereas an increase may indicate that the cancer is not responding. After treatment has ended, tumor marker levels may be used to check for recurrence.

In this context, serial measurements are more important and easier to interpret than one-offs.

The National Academy of Clinical Biochemistry (NACB) publishes Practice Guidelines and Recommendations for Use of Tumor Markers in the Clinic, which focuses on the appropriate use of tumor markers for specific cancers. It's more trustworthy than non-profits like the American Cancer Society, which seem to have a clear agenda of denying the public the right to choose alternative therapies if they wish.

Sensitivity and specificity

For a screening test to be helpful, it should have high sensitivity and specificity. Sensitivity refers to the test's ability to identify people who have the disease.

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Specificity refers to the test's ability to identify people who do not have the disease. Most tumor markers are not sensitive or specific enough to be used for cancer screening.

Cancer researchers are now turning to proteomics (the study of protein shape, function, and patterns of expression) in hopes of developing better cancer screening and treatment options. Proteomics technology is being used to search for proteins that may serve as markers of disease in the earlier stages or to predict the effectiveness of treatment or to tell more accurately the chance of the disease returning after treatment has ended. More information about proteomics can be found at www.cancer.gov/cancertopics

Even commonly used tests may not be completely sensitive or specific. For example, the well-known prostate-specific antigen (PSA) levels are often used to screen men for prostate cancer, but this is controversial. It is not yet known if early detection using PSA screening actually saves lives.

Elevated PSA levels can be caused by prostate cancer or completely benign conditions, and most men with elevated PSA levels turn out not to have prostate cancer. Moreover, it is not clear if the benefits of PSA screening outweigh the risks of follow-up diagnostic tests and cancer treatments.

A recent (published March 2009) study in the USA, funded by the National Cancer Institute, showed no increase in survival times, which is all that really matters. But just to confuse things, at about the same time, a European study appearing in the same issue of the New England Journal of Medicine did show a modest, 20% survival benefit associated with PSA screening in men followed for an average of nine years.

Which one is right? No way to tell.

PAP, that's Prostatic Acid Phosphatase, is another prostate enzyme that's sometimes elevated but is no more valuable as a marker than the common PSA check.

Another tumor marker, CA 125, is sometimes used to screen women who have an increased risk for ovarian cancer. Scientists are studying whether measurement of CA 125, along with other tests and exams, is useful.

So far, CA 125 measurement is not sensitive or specific enough to be used to screen all women for ovarian cancer. So mostly it's used to monitor response to treatment and check for recurrence in women with ovarian cancer.

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I see no point in going through a whole series of markers. You'll hear of carbohydrate 19-9 and carcinoembryonic antigen or CEA. Then Carbohydrate 15-3 and 27-29; these last two seem to relate to breast cancer. VEGF Test (vascular-endothelial growth factor). This indicates whether cancer is developing its own blood supply. If we know this, specific treatment can be applied to halt new blood vessel growth. Without a blood supply a fast-growing cancer would soon starve and die. In fact shark's cartilage seems to have some benefit in blocking this signaling substance.

Another significant test is TGF-Beta. It stands for transforming growth factor. Cancer cells produce a lot of this chemical, which suppresses the immune system, so it's worth tracking.

Some of the markers are not really specific to cancer but still get used. Tests like pyruvate kinase and lactic acid simply measure metabolism. Tumors, remember, are pretty active metabolically.

You don't need to remember all these names. You can study more about them on my website or at cancer-gov. I'm really only mentioning them because of Dr Kobayashi's work in Japan, which I'll come to in a moment.

First, let me tell you about a couple of alternative cancer markers you probably WON'T be told about by your doctor!

Telomerase

The enzyme telomerase produces telomeres, located at the ends of each chromosome. These protect the ends of chromosomes as cells divide. In a normal cell, the telomeres break up and shorten each time the cell divides. After a cell divides 50 to 100 times, the telomeres shorten so much that they can no longer protect the chromosome, and the cell eventually dies. Remember this information, though, comes from scientists who know next to nothing about nutrition!

We now know that cancerous cells seem to be able to switch telomerase back on. In fact cancer cells can keep it going indefinitely, which is why they have this fantastic capability for dividing over and over, seemingly immortal.

Thus telomerase is bad news, which is why we monitor it and why you want to watch it fall on your therapy program. The telomerase test was originally a urine

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test but has now been developed as a blood test.

Fetal and baby cells contain lots of Telomerase, which helps to keep DNA healthy; eventually we all lose it. So the appearance of more Telomerase in the blood in later life is highly suggestive of active cancer, since malignant cells contain 10- 20 times normal levels. They can create Telomerase.

Your practitioner can use the test to monitor the suppression of cancer activity (or not). However there may be some confusion, due to the fact that simple infections may send levels up. Still, it is useful by making comparisons and, although high levels may be confusing, levels which have dropped to nil are indicative of success against the tumor.

Important points: when first seen, a cancer patient may have quite low Telomerase levels in the blood. But that's not good. It means the cancer cells are cloaking themselves and hiding from the immune system.

Also, when natural treatments are commenced, Telomerase levels will often go sky high. This frightens patients. But is actually a good sign, that the cancer cells are being destroyed and broken up, releasing the Telomerase.

It might be possible to tame cancer by attacking it in this telomerase weak link. The trouble is studies in human cancer cells have indicated that disrupting telomerase as a means of halting cancer cell replication or inducing cell suicide would require an almost complete loss of normal telomerase activity.

And this would require either swamping the enzyme with an overwhelming amount of mutant telomerase or finding a sufficiently potent drug to completely inhibit the enzyme.

Nobody can guess the implications if that.

But UCSF researchers report that they were able to slow the growth of human cancer cells - or cause them to commit suicide altogether -- by creating just a miniscule mutation in the telomerase enzyme.

By inserting a tiny mutation in the gene coding for a small but critical portion of the telomerase enzyme caused it to not work, which prompted a dramatic response from cancer cells.

"We were quite surprised at how strong the effect was," says the senior author of the study, Elizabeth Blackburn, UCSF professor of biochemistry and biophysics.

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"Cancer cells are tough. They usually ignore the signals that tell them to commit suicide. But by spiking the telomerase enzyme with just a little bad telomerase we saw a powerful effect." Blackburn, BTW, in 1985, co-discovered the telomerase enzyme.

AMAS: A Revolutionary New Cancer Test

The cancer diagnostic test developed by Dr Samuel Bogach is called Anti-Malignin Antibody in Serum or AMAS. It is a simple blood test for cancer which is claimed to be 95% accurate on the first test and 99% accurate on repeat analysis.

According to Oncolab, who administer the test, AMAS levels higher than 135 micrograms per milliliter (mcg/mL) are detected in patients with cancer 95% to 99% of the time. On the other hand, the AMAS level in the blood is below 135 mcg/mL if there is no cancer, or if cancer has been treated and cured.

In a 1990 abstract published in the Proceedings of the American Association for Cancer Research, AMAS was used to evaluate patients with suspicious mammograms. The average AMAS level in 154 control subjects (women who did not have cancer) was 77 mcg/mL. Three of these patients had positive AMAS levels 135 mcg/mL. and looked like false positives. However subsequently, one was diagnosed as having in situ cancer of the cervix, another had basal cell cancer of the skin and the third had ulcerative colitis (inflammation of the colon), but did not have cancer.

In addition, twenty patients with biopsy-positive breast cancer had an average AMAS level of 220 mcg/ml prior to surgery, which is very positive for cancer. In fact many of the tumors removed were very small and could have been missed by other diagnostic methods. In this study, the sensitivity of the AMAS test for breast cancer was 95%.

The AMAS test was hailed as a breakthrough with the potential of saving millions of human lives. "This test is destined to change the face of cancer care as we know it," says People Against Cancer's executive director Frank D Wiewel.

Well, in the intervening years it hasn't really happened yet. I think it's fair to say that it's not as accurate or useful as claimed. But then all marker tests have problems with sensitivity and specificity. One series I found suggested that false positives and false negatives fell well below 10%, which is pretty good.

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Even so, not all alternative cancer doctors support the validity of this test, or find it helpful, but you should know about it. It is FDA approved.

Dr. Kobayashi

Finally, I thought I would bring you up to date with the remarkable work of Dr. Kobayashi, a Japanese oncologist. He has developed a panel of ten tumor markers coupled with a computerized algorithm that is clearly very useful in the early detection of cancer.

By combining several markers at once and having a computer program seek out the patterns that are suggestive of cancer is a big step forward. I'm sure there will be other work like this in future; but for the moment Kobayashi is out on his own.

He uses three series of markers:

Tumor specific ones; tumor associated markers and simply growth related markers. I'm not going to list them all here.

But suffice it to say he can detect cancers fairly accurately that weigh about a gram or less. That's too small to show up on any conventional screening and too small almost to be detected by the eye at surgery. So he may have something important for us here.

Dr. Kobayashi has not only refined the sensitivity and range of the normal values of these markers, but has weighted their level of importance and inter-relationship as a pattern recognition for 5 tumor stages.

He classifies the results as: Tumor free, two levels of Pre-cancer, Pre-clinical cancer and, five, results suggestive of cancer weighing over 1 gram.

This tumor classification can pretty accurately assess the risk of cancer developing in apparently healthy persons.

The great thing with Kobayashi is that he is a conventional doctor given over the mainly holistic methods.

For example he studied the benefits of fasting for cancer patients—remember everything I said about diet in earlier talks in this series. Austrian herbal naturopath Rudolph Breuss healed cases of cancer of the larynx, intestines,

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breast, kidney, and uterus, as well as leukemia, Hodgkin's and other cancers, during the 1970's—just using fasting. You can read about it on my website.

Well, Kobyashi followed several immune signaling substances, including one group called the cyclic nucleotides; we know those are powerful and positive regulators of the immune system and help it eliminate cancer cells just as soon as they form. These are found in all living cells. The cyclic nucleotides, according to Kobayashi, were favorably increased by fasting, adoptive immune (sensitized lymphocyte) therapy, and their combination.

Through interpreters, we know that Dr. Kobayashi has kept approximately 15,000 patients cancer-free over an 18 year duration, by implementing primarily natural methods of treatment during stages IV & V.

We now have to wait for this success program to filter through and become gradually adopted. My friend Dr Garry Gordon in Phoenix is working closely with Kobayashi and hopes to bring his methods here to the Western US.

I for one look forward to seeing their impact on conventional thinking.

Finally, a hot new item. Keep your eye on MicroRNA.

Say what?

RNA (ribonucleic acid) is the twin brother of DNA (deoxy-ribonucleic acid). It's the one which copies and translates, remember? Micro RNA means just short strips of RNA, like strips of yarn, instead of the whole ball. MicroRNA has emerged as a hot new marker for tumors, starting with the lethal pancreatic cancer.

Remember, you read it here first!

MicroRNA may even and may even be able to predict long- and short-term survival, according to an article in the May 2, 2007 issue of the Journal of the American Medical Association.

Researchers were able to distinguish pancreatic cancer from normal pancreas in 90% of cases and, separately, from chronic pancreatitis in 93% of cases. A particular microRNA, if present, showed up patients who would likely survive longer than 24 months, compared with those who survived less.

All this was to a high degree of accuracy: in the 90% range.

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more markers!

Logically, you might think that counting the number of cancer cells in circulation in the blood might be a good way to measure the potential dangers of a cancer. There are some surprising problems with this.

Dr. Hamer (section 12) has pointed out that it's very rare indeed to find cancer cells in circulation. From that he has speculated that secondary cancers are not spread via the blood but are new cancers that have arisen, due to the shock of diagnosis.

Whereas, I love and respect the work of Dr. Hamer, I disagree with him in this. I turn instead to the model of Dr Rife, whose brilliant microscope (section 35) enabled him to see tiny sub-bacterial bodies that he likened to viruses and called the BX organism. Like Rife, I think that this is how cancer is spread to remote tissues. Rife found the BX organism in all cancer patients and was able to kill it with 100% success, using his amazing beam ray machine.

Despite the scarcity of circulating cancer cells, using this phenomenon is a cancer marker is not a lost cause. I found a recent study previewed in a cancer journal The Lancet Oncology, Feb. 10, 2009, which stated that checking for changes in the number of circulating tumor cells (CTCs) could help doctors predict advanced prostate cancer patients' survival and response to treatment.

CTC numbers (before and after treatment) , studied along with other factors such as changes in levels of prostate-specific antigen (PSA) and baseline lactate dehydrogenase (LDH) were useful.

High values of CTC numbers and PSA levels before treatment meant to reduced survival. At four, eight and 12 weeks after treatment, changes in CTC numbers were strongly associated with the likelihood of dying, while changes in PSA were only marginally associated with increased risk of death.

Methylation Marker

Here's another likely advance. Remember you read it first in **"Cancer Confidential"**!

It relies on the fact that many cancers appeared to be viral in origin. The first ever virally-caused tumour was Burkitt's lymphoma. There are probably many other diseases caused by viruses that we haven't yet realized.

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Three common human pathogens are definitely known to cause cancer. These are Epstein-Barr, the human papilloma virus (HPV) and hepatitis B. HPV is strongly linked to cervical tumors, and hepatitis B has been tied to liver cancer. About 15% of all cancer cases worldwide are linked to a viral infection.

But the virus doesn't always cause cancer. Moreover, survival is not a genetic matter, since according to a recent study, those who developed the cancer and those who didn't had identical genomic make up.

What appeared to be different was that when the infected person developed cancer, there was clear evidence of a methylation process. According to the researchers, methylation (an enzyme-mediated modification to DNA) may prove to be a type of camouflage to help the virus elude the body's natural defense system.

Therefore, according to the study, measurements of the presence or absence of the methylation process would provide a very good marker for who would and wouldn't develop cancer due to these and presumably other viruses.

The findings were published online in Genome Research, Feb. 9, 2009

Methylation is a phenomenon that we call epigenetics (meaning above and beyond genetics). I learned to myself some 30 years ago that epigenetics is the number one factor influencing genetic outcomes. I saw time and again serious diseases, even genetic disorders, switched off easily by changing environmental factors, such as cleaning up chemicals in the environment and improving diet.

It's clearly the medicine of the future, and you need to look out for breakthroughs of this kind. Eventually pioneer doctors like me, who through the 70s, 80s and 90s claimed that environmental triggers were responsible for over 80% of disease, will be proved correct (in fact, this may be an underestimate).

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*39. keep moving for health

OK, next comes what could easily be chosen as my FOURTH pillar of health (remember the previous 3 pillars, section #8).

I'm talking about exercise and movement. There is no question that physical activity is built into our nature and is part of the healthy human experience. We are active and extremely mobile bipeds. It's what we are supposed to do.

Nature thinks of us constantly on the move, nomadic, hunter-gatherers, eating here and there, moving on a little, repeating the process and so on. Endlessly moving about the plains. The key word is MOVING.

Unfortunately for modern Man, we are living very far from this natural ideal and, in doing so, we are undermining the health and vitality of our metabolism and tissues. We live almost entirely sedentary lives. We burn too few calories.

There a surprise sting in the tail from that: because we need fewer calories we tend to eat less. That means our intake of fresh vital food is WAY BELOW what it should be. These days you read a lot about antioxidants in food, resveratrol, protective cancer-fighting flavonoids and so on. All very well; and these foods do keep the natural hunter-gatherer free of cancer (it's unknown, in fact, among stone age peoples).

BUT THE AMOUNTS WE GET IN OUR DIET TODAY ARE WORTHLESS—just not enough to protect us. We'd need to eat nearly twice what we do to gain any of the wonderful health benefits of fresh food you keep reading about.
That said, if you change your diet and eat heavily towards anti-oxidant and nutrient-rich fresh food, it will certainly help.

But there is another side to the equation which nobody seems to be talking about: listen up! You must participate in significant levels of activity to be really healthy, to eat well and yet not bloat out with obesity.

How much? Well, I recently wrote a paper for my subscribers on the Victorian diet. Now I know everyone thinks Victorians ate terribly and were sick and malnourished. True part of the time. But that sad state of affairs only came about with the introduction of manufactured food (like tin cans), and adulteration foods with white lead (bread) and red mercury (curry powder), plus all the other hideous practices.

But there was a time when mid-Victorians, around 1850, were healthier than us, and lived just as long once past childhood, and CANCER WAS ALMOST

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UNKNOWN. Specialist doctors of the day described it as "rare". Moreover those who got cancer far outlived today's victims and suffered less.

What's the difference between them and us? The Victorians walked 10- 20 miles a day on average (little public transport in 1850) and ate over 4,000 daily calories, yet were still not obese.

Because of their huge calorie requirements they took in HUGE amounts of antioxidants and other nutrients. Even poor people, who ate a little meat only once a week, ate far better than today's typical American. It's ironical to say we just don't eat ENOUGH. But as Professor of Nutrition I can tell you we are just not getting the amounts we need, even when we are getting the right quality of food.

So you have a choice:

You can eat better; that's one route. But you can also exercise far more and so take in more valuable foodstuffs, without getting overweight. I'm not suggesting you do 10 miles a day (that would be ideal). But I do believe we should all spend AT LEAST 4- 5 hours a week engaged in physical activity. Walking is the very least you should do; cycling is better; swimming or tennis is better still; workouts in the gym are not as good; neither is lengthy vigorous running, because that releases masses of free-radicals in the body.

White Cells On Parade

There is another surprise benefit to exercise: it releases a shower of white cells into the peripheral blood. I pointed this out in my 1994 book (Food Allergy And Environmental Illness) and it's as true today as it was then. Studies show it. We all know that white cell activity means a busy immune system, with attitude. So there are few things you can do that are more valuable than generate white cells. Exercise is a simple guaranteed way to do that.

Just to rub the message in, a recent study headed by Dr. Kathleen Wolin ScD (published in the British Journal of Cancer, Feb. 10, 2009) showed what the researchers called "robust" evidence (that means pretty convincing) – that people who are physically active are 24% less likely to develop colon cancer. That pattern held for men and women, regardless of whether they got their activity on the job or in their spare time.

The study itself was the pooling of 52 other published studies on the same theme. That means 24% is an average; some studies would have shown even

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greater reduction. Some missed it. But even when you water the percentages down with averages, it still comes out in unmistakable terms.

Wolin's study doesn't prove that physical activity alone prevents colon cancer. Physically active people may have other advantages that lower their colon cancer risk. And colon cancer can still strike active people; many factors affect cancer risk.

But it demonstrates quite clearly that exercise is good and can influence the outcome.

"There is an ever-growing body of evidence that the behavior choices we make affect our cancer risk. Physical activity is at the top of the list of ways that you can reduce your risk of colon cancer," say Wolin, who works in St. Louis at the Siteman Cancer Center at the Barnes-Jewish Hospital and the Washington University School of Medicine.

LATEST (from WebMD)!

Feb. 26, 2009 -- About a third of common adult cancers may be preventable in the U.S. -- and that doesn't even count cancers that could be prevented by not smoking.

That's according to a new report from the World Cancer Research Fund (WCRF) and its sister organization, the American Institute for Cancer Research (AICR).

In the new report, the WCRF and AICR estimate that in the U.S., eating a nutritious diet, being physically active, and keeping body fat under control may prevent:

* 38% of breast cancers
* 45% of colorectal cancers
* 36% of lung cancers
* 39% of pancreatic cancers
* 47% of stomach cancers
* 69% of esophageal cancers
* 63% of cancers of the mouth, pharynx, or larynx
* 70% of endometrial cancers
* 24% of kidney cancers
* 21% of gallbladder cancers
* 15% of liver cancers
* 11% of prostate cancers

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Diet, physical activity, and limited body fat could prevent 34% of those 12 cancers overall in the U.S., and 24% of all cancers, according to the report.

Those estimates are all about the big picture -- the effect on the overall population -- not an individual's chance of developing cancer.

The WCRF/AICR report also includes tips for governments, industries, school, media, and other institutions worldwide to promote healthy lifestyles. Among those recommendations:

* New developments should be designed to encourage walking and cycling.
* Government and school cafeterias should provide healthy foods and drinks.
* Food and drink industries should price healthy fare competitively with other products and stop promoting sugary drinks and unhealthy foods to kids.
* Workplaces should have policies and environments that are supportive of breastfeeding.
* Media should promote cancer prevention and flag misleading cancer claims.

That guidance is in line with the American Cancer Society's recommendation for community action, notes Colleen Doyle, the American Cancer Society's director of nutrition and physical activity. "Reversing the obesity epidemic will require bold action and multiple strategies, including policy changes at national, state, and local levels that make it easier for people to eat better and be more active," Doyle says in an American Cancer Society statement.

The WCRF/AICR, which has previously published cancer prevention tips for individuals, stresses that cancer prevention means trimming the odds of developing cancer, not totally eliminating cancer.

Many factors affect cancer risk, and some of them -- like family history -- aren't within your control. A healthy lifestyle doesn't wipe out cancer risk -- but it also has no downside. And, because early detection is often a big help in treating cancer when it does occur, check with your doctor about routine cancer screening tests.

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*40. the herb that beats chemo!

Astragalus is a useful immune-boosting herb found in most parts of the world (many species). Chinese version is Huangqi; in the Western US, where I live, it's milk vetch or locoweed.

Sloan-Kettering website has interesting well-referenced information: http://www.mskcc.org/mskcc/html/69128.cfm

Two studies showed it helped block the reduction in immune function that takes place after chemo.

Derived from the root of the plant. This product is primarily used for its immune stimulating properties. In vitro, animal, and anecdotal human data show reduction of immune suppression following chemotherapy (1). Astragalus-based herbal formulas may enhance the effect of platinum-based chemotherapy (2).

One Chinese analysis (poor standard) showed Astragalus increases the effectiveness of platinum-based chemotherapy for advanced non-small-cell-lung cancer. Thirty-four randomized studies involving 2,815 patients were analyzed. Results suggest that when used in conjunction with platinum-based chemotherapy, Astragalus-based medicine improved survival, tumor response, performance status, and reduced chemotherapy toxicity when compared with chemotherapy alone.
However, the low quality of the studies analysed is a drawback and the results are therefore, not conclusive. Well-designed studies are warranted (3).

Astragalus can also delay chemical-induced hepatocarcinogenesis in rats (4).

Four clinical trials were reviewed to assess the effectiveness of Astragalus (Huangqi) compounds on the quality of life, side effects of chemotherapy, and on adverse effects in colorectal cancer patients. A decoction of Huangqi compounds was used in combination with chemotherapy in three studies, whereas the fourth study compared Huangqi compounds with two other Chinese herbal formulas.

Patients who were given Huangqi compounds experienced a reduction in nausea and vomiting along with a decrease in the typical loss of whuite cells after chemo. Patients receiving chemotherapy alone were controls.

Sloan-Kettering keeps complaining that Chinese studies are of poor quality (true); but what about the very poor quality indeed of most orthodox papers that

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are trying to hustle in new expensive drug therapies? Those are REALLY bad (by intention).

Mechanism of Action: Astragalus works by stimulating several factors of the immune system. The polysaccharides potentiate in vitro the immune-mediated antitumor activity of interleukin-2 (6), improve the responses of lymphocytes from normal subjects and cancer patients, and enhance the natural killer cell activity of normal subjects and potentiate activity of monocytes (7).

Safety

To date, no significant adverse events have been reported. Patients on immunosuppressants (e.g., tacrolimus or cyclosporin) should not take this supplement; it wouldn't make sense.

Herbal astragalus preparations should be administered only by oral route.

REFs:
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*41. kanglaite

If you haven't heard already, you will soon come across a new anti-cancer therapy called Kanglaite. It's manufactured in China and is pushed by incredible hype and fanfares as a "proven" and "miracle" cure. But we've been there before, haven't we? When commercial interests get on the bandwagon, the inconvenient matter of truth and integrity suddenly get lost in all the brouhaha.

So what are the facts?

Kanglaite was developed by a pharmacist, Li Dapeng. It is made from a plant called Job's tears, a relative of maize. We might think of it as "Chinese pearl barley". The botanical name, for those interested, is Coix lachryma-jobi. Its Chinese name, yi-yi-jen, or yi-mi (in southeast China) is the same as that used for barley, or yang-yi-mi, 'yang' meaning 'foreign', or 'across the ocean'.

Yi-mi is used in soups and gruel and is a common ingredient in many Chinese traditional herbal medicines for treating a variety of ailments including cancer. It has also been widely used as a diuretic, analgesic and antispasmodic agent.

No one knows exactly how Kanglaite works, but the drug has been taken by more than 270,000 patients in some 2,000 hospitals in China, and has proven effective against malignant tumors such as carcinomas in the lung, liver, stomach and breast.

So far so good.

But from here on, things are not quite as simple as the protagonists claim. In the usual way, it is assumed that there are certain "active" components of the plant seeds and that these individual compounds can be extracted and sold as the "real" reason why the herb works.

It's true that there are many excellent compounds in the plant and these have been shown to have specific anti-inflammatory, anti-tumour, anti-microbial, hypoglycaemic, and ovulatory effects.

Researchers at the National Taiwan University have identified 6 phenolic compounds in the hull (shell) of Job's tears that have strong but varying anti-oxidant activities. Antioxidants neutralise reactive oxygen species (ROS) and protect cell membranes. Excess ROS is implicated in diseases such as inflammation, aging, atherosclerosis (hardening of the arteries), cancer, rheumatoid arthritis, and liver toxicity.

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This is good. Remember my saying used throughout "Cancer Confidential", that all good health measures are anti-cancer measures.

But I have a problem with the over-reaching assumption that the health benefits of plants can be reduced to just a few known compounds. This faulty reasoning ignores the probability (almost certainty) that there are also unknown compounds that may be contributing to the picture.

Big Pharma constantly perpetuates this myth of course and is it easy to see why. They need something to patent for dollars and some reason to steer people away from the herb. Otherwise, why not just feed the cheap plant substance to the patients and get all the benefits?

All this pseudo-scientific rhetoric about "active compounds" is really just a blind for greed and trying to lock up profits. In other words keeping the benefits from the people who need it, unless they pay through the nose.

So, if you like the story so far, I recommend you just get hold of Job's tears seeds, plant some at home and eat it! I'm all for nutritional sources that fight cancer. But if it's that good, why not just incorporate it in everyone's diet. It's cheap and readily available almost everywhere. It ranks—along with wheat and barley in Europe; beans, corn, squash and pepper in the Americans; and rice in Asia—as one of the earliest domesticated plants.

Scientific trials of Kanglaite

So what is Kanglaite, exactly? It is a "neutral lipid" of the endosperm of Job's tears, extracted with an organic solvent, such as acetone, and then combined with glycerol and lecithin from soy or egg to make an emulsion in water that can be injected intravenously into patients.

Kanglaite Injection (KLT) has been listed by the Chinese government as a "State Basic Drug", a "State Basic Medical Insurance Drug" and a "State Key New Drug". KLT has been on top of the best selling anticancer drugs in China for recent 5 years.

I am always wary of Chinese medicine studies, especially on substances they sell for foreign exchange. Most of it is awful science and a lot of it bordering on ham. But I can report on pre-clinical studies at John Hopkins University, USA, which showed tumor-inhibitive rate of KLT on transplanted breast carcinoma induced by cell strain MDA-MB-231 was over 50%.

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In 2003, FDA approved a US phase II trial on non small-cell lung cancer, a hitherto untreatable cancer once it has gone past the very early stages when surgical intervention is feasible.

Now a new 4-month clinical trial of Kanglaite has been carried out on 15 to 18 volunteers in a hospital in Salt Lake City, Utah, making it the first drug derived from a traditional Chinese herbal remedy to go into clinical trials in the United States. The drug is patented in China, United States, Canada, Japan and the European Union.

That means if it is shown to work it will be expensive and the herbal substitute will be attacked and outlawed as "dangerous" by the FDA.

Other features of Kanglaite

As well as killing cancer cells directly and effectively, Kanglaite also has a number of other significant benefits that would be desired by a cancer patient:

- Improves patient immune function
- Increases sensitivity to radiotherapy (makes it more effective)
- Reduces the toxicity of chemo and radiation, when taken concomitantly
- Provides high energy nutrition to treat cachexia (the body wasting of cancer)
- Relieves cancerous pain markedly
- Finally, it improves patient quality of life and notably prolongs survival

All this with minimum side effects.

Standard treatment course for KLT is 200 ml (2 bottles) per day via intravenous drip x 42 days (84 bottles). There is a break for 4-5 days after 21 days. And clinical experiences in China and Russia suggest 2 treatment courses for those with late stage advanced and metastatic tumors for better therapeutic effect and evident prolongation of life.

Both Chinese and overseas clinical experiences have shown that KLT has proven effect in the treatment of cancers mainly at sites of lung, breast, liver, nasopharynx, esophagus, stomach, pancreas, kidney, colon-rectum, ovary and prostate. This agent is also applied in the treatment of malignant lymphoma and acute leukemia. KLT has brought great benefits to over 500,000 cancer patients in more than 2,000 big or medium hospitals in China since 1997.

You can read more in a PDF here:

http://www.CancerConfidential.com/kanglaite.pdf

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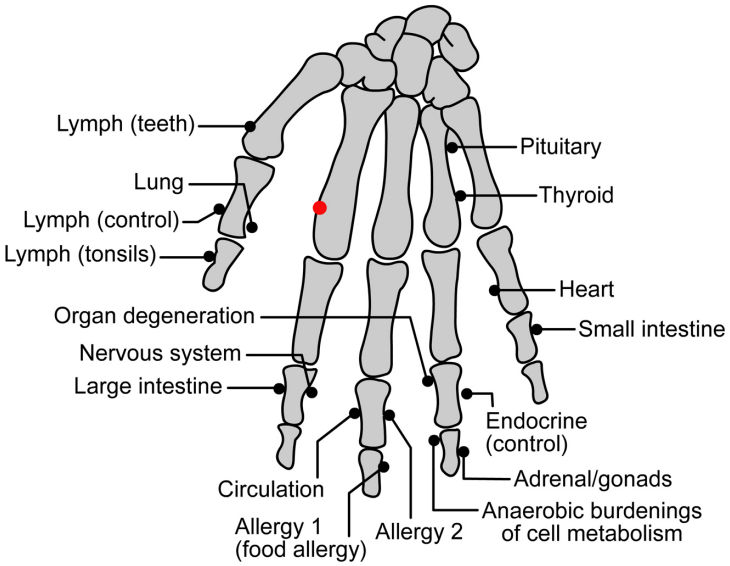
*42. electro-acupuncture may help

What is electro-dermal screening?

Picture the scene in a 21st Century physician's office. After the preliminaries, the patient sits down in front of a computer display, picks up the passive electrode and the doctor begins to touch the skin at certain acupuncture points. The sensor is hitched to a high-powered desktop PC and the two talk to each other electronically.

There is a picture of a hand skeleton; a bright red dot wanders across each digit, beep-beep-beep. After every measurement the doctor clicks a button and the reading goes into the computer's memory to be stored. We now have an electronic file, which can be called up any time in the future and printed out for study or even for the patient to take home a personal copy.



There are two meridian readings to each finger digit and two to each toe, making a total of forty readings in all. But when this preliminary stage is complete, by pressing a key the doctor brings up on the screen an attractive coloured graph. It shows all the CMP measurement values; right and left sides are in different colours for ease of identification; pathology indicators are marked as white bands and stand out clearly.

The doctor pauses and looks deep in thought for a few moments. He taps the white marks on the screen and announces: 'Your spleen meridian is down, the endocrines not so good and something is disturbing the large intestine. The liver

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is high, which means it is having to detox hard; but there is no drop so no liver damage so far'.

He then presses a couple of keys and goes into branching, which means that he now studies the spleen meridian in more detail, passing along it point by point, recording all the values and the pathological markers.

You are watching what it says on the screen out of the corner of your eye: lymphocyte function of the upper body- click; serous coating of the spleen (what's that for goodness sake?)- click; lymphocyte function of the lower body - click; erythrocyte function (that's the red blood cells)- click; reticulo-endothelial system.... The what?

You decide this is all very high tech. But the doctor touches a spot just above your left ankle - click, and announces he has finished that step.

Once again, due to the power of the computer, he taps in a keycode and the sequence of measurements is displayed for review as a table showing highs and lows and the size of each pathological drop. The pathological drop which was found on the main test point of the spleen meridian re-appears on the Spleen-2 point, the reference point for 'lower body leucocyte function'. He is satisfied that this is probably what was disturbing the spleen meridian. Something in the lower body is producing an energetic disturbance that upsets or over-stresses the lymphocyte function down there.

REALLY upset lymphocytes could even mean leukaemia. There is a problem. But what?

Database

Next, as I think of it, comes Dr. Kildare meets Chinese traditional medicine in cyberspace. The doctor calls up a comprehensive database of disease entities and possible cures. On my own system there are over 25,000 entries. This is fairly typical for systems of this type.

By highlighting an entry and pressing the return key, the doctor can access the energy signal named there on the screen. This can then compare it with what is coming from the disease zone; he does this by touching Spleen 2 with the probe, where he found the biggest drop. He no longer looks for pathological drops but is probing to see if there is a resonance. This is shown by a reading at or very close to the balance reading of 50. This means a 'yes' from the body.

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But the doctor still has to make choices: could it be a virus? A parasite? Malaria maybe; that's likely for spleen for anyone who has been to the tropics?... and so on. But he can check his theories very quickly and begin to establish the likely cause of the trouble.

Well, this graphic picture is how I introduced the modern concept of electro-acupuncture in my paradigm-busting book "Virtual Medicine"

Get Yourself A Copy Of Virtual Medicine Here

You'll need to read this book to understand the full model and potential of this new approach to diagnosing disease and latent disease.

Here I just want to make it clear that electro-acupuncture gives one a completely different perspective on the origins and nature of disease. What is being tested in an energetic signal. That's very different to doing blood work or taking and x-ray.

This is not looking for antibodies to the micro-organism or a sample culture to 'prove' that this is what the patient has RIGHT NOW. Indeed it generally turns out to be something FROM LONG AGO. Time and again, when we question the patient, he or she can remember the problem that the machine dug up and says is still causing trouble.

We call this investigative process electro-dermal screening (EDS). With necessary caution, I can state that it holds great promise for the future. Considering that we are merely in the first quarter century of its development, it already surpasses expectation. As more is learned and scientific studies using this approach give us even more insight and understanding into what is happening in disease, then I think we may soon see a time when it is the basis of any sensible medical practice.

EDS is quick, non-invasive and painless method of health screening.

What is important for us here in this book is that it often gives surprisingly deep insights into the REAL nature and causation of disease—any disease—and that includes cancer. Surprising answers are found, like a hidden pathological focus in the teeth (section 43), or some childhood illness still lingering as a pathological shower; sometimes it shows that an old vaccination is still oppressing the immune system.

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You will readily appreciate that extra depth of understanding like this can lead to new and vigorous ways of treating disease.

Causal Chains In Disease

With this entirely new perspective on disease it is possible to start seeing the onset of pathology in a different way. It becomes obvious there is no one cause for a disease. Even TB is not caused by the tubercle bacillus (if it was, we would all have it). TB is caused by a series of weakening effects, mainly malnutrition and emotional shock (remember those dramatic Victorian novels!).

The LAST link in the chain is the tubercle bacillus grows, unopposed by a health immune system. That is one way that conventional medicine errs. To just look at the last step is to ignore all the other stages in the cascade or what I call a tumbledown, leading to cancer and other illnesses.

The all-important question, naturally, is WHERE DID THIS SEQUENCE START? If we can find this and correct it, that will open the door to a new therapeutic plan—one that works where other measures have failed. It can seem like lateral thinking gone mad sometimes. But there is always a curious understandable logic behind the events, once they are put into the right sequence.

The skilled EDS specialist looks at cancer as the final results of many disease pathways. We are used to thinking of it as a tissue ageing process, where toxins and pathogens have accumulated to such an extent that the body defences can no longer cope. We try to undo the ill-effects of years of negative health, thread by thread.

You'll be able to read much more about these new theories in "Virtual Medicine".

Focus (Plural Foci)

A very worrying concern and challenging management problem we find in EDS is the toxic focus. It is quite clear to the unprejudiced observer that foci can generate problems far from where they are found. There is compelling evidence that toxic and infective matter can travel along nerve channels, as well as in the more obvious blood route (all this is described and explained in greater detail in Virtual Medicine).

I become worried if I think of the bigger implications.

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A focus may also pose dangers by initiating pathological changes locally, that is without spreading to a remote site. Professor of Neurology in Stockholm Dr Patrick Stortebecker makes it clear that a peri-apical osteitis is a very typical finding in close proximity to a jaw cancer.

Cancer

It is possible to see cancer coming with competent electro-dermal screening. We first see it as just an energy disturbance, perhaps years before the actual disease is manifest.

However I must warn you that sometimes even skilled EDS practitioners miss the diagnosis; not because we are bad but because the cancer suppresses the signs. Instead of getting disease signals with the equipment, we get health and vitality signs. This is undoubtedly due to the youthful exuberant cells that characterize cancer.

Like them or hate them, there is no question that cancer cells are healthy in their own frame of reference. Indeed they are so "healthy" they are hard to conquer and slow down.

Please always bear that in mind if you go see and EDS specialist.

That said, REALLY good EDS specialists (like me!) will pick up the warning signs indirectly. There are a number of warning signs in EDS that would require a high degree of suspicion of cancer, either established or developing imminently.

These include readings below 30 on any meridian, multiple large indicator drops, high biological age, low immune performance, chronic toxic overload, dangerous foci in the teeth and anaerobic burdening of the tissues (meaning that the general cell chemistry is running too slowly and not burning up molecular fuel properly, creating toxins).

These are all terms that a good EDS practitioner will know. Show him or her the list if you have any doubt.

Let me finish with a list of 7 key contributing factors to deteriorating health that may lead to any disease, but certainly to cancer.

1. geopathic stress, centred especially around the patient's bed or daytime chair (section #37)
2. parasites of many types present in the body

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3. degenerative toxic focus, most commonly in the teeth or jaws but also often in the tonsils or pelvic abdominal areas
4. unresolved emotional trauma (section #12)
5. miasmic influences, from parent to child, passed through the generations
6. radiation and/or electromagnetic exposure
7. personal chemical pollution with toxins such as nickel, cadmium, mercury, aflatoxins (from moulds and fungi), pesticides, benzene, toluene, xylene, formaldehyde, isopropyl alcohol and 'autotoxins', chiefly from the patient's own intestines (section #13).

EDS specialists make no attempts to treat the cancer directly, only to treat the contributory causes. If he or she is going to survive the intruder, the patient will need a fortified immune system that is capable of closing down the attack. This can only be achieved by detoxing, removing coincidental and distracting pathology, pumping up nutrition and taking remedies known to stimulate immunity.

Of course this cannot all be done with homeopathy. I myself give intravenous drips containing high-key nutritional supplements, especially high-dose vitamin C which is a proven safe cytotoxic agent.

Suitable complex homeopathic remedies that would be considered and tested by any good EDS specialist are:

1. Viscum (Mistletoe) in various combinations. Iscador or Viscum compositum (see section.
2. Echinacea compounds, alternating as immune boosters.
3. Glyoxal (very powerful and for intermittent use only)
4. Causticum
5. Carcinominum (nosode)
6. Drainage remedies, eg. lymphomyosot (HEEL), galium
7. Detoxing compounds (Berberis, Nux vom, etc)
8. Defense remedies eg. Tonsilla comp., Discus comp. (HEEL)
9. Miasms, individually or composite, as in Psorino-HEEL.
10. Specific tumour nosodes, bronchus, uterus, cervical cancer etc.

Dental and other foci will need to be eliminated. In truth, it comes back to my old saw that all good health measures are anti-cancer measures.

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Let me finish with a word of warning:

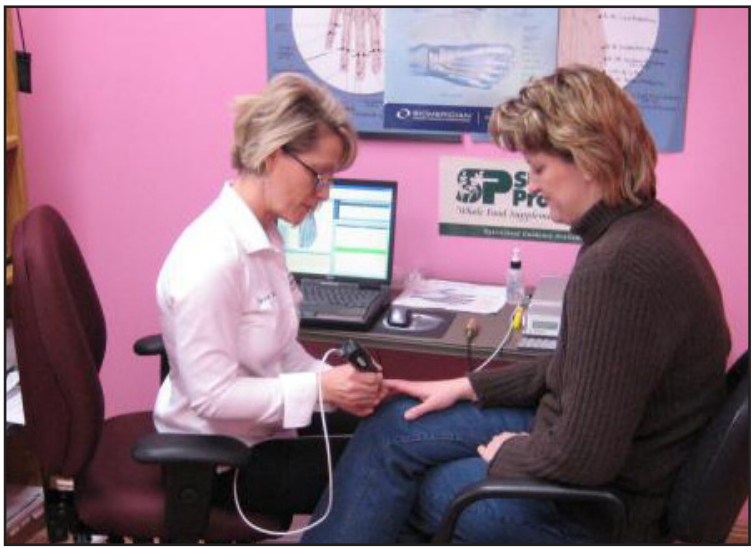
These EDS systems are very "operator sensitive", by which I mean the operators ability and knowledge influence the outcomes (unlike blood work or x-rays, which are absolutely objective).

This is not a problem if the operator is good and is honest about the shortcomings. But I know from experience many medically-untrained operators of these devices make outrageous claims about the accuracy of what they are finding.

The newer versions, such as the EPFX/QXCI, are absurdly difficult to use and some practitioners simply cannot get it to work. It's no different than dowsing.

Having said that, some owners of these devices show uncanny skills. But in all I find it impossible to support a device that works some of the time and not at others, or for some operators and not others.

Prefer instead to go for the probe-type machines.



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*43. teeth can kill

Those of you who have a copy of my book "Virtual Medicine" will know that I devote an entire chapter to health hazards in the mouth—and there are many. It's not just mercury (silver) amalgams, by any means.

Teeth can act as an energetic focus of trouble. Energetic means that the message goes out to all parts of the body.

Sounds strange?

Toxic Dentistry

It is not really stretching the human mind too far to suggest that most dentistry is, by nature, quite toxic. Modern methods rely heavily on materials such as metals, plastics and polymers, ceramics and prosthetic structures of many kinds.

Unfortunately, EDS practitioners (previous section) are discovering that most of this foreign material is stressful to the body. It can be a considerable drain on the immune system and therefore a major contributory cause of fatigue and chronic ill health. In this new context we can only urge people even more emphatically to try to prevent dental problems from starting up. Good diet and adequate teeth hygiene may, even in this day of antibiotics, still be a key life-saver.

I do not exaggerate.

They say that a dentist doesn't kill his patients. I can only add my weight to the view of many other EAV practitioners, which is that they certainly do. It's just that they and the medical profession are not aware of the connection and so miss the significance of the danger.

It is possible to reduce the damage by taking sensible anti-tox procedures before, during and after a dental programme. EAV tests show that this at least minimizes the impact of high-tech dentistry. Such elementary measures would include vitamin C, charcoal (to absorb toxins), homeopathic support and immune drainage remedies, such as Heel's lymphomyosot or Pascoe's Pascotox.

Galvanic Fields And Energetic Disturbance

Slightly more bizarre is the phenomenon of electrical fields around certain teeth and the effects these produce. I remember well the first time I saw Hal Huggin's

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slides of teeth cut open to show the scorch marks, where electrical current had been running for many years. Teeth can work like little batteries. This is quite logical: there are two or more metals and a saltwater fluid medium (saliva). This is how Allessandro Volta's original batteries were made; the battery of your motorcar is essentially the same thing.

The trouble starts from the fact that electrical currents actually leech the mercury out of the teeth, because of an effect called electrolysis. This is why patients sometimes complain of a constant metallic taste in the mouth, made worse by hot fluids and salty food (more electrolysis).

If that isn't scary enough, then the reader should know that electrolysis is capable of releasing deadly mercury vapour. This goes straight to the brain tissue where it is highly invasive and toxic.

But the problem is even more complicated. The currents generated by amalgams can be quite considerable and these are being formed very close to brain tissue, which operates at far lower potentials (a few millivolts). I have seen momentary spikes of up to one volt when testing teeth for the battery effect; this is enough to light a small torch battery.

Remember the brain is really only a few millimetres from the jaw bone where the roots of the teeth lie, just the other side of the thin cranial bone and the meninges. Thus there is potential for mental dysfunction and this is often found in clinical practice, by asking the appropriate questions.

Energetic Fields

EAV practitioners are finding teeth foci as a common cause of energetic disturbance. The problem is immensely more complicated than it at first might seem.

Several key acupuncture meridians cross the line of teeth as they pass over the face. An abcess or 'transmitting focus' can actually create pathological results anywhere along the line of that meridian. That includes cancer.

These are reconnected again with secondary organs and sites. Thus problems with a front incisor tooth may impact on the kidneys, since this meridian passes through the incisors. But the kidneys, in turn are related to the knee joints. If I see a patient with incisor problems or a bridge in this location I can surprise them by asking about the arthritis of the knees. Try it yourself!

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Sometimes the consequences of these interconnections are very surprising and virtually beggar explanation but should make us very wary indeed about the effects of dentistry.

Let me tell you the amazing story about "transmitting teeth" I quoted in that book. It concerns the research work of a brilliant holistic dentist, Weston Price (he gave his name to the Weston Price Foundation)

Root Canal Fillings

We have here a topic where conventional medicine, decades ago, stood right where alternative innovative dentists stand today. The story is a fascinating one and begins in the first decade of this century with one Dr. Frank Billings. His research published in 1914 showed that 95% of all focal infections in the body came from the teeth and tonsils. Billing's work in turn was found by Weston Price a leading dentist of his day. Price was an advocate of healthy natural lifestyle and keynote nutrition; in every way he was a great thinker and a pioneer of values that we cherish today.

Price had a woman patient for whom he had done a root canal filling. She subsequently developed bad arthritis; it was so severe that she had become bedridden most of the time and her hands were so badly swollen she could barely feed herself.

Price was honest enough to ask the question that no dentist cares to ask: could he have made her ill systemically by propagating generalized infection, as Billings had shown? He removed the root canal filled tooth, carefully and aseptically, to see what would happen. The woman promptly recovered.

From this case forward, Price became very interested in the problem of root canal fillings. He had considerable success in helping patients and published his results widely. There are copious papers by him in the medical and dental literature, most of it from the early 1920s.

It is important to recognize the Price was a leading conventional dentist of the day. His views were listened to and, for a time, it became the fashion among doctors to recommend extracting teeth with root canal fillings as a cure for arthritis.

In fact it progressed to widespread tooth extractions, root canals or not, which was not what Price originally taught. Unfortunately, many cases did not recover as expected. The patient not only continued to suffer the arthritis but was

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now without any teeth. The approach became unpopular and was eventually discontinued.

As a result, Price's views were discredited and lost sight of. It was one of those cases where the pendulum swung too far in a particular direction. Price was right, of course, but there needed to be some way of choosing patients who would benefit from removing root canal fillings.

EDS gives us the means. It is now a common aspect of EDS diagnosis to consider the safety and validity of root canal fillings. They may not be a problem. If the person is fit and strong, with a good immune system, the situation can continue unchanged for many years. But if at some time in the future he or she undergoes too much stress or suffers from a major illness, the resistance may be compromised and the dangers of root canals become manifest and dangerous.

The problem is that, although root canal work looks fine on x-ray, and it might appear that there is a perfect occlusion of the former root canal down the heart of the tooth, microscopic examination reveal a different story. Tooth dentine, which is hard and screeches like rock when the dentist attacks it with his drill, is really composed of numerous tiny tubules. It is said there are 3 miles of end-to-end tubules in every tooth; they are supposed to conduct nutrients to keep the tooth alive and healthy. When bacteria gain access to the tooth, they lurk in these tubules. Filling the root canal does not flush the pathogens out of this domain. In fact the bacteria are then trapped in a closed off space and inevitably cause trouble.

Pathogens have to go somewhere when they multiply. They can migrate through what are called lateral tubules and escape into the periodontal membrane and subsequently into the bony tissue of the jaw. From there they migrate around the body.

As biological dentist and author of ROOT CANAL COVER UP George Meinig puts it 'These bacteria are kind of like people, if they get to like Seattle or Reno or someplace they decide that's where they are going to have their home. Well, the bacteria travelling round the body, they may get to the liver, the kidneys or the heart or eyes or some other tissue and they set up an infection in that area. This is why the degenerative diseases occur from the teeth'.

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Transmitting Teeth

Now we come to the part that is definitely weird. Everything so far is at least logical, if rather unnerving. It makes sense. From here it makes no real sense, except in the insubstantial quantum domain or as we would once have said, 'the etheric'.

What Weston Price did in the 1920s was to take infected and pathogenic root canal filled teeth and surgically stitch them into rabbits for observation. It is one of those situations like Benjamin Franklin sending up a kite into a thunder storm; a mixture of perverse genius and intuition that leads to some important scientific insight.

What Weston Price found was that the rabbits became ill with the same diseases as the patients, or if not exactly the same diseases, then the same organ was attacked in some way. If the human had nephritis (cured after tooth extraction), then the rabbit got nephritis; if the human had cancer, heart disease or arthritis, that was what the rabbit got. Eye problems were particularly striking; if the human had only mild eye trouble, the rabbit would react so severely as to go blind in two or three days.

The only real conclusion is that the tooth carried some message of disease using an unknown code. Whether it was a quantum field factor or some other means of information transference is simply not known. You would think this absolutely fascinating series of experiments would have scientists racing to investigate the significance of what Price found. Instead, his work was promptly forgotten for over 50 years. So much for the progress of scientific thought.

What You Can Do

You might be worried about what is written here. This could be with good cause, but don't over-react. The first thing to do is make contact with a biological dentist, as they call themselves. These are advanced dentists who appreciate Price's work and freely use homeopathic remedies, nutrition and other natural accompaniments to dental hygiene.

They also willingly interact with EDS practitioners, preferring the body's own signals for guidance.

Read more and become informed about the issues. Everyone should take responsibility for their own health care and this applies equally to dentistry. To leave decisions solely to your dentist, if he or she is of conventional thought

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mode, is to be subject to yesterday's science and it may do you harm in the long run, as we have seen with the mercury story (there remain dentists who still insist there is no problem with mercury amalgams).

Eat a proper diet which avoids sugars that cause dental decay and feed micro-organisms.

Use co-enzyme Q10 supplements (ubiquinone). This has been shown to have unequivocal benefit for periodontal (gum) disease. More teeth are lost due to gum disease than decay (cavities).

Large doses of vitamin C seem to be very helpful for periodontal disease and toxicity of all kinds. Take large amounts before, during and after any dental programme – at least 10 g (21/2 teaspoonsful) daily.

RESOURCES

1. Stortebecker P. DENTAL CARIES AS A CAUSE OF NERVOUS DISORDERS, Bio-Probe Inc, Orlando, USA, 1986.

2. G Meinig ROOT CANAL COVER-UP, Bion Publishing, Ojai, California, 1995.
9. Radio interview of the Laura Lee Show, transcript published in the TOWNSEND LETTER for DOCTOR AND PATIENT, August/ September 1996.

Listen to more about dental hazards here on one of my websites:
http://www.askdoctorkeith.com/dental.htm

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*44. vitamin c: attacks never go away

Have you ever wondered WHY there is such a frenzy to discredit vitamin C? They tried again in 2008. A study published in Cancer Research (2008; 68:8031-8038) warned that high doses of vitamin C could harm cancer patients by making chemotherapy drugs ineffective. This was based on research on "vitamin C" given to mice or cultured cells treated with common anti-cancer chemotherapy agents. Apparently their "vitamin" hampered those drugs' anti-tumor effects.

Why do I keep putting "vitamin C" in quotes. Because they did not use vitamin C (ascorbic acid) but a totally different (but related) substance known as dehydroascorbic acid. It's not used therapeutically.

What's more, in the experiments with laboratory rodents, the mice were given excessive and probably toxic doses of dehydroascorbic acid. In other words, it's a straight fix.

Of course the media picked this up; the media are bought and paid for by the establishment and Big Pharma. Clearly they had their instructions to run another trashing campaign against natural therapies. If you saw it, don't let it put you off.

We know that REAL vitamin C selectively kills cancer cells, while leaving healthy cells untouched. Countless tests and trials shown that natural vitamin C (even when it's manufactured in a laboratory) is non-toxic and can safely be administered in HUGE doses of over 100 grams a day, IV.

It also has a protective effect against the toxicity of chemo and radiation and enhances the quality of life right to the last.

Pioneer vitamin C researcher Linus Pauling and his medical collaborator, Dr. Ewan Cameron, former Chief of Surgery at Vale of Leven Hospital in Scotland, published several studies on the beneficial response of cancer patients to large doses of supplemental vitamin C as an adjunct treatment to conventional cancer therapies.
They found repeatedly that benefits ranged from an increased sense of well-being and an increased survival time for terminal patients to rare complete regressions of malignancies.

The Next Few Sections Tell You Some Bad Stuff To Avoid:

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*45. the hulda reger clark problem

What problem?

Well, in my view, Hulda Reger Clark is a big blot on the alternative cancer scene. I do not mean by that people are not getting well in her care. The problem is her story and claims, which bring discredit on good doctors and healers. She is not, I believe, a crook or a sham, but she is seriously misguided and spreading nonsense as fact. Her teachings are very harmful to the common good.

Clark calls herself "doctor" and states her degree is in physiology. The Register of Ph.D. Degrees conferred by the University of Minnesota July 1956-June 1966, states that Clark received her degree with a major in zoology and a minor in botany. This is a curious falsehood and makes one wonder about her overall integrity. Presumably she is trying to give herself a medical slant.

I read her book "The Cure For All Cancers"; such a title obviously demanded attention. But I promptly tossed it.

Clark's "cures" are worse than bogus; they are derisory. She would test a patient using electronic dowsing and say "You have cancer" and then, a few days or few weeks later, test again and say "I've cured you". She provides no documentation, no evidence for either the presence of cancer or the fact that it is subsequently cured (sometimes in as little as a few days!).

The majority of the people described in the 103 case reports did not have any proven clinical cancer. Of those that did, most had received standard medical treatment or their tumors were in their early stages and would likely have recovered anyway. In these cases, Clark pronounced them cured but did not follow what happened after they left her clinic—so she could not possibly know how they did afterward. In some instances, she counted patients as cured even though she noted that they died within a few weeks after she treated them.

Clark's claim of 100 consecutive cures then becomes the hype of a snake oil salesman, rather than any recognizable science. It's nonsense and somewhat arrogant, in my view. Clearly she does not understand the true nature of electronic dowsing; which is that it can only reflect the operator's beliefs and there is no objectivity whatever.

If the practitioner is good, the dowsing will often come out right. But to believe there is anything to this, other than the dowser's "hunch" is a delusion, as I explained with all similar devices in "Virtual Medicine".

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Clark's assertion that all cancers are caused by just 2 agents: iso-propyl alcohol and a parasite called Fasciolopsis buskii is quackery and nonsense and at variance with what generations of skilled and careful holistic doctors, far better educated in medicine than she, have found. The causes of cancer are many and complex. Thus there is no one cure, either.

I've never met a single patient who had any success with her "zapper" machine, though doubtless some zealots will attest to its efficacy (she gave away the circuit diagram to a "zapper" in her book, by the way, so charges of financial gain do not weigh).

I believe, based on many more years experience than Clark's, that the results she is getting are from normal obvious measures that we all recommend, like change of diet and lifestyle. It is erroneous to attribute these to her zapping, even though it somewhat parallels the work Royal Rife (section #63).

But my point is that this is still disinformation and is causing people to mis-assign the value of cures.

The curious thing is that she now has an army of adoring fans following her. I suppose they have suspended all rational judgment and ignored the nonsense. People who are desperate may do that.

Part of her success, I'm sure, is that what she does could sometimes work—meaning that her high frequency "zapping" of pathogens and possibly cancer cells is plausible, given the knowledge of Rife's research. But I remind you that Rife himself did not believe that the plates/electrodes approach was effective.

Cleaning up parasites, as Clark claims, will only help the immune system and thereby benefit cancer. Improving the diet will also, unarguably, help cancer pateints. That doesn't mean her other theories hold much water, however beguiling they may be to some.

Beyond that, the successes of her clinic amount to no more than what's in this eReport. You can have the real secret of cancer cures for less than $50, not $10,000s.

Read again my 3 pillars (section #8).

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I found this post at: http://www.cancerguide.org **accessed 2/27/2009**

Leandra Smith, a sarcoma patient who unfortunately has since died, visited Hulda Clark's clinic in Tijuana, Mexico and posted a message about what she observed to the CANCER-L mailing list on August 30, 1996, and she also wrote about it some more in a message to me. What follows is an edited version of her reports. It's important to note that her observations don't directly address the question of whether the treatment works or not, but the conditions she describes are surely a very bad sign.

I went down to Dr. Hulda Clark's clinic in Tijuana yesterday..... She's the lady who wrote The Cure for All Diseases and The Cure for All Cancers. She believes that all diseases are caused by parasites in the body and if you kill all the parasites and rid yourself of all chemicals in your environment and prevent all metals from getting into your system then you will be cured. I did notice, however, that she did say that if you do not rid yourself of every single little pollutant than it will not work.....hmmmm sounds like a loophole in her theory if it doesn't work for you.....

The clinic itself was.....well.....sketchy. There was chaos everywhere and people strolling in and out. There was a weird looking guy walking around stalking all the flies with a swatter.....some very sick people were there getting treatments and they were lying on plastic lawn chairs with cushions covered in plastic garbage bags.....they were getting IV treatments and their tubes were nailed up on the wall.....the whole place didn't look very sanitary and the device they used to test me if I had any parasites was obviously pure quackery. It was this audio thing that if you held one end of a conductor and they pressed the other on your other hand and they placed jars of the stuff they were testing on this metal plate.....then when they connected the electric current through your body it made sounds.....supposedly the woman doing the testing, also the receptionist, could tell the difference between positive and negative (I heard no obvious differentiating sounds).

I saw an elderly couple from Tenn. there and it was so sad. The husband was so sick and he was just lying there trying to ignore the flies landing on him in the hot, hot, hot clinic care room, just adjacent to the waiting room with no door for privacy. His wife was running around trying to track down anyone who could possibly find her some ice to cool her husband down and no one would help her. I feel like if they could have had a resource to hear about the conditions of the clinic before they traveled there they never would have come.....

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> I was supposed to go back today and pay $150 to hear what her treatment plan would be, but I did suspect it meant staying at the clinic, to make sure that I maintained a "non-toxic environment" (but also I guess pick up a couple of Mexican bugs while I was at it). That didn't seem like something I wanted to do, so I decided to keep the $150 and go out to dinner with friends, which in my opinion would do better for my health than Dr. Hulda Clark could provide.
>
> Anyway, I think I'll stick to more mainstream holistic healers.....

Please note that the CancerGuide.org site is a fine project, with no axe to grind.

Legal attacks.

In February 2001, Mexican authorities inspected Clark's center and ordered it to shut down. According to a report in the San Diego Union Tribune, the clinic had never registered and was operating without a license. In June, the authorities announced that the clinic would be permitted to reopen but could offer only conventional care.

If anyone has any information that Clark and her team are still tolerating such squalid and insulting conditions for their patients, I should like to know about it.

Her fees are not as high as some but way too high if this is the standard of hygiene and care.

The important point to get across is you have choices. There is no need to feel desperate. I have explained to you many ways on which you can beat cancer, without the need to go to a dirty flea pit and be charged $1,000s to be told (without proof) that you are "cured".

I'm sure this section will be seen as a hatchet job by Clark's many admirers. But I would not be serving the community if I minced words and didn't make the facts as plain as I see them.

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*46. beware the marshall protocol

You will have read my clear support for extensive and adequate vitamin D supplementation in section #10.

However, you may run across a protocol called the "Marshall protocol", which directly contradicts this advice. It may come down to just who you want to believe, a professor of nutrition, medically qualified, or some misguided engineer claiming medical status and surrounded by fans who have suspended all judgment and connection with the rest of current medical research.

Marshall is an Australian electrical engineer who developed an interest in biomedical engineering out of a desire to cure his own sarcoidosis, which he developed in the 1970s (a non-malignant but potentially fatal condition). He calls himself doctor but has no medical degree. His PhD is not even in biology but electrical engineering. Marshall's theories come from mathematical molecular models, not clinical studies.

You must not be distracted by the raving testimonials from his ardent fans. Look at the facts, PLEASE, otherwise you risk killing yourself. I'm not kidding.

Marshall believes, with no evidence, that vitamin D is immunosuppressive—in other words it shuts down your body's immune system. Therefore, he states, the lower your vitamin D is, the better, because vitamin D from any source (food, supplements, or sunlight) in any amount accelerates the disease process.

This is wildly off the rails and very dangerous indeed.

According to this view, the low vitamin D levels [measured as serum 25(OH)D] found in many people with chronic diseases such as cancer are a result of the disease, rather than the cause.

If he was right, then of course low levels of vitamin D would be attractive. But it's it a complete fiction, based on no clinical evidence or trials. It's just a fancy notion, stuck in place with pseudo-scientific rhetoric.

The Crank Protocol

Devotees of the Marshal protocol avoid sunlight and vitamin D as if they were the plague. They won't eat foods high in vitamin D and live like troglodytes in holes. When they venture into the open air, they walk around with dark glasses and wrapped in blankets.

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Patients are advised to take a medication called Benicar (olmesartan), which is an angiotensin II receptor blocker (ARB). This is supposed to reactivate the immune system. But Benicar is dangerous for people who have weak adrenal function (namely low cortisol and aldosterone production). Cancer patients, especially undergoing chemo and radiation, are likely to have compromised adrenal function.

If that's not dangerous enough, his clients take pulsed, low-dose antibiotics to further combat the infection that is believed to be lurking. This is continued for 3-5 years. Yet we know from decades of experience that long-term antibiotics invite disastrous opportunistic infection, like yeasts, mold and Candida. This adds to the overall body burden and just makes the immune systems problems even worse.

Herxeimer reaction.

The most insidious and dangerous aspect of all Marshall's teachings are that if you feel really ill, it's doing you good.

This is supposed to be what's called a Herxeimer reaction, named for German dermatologist Karl Herxeimer, who first noticed it when treating syphilitic patients with mercury. The assumption has always been that it is caused by the metabolism being upset but the breakdown of dying toxic cells and their debris. It's a real reaction. We may encounter it in other situations than the one first described. For example I noticed it often when treating Candida patients with anti-fungal powder.

But today I often see it quoted as a justification for mismanagement of patients and making them sick with harmful procedures.

Even worse, in Marshall's teaching, if you don't get the reaction, the therapy is doing you no good at all. That shows his appalling ignorance of Nature and the healing process. Remember he is an engineer with no clinical experience.

This guy is not just a loose cannon, he and his devotees are a menace, in my view.

I urge you to avoid any aspect of his theories and methods. You could get yourself killed—literally.

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Marshall's absurd claim that vitamin D does not benefit cancer

One of the myth peddlers Amy Proal (www.bacteriality.com) claims there are studies that demonstrate that vitamin D does not decrease cancer risk. This is the "science of convenience", meaning she omits the great studies which prove unequivocally it does.

Previous theories linking vitamin D to certain cancers have been tested and confirmed in more than 200 epidemiological studies, and understanding of its physiological basis stems from more than 2,500 laboratory studies.

On the other hand, the studies Proal relies on are worthless. This is not nit-picking; several of those studies involve people supplementing with absurdly low doses of vitamin D, 600-800 IU per day, which is too little to be effective.

She and Marshall are way out of touch. Recent studies and the modern consensus among knowledgeable nutritionists and physicians (I'm not talking about the hospital dinosaurs) indicate that levels of over 1500 units are needed. 2,000 is even better.

Just how important is vitamin D? In a brand new paper (Annals of Epidemiology, May 22, 2009) epidemiologist Cedric Garland, DrPH, professor of family and preventive medicine at the UC San Diego School of Medicine has proposed a whole new model.

He has produced evidence that vitamin D and calcium levels are critical for thealthy cell signalling. Without enough vitamin D, cells may lose their identity as differentiated cells, and revert to a stem cell-like state. That's a dangerous proto-cancer condition.

For a soundly scientific independent view, consult http://www.vitaminDsociety.org

You can read about Marshall and his oddball theories here:

Wikipedia, http://en.wikipedia.org/wiki/Trevor_Marshall

Joe Mercola does a good deconstruct, using his considerable knowledge of all aspects of alternative protocols:

http://articles.mercola.com/sites/articles/archive/2009/03/14/Clearing-Up-Confusion-on-Vitamin-D--Why-I-Dont-Recommend-the-Marshall-Protocol.aspx

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*47. Zeolite - don*t bother!

Zeolite is a mineral (actually a family of minerals), an aluminum silicate with curious physical properties that make it useful in water-softeners. It's used in cattle and poultry feeds in the US. Eating the powder is an old Eastern European folk remedy. Like fucoidin, it might alter the flora of the large intestine, perhaps in turn altering the body's internal milieu and perhaps helping with "just not feeling well."

The mineral is presently being multi-level marketed in the US with outrageous claims, including the suggestion that it helps "cure" cancer".

The only "scientific" paper I have been shown to justify this was laughable and proved no such thing. It was purportedly a 14-month, open-label study of 65 level-four, terminal-stage cancer patients. These people had various types of cancer, and all of them had been sent home to die. After taking zeolite, 51 of them (78 percent) experienced "complete remission".

Those who are honest admit this is worse science than a high school project. Yet somehow it has morphed into "scientific trial" that "proves" that zeolite cures 78% of all cancers.

A group at the Ruder Baskovic biochemistry labs in Zagreb reviewed zeolites in medicine and concluded that the stuff is almost insoluble at the pH ranges found in the human body. They conclude that if zeolite has any real effect on human health, it is by influencing the transit time of food through the gut, by altering the fecal flora, and/or by working on the lymphoid tissue of the gut. This in and of itself may make a person feel better. The team warned that the stuff is a mutagen, and might even be a carcinogen like asbestos, which is also silicate rock (Lijecnicki Vjesnik 122: 292, 2000).

All this doesn't seem to stop people selling it and swallowing it ($185 a hit, of which the product costs about $5 and the rest in sales commissions. No wonder they lie and hype it up!

Give it a miss, is my advice.

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*48. fulvic acid - even worse!

This is presently being promoted as a cure for tumors, as part of a "colloidal mineral" regimen.

This is an obvious fraud and differs from most of the others because fulvic acid is not just a harmless placebo.

As of October 2001, there is exactly nothing published in the mainstream medical literature on fulvic acid having any therapeutic effects.

What I do know is that fulvic acid is a fungal poison and free-radical generator that is considered, by people who actually study this sort of thing, as the first or second most important cause of the epidemic of mutilating arthritis in central Asia (Cell & Tiss. Res. 297: 141, 1999; Int. Orthop. 25: 175, 2001; Virch. Arch. A. 423: 483, 1993; and many others).

Scientific articles published on fulvic acid are limited to descriptions of how much of this pollutant are present in various water systems, and how much should be considered safe. It is amazing that thanks to slick advertizing, people are now paying money to ingest what the poor nations consider a dangerous pollutant.

Many MDs seem to have been fooled by the pseudo-science too.

I wouldn't even take the stuff for any reason, never mind rely on it to help with cancer.

Now Let's Get Back To The Good Stuff!

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*49. insulin potentiated therapy

Insulin Potentiation Therapy (IPT) is a controversial cancer therapy (aren't they all?) that uses insulin as an adjunct agent to potentiate the effect of chemotherapy and other medications. That makes it a bit of a hybrid, somewhere between total chemotherapy and natural methods.

This technique was originally developed in Mexico by Dr. Donato Perez Garcia in the 1930's. His son, Donato Perez Garcia Bellon, M.D., and his grandson, Donato Perez Garcia, Jr., M.D, followed Dr. Garcia in this work. MInd if you read about Stephen B. Ayre, M.D; you'd practically think he was the leading resercher in this method.

I have already referred to the fact that cancer cells seem to have an excessive demand for sugar, because of the low energy glycolysis metabolism (section #12). So the administration of insulin,which dramatically lowers blood sugar levels, should in theory make cancer cells more vulnerable to attack.

Garcia reasoned that adminstering insulin, followed immediately (within minutes) by chemotherapy, should allow a lower—and therefore safer—dose of chemotherapy to be used.

It's rather like the idea that a company of drunken soldiers could be overcome by a much smaller opposing force than would be required if the company were fit and sober!

In addition, insulin is also believed to increase the permeability of cell membranes, increasing the intracellular concentration and cytotoxic effect of anticancer drugs. That's what it does for glucose, sure; I'm not so sure about the science backing the fact that insulin affects cell membranes in respect of all substances.

But according to practitioners of IPT, a dose as little as one tenth of the normal chemo dose will be effective in this context.

Unfortunately, no real clinical trials have been performed to validate these claims. Moreover there is more than a theoretical risk that concurrent use of insulin and chemo drugs could actually potentiate the toxic effects of chemotherapy on healthy cells. I think it would be rash to ignore the possibility.

My main assessment is to wonder why anyone wants to dabble in low-dose chemotherapy. Given that we know that it is absolutely IMPOSSIBLE to kill all

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cancer cells, as oncologists believe (or at least claim) they do, why should a poor man's version of the same thing have any more effect?

Cytotoxic therapy (killing cells) is a fool's illusion and I think. We are better to concentrate our ingenuity on aiding Nature and stimulating the immune response, as in many of the techniques I have described already in this work.

If you like the sound of the clinical context and want to try it, the best I can say is it won't harm you as fast as chemotherapy, so there is plenty of time to change your mind, without having lost all your defence soldiers!

Some people, of course, swear by it.

I have an impassioaned plea to feature this therapy from Carol Roujansky. Here is her story:

2 months to Remission, Almost 2 years in Continued, Great Health!

I have been a Reiki Master for the past 20 years, so my diagnosis of cancer came as a complete shock. How could this be happening to me?! Further, I'd been involved in meditation and self growth processes in an international community since 1970 and thought I had been eating a healthy diet. Nutrition and correct supplementation were always foremost for me. So, you see, this diagnosis can appear suddenly for anyone.

My official diagnosis was Uterine Cancer, Grade 2, Stage 4.

On March 30, 2007 I had a 5 hour operation followed by a 13 day hospital stay. At this point I would say that I was entering the "dark night of the soul." My usual optimistic nature was severely daunted and the recovery so hard that I remember saying that I wouldn't have wished it on my worst enemy.

Fortunately, I had a HUGE support group of family, friends and clients. The hospital room was full of people visiting and giving me not only support, but lots of Reiki Sessions (including distance healing, continually, from my well trained students), Jin Shin from another friend, and lots of prayers and up close and distance support in every way. The same continued while at home during the stabilizing period after the hospital and long after.

But following the operation and despite all the support, my spirit was still in a very low place.

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Then a crucial and amazing turning point occurred after a visit to a local Tibetan Healer. I "thought" nothing much had occurred, but the next day during my daily walk by the local marina I felt my old indomitable, strong, optimistic spirit bounce back into my body. Yahoo!!! I was back and could now proceed to the next step.

Prior to the operation I did a huge amount of research into all the myriad paths for follow up care as well as extensive diet and supplementation. Finally I was ready to move forward. I vehemently rejected the traditional chemo that was being offered me. There was no way that I would put all those chemicals into my body, killing everything in its path.

Instead I made another wonderful and totally life saving choice, "Insulin Potentiation Therapy" also known as "IPT". I'm in love with the whole IPT process and am one of the few patients who are actively sharing their experiences with the world. Please feel free to contact me and to pass my name to others in need. I have boundless enthusiasm in helping people understand this method, and to help them through the entire course of their treatment with support, if they like. Sharing this healing process with others is a great joy for me!

IPT helped the final stages of my recovery very quickly and easily. The most side effects were feeling a little tired that night and the next morning. After 9 IPT treatments, I tested in remission and have been testing clear for almost two years now!

Crucial to my very quick recovery were many elements, including a great support system, prayer, optimism, creativity in the form of writing about my experiences, exercise, enthusiasm and lots of Reiki. A strong and clear supplementation system fell into place and I adhere to that today. High dose Vitamin C infusions were a big part of my healing program, and I maintain those even now once a month for maintenance.

There is one more crucial factor and that was/is a total overhaul of my diet. Totally removing any and all allergenic foods such as wheat, dairy, sugar, soy, corn, alcohol, coffee have been imperative.

Please feel free to contact me at any time: premcarolreiki@yahoo.com (619-422-4775). Please reference this article in the message area when you contact me. I will be happy to call you back and share more details with you in person.

Many Blessings, Gratitude, Health, Love and Support,
Carol Roujansky, Reiki Master

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*50. chlorine dioxide protocol

The MMS (Magic Minerals Solution) protocol was developed by Jim Humble, a gold miner and metallurgist, on an expedition into the jungles of Central America, looking for gold. It was a response to a need to help a member of his expedition who came down with malaria, more than two days away, through heavy jungle, from the next mine. After many years of experience, Humble always carried stabilized oxygen with him on such expeditions, to make local water safe to drink. Facing the possibility of a quick loss of life, he gave it to the stricken man. To everyone's amazement, he was well within a few hours. That seemed like a miracle, but Humble wanted to better understand what had just happened.

Over the course of several years, Jim Humble figured out that what made stabilized oxygen so effective in some malaria cases, was not the oxygen at all, but the trace amounts of chlorine dioxide it contained. Further research led him to come up with a way to produce hundreds, if not thousands more units of chlorine dioxide than what is found in stabilized oxygen. This is through using a higher concentration of sodium chlorite (28% vs. 3% for stabilized oxygen), in conjunction with an activator. The proof of the efficacy of this simple protocol was in successfully helping over 75,000 people in several African nations – including Uganda and Malawi – rid themselves, primarily of malaria, but also hepatitis, cancer, and AIDS.

Anyone can be overloaded with toxins. Most people probably are but won't admit it or, more likely, don't know it. Others would prefer to think they're not. If your health is not perfect, you're habitually low on energy, have trouble keeping your weight down or your blood pressure in the normal range, or constantly dealing with inflammation or pain, or if you have cancer, and indeed you have any medical condition that is adversely affecting your health, then there's likely to be a toxin, heavy metal, virus, bacteria, fungus, or parasite playing a part.

Mainstream medicine will typically respond by loading you up with additional pollutants, many of which indiscriminately kill healthy tissue while going after "the bad guys" to deal with the symptoms. Not so with chlorine dioxide. It only acts on anything harmful. Miracle or not, the effects can be amazing!

There is nothing new about chlorine dioxide. It has been used to sterilise medical equipment for decades and food preparation areas, and it would appear that no germ of any sort, be it a virus, a bacterium, a parasite or a fungus, can tolerate its devastating effects. Because its effects are so rapid, no germ has ever had time or been able to develop a resistance to it. It is like a human being trying to develop a resistance to a hand grenade. It just isn't possible.

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Chlorine dioxide and chlorine are not the same. Chlorine is a chemical element. In ionic form, chlorine is part of common salt and other compounds, and is necessary to most forms of life, including human. A powerful oxidizing agent, it is the most abundant dissolved ion in ocean water, and readily combines with nearly every other element, including sodium to form salt crystals, and magnesium, as magnesium chloride.

Chlorine dioxide is a chemical compound that consists of one chlorine ion bound to two ions of oxygen. It's a powerful oxidizing agent meaning that it will snatch electrons from "electron donors." In doing so it denatures chemicals and kills living forms easily. This is important because relative to chlorine dioxide, all pathogens are electron donors.

Chlorine dioxide is extremely volatile. You might call it "hot tempered," but in a very beneficial way. This volatility is a key factor in chlorine dioxide's effectiveness as a pathogen destroyer.

The compound is literally explosive, so much so that it's not safe to transport in any quantity. Therefore, it is common practice to generate chlorine dioxide "on site" at the point of use. You will mix your own, as explained later.

Chlorine dioxide is approved by the Environmental Protection Agency in safely removing pathogens and contaminates like anthrax. So you know it must be effective. However, the concentrations used in such applications can vary from 500 to over 6,000 parts per million (ppm), which would quickly kill a human.

Using the MMS protocol you will produce chlorine dioxide around 1 ppm. You will carry the MMS solution, a precursor which is safe to transport. You make chlorine dioxide right in the cup or glass, just before you swallow it, by adding lemon juice or citric acid.

The MMS solution is 25% sodium chlorite in distilled water. You can produce chlorine dioxide with a single drop, when an "activator" of vinegar, lemon juice, or a 10% solution of citric acid is added. Citric acid is recommended because of its simplicity. The natural pH of sodium chlorite is 13. Adding vinegar, lemon juice, or citric acid creates about 3 mg of unstable but still harmless chlorine dioxide.

No Resistance

Chlorine dioxide's extreme volatility prevents pathogens from developing a resistance, mainly because when they make contact the pathogens are zapped

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instantly. Yet (this is the real miracle)—healthy cells and beneficial bacteria remain unaffected.

As I said in section 14, oxygen is pretty effective at killing cancer cells. But chlorine dixiode attacks them much more brutally than plain oxygen, ripping cancer cells or pathogens apart - literally vaporizing them, in the equivalent of a small chemcial explosion in our tissues!

Throughout the body, anywhere chlorine dioxide ions – transported via red blood cells – come into contact with pathogens, the pathogens give up their electrons and cease to exist. The chlorine dioxide-armed cells only "detonate" on contact with pathogens, which include harmful bacteria, viruses, funguses, toxins, heavy metals, and parasites. All of these will have pH values that are out of the body's range of good health. They will also have a positive ionic charge.

But healthy cells and organisms (pH 7 and above and with a negative charge) remain untouched.

Chlorine dioxide ions will also oxidize diseased cells… anything that is acidic, with a positive ionic charge.

What Happens If The Chlorine Dioxide Encounters Nothing?

If the chlorine dioxide ions encounter no pathogens or other poisons, they deteriorate into table salt and in some instances, hypochlorous acid, which the body can also use.

This compound also kills pathogens and even cancerous cells. Hypochlorous acid is so important that its diminished presence in the body is described medically by the term 'myeloperoxidase deficiency'. Many people are afflicted by this condition. The immune system needs a great deal more hypochlorous acid when disease is present. Facilitated by the MMS solution, chlorine dioxide delivers it in quantity.

In other words, if you are totally healthy and have nothing in your body that is at an acidic level below 7, there are no ill effects from taking chlorine dioxide at the appropriate dose. However, your stores of hypochlorous acid will be increased.

That's good!

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Side Effects vs. "Healing Crisis"

When swallowed, 2 or 3 mg of free chlorine dioxide are in the solution at the time. However, the body is supplied with chlorine dioxide in a "timed release" manner lasting about 12 hours. Be aware, that before you feel better, it is likely you will feel ill in one way or another.

The nauseating feeling that you may possibly experience, especially if you take too big a dose, is the result of chlorine dioxide encountering and destroying a large number of pathogens. We all have pathogens; most of us have lots. Since they build up over time in various organs of the body, they generally affect our health slowly and cumulatively. We don't notice.

But if chlorine dioxide takes them out too suddenly, the result will be a dramatic reaction. All sorts of waste and debris will be released too fast. We call that a healing crisis or sometimes a "Herxeimer reaction".

It can be unpleasant but all you do is stop the medication. When you feel OK again, restart at a much lower dose—just one drop each day if necessary. And then build up.

Remember, if there is nothing for chlorine dioxide to encounter, it deteriorates into constituents that are totally non-toxic. Nothing poisonous is left behind to build up, as is the case with many medical protocols. Medical treatments currently provide you no way of removing the poisons when they don't work.

Chlorine dioxide, on the other hand, lasts long enough to do its job, and then the amount that does not furnish the immune system with needed ions becomes nothing more than micro amounts of salt and water. The chlorine dioxide has just a few minutes to do its job, and then it no longer exists, leaving nothing behind that can build up, or do additional harm.

The Procedure

All you need is your bottle of MMS, a clean, empty, dry glass, an eyedropper and the activator citric acid.

Always activate the MMS drops with one of the food acids, **either lemon juice drops, or limejuice drops, or citric acid solution drops**, the citric acid drops being the simplest.

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Always add 5 drops of citric acid to each 1 drop of MMS, mix in an empty dry glass and wait at least 3 minutes, then add 1/3 to 2/3 glass of water and drink it. (You can expand the 3 minutes to 10 before drinking.)

Repeat this dose in between one and two hours, ideally doing all of this after your evening meal, possibly starting about ¾ hour after you have eaten, as it can sometimes make some people sleepy, apart from which your body does most of its detoxifying during the night.

Start modestly with as little as 1 drop of MMS plus 5 drops of citric acid on your first day (never forget to wait at least 3 minutes for the mixture to react to create chlorine dioxide, which will turn yellow and smell of chlorine, and repeat the dose in one to two hours). Take your time and do not rush. You could stay on this low dose for a few days, and then increase the number (2 and 10, 3 and 15, etc) on subsequent days, but I repeat – TAKE YOUR TIME.

There is no point in going higher than 15 drops (+ 75 drops activator). You'll see this dose urged on websites all over the Net. But really it's rare to need 15 drops for a result.

How do you know when to stop? Your body will tell you when you've reached the optimum dosage for you, and, if in doubt, drop the next dose. Clearing may be a bit uncomfortable, but it need not be intolerable. You may feel like you've been through a battle, and, in a sense, you have.

Just stop if there's a problem. But restart as soon as symptoms subside. Symptoms are a good sign, remember: it means there are toxins and pathogens there aplenty.

You need to get rid of them.

This gentle approach applies to any chronic condition, and especially if you want to clean up your body. However, if you develop an acute medical condition such as dengue fever or malaria, for example, start straight in at at least 5 drops of MMS to 25 drops of citric acid, although you could possibly start at 8 drops of MMS to 40 drops of citric acid, and don't forget to repeat the dose in between one and two hours. With any luck you will feel remarkably better by the next day. If you are not quite symptom free, repeat the same the next day, increasing the dose by about one third. In an acute situation, you can take three doses a day, each one repeated one to two hours later.

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Antidote. If you develop any symptoms you don't like, assume it is the chlorine dioxide working too hard within you. To clear these symptoms, either take a few doses of ½ teaspoonful of sodium bicarbonate in a glass of water or a few grammes of vitamin C in water. Don't take both (one is acid and one alkali, neither will work!). Then either don't take a dose of MMS for 24 hours or drop the next dose and gradually work back up again.

IMPORTANT. Please be aware that, as I have already said, chlorine dioxide is a very potent chemical and literally destroys anything potentially harmful it comes across. Whatever dose you take, it will do its job. It is understandable that you want to reach as high a dose as possible as soon as possible, but I would encourage you not to think like that. As most of us have accumulated a lot of undesirable things within our bodies over the years, some of which may now be causing a major illness, it is not unreasonable to suggest that it may take some time to get rid of it all, possibly six months or more.

A number of people have reported to me that they did not feel any nausea, nor did they vomit, but started to feel generally unwell, or some of their old symptoms started to come back a bit, when they had reached a certain dose of chlorine dioxide. Fortunately they rang me. My advice was that they should go back to a lower dose, possible even not taking any chlorine dioxide for 24 hours before restarting at the lower dose. This approach has worked in every case. Unlike an antibiotic, nothing can develop a resistance to chlorine dioxide, as has already been said.

So what I am really trying to say is that, if you have ANY undesirable effects, even if you become a bit more tired than before, ASSUME that the chlorine dioxide is being too active for your body's current ability to eliminate the toxins. Take a lower dose next time, and be prepared to stay low for a while. Please don't overdose. It will only make you feel unnecessarily ill.

Overall you may feel the effects, but this is a good thing. You will also feel healthy again. Any sick feeling will be TEMPORARY, a small price to pay for the longer-term possibility of lasting restored health, no matter what stage of life you happen to be currently experiencing. When the clearing is done, you won't need to take the maximum dose.

You can go on a maintenance application (1 or 2 drops of MMS) to keep your insides pathogen free and your immune system strong or take a dose every so often.

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*51. the bicarbonate story and simoncini

Notes for this section and the previous section are taken directly from Dr Patrick Kingsley, who I consider my main mentor. If I had cancer, this is the man I would go see!

It is well known that cancer can be caused by certain viruses, chemicals and radiation, and that a poor diet and genes can predispose a person to cancer. Mainstream medicine's approach to cancer is to cut it out if possible and/or to try to destroy it with chemotherapy and/or radiotherapy. It would appear that this approach does seem to work sometimes, but fails all too often and is extremely harsh on the patient, possibly actually being the cause of death of many cancer patients because of its damaging effect on the immune system.

Various doctors and scientists over the years have put forward other explanations as to why cancer develops in a person, and stress is certainly one of them as suggested by Dr. Fryda, in which she maintains that stress exhausts your steroid and adrenalin mechanisms, which in turn lowers the effectiveness of your immune system. It is probably accepted that cancer tends to develop in someone whose immune system is depressed.

One theory of cancer that has been around for a very long time, but which has not sat well with mainstream medicine, is that cancer is a protective mechanism, albeit a rather bizarre one, against a fungus, such as Candida. When cancer tumours are examined under a microscope, the specimen is usually looked at using plenty of bright light. However, if dark field microscopy is used, which tends to produce shadows, fungal spores and mycelia can often be seen.

Since most doctors have never heard of dark field microscopy, they will not be aware of this possibility. Anyone who is aware of what Candida means and how it occurs and develops will understand why it is perfectly possible that the astonishing rise in the incidence of nearly all types of cancer could possibly be because of the frequent use of antibiotics together with people's high dietary intakes of sugar and refined carbohydrates. This had led to a vastly increased incidence of Candia infections.

I gave hydrogen peroxide intravenously to many patients for many different reasons, and there is no doubt that it was a very effective treatment for any form of fungal infection and for many cancers. The problem with it was that it ideally needed to be given more often than was practical. There were also cost and travelling implications. Thousands of people have swallowed hydrogen peroxide over the years and claimed it has 'cured' all sorts of conditions, but it can irritate

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the intestines so I haven't recommended it. I always hoped that one day it would be possible to give a similar preparation by mouth. I am hopeful that we have at last found such a preparation – chlorine dioxide (previous section).

Some of you may have heard of Professor Simoncini, an Italian Professor of Oncology, who has recently got into trouble for criticising his medical colleagues for achieving less than 10% success rate with their cancer patients whereas he gets over 90% success.

Simoncini has claimed that cancer is caused by a fungus and that the fungus produces so much acid locally in the tumour that it is impossible to neutralise that acid, and hence get rid of the fungus, and of course the cancer, by trying natural methods to alkalinise the body. He has simply injected sodium bicarbonate into the tumour with the expected success.

Clearly such injections are not going to be available, not even from Professor Simoncini who has apparently been struck off the Italian medical register! It is also most unlikely that anyone else will take it up in the near future, and, in any case, it might not work if cancer has spread to many parts of the body.

Anyway, for now I am assuming that most people's cancer is caused by a fungus, possibly also associated with something else undesirable, such as a virus, a parasite, a toxic chemical or a toxic metal like lead or mercury. A most important feature here is that anything, such as the above, that is harmful to the body is positively charged and has a pH below 7, while normal cells are negatively charged and have a pH above 7. This difference is of vital importance. Cancer cells are positively charged and have an acidic pH.

Now we have chlorine dioxide, which is easier to administer than bicarboante (it can be taken by mouth and does not need injecting into the tumor).

Putting it in a nutshell, I am hoping that the chlorine dioxide will get rid of the fungus, making cancer quite simply no longer necessary. However, although chlorine dioxide should destroy cancer cells because they are positively charged and acidic, and Jim Humble claims it does do so, only time will tell whether this is correct.

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*52. low dose naltrexone

A growing body of research over the past 20 years indicates that your body's secretion of endorphins; your internal, natural morphine-like opioids (opioid just means "like opium"!) play an important, if not central, role in the workings of your immune system.

You will know that endorphins are the "feel good" chemicals which our bodies produce on board and which light up the brain, so we feel happy and calm. It's as if we had taken opium or morphine, but only in tiny doses and without the terrible side effects or addiction problems of these drugs.

That's nice.

So logically, if we are happy and serene, our immune system is in correspondingly optimum working order and protects us to the best of its ability. And that's what we find: laboratory evidence indicates overwhelmingly that opioids alter the development, differentiation, and function of immune cells, and that both innate and adaptive systems are affected.

Bone marrow progenitor cells, macrophages, natural killer cells, immature thymocytes and T cells, and B cells are all involved. Don't worry too much if you don't know what these all are—but we need 'em!

Now the immune system, we know, protects us from cancer. So here, at last, is a decent scientific model to explain why cancer is largely a disease of stress and unhappiness. Remember the quote from Galen I shared with you in section 12 (cancer only strikes unhappy people)?

It makes sense then that we might try and tackle cancer by increasing or modulating what are called opoid-receptors.

That's where a drug called naltrexone comes in.

Naltrexone is a powerful antagonist of opioids. It blocks opioid receptors and so signals don't get through. It's used for things like treating a heroin overdose (blocks the heroin) or treating alcoholism.

At first, it might seem counter-intuitive to use something which opposes opioids. But wait!

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Enter **low-dose naltrexone** (LDN). Here the story changes. Low dose naltrexone, where the drug is used in doses approximately one-tenth those used for drug/alcohol rehabilitation purposes, is being used by some as an "off-label" experimental treatment for certain immunologically-related disorders. These include HIV/AIDS, multiple sclerosis (in particular, the primary progressive variant), Parkinson's disease, cancer, fibromyalgia, autoimmune diseases such as rheumatoid arthritis or ankylosing spondylitis, Crohn's disease, ulcerative colitis, Hashimoto's thyroiditis, and central nervous system disorders.

It is difficult for many to believe that one drug can accomplish so many tasks. But LDN does not treat symptoms as most drugs do. It actually works way "upstream" to modulate the basic mechanisms that result in the disease state.

It is believed to up-regulate vital elements of your immune system by increasing your body's production of metenkephalin and endorphins (your natural opioids), hence improving your immune function.

Dr. Burton M. Berkson, of the Integrative Medical Center Of New Mexico in Las Cruces has published two studies on IV LDN coupled with alpha lipoic acid (ALA) for the treatment of cancer.

The first, on the reversal of pancreatic cancer was published in 2006, and the other, on the reversal of B cell lymphomas, came out in 2007. This is certainly promising.

Protocol

Typically, LDN is taken at bedtime, which blocks your opioid receptors for a few hours in the middle of the night.

LDN can be prescribed by your doctor, and should be prepared by a reliable compounding pharmacy.

Naltrexone is a prescription drug, so your physician would have to give you a prescription after deciding that LDN appears appropriate for you.

Naltrexone in the large 50mg size, originally manufactured by DuPont under the brand name ReVia, is now sold by Mallinckrodt as Depade and by Barr Laboratories under the generic name naltrexone.

LDN prescriptions are now being filled by hundreds of local pharmacies, as well as by some mail-order pharmacies, around the US. Some pharmacists have

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been grinding up the 50mg tablets of naltrexone to prepare the 4.5mg capsules of LDN; others use naltrexone, purchased as a pure powder, from a primary manufacturer.

Remember, the trials I mentioned were based on IV adminstration. The oral might not compare at all. But given the extreme low toxicity of ALA and LDN, it's worth a try.

For a more complete list of past and current research, please see the lowdosenaltrexone.org website.

A gentle word of warning: LDN can also reverse the effects of sexual satiety, meaning you want more sex, lots more! It can induce early morning erections in patients who suffer from erectile dysfunction (ED).

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*53. does prayer help? you bet!

And I don't just mean praying because you are facing death—I mean prayer as a healing tool!

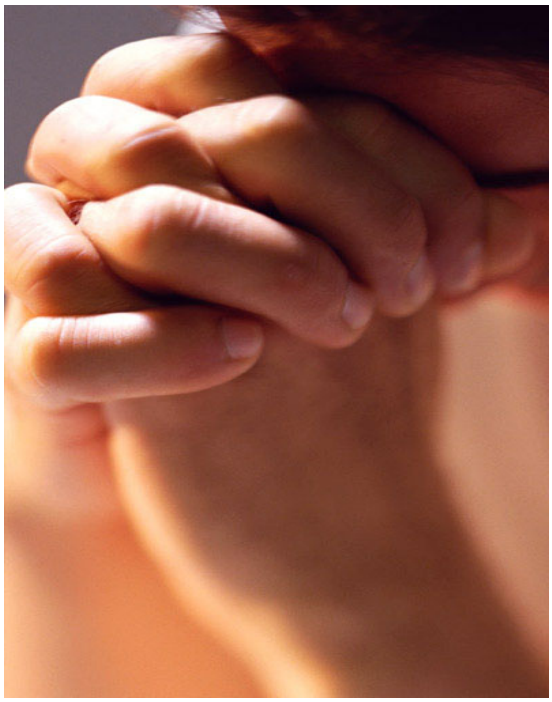
In section #12 I talked about the incredibly powerful influence of mind over health and how negative emotions MUST be addressed, in order to survive cancer—otherwise it will probably come back!

Going further than that we can look at the spiritual dimension of healing.

We can call on God, or simply look to Higher Self, or both. There are people who call for guides and angels to help them in the healing process. This is all valid stuff at the individual level.

Prayer, or course, is part of this dimension. Many people have been willing to testify that prayer alone and God's intervention is what saved them.

In Medicine, we see the touch of God all the time, but it is called "spontaneous remission." If it happens at a prayer meeting, then God gets the credit, otherwise it is just one of those inexplicable marvels of the human body.



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Dr. Randolph Byrd, a Christian cardiologist, conducted a study in 1984 that has led to a resurgence of scientific evaluation of the effect of prayer on healing.

393 patients, admitted to the coronary care unit at San Francisco General Hospital, over a 10 month period were randomly selected, by computer, to either a 201 patient control group or the 192 patients who were prayed for daily by 5-7 people in home prayer groups. This was a randomized, double-blind experiment in which neither the patients, nurses, nor doctors knew which group the patients were in.

Dr. Byrd discovered a definite pattern of obvious differences between the control group and those prayed for:

1) None of those prayed for required endotracheal intubation compared with twelve in the control group requiring the insertion of an artificial airway in the throat.

2) The prayed for group experienced fewer cases of pneumonia and cardiopulmonary arrests.

3) Those prayed for were five times less likely to require antibiotics.

4) The prayed for group were three times less likely to develop pulmonary edema, a condition where the lungs fill with fluid.

5) Fewer patients in the prayed for group died.

Dr. Larry Dossey, M.D. states, referring to Dr. Byrd's experiment, that "If the technique being studied had been a new drug or a surgical procedure instead of prayer, it would almost certainly have been heralded as some sort of breakthrough"

The importance of this experiment is that it stands up to scientific scrutiny. Dr. William Nolan, who has written a book debunking faith healing, acknowledged, " It sounds like this study will stand up to scrutiny...maybe we doctors ought to be writing on our order sheets, 'pray 3 times a day.' If it works, it works."

Extensive experimental evidence for "spiritual healing" is one of the best kept secrets in medical science.

Daniel J. Benor, M.D., an American psychiatrist working in England, surveyed all such healing studies published in the English language prior to 1990. His search

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turned up 131 studies, most of them on non-humans. In 56 of these studies, there was less than one chance in a hundred that the positive results were due to chance. In an additional 21 studies, the possibility of a chance explanation was between 2 and 5 chances in a 100. A complete list of Dr. Benor's compilation will be available soon.
As an example of his compilation, 60 subjects not known to have healing ability were able to both impede and stimulate significantly the growth of cultures of bacteria.

In another experiment, volunteers were asked to alter the genetic ability of a strain of bacteria to metabolize the sugar lactose. The results indicated that the bacteria indeed mutated in the direction desired by the subjects.

Medical journals, until recently, have generally refused to publish studies on healing.

In December of 1998 issue of JAMA the Journal of the American Medical Association, Mike Mitka commented on the number of research articles available to physicians wanting to incorporate spirituality into their treatment arsenal. JAMA specifically referred to the following works:

1) Duke University reports that people who attended religious services at least once a week and prayed or studied the Bible at least daily had consistently lower blood pressure than those who did so less frequently or not at all.

2) Harold Koenig, M.D. from Duke reported that in his study that elderly patients suffering from depression related to hospitalization for a physical illness, the more spiritual they were, the quicker they reached remission from depression.

3) In a study of 1,718 older adults in North Carolina that indicated elderly people who regularly attend church have healthier immune systems than those who don't.

4) A fourth study found that patients aged 60 or older who attended church weekly or more often were significantly less likely to have been admitted to the hospital, had fewer acute-hospital admissions, and spent fewer days in the hospital during the previous year than those who attended church less often.

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The Journal of the National Cancer Institute reported that studies indicate many cancer patients, in particular, rely on religion and spirituality after their diagnosis.

A University of Michigan study involving 93 of 106 women under treatment for various stages of uterine and ovarian cancer, said their religious lives helped them sustain hope.
Edward Creagan, M.D., of the Division of Medical Oncology at the Mayo Clinic, said that "among the coping methods of long-term cancer survivors, the predominant strategy is spiritual."

A 1999 study reported in the Journal of Gerontology found that individuals who regularly attended church lived 28 percent longer than those who did not regularly attend...this is the same percentage of longevity as nonsmokers compared to smokers!

A survey of 400 patients in Georgia in 1989 revealed that those who believed religion was very important had lower diastolic blood pressure readings than those who did not, according to Forbs magazine.

In 1996, Time magazine did a cover story on the belief in the power of prayer for health and healing. The poll found that 82 percent of the adult Americans believed in the healing power of personal prayer, 73 percent believed praying for someone can help cure their illness, and 64 percent believed doctors should pray with patients if requested to.

Newsweek confirmed the findings, a year later with its own poll, in which 79 percent of respondents who said they prayed regularly declared that they believe God answers prayers for healing.

Lancet, a British medical publication, reported: "Of 296 physicians surveyed during the October, 1996, meeting of the American Academy of Family Physicians, 99% were convinced that religious beliefs can heal, and 75% believed that prayers of others could promote a patient's recovery.

Yet skeptics continue to trash the concept of prayer healing. One commentator (www.wired.com) asked the question "Is This Even Theoretically Possible?" How scientific an approach to enquiry is that?

Sceptics lean heavily on a recent (2006) large medical study by Benson, Dusek, et. al., which found that long distance intercessory prayers offered by strangers had no effect on the recovery of people who were undergoing heart surgery. The study begun almost a decade ago involved more than 1,800 patients in six

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hospitals at a cost of $2.4 million. By the current scientific model this study was "rigorously designed", it was said.

In fact it was a sham. The people who prayed were inexperienced and used an absurd "intellectualized" technique that no intercessory healers would dream of doing. The participants were given only the patients' first names and the first initials of their last names. This is probably not a serious obstacle to an experienced healer but for an inexperienced person it might nullify their ability to connect and provide healing. Participants were instructed to include the phrase "for a successful surgery with a quick, healthy recovery and no complications."

It could never work done Benson's way.

[Benson, Herbert, Dusek, Jeffery A., et. al., "Study of the Therapeutic Effects of Intercessory Prayer (STEP) in Cardiac Bypass Patients: A Multicenter Randomized Trial of Uncertainty and Certainty of Receiving Intercessory Prayer," American Heart Journal, Vol. 151, No. 4, April 2006, pp. 934-942.]

A better double-blind randomized study of distant healing on a population with advanced AIDS was carried out by Fred Sicher, Elisabeth Targ, et. al.

Unlike the Benson study, the Sicher/Targ study selected experienced healers from various backgrounds who chose their own techniques. The ability to sharply focus one's intention to affect a person at a distant location is a skill that these individuals spent a lifetime developing.

Each healer received a packet that included a 5x7-inch color photograph of the target. In subtle energy healing practices a full name, photograph, or DNA sample (like a strand of hair) normally serves as an "address" for non-local distant healing.

In contrast to relying on a word phrase, experienced healers usually focus upon a feeling state of love and connect to the heart of the target person.

The Sicher/Targ study concluded that there were positive therapeutic effects of distant healing. The results showed "decreased medical utilization, fewer and less severe new illnesses, and improved mood for the treated group compared with the controls."
[F. Sicher, E. Targ, D. Moore, and HS Smith. A Randomized Double-Blind Study of the Effect of Distant Healing in a Population with Advanced AIDS - Report of a Small Scale Study; Western Journal of Medicine; December 1998; 169:356-363]

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Here's what I know:

All this emphasis on whether or not distant intercessory prayer works is irrelevant and rather distracting. To me what matters in prayer is that the individual focuses intently on communication with his or her God or Higher Power. The very intensity of prayer has an effect on the one who prays that is vivid and real and is equivalent to direct intervention from above.

No-one can want something for us (like a healing) more than we want it for ourselves. So personal prayer is the issue. For that there can be no double-blind trials. I regard it as conceited and impertinent that scientists should presume to try and "test" prayer in any such way.

Prayer is unique and personal and neither requires proof or validation, nor is it susceptible to any kind of testing, in my view.

Those who pray can and should believe whatever they want. It doesn't even matter whether the desired change comes from within or from above. It happens. And who could possibly prove it was not from God or Higher Power but just a psychological adaptation?

Some truths are simply not separable from the remainder of reality.

> Dr Winston Morrow MD tells a good story which, although not directly about cancer healing, will give the reader a vivid illustration of how powerful prayer healing can be:
>
> Since 1988, when God miraculously healed me from having to have my left arm amputated at the shoulder, I have prayed for all of my patients.
>
> I have seen new shoulders, confirmed by before and after X-rays, tumors the size of grapefruits disappear and so very many obvious spontaneous and instantaneous healings that I can only conclude that God supernaturally intervened.
>
> In the case of my healing, I had a white count of 75,000, my arm was swollen to almost twice the size of my other arm, it was blue and green with obvious gangrene, and the pain was so intense that I could not bear it.
>
> After I was told, "we have to amputate your arm at the shoulder tomorrow morning, because the IV antibiotics are not working and your whole body is infected and your heart will literally turn to mush", I checked out of the hospital.

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A patient of mine told me that God would not let that happen, almost had to drag me into my own office, began to pray and I was beginning to get upset at her audacity, almost to the point of anger… Suddenly, I felt 10,000 degrees of sweet heat start at the top of my head and fill my body...instantly, not 5 minutes or an hour, but instantly I got a new arm, no swelling, no discoloration, no pain...

This event was the impetus for my praying for all of my patients before treatment begins. I do it with them, asking God for Wisdom, and asking his Holy Spirit to do those things that I can not do as a man. Sometimes the anointing is so strong that it is obvious that the Spirit of God is present.

I thank Him constantly for hitting me over the head and waking up this Christian who didn't believe that God is in the healing business today. I thought that it all stopped with the apostles.

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*54. beyond prayer?

> Everything that happens in your life, and everything that happens in your body, begins with something happening in your consciousness. ... the causes of symptoms are within. While it's true that germs cause disease and accidents cause injuries, it is also true that this happens in accord with what is happening in the consciousness of the person involved. Germs are everywhere. Why are some people affected and not others? Something different is happening in their consciousness. ... If our consciousness is directing how we develop symptoms, it can also direct how we release these same symptoms. If our consciousness can make our body ill, our consciousness can make our body well. ...You have the ability to love wherever there was a perception of a lack of love, or a call for love. Love heals. You have in your consciousness the potential and ability to heal anything, on any level, in yourself as well as in any other Being, since it's all just love and energy. What remains is for you to realize this fully and actualize that potential. ... Anything can be healed.
>
> Martin Brofman, Ph.D. who healed himself of terminal cancer through a consciousness shift

Many diseases are a result of spiritual distress, as well as the cause of it. This needs addressing, as well as matters of mind. Harnessing the powers of the dimensions "beyond" has a perfectly valid place in healing. Indeed, in a major sense, that is the only real healing. The fate of the body may not be tied at all to the journey of the spirit or soul.

To me it was always a paradox that great saints and sages, the saddhus and gurus, fell victim to cancer like everyone else. It suggests that they are not really as much in control as they profess (or their followers claim). Certainly, it shows a strong disconnect between the spiritual and the physical.

That said, it's obvious to broadly educated thinkers like me that the power of spirit is probably the most dynamic and effective of all healing tools, and is a necessary adjunct to all full and permanent healing.

Not surprisingly then, we have specialist psychic healers. There are various other terms for this, such as spiritual healing. There are many shades and nuances. We have psychic surgeons who can cut out a cancer, using what appear to be magical powers, making wounds which don't bleed. Reliably witnessed accounts

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make it clear that things can happen which have no basis in the usually accepted version of reality and the so-called "laws" of physics.

However, I am not going to address the "men of God" healers, such as John, the Miracle Man in Brazil. Instead let me connect you with men and women who may be less exalted (perhaps) but only a little less gifted.

One of the greatest healers in the world, a modest, unassuming man, who makes no claims that God has chosen him specially, is Matthew Manning. He lectures and demonstrates his techniques all over the world. He has been involved in more scientific research and testing than any other healer in the world and has addressed the Royal Society of Medicine and spoken to MPs in the Houses of Parliament about his healing work.

[http://www.matthewmanning.com]

Here's a typical story:

> Ricky visited Matthew after a biopsy confirmed cancer of the vocal chords. He then underwent a second biopsy for the surgical "stripping" of the site of the cancer. His consultant told him that radiotherapy would be needed if there were signs of further invasion after his throat had settled down from the biopsy.
>
> After a healing session with Matthew Ricky wrote with typical British humor, "When I saw you, I told you that I felt something happening in my throat during the session and that when I concentrated something in my head seemed to be 'in tune'. Once I was in the car, I tried my voice – amazing! Pavarotti won't have sleepless nights yet, but what a difference! When I got home I tried it out on the family and they were speechless, which makes a change for them. Now I can order a pint in a pub without being ignored."
>
> Ricky returned to hospital for a check-up after his second healing session with Matthew. His throat specialist described as "quite remarkable" the speed and degree of healing that had taken place in his throat. He had several further healing sessions "just in case the Phantom of the Opera croaks and gets stuck in the chandelier", and was eventually discharged by the hospital.

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Synchronicity Rocks!

I found an interesting synchronicity in starting correspondence with Matthew. In his book "One Foot In The Stars", he describes a seminal moment in his spiritual development, which was an experiment following Konstantin Raudive's book on electronic voice phenomena (EVP).

Well, Raudive's name isn't exactly on everyone's lips. But I had already written about him myself, in "Virtual Medicine". Raudive was an Latvian researcher, investigating the amazing phenomenon of voices from people who were (definitely) dead being picked up on electromagnetic recording devices (in those days it was magnetic reel-to-reel wire recorders, followed later by tape).

I have introduced a whole new chapter about this, and similar phenomena, that I titled "Biology Beyond The Grave" (echoing an earlier chapter, written in 1999, which I had titled "Biology Beyond The Skin"). My take on it was that the field effect survives death. Advanced physics not only says that we may live on after death but the we MUST, by the nature of physics, survive as an energy and information field. Perhaps that's all there is to "ghosts"!

Matthew describes how he and several school friends got hold of a tape recorder and tried to make contact with the "other side". After carefully checking the tape was blank and several failed attempts, one of the boys suggested summoning Hitler and inviting him to speak.

Well, the Fuehrer declined apparently. But when played back, this "blank tape" now contained the crunch of hundreds of marching footsteps, brass bands and a very military impression, which eventually broke into gunfire and running feet.

[Incidentally, for those of the faithful who may be troubled, don't be concerned. Even the Vatican accepts this phenomenon of EVP and more than one priest has been involved in making recordings, including the President of the Papal Academy. His Holiness the Pope, no less, pronounced on EVP and said that it was a good thing, because it helped the faithful to be assured there really was life after death.]

I'm sorry for this diversion but I thought you would find it interesting and you need to read it along with section #47 Death Is Not The End

So back to spiritual healing and using Matthew Manning as a fine example of what is possible. It is interesting to report on a remarkable research trial, carried out at the Science Unlimited Research Foundation in San Antonio, Texas, under

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Dr. John Kmetz. The test was to see if Matthew could influence cancer cells, held in a flask in his hand, but otherwise untouched.

The cells in question were from a famous line of "immortal" cancer cells called the He-La strain (they were taken from a black American woman called Henrietta Lafayette, who died of cancer on October 4, 1951).

Manning describes how he held the flask in his hand and visualized the cancer cells surrounded in white light, and spoke (silently) to the cells, suggesting that their purpose on this level of reality had ended and they had to go elsewhere. He repeated this on 30 successive flasks, sometimes trying to influence them from a distance, without even touching the flasks.

As a control, another person who was not a spiritual healer was asked to hold similar flasks and mimic Manning's every movement. Yet another set of controls were kept in a remote part of the building, untouched by experimenters until the counting began.

The results were irrefutable: in 27 out the 30 test flasks that Manning actually "healed", there were drops in the cancer cell count, varying in degree from 200-1,000%. None of the control flasks—either the ones handled or the ones in a remote part of the building—showed any significant changes whatever.

In 1986 Manning was asked to address orthodox doctors about cancer at the Royal Society of Medicine (of which I am a member, though it is much diminished of late and no longer requires election to membership). I wasn't there that night but he put his case well I'm sure, despite the audience sitting quietly grinding their teeth.

I like Manning, by the way, because he's modest and includes his notable failures in his book, not just the spectacular success. In fact that leads quite neatly to my final conclusion, which is this: spiritual healing clearly works and has a place. But it seems very unpredictable; there is no way to know in advance who will benefit and who won't. That means there must be many disappointments. But spiritual healing is no less valid for that.

I do not propose to dress all this up with quotations from quantum physics, as is the fashion. To me there will always be something "beyond physics". If you are suffering from any pain, any disease, I hope you will be able to contact help from this other realm and be benefited it, with or without a healer's help.

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*55. autogenic training and visualization

It was difficult to choose exactly where to put the material for this section. It partly stems from the material of section #12, explaining the dangers of unresolved emotional issues. Nevertheless, it relates broadly to the issues of higher function and conscious mentality, rather than the purely "physical" aspects of disease.

Even a past president of The American Cancer Society (admittedly a long time ago, before its present combative stance towards anything but chemotherapy, surgery and radiation) had this to say:

> Have observed cancer patients who have undergone successful treatment and were living and well for years. Then an emotional stress, such as the death of a son in World War Two, the infidelity of the daughter-in-law, or the burden of long unemployment, seemed to have been precipitating factors in the reactivation of their disease, which resulted in death… There is solid evidence that the course of the disease in general is effected is affected by emotional distress…
>
> —Eugene Pendergrass, an address in 1959

Although there is some continuing dissent from blinkered individuals, it is widely held that there is such a phenomenon as the "cancer personality" or someone who is likely to develop the disease. This is a person who suppresses emotions, has had a cold and detached childhood (lack of parental closeness seems to be a critical factor), feels resentful and bitter (but won't show it) and has feelings of unworthiness (a poor self-image).

This person is classically the woman of the home, who is uncomplaining and puts everyone's needs above her own, unable to complain or express her frustrations, until one day she becomes the victim and is suddenly faced with her own mortality.

She has been taught not to be hostile, not to complain and to be very passive. Often there is sexual coldness, resulting from lack of warmth or real outgoing passion.

This all somewhat interesting. But it really begs a more fascinating and very important question, which is that: if psychological feelings or personality make-up are strongly contributive to developing cancer, is it not possible to reverse this

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by getting rid of the negativity and re-arranging the psychological space of one's life?

There is gathering evidence that it can.

I have already referred to the need to cleanse negative emotions (section #12). It is a topic which would require a whole book in itself.

But this section is intended to take a look BEYOND mere negative emotions and distress and talk about harnessing the mind as a powerful healing tool. When I say mind, I am thinking of creative consciousness.

Can we calm ourselves and create a peaceful, stress-and-misery-free inner world by conscious intention? If so, we can surely profoundly influence the course of any disease that may have visited us as a result of negative feelings.

I propose to examine two pathways that you could try, if you wish to take up this approach to disease (or indeed, to health too).

Autogenic Training

The first is called autogenic training. It's more Western in style than exotic meditation techniques, which are not easy and may carry unwanted religious overtones that make it difficult for some to embrace. Autogenic training, on the other hand, is simple to understand, easy to do alone and stems from our familiar scientific paradigm, not from mysticism.

It was developed by German psychiatrist Johannes H. Schultz in 1932. Basically, we would call is a "self-hypnosis" technique but it is built on the principle of attaining profound physical relaxation.

He learned of self-hypnosis from Oskar Vogt, who right at the start of the 20th century had observed that certain patients were able to place themselves in a hypnotic state for self determine periods of time. He used the term "autohypnosis".

Through his own work, Schultz noticed that subjects who entered a hypnotic trance experienced two very distinctive physical sensations. One was a pleasurable feeling of generalized warmth throughout the body; the other a feeling of heaviness in the limbs and body.

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Schultz's idea was to start with the physical sensations and work backwards. He began to train people to sit quietly, relax without distractions, and then start to feel each limb being "heavy". This may take some weeks to master.

It is then followed by consciously developing the sensation of warmth as well as heaviness; then taking control of heart rate and breathing; then learning to feel warmth specifically in the abdomen; then a sensation of coolness on the forehead.

Exactly as expected, people who develop this degree of physical control gain a great deal of mastery over their psychological space too. He or she can feel great depths of concentration and calm and by making significant changes completely change their inner terrain over a matter of weeks or months. No mystical chants of mantras are needed!

Nevertheless, people who are accomplished with profound autogenically-induced trances report remarkably similar consciousness shifts to those who are engaged on the different, metaphysical, path.

Visualization

The second line of process I want to visit briefly (again, there is material enough for a whole book) is that developed by Carl Simonton and his then-wife Stephanie Matthews-Simonton during the 1970s.

In 1969 Carl Simonton, who is a radiation oncologist by training, heard a talk by a prominent immunologist, who advanced the still relatively unaccepted theory that cancer was due to a breakdown of the body's immune system. This immunologist had applied an unusual and unorthodox method of treatment to a group of patients with terminal leukaemia patients, who had failed on all other forms of chemotherapy.

In other words, they were in dire straits.

For the treatment the immunologist took a concentration of the patient's own abnormal white cells and apply this to a prepared area of the skin. His hope was to evoke an immune response, which would encourage the body's defences to attack the foreign cells.

In fact, it was surprisingly successful; even more so, given the terminal condition of most patients. But when other researchers tried to replicate this experiment,

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their results were not as good as Simonton's, but still very positive. Too good to ignore.

Simonton suspected that the difference in the two outcomes, was the fact that in the original experiment the patients had been involved and had full knowledge and understanding of the potential of the treatment and what they physician was trying to do. This Simonson surmised, was sufficient to raise excitement and enthusiasm and belief among both the patients and the doctor. Whereas in subsequent attempts to repeat the remarkable recoveries, the patients' own thought processes had not been engaged and so the results were lessened.

From there Simonson and his wife began to build their well-known approach to cancer using positive mental attitude and visualisations.

The defining case was a 61-year-old patient with advanced throat cancer. Simonton decided to add some motivational psychology, relaxation techniques and mental imagery exercises. He got the man to picture himself doing something he loved most: fishing! So during treatment the patient envisioned himself fishing in a mountain stream. Within a month, the cancer had gone. The man died of unrelated causes at 70.

Of course it may be that the radiotherapy was why the man recovered. We'll never know. But it set the trend for the Simontons.

In the 1970s they released the results of their work with 159 cancer patients. The average life expectancy of this group was 12 months, 63 lived at least two years, and 19 percent of those were cancer-free after a combination of radiation and Simonton's imagery techniques. The tumors shrank in another 22 percent after the same treatment.

Simonton's book, Getting Well Again, published in 1978, sold millions of copies, but generated a backlash. Predictably the American Cancer Society denounced the use of imagery techniques and said it was worthless in controlling cancer. Simonton went from having too many clients to so few that he was unable to make a living. He responded by taking his techniques to audiences in Germany, Japan and elsewhere, where his approach has been widely acclaimed.

Simonton doesn't believe negative thoughts cause cancer, or that cancer sufferers are to blame for their condition. But he does believe that changing patterns of thought can ease recovery, help alleviate the side effects of treatment and boost the immune system to make it better able to defend against illness and disease.

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Unfortunately, convincing clinical trials supporting this work have not been successfully carried out and published. Nevertheless Simonson, now divorced from his wife, continues to attract considerable and enthusiastic following. You may attend his clinic, which is still open at the time of writing (http://www.simontoncenter.com/ accessed 1.08 pm, June 13th, 2009).

However, I can draw attention to related studies in which children with cancerous and leukemic conditions were encouraged to play "cancer defeating" computer games. The enemy was seen to be cancer cells, and the good guys with weapons and ammunition to slay them were seen to be the body's immune cells. Significant clinical recovery has been observed using visualisation modalities of this kind.

In one of my early blogs (2003) I told the story of Ben and his computer game: Ben Duskin, nine years old, is in remission from Leukemia. Throughout his course of treatment, Ben played computer games and began to think about the need to have something positive to help others kids battle their illnesses. Ben's wish was to design a video game that would be helpful for kids like him who have cancer, a way to fight back and relieve some of the pain and stress involved with treatment.

"The initial response was overwhelmingly pessimistic" said Patricia Wilson, Executive Director. "People told us this venture was nearly impossible without taking several years and literally millions of dollars." A hero stepped forward: Eric Johnston, and his employer Lucas Arts fully supported his efforts. Not only did Eric want to make Ben's wish a reality, he planned to involve Ben in every step of the process. For months, Ben and Eric have been meeting on a regular basis to make the game just as Ben envisioned it.

Wilson added, "Eric and Ben achieved the impossible! Ben's wish is inspiring, because it was selfless and – Ben is a philanthropist. Finding an angel like Eric Johnston was a miracle, and having the support of UCSF and his medical team was invaluable."

Ben's own physician, Dr. Seymour Zoger of UCSF Children's Hospital served as a medical advisor for the game. USCF Children's Hospital will serve as the first medical facility to install the game for its pediatric patients. "The science for Ben's game came largely from what Ben learned himself in the course of treatment" said Dr. Zoger.

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The website is still up today.

One last word: belligerence may not be the only answer. Some workers have thought it might be better to visualize gentleness and love. Instead of wanting to slay cancer cells, it may be better to offer them warmth and affection and ask these "bad boys" to stop behaving badly and come back to the healthy state.

It could work!

However do remember what I said about the over-passive personality. Being feisty saves lives! Studies have shown that those who outwardly express their anger are far better survivors. In one study by H S Greer, T Morris and K W Pettingale published in the Lancet (1979) followed women with breast cancer over a 10-year period. What they found was that some of the women accepted their disease stoically; 75% of them were dead in 10 years. The other women, who were more feisty and refused to take it lying down, did better: only 30% of them were gone in 10 years.

That means screaming and bawling and being obnoxious could more than DOUBLE your chances of surviving cancer! Better learn some swear words! Norman Cousins, author of Anatomy Of An Illness, describes visiting a self-help group in Los Angeles and encountering a rather tall, beautiful and dignified looking woman (like an older Grace Kelly, he says). However, looks can often be deceptive. This lady had been given six months to live (usual stupidity, see section #5). When Cousins asked her what her reply to her death sentence was, she had apparently told the doctor "Go f**k yourself!"

It's a fact that patients who ignore advice from doctors and do their own thing often do a lot better than very obedient and passive patients. Shameful but true. So, celebrate your rambunctiousness as a reader of books like this and don't get overwhelmed by doctors and their pushy, insensitive and often erroneous declarations. Tell 'em to go… well, you know where!

You'll live to be glad you did!

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*56. death is not the end

It may seem strange to conclude a book on cancer cures with a discussion of death. But to sidestep the issue would be merely a pretense. Not everyone who has cancer will recover, no matter how brilliant the therapy.

In the words of spiritual healer Bruno Groening, quoted in the title pages of this report, "Any disease can be healed - but not every person".

Sometimes a person's time has come. None of us can escape the eventual sweep of the Grim Reaper's scythe. My concern, as a physician, is that people don't go to their graves before time, or with undue suffering. But no doctor, hospital or methodology can overthrow what God has set in place for that person.

Sometimes, try as we might, nothing seems to work and the patient declines inexorably. There is a strong sense that Fate has the upper hand. It does no good to bewail the circumstances and think it would all have been different "if only" (if only he or she had taken care of themselves better years ago; if only he or she had said they were experiencing symptoms; if only he or she had listened to advice.. and so on).

Sometimes the patient is his or her own worst enemy. It is very frustrating for family and friends to watch a person decline towards death, knowing there are workable strategies which could help (as given in this report). Yet the patient expresses no interest in trying extra tools for the job. Many is the time I have been called by distraught relatives and the conversation begins "My Mom (Dad, Aunt, Gran, Uncle, brother, whatever…) has terminal cancer. Can you help by advising me what they should do?"

Right at that moment I turn off the conversation and direct it back to the caller by saying "Is the patient interested in learning what alternatives are possible?" Nine times out of ten, there is a moment of hesitation and some kind of confession, like "I haven't actually told him/her I'm calling you".

The answer I'm sure you can guess: I always point out that it's a waste of time unless the patient is interested in helping in their own recovery. I always insist that the patient calls me.

Let's face it, most of the remedies and treatments I have been describing in this work are very demanding. I have even said that becoming a cancer patient is equivalent to a career shift. You have to do it 24 hours a day, indefinitely. It

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is always astonishing how many patients take the line that "I'd rather take my chances with the cancer than do all of that".

Well, we must respect the person's choice. Because it is all about choices. The aggressive and cruel system here in some states in the USA that makes it a requirement of law that a person can be forced against their wishes to undergo the blunderous brutality of conventional medicine should be anathema to all civilized societies.

Such laws, of course, are not based on compassion or any humanitarian motive but simply price fixing and are a violation of antitrust safeguards. Somehow the medical profession and drug industry has fooled the judiciary into believing they are above the law.

But enough of that. I'd like this to be a gentle, pastoral finish; as life itself should be.

I refer to the words of famous oncologist and writer Bernie Siegel "Death is a kind of healing". He's right. It is an end to suffering and often as much a relief for the survivors as to the demised. Yes, I am saying that relatives and friends too suffer horrendously when cancer visits.

The agonies suffered by those walking the final pathway with a terminally ill victim who lingers in pain are onerous to an unimaginable degree, until you have done it with someone you love.

It certainly helps to have some kind of supportive belief system, though I have seen even these collapse in the moments of extreme grief. When it happens to you, before your very eyes, it is easy to want to cry out "If there is a loving God, why did he allow this?"

Such reflections and the ultimate conclusions are, of course, beyond the scope of this report and outside my self-set remit. But I believe passionately that a doctor should care about these matters.

In the end, the best of physicians will introduce the salve of love and acceptance. No-one can go to their grave in peace if members of the family are torn to emotional shreds, believing that it is all some shocking outrage against Nature and reason.

Bear that in mind, always, and be gentle with your loved one as the lights finally go out. Your mission is to make it easy for them; THEN heal yourself.

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